



ACCELERATING SOCIAL
AND BEHAVIOR CHANGE



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

Cooperative Agreement No: 72064122CA00001

QUARTER 3 REPORT

Project dates: December 8, 2021 – December 31, 2026

Reporting Period: April 1, 2022 – June 30, 2022

Submission date: July 15, 2022

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Acronyms

AMELP	Activity Monitoring, Evaluation, and Learning Plan
ANC	Antenatal Care
ASBC	Accelerating Social and Behavior Change Activity
C4H	Communicate for Health
CADP	Change Agent Development Program
CCF	Challenge Change Fund
CE4HW	Community Engagement for Health and Wellbeing
CE4MP	Community Engagement for Malaria Prevention
CHAP	Community Health Action Plan
CHPS	Community-Based Health Planning and Services
COP	Chief of Party
CSO	Civil Society Organization
CSPE	Capacity Strengthening and Partnership Engagement
DHIMS	District Health Information Management System
DHMT	District Health Management Team
EBF	Exclusive Breastfeeding
ERC	Ethics Review Committee
FP	Family Planning
GCRN	Ghana Community Radio Network
GHS	Ghana Health Service
GMA	Ghana Medical Association
GOG	Government of Ghana
GRNMA	Ghana Registered Nurses and Midwives Association
HAT	Holistic Assessment Tool
HP	Health Promotion
HPD	Health Promotion Division
HPO	Health Promotion Officer
ICC-HP	Inter-agency Coordinating Committee for Health Promotion
ICT	Information and Communication Technology
IPTp	Intermittent Preventative Treatment in Pregnancy
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MCM	Modern Contraceptive Method
MEL	Monitoring, Evaluation, and Learning
MOH	Ministry of Health
NMCP	National Malaria Control Program
PNC	Postnatal Care
PPME	Policy, Planning, Monitoring, and Evaluation
PPR	Performance Plan Reporting

RAINS	Regional Advisory Information and Network Systems
RH	Reproductive Health
RHMT	Regional Health Management Team
SBC	Social and Behavior Change
SfC	Set for Change
SRH	Sexual and Reproductive Health
TV	Television
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
YOLO	You Only Live Once
ZOI	Zone of Influence

Executive Summary

The United States Agency for International Development (USAID) Accelerating Social and Behavior Change Activity (ASBC), 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.

The joint implementation team of HPD/ASBC together with the four consortium partners-*Norsaac, Savana Signatures, Mullen Lowe and Ghana Community Radio Network (GCRN)* all started full scale implementation in April 2022 following successful completion of start-up activities in March. This quarterly report summarizes major accomplishments and challenges recorded by the project starting from 1st April to 30th June 2022. Ten major accomplishments of the project during the reporting period are as follows:

- ASBC Consortium partners- *Norsaac, Savana Signatures, and Mullen Lowe* completed comprehensive Landscape Audits covering the media and private sector partners, community actors, social and behavior change (SBC) interventions and resources, and information and communication technology (ICT) programming and tools. Findings from these surveys is helping ASBC with engagements with media and private sector partners, community entry and deployment of ICT programming and tools to promote healthy behaviors and practices in support of the public health agenda.
- ASBC consortium partner *Mullen Lowe* completed dipstick surveys on COVID-19 vaccine hesitancy and low uptake among young people in Ghana and has submitted a detailed Strategic Communication Plan to support GHS/HPD COVID-19 Social Media Influencer Campaign.
- HPD in collaboration with ASBC consortium partners successfully reviewed and refreshed the training manuals for the Community Engagement for Health and Wellbeing (CE4HW) approach. The manuals will be used to capacitate HPD staff and partners to effectively provide trainings to community members on how to identify and implement practical solutions to address barriers to healthy behaviors, including development and implementation of their own community health action plans (CHAPs).
- A total of 20 regional, 50 district, 28 sub district level and 368 Community-Based Health Planning and Services (CHPS) level officers have been trained to coordinate CHAPs development, validation, and CE4HW implementation across 92 CHPS zones during the quarter.

- Joint ASBC/HPD team completed an SBC Capacity Assessment of HPD staff across six regions and 12 districts. These assessments provided an overview of the current SBC competencies of HPD staff. The in-depth onsite interviews were conducted across six regions and 12 districts.
- ASBC supported HPD to organize a final round of stakeholder validation of the National Health Promotion Strategy (2022-2026), initially drafted in 2020 with support from the United Nations Children’s Fund (UNICEF). The strategy document has been updated with cost estimates, an implementation plan, and a monitoring framework. The document is now ready for printing.
- The four main SBC Capacity Strengthening training materials that were piloted under Communicate for Health (C4H) were upgraded and repackaged. The SBC toolkit which consists of: 1) The Change Agent Development Program; 2) Set for Change; 3) Change Challenge Fund; and the SBC Capacity Assessment Tool are ready for use in training HPD staff.
- ASBC trained 14 HPD staff in social media optimisation as part of efforts aimed at strengthening HPD staff capacity to roll out high-impact social media campaigns such as the COVID-19 Social Media Influencer Campaign to target young people.
- ASBC developed and submitted the baseline protocol to the GHS Ethics Review Committee (ERC) for review and approval.
- ASBC in collaboration with HPD and the Policy, Planning, Monitoring and Evaluation (PPME) team have settled on three indicators for inclusion into the GHS Holistic Assessment Tool (HAT).

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 GoodLife, 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). Key activities undertaken are from 1st April to 30th June 2022 are outlined below.

