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# Communicate for Health in Ghana

Cooperative Agreement No: AID-641-A-15-00003

## QUARTERLY REPORT

Project dates: November 10, 2014 – September 30, 2019

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## Executive Summary

The USAID Communicate for Health (C4H) project, awarded to FHI 360 on November 10, 2014 is working with the Government of Ghana (GOG), Ghana Health Service Health Promotion Department (GHS/HPD), local Ghanaian partners, and international development partners to 1.) improve behavior change in family planning (FP), water, sanitation, and hygiene (WASH), nutrition, maternal and child health (MCH), malaria prevention and treatment, and HIV/AIDS; 2.) strengthen capacity of GHS/HPD to effectively coordinate and deliver social and behavior change communication (SBCC) and health promotion (HP) campaigns; and 3.) develop and strengthen the capacity of two local organizations to receive direct USAID funding. This report summarizes the major accomplishments and challenges recorded by the project during the quarter January 1, to March 31, 2015. The major accomplishments of the project during the reporting period are as follow:

- Four key staff including the Chief of Party –Joan Schubert, Monitoring and Evaluation Advisor – Eunice Sefa, Media Advisor –Andy Opoku, and Senior Organization Development Specialist (SODS) – Frank Kwasi Adetor were hired and came on board. The Head of the Health Promotion Department, Grace Kafui Annan participated in the selection process for the Media Advisor and SODS and continues to be engaged in the recruitment of the Deputy Chief of Party (DCOP), Finance Associate and other staff.
- The Communicate for Health Year One work plan narrative, activity template, budget and PMEP were submitted to USAID on January 30<sup>th</sup>, 2015. Information and ideas gathered during a two-day project work planning meeting were used to inform and refine the plan and preliminary scopes of work and sub-contracts for the project’s three sub-grantees were developed. More than 35 people attended this meeting ranging from USAID Implementing Partners (IP) (Systems for Health and SPRING), HPD staff from the national level and regions, UNICEF, and the project’s three sub-grantees, Ghana Community Radio Network (GCRN), Creative Storm and Voto Mobile. Feedback received from USAID has been incorporated into the latest version of the work plan which was submitted on March 25<sup>th</sup>.
- A series of introductory meetings to explain the project’s goals and objectives, solicit feedback on needs for communication support and explore the strengths and weaknesses of the *GoodLife* campaigns were held with USAID IP’s and others during the reporting period. With the exception of the visit to Cape Coast, the Head of the HPD was actively engaged in all of these meetings. Sessions with the Directors of the Ministry of Health (MOH), Ghana Health Service (GHS) Divisions, Kintampo College of Health and Wellbeing, SPRING, UNICEF, Systems for Health, Grameen Foundation, GCRN, Creative Storm, SHOPS, MalariaCare, and others. Staff of the project also participated in a series of coordination meetings with key stakeholders including the National Malaria Control Program (NMCP), National Population Council and Systems for Health. In the future, introductory meetings with the regions and MOH will also engage the project’s AOR.
- The project supported the Health Promotion Department (HPD) in inventorying **236** different SBCC/Health Promotion (HP) items including **142** “*GoodLife. Live it Well*” campaign materials. Over **90,000** quantities of SBCC/HP print materials inventoried were disseminated throughout the **10** regions of the country. In total **417** regional and district Health Promotion Officers (HPOs) and other GHS staff were trained from all **216** districts of the country. Materials distributed included facilitation guides for community discussions, community animation tool kits, booklets, posters, fliers, and training manuals. The popular Kwame and Friends materials were featured during the

one-day trainings which took place over a two-week period in late February/early March.

- More than fifty stakeholders and partners gathered together in Koforidua from March 17<sup>th</sup> to 18<sup>th</sup> to review a wide range of print, radio and television materials, spots and programs produced under the Behavior Change Support (BCS) project as part of the “*GoodLife. Live it Well*” campaign series. The purpose of the workshop was to engage the GHS and partners in an in depth assessment of materials produced as part of the “*Good Life*” campaign and reach consensus on materials that should be retained for re-printing or re-broadcasting, retained with modifications or retired. A follow-up meeting with a limited number of stakeholders is expected to take place in April to finalize a media plan so that selected materials can begin being broadcast and reprinted no later than May, 2015. While this is taking place, Communicate for Health and the HPD will be working closely with a creative firm to refresh and invigorate the *GoodLife* brand featuring the promotion of do-able actions and the Life Stages.
- Communicate for Health launched two competitive tenders during this reporting period which were advertised in the Daily Graphic and Ghanaian Times. The first competitive tender was for an Indefinite Quantity Contract (IQC) with a duration of 12 months and a ceiling of 1,000,000 Ghanaian cedis to produce a wide range of print and novelty items including posters, stickers, booklets and branded bags, umbrellas, footballs, etc. The print IQC will enable the project to have materials and goods rapidly produced based on expressed needs by the HPD and partners which will include the reprinting of retained “*Good Life*” materials. The second tender was to solicit the services of a creative firm to refresh the “*Good Life*” brand as described above. The ceiling for this tender is 1,100,000 cedis. Twenty-four submissions for the print IQC and eight for the creative solicitation (referred to above) were received. The process for reviewing the tenders has been started with the Head of the HPD and will be reported on during the next quarter.
- A draft memorandum of understanding (MOU) between Communicate for Health and HPD was prepared and circulated for review by the GHS, USAID and FHI360 in DC. The MOU describes the basic modalities for GHS and FHI360 working relations and operations in country. It is expected that the MOU will be finalized early in the next quarter.

