

Improving Healthy Behaviors Program in India

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Task Order #AID-386-TO-11-00001 IHBP
USAID India COTR: Moni Sagar
FHI Development 360 LLC (FHI 360)
Annual Report:
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Acronyms and Abbreviations

| | |
|----------|---|
| AIDS | acquired immune deficiency syndrome |
| AMP | award monitoring plan |
| ANM | auxiliary nurse midwife |
| ART | antiretroviral therapy |
| ASHA | accredited social health activist |
| AWC | Anganwadi Center |
| AWP | annual work plan |
| AWW | Anganwadi worker |
| BCC | behavior change communication |
| BMGF | Bill and Melinda Gates Foundation |
| BMP | branding and marking plan |
| CNA | Communication Needs Assessment |
| CO | Contracting Officer |
| COP | Country Operation Plan |
| COTR | Contracting Officer's Technical Representative |
| CSR | corporate social responsibility |
| DLN | district-level network |
| FP | family planning |
| FHI 360 | FHI Development 360 LLC |
| GOI | Government of India |
| GOUP | Government of Uttar Pradesh |
| HCP | JHUCCP's Health Communication Partnership |
| HIV | human immunodeficiency syndrome |
| HLPPT | Hindustan Latex Family Planning Promotion Trust |
| ICDS | Integrated Child Development Services |
| ICT | information communication technologies |
| ICTC | Integrated Counseling and Testing Center |
| IEC | information, education, and communication |
| IHBP | Improving Healthy Behaviors Program in India |
| IPC | interpersonal communication |
| IR | Intermediate Result |
| IRB | Institutional Review Board |
| ITAP | Innovations in Family Planning Services Technical Assistance Project |
| JHUCCP | Johns Hopkins University Center for Communication Programs |
| JRM | Joint Review Mission |
| KAP | knowledge, attitudes, and practices |
| M&E | monitoring and evaluation |
| MCH | maternal and child health |
| MCH STAR | Maternal and Child Health Sustainable Technical Assistance and Research |
| MOHFW | Ministry of Health and Family Welfare |
| MOWCD | Ministry of Women and Child Development |
| NACO | National AIDS Control Organization |
| NACP | National AIDS Control Program |
| NGO | Non-Governmental organization |
| NIHFW | National Institute of Health and Family Welfare |
| NIPCCD | National Institute of Public Cooperation and Child Development |
| NRHM | National Rural Health Mission |
| NRP | Nutrition Resource Platform |

| | |
|------------|--|
| ONA | organizational needs assessment |
| PAG | Project Advisory Group |
| PCI | Project Concern International |
| PEPFAR | United States President's Emergency Plan for AIDS Relief |
| PHFI | Public Health Foundation of India |
| PLHIV | people living with HIV |
| PopCouncil | Population Council |
| PSI | Population Services International |
| RCH-II | Reproductive and Child Health II program |
| RFP | request for proposals |
| RH | reproductive health |
| RNTCP | Revised National TB Control Programme |
| SAP | State Action Plan |
| SBCC | social and behavior change communication |
| SIHFW | State Institute of Health and Family Welfare |
| SIFPSA | State Innovations in Family Planning Services Project Agency |
| SOW | statement of work |
| TA | technical assistance |
| TB | tuberculosis |
| TSU | Technical Support Unit |
| UNFPA | United Nations Population Fund |
| UP | Uttar Pradesh |
| UPSACS | Uttar Pradesh State AIDS Control Society |
| USAID | United States Agency for International Development |
| WCD | Department of Women and Child Development |

1. Introduction

This report provides documentation of activities implemented, results accomplished, and challenges and lessons learned from implementation of the first year work plan of the United States Agency for International Development (USAID)-funded task order for the “Behavior Change Communication – Improving Healthy Behaviors Program in India” (IHBP) from October 25, 2010 to September 30, 2011.

1.1. Improving Healthy Behaviors Program Task Order

On October 25, 2010, USAID/India awarded a task order to AED to implement IHBP. The overall goal and approach of IHBP is to improve adoption of positive healthy behaviors through institutional and human resource capacity building of national, state, and district-level institutions. The geographic focus at the state level is Uttar Pradesh (UP), where IHBP will cover 10 districts.

The project provides technical assistance (TA) to develop sustainable national, state, and district institutional capacity to design, deliver, and evaluate strategic evidence-based communication programs that will:

- Increase knowledge and attitudes of individuals, families, communities, and health providers about health
- Promote an environment where communities and key influencers support positive health behaviors
- Reduce barriers of vulnerable populations, e.g., women, people living with HIV (PLHIV), and tuberculosis (TB) patients, to demand and access health services

IHBP focuses on four program areas: HIV/AIDS, family planning/reproductive health (FP/RH), TB, and maternal and child health (MCH). IHBP will work with the following government agencies, their state-level counterparts, and affiliated training institutions: the Ministry of Health and Family Welfare (MOHFW), the National AIDS Control Organization (NACO), and the Ministry of Women and Child Development (MOWCD). AED’s strategy was guided by the Social and Behavior Change Communication (SBCC) framework, developed through the USAID-funded C-Change project, which recognizes that individual health behaviors are influenced by environmental factors, including cultural and social norms, as well as economic issues.

The task order is for a base period of 3 years with two 1-year options. The period of performance for the base period is October 25, 2010 to September 30, 2013. The first option year is October 1, 2013 to September 30, 2014, and the second option year is October 1, 2014 to September 30, 2015. The total estimated cost plus fixed fee for the 5-year period is \$46,674,263. USAID/India obligated \$11.5 million in 2010 for project activity implementation.

AED signed subcontracts with two implementing partners: Population Council (PopCouncil) and Population Services International (PSI). PopCouncil will support operations research and monitoring and evaluation (M&E) activities, while PSI will support mid-media, interpersonal communication (IPC), and partnerships with private sector health networks. On July 25, 2011, USAID granted approval for AED to enter into a subcontract with Project Concern International (PCI) to provide support to community mobilization activities.

1.2. Developments Affecting Task Order Terms and Conditions

1.2.1. Novation of Task Order to FHI Development 360 LLC

On July 1, 2011, FHI finalized acquisition of AED's assets. In accordance with the novation dated June 30, 2011, the IBHP task order contractor name was changed from AED to FHI Development 360 LLC (FHI 360) in a modification signed by the USAID Contracting Officer (CO) on September 14, 2011. The contract awardee is now FHI 360.

1.2.2. USAID Instruction regarding Uttar Pradesh as Focus State

On August 11, 2011, USAID informed IHBP that the MOHFW requested USAID to consider discontinuation of assistance to health programs in UP and move to another state. As of this writing, USAID and the MOHFW are in discussions regarding this issue. In mid-August, USAID requested IHBP to slow down implementation of UP activities, especially those concerning the Department of Health and Family Welfare and its aligned agencies. USAID also stated that until the issue is resolved, it will not act on any UP IHBP staff, consultant approval, or other relevant request, including those that have been submitted to the Contracting Officer's Technical Representative (COTR) and are still pending. As a result, IHBP delayed recruitment actions, signing of a lease for the UP office space, and implementation of major activities. IHBP may be asked to withdraw our operations in UP and move to a new state in Year 2.

2. Project Background

2.1. Behavior Change Communication in the Government Health System

The 2008 UNICEF *Report on Enhanced Capacity of Government Partners for BCC* provided a comprehensive assessment of the capacity needs of the MOHFW; the Government of India (GOI); and state Information, Education, and Communication (IEC) Bureaus that must be addressed to strengthen implementation of the Reproductive and Child Health II program (RCH-II). The assessment identified organizational issues within the national and state IEC Bureaus that result in, among other things, the absence of an evidence-based integrated behavior change communication (BCC) strategy, a low utilization of funds, a focus on mass media and print materials, and the absence of pretesting of materials. The National Rural Health Mission (NRHM) framework emphasizes the importance of a common approach to IEC for health. However, the IEC Bureaus and the Disease Control Programs do not share a common understanding of BCC. The lack of coordination with other MOHFW health programs—a situation that is evident in UP—misses opportunities to maximize outreach and effective service delivery. The Mid-Term Review Report of RCH-II (GOI, 2008–2009) highlights the following BCC gaps:

- Limited capacity within the system for management of evidence-based BCC
- Inadequate provision of crucial services, like antenatal care, emergency contraception, and safe abortions
- Stand-alone IEC/BCC activities with minimal linkage to service delivery
- Weak counseling at facilities

2.2. Behavior Change Communication in Uttar Pradesh

The BCC strategy of the Government of Uttar Pradesh (GOUP) under the NRHM identified similar gaps: weak BCC supervision at the state, district, block, and village levels; weak capacity for planning and implementing BCC programs; weak community-based BCC inputs; uncoordinated and unfocused mass media campaigns; lack of capacity to implement BCC programs at scale; and a need for orienting all health personnel in the state. A review of the 2010–2011 State Action Plan (SAP) of UP reveals that the GOUP is aware of these issues.

Fourteen core trigger behaviors have been identified for change, and the plan includes a sound communication strategy. It proposes an integrated approach and has identified various useful village and community platforms, such as *Godhbharai* celebrations (a ceremony placing gifts on a pregnant woman's lap), *Saas-Bahu Sammelans* (mother and daughter-in-law meetings), and Village Health and Nutrition Days, that could be used to stimulate the adoption of target behaviors. The SAP not only stops short of underlining the importance of identifying barriers and facilitating factors that affect uptake of target behaviors, but also fails to reflect appreciation of the challenges in implementing the proposed strategy, with negligible allocation of M&E resources for the BCC campaign.

The observations from the recently concluded 4th Common Review Mission for UP have implications for IHBP, especially in using accredited social health activists (ASHAs) for IPC in their mentoring and supportive supervision, in improving the effectiveness of community platforms like *Saas-Bahu Sammelans* and Village Health and Nutrition Days, and in strengthening human resources for BCC in the state TB cell.

The task ahead is clearly laid out. Be it the Joint Review Missions (JRM) called by the GOI, GOUP's NRHM BCC Strategy for UP (2008), or USAID's BCC Baseline Survey of UP, the need for an evidence-based, multi-pronged, well-planned, and consistent BCC strategy for sustained gains in health interventions is highlighted throughout.

3. About IHBP

3.1. IHBP Intermediate Results and Approaches

USAID/India's Health Results Framework aims to improve the health of target populations and to reduce morbidity and mortality in support of India's efforts to achieve the Millennium Development Goals. USAID's Assistance Objective in India is to strengthen health systems to address the health needs of vulnerable populations. IHBP will contribute to achievement of this assistance objective, specifically, to Intermediate Result (IR) 3, Increased Healthy Behaviors, through four key results.

Result 1: *Institutions and capacity strengthened to design, deliver, and evaluate strategic communication at national, state, and district levels.*

IHBP will support an evidence-based approach for designing communication strategies and plans. Government offices, training institutes, and their designees will conduct cascade training in BCC to state, district, block, and community-level IEC staff.

Result 2: *Accurate and appropriate knowledge/attitudes increased in individuals, families, communities, and providers at district, state, and national levels.*

With a renewed emphasis on mid-media and IPC, such as community radio, folk theater, film showings, group discussions, local competitions, and innovative use of information communication technologies (ICT), IHBP, in partnership with government organizations and the private sector, will strategically target families and individuals to improve health knowledge, attitudes, and behaviors. To further support government BCC plans, the project will manage a grants program for local nongovernmental organizations (NGOs) to implement innovative communication activities at the village level.