SBC Capacity and Organizational Strengthening Toolkits Reviewed and Upgraded

Three sets of SBC curriculum tools had previously been developed and successfully piloted under C4H. This innovative change agent program seeks to build a core cadre of health promotion professional to lead healthy behavior change in line with the *GoodLife* brand. As part of process towards nationwide roll-out, it was necessary to refresh these materials to make them suitable to emerging skill requirements for Health Promotion staff. To facilitate the review of the materials, HPD constituted and led a multi-stakeholder technical review team made up of representatives from the Human Resource Division of GHS, USAID Ghana, the Health Promotion Division (national, regional and district representatives), ASBC consortium partners- Mullen Lowe, Norsaac, Savana Signatures, academia, and the Health Promotion Professionals Association of Ghana. The three main SBC materials that were reviewed include:

- The *Change Agent Development Program (CADP)*, which is a one-week intensive program designed for competitively selected national and regional level staff.
- The *Set for Change (SfC)*, which is a series of Action Learning programs designed to improve SBC skills and competencies to enable newly posted staff to identify and address district-level organizational and professional challenges they encounter.
- The *Change Challenge Fund (CCF)* is a grant program that provides opportunity for successful graduates from the above training activities to design and implement innovative small-scale SBC activities at the regional or district level, aligned with the overarching *GoodLife* brand strategy.

The upgraded training materials have been approved by leadership of HPD, and the Director General of GHS has issued a nationwide call for applications for HPD staff interested in applying for a competitive selection process to participate in the training program. Demonstrating his commitment towards the successful roll-out of the upgraded SBC curriculum, the Director General accepted his election as chair of the newly constituted Change Challenge Fund Management Committee.

SBC Capacity Assessments Completed

As part of the roll out of the SBC curriculum, an SBC capacity assessment was conducted to inform the selection and prioritization of training content, as well as help track improvements in SBC competencies over time. The assessments were conducted with the upgraded SBC Capacity Assessment Tool that measures SBC competencies in four domains: 1. *SBC Systems*, 2. *Planning and Design*, 3. *Implementation and Monitoring*, and 4. *Evaluation, and Scale*. A combined HPD/ASBC team facilitated the SBC capacity assessments across the six regions and 12 districts from May 16-27, 2022. In each region, the team first conducted the assessment with the Regional Health Promotion Officer (HPO) through a face-to-face

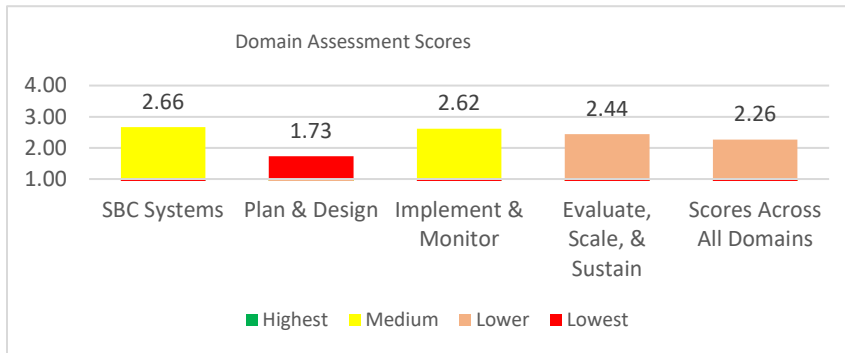


Figure 1: Cumulative Domain Scores

interview process before proceeding to the districts. Through a facilitated self-assessment, participants reviewed each domain and sub-domains of the SBC Capacity Assessment Tool and compared their current practices with illustrated accepted standards and assigned scores to their current

practices; these scores were validated based on observed documentary evidence and health promotion practices in use. Overall, HPD staff achieved an average score of 2.66 across all domains on the 1 to 4 rating scale. A score of 4 indicates high competency in an SBC domain. Figure 1 above details the cumulative score in each of the four domains assessed. Prioritized areas for SBC capacity strengthening have been identified based on the assessment scores; this information is serving as baseline data on current SBC competencies of Health Promotion staff. The SBC curriculum will be further updated based on the identified SBC capacity gaps. Additionally, inputs from this exercise will feed into the HPD Capacity Strengthening Strategy.

National Health Promotion Strategy Finalized

In 2020, UNICEF provided technical and financial support to GHS HPD to develop a National Health Promotion Strategy, following the expiration of the previous strategy in 2019. After a series of design workshops, HPD developed a draft strategy, and ASBC supported HPD to organize a final stakeholder validation meeting in Kumasi from April 13-15, 2022. The meeting brought together key stakeholders such as the Office of the Director General of GHS, Regional Health Directorates, UNICEF, USAID, IMPACT Malaria, the Health Promotion Professionals Association, Academia, USAID, and ASBC staff to fill in technical gaps, make final edits and optimize the structure of the document for printing. A total of 29 participants took part in the final validation. The joint HPD/ASBC leadership team updated the document with feedback from the meeting, developed an implementation plan, updated the monitoring and evaluation plan, and completed costing of the strategy. The document has been finalized and is ready for print, launch, and dissemination by GHS.

Comprehensive Review of HPD Capacity

The first-ever comprehensive organizational and institutional capacity review of the HPD since its establishment in 2019, began in May 2022. This review built on the HPD Bottleneck Analysis (2014) and Organizational and Technical Capacity Assessments (2015 & 2019) that prompted structural and

programmatic shifts, elevating health promotion to a full division. Feedback from this review will feed into the development of a Capacity Strengthening Strategy for HPD in line with the National Health Promotion Strategy. HPD leadership have approved the inception report, inclusive of data gathering tools. Key interviews as part of the data gathering process were undertaken with the Human Resource Division of GHS, as well as the Public Health Division, Family Health Divisions, Regional Health Directorates, and leadership staff of HPD. This assignment will help benchmark the current organization design of HPD against the prevailing service delivery/administrative processes in the well-established GHS divisions. Identified areas for improvement will inform development of a Capacity Strengthening Strategy to augment ongoing transformation of the division. Data analysis is on-going, and a final report is expected to be delivered by July 14, 2022.

