



# USAID/Ghana Accelerating Social and Behavior Change Activity (ASBC)

Cooperative Agreement No: 72064122CA00001

## QUARTERLY REPORT

Project dates:	December 8, 2021 – December 31, 2026
Reporting Period:	January 1, 2022 – March 31, 2022
Submission date:	April 15, 2022
Updated	May 16, 2022

Contact Person and Address:

[Redacted]

Acting Chief of Party

USAID/ASBC Project

FHI 360 Ghana

[Redacted]

[Redacted]

## ACRONYMS AND ABBREVIATIONS

<b>AMELP</b>	Activity Monitoring, Evaluation, and Learning Plan
<b>ASBC</b>	Accelerating Social and Behavior Change Activity
<b>C4H</b>	USAID Communicate for Health
<b>CE4HW</b>	Community Engagement for Health and Well Being
<b>CDCS</b>	Country Development Cooperation Strategy
<b>CHPS</b>	Community-Based Health Planning and Services
<b>COP</b>	Chief of Party
<b>CSO</b>	Civil Society Organization
<b>DCOP</b>	Deputy Chief of Party
<b>DHMT</b>	District Health Management Team
<b>FP</b>	Family Planning
<b>GCRN</b>	Ghana Community Radio Network
<b>GHS</b>	Ghana Health Service
<b>GIMPA</b>	Ghana Institute of Management and Public Administration
<b>GOG</b>	Government of Ghana
<b>HAT</b>	Holistic Assessment Tool
<b>HP</b>	Health Promotion
<b>HPD</b>	Health Promotion Division
<b>HPO</b>	Health Promotion Officer
<b>ICAP</b>	Integrated Community Action Plans
<b>ICC-HP</b>	Inter-agency Coordinating Committee for Health Promotion
<b>IRB</b>	Internal Review Board
<b>MCGL</b>	MOMENTUM Country and Global Leadership
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MCH</b>	Maternal and Child Health
<b>MEL</b>	Monitoring, Evaluation, and Learning
<b>MOH</b>	Ministry of Health
<b>PHN</b>	Public Health Nurse
<b>PPME</b>	Policy, Planning, Monitoring, and Evaluation
<b>RHMT</b>	Regional Health Management Team
<b>SAM</b>	System for Award Management
<b>SBC</b>	Social and Behavior Change
<b>SBCC</b>	Social and Behavior Change Communication
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>WASH</b>	Water, Sanitation, and Hygiene
<b>YMK</b>	You Mo Know
<b>YOLO</b>	You Only Live Once
<b>ZOI</b>	Zone of Influence

## Executive Summary

The United States Agency for International Development (USAID) Accelerating Social and Behavior Change Activity (ASBC), awarded to FHI 360 on December 10, 2021, seeks to work with the Government of Ghana (GOG), Ghana Health Service's (GHS) Health Promotion Division (HPD), local Ghanaian civil society organizations, and international development organizations across the following three result areas:

- 1) Government leads, harmonizes, and manages effective SBC programs at national, regional and community levels;
- 2) Communities demand, identify and implement practical solutions to address barriers to healthy behaviors and practices to improve behavior change in family planning (FP), water, sanitation, and hygiene (WASH), nutrition, maternal and child health (MCH), malaria prevention and treatment and emerging infectious diseases in the 17 zone of influence (ZOI) areas in northern Ghana; and,
- 3) Private Sector promotes healthy behaviors and practices in support of the public health agenda.

This quarterly report summarizes the major accomplishments and challenges recorded by the project during the quarter ending March 31, 2022. The major accomplishments of the project during the reporting period are as follows:

- USAID and GHS agreed to sign a Memorandum of Understanding (MOU) governing the roll-out of the USAID/Ghana ASBC project.
- Year 1 work plan and associated plans were co-created, drafted, reviewed and submitted to USAID for review and approval. This co-creation process was successful as a confidence and trust building exercise as the work plan was created in a transparent and inclusive process.
- All the key staff and five additional project staff joined the project and commenced with related start-up activities and Savanna Signatures and Norsaac have begun recruitment of seconded staff.
- Extensive consultations with numerous GHS Divisions and regional directorates were undertaken to introduce the project and working relationships with key GHS units were established. Additional consultations were undertaken with UNICEF, Enhancing WASH, Impact Malaria, MOMENTUM Country and Global Leadership (MCGL), Breakthrough Action, John Snow International (JSI), Total Family Health Organization, Sightsavers, National Population Council, National Malaria Control Program and others to introduce the project and lay the foundation for future collaborations.
- ASBC project team commenced work out of the GHS HPD offices in Korle-bu and joint HPD and ASBC implementation teams have been formed to facilitate engagement and joint implementation of the project. ASBC staff are integrating into the HPD organizational structure with positive results so far.

