

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

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ACCELERATING SOCIAL  
AND BEHAVIOR CHANGE



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## Acronyms

<b>AMELP</b>	Activity Monitoring, Evaluation, and Learning Plan
<b>ANC</b>	Antenatal Care
<b>ASBC</b>	Accelerating Social and Behavior Change Activity
<b>BF</b>	Breastfeeding
<b>BI</b>	Business Intelligence
<b>C4H</b>	Communicate for Health
<b>CAT</b>	Capacity Assessment Tool
<b>CADP</b>	Change Agent Development Program
<b>CCF</b>	Challenge Change Fund
<b>CDCS</b>	Country Development Cooperation Strategy
<b>CE4HW</b>	Community Engagement for Health and Wellbeing
<b>CE4MP</b>	Community Engagement for Malaria Prevention
<b>CHAP</b>	Community Health Action Plan
<b>CHMC</b>	Community Health Management Committee
<b>CHO</b>	Community Health Officer
<b>CHPS</b>	Community-Based Health Planning and Services
<b>CHV</b>	Community Health Volunteer
<b>CIC</b>	Community Information Center
<b>COP</b>	Chief of Party
<b>CRS</b>	Catholic Relief Services
<b>CSO</b>	Civil Society Organization
<b>CSPE</b>	Capacity Strengthening and Partnership Engagement
<b>DG</b>	Director General
<b>DHIMS</b>	District Health Information Management System
<b>DHMT</b>	District Health Management Team
<b>EA</b>	Enumeration Area
<b>EBF</b>	Exclusive Breastfeeding
<b>EIBF</b>	Early Initiation of Breastfeeding
<b>EID</b>	Emerging Infectious Diseases
<b>ERC</b>	Ethics Review Committee
<b>FAA</b>	Fixed Amount Award
<b>FGD</b>	Focus Group Discussion
<b>FP</b>	Family Planning
<b>FY</b>	Fiscal Year
<b>GAVI</b>	Global Alliance for Vaccines and Immunization
<b>GCRN</b>	Ghana Community Radio Network
<b>GHS</b>	Ghana Health Service
<b>GIZ</b>	Deutsche Gesellschaft für Internationale Zusammenarbeit (German Agency for International Cooperation)
<b>GMA</b>	Ghana Medical Association

<b>GOG</b>	Government of Ghana
<b>GRNMA</b>	Ghana Registered Nurses and Midwives Association
<b>G-to-G</b>	Government to Government
<b>HAT</b>	Holistic Assessment Tool
<b>HP</b>	Health Promotion
<b>HPD</b>	Health Promotion Division
<b>HPO</b>	Health Promotion Officer
<b>HSMTDP</b>	Health Sector Medium Term Development Plan
<b>HRD</b>	Human Resource Division
<b>ICC-HP</b>	Inter-agency Coordinating Committee for Health Promotion
<b>ICT</b>	Information and Communication Technology
<b>IP</b>	Implementing Partner
<b>IPTp</b>	Intermittent Preventative Treatment in Pregnancy
<b>ITN</b>	Insecticide Treated Nets
<b>IVR</b>	Interactive Voice Response
<b>JICA</b>	Japan International Development Cooperation
<b>JNJ</b>	Johnson and Johnson
<b>JSI</b>	John Snow Incorporation
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MCH</b>	Maternal and Child Health
<b>MCM</b>	Modern Contraceptive Method
<b>MEL</b>	Monitoring, Evaluation, and Learning
<b>MOH</b>	Ministry of Health
<b>NGOs</b>	Non-Governmental Organizations
<b>NMCP</b>	National Malaria Control Program
<b>PIRS</b>	Performance Indicator Reference Sheets
<b>PNC</b>	Postnatal Care
<b>Power BI</b>	Power Business Intelligence
<b>PPMED</b>	Policy, Planning, Monitoring, and Evaluation Division
<b>PPR</b>	Performance Plan Reporting
<b>PWD</b>	Persons with Disability
<b>Q4H</b>	Quality Services for Health
<b>RAINS</b>	Regional Advisory Information and Network Systems
<b>RH</b>	Reproductive Health
<b>RHMT</b>	Regional Health Management Team
<b>RMNCH</b>	Reproductive Maternal and Child Health
<b>SBC</b>	Social and Behavior Change
<b>SfC</b>	Set for Change
<b>SRH</b>	Sexual and Reproductive Health
<b>T4MCH</b>	Technology for Maternal and Child Health
<b>TFHO</b>	Total Family Health Organization