Development of Staff Norms and Alignment of Job Description of Health Promotion Staff

Under USAID C4H, job descriptions were developed for the various cadres of health promotion staff as part of the process to transition the department to a full division. Although the job descriptions were approved by the GHS Council, the Human Resource Division has yet to complete the processes of aligning the job descriptions with GHS standards. Additionally, staff of HPD have not been captured in the staffing norms and structure of GHS, making it difficult for the Human Resource Division to effectively plan and project staffing requirements for the HPD. To address these issues and balance the various skills of health promotion staff for effective and efficient human resource utilization, ASBC supported HPD and the Human Resource Division of GHS to facilitate a 3-day meeting from June 15-17, 2022 to develop staff norms and align the job descriptions with GHS standards. Key stakeholders at the meeting included the Ghana Fair Wages and Salaries Commission, Regional and District Directors of Health Promotion, as well as leadership of HPD. The meeting helped to draft staffing requirements for regions and districts, and the grading and categorization of HPOs based on academic qualifications. A consultant was recruited to support with gathering data on HDP staffing requirements at all levels, including the determination of workload for each cadre in support of this process.

Upcoming Activities for Next Quarter

- Complete shortlisting of successful applicants for the SfC and CADP by July 2022.
- Launch and roll-out the upgraded CCF for innovators within HPD and community actors and health post-based provider cadres by August 2022.
- Complete assessment of Regional SBC Resource Center (onsite) and the National e-Library and SBC Resource Center that is hosted on the GHS website by September 2022.
- Facilitate a series of design workshops to draft a Capacity Strengthening Strategy for HPD by September 2022.
- Support HPD to disseminate updated National Health Promotion Strategy with key stakeholders, including use of the virtual SBC Resources to disseminate to key stakeholders nationwide by September 2022.
- Support HPD and the Human Resource Division of GHS to complete ongoing alignment of job description and development of staff norms for Health Promotion staff by September 2022.
- Rollout first round of SBC capacity strengthening programs for Health Promotion staff by September 2022.

Result Area 2: Communities demand, identify, and implement practical solutions to address barriers to healthy behaviors 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. Below are key accomplishments for this reporting period.

Community Engagement Toolkits Updated and Ready for Operationalizing

Building on successful community engagement models implemented by past USAID SBC activities, such as C4H and Breakthrough Action, the ASBC Activity in collaboration with HPD organized a multi-stakeholder review meeting to update past community engagement toolkits for facilitating health behavior change. The main toolkit used for health behavior change under the past projects was the Community Engagement for Malaria Prevention (CE4MP), which is made up of training manuals and participatory community engagement tools. These were reviewed and updated for use under the ASBC Activity. The review was led by the HPD in collaboration with ASBC consortium partners, and other key implementing partners, such as USAID Quality Services for Health, USAID Enhancing WASH, USAID Breakthrough Action, National Malaria Control Program, Total Family Health Organization, Impact Malaria, and the World Health Organization (WHO) and UNICEF. The updated community engagement documents were compiled into one manual, which is now referred to as CE4HW. It has an expanded scope for community members to identify and implement practical solutions to address barriers to uptake of healthy behaviors including development and implementation of their own CHAPs. In the coming weeks district and community-level HPOs will be trained to facilitate the roll-out of the upgraded community engagement model (CE4HW) in project intervention communities.

Assessments and Site Selection Reviews for the First Five Districts Completed



Figure 2. A joint team of region, national, Norsaac and Savana Signatures engaging the Sagnarigu District health management team

To strengthen sustainable community centric programming for measurable behavioral outcomes, HPD, Savana Signatures, and Norsaac conducted site assessments across five select districts to understand local systems and dynamics that exist for entering and engaging communities, groups, and local stakeholders. The assessment also focused on distribution of communities and CHPS zones across districts, functionality of CHPS zones, community health management committees, volunteers and volunteer management systems that exist along with traditional authority systems. Regional HPOs supported by Norsaac and Savana Signatures engaged District Health Management Teams (DHMT)

for this assessment. A total of 92 functional CHPS zones, providing a mix of curative and preventive services, were selected out of 147 CHPS zones to start implementation; a 60% selection. These CHPS are located across five districts in two regions, Sagnarigu, Nanton and Karaga in the Northern region and Mamprugu Maogduri and East Mamprusi in the Northeast region. The remaining 40% of CHPS zones are expected to be onboarded by March 2023.

Implementation across these initial five districts includes 464 communities reaching an estimated population of 394,723 individuals. The assessments have positioned the GHS HPD and ASBC community engagement partners to begin preparations for regional-level engagement meetings and subsequent capacity building on the CE4HW strategy.

Upcoming Activities for Next Quarter

- ASBC to support GHS HPD, Savana Signatures, and Norsaac to commence roll-out of the CE4HW across select sites in Sagnirigu, Nanton and Karaga in the Northern region and Mamprugu Maogduri and East Mamprusi of the Northeast region.

Develop CE4HW Roll-out Plans to Priority ZOI Districts Completed

GHS HPD, Savana Signatures and Norsaac collaboratively developed an implementation plan to guide the coordinated roll-out of the CE4HW. This plan focuses on guiding time implementation of field activities and tracking program deliverables. Regional HPOs, supported by Norsaac and Savana Signatures, led engagement with Regional Health Management Teams (RHMTs) and DHMTs to integrate the GHS calendar of events to ensure a swift implementation of field activities. The roll-out plan leveraged inputs made by stakeholders during the CE4HW review meeting.