# Project Annual Work-plan Activities and Achievements: Quarter 1 January-March 2022

## Technical Implementation

### Result Area 1: Government of Ghana leads, harmonizes, and manages effective SBC programs at national, regional and local levels.

Result area one is focused on capacity strengthening activities with GHS HPD and the GOG in general. Activities undertaken in this result area aim to enhance HPD capacity at the organizational, technical and institutional level to lead the delivery of the *Good Life, Live it Well* SBC campaigns at the national, regional and local level as part of an integrated SBC Strategy promoting social norms and behavior change in the six key health areas (malaria, FP, nutrition, WASH, emerging infectious diseases and MCH). Inception activities undertaken are outlined below.

#### Supported HPD to organise its maiden Annual Performance Review

At the joint work planning meeting in February 2022 leadership of HPD indicated the need for the Division to conduct annual performance reviews to track implementation of the HPD workplan. All Divisions of GHS are required to undertake annual performance reviews, however HPD has been unable to meet this requirement since its establishment in 2019. Working within the structure of the co-created HPD/ASBC workplan, the Division was able to organize its first annual performance review in March 2022. The two-day meeting was organized from March 13-15 in Koforidua, Eastern region to review 2021 activities. Some key accomplishments highlighted include the training on COVID-19 Risk Communication for 15,000 Public Health Nurses (PHN) as well as Health Promotion Officers (HPO) across all 16 regions of Ghana, media engagements on yellow fever, and the establishment of two platforms to counter misinformation - the Brand-24 and Talk Walker - to track rumors online.

Key priorities for the HPD in 2022 highlighted at the meeting include the operationalization of the National Wellness Clinics, capacity building of HPOs on Risk Communication, leveraging private partnerships to reactivate and sustain operations of the national Inter-agency Coordinating Committee for Health Promotion (ICC-HP), and advocate for the establishment of regional and district ICC-HP and strengthen the National Risk Communication and Social Mobilization Technical Working Groups. Together, with leadership of HPD, the ASBC project will support the Division to set annual performance targets/benchmarks for each of the above listed goals and set targets for the three HPD departments, this will help track or measure accomplishments/results against annual targets at the next annual performance review.

#### Next steps

- Support HPD leadership to set annual performance targets for each of the three HPD departments to better track and measure results for the next annual performance review.

#### Finalize the Ghana Health Service Health Promotion Division-National Health Promotion Strategy

The HPD, with support of UNICEF, commenced the review of the 2016-2019 Health Promotion Strategy in October 2020. After completing a series of processes such as desk reviews of relevant policy documents on health promotion, review of the Ministry of Health (MOH) GHS Strategic Plans, Health Promotion Policy of 2016, and MOH GHS's Roadmap to attaining Universal Health Coverage, Bottleneck Analysis and a Theory of Change workshops, the consultant assigned by UNICEF was able to submit a draft National Health Promotion Strategy for 2022-2026 to HPD for finalization. At the joint work planning meeting, HPD leadership requested that the joint HPD/ASBC workplan support the finalization of the National Health Promotion Strategy. Led by the Deputy Director of Research and Policy of HPD, under the guidance of the HPD Director and with ASBC technical inputs, the final validation of the National Health Promotion Strategy will be completed. A meeting has been scheduled for April 14, 2022 in Kumasi to undertake the final review and stakeholder validation of this policy.

#### Next steps

- Support HPD to update and finalize the National Health Promotion Strategy post validation workshop and create a costing and resource mobilization plan to accompany the National Health Promotion Strategy.
- Support HPD to undertake a dissemination of the National Health Promotion Strategy with key stakeholders by end of May 2022.