<b>UHC</b>	Universal Health Coverage
<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>WHO</b>	World Health Organization
<b>YMK</b>	You Must 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) (2021-2026) seeks to work with the Government of Ghana (GOG), Ghana Health Service's (GHS) Health Promotion Division (HPD), local Ghanaian civil society organizations (CSOs), and other international development organizations to achieved measurable progress in three key three result areas:

- 1) Government of Ghana leads, harmonizes, and manages effective social and behavior change (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 public health emergencies in the USAID designated 17 zones 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, MullenLowe and Ghana Community Radio Network (GCRN)*, started full scale implementation in April 2022 following successful completion of start-up activities in March. This annual report summarizes major accomplishments and challenges recorded by the project starting from December 8, 2021, to September 30, 2022 with particular emphasis on Q4 results. Sixteen major accomplishments of the project during the year under review are as follows:

- ASBC consortium partners, Norsaac, Savana Signatures, MullenLowe and GCRN, completed comprehensive Landscape Audits covering the media and private sector partners, community actors, SBC interventions and resources, and information and communication technology (ICT) programming and tools. Findings from these surveys is helping ASBC 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 larger Ghana public health agenda.
- In collaboration with HPD and ASBC, consortium partner MullenLowe developed and implemented a social media campaign addressing COVID-19 vaccine hesitancy and low uptake among young people (under 25) in Ghana. The campaign received technical support from international organizations including the Global COVID Corps comprised of Google, Weber Shandwick, and Johnson and Johnson (J&J) as well as the Rotary Club of Ghana. Launched in July 2022, the campaign, which runs on HPD's GoodLife, You Only Live Once (YOLO), and influencer social media pages (Facebook, Instagram, Twitter, LinkedIn, SnapChat, TikTok and YouTube) reached over 4,300,000 young persons aged 15-25 in Ghana by September 2022. Bolstering this campaign, Meta Health (a.k.a Facebook) provided a grant of \$15,000 to ASBC in free ad credits to post content on Facebook and Instagram, as well as technical assistance to carry out a randomized control study (Brand Lift Study) to assess content impact around improving perception of

COVID-19 vaccine safety and importance with respect to reported attitudinal changes towards vaccine acceptance. The Brand Lift Study will be conducted in Q1 FY23 with results to be reported in the Q1 quarterly report.

- 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 ASBC developed manuals were 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).
- ASBC rolled out the CE4HW framework in all 17 ZOI with a total of 47 regional, 250 district level and 547 Community-Health Officers (CHOs), and 1,380 Community Health Management Committee (CHMC) members and Community Health Volunteers (CHV) were trained by ASBC consortium members to coordinate CHAPs development, validation, and CE4HW implementation across 92 Community-Based Health Planning and Services (CHPS) zones during the year.
- A joint ASBC/HPD team completed an in-depth onsite 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 data informed the development and finalization of a Capacity Strengthening Strategy for HPD co-created by the University of Health and Allied Sciences, the United Nations Children’s Fund (UNICEF), and GHS Human Resource Division (HRD).
- 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 UNICEF. The final strategy document, approved by the Director General (DG) of GHS was printed and launched by the Honorable Minister of Health at the second GHS Senior Managers Meeting with support from ASBC in August 2022.
- The four main SBC Capacity Strengthening training materials that were piloted under Communicate for Health (C4H) were upgraded and repackaged by the ASBC team. The updated SBC toolkit consists of 1) The Change Agent Development Program (CADP); 2) Set for Change (SfC); 3) Change Challenge Fund (CCF); and the SBC Capacity Assessment Tool (CAT), are ready for use to train HPD staff. Eighty of an initial 114 applicants have been shortlisted to participate in the first and second cohorts of the training. The DG of GHS has accepted his election as chair of the newly constituted CCF Management Committee, demonstrating his commitment towards the successful roll-out of the upgraded SBC toolkit.
- The joint HPD/ASBC leadership, in collaboration with the GHS HRD, updated health promotion staff job descriptions and, for the first-time, developed a set of staff norms. These staffing norms detail the experience and qualification levels required by the Ghana Health Service job levels and rankings. Working in close collaboration with the Fair Wages Commission, the GHS HRD further reviewed the grading levels of health promotion staff based on current classifications, norms, and practices of other public health professionals within GHS.