## ACRONYMS AND ABBREVIATIONS

<b>BCS</b>	Behavior Change Support
<b>CAT</b>	Capacity Assessment Tool
<b>COP</b>	Chief of Party
<b>DCOP</b>	Deputy Chief of Party
<b>FP</b>	Family Planning
<b>GCRN</b>	Ghana Community Radio Networks
<b>GHS</b>	Ghana Health Service
<b>HP</b>	Health Promotion
<b>HPD</b>	Health Promotion Department
<b>HPO</b>	Health Promotion Officer
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MCH</b>	Maternal and Child Health
<b>SBCC</b>	Social and Behavioral Change Communication
<b>STTA</b>	Short-Term Technical Assistance
<b>TOCAT</b>	Technical and Organizational Capacity Assessment Tool
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>WASH</b>	Water, Sanitation, and Hygiene

# Project Annual Work-plan Activities and Achievements

## Program Management

### Staffing

Project staff started coming on board in early January beginning with the Chief of Party (COP), Joan Schubert who arrived in Accra on January 9th. Three other key staff joined the project after going through the required recruitment processes and obtaining approvals from USAID. The Monitoring and Evaluation (M&E) Advisor (Eunice Sefa) joined the team on February 16<sup>th</sup>, while the Media Advisor (Andy Opoku) and Senior Organizational Development Specialist (Frank Kwasi Adetor) both joined on March 2<sup>nd</sup>. FHI 360 had a good candidate identified for the DCOP position, but he later declined the offer. The position has since been re-advertised and two strong candidates are under consideration. Recruitment processes for a Finance and Operations Associate, Social and Behavior Change Communication Advisor and Executive Associate are also underway. In the interim, the project is receiving short-term technical assistance (STTA) from Edward Adimazoya for technical activities on SBCC.

### Temporary Duty (TDY)

A number of key persons provided high quality technical assistance to the project during this reporting period. A start-up team including Jacqui Moller-Larson, Acting director West and Central Africa Business Unit, Leila Abu-Gheida and the Project's Technical Leader, Thad Pennas arrived in country in early January and stayed through the end of the month. Jacqui Moller Larson continues to provide virtual support to the project working closely with Dr. George Amofah, a former Director General of the GHS who is also on retainer to the project. Senior Program Officer, Kevin Johnson was likewise in country from February 11<sup>th</sup> to March 19<sup>th</sup>

providing administrative support to the project as well as other duties for the Country Office

### Memorandum of Understanding

A draft MOU between Communicate for Health and HPD was prepared during the reporting period and circulated for review. Details about the co-location between the project and HPD, particularly equipment needs and building renovations are being closely reviewed since the budget is limited to \$100,000 and the needs are substantial including the purchase of a generator. Once signed efforts will be accelerated to establish a project office at HPD headquarters and address equipment needs for HPD staff.

### Year one Work Plan Submission

The first draft of the Year One Communicate for Health work plan was submitted to USAID on January 10<sup>th</sup>. As requested, the work plan was reworked using a template generated by Systems for Health which facilitates tracking activities by quarter. The revised Year One Work Plan narrative, activity template, and budget were submitted to USAID for approval on January 30<sup>th</sup>, 2015 and feedback was received from USAID on February 24<sup>th</sup>. All comments were addressed and revised versions of the Year One Work Plan narrative, activity template, and budget were submitted to USAID for approval on March 25<sup>th</sup>, 2015.

### Partner Work Planning Meeting

A two-day workshop was held at the Miklin Hotel hosted by the Communicate for Health project from January 21-22, 2015 with the following objectives:

- To create a collaborative space for the Communicate for Health partners to come to know each other and form the beginnings of a strong working relationship.
- To develop strategies and identify the activities required in Year 1 of the Communicate for Health Project (November 2014 - September 2015) to achieve Y1 targets and make substantive progress towards the project's Life of Project (LOP) results.