Result 3: *Community platforms, organizations, and key individuals (influencers) support improved health behaviors.*

To create a supportive community and social environment for healthy behaviors, the project will engage key influencers in the community. We will develop the capacity of individual “role models,” community influencers, groups, and organizations to speak publicly about health issues. We will also strengthen existing alliances for health and help form new ones in areas where none exist.

Result 4: *Vulnerable communities empowered to seek health services and products.*

The project will address stigma and discrimination issues that prevent vulnerable individuals and families from seeking health care. Using various innovative approaches and ICT, we will develop the self-efficacy of vulnerable groups, especially women, PLHIV, and TB patients and their families, to enable them to seek diagnoses and sustained care from the health system. We will strengthen the capacity of health providers and community-based workers to address stigma and discrimination at the community and facility levels. IHBP will also organize outreach and support group pilot models to improve case detection and encourage sustained treatment.

A strong M&E system will gather information on the progress of IHBP activities. This information will be fed into an active feedback mechanism for the project and partner government agencies to be used for regularly assessing effectiveness of interventions and addressing issues and problems in a timely manner.

3.2. IHBP Guiding Principles

IHBP will adhere to USAID/India’s funding policy, which views its resources as providing catalytic support, sources of innovation, and models and pilots for more effective and efficient use of the substantial funds that are available from the GOI and other donors. Rather than invest in direct implementation, USAID supports quality TA, cooperation, and partnership, with selected implementation and service delivery assistance to be based on compelling need or political imperatives. Using this approach of providing mainly TA, with only strategic use of limited funding for direct implementation, the project will follow these guiding principles.

3.2.1. Focus on Systems Strengthening

The project will strengthen the existing systems responsible for all aspects of BCC programming, going far beyond BCC training. We will include strengthening organizational and management structures and systems, advocating for additional human resources, improving budgeting and disbursement of funds, and reinforcing coordination within relevant government departments and NGOs, as well as the private commercial sector.

3.2.2. Coordination and Integration

BCC coordination mechanisms will be strengthened within relevant programs of the MOHFW and inter-ministerially among the MOHFW, the MOWCD, and other relevant agencies, such as the Ministry of Rural Development, the Ministry of Panchayati Raj, and the Ministry of Information and Broadcasting, at national and state levels and among key units at the district, block, and village levels. Coordination between government and NGOs, including the various health alliances working in UP, will be enhanced. The project will establish a Project Advisory Group (PAG) with national- and state-level members drawn from different programs under the NRHM, the MOWCD, and stakeholder agencies. The

PAG will recommend mechanisms for improving coordination between the different vertical programs of the government and will also periodically review the progress of IHBP and provide advice on this issue. In addition, the project will make use of existing program review platforms within the system, like the JRMIs called by the GOI, to advocate for enhanced coordination between programs and across government departments and to increase accountability in this regard. The first year will focus on strengthening coordination among various divisions, departments, and agencies in the MOHFW that are implementing the RCH and the Revised National TB Control Programme (RNTCP) under the NRHM, and the National AIDS Control Program (NACP), with a secondary focus on the MOWCD. Succeeding years will move toward more inter-ministerial coordination.

3.2.3. Evidence-Based BCC

Although India's public health system has shifted toward evidence-based and outcome-oriented programming, BCC programs have not. Key recent reviews, such as UNICEF's BCC capacity assessment, PopCouncil's recent research in UP, and UP's own BCC strategy document, all identify the need for BCC programs to focus on key behaviors and to address social and cultural barriers to change and engage influencers. The project will advocate for and implement an evidence-based BCC approach at all levels, with funds for implementation of BCC activities provided by the government budget.

3.2.4. Advocacy

Advocacy with government decision makers at all levels will be a key component since capacity building and BCC activities under all IRs need to be owned by the government agencies that will provide resources for implementation. Advocacy strategies will also be critical to building an enabling environment for BCC.

3.2.5. Accountability

The project will help create simple but robust M&E systems at all levels to provide feedback to health workers on their BCC performance and institute a system that salutes ASHAs, auxiliary nurse midwives (ANMs), Anganwadi workers (AWWs), *sarpanchs*,¹ community influencers, and health providers who are proven to be "outstanding communicators for behavior change." The project will also commend mothers and fathers, TB patients, and other community members who are practicing positive health behaviors, so that these behaviors become community norms.

3.2.6. Leveraging

The project has identified a number of innovative public-private partnership and leveraging ideas that have been discussed with business sector leaders and organizations, including the Federation of Indian Chambers of Commerce and Industry and the Confederation of Indian Industry. The project's approach to leveraging will endeavor to forge partnerships within a "win-win" setting with commercial companies, civil society organizations, government institutions, international and national donors, and the media. The project will work with the commercial sector within the parameters of two general approaches: working with corporate social responsibility programs that are interested in investing in the target districts in UP or in improving BCC capacity at the national or state level, and developing sustainable "win-win" situations wherein a company can expand the commercial availability of its relevant health

¹ A *sarpanch* is a democratically elected head of a village-level statutory institution of local self-government called the *gram panchayat* (village government) in India. The *sarpanch* is the focal point of contact between government officers and the village community.

products or services that are a part of its core business, in collaboration with the project and USAID.

3.3. IHBP Implementation Strategy

IHBP's implementation strategy for institution strengthening will be to:

- Provide TA to government counterparts on various aspects of BCC planning and implementation, through a mentoring, learning-by-doing approach through national and state-level IHBP staff and selected nodal organizations
- Second BCC consultants to work closely with government at the national and state levels
- Assign project staff at the district level to provide day-to-day TA to government partners on BCC

The project views “nodal institutions” as public institutions, e.g., the National Institute of Health and Family Welfare (NIHFW), the State Institute of Health and Family Welfare (SIHFW), and the National Institute of Public Cooperation and Child Development (NIPCCD); academic institutions, e.g., the Indian Institute of Mass Communication, and Jawaharlal Nehru University; or private organizations, e.g., NGOs and for-profit agencies, that will provide training and technical support services to GOI and GOUP programs. The project will develop the capacity of these selected nodal institutions through a mentoring approach, so that by the end of the project life they will be able to fully take on the technical support role that the project has been providing. Final nodal institution selection will be made in consultation with USAID, the GOI, and the GOUP.

Based on agreements to be developed with the government agencies, the project will also deploy one key BCC specialist as a consultant or project resource in GOI and GOUP counterpart offices in each location. These focal persons, if approved by government, will provide day-to-day liaison between the project and department officials. The project plans to place four full-time equivalents at both the national and state offices from the second to third years. One district-level consultant per district, jointly selected with relevant district government agency personnel, with each serving 2 years, will be phased in according to the district rollout. Specific statements of work (SOWs), to be finalized with government counterparts, for these seconded consultants will likely include such tasks as:

- Developing and mentoring staff planning skills
- Increasing training skills of master trainers
- Developing evidence-based materials
- Strengthening organizational structures, budgeting, and monitoring

Transition mechanisms for all specialists/consultants will be put in place during discussions with government officials during project-led planning sessions and TA. Following the 2-year consultancy, the project will work to have government systems in place to support these positions, initially either as consultants transitioning to permanent hires or as permanent hires with specific job descriptions related to promoting SBCC. Considering the importance of the district as the “key connection” between planning and implementation, the project will place three to four project-employed staff in each of the 10 priority districts, to mentor government BCC partners, e.g., the Chief Medical Officer (Family Welfare), District Health Information and Education Officers, and District TB Officer, and to facilitate activities in institution strengthening, BCC, community mobilization, advocacy, and M&E.

4. Year 1 Implementation

4.1. Situation Surrounding IHBP Implementation in Year 1

Project start-up and full implementation in Year 1 was adversely affected by two delays : USAID/Washington's suspension of AED from receiving new awards in December 2010 and USAID/India's instruction to IHBP in mid-August 2011 to delay activities in UP due to discussions between USAID and the MOHFW on the possibility of USAID withdrawal of bilateral health assistance from UP.

4.1.1. Delay in Major Actions Due to AED Suspension

In December 2010, due to AED's suspension by USAID/Washington that prevented AED from receiving new awards, the USAID/India CO instructed IHBP to delay major actions, e.g., signing of leases, staff recruitment, major procurements, and work plan activity implementation, as well as meetings with government, USAID partners, and other donor projects. During this period, USAID/India waited for clarifications from USAID/Washington on the status of AED's existing in-country projects. This instruction delay was rescinded in late March 2011. In April 2011, IHBP set out to accelerate activities.

The delay in major actions instruction by USAID adversely affected the project start-up and full implementation in several ways.

- **Slowdown in staff recruitment in Year 1.** Some staff candidates whom IHBP had planned to hire in December but could not, due to the delay instruction, were no longer available by the time the freeze was lifted in March. Since the acquisition of AED by FHI was not announced until July 2011, IHBP experienced difficulties recruiting new staff since applicants were hesitant to join the project due to concerns about employment stability.
- **Move to permanent office space.** The search for office space in December in Delhi and Lucknow was suspended until April 2011. (IHBP leased temporary office space in the meantime.)
- **Postponement of subcontract signing and launch of activities.** Subcontracts with proposed partner agencies were not executed until the third quarter.
- **Delay in approval of the Year 1 annual work plan (AWP), award monitoring plan (AMP), and branding and marketing plan (BMP).** USAID comments to and approval of the first AWP, AMP, and branding and marketing plans submitted on November 29 were postponed.
- **Delay in introductory meetings with government and other stakeholders at national and state levels.** These meetings were also postponed upon instruction from USAID and were initiated only during the third quarter of the project.
- **Delay in procuring office equipment, including computers for existing staff.** Procurement of equipment and computers could not be done until April 2011. (IHBP leased computers for use of staff.)

4.1.2. Delay in Activities in UP Starting August 2011 Due to Possible Withdrawal of USAID Assistance from the State

USAID was able to introduce the project to national government agencies in late April–May and to UP government counterparts in early June. In UP, IHBP immediately followed up on these meetings and gained agreement from government counterparts on several key collaboration efforts. IHBP initiated action on these agreements, e.g., hiring of long-term BCC consultants for UP government. However, in late August, USAID informed IHBP to delay major activities in UP, since it was in discussions with the MOHFW on the latter's

request to withdraw bilateral health assistance from the state. Considering this, recruitment for staff and consultants for UP, signing of the UP office lease, and major implementation activities agreed on with UP government counterparts were suspended.

4.2. Accomplishments during Year 1

4.2.1. Project Management

Signing of Lease for Project Offices

After an active search for office space during the third quarter, IHBP signed a lease agreement for office space in Delhi. FHI 360 managed the procurement activities related to renovating and furnishing the office, including hiring an architect, issuing an RFP, and contracting an interior design agency. IHBP expects that the project will be operating out of its new office in early January 2012.

In July, the Lucknow-based IHBP staff started functioning out of a temporary office. A permanent project office location was also identified after a rigorous search. However, the signing of the lease was put on hold because of USAID instructions regarding UP activities.

Staff Recruitment for Delhi and UP Offices

Recruitment of Staff

As of the end of September 2011, IHBP had filled 20 out of a total of 47 staff positions. In Delhi, 13 positions, including one seconded staff from PSI, were filled. In Lucknow, 7 state-level staff positions were filled. None of the total 30 district-level staff has been hired, as the project is waiting for the MOHFW and USAID to identify which state the project will operate in. Recruitment of staff and consultants for the UP office at state and district levels were suspended in August due to the USAID instruction to suspend major activities in UP.