- HPD and ASBC led an audit of the GoodLife brand, and HPD led advocacy efforts for the use of the GoodLife brand by GHS divisions and units.
- As a lead-up to the launch of the widely popular You Only Live Once (YOLO) young adult television “telenovela” season 6 entitled “YOLO in the North,” ASBC contracted with Farmhouse Production to develop the scripts and programs and conducted focus group discussion (FGDs) with its cast members/stars to map out the story line for the new series. YOLO scripts will feature key health issues such as COVID-19 vaccination, nutrition, maternal health and other health issues covered under the ASBC scope of work. Additional YOLO programming will be set in Northern Ghana with actors and settings reflective of the northern context.
- ASBC co-sponsored the launch of the animated youth health education program “*Kofi Kommando and the Squad*” by MullenLowe. ASBC is sponsoring three episodes of the show to be produced, premiered, and aired on local TV stations with syndications in local children’s magazines and printed promotions to be organized by the Ghana Education Service and other.
- With support of ASBC, HPD published the first Health Promotion Quarterly Newsletter to strengthen the reach, visibility, and awareness of GHS and HPD projects.
- ASBC trained 14 HPD staff in social media optimization as part of efforts to strengthen 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 obtained approval from the GHS Ethics Review Committee (ERC) and conducted enumerator training and data collection for the baseline survey in 16 ZOIs<sup>1</sup>. The survey was executed by Saha Consulting and Services with the participation of 11 District Health Promotion Officers (HPOs) and two HPD staff.
- ASBC, HPD and the Policy, Planning, Monitoring, and Evaluation Division (PPMED) team have identified three indicators for inclusion in the GHS Holistic Assessment Tool (HAT), and have initiated a co-creation process to revise HPD indicators to be more reflective of changes in behavioral determinants and social norms.
- HPD, ASBC, and UNICEF collaboratively organized Ghana’s first SBC Evidence Summit that examined the current state of behavioral evidence in FP, reproductive health (RH), malaria, nutrition, MCH, and COVID-19, to shape the development of formative research agendas and implementation strategies that address gaps in the evidence base. Results of this summit, underpin the technical approach of the ASBC activity and will inform the ASBC SBC Strategy to be co-created in Q1 of FY 23.

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<sup>1</sup> Bawku Municipal could not be surveyed due to recurring conflict between two ethnic groups (Kusasis and Mamprusis) that have claimed lives. FHI360 Security has restricted travel to this district until the securing situation improves.

## 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/RH, nutrition, WASH, emerging infectious diseases, and MCH). Key activities undertaken from 1<sup>st</sup> April to 30<sup>th</sup> September, 2022 are outlined below.

### Facilitated Completion and Launch of National Health Promotion Strategy

ASBC supported HPD to finalize the National Health Promotion Strategy through a final round of national stakeholder validation via a workshop which was held 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, and ASBC staff to fill in technical gaps, make final edits, and optimize the structure of the document for printing. In Q3, ASBC supported HPD to finalize the document by completing an implementation plan and costing of activities. The finalized document was approved and signed by the GHS DG in Q4. The National Health Promotion Strategy was successfully launched by the Honorable Minister of Health, [REDACTED] on September 7<sup>th</sup>, 2022 at the second GHS Senior Managers Meeting which was jointly organized with ASBC. In fiscal year (FY) 2023, ASBC will support HPD to disseminate and implement the National Health Promotion Strategy.