*Presentation by Grace Kafui Annan, Deputy Director, Health Promotion*



*Presentation by Joan Schubert, Chief of Party (COP), Communicate for Health*



*"Life boat" energizer*

Thirty-five participants attended the meeting including representatives from the GHS/HPD at the national and regional levels, Systems for Health, SPRING, UNICEF, USAID and Communicate for Health's sub-recipients – Ghana Community Radio Network (GCRN), Creative Storm and Voto Mobile. Information and ideas gathered during this event were used to inform and refine the draft C4H Year 1 work plan submitted to USAID on January 30<sup>th</sup> as well as the scopes of work and sub-contracts for the project's three sub-grantees.

#### Partner Sub-Awards

Short-term sub-awards were developed with the project's sub-recipients namely GRCN, Voto Mobile and Creative Storm. Individual meetings were held to introduce partners to new staff working with the project and answer questions about deliverables, budgets and invoicing. The development of a scope of work (SOW) for each partner to cover projected activities over multiple years are now being finalized.

#### Orientation, Coordination and Partner Meetings

A series of meetings were held with partners and resource groups to introduce the project during the reporting period. Organizations met include the Ministry of Health (MOH), GHS, SPRING, UNICEF, Systems for Health, Grameen

Foundation, Ghana Community Radio Network, Creative Storm, SHOPS, MalariaCare, and others. On February 23, a spot was secured on the agenda of weekly Directors' meeting at the MOH for an official presentation of the Communicate for Health project. In general, the directors were extremely interested in the project, particularly the fact that Communicate for Health will be co-located at the HPD, the strong emphasis on capacity building, the importance of working closely with the Systems for Health project to ensure effective community mobilization and support to CHPS through our "above the line" media efforts, the importance of gender issues in everything we do, and monitoring and evaluation. There was also keen interest in the Life Stages approach and the use of the social ecological model for affecting behavior change.

The project was presented to Senior Managers of the Ghana Health Service in the Central and Northern regions on March 9<sup>th</sup> and 11<sup>th</sup>, respectively. The Senior Managers were pleased that the new project is building on the previous BCS project and will be refreshing and rebranding the *GoodLife* campaign. Communicate for Health's emphasis on building and reinforcing long term internal capacity for social and behaviour change was of great interest. The Central Region had useful comments on how the *GoodLife* campaign could be improved which included giving more emphasis on the adoption of new behaviors and creating enabling environments for behavior change. Several people indicated that although many of the *GoodLife* campaign materials were entertaining, the promotion of clear, doable actions with relevance to the regions were not developed. The nutrition cartoon series and game show program were some of the examples cited.

Inception meetings with national level Directors and the remaining focus regions, Greater Accra,

Volta and Western will be scheduled for late April/early May. These meetings will include representatives from USAID. The project will seek opportunities to also present to other GHS audiences including District Health Directors at upcoming annual performance reviews.

Staff of Communicate for Health also participated in the following coordination meetings:

- Monthly USAID/COP/HPD coordination meetings
- Implementing partners meeting at National Malaria Control Program (February 10<sup>th</sup>)
- Ghana Engage Task Force and Population Reference Bureau (February 11<sup>th</sup>)
- SPRING debriefing on SBCC activities (February 13<sup>th</sup>)
- Systems for Health community mobilization planning meeting and workshop with the HPD (February, 20<sup>th</sup>, 24<sup>th</sup>, 25<sup>th</sup>)
- National Population Council (NPC) SBCC strategic advisory meeting (February 24<sup>th</sup>)
- Meetings with Systems for Health, UNICEF, SHOPS and Precision Development Experts
- Maternal and Child Health Week planning meeting (March 26<sup>th</sup>) with the HPD and partners
- Consensus meeting on the Newborn and Child Health Advocacy and Communication Strategy (March 27<sup>th</sup>) with the HPD and GHS partners

### Monitoring and Evaluation

The project's Performance Monitoring and Evaluation Plan (PMEP) was submitted to USAID on January 10<sup>th</sup> and feedback was received through Evaluate for Health (E4H) on March



18<sup>th</sup>. Receipt of feedback was delayed as correspondence was sent to an incorrect email account. The M&E Advisor met with staff of Evaluate for Health on March 27<sup>th</sup> to seek clarification on comments made and obtain inputs from the team for revising/updating the document especially those concerning the definition of indicators. Evaluate for Health

shared the USAID/Ghana 2013-2017 Performance Management Plan with the project to provide further guidance on the PMEP process. Communicate for Health will continue to work closely with Evaluate for Health to finalize the PMEP which will be submitted for approval in April.