The project began operating in November 2010 with the following project staff who were named in the proposal. They signed employment letters and assumed their responsibilities during the first quarter:

- Eleanora de Guzman – Chief of Party
- K.G. Venkateswaran – Deputy Chief of Party
- Vishal Shastri – M&E Advisor, New Delhi
- Deepak Mehra – BCC Advisor, New Delhi
- Shilpa Nair – Project Director, Lucknow
- Emily Das – M&E Advisor Lucknow (Dr. Das resigned from the project in January 2011)

In addition, other staff not named in the proposal were also hired before the USAID instruction to delay major actions as a result of AED's suspension.

- Mukesh Aggarwal – Finance and Administration Director, New Delhi
- Aparajita Suman – Knowledge Management Advisor
- Anju Raheja – Office Manager

During the third quarter of the project, three new staff joined the IHBP team in New Delhi.

- Yadav Dahal – Finance Officer (May)
- Kalicharan Srivastava – Office Assistant (May)
- Monica Chaturvedi – SBCC Specialist (June)

In addition, Mini Rozario, senior administrative assistant, joined the staff full-time in June from the A to Z project.

PSI-seconded staffer Jaidev Balakrishnan became part of the New Delhi team as an SBCC specialist in May. The project has been actively recruiting for a replacement for Vishal Shastri, who had resigned as M&E Advisor.

During the fourth quarter, in both the Delhi and Lucknow offices, many new financial and technical staff joined the project and some staff resigned for unexpected personal reasons.

To recruit the open senior-level technical experts, IHBP contracted the services of the Strategic Alliance Management Services Pvt. Limited recruitment agency in August 2011 to hire professionals for five key positions:

- Chief Technical Advisor – Institution Strengthening (Delhi)
- Chief Technical Advisor – M&E (Delhi)
- Senior Advisor – Leveraging Private Sector (Delhi)
- Technical Advisor – Institution Strengthening (Lucknow)
- Technical Advisor – Monitoring and Evaluation (Lucknow)

The Lucknow positions are on hold.

Recruitment of Consultants

Recruitment of a long-term BCC consultant for the State Innovations in Family Planning Service Project Agency (SIFPSA) in UP was initiated. IHBP finalized selection of a candidate who was approved by SIFPSA. However, the hiring process was suspended as a result of the USAID instruction to delay actions regarding UP. Recruitment for other consultancy positions were suspended in late August following USAID information that all approval actions for UP will be suspended. IHBP has informed national counterpart agencies that the project can assign long-term BCC consultants. However, no formal request has been received. Recruitment of consultants for the national agencies is expected to be undertaken in Year 2.

Procurement Actions

Procurement processes for computers, software, and office equipment were initiated during the first quarter, but then postponed due to the USAID instruction to delay major actions pending results of the AED suspension. At the end of the second quarter, IHBP acquired the following office equipment.

| S No | Item | Quantity | Date of Purchase |
|------|--|----------------|--------------------------------------|
| 1 | Two-drawer filing cabinets for the safe custody of the project records and valuables | 3 Pcs | January 10, 2011 |
| 2 | Document scanner HP G-4050 | 1 Pc | January 11, 2011 |
| 3 | Printer, copier, and fax: An all-in-one machine has been provided by the temporary office service provider | 1 Pc | December 14, 2010 |
| 4 | Information technology hardware on monthly rental basis: Desktops Laptops | 3 Pcs 3 Pcs | January 13, 2011 January 13, 2011 |

During the third quarter, FHI 360 received delivery of the following, most of which were ordered during the second quarter once the delay was lifted by USAID.

| S No | Item(s) | Quantity |
|------|--|----------|
| 1 | HP 1020 Plus Printer | 4 |
| 2 | UPS 600 VA Luminous | 12 |
| 3 | Antivirus Software (Norton Internet Security 2011) | 30 Users |
| 4 | Laptop (Dell Inspiron 15R / i5 2.67Ghz) | 1 |
| 5 | Laptop – i5 Processor (Model Dell Latitude E6410) | 12 |
| 6 | Docking Station for Dell Latitude E6410 Laptop | 1 |
| 7 | Desktop – i7 Dell Optiplex 990 DT / Dell 20" TFT | 3 |
| 8 | HP LaserJet 2055d Printer | 1 |
| 9 | Netgear USB WiFi Card / Model WG111 | 10 |
| 10 | Desktop – i5 Dell Optiplex 990DT / 20" TFT | 10 |
| 11 | Camera – Nikon Coolpix S3100 | 2 |
| 12 | Mobile Phones Nokia C1-01 | 2 |
| 13 | Pen Drives Transcend 16GB | 28 |

Set up Administration and Financial Systems

The finance and administration systems were implemented in accord with FHI 360 policies and procedures.

- **Financial training for Lucknow and Delhi staff.** In June, the Delhi and Lucknow staff participated in a week-long training of USAID and FHI D360 operational and financial guidelines conducted in the IHBP Delhi office by Faiza Mansouri from the Washington office.
- **Operational Review.** An internal operational review of IHBP was conducted by FHI 360's Egypt-based Regional Auditor from September 19 to September 21, 2011.

FP Compliance Plan

IHBP submitted the FP Compliance Plan to USAID for approval on July 21. As part of this plan, all IHBP staff in Delhi and Lucknow completed the online training course on FP legislation. On July 25, IHBP submitted the completion certificates for all staff hired as of this date to USAID. On September 6, IHBP submitted the completion certificates for new staff hired.

Subcontracts Signed with Implementing Partners

- The PopCouncil subcontract was signed on April 4, 2011 (pre-approved as part of the task order).
- The PSI subcontract was executed on May 5, 2011 (pre-approved by USAID as part of the task order).
- The PCI subcontract was approved by USAID on July 25, 2011. As of the end of September, the subcontract had not been fully executed, since PCI's scope of work is primarily for UP.

Since beginning the project, IHBP has had ongoing discussions with the Public Health Foundation of India (PHFI) regarding specific scopes of work, levels of effort, and

deliverables as part of a subcontract agreement. However, there has been no formal response. Acknowledging PHFI's important role in strengthening the public health system and its credibility as a partner, IHBP will continue negotiations with PHFI as it seeks other alternatives.

4.2.2. Introductory Meetings with Government Counterparts in Delhi and Lucknow, USAID Partner Agencies, and Other Donor Organizations

Meetings with National Government Counterparts in New Delhi

Meeting with Joint Secretary, IEC, MOHFW

On April 29, USAID introduced IHBP to Shakuntala Gamlin, Joint Secretary, IEC, MOHFW, and her key staff. During the meeting, the Joint Secretary acknowledged that IHBP is in line with the overall strategic vision of the ministry. She acknowledged that institution strengthening and capacity building on IEC/BCC will take a long time, but it is important to start now. She advised IHBP to:

- Review existing IEC/BCC materials and identify job aids that will facilitate ASHAs in enhancing their IPC skills, e.g., a simple booklet that contains all that ASHAs need to know and do
- Assess how IPC capacities of ASHAs can be strengthened without further overloading them with added responsibilities; in this context, explore innovative approaches that can facilitate training of around 800,000 ASHAs in IEC/BCC
- Consider strengthening IPC skills of ASHAs, AWWs, and ANMs
- Explore ways to elevate ASHAs' image in the community; in this context, the experience of giving uniforms and bicycles to ASHAs in Assam was highlighted
- Work closely with the NIHFW and the SIHFW and similar institutes to look at the possibility of developing their capacities to be centers of excellence for IEC/BCC; explore other organizations that can share the responsibility for capacity building of the ministry cadres in IEC/BCC; see how the private sector and academic institutions (like medical colleges) can be effectively mobilized
- Assist in collating IEC/BCC materials (compendium) so that a user-friendly repository of materials on health issues can be created in the ministry
- Develop and promote an IEC/BCC course that health workers and frontline workers will aspire to attend; promote the course so that course completion by participants will work to enhance their credibility in the community

The Joint Secretary requested that IHBP share a brief about the project—its objectives, focus areas, key strategies, and activities—and send it to the ministry. She announced that the IEC Division will arrange a presentation about the project for the Secretary of the MOHFW as soon as possible. She designated IEC Director Gayatri Mishra and K.S. Palachandran as the nodal points of contact from the ministry for IHBP and advised the project team to coordinate with them directly henceforth. IHBP prepared the draft minutes of this meeting, which USAID formally transmitted to the Joint Secretary.

Following this meeting, IHBP held a series of discussions with these two designated officials on key activities planned, specifically, an organizational needs assessment (ONA) of MOHFW on BCC, which will focus on a review of current human resource capacity (structure, processes, relationships with other program divisions) to identify capacity building needs and actions. IHBP shared the draft proposal for this assessment. In late September, Ms. Gamlin left the post of Joint Secretary.

Meeting with Joint Secretary, IEC, MOWCD

On June 13, USAID introduced IHBP to Joint Secretary, IEC, Dr. Sheeranjan and his staff. The Joint Secretary spoke of the challenges that Integrated Child Development Services (ICDS) at the national level faces in the IEC/BCC context. Below are some highlights discussed in the meeting.

- The current approach to IEC/BCC is ad hoc and the materials used are not contemporary. While there is a budget of around Rs.1.4 billion earmarked for this year, an effective BCC strategy is needed.
- A focus on effective nutrition messaging and building convergence with other nutrition-related sectors, e.g., water and sanitation, horticulture, and agriculture, is needed.
- While IEC/BCC needs a dedicated team of three to five people working at the national level, ICDS currently does not have any staff to facilitate work in IEC/BCC. In this context, an ONA, if it can be done within the next 2–3 months, will be useful and informative to the ministry.
- Better coordination for IEC/BCC is needed among the MOHFW, the Ministry of Agriculture, and other associated ministries.
- ICDS needs support in undertaking a joint situational analysis and evidence review for establishing short-, medium-, and long-term results.

The Joint Secretary also informed IHBP that nutrition is high on the agenda of several policy-influencing bodies, like the Prime Minister’s Council, the National Advisory Council, the Right to Food Campaign, the Nutrition Coalition, and the Planning Commission. Discussing the progress on the 12th Five Year Plan, he explained that the Planning Commission is looking for key indicators for monitoring each sector. He stated that while the Vistaar Project can help facilitate the subgroup on multi-sectoral convergence, IHBP can facilitate technical support to the subgroup for IEC/BCC.

Dr. Shreerajan also shared that ICDS needs to address human resource issues, like reforming human resource management, building capacities of child development project officers, improving recruitment by reducing the time gap between decision to recruit, advertising for application, and completing recruitment. He concurred with USAID’s choice to work in UP and added that a small change in nutrition status in UP will reflect a significant improvement in the nutrition situation in India.

In regard to TA to the Nutrition Resource Platform (NRP) to develop it as a BCC hub/gateway, the Joint Secretary stated that the ministry envisages NRP as an e-forum, with digital library, where idea-based feedback can be facilitated. The NRP requires TA in managing knowledge, establishing a cost-effective development and maintenance plan, and strengthening interactive voice response for nutrition messaging to frontline workers. IHBP briefed the Joint Secretary on its meeting with the NIPCCD and NRP officials in March and noted that the project will draft a strategy paper for NRP and share it with USAID and MOWCD for their approvals.

The Joint Secretary appointed Kumkum Marwah, Joint Technical Advisor, Food and Nutrition Bureau, and Dinesh Paul as the nodal points of contacts from the ministry for IEC/BCC and NRP, respectively. Dr. Shreerajan also advised the IHBP team to coordinate with him directly on any issue, as needed. IHBP prepared the draft minutes of this meeting for transmittal to the Joint Secretary.