#### Next steps:

1. Facilitate dissemination of the National Health Promotion Strategy with key stakeholders (leverage HPD virtual SBC resources to disseminate to key stakeholders nationwide at the national, regional, and district level)
2. Support HPD to conduct annual Health Promotion Performance Review Meetings as part of the Active Management System to track the implementation of the composite HPD/ASBC Workplan



Figure 1: Media clip of launch of National Health Promotion Strategy

## Upgraded SBC Capacity and Organizational Strengthening Toolkits for HPD

A key learning from C4H project was the need for HPD to reduce reliance on external actors and organizations for training its own staff. In Q2, the blended HPD/ASBC team reviewed and updated the SBC toolkits (e.g., Individual and Organization SBC Capacity Assessments tools, SBC training curriculum made up of Change Agent Development Program (CADP), Set for Change (SfC) and the Change Challenge Fund) that were successfully piloted under C4H for HPD. These toolkits were reviewed by a multi-stakeholder technical review team made up of representatives from the GHS Human Resources Division, USAID, the HPD (national, regional, and district representatives), ASBC consortium partners (MullenLowe, Norsaac, and Savana Signatures), academia, and the Health Promotion Professionals Association of Ghana. In Q3, leadership of HPD approved the upgraded SBC toolkit. To kickstart the SBC training, the DG of GHS in Q4, issued a nationwide call for applications for HPD staff interested in participating to apply and participate in the competitive selection process. A record number of 114 applications were received from Health Promotion staff across the country. Eighty (80) applicants have been shortlisted to participate in the first and second cohorts of the training. Demonstrating his commitment towards the successful roll-out of the upgraded SBC curriculum, the DG accepted his election as chair of the newly constituted CCF Management Committee. Training for the first cohort is scheduled for October 2022. HPD will lead the implementation of these capacity strengthening activities in FY23 and via HPD master trainers who will lead the organization and implementation of this capacity strengthening program going forward. The goal is to create a capacity strengthening unit charged with providing on-going peer-to-peer SBC training and mentorship as an internal HPD unit thereby shifting responsibility to HPD to provide on-going capacity strengthening efforts and negating the need for external capacity strengthening efforts conducted by external technical assistance providers.

### Next steps:

1. Rollout upgraded SfC, CADP and CCF for HPD staff
2. Transition organizational and implementation responsibility to HPD to execute this training program.

## Conducted Comprehensive SBC and Organisation Capacity Assessments

As part of processes towards the roll out of the SBC training curriculum, a capacity assessment

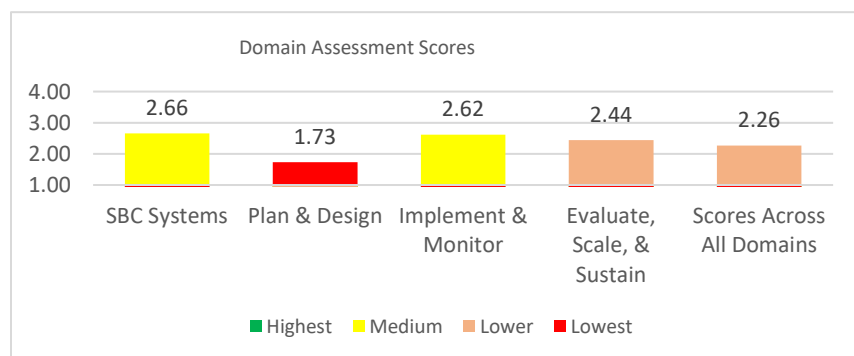


Figure 3: Cumulative domains scores

was conducted in Q2 to gather baseline data on current SBC competencies of health promotion staff and to help track improvements in SBC competencies over time. A combined HPD/ASBC team facilitated the SBC capacity assessments across six regions and 12 districts from

May 16-27, 2022. The assessments identified SBC technical competency areas requiring improvement in the domains of: 1. *SBC Systems*, 2. *Planning and Design*, 3. *Implementation and Monitoring*, and 4. *Evaluation, Scale, and Sustaining*. Overall, health promotion staff achieved an average score of 2.26 across all domains on a 1 to 4 rating scale. A score of 4 indicates high competency in an SBC domain.