#### Develop a Capacity Strengthening Strategy for HPD

A core team made of HPD staff (4) and ASBC staff (2) have been constituted by the joint leadership of HPD/ASBC to lead capacity strengthening and partnership engagement activities. A scope of work has been developed and approved by HPD leadership to recruit a consultant to undertake the first-ever comprehensive organizational and institutional capacity review of the Division since its establishment in 2019. Feedback from this review exercise will feed into a Capacity Strengthening Strategy for HPD. ASBC will partner with the Ghana Institute of Management and Public Administration (GIMPA) to leverage their rich experience in public sector capacity strengthening and leadership development to help develop and later implement the yet-to-be-co-created HPD Capacity Strengthening Strategy. Expected domains of the capacity review include but are not limited to governance and leadership, human resource management (including processes for onboarding of newly recruited staff, career development pathways for existing staff and performance management systems and processes) administration, partnership engagement, organizational management, SBC, monitoring and evaluation (M&E), and finance and sustainability. This exercise will be completed by end of May 2022. Identified priority capacity strengthening activities from the HPD capacity review will be linked to a performance-based grant (fixed amount award) that will be awarded to HPD to keep them motivated and focused on completing key improvement milestones outlined in the soon-to-be-created HPD Capacity Strengthening Strategy.

#### SBC Capacity and Organizational Strengthening Toolkits piloted under C4H reviewed and upgraded

A key learning from Communicate for Health (C4H) project was the need for HPD to reduce reliance on external actors and organizations for training its own staff. The blended HPD/ASBC team has kickstarted activities to review, upgrade and adapt SBC toolkits (e.g., Individual and Organization Capacity Assessments tools, SBC training curriculum and templates) that were successfully piloted under C4H for HPD use. With inputs from HPD leadership, a technical review committee was constituted to lead this effort. The committee is made up of a representative from the Human Resource Division of GHS, University of Health and Allied Sciences, the Allied Health Professionals Association, ASBC Consortium Partners (Mullen Lowe, Savanna Signatures and Norsaac), and the three department heads of HPD including regional representatives from Northern and Upper East region.

### Next Steps

- Update the SBC Capacity and Organizational Strengthening Toolkits with inputs received from the review workshop by end of April 2022.
- Commence roll-out of the upgraded Set for Change and Change Agent Development Program for HPD staff in May 2022.
- Launch and roll-out the upgraded Change Challenge Fund for innovators within HPD and community actors/community health workers cadres in July 2022.

### Upcoming Activities for Next Quarter

- Complete review and upgrading of the Set for Change and Change Agent Development Training curriculum and commence roll-out for HPD Staff in May 2022.
- Support HPD to undertake a final stakeholder validation of the National Health Promotion Strategy on April 14<sup>th</sup>, 2022.
- Complete Capacity Review of HPD to inform plans for continued transformation of HPD operational model, issue Fixed Amount Award performance-based grant to HPD and complete the set-up of the new Capacity Strengthening and Partnership Engagement Unit by May 30<sup>th</sup>, 2022.
- Finalize Capacity Strengthening Strategy for application in onboarding, pre- and in-service training for HPD and non-HPD staff by June 30<sup>th</sup>, 2022.
- Undertake an assessment of regional social and behavior change communication (SBCC) hubs state of HPD information technology infrastructure, resource usage, and management arrangements to inform resourcing/roll-out plans by June 30<sup>th</sup>, 2022.

### Result Area 2: Communities demand, identify, and implement practical solutions to address barriers to healthy behaviours and practices.

This result area has three main objectives: 1) 10-12% average increase over baseline in uptake of key priority behaviours in selected ZOI districts; 2) Expanded HPD district capacity to implement community engagement activities; and 3) Empowered local civil society organizations (CSOs) to deliver community engagement activities in support of HPD. Two major activities under this result area are a) To operationalize and scale up Community Engagement for Health and Well Being (CE4HW) framework, which will result in the creation of integrated community action plans (ICAP) and b) Augment and expand CE4HW to enhance community engagement.

### Operationalize and scale up Community Engagement for Health and Well Being (CE4HW)

In conjunction with HPD, ASBC conducted two consultation visits to the northern sector and held introductory meetings with the Northern and Northeast regional directorates to make presentations and give an orientation on the project. The team then visited Yendi, Mion and Sagnerigu districts in the Northern region to familiarize themselves with Community-Based Health Planning and Services (CHPS) zones and related community layouts and how communities are structured and observe social interactions.