Following this meeting, IHBP developed a draft proposal on the ONA, focusing on human resources, which was approved by the Joint Secretary in late September.

Meeting with NACO

Although IHBP participated in the NACP II planning workshop for IEC, social mobilization, and advocacy, the IHBP team has not been able to officially meet the Additional Secretary, NACO, despite persistent efforts to secure an appointment with her.

Meetings with State Government Agencies in Lucknow, Uttar Pradesh

From June 6 to June 7, USAID and IHBP traveled to Lucknow for introductory meetings with key UP government partners. The following are key results of initial meetings held.

Meeting with NRHM Director, Department of Health and Family Welfare

On June 6, USAID introduced IHBP to the NRHM. NRHM Director Mohammad Mustafa explained that the USAID-funded SIFPSA has been designated as the nodal agency to support NRHM on BCC activities. He requested that IHBP support activities to strengthen SIFPSA's IEC Division where currently all positions are vacant. As a follow-up to this request, IHBP shared a draft SOW for an ONA focusing on human resource needs in SIFPSA's IEC cell. This assessment will describe and review the existing human resource structure and processes followed in the cell. It will look into current positions and job descriptions, recruitment practices, reporting mechanisms, actual tasks performed, and resources made available for performance of the tasks, and will recommend changes based on current BCC priorities of NRHM. Findings will feed into recommendations for capacity building and policies to institute changes in the human resource structure and processes. The draft minutes of the meeting were sent to USAID for formal transmittal to NRHM.

SIFPSA also requested IHBP to place a BCC consultant at SIFPSA. IHBP immediately drafted a job description for the consultant, which it sent to SIFPSA for feedback. As of June 30, IHBP had not received formal feedback on the job description. In June, IHBP initiated the process to identify and recruit a suitable candidate. IHBP held additional meetings with SIFPSA to support ongoing IEC/BCC work. Mr. Mustafa left his post as NRHM Director in early August. The Principal Secretary, Department of Health and Family Welfare, was charged with overseeing NRHM activities while a replacement for Mr. Mustafa is assigned. As of the end of September, the NRHM Director position was still vacant.

Meeting with UPSACS Project Director

On June 7, USAID introduced IHBP to Uttar Pradesh State AIDS Control Society (UPSACS) Project Director S.P. Goyal. During this meeting, Mr. Goyal stated the need for a cogent and behavior-focused BCC strategy. He opined that messaging needs to be facilitated at the sub-district level, so that it is aware of government services, for example, motivating people to go for HIV testing. He stated that when individuals are motivated to go to the Integrated Counseling and Testing Centers (ICTCs), they often do not get tested because of lack of availability of testing kits. He sought assistance in identifying agencies that can implement community mobilization programs and also agencies that can facilitate procurement and supply of testing kits. IHBP reiterated that the project can assist UPSACS in the formulation of this focused BCC strategy. The draft minutes of the meeting were sent to USAID for formal transmittal to UPSACS.

The meeting with Mr. Goyal was followed by meetings with the Additional Project Director, Joint Director (UPSACS IEC), and representatives of other agencies that are providing TA to UPSACS, i.e., the Technical Support Unit (TSU), BBC World Service Trust, and the United Nations Development Programme. IHBP also conducted a joint orientation of these stakeholders on IHBP objectives and proposed approaches with a view to eliciting suggestions and facilitating discussions on possible areas for TA on BCC. An immediate request from UPSACS was for IHBP to take on the evaluation of its IEC activities, which was planned by FHI's Samarth Project. Based on an agreement with the USAID COTRs of both projects, IHBP will conduct this study. However, to be in line with the IHBP mandate, the scope of this evaluation will be expanded to incorporate a communication needs assessment (CNA) so that the findings can be used to design an evidence-based BCC strategy for HIV/AIDS in UP.

IHBP also began work on designing a draft SOW for an ONA for UPSACS.

Meeting with Principal Secretary, Department of Women and Child Development

On June 7, USAID introduced IHBP to the Principal Secretary of the Department of Women and Child Development (WCD), Mr. Balvinder Kumar, who welcomed this new USAID project and assured assistance to the IHBP team in operationalizing the project within the ICDS. He shared that UP had more than 180,000 Anganwadi Centers (AWCs) with about 25 million beneficiaries and an annual budget of approximately Rs. 390 million. He stated that as the AWCs in UP are functioning from primary school premises, they experience several challenges in their work. Mr. Kumar observed that, apart from some small-scale support by UNICEF, no NGO or donor agency is providing technical or financial support to the ICDS. He expressed appreciation for the TA received by the department a few years ago through the USAID-funded Reproductive and Child Health, Nutrition, and HIV/AIDS project. The Principal Secretary, WCD, designated the ICDS Director as the nodal point of contact for IHBP and committed to introducing the project to the other officials within ICDS. The minutes of this meeting were sent to USAID for transmittal to WCD.

A meeting was subsequently held on June 15 at the ICDS office to introduce the project to the director and to initiate dialogue on the way forward. At the director's suggestion, the IHBP team accompanied him on June 17 to the launch of the new vocational training scheme for young girls in Kakori Block of Lucknow District, where IHBP was able to informally discuss what information channels the girls use and identify current knowledge about health issues. The IHBP team is working on a course of action to engage more closely with the ICDS and obtain its buy-in for BCC TA. Mr. Kumar left his post for another assignment in July. IHBP has not been able to meet his replacement.

Meetings with USAID Partner Agencies and Other Organizations

Meetings with USAID Partners

From the third quarter of Year 1, following the "go" signal from USAID, IHBP held meetings with partner agencies and other organizations. From April to June 2011, IHBP met with senior staff of the John Hopkins University Center for Communication Programs (JHUCCP), the Vistaar Project, the Maternal and Child Health Sustainable Technical Assistance and Research (MCH STAR) Project, the RESPOND Project, the Innovations in Family Planning Services Technical Assistance Project (ITAP), and the Samarth Project. IHBP contacted the state teams of Vistaar, Maternal and Child Health Integrated Program and Health of the Urban Poor in April. The meetings were primarily held to:

- Introduce IHBP, its focus areas, BCC framework, objectives, results, planned activities, and progress so far
- Learn about the USAID partners' projects, at the national level and in UP, including lessons learned in working with the government
- Learn about their ongoing initiatives and lessons learned in facilitating BCC interventions
- Explore areas of collaboration and complementarities between IHBP and USAID partners' interventions in BCC

In UP, the UP Project Director met with Vistaar and ITAP. During these meetings, IHBP collected relevant documents (e.g., modules, IPC/BCC materials, formative research reports, needs assessments, evaluation reports). The following provides specific information on key results of each meeting.

- **JHUCCP's Health Communication Partnership (HCP).** The HCP team discussed the technical support it has been providing the NACO in developing BCC and training materials on HIV/AIDS, e.g., print materials, the 52-episode radio drama series—*Jawaan hoon, naadaan nahi* (I am young but not naive)—which targeted rural youth and a counseling tool to be used at the drop-in center. It was agreed that IHBP and JHUCCP will coordinate to ensure a smooth transition of HCP's TA role to IHBP.
- **Intra Health's Vistaar Project.** IHBP and the Vistaar Project discussed various issues related to TA, ranging from district selection and government priorities to tracking indicators, notably the importance of institutional development indicators. Considering the work Vistaar has done on community communication platforms, it was agreed that IHBP would seek Vistaar's assistance with the research and capacity building activities planned on Village Health Nutrition Days, other community platforms, and other IPC activities at the village level. At the state level, the UP Project Director held a similar meeting with the Vistaar state team.
- **MCH STAR Project.** MCH STAR discussed its current work evaluating the MOHFW's mass media campaign, as well as its institution strengthening activities in collaboration with organizations like PHFI.
- **Engender Health's RESPOND Project.** The RESPOND Project team discussed its TA to the UP government in strengthening capacity for non-scalpel vasectomy, including IEC support to promote the method. The project shared its findings on the difficulties faced by ASHAs in the field, e.g., lack of a handy flipchart that ASHAs can easily use during IPC sessions. The two projects will explore areas where IHBP can complement the RESPOND Project's ongoing district-level TA in non-scalpel vasectomy, wherever there are common districts.
- **Futures Group's ITAP.** ITAP brought to discussions with IHBP its rich experience of providing TA to the MOHFW at the national and state levels. ITAP has been helpful in facilitating follow-up meetings between IHBP and the State Programme Management Unit/NRHM and SIFPSA in UP. The UP Project Director held a similar meeting with the ITAP state team.
- **FHI's Samarth Project.** IHBP is working in coordination with the TSU for UPSACS and for the UP-NRHM established by the Samarth Project and ITAP, respectively. The TSU to UPSACS assisted IHBP in facilitating follow-up meetings with UPSACS. It was agreed that IHBP will implement FHI's planned evaluation of UPSACS's IEC activities and materials. To provide further information for the development of a strengthened BCC strategy for HIV/AIDS, IHBP proposed, and UPSACS agreed, to expand the scope of this study to become a CNA.

Meetings with Other NGOs Implementing BCC projects

In addition to exploring collaboration with USAID-funded projects in India, IHBP also met with representatives of non-USAID-funded organizations, like BBC World Service Trust, Hindustan Latex Family Planning Promotion Trust (HLFPPT), the International Center for Research on Women, the Bill and Melinda Gates Foundation (BMGF)-funded Urban Health Initiative Project, the Manthan Project, and Save the Children/India.

The IHBP team gathered lessons from these organizations' experience facilitating IEC/BCC for various health issues. The International Center for Research on Women has led studies on stigma and discrimination related to HIV/AIDS and is supporting NACO in developing the stigma and discrimination reduction strategy. BBC World Service Trust shared its mass media effort to normalize discussion around condoms and encourage people to ask about them. This BMGF-funded project will soon be implemented in Bihar. Save the Children/India shared that it is facilitating mass media and mid-media initiatives for MCH issues.

Meetings with United Nations Agencies

- **United Nations Population Fund (UNFPA).** IHBP met with UNFPA communication staff in New Delhi. During this meeting, UNFPA briefed the project on its assistance in developing and implementing a comprehensive BCC strategy on maternal health in the state of Rajasthan.
- **UNICEF.** IHBP met with UNICEF representatives to explore the scope of its "Assessment of BCC Capacity Study" in 2008, which documented the status of IEC/BCC capacity in the MOHFW at the national level and in seven states of India. UNICEF explained that the ministry has accepted the findings of the study, which serves as the basis for UNICEF's long-term capacity building BCC activities. IHBP and UNICEF agreed to plan institution strengthening activities to achieve complementarities and avoid duplication, and share experiences and lessons learned.

IHBP also met with UNICEF officials in UP. In Lucknow, UNICEF implements seven core programs: reproductive and child health, child development and nutrition, girls' education, water and sanitation, children and AIDS, pulse polio, and child protection. Three cross-sectional units support the seven core programs: communication for development, advocacy and partnerships, and social policy planning and evaluation. In recent years, the UNICEF communication division has focused a lot of its BCC pilots in the Lalitpur District of UP. UNICEF has conducted formative research for Meena Radio and *Kyunki* (a soap opera delivering health and behavior change messages), and is now conducting other formative research in Sonbhadra, Agra, Siddharthnagar, and Lalitpur, covering all its core programs except polio. Research results are expected by the end of July 2011. The meeting with UNICEF revealed that the organization is a strong potential advocacy partner for IHBP. UNICEF's formative research would be useful reference material for IHBP, and it would be worth visiting Lalitpur District to observe the UNICEF BCC and social mobilization pilots.