Related to this, the first-ever comprehensive organizational and institutional capacity review of the HPD was conducted in Q3. Feedback from the SBC capacity assessment and HPD capacity review informed the development of a comprehensive Capacity Strengthening Strategy for HPD in Q4. The new HPD Capacity Strengthening Strategy outlines processes for streamlining onboarding of newly recruited staff, pre-service training, in-service training, and continuous professional development, as well as institutional and organizational development recommendation for HPD.

**Next steps:**

1. Implement recommended actions of HPD Capacity Review to strengthen internal administrative structures such as (a) client services (b) managing office space and facilities (c) managing ICT resources (d) office support services such as photocopying (e) document management (f) management of stores and (g) procurement, SBC technical services of the three departments and coordination with regions and district offices.

**HPD Capacity Strengthening Strategy Developed**

As part of the process towards elevating HPD as the SBC thought leader and resource center for GOG and GHS, HPD/ASBC leadership led a co-creation workshop in Koforidua from July 20<sup>th</sup> to 22<sup>nd</sup>, 2022 to develop a HPD Capacity Strengthening Strategy. Participants for this workshop were drawn from the University of Health and Allied Sciences, UNICEF, GHS HRD, Regional HPOs, and ASBC consortium partners. This strategy which was finalized in Q4 and will be circulated for validation in Q1 FY2023 details the processes for onboarding newly recruited health promotion staff, in-service training, supportive supervision and mentoring of staff, SBC competency development and continuous professional development opportunities for health promotion professionals. It further details institutional and organization development priorities and modalities for leveraging partnership opportunities for staff capacity strengthening and continuous transformation of the division. This strategy will be implemented, once final validations and reviews are complete, in FY2023 as part of a deliberate approach to strengthen SBC competencies of health promotion staff and continuous HPD transformation.

**Next steps:**

1. Implement HPD Capacity Strengthening Strategy together with a second fixed amount award (FAA) performance-based grant to support HPD execution of priority institutional and organizational capacity improvements and community engagement activities.

## Developed Staff Norms and aligned Job Descriptions of Health Promotion staff with Ghana Health Service Standards (Institutional Building)

Under the USAID C4H project, the HPD was supported to develop job descriptions for all categories of HPOs but the process was incomplete at the GHS HRD did not align and band the revised JDs to conform to the GHS career progression guide. To address this problem and continue institution building ASBC in Q3 organized a series of joint HPD/ASBC leadership meetings in collaboration with the GHS HRD to update the job descriptions and developed staff norms for health promotion

Technical Health Promotion Officers	
Existing Designation (Grade)	New Designation (Grade)
Chief Technical Officer (Health Promotion)	Chief Health Promotion Officer
Deputy Chief Technical Officer (Health Promotion)	Deputy Chief Health Promotion Officer
Principal Technical Officer (Health Promotion)	Principal Health Promotion Officer
Senior Technical Officer (Health Promotion)	Senior Health Promotion Officer
Technical Officer (Health Promotion)	Health Promotion Officer

Table 1 : New designation for technical officers

staff—a first in the history of health promotion. Staff norms is a human resource planning and management tool that gives an indication of the number and caliber of staff required in each health facility/institution. It is intended to facilitate efficient health workforce utilization and equitable distribution and accountability. Prior to this activity, HPD staff were not captured in the GHS staffing norms making it difficult for the HRD to effectively plan and project staffing requirements for the HPD as well as having a clear career progression pathway for staff promotions. Working in close collaboration with the Fair Wages Commission, HRD, HPD and ASBC further reviewed the grading levels of health promotion staff based on current classifications, norms, and practices of other public health professionals within GHS HR system. In Q4, the new position grading levels was accepted by HRD and HPD with ASBC facilitation. Technical Officers (Health Promotion) are to be referred to as HPOs as shown in Table 1. The direct entry point into the position of HPO is a Diploma in Health Promotion. Similar arrangements were made for the Health Promotion Manager grade, and the entry level is a Bachelor's in Health Promotion.