Orientation/Sensitization Meetings with Key Stakeholders for CE4HW Roll-out Completed

ASBC supported GHS/HPD and Norsaac to engage core RHMTs, DHMTs, Metropolitan, Municipal, District Assemblies and relevant stakeholders across four ZOI regions, Tamale, Walewale, Bolgatana and Wa, from May 16-20. These engagements were aimed at strengthening buy-in and creating and sustaining collaborations between stakeholders across regional and sub-regional levels for resource mobilization to support roll-out across 545 CHPS zones in the 17 ZOI priority districts over the coming years. Regional



Figure 3: Dr Abdulai Abubakar, Regional Director Health Services, addressing stakeholders in Northeast region during the engagement meeting

HPOs led the process to draw participation from several stakeholders ranging from USAID implementing partners, Norsaac sub grantees – Prolink, Pronet and Regional Advisory Information and Network Systems (RAINS), government institutions including the Social Welfare Department, Community Development Department, District Assemblies, the Ghana Education Service, as well as community leaders, such as religious leaders, traditional leaders, people living with disabilities, local non-governmental organizations (NGOs), and other groups. The meetings introduced stakeholders to the ASBC project and focused discussions on result area two, specifically the CE4HW approach, rationale, technical focus areas, implementation

roadmap, linkages with routine GHS structures, and expected outcomes. The roles and responsibilities of stakeholders were clearly communicated and mechanisms for their functionality discussed to aid program implementation across sites. Further, the RHMTs, DHMTs, Municipal and District Assemblies and sub grantees were introduced to facilitate site level micro engagements for CE4HW roll-out.

Capacity Building Training on CE4HW Strategy and Roll-out Across all Levels Commenced

In May, the ASBC Activity organized training of trainers in Accra and Tamale for core HPD CE4HW team and lead officers from Norsaac and Savana Signatures on the CE4HW strategy for roll-out across regional and sub regional levels. The trainings aimed to consolidate understanding of the CE4HW process and strategy, and instruction on how to conduct trainings for regional and sub regional level GHS officers for rolling out CE4HW. Subsequently, HPD and partners conducted master training sessions for regional, district and sub district level officers across Northern and Northeast regions in late May 2022. The



Figure 4: A cross-section of participants during a simulation process at the training in the Northern region

training aimed at strengthening the capacity of HPOs and counterparts at the regional, district, and sub districts to effectively coordinate CE4HW activities across beneficiary communities.

Following the regional trainings, HPD and partners jointly supported regional and district level officers to train CHPS level officers across five districts in two regions. A total of 20 regional, 50 district, 28 sub district-level, and 368 CHPS-level officers were trained to support community-level activities focused on ICAP development, validation, and implementation. The trainings equipped regional, district, sub-district, and CHPS-level officers with knowledge and skills to effectively conduct

community entry, engagement, and mobilization in communities to promote measurable behavior change among target audiences across multiple technical areas using participatory approaches.

Upcoming Activities for Next Quarter

- Norsaac to process sub-awards to ProNet, Pro-Link, RAINS and other community-level partners to ensure intensive focus on local solutions and leadership in ZOI districts and to expand support to district HPOs to conduct CE4HW activities.
- HPD, Savana Signatures, and Norsaac to commence roll-out in additional five districts in the Upper West region (Sisala East, Sisala West, Nadowli Kaleo, Wa East, and Daffiama-Bussie Issa Districts).
- Co-creation workshop will take place to develop and pilot active linkages to care strategies (i.e., AGOO, SHE+, GHS You Mo Know, 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 Activity.
- Conduct orientations for GCRN to begin capacity assessments of seven community radio stations serving 12 ZOI Districts (four in Northern region, two in Northeast region, one in Upper East region, five in Upper West region) and develop individualized capacity strengthening plans.
- GCRN to hold collaborative meetings with HPD and DHMTs to create and distribute targeted health programming and trainings 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 behaviors and practices in support of the public health agenda.

The three major activities under this result area are: (1) Support additional investment for the public health agenda via the Inter-agency Coordinating Committee for Health Promotion (ICC-HP); (2) Strengthen local communication quality and dissemination capacity; (3) Develop and augment supportive mass media radio and television (TV) programming.

Support Additional Investments for the Public Health Agenda via ICC-HP

The ICC-HPs were set up under C4H to harness and coordinate advisory resources of key stakeholders to improve health and wellbeing while also being advocates of health promotion. They further sought to drive the strategic interface with government agencies to adopt and implement health promotion policy and the wider public uptake. The ASBC Activity is in processes to re-launch the ICC-HP, anticipated for September 2022. Mullen Lowe, with HPD and ASBC staff, have designed a 90-day re-launch plan. Other key activities initiated as part of the re-launch include a private sector landscape scan with a list of potential private sector partners identified. Further there has been engagement meetings with leadership of previous ICC-HPs and a refreshed membership list, which reduced members from 35 to 20 persons.

Upcoming Activities for Next Quarter

- Finalise the ICC-HPs membership composition and establish a functional secretariate by end of July 2022.
- Constitute the various sub-committees of the ICC-HP by end of July 2022.
- Launch the reconstituted ICC-HP by end of August 2022.

Develop and Augment Supportive Mass Media Radio and TV Programming

Ghanaians between 15-25 years are among the least vaccinated group for COVID-19 vaccination and current vaccination data shows a limited increase in uptake and demand for COVID-19 vaccination among this demographic. This is due in part to a multitude of social, demographic, and risk perception factors that have eroded confidence in the protective nature of COVID-19 vaccination and diminished risk perception as a driver for vaccination uptake. A dipstick survey conducted in Accra, Kumasi, Takoradi, and Tamale in May 2022 by Mullen Lowe confirmed hesitancy of young people due to scepticism and conflicting messaging on social media. These young people also tend to look at social influencers in the social media space as credible sources of information and role models to emulate. The social media campaign currently underway therefore seeks to create compelling dialogue and engagement points that would cause young people between 15-25 years in Ghana, to change their view/attitude and to drive demand for vaccination and create demonstrable uptake of COVID-19 vaccine among this demographic. Following the surveys and corresponding desk research, a comprehensive Strategic Communication Plan and COVID-19 Social Media Influencer Campaign was developed and submitted to the leadership of HPD for support in implementation. In preparation for the roll-out of this COVID-19 Social Media Influencer Campaign and support to invigorate the GHS HPD social media platforms and build a dedicated following, 14 members of the HPD Social Media team were trained on the latest optimization techniques to boost the GoodLife brand and HPD's visibility and initiatives.