Expected Result #1. Improved Behavior Changes in FP, WASH, Nutrition, MCH and Malaria Prevention and Treatment

During the reporting period, Communicate for Health and HPD conducted a number of key activities under the expected result (ER) #1 (Table 1). Highlights of these activities are summarized under specific headings below.

Table 1: Summary of Year 1 Activities for Expected Result 1

LIFE OF PROJECT MANDATORY RESULT	ACTIVITIES	MAJOR Y1 OUTPUTS	ACHIEVEMENTS
<b>Improved behavior changes: FP, WASH, nutrition, MCH, malaria prevention and treatment</b>	Activity 1.1: Conduct a systematic review and produce an inventory of SBCC materials	A comprehensive inventory and rapid dissemination plan for existing health promotion materials currently in stock developed	Inventory produced, a dissemination developed and stock piled materials distributed
	Activity 1.2: Develop a plan for refreshing and repositioning the <i>Good Life, Live it Well</i> brand and creating an integrated health campaign	Creative brief and strategy for refreshing and repositioning of the <i>Good Life, Live it Well</i> brand developed	Competitive tenders for print and creative services placed in national newspaper
	Activity 1.3: Refresh and reposition the <i>Good Life, Live it Well</i> brand	Audience-tested refreshed brand package and brand guidelines developed	Submissions received for tenders from creative design firms and due for review in April. Other sub activities yet to be initiated.
	Activity 1.4: Facilitate integrated health campaign development	Audience-tested campaign took-kits available through websites and other knowledge management mechanisms  Support tools developed	Not initiated
	Activity 1.5: Support campaign rollout and scale-up at national, district, and community levels	Campaign launched utilizing various platforms	Not initiated
	Activity 1.6: Crowdsourcing audience feedback	Establish a mobile-based audience feedback system and database for monitoring and evaluating health promotion materials and campaigns	Not initiated

*Inventory and Distribution of SBCC Materials:* An inventory of print and electronic SBCC materials

from the Behaviour Change Support (BCS) project and other existing health materials from

a wide variety of organizations was conducted. In total, 236 SBCC/HP materials including 142 “GoodLife Live it Well” campaign and other materials were inventoried.

Communicate for Health worked with HPD staff at the national level to develop a plan to distribute and train regional and district Health Promotion Officers (HPOs) and staff nationwide on the print materials being stored at Korle Bu. Communicate for Health provided important input into the development of the workshop terms of reference, training methodology and final reporting, Logistical support for delivering large quantities of stock piled print materials to the regions and districts was an important element of this work. Objectives of the one-day training regional trainings were as follows:

- Improving the skills and capacity of district health promotion officers and HP focal persons on the use of SBCC materials
- Disseminate SBCC materials at the district and community level
- Understand the role of the health promotion officer at the district and community levels

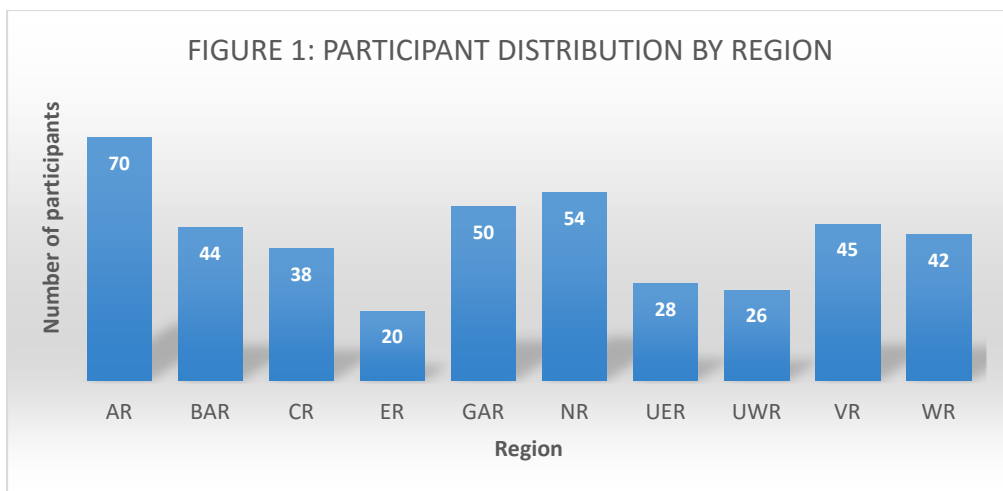
Increase awareness on the repositioning of health promotion Three training teams were set up with each team assigned to specified routes and regions.