The refinement and alignment of staff JD and staff norms is a critically important activity as it helps to institutionalize HPOs within the GHS HR staffing structure, provides clear progression pathways for staff to be promoted, codifies the employment qualifications/experience levels and provides pay and rank parity/equity with other bio-medical positions within the GHS service structure. HPD staff, for the first time, have a clear career progression pathway and grade designation that aligns with the rest of GHS. This development is an important institutional building accomplishment that further professionalizes the field of health promotion within the GHS.

### Next steps:

1. Improve HPD staff knowledge and alignment with updated job descriptions through orientation and dissemination across all regions and districts working with GHS HRD

## **Completed Assessments of HPD E-Library and Regional SBC Resource Centers**

In Q2, a joint HPD/ASBC team completed an assessment of the Virtual SBC Resource Center and the five regional SBC hubs that were established under C4H from May 16-27<sup>th</sup>, 2022. The assessments were undertaken to ascertain the status of deployed ICT equipment, and level of utilization of the repository. The team conducted physical observations, face-to-face interviews with Regional and District HPOs. The team further assessed the Virtual SBC Resource Center which is currently hosted on the GHS website. The Virtual SBC Resource Center and E-Library has limited functionalities, weak security, data management limitation in terms of tracking number of users and downloads and lacks navigational ease and visual appeal. This limitation does not motivate users to visit and use the virtual repository. None of the five Regional Resource Centers were functional. In Q4, HPD/ASBC leadership as part of the FY2023 work planning, prioritized revamping of the National SBC Resource Center to improve ease of use, user interface, visual appeal, security features, and data management functionalities to better collect and analyze user data.

### **Next steps:**

1. Based on the assessment of the Virtual SBC Resource Center and regional hubs and state of infrastructure, upgrades will focus on the Virtual SBC Resource Center and E-Library to improve access, security, user interface, data management, etc.
2. Design and implement activities to increase utilization of the Virtual SBC Resource Center and E-Library
3. Refresh the Virtual SBC Resource Center and E-Library with augmented program specific to SBC guidelines, including material development protocols for health promotion

## **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 behaviors in selected ZOI districts; 2) Expanded HPD district capacity to implement community engagement activities; and 3) Empowered local CSOs to deliver community engagement activities in support of HPD. Below are key accomplishments for this reporting period.*

Kickoff activities for Result Area 2 commenced in Q2 with initial engagements across two beneficiary Regional Health Management Team (RHMTs) in the Northern and Northeast regions and with subgrantees, Norsaac and Savana Signatures. Engagements with the regions introduced the ASBC project and the Community Engagement for Health and Well-Being (CE4HW) framework, its scope, implementation roadmap, partner roles in implementation and provided a basis for comprehending local realities and converging points of existing activities across the regions. Similarly, engagement with subgrantees reflected on workplan activities and timelines, their roles, and guidance to begin preparations for rolling out behavioral and ICT landscape audit

assessments. Additionally, it covered protocol development and engagements with respective districts to inform the development of an overarching USAID ASBC approach to community engagement and review, and validation of CE4HW tools and training manuals for scaling up the CE4HW approach.

Quarter 3 saw a rapid progress in activity implementation for scaling up the CE4HW across beneficiary districts and regions. For sustainable community centered programming, Norsaac and Savana Signatures supported by HPD conducted a behavioral landscape, an ICT landscape audit, site selection assessments across districts; these activities sought to understand local systems and dynamics that exist to support community entry approaches, engagement with communities, volunteers, volunteer management systems, traditional authority systems, local stakeholders, as well as identifying core community groups to engage. These activities informed the development of implementation plans and follow-on engagements with RHMTs, District Health Management Team (DHMTs), and USAID implementing partners (IPs) to review CE4HW tools and training manuals and hold regional level inception meetings with relevant stakeholders across all four beneficiary regions and 17 ZOIs. These activities precipitated phased capacity building efforts across 60% of CHPS zones.