Developing Metrics for Tracking Social Media Engagements

As part of the plan to track implementation of the Strategic Communication Plan and COVID-19 Social Media Influencer Campaign, ASBC together with HPD-initiated multiple engagements with stakeholders including Meta, USAID Project Last Mile in South Africa, Johnson and Johnson, Google, and WeberShandwick to garner insights on effective social media analytics and metrics to inform the social media monitoring and evaluation plan. As part of the wider one-year COVID-19 social media campaign, Meta Health is supporting the ASBC team to run a Brand Lift Study, which will run from mid-July to October. In addition to engagement metrics (e.g. likes, shares, comments), the study will measure two key SBC indicators based on the evidence review of barriers to COVID-19 vaccination, namely 1) perception on the importance of COVID-19 vaccination and 2) perception of COVID-19 vaccination safety; in addition to recall of the message. The social media campaign will also seek to understand which platforms (e.g. Facebook, Instagram, TikTok, etc.) in Ghana may be most effective to reach youth with health messaging.

Press Conference on COVID-19 Vaccination Hesitancy in Ghana

GMA, GRNMA, GHS and others join forces to push vaccination drive in Ghana

by Eno S. Safo — June 20, 2022 Reading Time: 1 min read



Figure 5: News Article of COVID-19 Vaccine Hesitancy Press Launch

collaboration with the GMA and GRNMA, hosted a press conference on an upcoming activity aimed at transforming 2,000 health workers into vaccination champions. The activity aims to build their capacity in risk communication and community engagement to address issues of disinformation and misinformation regarding COVID-19 vaccination. They will also collect data on the reasons underpinning hesitancy among health workers to understand and address the concerns and misunderstandings that exist.

The press conference received a total of 18 press mentions, namely 15 online newspaper publications, one printed newspaper, two live broadcasts on the radio (CitiFM and Peace FM), and one live broadcast on TV (EN33 TV). The two radio broadcasts were simultaneously streamed on YouTube and Facebook Live and the conference made the front page of one of Ghana's biggest dailies.

Upcoming Activities for Next Quarter

- Immersion meeting with HPD on PPME and ICC-HP 90-day plan to ensure buy-in and begin implementation of refreshed *GoodLife* brand by July 1, 2022.

- Optimize *GoodLife* brands social media page ahead of the COVID-19 social media campaign and complete annual social media calendar by July 4, 2022.
- Complete media landscape audit in ZOIs and finalize media list for the project per intervention and scope by July 7, 2022.
- Completion of the Private Sector Engagement Policy for HPD by September 30, 2022.
- Reconstitute ICC-HP membership and launch the new ICC-HP by September 30, 2022.
- Roll-out monthly joint ASBC and HPD newsletter by July 7, 2022.
- Implement COVID-19 Social Media Campaign, inclusive of content creation and A/B testing.

Monitoring and Evaluation

Monitoring and evaluation (M&E) activities undertaken in the past quarter mainly supported the selection and finalization of indicators in alignment with HPD and ASBC Monitoring, Evaluation and Learning (MEL) systems, as well as the finalization and submission of the baseline protocol and survey tools to the GHS-ERC for review and approval. The M&E team also supported the development of M&E plans for COVID-19 Social Media Influencer Campaign as discussed above.

Operationalize M&E system and Data Use

As part of efforts to set up a project database and capture system that responds to the monitoring needs of ASBC and HPD, the ASBC MEL team in collaboration with HPD has initiated engagement with Savana Signatures. Discussions focused on exploring the feasibility of an electronic tracker version or a parallel electronic data collection platform using the second District Health Information Management System (DHIMS2) to collect primary data on HPD and ASBC data needs that are not captured by the DHIMS2. This is to ensure alignment and harmonization of ASBC and HPD M&E systems and indicators. These discussions will be extended to include PPME in the next quarter.

Indicator Selection, Data Collection, Monitoring, and Review Workshop

Following the two, one-day workshops organized on indicator selection in the previous quarter, ASBC supported HPD to draft the workshop report. One of the key outcomes of the workshop was that 22 out of 34 health promotion indicators on the HPD indicator table in DHIMS2 are captured routinely by health staff at various levels and entered into the DHIMS2 platform. Focusing on the 22, it was proposed for 12 to be reframed, four to be merged into one, three maintained as is, and another three to be deleted.

ASBC and HPD leveraged the validation of the National Health Promotion Strategy to further review these indicators. A broader stakeholder engagement including PPME, representatives of GHS divisions, selected Regional and District HPOs and UNICEF are planning to finalize the indicators next quarter. A key result of the planned meeting is a new set of outcome indicators and targets that track HPD's SBC programs in DHIMS2.

ASBC, in collaboration with HPD and PPME, agreed on three indicators for inclusion into the GHS HAT. While HPD and ASBC staff had presented five indicators to PPME for consideration (see below), they were not accepted as they could not be tracked via DHIMS2, which is the main source of data for HAT indicators, but rather via surveys.

1. Percentage of internal and external clients satisfied with health promotion services and products.

2. Percentage of clients satisfied with GHS services and products.
3. Percentage of individuals who have received an annual health check-up.
4. Percentage of women who demonstrate intention to exclusively breastfeed during the first six months of the child's (children's) life.
5. Percent of community members practicing preventive measures in preparedness for emergency public health issues.