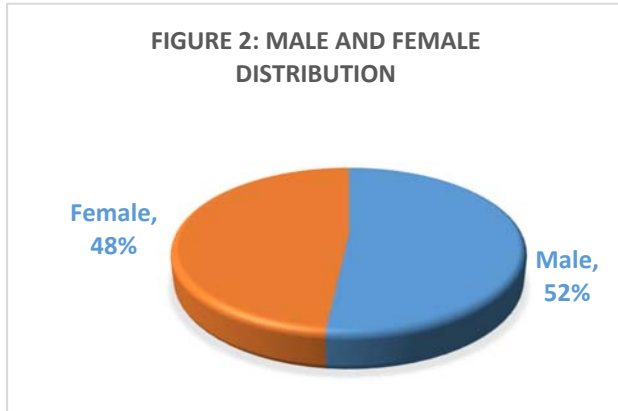
**Route 1:** (Volta Region, Greater Accra Region, Western Region and Central Region)

**Route 2:** (Eastern Region, Ashanti Region and Brong Ahafo Region)

**Route 3:** (Upper West Region, Upper East Region and Northern)

A combination of didactic and participatory training methodologies (presentation, discussion, role play) were used. A total of 417 participants were trained across the 10 regions. Topics covered during the training included: the role of the HPO at the district, sub-district and community level; types and functions of information, education and communication materials; and how to use SBCC materials. How to use the popular “Kwame and Friends” animation guide which covers numerous topics about reproductive health, malaria, etc. was featured during the trainings. The breakdown of participants by region and sex are presented in Figures 1 and 2.





In the training evaluation, most participants gave high marks on the achievement of workshop objectives. They confirmed gaining much knowledge that would impact on the work they do in their respective districts. Most of them rated the facilitation and logistics as excellent. They also made useful comments on practical sessions involving role plays and acknowledged learning how to differentiate between flyers and posters. The HPD training teams debriefed with the Regional Directors of Health or their representatives before leaving the regions. In at least one region (Upper West), the Regional Health Management team promised to conduct similar trainings at the district level so that more GHS staff could benefit from the skills learned during the workshop and make use of the materials distributed.

*Volta Regional Training and Materials Distribution at the Chances Hotel*



A few concerns and issues came up in the Upper East and Upper West regions that were conveyed by the HPD teams.

- It was reported that poor collaboration between the District Directors and some officers often resulted in not inviting the right officers for health promotion events/programs.
- The refusal of non- HPOs handling HP programs to handover to newly appointed district HPOs from the Kintampo College of Health and Wellbeing. As a result newly appointed HPOs are posted to work in the sub-districts. The HPD team requested that officers at the national level take a look at these issues and resolve them.
- In the Upper West region Community Health Nurses who furthered their education in HP (first degree) have not been converted or do not get placement. The Regional Director assured the team that he has taken note of the issue and will take the necessary actions to handle such situations in his region.

Some general recommendations made during the regional training sessions are as follows:

- Posters should come with stickers on the back so they can easily be peeled off and pasted. It was explained that when posters are distributed, they are mostly not pasted due to unavailability of cell-tape.
- Participants generally suggested a two-day training rather than a day for a much better and fruitful session.
- The Brong Ahafo Regional Director recommended and appealed to partners to consider strengthening the GHS system by providing resources directly to the regions to undertake such activities.
- The quantities of materials sent to the regions should be increased so that CHPS compounds also have access to the materials.
- District heads, CHNs and other nurses should all be trained on the effective use of SBCC materials.
- All the regions advocated for audio visual materials in addition to the print materials.

*“GoodLife. Live it Well” Materials Review*

*Workshop:* Fifty stakeholders from the national and regional levels of the Ghana Health Service, USAID and its implementing partners, project

sub-grantees and resource groups gathered at the Capital View Hotel in Koforidua from March 17-19, 2015 to review the “*GoodLife Live it Well*” campaign materials produced by the BCS project. A number of senior GHS staff also participated the two-day workshop including the Deputy Director General, the Director, Family Health Division and the Eastern Regional Director of Health Services. Materials reviewed included print, and radio and television spots and programs.

The two-day workshop included plenary sessions although most of the time was dedicated to group work so that materials could be carefully examined. By the end of the workshop decisions had been made as to what materials should be retained, retained with modifications or retired. Overall many of the family planning materials (print, audio and visual) were approved for reprint and continued broadcast, while the more general *GoodLife* materials will be retired (see Table 2). A technical committee is being set up comprised of technical experts in health and communications people who will work with a creative agency to finalize the materials needing minor modification and/or translation into local languages and propose a plan for broadcasting/reprinting. Negotiations to procure time on national radio and television have started so that the broadcasting of the approved radio and television material can begin by late April/May 2015.