### **Capacity Building for Rolling CE4HW across ZOI**

Following progress made in Q3, GHS-HPD, Norsaac and Savana Signatures expanded rollout of the CE4HW to an additional 12 districts through a series of capacity building activities. This is in addition to the earlier five districts onboarded in Q3, to achieve a total coverage across all 17 districts by the close of the fiscal year. In Q4, Norsaac conducted regional level trainings across Upper West region to onboard five districts namely, Sisala East, Sisala West, Daffiama Busie Issa, Wa East, and Nadowli Kaleo. Additionally, seven districts in the Northern region, namely (Mion, Yendi, and Gushegu were onboarded while the remaining four districts of the Upper East region (Bawku Municipal, Bawku West, Garu, and Tempane) were trained in early September. These trainings equipped regional and district level officers, including HPOs, with the expertise to use CE4HW tools and resources to effectively guide CHPS level officers to use participatory action planning tools to identify, prioritize, and develop Community Health Action Plans (CHAPs). It also provided them information and guidance on community entry, engagement, mobilization and key entry point for targeting and promoting key health behaviors within a community context. Twenty-seven regional and 172 district level officers were trained across 12 districts this quarter, totaling 47 regional and 250 district level officers trained in year one.

Subsequently, GHS-HPD and Norsaac conducted downstream trainings across five districts in the Upper West region for Community Health Officers (CHOs) across 143 CHPS zones in mid-September. These cadre of CHOs were trained to translate knowledge on participatory action planning, community engagement and mobilization, and resource mobilization to practically capacitate CHMCs and CHVs to identify and prioritize community health problems, draft, and validate tailored CHAPs specific to their local health needs for implementation. A total of 547 CHOs across 10 districts in the Upper West (Wa East, Sisala East, Sisala West, Nadowli Kaleo, and Daffiama Bussie Issa), Northern (Nanton, Karaga, and Sagnarigu) and Northeast (East

Mamprusi and Mamprugu Moagduri) regions have been trained to lead community level trainings for CHAPs development across 235 CHPS zones. Following district level trainings, GHS-HPD supported Norsaac, Savana Signatures, and CHOs to conduct community level trainings for CHMCs across five districts in Northern (Sagnarigu, Karaga, and Nanton) and Northeast regions (East Mamprusi and Mamprugu Moagduri), in 92 CHPS zones. These trainings saw community assembly men and women, opinion leaders, traditional leaders, religious leaders, and women mobilized together with CHMCs and CHVs to assess community health needs, showcase desired key health behaviors and prioritize them using participatory learning and action tools to draft CHAPs. The did this after an orientation on basic community engagement, planning, and processes for implementing the CE4HW. Communities were able to commit basic resources, such as tables, chairs, and venues for the trainings. In addition, communities prioritized health needs using facility data and their own perspectives to draft CHAPs that addressed multiple health issues across sites. A total of 92 CHAPs were drafted for validation across 92 CHPS zones and five districts in two regions with a total of 1,380 CHMCs/CHVs and auxiliary community level health actors trained in Q4.



*Figure 3: Community members in Nyanshegu CHPS of the Sagnarigu district prioritizing health needs using pairwise ranking*