Instead, the three indicators agreed on with PPME are:

- Percentage of individuals (six years and above) who have received a health check-up in terms of promotive and follow up care in the past one year at wellness clinics (Regional and District hospitals catchment areas).
- Percentage of women completing at least four ANC visits to those making their first visit (source is midwives returns).
- Availability of health promotion program of work, action plans and completion of activity reports (source is activity reports and health promotion activities to strengthen the system).

ASBC will work with HPD to share these indicators with Regional and District Officers and set targets for measurement.

Activity Monitoring, Evaluation and Learning Plan Development (AMELP)

ASBC made extensive revisions to the AMELP based on feedback from USAID. This included separating process/output and high-level context indicators from those the ASBC activity is responsible for and would be expected to report to USAID periodically. Ten key performance plan reporting (PPR) indicators that cover the three result areas (refer to Annex I) were selected and performance indicator reference sheets were developed for each indicator. Additionally, ASBC will triangulate information from other USAID implementing partners, national surveys (e.g. Demographic and Health Survey, Multi Indicator Cluster Survey, Maternal Health Survey, and Malaria Indicator Survey) and government data sources (DHIMS2, HAT) for context comparison. The AMELP is now being implemented following its approval by USAID.

Collaboration, Learning and Adaptation (CLA)

ASBC has been successful in recruiting for two positions this quarter, a MEL Officer and a Data Integration and Visualization Officer. These officers will augment ASBC's effort in implementing an effective CLA approach commencing next quarter. This will include the establishment of dashboards, maps, and other tools for project learning. During this quarter, a pause and reflect session was held in May with Savana Signatures, inclusive of HPD representatives, post landscape audit activities to understand what went well and what did not go well to inform future community engagement processes.

Baseline Evaluation and Research

As part of measures to establish baseline performance indicators, set annual targets and monitor progress towards achievement of targets, ASBC drafted a baseline protocol that was shared with USAID, USAID implementing partners, and HPD for their input. Extensive revisions were made to the protocol and tools based on feedback received from reviewers prior to submission the GHS-ERC for review and

approval. Preceding the submission to GHS-ERC, the protocol for the survey had been reviewed by FHI 360's Office of Internal Researchers and deemed as non-research as defined under the Department of Health and Human Services Code of Federal Regulation. Plans are currently underway to procure the services of a local sub-contractor to execute the baseline survey.

Collaboration with UNICEF

ASBC continued its collaboration with UNICEF by reviewing and providing feedback on the survey protocol and tools for the formative research on norm change drivers of sexual and reproductive health (SRH) behaviors among adolescent boys and girls aged 10-19 years. This age group constitutes the second largest cohort of persons in Ghana and faces strong cultural, social, and religious values and norms that impede access to quality social services, principally health services and health-related knowledge. This study which originally had Bono East and Greater Accra as its geographic focus has been widened to a third region (Volta). ASBC plans to replicate this research in the Northern regions and produce a joint comparative study of the research findings to inform interventions targeted at adolescents.

SBC Evidence Summit

HPD, ASBC and UNICEF have collaboratively planned an SBC evidence summit to examine the current state of behavioral evidence in family planning, reproductive health, malaria, nutrition, WASH, maternal and child health, and COVID-19, and shape the development of formative research agendas and implementation strategies. Scheduled to take place in Accra on August 1 -2, the summit will bring together 74 participants including HPD, Divisions of GHS, GHS Regional Directors, USAID, USAID implementing partners, NGOs and donors (WHO, UNICEF, etc.). As part of preparatory activities, invitation letters have been sent out to individuals and organizations. The summit will help ASBC, GHS, UNICEF, USAID and others achieve alignment across implementing partner learning agendas around SBC to collaboratively fill existing evidence gaps that can improve implementation success and ensure that projects are contextually aware of the behavioral drivers, norms, barriers and facilitators to behavior change across technical focus areas. Additionally, all partners will further build and solidify collaboration processes, including establishing clear lines of communications and networks across project staff for sharing information and ongoing activities that align across projects.

Upcoming Activities for Next Quarter

- Baseline data collection and analysis, August – September 2022
- SBC Evidence Summit, August 1-2, 2022
- CLA event with HPD, ABSC and partners.
- Dashboard established following onboarding of Data Integration and Visualization Officer, August – September 2022
- Finalize HPD indicators and refining DHIMS2 health promotion indicators. Indicator target setting and explore electronic capture of data using an application to be developed by Savana Signatures, July--August 2022.
- Support HPD with mid-year Performance Review, July 2022.
- Develop and implement M&E systems for Social Media Influencer Campaign, July – September 2022

Program Management

This section covers project operations, administration, grant management and finance. Highlights of activities are as follows.

Project Offices Set Up

Co-location and office set up of GHS HPD Head Office in Korle-bu is complete. New furniture to replace damaged or broken-down furniture was procured and necessary maintenance of other items for GHS HPD teams, such as laptops, printers, existing desks, and chairs was completed. All ASBC staff are now sitting in their assigned locations/offices and working as one coherent team from the ground and 1st floor of the GHS HPD Korle-bu building.

In the northern region, ASBC will be based in the GHS Northern Regional Directorate i. The office location was identified, and an assessment of office needs and set up was complete and shared with the Director of HPD for consensus and approval before proceeding with set up processes. The tentative date to complete this office set up is August 1. In the meantime, some team members are temporarily working from Norsaac's office in Tamale.

FHI 360, with organizational corporate funds, has donated nine refurbished Lenovo laptops to GHS HPD in support of the ASBC Activity. The donated laptops were received by [REDACTED], Director of HPD on behalf of GHS on June 28, 2022. FHI 360 looks forward to continued collaboration and engagement in furtherance of the goals of GHS HPD and the success of the ASBC Activity.