Table 2: A Summary of Recommendations from the GoodLife Materials Review

Thematic Area	Number of Materials Reviewed	Number Retained	Number Retained with Modification	Number Retired
Family Planning	32	16	11	5
	<b>Gaps Identified/Recommendations</b> <ul style="list-style-type: none"> <li>Develop documentaries on family planning using life stages approach</li> <li>Develop radio and TV discussions programs</li> <li>Develop a concept similar to Sister-Sister for men (Brother-Brother)</li> <li>Cycle beads should be added to method mix</li> <li>Develop materials in other languages (Gonja, Dagbani, Ewe, Ga-adambge, etc.) targeted at other social segments</li> </ul>			
WASH	1	1	-	-
	<b>Gaps Identified/Recommendations</b> <ul style="list-style-type: none"> <li>Develop a concept to correct current hand washing practices i.e. washing hands with only water before eating and washing hands with soap only after eating.</li> <li>Develop materials to address household water treatment practices</li> <li>Develop materials addressing disposal of diapers (fecal matter from children are not perceived to be sources of contamination and infection)</li> <li>Droppings of domestic animals and birds not perceived as sources of household contamination and infections</li> </ul>			
Malaria Prevention and Treatment	39	10	12	17
	<b>Gaps Identified/Recommendations</b> <ul style="list-style-type: none"> <li>Ntomtom po soro: The concept needs to be produced in other languages: Ga, Dagbani and Ewe.</li> <li>Game plan TV: Need to produce other life stage approach</li> <li>Eni Boni TV. Production should be done in other languages to meet a wider segment of the population. E.g. Ewe, Dagbani and Ga etc.</li> <li>RDT: Need to produce a video that tells people what to do when they test positive or negative. Video needs to promote avoidance of ACT if test is negative</li> <li>Produce a TV and radio advert that educates patients and encourages them to demand to be tested before treatment. The advert should also tell audiences what to do if the test proves negative for malaria. For example the key message could be "If your RDT test result is negative you do not need to be treated with ACTs for malaria".</li> <li>A radio and TV advert should be produced on usage of RDT by medical staff clearly indicating the time it takes for RDT testing, noting that test may not be as short as name suggests.</li> <li>Produce a specific TV advert on SP for pregnant women to include the new guidelines. There are currently no materials.</li> <li>Produce other TV productions to promote usage of mosquito nets and develop health programs on TV and radio.</li> <li>Develop TV and radio adverts that address the usage and non-usage of treated nets among tertiary students in their hostels.</li> <li>Tag line and logos should be changed on all materials</li> <li>Tag line should be action oriented. For example: Sleep Under LLIN throughout the Night, where ever you are.</li> </ul>			
Nutrition	21	0	0	21
	Details to be included in final report			
Maternal, Newborn and Child Health	14	7	6	1
	Details to be included in final report			
GoodLife Platform	31	1	3	27
	Details to be included in final report			
Youth Platform	4	4	0	0
	Details to be included in final report			

Most participants evaluated the two-day workshop as well organized and bringing people together with diverse expertise to review materials. They reported that the use of syndicated rooms enhanced group

work sessions and limited distractions. They were generally pleased with all arrangements for the workshop. There were however some concerns raised that merit consideration for future workshops.

- The two day event was too packed which did not give participants enough time to thoroughly review all materials. Enough time should be allotted in future workshops to deliberate on issues and allow for effective group work and recommendations.
- Workshop norms should be visited to ensure decorum and tolerance of each other's views.
- Some participants were not too enthused with transport allowances paid and recommended that GHS approved rates be used rather than the USAID approved rates instead.
- Prior information needs to be given to participants if dinner will not be served on day of arrival of a workshop.

*Competitive Tenders for Print and Creative Services:* Communicate for Health worked closely with the Head of HPD, Grace Annan to review the competitive tenders for the print house and creative design firm before placing them in the Daily Graphic and Ghanaian Times. USAID also reviewed the advertisements. The advertisement for print services was placed in late January and 24 submissions were received by the final due date on February 17<sup>th</sup>. The solicitation for the services of a creative firm to refresh the *GoodLife Live it Well* brand was advertised on February 23<sup>rd</sup> and eight submissions were received by the due date on March 20<sup>th</sup>. The bids are being reviewed by a team comprised of staff from HPD, Communicate for Health and Systems for Health and contracts are expected to be awarded during the month of April.

*Literature Review:* A process of collecting, reviewing and analyzing published and gray monitoring and evaluation results and qualitative data in the five focus health areas (WASH, Nutrition, FP, MCH, Malaria) commenced with support from FHI360 headquarters in March and is expected to be completed by end of April. Data from this review will facilitate the understanding of what behavioral determinants, norms, barriers, knowledge levels and attitudes are in play to inform the development of further formative research and new mass media material planned for later in the work plan year.

## Expected Result #2. Health Promotion Capacity Strengthened

As presented in Table 3, most activities under this expected result have not been initiated as they are scheduled to begin in April 2015. However, some progress has been made in kick starting activities during the reporting period and these are summarized below.