UNFPA and UNICEF are working in collaboration with IHBP to help the MOHFW develop its long-term strategy for IEC/BCC.

4.2.3. Submission and Approval of Year 1 AWP, AMP, and BMP, and Submission of AWP for Year 2

Submission of Year 1 AWP, AMP, and BMP

On April 12, 2011, IHBP submitted a revised version of the Year 1 AWP, AMP, and BMP, incorporating comments received from USAID on these deliverables originally submitted on March 7 (comments based on the first AWP version dated November 29, 2010). USAID reviewed the April 12 submissions and sent IHBP additional comments, including recommendations on May 4 to revise the narrative portion of the AWP and suggestions on May 31 to revise the tabular version of the AWP and AMP. IHBP further revised these deliverables, including the BMP, and formally transmitted these to USAID on June 22. USAID sent formal approval of the Year 1 AWP 1 and AMP on August 8. USAID formally approved the BMP on September 7.

Year 2 AWP

IHBP Delhi and UP staff, FHI 360 headquarters staff (Jill Randell and Orlando Hernandez), and representatives from subcontractors Popcouncil, PSI, and PCI participated in a workshop in New Delhi, August 10–12, 2011, to discuss and draft the work plan for the second year of the project (October 2011–September 2012). The USAID COTR and Alternate COTR also participated in a number of sessions. As a result of the 3-day meeting, IHBP developed its AWP and revised its Year 2 AMP. After the workshop, the IHBP team further worked on refining the work plan, which was formally submitted to USAID on September 19, 2011. IHBP is awaiting comments on this AWP.

Revised AMP

In August, IHBP revised the AMP to reduce redundancies across IRs and to incorporate the United States President's Emergency Plan for AIDS Relief (PEPFAR) Country Operation Plan (COP) indicators. The revised AMP was submitted, along with the AWP for Year 2, on September 19.

IHBP PEPFAR COP Indicators

During the 3-day Year 2 work planning meeting, the USAID team oriented IHBP on the PEPFAR COP, the templates and indicators that are used, and how the USAID-funded organizations are expected to use them. This orientation was done to help IHBP staff prepare for accomplishment of the PEPFAR COP forms, which were due on August 24. On the due date, IHBP submitted the duly-accomplished PEPFAR COP Forms 1, 3, and 4.

4.2.4. Accomplishments under IRs

This section describes accomplishments under the Year 1 approved AWP, Version 4, which was submitted to USAID on June 23 (after a series of revisions incorporating USAID comments) and approved by USAID on August 8. With the lifting of the USAID CO instruction to delay major actions in late March and following introductory meetings to government counterparts from late April to early June, IHBP tried to expedite launch of activities to accomplish its IRs for Year 1.

IR 1 – Institution Strengthening

Introductory Meetings with Government Partners in Delhi and Lucknow

As described earlier, during the second and third quarters, USAID organized a number of introductory meetings for IHBP with the MOHFW and the MOWCD and related agencies in

Delhi and counterpart agencies in Lucknow. These meetings were followed up by IHBP to identify areas of collaboration, specifically regarding institution strengthening.

Project Advisory Group

In the Year 1 AWP, IHBP was to establish a PAG at the national level to be made up of representatives from relevant government departments, USAID partners, and BCC stakeholders. Proposed government partners include the MOHFW, RNTCP, NACO, and others. However, due to the project's slow start, no PAG was formed during the first year.

State Project Advisory Group

IHBP was to establish a state-level PAG to be made up of representatives from relevant state government departments, USAID partners, and other BCC stakeholders. Proposed state partners include the State Programme Management Unit, UPSACS, and WCD. Formation of a state PAG is planned once the government and USAID agree on the IHBP-designated state.

ONA – MOHFW and MOWCD

To follow up on the request by the Joint Secretary, IEC, MOHFW, IHBP drafted an SOW for an ONA focusing on a review of human resource capacity for BCC in the ministry. The ONA is expected to provide findings and recommendations that will assist the MOHFW in strengthening the IEC Division and its coordinating role with the program divisions. The ONA will also assess actions taken by the MOHFW in responding to recommendations regarding IEC/BCC from the Common Review Missions and the Joint Review Missions. It will help identify areas where IHBP can provide TA to strengthen BCC capacity in the IEC Division and the MOHFW as a whole. As of the end of September, IHBP continues to await formal approval for the conduct of the ONA, despite continued follow-up communication with the IEC Division on this activity.

IHBP received a similar request from the MOWCD, requesting a review of current ministry capacities in BCC at the national, state, and district levels. IHBP drafted the SOW and received MOWCD formal approval in late September 2011 to proceed with the study. IHBP issued a request for proposals (RFP) to various agencies. Since this RFP covered UP as the state for review, the RFP process will need to be amended.

Scoping Study to Identify Nodal Institutions at National and State Levels

IHBP finalized the RFP for selecting national and UP nodal agencies. On August 25, IHBP invited five agencies that have conducted similar assignments to respond to the RFP. Only one of the five agencies responded by the deadline of September 14, 2011. This proposal did not meet the minimum score for selection based on the review by a three-member panel. Thus, IHBP rebid the RFP to a larger pool of agencies on September 26, 2011.

NIHFW as BCC Center of Excellence and IEC Resource Center

Based on meetings held with the NIHFW led by the Joint Secretary, IEC, agreement was reached for IHBP to provide TA to develop NIHFW as a center of excellence for BCC training of various categories of health personnel, including frontline workers. IHBP will assist the NIHFW in developing BCC training curricula, short courses, and BCC master trainers. The project will also help strengthen a national-level BCC resource center and transfer these skills to NRHM priority states. IHBP has initiated development of the draft modules for the core SBCC curricula based on the C-Change modules. However, it is actively pursuing and still awaiting formal endorsement from the MOHFW to the NIHFW of

the latter's collaboration with IHBP so that the NIHFW Executive Director can obtain formal approval from the NIHFW Board for this effort.

M&E Systems Review within MOHFW, MOWCD, and NACO

IHBP plans to review the existing M&E systems for communication activities within the MOHFW, the MOWCD, and NACO. This includes a review of IEC/BCC indicators, reporting and feedback systems, formats, and quality control procedures. An SOW has been developed for this review to be conducted at the national and state levels. This activity will be launched once formal approval is granted by the relevant ministries at the national level and by relevant agencies of the state to be selected.

Establish Technical Advisory Groups on M&E

IHBP plans to establish Technical Advisory Groups at the national and state levels to advise the project on areas that need improvement in the M&E system related to BCC based on findings from the proposed M&E systems review discussed above. Since the M&E review has not yet been launched, this activity has been delayed.

Proposed Criteria for Selecting 10 UP Focus Districts

In the third quarter of Year 1, IHBP developed objective criteria and processes to short-list the districts in UP proposed to USAID for IHBP support. The project ranked all 71 districts in UP in terms of their vulnerability based on selected indicators for HIV/AIDS, FP/RH, MCH, and TB. The indicators were determined through a principal component analysis. The project used data on behavior indicators and service statistics available for all UP districts from the District Level Household Survey Phase III, NACO, and the RNTCP. Once vulnerability indices were established, each of the 71 districts was further mapped based on its status as a priority district for relevant government programs—NRHM, RNTCP, and NACP—and the existence of other USAID-, BMGF-, and UNICEF-funded projects. The results of this vulnerability-cum-mapping exercise were submitted to USAID. USAID indicated that it will use the IHBP analysis, along with other analyses the agency is conducting, to select the final list of 10 districts to propose to the UP government for priority focus. In the fourth quarter, IHBP was informed of the ongoing discussions between USAID and the MOHFW to consider withdrawal from UP.

Baseline Study of Government Health Providers on BCC

While awaiting USAID's direction for identifying project districts and activities in UP, IHBP initiated preparations for the conduct of baseline studies. Since IHBP had no M&E staff during most of the last two quarters, the project hired a research expert to assist in collecting survey tools that have been used in health provider knowledge, attitudes, and practices (KAP) surveys and that can be adapted for use in the IHBP planned baseline survey of health providers on BCC practices and KAP on HIV/AIDS, FP/RH, MCH, and TB. The headquarters M&E Advisor is assisting IHBP in drafting the study design and methodology, and is preparing general documents for Institutional Review Board (IRB) approvals that have to be refined once the state and 10 districts for IHBP activities are selected.

NRHM (SIFPSA) UP Support

- **Recruitment of long-term BCC consultant for SIFPSA.** Following directives from the NRHM Director in July, IHBP began working with SIFPSA. The objective was to strengthen SIFPSA's IEC Division, which has been designated by the UP government as the nodal unit for planning NRHM BCC activities. IHBP initiated the process to recruit a

BCC consultant for SIFPSA in August. One candidate has been selected and approved by SIFPSA. However, with the USAID instruction to hold off on activities in UP, the actual hiring process was suspended. While this process was under way, IHBP placed its own SBCC Specialist at SIFPSA on a short-term basis, to provide support with the screening of media agencies and the review of folk media scripts.

- **ONA.** Responding to SIFPSA's request, IHBP drafted a concept paper on a human resource needs assessment to assess SIFPSA's IEC Cell and to make recommendations to strengthen the cell in terms of staffing, job descriptions, recruitment, and reporting. This draft concept paper was sent to SIFPSA for review and approval in early August. Action on this ONA has been put on hold in accordance with USAID's instruction to slow UP activities.

Initiate Performance Needs Assessment for Village Health and Sanitation Committees on BCC

Because the IHBP focal state and districts have not been selected, work with the Village Health and Sanitation Committees has been delayed.

Introduce District-Level Stakeholders to the Project

This activity was not initiated, since the state and districts had not been selected as of the end of September 2011.

IR 2 – Knowledge and Attitudes Improved

Activities toward achievement of IR 2 were mainly initiated in the last quarter of Year 1. They focused on evidence gathering to support identification of BCC interventions and materials and formulation of frameworks to develop SBCC strategies for various health programs.

Good/Best Practices Review

During this quarter, IHBP initiated a web-based good/best practices review of SBCC strategies and programs on HIV/AIDS, FP, MCH, and TB in India and neighboring countries (Bangladesh, Nepal, Pakistan, and Sri Lanka). The process of hiring consultants began in June and was completed in September, with USAID approval. Delays in approvals were encountered because the first request for USAID approval covered review of practices in UP as part of the consultant SOW. Since USAID stated that all approvals for the state would be put on hold, IHBP had to revise the SOWs to exclude the UP SOW and resubmit an approval request to USAID. As a result of the delay in finalizing the consultancy contracts, one of the three consultants was no longer available. IHBP has submitted a request for replacement of this consultant. Despite these drawbacks, the review activities were launched in September.

Media Mapping Study

The purpose of the media mapping study is to map all communication channels existing at the national level and in UP and to identify those that are popular among specific audience segments. The results will form the basis for identifying channels that would be more effective in targeting specific audiences. IHBP issued the RFP on August 17 to six qualified agencies. Six bids were received by the September 2 deadline. An evaluation panel reviewed the bids and an agency was selected. With the USAID directive to slow down activities in UP, IHBP is in discussions with the agency on postponement of the state-level mapping until a state is identified. The selection of the state will also have repercussions on the costs for the study. The study is expected to start in the next quarter.