Staffing

Six new staff joined the ASBC team this quarter. The list includes both ASBC and staff seconded from consortium members:

- [REDACTED], Program Assistant, ASBC joining Northern team in Tamale
- [REDACTED], MEL Officer, ASBC joining HPD Korle-bu team in Accra
- [REDACTED], Media Development and Engagement Specialist, ASBC joining HPD Korle-bu team in Accra
- [REDACTED], Media Development and Engagement Advisor, seconded from Consortium partner, Mullen Lowe/LINTAS, joining HPD Korle-bu team in Accra
- [REDACTED], Community Engagement Advisor, seconded from Consortium partner, Norsaac, joining Northern team in Tamale
- [REDACTED], ICT Advisor, seconded from Consortium partner, Savana Signatures, joining HPD Korle-bu team in Accra

Partner Sub-Awards

ASBC consortium partners Norsaac, Savana Signatures, GCRN and Mullen Lowe are actively engaged in program implementation. GHS HPD obtained a unique entity identifier number and a fixed award amount contract was finalized for HPD will be submitted to USAID for approval in July.

Other Procurements

ASBC is procuring the services of Sight Savers Ghana and their sub-contractor Ghana Federation of Disabled Persons to develop SBC materials for greater disability inclusion in the Health Promotion Strategy. Commitment will be finalized in the coming quarter.

A 13-episode, sixth season of You Only Live Once (YOLO) series by Farmhouse Productions is being procured to further promote the *GoodLife, Live it Well* campaign messages. Episodes will include key messages around the following health areas: nutrition, malaria, MNCH, WASH, COVID-19 and FP/RH. The contract will be signed during the initial weeks of the coming quarter.

Challenges

No significant challenges were encountered during the reporting period. Overall, the project’s full-scale implementation is proceeding well, and many activities are ahead of schedule.

Lessons Learned

Success is achieved through collaborative work. Following the successful relocation of ASBC staff within HPD, [REDACTED], the Director of the Division together with the Acting Chief of Party, [REDACTED], constituted teams to work on the four main components of the project. Each team consists of a maximum of six members made of HPD staff, ASBC Advisors and Specialists responsible for specific components. Each team meets weekly to plan and jointly implement field activities. This approach to work is helping with cross fertilization of ideas, knowledge transfer, trust building, sense of urgency and a more structured approach to work. The Director of HPD has developed a monthly performance tracking tool that is used to track progress of work. At the Division’s bi-weekly meetings HPD staff provide updates on progress from their respective units. HPD staff, have so far played lead roles in review and implementation of community engagement activities together with ASBC consortium partners, participated in SBC capacity assessments, worked with external consultants to undertake the comprehensive capacity review of the Division, and participated in key stakeholders’ meetings. This collaborative work has ignited a sense of ownership of the project by HPD leadership, and they are now chief advocates for the project within GHS.

“Prior to joining the team, I was not motivated coming to the office, but now I have a lot to do. I am always motivated coming to work now; this makes me happy.”

HPD Staff and a member of the joint capacity strengthening team, April 2022.

Cross USAID Implementing Partner Integrated SBC Cooperation

On Thursday, June 23, 2022, [REDACTED], Acting COP of USAID ASBC Activity led a mini discussion forum on SBC theory and applications with a team from USAID’s Feed the Future Ghana Fisheries Recovery Activity. In a one-hour session, the meeting discussed SBC and its application to improving sustainable fishing practices and community engagement. Building on USAID Ghana’s Country Development Cooperation Strategy, which calls for the increased use of behavior change and behavior-based approaches to development, the two teams discussed how SBC and community engagement in the health space could be utilized to mobilize fishing communities and industry to employ community engagement and participatory action methodologies to develop behavior change orientated solutions to issues that impact sustainable fisheries. Central to the



Acting COP for USAID ASBC and USAID Ghana Fisheries Recovery Activity discuss the application of SBC approaches in the fisheries space

brainstorm was how community-based action plans where communities set, manage, and enforce their own behavioral goals could be used to expand community ownership of sustainable fisheries practices.

As a follow up to this meeting, both projects agreed to continue the sharing and engagement with a follow up discussion where the ASBC Community Engagement Specialist will share community engagement approaches currently being employed in health and the community engagement approaches used in sustainable fisheries to cross-fertilize ideas and approaches.

Additionally, both projects will engage further in the weeks ahead with FHI 360 making its on-line, self-paced training in SBC available to select fisheries staff and the sharing of costs for a technical expert in community-based participatory action media approaches to provide hands on training to fisheries and GHS HPD and ASBC staff in August/September 2022.

Annex I: ASBC Performance Plan Reporting (PPR) Indicators

Indicator	Jan-Mar	Apr - Jun	Jul - Sept	Year 1 Achievements	Year 1 Target	Comments/Remarks
1. Number of individuals receiving nutrition-related professional training through USG-supported programs	N/A	N/A	-		TBD	There is has been no ASBC-related training to date
2. Number of women giving birth in a health facility receiving USG support	12,562	10,256	-	22,818		Sourced from DHIMS2 through PPED
3. Number of newborns who received postnatal care within two days of childbirth in USG-supported programs	12,830	10,256	-	23,086		Sourced from DHIMS2 through PPED
4. Percent of target audience who reported self-efficacy to enact a promoted practice that is relevant to their life stage in the areas of MNCH and/or FP	N/A	N/A	-		TBD	To be completed after baseline survey
5. Percent of target population reporting intention to seek a promoted health services that is relevant to their life stage in the health areas of: MNCH, FP, nutrition, malaria and/or Covid-19 or other relevant EID	N/A	N/A	-		TBD	To be completed after baseline survey
6. Percent of individuals who would recommend a practice they recall being promoted by ASBC to a friend or family member in the areas of: MNCH, FP, nutrition, WASH, malaria and/or Covid-19 or other relevant EID	N/A	N/A	-		TBD	To be completed after baseline survey

Indicator	Jan-Mar	Apr - Jun	Jul - Sept	Year 1 Achievements	Year 1 Target	Comments/Remarks
7. Percent of individuals reporting agreement with equitable gender norms.	N/A	N/A	-		TBD	To be completed after baseline survey
8. Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message	N/A	N/A	-		TBD	To be completed after baseline survey
9. Number of pregnant women reached with nutrition-specific interventions through USG-supported programs	8,057	13,510	-	21,567	TBD	Sourced from DHIMS2 through PPED
10. Number of HPD engagements jointly undertaken with the private sector to achieve ASBC objectives	N/A	4	-		TBD	Meta Health and J&J have signed agreements with ASBC for COVID-19 work.