*Review of HPD Staff Job Description:* A proposal for job description (JD) development has been submitted to Communicate for Health for review and approval. The finalized JD will be presented at the next DDHS conference to be held in the Ashanti region. As part of activities to enhance this process, HP officers at all levels have been requested to submit their curriculum vitae (CV) through their supervisors to the national level and have begun to do so.

*Official presentation of Communicate for Health to the Faculty of Health Promotion at the Kintampo College of Health and Wellbeing:* On March 12<sup>th</sup>, the Head of HPD and Communicate for Health staff officially presented the project to seven senior faculty members at the Faculty of Health Promotion, Kintampo College of Health and Wellbeing. In general, the senior faculty members were extremely

interested in the project, particularly the strong emphasis on capacity building and the repositioning and rebranding of Health Promotion nationally. There was also keen interest in the socio-ecological model and the Life Stages approach which they said fitted well with the approach to health promotion currently taught at the college. The College is short-staffed. In addition to addressing the staffing challenge they expressed a need for strengthening the syllabus, provision of equipment, provision of resource center for HP, and other relevant teaching and learning materials.



*Coordination Meetings with Systems for Health on Community Mobilization for CHPS:* Communicate for Health participated in a series of meetings with Systems for Health to discuss convergence points in work plan activities and opportunities for supporting communication on community mobilization for CHPS.

Table 3: Summary of Year 1 Activities for Expected Result 2

LIVE OF PROJECT MANDATORY RESULT	ACTIVITIES	MAJOR Y1 OUTPUTS	ACHIEVEMENTS
<b>HPD capacity strengthened for effectively coordinating and delivering social and behavior change communication and health promotion campaigns</b>	Activity 2.1: Conduct health promotion capacity assessment of HPD	Tailored SBCC-CAT and TOCAT used to establish national and regional baselines	Capacity assessment of HPD to be initiated in April  A proposal for JD development has been submitted to C4H for review and approval.  HP officers have begun submitting their CVs to the national level
	Activity 2.2: Strengthen leadership, repositioning, and rebranding	Institutional vision and brand identity developed	Official presentation of Communicate for Health to the faculty of Health Promotion at the Kintampo College of Health and Wellbeing
	Activity 2.3: Improving national, regional, and district coordination of health promotion	Approach to health promotion coordination improved	Not initiated
	Activity 2.4: Develop a robust monitoring and evaluation framework for national, regional, and district health promotion	M&E framework developed and pilot tested	Not initiated

LIVE OF PROJECT MANDATORY RESULT	ACTIVITIES	MAJOR Y1 OUTPUTS	ACHIEVEMENTS
	Activity 2.5: Establish a Change Agent Development Program for the HPD staff	C-Modules adapted for Ghana Performance-based grant program for change agents launched	Not initiated
	Activity 2.6: Establish six independent “Set for Change” Action Learning Sets	Six Action Learning Sets with accompanying workshop materials and supplementary webinars.	Not initiated
	Activity 2.7: Initiate a Change Challenge Fund for performance-based grants	Grant process and award criteria for Change Challenge Fund grants	Not initiated
	Activity 2.8: Develop tools to support community mobilization	Community mobilization tools to support engagement and leverage national media campaign efforts developed	Coordination meetings held with Systems for Health
	Activity 2.9: Develop SBCC resource centers	SBCC resource centers including computer and mobile resources established	Not initiated

### Expected Result #3. Capacity of two Local Organizations Developed and Strengthened to receive direct USAID Funding

All activities under this result are scheduled for implementation during the latter part of the year 1 and as such, will not be reported during the period under review.

LIVE OF PROJECT MANDATORY RESULT	ACTIVITIES	MAJOR Y1 OUTPUTS	ACHIEVEMENTS
<b>Capacity of two local organizations developed and strengthened to receive direct USAID funding</b>	Activity 3.1: Identify two organizations for capacity building	Selection of SBCC or social marketing organizations for capacity building	Not initiated
	Activity 3.2: Conduct organizational assessments	Baseline assessments of SBCC/social marketing organizations	Not initiated
	Activity 3.3: Build capacity of organizations	Organizational and capacity-building plan and scoring criteria for demonstrated competencies	Not initiated
	Activity 3.4: Develop and implement exit strategy that empowers local governance and organizations	Exit strategy that empowers local governance and organizations developed and implemented	Not initiated



## Success Story

C4H supported the HPD to distribute nearly 90,000 SBCC materials on various health themes left over at the end of the BCS project or otherwise stockpiled. These items which were being stored at the headquarters of the HPD were distributed across the 10 regions of the country between February and 24<sup>th</sup> and March 11<sup>th</sup> 2015.