IEC/BCC Materials Review

IHBP launched a review of various existing IEC/BCC materials that were developed for various interventions in HIV/AIDS, MCH, and TB. This would help in assessing their usability for existing interventions and in analyzing gaps within these materials that could be improved on. The first RFP was sent to agencies on August 16. Very few responded and those who did sent very poor proposals. The RFP was then advertised on the web on September 14. IHBP will review the proposals received based on this ad in early October.

MOHFW – Action Plan to Strengthen IEC/BCC Efforts

In July, the MOHFW requested USAID, along with UNICEF and UNFPA, to assist in developing both a long- and a short-term IEC/BCC strategy to strengthen its health programs. After several discussions among the partners, IHBP drafted a framework for developing the strategies. A series of meetings were held with USAID, IHBP, UNICEF, and UNFPA staff to discuss the draft, which IHBP then finalized. As of the end of September, the meeting with the Joint Secretary, IEC, to discuss the action plan framework that will then be presented to the Health Secretary is still to be scheduled.

Participation in Planning for NACP IV IEC, Social Mobilization Plan

From July 27 to July 28, upon invitation from NACO, IHBP participated in the second working group consultation to provide inputs to the IEC, social mobilization, and advocacy component of NACP IV. IHBP hosted a sub-group meeting of the working group from August 8 to August 9 to write the summary of the working group consultation results for presentation to top officials at NACO. The sub-group meeting, which included independent consultants and key NACO IEC/BCC personnel, developed the final draft report on IEC, social mobilization, and advocacy for NACP IV.

Development of an SBCC Strategy to Reposition Family Planning

On August 24, USAID and IHBP staff met with Dr. Sikdar, Deputy Commissioner, FP Division, MOHFW. He requested TA in developing a BCC strategy to reposition FP, from limiting of births to birth spacing. To follow up on agreements from this meeting, IHBP developed a document that describes the roadmap for development of the SBCC strategy to reposition FP, which it submitted to Dr. Sikdar on September 19. On September 28, Dr. Sikdar sent an email to IHBP expressing broad agreement to the roadmap and requesting that the activities be fast-tracked. As discussed with the FP Division, the SBCC strategic plan to reposition family planning aims to:

- Effectively communicate benefits of birth spacing for MCH
- Promote the use of contraceptives as modern spacing methods
- Address myths and misconceptions around modern contraceptive methods
- Encourage people to seek safe and effective services from wherever they are available from government and private service providers

The plan will primarily target communication efforts to couples of reproductive age. It will include communication activities to promote an environment that will be supportive of birth spacing practice among family members, community influentials and leaders, and health providers. It will initially focus on 11 target states: eight Empowered Action Group states (UP, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Rajasthan, Orissa) and Gujarat, Haryana, and Assam. The plan is expected to launch April 20, 2012. IHBP is helping develop the overall strategy and the creative campaign that will use mass media, mid-

media, and IPC channels. We are hiring an advertising agency to develop the creative materials.

Draft Situation Analysis of FP/RH

As part of the activities in developing the SBCC repositioning strategy, IHBP, through PSI, completed the draft Situation Analysis on Family Planning/Reproductive Health. The draft report looks at the various health indicators that are influenced by FP programs and their status as per the Millennium Development Goals, RCH-II goals, the 11th Five Year Plan targets, and the National Population Policy goals. It analyzes the various reviews of the NRHM program to understand gaps identified by the Review Missions. Using the BCC lens, the report looks at implementation gaps and bottlenecks in the current scenario. Training of frontline workers, existing M&E mechanisms, and funds allocated for BCC on FP are other areas reviewed in the report. A roadmap based on the learning is proposed to bridge the gaps and to make interventions more effective.

Development of an SBCC Strategy for Maternal Health

In late September, USAID forwarded a request letter from the MOHFW Maternal Health Division for assistance in developing a BCC strategy to improve maternal health. A meeting has been set for October 4 with the Maternal Health Division, USAID, and IHBP to discuss this request.

NACO Cinema Ad Recall and Impact Evaluation Study

In the last week of September, NACO requested TA from IHBP in evaluating a sexually transmitted infections cinema ad campaign. The month-long campaign is planned for launch across digital cinema halls in 28 Indian states in October 2011. IHBP has finalized an RFP for implementation of this study, which will be sent out to research agencies on October 4.

UPSACS Communication Needs Assessment for UP HIV/AIDS BCC Strategy

As described in the previous section on meetings with UPSACS, IHBP support was requested for the development of an UPSACS BCC strategy. IHBP responded to this request by proposing a systematic CNA whose purpose is to gather information on current knowledge, attitudes, beliefs, and practices regarding HIV/AIDS among various groups, including the most at risk populations, bridge populations, and the general population, and service providers at the community level and at service sites, like ICTCs and Antiretroviral Therapy (ART) Centers. This information will form the basis for identifying effective messages and channels to improve HIV/AIDS behaviors. The proposed CNA is composed of a review of secondary data from the 2009 Behavioral Surveillance Survey; literature reviews on men who have sex with men, female sex workers, injecting drug users, truckers, migrants, youth, and the general population; and a qualitative study by IHBP to gather evidence on behavioral determinants, condom use, access to services, stigma and discrimination regarding HIV/AIDS and TB, and exposure to media and communication materials.

IHBP shared the draft CNA outline with the UPSACS Technical Resource Group comprising UPSACS officials and representatives from the Samarth project, TSU, UNICEF, HLFPT, and BBC World Service Trust. Suggestions from the group were incorporated into the CNA concept note. In August, the IHBP team started work on the secondary data and literature reviews. Despite the lack of M&E Specialist staff in both UP and Delhi IHBP offices, the process proceeded with support from the M&E FHI 360 headquarters team and PopCouncil. As of the end of September, drafts of the literature reviews and initial results of the

Behavioral Surveillance Survey secondary analysis have been completed. However, with the USAID instruction regarding UP, the CNA process has been slowed down.

Research Agenda for SBCC

IHBP and subcontracting partners PopCouncil and PSI met in August to identify areas where research (quantitative, qualitative, and operations) will provide evidence to factors underlying existing behaviors and to identify possible interventions to motivate for desired behaviors. The group listed potential research areas in FP, MCH, and HIV/AIDS. All the research studies are planned for implementation in UP, and most studies are based on the situation that exists in UP. With the decision on continuing with UP as a focus area unresolved as of the end of September and the possibility of a new state in the future, final decision on the research studies was not reached.

The potential research areas for FP/RH and MCH are:

- **Use of traditional FP methods.** In UP, there is high use (15%) of ineffective traditional FP methods. PopCouncil will lead a qualitative study to probe reasons why a significant proportion of women continue to use traditional methods of contraception, rather than modern methods.
- **Effectiveness of mobile phones in facilitating male involvement in health communication.** In UP, mobile phones are usually in the hands of men. PopCouncil will lead operational research to gather evidence on how men, who possess and use mobile phones the most, can be engaged to improve health behaviors and to determine what messages are most effective in reaching them.
- **Reasons for discontinuation of contraceptive use.** There is a high rate of discontinuation of contraceptive use in UP. A PSI-led qualitative study will identify reasons for this discontinuation. It will also explore possible triggers to help reinforce messages for continuation.
- **Triggers for inter-spousal communication in FP/RH.** A qualitative study will determine what factors hinder and facilitate inter-spousal communication on FP/RH issues, especially after they are exposed to IEC/BCC messages.
- **Decision making for post-partum contraception.** Operations research, likely to be led by PopCouncil, will try to identify the correlation between antenatal care and decision making and post-partum use of FP methods. It will seek answers to questions about the optimal time when couples can be motivated to adopt an FP method.
- **Reaching men.** A qualitative study will aim to identify the most appropriate channels for reaching men at the community level.

The potential research areas related to HIV/AIDS are:

- **Gender-based violence and HIV/AIDS.** A qualitative study will explore how gender-based violence increases risks of HIV/AIDS among women and what culturally appropriate interventions mitigate the risk.
- **Women living with HIV and their access to ART.** Evidence shows that it is mostly men living with HIV who access services from ART centers. This study will interview women living with HIV to understand both demand- and supply-side barriers that prevent women from accessing ART as effectively as men do.
- **Women living with HIV and district-level networks (DLNs).** Similar to the above study, the existing evidence shows that DLNs and support groups are constituted mainly of men. This qualitative study will interview women living with HIV to understand the barriers they face in connecting with DLNs and drawing benefits from the support groups.

- **Post-testing drop-outs.** Substantial evidence indicates that most people who come to ICTCs for testing test positive, but that very few return for post-test counseling and support. This qualitative study will investigate the reasons that PLHIV drop out of support programs after testing and probe where they go after being tested and what services and care they seek and get.
- **Migration and its impact on sexual behaviors.** Although UP is a low-HIV/AIDS prevalence state, the high rate of migration puts the population at great risk for HIV/AIDS. This qualitative study will seek to understand the level of risky sexual behavior among inter-state migrants as compared to intra-state migrants, and also discover how migration affects sexual health behaviors at the source and at the destination.
- **Provider bias to PLHIV.** Through desk reviews, IHBP will seek to understand the misconceptions that health providers have related to HIV/AIDS. Thereafter, a qualitative study to understand factors behind stigma and discrimination attitudes among health service providers (ANMs, staff nurses, medical officers, etc.) and how these can be addressed through BCC interventions will be conducted.

IR 3 – Communities Support Healthy Behaviors

IHBP began evidence-gathering activities to provide information for effective design of community mobilization strategies and schemes and provided support to UP SIFPSA in summarizing its inventory of folk media scripts.

Evidence Review of Community-Based Platforms for BCC

IHBP partner PSI completed a draft report on community platforms for BCC. The report reviewed 13 studies, which included studies elucidating the role of behavior change interventions in influencing maternal and neonatal health outcomes and studies that described and analyzed various approaches adopted and implemented in health programs to bring about positive behavior change. The study findings clearly show a significant role of community-based platforms in influencing women's ability to seek care that affects their health. The study will be finalized in October after a formal presentation by PSI to the IHBP team.

Review of Incentives and Community Recognition Schemes

IHBP, through PSI, completed a draft of an evidence review of studies on incentives (rewards and recognition schemes) offered by various governments and NGOs to motivate volunteers and health workers. The study attempts to identify key internal motivators that have successfully motivated community health workers to perform better. Findings from this report will be helpful in designing a successful community recognition scheme for IHBP. This web review includes interventions implemented across India, Bangladesh, Nepal, Pakistan, and Sri Lanka. It primarily covers large-scale, national-level programs, like the ASHA scheme of India, the Lady Health Workers Scheme of Pakistan, Shastho Shebikas of Bangladesh, and the Female Community Health Worker Program of Nepal. It also touches on how community interventions using community health workers and volunteers have evolved and scaled up across the countries based on their experiences.

Support to SIFPSA in Reviewing Folk Media Scripts

In September, IHBP assisted SIFPSA in gathering information on available folk media scripts on FP and maternal health and summarizing the information regarding target audience, messages, and other content. The evidence review was aimed at assisting SIFPSA in adapting or developing a folk media campaign for launch in the coming months. This

presented an opportunity for IHBP to enhance the capacity of SIFPSA to use a systematic process to plan mid-media campaigns like folk theater. For this purpose, at the request of SIFPSA, IHBP will organize a 2-day internal workshop for participants from NRHM, the Directorate of Health and Family Welfare, SIFPSA, and ITAP, October 4–5. The key objectives of the workshop are to:

- Arrive at a consensus on key audiences for FP and maternal health using the trigger behaviors prioritized in the UP NRHM BCC strategy
- Identify specific actions required of each prioritized audience group to affect behaviors on FP and maternal health
- Identify key barriers and enablers at the family and community levels that influence the ability of key stakeholders to adopt or reject particular behaviors

By the end of September, the workshop logistics and technical preparations were completed and participants had confirmed attendance.