The ASBC team on their second visit held separate meetings with Norsaac and Savanna Signatures to review the draft annual workplan for each organization to clearly identify their roles and responsibilities and assist both organizations to develop guidelines and terms of references for conducting rapid health promotion, behavioral, and information communication technology landscape audits, which in turn will feed into the project SBC Strategy which will be developed next quarter.

The ASBC team assisted Norsaac in planning the one-day review meeting of the CE4HW approach. The team walked Norsaac through the review and revision process, providing guidelines, administrative support, participants list, and necessary contact list of HPD counterparts to work with moving forward.

To move the review and validation process forward and the eventual roll-out of the whole CE4HW framework, a joint six member ASBC/HPD team has been formed to lead the community engagement initiatives. The team is to work in close collaboration with consortium partners to roll-out the community engagement interventions. After a thorough orientation, the joint team started reviewing and preparing for the validation of CE4HW tools and materials for later implementation.

#### [A review and validation meeting for CE4HW framework tools](#)

ASBC began work to review and incorporate the lessons learned in community engagement from CE4HW. A review and validation will be scheduled for the week of April 25<sup>th</sup> with HPD, Norsaac, Savanna Signatures and other stakeholders. The meeting will consolidate proposed changes, lessons learned and other elements. The meeting will also lay out a timeline for rolling out community engagement activities.

#### [Upcoming Activities for Next Quarter](#)

- HPD Director [REDACTED], Executive Director of Norsaac and ASBC Acting COP will travel to Upper East, Upper West, Northern and Northeast regions for consultations to begin roll-out of the ASBC community level engagements.
- Review of the CE4HW framework and curriculum and validation meeting scheduled for the week of April 21<sup>st</sup> with HPD, Norsaac, Savanna Signatures and other stakeholders. The meeting will consolidate proposed changes, lessons learned and other elements, and lay out a timeline for rolling out community engagement activities.
- Conduct assessments and site selection reviews for the first five districts (i.e., Nanton, Karaga, East Mamprusi, Sagnerigu and Mamprugu Mogduri).
- Continue to conduct orientation and sensitization meetings with regional GHS Directors, Regional and District Health Management Teams (RHMTs/DHMTs), Metropolitan Municipal and District Assemblies, other stakeholders and gatekeepers in advance of CE4HW roll-out to gain acceptance, and secure buy-in on proposed community engagement approaches and methodology.

- Norsaac, USAID implementing partners and HPD, in collaboration with the RHMT and DHMTs will conduct district consultations and work plan sessions with district-level HPOs, DHMTs, and ASBC partner organizations for an initial five ZOI districts.
- HPOs with Norsaac and Savanna Signatures will begin rolling out CE4HW in the Nanton, Karaga, East Mamprusi, Sagnerigu and Mamprugu Mogduri districts.
- Norsaac will process sub-awards to ProNet, Pro-Link, RAINS and others to expand support to district HPOs to conduct CE4HW activities.
- Co-creation workshop will take place to develop and pilot test active linkages to care strategies (i.e., AGOO, SHE+, GHS You Mo Know (YMK), Kpododo) and then conduct field tests to determine the most effective strategies, which will result in codifying the active linkage to care system employed by ASBC.
- Conduct orientations for GCRN to begin roll-out and scale up activities.
- GCRN to hold collaborative meetings with HPD and DHMTs to create and distribute targeted health programming and training and introduce a system to facilitate referrals and service linkages.
- Conduct assessments of local community radio capacity and develop an individualized capacity plan for stations in ZOI districts.

### Result Area 3: Private sector promotes healthy behaviours and practices in support of the public health agenda.

#### Media and Private Sector Engagement Advisor recruited and seconded to HPD

Private sector partner, MullenLowe, successfully recruited a Media and Private Sector Engagement Advisor. She is expected to commence work on May 3<sup>rd</sup>, 2022. She will be seconded to the project and work within HPD as a member of the Capacity Strengthening and Partnership Engagement unit to mentor HPD staff in private sector outreach and how to create effective and meaningful public-private partnerships.