*Stacks of SBCC/HP materials at the HPD prior to the distribution exercise*



*SBCC/HP materials ready for packaging*



SBCC/HP materials being catered to the regions



HPD space after materials distribution



Table 4: SBCC Materials Distributed across 10 Regions

No.	Name of Material	Description	Quantity distributed
1.	Youth action kit	A guide for facilitators of youth groups to empower young people in the area of sexuality and reproductive health.	1471
2.	Activity cards	This is a guide on how to conduct participatory activities similar to the process used by Kwame and his friends	490
3.	Health information cards	This provides basic facts on different health topics with illustrations on MNCH, WASH, FP, STI and HIV/AIDS, malaria and TB.	1378
4.	Kwame & friends	A user guide on how the community action kit can be used by community level health agents to improve health promotion.	1732
5.	Malaria flipchart	It provides basic information and instructions on understanding malaria, its risk and how to treat it	315
6.	Ebola poster	This a poster that provides information on the symptoms and prevention of Ebola	34650
7.	Ebola brochure	This is brochure that provides basic information on Ebola virus	34000
8.	Cholera flipchart	It provides basic information and instruction on understanding cholera including risks, symptoms and how to treat it.	395
9.	Chest Kits	This is a bag that contains the community Health Education material	400
10.	You and your Body	This is book a that provides education about the body	220
11.	Family Planning poster	This poster provides basic information on the different methods of family planning.	1500
12.	Are you a real Man? Leaflet	This Leaflet looks at the aspect of male involvement in family planning	5000
13.	Are you a real Man? poster	This poster looks at the aspect of male involvement in family planning	2560
14.	Life Choices trigger sketches	This manual guides facilitators and participants through problem solving issues confronting adolescent.	93

No.	Name of Material	Description	Quantity distributed
15.	Best protection a mother can give	This is a folder that provides information on counselling cards on breastfeeding	1300
16.	Family planning plaques	These are metallic Plaques on family planning (life Choices)	50
17.	Family planning booklet	This aims at providing information on family planning methods	20
18.	Five Reasons to plan your family	Leaflet on the reasons to planning your family	3000
19.	Aha ye de sticker	Sticker on malaria	25
20.	Aha ye de Poster	Poster on drive malaria away for good-life	600
21.	CHPS PLA Handbook	This is a guide for health workers for participatory learning process.	800
22.	Penis model	This is job aid for FP education	22
23.	Aduane Pa ma asetena Pa	This is nutrition sticker on the various food groups	75
	<b>Total</b>		<b>90,096</b>

### Major Challenges Encountered and How They Were Resolved

No.	Challenge	How were they resolved
1.	Project not yet fully staffed.	<p>Communicate for Health is receiving short term technical assistance on SBCC from Mr. Edward Adimazoya.</p> <p>Recruitment for Deputy COP and other support staff are underway and is expected to be completed in April.</p>
2.	Delayed drafting and signing of the MOU between Communicate for Health and HPD. Issues such as utilities and emain under negotiation	<p>Efforts are underway to review the circulating draft MOU among all the parties while remaining issues with to utilities and renovations remain under discussion.</p> <p>Two Communicate of Health staff (Eunice and Frank) will be begin working from the HPD office two/three days a week beginning in April to begin the process of integrating with HPD staff.</p>
3.	Per diems continue to an issue of debate between Communicate for Health and the HPD. Official GHS rates for T&T are higher than the USAID rates creating different compensation expectations.	This will continue to be an issue between the GHS and all of the USAID IPs. Continued guidance from USAID on how to manage this problem has been requested.

## Upcoming Activities for Next Quarter

The following are some major upcoming activities that will be carried out during the next quarter:

- Follow up on the distribution and use of SBCC materials at the district, sub-district and community levels
- Continue project orientation meetings with GHS at the national and regional level with USAID
- Finalize and submit the revised PMEP
- Complete the literature review and conduct needed formative assessment for Life Stages approach
- Review solicitations for print and creative services and award contracts
- Set up Technical Working Group to work with a creative agency to finalize the *GoodLife* materials needing minor modifications and/or translation into local language
- Procure time on national radio and television and start broadcasting approved radio and television *GoodLife* materials
- Develop tools and implement systems for crowdsourcing audience feedback and measuring performance
- Plan and conduct capacity assessments for HPD using SBCC-CAT and TOCAT
- Conduct gender integration assessment
- Initiate activities to strengthen leadership, repositioning and rebranding of HPD
- Collaborate with Evaluate for Health and initiate activities to develop a robust M&E framework for HP
- Create the terms of reference for the Change Agent Development Program with HPD staff
- Work with Systems for Health to develop tools to support community mobilization.