Annex II: Priority Behaviors

Behavior Change Objectives	Possible Determinants (from literature review)
Maternal, Newborn, and Child Health (MNCH)	
Women complete a full course of quality antenatal care (ANC)	<ul style="list-style-type: none"> • <i>Beliefs about perceived vulnerability:</i> Believe ideal time to initiate ANC is at 3+ months, depending on pregnancy visibility. Belief that early ANC is for women who are sick, have pregnancy problems and unnecessary for healthy women. • <i>Perceived benefits:</i> Benefits of attending ANC unclear.
Pregnant women deliver in a health facility with an equipped, qualified provider	<ul style="list-style-type: none"> • <i>Low decision-making authority of women:</i> Reliance on husbands/partners for resources for care seeking needs (transport, food), regardless of access to funds and choosing the place of delivery. • Cultural beliefs and taboo (e.g. some families cannot deliver in a health facility; newborn babies must be presented to the traditional gods before accessing essential newborn services).
Postnatal women seek postnatal care (PNC) for themselves and their children within 48 hours (about 2 days) of delivery	<ul style="list-style-type: none"> • Introduction of SMS in English/voice messages in local language and use of technology by healthcare professionals appears to increase uptake and awareness of maternal, child health services, including PNC visits. • The national CHPS program that supports ANC/PNC visits has several barriers including transportation, poor road network, cost of referrals, cultural beliefs, inadequate equipment, lack of incentives and poor community engagement.
Caregivers seek prompt and appropriate care for signs and symptoms of newborn/child illness, including newborn danger signs, malaria, and acute respiratory infection	<ul style="list-style-type: none"> • Not aware of community-based agents providing home-based care for childhood illness. While over 41.7% of children with a fever were tested for malaria at CHPS, few caregivers (24.9%) knew the results of the test. • Lack of National Health Insurance Scheme (NHIS) coverage was a reason for not seeking care
Caregivers complete a full course of timely immunization	<ul style="list-style-type: none"> • In some communities, newborn babies must be presented to the traditional gods before they can access essential newborn services, such as immunization • General decline in all vaccination rates during COVID-19 except for measles and rubella
Nutrition	
Mothers initiate breastfeeding within one hour after delivery	<ul style="list-style-type: none"> • Breastfeeding information during pregnancy is a positive determinant of early initiation of breastfeeding and no pre-lacteal feeding • Herbal concoctions given to baby to protect it from deformities
Mothers breastfeed exclusively for six months after birth	<ul style="list-style-type: none"> • Household wealth, mother's educational level, prior ANC attendance, knowledge of exclusive breastfeeding (EBF), and place of delivery associated with EBF. • Mothers culturally not able to act out of abidance with dictates of Mother-In-Law and older women in family.
Caregivers feed adequate amounts of diverse, nutritious, age-appropriate foods to children from 6-23 months	<ul style="list-style-type: none"> • High knowledge of child feeding recommendations is a key determinant of minimum acceptable diet

Behavior Change Objectives	Possible Determinants (from literature review)
(about 2 years), while continuing to breastfeed	<ul style="list-style-type: none"> • Norms related to the composition of infant feeds and onset/duration of breastfeeding “culturally pre-determined by existing norms” • Poverty influences maternal and child nutrition; lack of jobs to generate an income capable of providing nutritious food.
Family planning and reproductive health (FP/RH)	
Adolescents delay first sex	<ul style="list-style-type: none"> • <i>Limited comprehensive sexual education:</i> FP/RH education in schools was limited to religious. Minimal or no comprehensive sexual education. • <i>Early marriage:</i> Exchange of girls for marriage. Children may be considered ready for marriage based on economic independence and awareness of sexual desires (boys) and physiological development and ability to complete domestic tasks (girls).
Sexually active adolescents use a modern contraceptive method (MCM) to delay first birth until after age 18	<ul style="list-style-type: none"> • Adolescents have general lack of SRH knowledge including limited knowledge around menstruation and prevention of pregnancy. • Negative health care worker attitudes, concerns about stigma, questioning, and lack of confidentiality.
After a live birth, women or their partners use an MCM to avoid pregnancy for at least 24 months (about 2 years)	<ul style="list-style-type: none"> • <i>Myths and misinformation:</i> Midwives report contraceptive misinformation is high among women, which they attribute to low educational attainment; reasons for not using contraception include fertility-related concerns. • Spousal approval of contraceptive use was a key facilitator; many men noted their partners must seek their approval to use it
Malaria	
Pregnant women and children sleep under an insecticide treated net	<ul style="list-style-type: none"> • <i>Reasons for nonuse among pregnant women:</i> believe its unnecessary (26.2%), inadequate education on it (47.5%), body itching (51.9%), rashes (31.5%), and body sensation (16.6%); discomfort of heat, skin itching, rashes, lack of appropriate hanging structure in home (challenge of rectangular nets).
Pregnant women take intermittent preventative treatment in pregnancy (IPTp) during ANC visits	<ul style="list-style-type: none"> • Most (92.4%) pregnant women knew IPTp should be taken twice after 16 weeks (about 3 and a half months) of pregnancy to prevent malaria; however, low awareness that more than two doses are recommended. • Late first ANC contributes to less than adequate IPTp uptake.