MullenLowe is currently undertaking a landscape audit of health promotion key actors, interventions, and resources at all levels (IDPs, MDAs, CSOs, private sector, and social enterprises, etc.) to detail areas for collaboration to avoid duplication of efforts.

#### Upcoming Activities for Next Quarter

- Complete landscape audit of key private sector actors, interventions, and resources at all levels by end of May 2022.
- Develop a 90-day plan to relaunch the new national and regional ICC-HPs with a structured and sustainable secretariat by end of May 2022.
- Conduct a desk review and develop a Private Sector Engagement Policy for HPD backed by the *GoodLife Live it Well* brand by end of May 2022.
- Develop a Communications Strategy to disseminate ICC-HP activities and private sector commitments through existing and new channels (i.e., GHS health newsletter, social media handles, private sector corporate newsletters, magazines, etc), as well as media discussions leveraging media houses and programs and advertising associations by June 30<sup>th</sup>, 2022.



## Monitoring and Evaluation

M&E activities undertaken during the past quarter primarily supported the design and start-up of the ASBC M&E system, that is fully coordinated and inter-operable with GHS HPD and ZOI implementing partners.

### Operationalize M&E system and data use

A desk review is currently underway in collaboration with ASBC SBC leads, Technical Advisors and implementing consortium members. The Monitoring, Evaluation, and Learning (MEL) Advisor and ASBC team examined existing tools and will further refine these to accommodate monitoring needs for ASBC and HPD, especially considering recommended indicators selected for the Holistic Assessment Tool (HAT). Building on the desk review, formative research and stakeholder engagements have begun. We also engaged UNICEF in planning research to address maternal health questions.

### Indicator selection, data collection, monitoring and review workshop

ASBC held two, one-day workshops with HPD to select indicators for inclusion in the HAT. HPD is drafting and disseminating a report of the results of this workshop. Recommendations are also being integrated into the ASBC Activity Monitoring, Evaluation, and Learning Plan (AMELP).

This workshop was in support of HPD to identify key SBC performance indicators in alignment with the HPD Strategic Plan, ASBC results areas, USAID's Country Development Cooperation Strategy (CDCS), and the Policy, Planning, Monitoring, and Evaluation (PPME) reporting requirements. The workshop also sought to organize and lead review and validation meetings to advance HPD, PPME and ASBC alignment of indicators in collaboration with USAID implementing partners conducting behavior change activities.

### Activity Monitoring, Evaluation and Learning Plan development

ASBC has received comments from USAID on the AMELP and participated in a review session to discuss feedback. The MEL Advisor, Technical Advisors and support staff are working to address these comments.

ASBC continues to participate in USAID data collaboration meetings for all ZOI partners. Collaboration via this platform will assist with shared data sources and platforms across ZOI implementing partners.

The project is recruiting for two M&E support staff members with direct expertise in data sharing and reporting and to assist with constructing data dashboards. This includes a M&E Officer and Data Visualization Officer who will help with dashboards, maps and other tools for project learning.

### Collaboration, Learning and Adaptation

During the workshops to identify indicators for inclusion in the HAT, ASBC also initiated discussions for project milestones and indicators. We intend to follow a collaborative and participatory process, including all ASBC consortium members, for establishing both milestones and targets. Project documentation processes and tools are being developed and will be shared with implementers according to the anticipated timeframe.

## Baseline Evaluation and Research

ASBC has drafted the baseline concept note for submission to FHI 360's internal review board (IRB). We are also drafting the protocol, using Ghana IRB templates, and plan to submit within the anticipated timeframe.

## Program Management

**Project Offices--HPD HQ at Korle-bu Teaching Hospital:** USAID and GHS successfully signed a memorandum of understanding (MOU) on April 5<sup>th</sup>, 2022. The MOU in part outlines the changes to the existing office configuration and management of the office space that contributed to the completion of assignment of offices for co-locating HPD and ASBC teams. To foster teamwork and knowledge sharing the following office space will be assigned:

- Director of HPD, Chief of Party, ASBC and their operations teams are assigned to one section on the ground floor
- Organizational Development and Capacity Building teams are in another section of the ground floor
- Monitoring, Evaluation and Learning teams are on the first floor

Identification of office space at Tamale is in progress and is scheduled to be completed during the next quarter. ASBC Deputy Chief of Party engaged Northern Regional Director of Health Services and the Regional Health Promotion Officer in discussions in finding adequate office space to co-locate with possibly five ASBC project staff. Discussions will continue during a scheduled meeting between the Northern Regional Director, HPD Director and Acting Chief of Party scheduled for April 6<sup>th</sup>, 2022.