IR 4 – Vulnerable Groups Empowered

During this reporting period, IHBP provided support to UP in plans for developing a film on stigma and discrimination regarding HIV/AIDS and TB.

UPSACS Short Film on Stigma and Discrimination

IHBP received requests from UPSACS to produce a short film targeting the general population that addresses stigma and discrimination to be screened at cinema halls across UP and to collect HIV/AIDS audio-visual and print materials in use by different agencies working in the field. IHBP responded promptly to these requests. The team first met with the Joint Director for IEC at UPSACS and her team to further understand their expectations regarding objectives, key audience, and key messages. Prior to commencing work on a new film and in consultation with USAID, IHBP started a review of existing films created by other agencies that address stigma and discrimination against HIV/AIDS. The intent is to determine whether any of these films can be used or adapted to meet UPSACS's requirements, without producing a new film. By the end of September, IHBP completed the review of films produced by JHUCCP, BBC World Service Trust, International Labor Organization, USAID, Heros Project, UNICEF, the Joint United Nations Special Programme on AIDS, TeachAIDS, Engender Health, and Backstage Kil. IHBP will discuss the review with UPSACS.

Knowledge Management

Project Website

During this quarter, IHBP initiated design and development of the project website. Based on a competitive procurement process, IHBP awarded a subcontract to a Delhi-based agency, New Concept Information Systems, for the design and development of an interactive website. IHBP worked closely with the agency on various aspects of the website development and design. The website homepage design and domain name will be submitted for USAID approval in October.

IHBP Newsletter

As a task order deliverable, IHBP is to generate and disseminate a monthly newsletter. The inaugural issue, consisting of a description of the SBCC Framework, updates of recent project activities, and introductions to key IHBP staff, was launched in July. Subsequent issues (August and September) were produced and disseminated.

In Year 2, the newsletter will be produced and disseminated on a quarterly basis in accordance with the task order modification. As activities progress, IHBP will start showcasing success stories in its newsletters. Developing a website-based e-newsletter is also planned for Year 2.

Knowledge Management Strategy

The knowledge management strategy has been finalized for submission to USAID for review and approval.

NRP of the MOWCD

In response to a request from the MOWCD, IHBP reviewed the current status of the NRP and prepared an action plan to launch and operationalize the NRP, which was submitted to the Joint Secretary on September 22 for review and approval.

Leveraging

Gather Information to Support Strategy Development for Public-Private Partnerships and Leveraging

During the second and third quarters, IHBP commissioned a desk review of public-private partnership experiences and opportunities in India from Sorento Healthcare Communications. The draft review findings indicate that, while the majority of partnerships revolve around products that can be marketed through health programs and therefore may not be suitable for IHBP, there were some companies that expanded beyond this role, such as Novartis, and supported district-level health workers through training and partnering with their own community workers. Also, Lifebuoy soaps and Dettol initiated safe handwashing BCC campaigns in support of their products. The study also found that 82 percent of Indian companies reviewed have sizable corporate social responsibility (CSR) divisions that could be tapped into if approached appropriately. Interestingly, most of the CSR programs focus more on TB and HIV. For this reason, the review recommended that work with FP and MCH might be new and appealing to these companies. This study will be revised and finalized during the first half of Year 2.

Hold Meetings with the Private Sector on Project

Meetings will be held with potential private sector partners during the first quarter of Year 2.

Develop Private Sector Leveraging Strategy for the Project

The leveraging strategy will be drafted during the first half of Year 2. From this, IHBP will work with potential partners to develop our leveraging strategy.

Leveraging Consultants and Staff

IHBP consultant Don Levy led the leveraging activities in Year 1. He oversaw work on the desk review, developed a job description for the Private Sector/Leveraging Manager (part of IHBP Delhi staff) and reviewed resumes of potential candidates. A consultant trip was planned, but was delayed when the consultant's long-term illness prohibited travel. IHBP has identified a replacement consultant and has sent an approval request to USAID. The recruitment agency subcontracted by IHBP was able to identify and initially interview a shortlist of candidates for the leveraging position. They will be interviewed by IHBP in October.

4.3. Short-Term Technical Assistance Visits

4.3.1. Jill Randell – November 3–November 20, 2010

IHBP Project Director came to Delhi with the Chief of Party shortly after award to jump-start project activities. Significant time was spent on recruitment, looking for office space, and meeting with project staff and partners to communicate the project approach, as well as to review and interview applicants for project posts in Delhi and Lucknow.

4.3.2. Andrea Arkin – March 19–April 16, 2011

IHBP Program Officer Andrea Arkin provided project start-up and administration support. She assisted with the development of solicitations and guided staff through procurement policies. Ms. Arkin prepared new procurements and also assisted staff in hiring new employees. She provided an overview of policy compliance for human resources with field administration staff. The trip resulted in a strong partnership, with common result-oriented goals between administrative and program staff in the field and headquarters.

4.3.3. Jill Randell – March 27–April 9, 2011

Ms. Randell provided support to revise the Year 1 AWP and AMP and met with USAID/India and IHBP partners to help define a strategy and concrete goals for the rest of Year 1. Ms. Randell also provided inputs to the technical design of RFPs and SOWs for formative assessments and discussions on the baseline research studies.

4.3.4. Jill Randell – May 27–June 11, 2011

Ms. Randell visited potential office spaces and negotiated with the Farm Bhawan landlord for the Delhi office. She oriented all of the staff on the process of developing RFPs and reviewing proposal submissions. She provided technical support on a third round of revisions to the AWP and AMP, and worked with staff in refining the SOW for best practices and the RFP for website design. She discussed strategies to accelerate staff hiring, addressed other administrative issues, and provided overall project support while the Chief of Party was on emergency leave. She met with a potential project partner, PHFI, and had introductory meetings with FHI. She travelled to Lucknow with the IHBP Delhi team and USAID officials, where she participated in government introductory meetings at the request of the COTR. She also visited potential office spaces to analyze available options for procuring office space for the UP staff.

4.3.5. Orlando Hernandez – March 20–April 2, 2011

IHBP M&E Advisor Orlando Hernandez provided M&E technical support. After meeting with USAID/India and project partners, he worked with staff to finalize the AMP and to frame the parameters for implementing a baseline KAP study, including discussion of methodological issues, such as research design, sampling, and data collection procedures. Mr. Hernandez also interviewed research agencies to better understand their research capabilities and data collection and analysis issues. He also met with PopCouncil to discuss research methodologies and lessons learned.

4.3.6. Renuka Bery – June 26–July 9, 2011

IHBP Knowledge Management Advisor Renuka Bery provided support to knowledge management activities. She worked directly with the senior knowledge management advisor to help revise the knowledge management strategy, served as a member of the panel to review proposals for the IHBP website, and supported the development other knowledge management-related products, including drafting the inaugural newsletter and the style guide.

In addition, Ms. Bery participated in the June IHBP work planning meeting with partners in Delhi.

4.3.7. Faiza Mansouri – June 4–18, 2011

IHBP Finance Manager Faiza Mansouri conducted financial and procurement training for the IHBP technical and finance and administrative staff from the Delhi and Lucknow offices. She provided complete financial training to staff, set up the imprest (monthly financial report sent to headquarters) and the accounting software QuickBooks for the project, and trained the finance staff to use it. Training included formal sessions conducted for all staff from June 8 to June 10, immediately followed by more intensive training for administration and finance staff from June 11 to June 12. Additionally, on-the-job mentoring was done on a daily basis.

4.3.8. Berengere DeNegri – July 18–30, 2011

Ms. DeNegri conducted a 5-day training for SBCC Delhi and Lucknow staff and subcontractor staff on the SBCC framework. This training aimed to strengthen staff skills in conducting orientations and trainings on SBCC using participatory approaches. A second objective was to have a common understanding and conceptual framework to be used in IHBP capacity building and BCC activity implementation. The training used a condensed version of the C-Change SBCC modules.

4.3.9. Jill Randell – August 8–20, 2011

Ms. Randell participated in the 3-day work planning session for Year 2 of IHBP with subcontracting partners, USAID, and IHBP; reviewed proposals for the information technology aspects of the renovation of the Delhi project office; planned the review process and panel for the review of the renovation RFP; and met with FHI 360 staff to discuss office space scenarios for Lucknow and districts. She also discussed financial issues, bank accounts, and tax issues with the financial staff and lawyer. She reviewed drafts of RFPs and met with staff to discuss the approach and potential modifications, worked with the COP and the headquarters M&E backstop to design timelines for baselines and UPSACS study, and assigned staff responsible for each activity.

4.3.10. Orlando Hernandez, August 8–19, 2011

Dr. Hernandez provided technical support on research and M&E activities. He participated in the 3-day work planning session for Year 2 of IHBP. Based on the outcome of the meeting and the AWP outcome, he revised the AMP, reducing the number of indicators to avoid redundancies and adding new PEPFAR indicators added in the COP reporting. He provided support in formulating the IHBP PEPFAR COP indicators and completed the forms that were submitted to USAID. He led planning discussions for the UPSACS CNA, conducted considerable secondary research related to design and baseline research studies, and provided guidelines for the IRB package development. He also interviewed M&E Specialist candidates.

4.3.11. Sandra Wilcox, September 4–October 28, 2011

IHBP consultant Sandra Wilcox provided general support to the project during September and will continue to do so until October 28. Her duties included reviewing and analyzing proposals submitted in response to RFPs for project activities; reviewing, editing, and drafting RFPs as requested; participating in proposal review panels; conducting literature searches of high-risk HIV populations in India; reviewing the leveraging situation analysis report; and participating in the interview and selection process of candidates for technical

positions in Delhi and Lucknow. In October, Ms. Wilcox will assist in drafting the fourth quarterly report and the annual report along with other technical assignments.

4.4. Challenges, Issues, and Lessons Learned

4.4.1. Delay in Major Actions Due to AED Suspension Resulted in Serious Delay in Full Project Start-up

The greatest challenge that IHBP faced in Year 1 was the delay in full start-up of IHBP due to the delay in major actions instruction from the USAID CO arising from AED's suspension by USAID/Washington in December 2010. This effectively suspended project start-up by at least 6 months. As previously explained, this resulted in delays in recruiting staff for the Delhi and Lucknow offices; leasing permanent office space; signing subcontracts with implementing partners; conducting introductory meetings with Delhi and UP government counterparts; obtaining approvals for the Year 1 AWP, AMP, and BMP; and procuring office equipment and computers for staff use. IHBP expedited activities in the third and fourth quarters.

4.4.2. Negative Repercussions from USAID Instruction to Slow Down Activities in UP IHBP Facing Credibility Issues with UP Government

Following USAID's instruction to delay UP activities, IHBP slowed the pace of activity with the UP government, particularly those with SIFPSA and the health department. SIFPSA and the health department have been regularly following up with the UP IHBP team on the status of hiring of the BCC consultant and finalization of folk media scripts. The delays have prompted SIFPSA and the health department to write follow-up communication to IHBP, with the request that these activities be expedited. Since the reason behind the delay—USAID and MOHFW discussions regarding possible withdrawal from the state—has not been communicated to the UP government, IHBP could only respond to these inquiries by saying that the project's actions are delayed due to necessary headquarters and USAID approvals. IHBP is faced with the problem of maintaining good linkages with the health department and SIFPSA and giving the impression that the project is actually taking action when, in fact, it is has postponed or suspended action. As a result, IHBP now faces serious credibility issues in UP. The impression being created in the minds of the UP government counterparts is that IHBP is very slow to act, not effective or responsive to the needs of the state, and unable to follow through on agreements. If a decision is eventually made to continue work in UP, IHBP predicts that the project will need to overcome these credibility issues before it will have the full support and cooperation of UP government counterparts.