Work teams (HPD and ASBC) identified resources required for office spaces identified for co-location. Inventory of existing furniture and fittings and equipment have been completed, required repairs have been completed and the team is in the stage of finalizing a list of new furniture purchases to complement existing resources.

## Staffing

Four key staff (\*) have accepted employment and are at post. The Chief of Party's position is under recruitment. Below is a summary of staffing which includes all staff, both ASBC and those seconded from consortium partners:

- \* [REDACTED], Director, Finance, and Operations, joined on January 1<sup>st</sup>, 2022
- \* [REDACTED], Deputy Chief of Party, joined on January 10<sup>th</sup>, 2022
- \* [REDACTED], Organizational Development and Capacity Building Advisor, joined on February 13<sup>th</sup>, 2022
- \* [REDACTED], Monitoring, Evaluation, and Learning Advisor, joined on March 1<sup>st</sup>, 2022
- [REDACTED], Capacity Strengthening Specialist, joined on March 1<sup>st</sup>, 2022
- [REDACTED], Admin Officer, joined on March 1<sup>st</sup>, 2022
- [REDACTED], Finance Officer, joined on March 1<sup>st</sup>, 2022
- [REDACTED], Grants Manager, joined on March 1<sup>st</sup>, 2022
- [REDACTED], Finance Manager, joined on March 21<sup>st</sup>, 2022
- [REDACTED], Grants Officer, joined on March 21<sup>st</sup>, 2022
- [REDACTED], SBC Community Engagement Specialist, joined on March 23<sup>rd</sup>, 2022

██████████ will continue to perform Acting Chief of Party functions while a replacement is recruited and approved.

### Partner Sub-Awards

Project sub-recipients (consortium partners), Norsaac, Savanna Signatures, and MullenLowe have signed agreements and are in active implementation. FHI 360 is working very closely with GCRN and GHS HPD to complete the System for Award Management (SAM) registration process and other registration formalities as quickly as possible so USAID can approve them to receive grants. GHS HPD concurrently is drafting a scope of work/milestone deliverables for USAID approval of a Fixed Amount Award after successful registration on SAM.

### Upcoming Activities for Next Quarter

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

- Onboarding and recruitment of remaining project staff and project orientation.
- Project orientation meetings with GHS divisions at the national and regional level with USAID implementing partners and other relevant stakeholders, such as UNICEF and others.
- Complete the literature review and conduct needed formative assessments.
- Draft solicitations for print and creative design services and award contracts.
- Draft solicitations for the You Only Live Once health education program with a concentration on a Northern audience.
- Conduct landscape assessments to support project roll-out.
- Set up relevant working groups with HPD to cover key areas of project implementation to harmonize joint HPD and ASBC activities.
- 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 of HPD using SBC Capacity Assessment Tools.
- Initiate activities to strengthen leadership, repositioning, and rebranding of HPD.
- Collaborate with GHS PPME and initiate activities to develop a robust M&E framework for HP and ASBC.
- Update the terms of reference for the Change Agent Development Program, Change Challenge Fund and the Set for Change capacity development programs with HPD staff.
- Work with HPD and project sub-recipient Norsaac to develop a strategy to support community mobilization in the 17 ZOI's using the CE4HW approach.
- Continue recruitment, selection and approval of a permanent Chief of Party.

### Challenges:

No significant challenges were encountered during the reporting period. Overall project start-up has been proceeding well and many activities are ahead of schedule.

### Lessons Learned:

The co-creation work planning sessions have resulted in greater cohesion between HPD and ASBC staff. The trust this has garnered between the two organizations due to the familiarity with HPD operations

and orientation has started the project off in a collaborative and conducive working environment. Recruitment of some previous C4H staff has brought key institutional memory and contextual awareness to joint activities between HPD and ASBC staff. The goal for the next quarter is to begin implementing activities, for which existing and continued confidence building measures and open communication within and among staff at all levels, will aid in the smooth implementation of planned activities and achievement of project goals.