Suspension of UP Staff and Consultant Recruitment Straining UP and Delhi Staff Resources

Since the project has had difficulties recruiting staff, the IHBP technical team in Lucknow currently comprises only the Project Director and the Social Mobilization Specialist. All internal activities—project planning, documentation, and reporting—as well as external engagements like coordination with partners, UPSACS, and NRHM; organization of events; and work on technical BCC inputs to UPSACS are currently being coordinated by this two-person technical team. The UP team has been receiving support and input from the IHBP Delhi office, but, given that there are also several priorities and deliverables for IHBP at the national level, human resources have been strained. IHBP suggested that short-term consultants be hired to provide technical support to the UP office. However, this suggestion was not approved by USAID. In the meantime, Delhi staff continue to provide the necessary support for UP activities, which are continuing, albeit on a much smaller scale.

Delay in Procurement for Subcontracted Activities under the Year 1 AWP

To move activities forward, IHBP prepared RFPs or SOWs for activities that are to be subcontracted to third parties (agencies or consultants) during the July to September 2011 time frame. These RFPs and SOWs were finalized in August, with UP as the designated state. Some were released in late August or early September, e.g., scoping study for nodal organizations, the good/best practices review, the IEC materials review, and the media mapping. However, with the USAID instruction to suspend activities in UP, these RFPs and SOWs had to be revised or renegotiated with the winning agency. For example, the request for USAID approval for consultants for the good/best practices review had to be rewritten and resubmitted to USAID to exclude reference to UP as the state. The media mapping and scoping studies were released for bidding prior to the USAID instruction, and proposals have been received by IHBP. Negotiations will have to be undertaken with the winning bidders to postpone the state phase of the study until a state is decided on. A new budget and timeline will also have to be agreed upon, since costs and duration for UP implementation will change significantly with implementation in another state.

Adding to the delay in launching the studies, the actual implementation of this second phase (state implementation) may take several months to begin. This is because a final decision has not been made and signed by all parties and, once made, will require project familiarization of all aspects of the health situation, government introductions, follow-up meetings, and then agreements on key actions. This will result in additional delays in implementation of IHBP activities that were projected for launch during the fourth quarter of Year 1.

Delay in Subcontractor Activities

Most research activities in the proposed Year 2 work plan for PopCouncil and PSI were planned for UP. Approval for these activities and the Year 2 work plan has been put on hold as per USAID direction and subject to a decision on the state. The PCI subcontract for community mobilization is primarily for UP. This latter subcontract has not been signed.

Delay in Baseline Research Implementation – Health Provider and Target Audience Components

The planned baseline research study for IHBP was to be conducted in UP districts. During previous quarters, the baseline study was delayed because there was a delay in selection of the 10 districts in UP. With the decision to continue with UP now pending, the baseline study will be further delayed. Once the state is selected, selection of the districts will take time, since agreements with state government need to be reached on criteria for selection. To move forward despite this limitation, IHBP continues to prepare research instruments for the health provider and target audience components and documents for IRB approval package that can be adapted for the state once selected.

4.4.3. Slow Government Approval of Institution Strengthening Proposals

The project is experiencing delays in obtaining government approvals to proceed with activities that need active government collaboration. One example is the ONA, which needs approval from the MOHFW and the MOWCD, since this activity requires a review of these ministries' documents and records and interviews with their relevant staff. IHBP submitted the official request for approval of the ONA to the MOHFW on September 6. Prior to this, IHBP held meetings with key officials of the IEC Division, MOHFW, including the Joint Secretary. During these meetings, the Joint Secretary gave verbal approval for the ONA. As

of the end of September, no formal approval has been received by IHBP and the file is still in process at the MOHFW. The Joint Secretary has also been reassigned to another position and a new Joint Secretary has been appointed in her place.

A similar situation exists for the MOWCD ONA. IHBP submitted the official request for approval of the ONA to the MOWCD Joint Secretary on September 6, based on the Joint Secretary's verbal approval during a previous meeting and his instruction for IHBP to send a formal letter. The official approval was received in late September. IHBP has prepared an RFP, which it will send out immediately.

Similarly, NIHFW requested formal MOHFW endorsement of NIHFW collaboration activities with IHBP, notably the center of excellence plans and BCC training course offerings. Discussions started in August, but as of the end of September, no formal letter has been issued by the MOHFW to NIHFW. Without this letter, NIHFW cannot proceed actively, since the collaboration needs formal approval by its board. IHBP continues to follow up on this letter. At the same time, the project is preparing core training curricula based on the SBCC C-Change modules and findings from various capacity/training assessments of frontline workers and IEC staff.

4.4.4. Difficulty Finding and Arranging Office Space

IHBP had difficulty finding suitable office space in New Delhi and Lucknow. In New Delhi, rents are calculated on a basis of a "super area" (usable office space plus common areas, such as elevators and corridors), rather than just usable office space alone. As a rule, usable office space usually only occupies 60–70 percent of the super area rented as office space. Although IHBP correctly calculated the usable area requirements and square footage costs for office space, it did not factor in the super area, which has significantly increased rental costs. Taxes (10.3%) were also not included. IHBP initiated its office search in November 2010 with these constraints, and could not find an office that met minimum requirements within the budget. With the delay instruction due to the AED suspension, search for office space was suspended until April 2011. In June, IHBP was finally able to sign a lease for office space within the approved budget in Nehru Place. However, because the space needs major renovations, IHBP is not expected to take occupancy until early 2012.

In December 2010, IHBP was able to short-list a number of properties in Lucknow. With the suspension instruction for signing of office leases, IHBP had to suspend the search. IHBP initiated a new search in May 2011. Since then, rents in Lucknow have increased substantially over what was budgeted in May 2010. FHI 360 will be able to cover these expenses through savings in other line items. IHBP was able to identify one property for office space in July. With USAID's instruction to delay actions in UP, the project had to cancel plans for signing the lease.

4.4.5. Government Expectations of IHBP beyond TA, Especially in UP

After the introductory meetings with UP counterpart agencies during the second quarter, IHBP proceeded with follow-up meetings to discuss and finalize TA activities. The IHBP team, especially in UP, faced expectations that were way beyond the project's mandate and resources. For example, despite multiple clarifications of the project's limited TA role, demands from UPSACS leadership for large-scale production of several print materials that can be displayed and distributed at ICTCs/ART Centers persisted, and IHBP's rejection of this request threatens to undermine the project's rapport with UPSACS authorities. There are also expectations of support for day-to-day implementation of field activities that are beyond

the mandate of the project. This matter was brought to the attention of USAID. The COTR informed IHBP that USAID will clarify IHBP's TA role when USAID staff visit Lucknow in October.

4.4.6. High Expectations regarding Turnaround Time for Requests in UP

Another major challenge is the lack of appreciation for the minimum turnaround time required to provide systematically designed inputs. Both UPSACS and NRHM expect the project team to provide support and outputs almost overnight. The project team has to follow administrative, financial, and program processes, and needs to obtain USAID approvals, all of which take a few weeks for every activity initiated.

4.4.7. Difficulties in Staff Recruitment

Once the suspension was lifted, IHBP still had difficulties recruiting staff. When the delay instruction was lifted in April 2011, IHBP went back to staff it had identified for recruitment in December before the suspension, but most had already taken other jobs or were no longer willing to work with the project. IHBP posted ads for various positions in Dev.Net and worked through referrals. Despite these, we faced difficulties, since AED's acquisition by FHI had not yet been announced and candidates were concerned about employment stability with AED. For this reason, IHBP decided to work through a recruitment agency. The results have been favorable, and IHBP expects to hire several senior staff early in Year 2.

4.4.8. Need for USAID Approval Delays Hiring Technical Staff and Consultants

One of the terms in the FHI 360 task order is that USAID approval needs to be obtained before any technical staff or consultant is hired. This has led to delays in hiring. IHBP predicts that further delays will be encountered once district-level staff and consultants are recruited. IHBP discussed this issue with USAID in early August. The COTR agreed that there is need for a task order amendment to limit USAID approvals only to hiring of key personnel for the project and of consultants who will be paid more than \$250 per day or who will work for more than 30 days. IHBP has already sent a request letter for these amendments and is awaiting USAID action on this matter.

4.3.9. Clarification of the Nodal Organizations Concept

Early discussions of nodal organizations indicated that they would be composed of private institutions (NGOs, academic institutions with BCC capacity, commercial communication agencies) that would acquire the TA functions that IHBP would be performing under this project. The IHBP-approved proposal and budget included the issuance of subcontracts for identified nodal organizations to provide resources for capacity strengthening and implementation of training and SBCC-related activities. The limitations set forth by the U.S. government on contracting with host governments render it unfeasible for IHBP to directly fund anything with proposed government agencies. Additionally, the original plan was to nominate one nodal organization at the national level and one at the state level.

Recent discussions with some government officials in June revealed a preference for government or semi-government agencies to serve as the nodal organizations for BCC. For example, NRHM UP has designated SIFPSA as its focal agency for BCC and requested that IHBP provide capacity building support. The MOHFW has suggested a government institution, NIHFW, as one among other possible nodal organizations, including academic institutions, as centers of excellence. These recent discussions also revealed that some

government agencies are already using the services of different TA agencies for BCC. It appears that each agency would prefer a distinct nodal agency of its own.

IHBP's view is that a set of objective criteria is needed for selecting nodal organizations based on a scoping study that will provide information on organizations with existing and potential BCC capacity in New Delhi and the state. One way forward is that the government agencies, like SIFPSA and NIHFWS, become the entities that the project provides institution strengthening to, so that they can be the nodal organizations for the government. In addition, through the scoping study, IHBP can propose two private (NGO/commercial) organizations (one at the national level and one at the state level) that can become nodal BCC organizations and receive institution strengthening from the project, including funding, resulting in an organization capable of providing BCC support beyond the IHBP term.

4.3.10. Initially Limiting the Scope of Organizational Review

IHBP envisioned that a comprehensive organizational review would need to be undertaken to formulate a comprehensive institution strengthening plan. This is included in our Year 1 AWP. Recent discussions with government show that a more limited, step-by-step approach is more feasible in getting government buy-in and achieving more immediate and necessary results. For example, the UP government requested assistance in human resource capacity building, specifically assistance in recruiting staff for vacant IEC positions. IHBP considers this as an entry point for government buy-in. Thus, the project will undertake a more limited ONA focusing on human resources to respond to this specific request. At the same time, this assessment poses an opportunity to enlarge the scope to human resources strengthening in general. It will include gathering information to improve job qualification requirements, job descriptions, and reporting mechanisms, as well as provision of resources for improved functioning of BCC government staff. This assessment will entail a shorter timeline than initially planned and will generate quicker results to enable the government to take immediate action regarding human resources. IHBP thinks that with success in this important area, the government will be more open to strengthening other aspects of its organization for BCC. However, it must be noted that this phased approach will also result in phased results for the project.