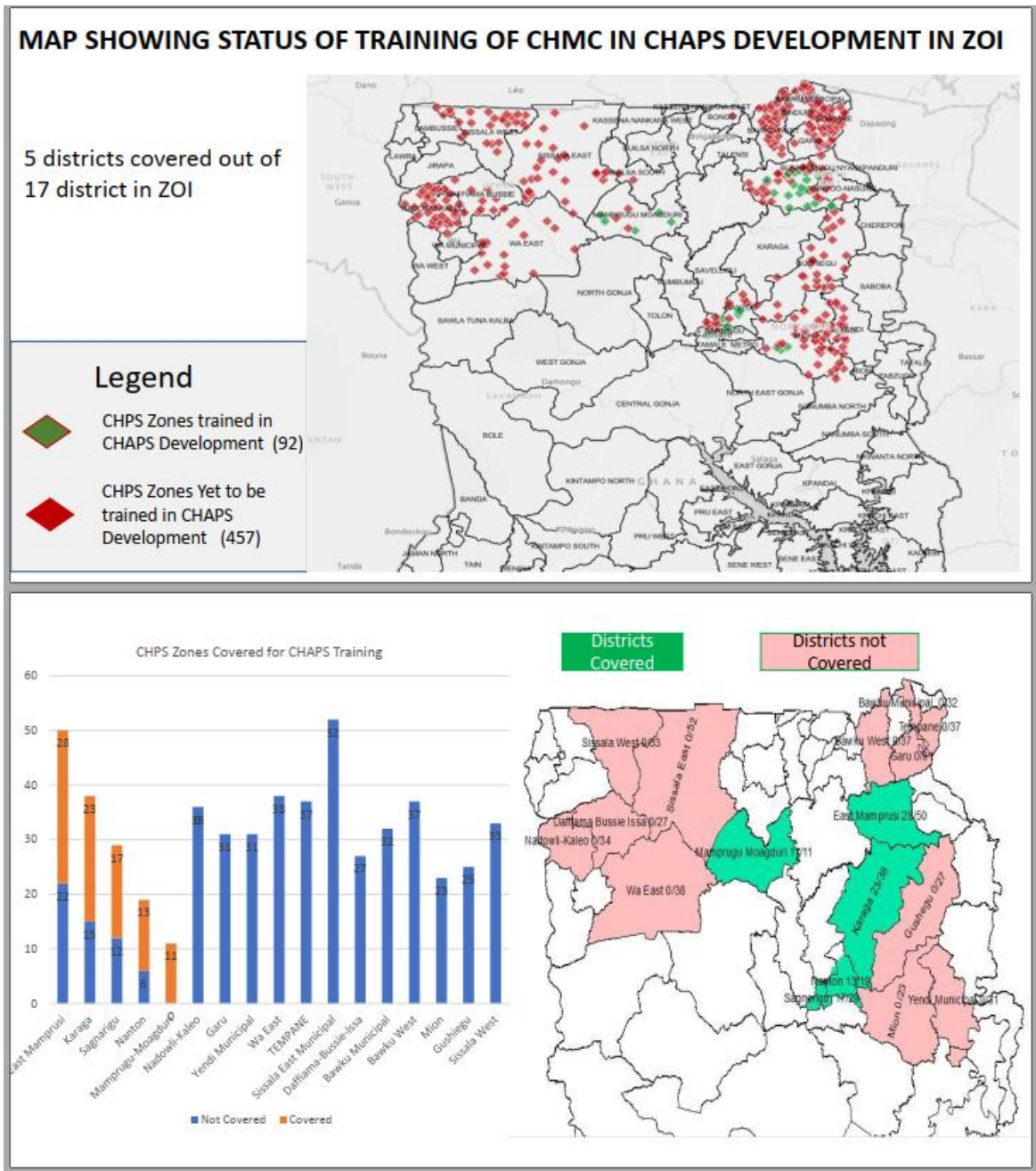


Figure 4: Status of CHMC training in CHAPS development

**Next steps:**

1. Continue cascading the CE4HW framework to additional districts and communities
2. Conduct community engagement and mobilization activities
3. Expand CHAPS to 60% of 529 CHPS zones by the end of 2022 with the remaining 40% of CHPS zones

4. Revise and finalize the field guide for CHAPS development to include the prioritized gateway and accelerator behaviours to be promoted.

### Development of QR Codes to Strengthen Linkages to Care

Savana Signatures, through Kpododo Consult successfully developed digital systems (QR code system) to track linkages to care to support pregnant women and mothers to access health services based on information they receive through the Kpododo mobile messaging system. A successful pilot testing of the QR code system was completed in two CHPS zones within Sagnarigu district (Kulaa and Gbrimah) using midwives at these facilities who were trained on the system during the exercise. The testing focused on establishing the efficiency of the entire Kpododo system’s integration with the QR code system, to demonstrate how both the QR code system and the mobile application work and to identify potential challenges in the deployment.

#### Next steps:

1. Conduct a review of the pilot testing and validation with GHS and HPD to determine interoperability with other existing or planned active linkages to care systems in the targeted ZOIs and within the Ghana Health Service system
2. Develop scale up plan to deploy QR code system across 40 CHPS zones in Sagnarigu and Mamprugu Moagduri districts to link women to healthcare and track these linkages to care
3. Expand referral systems to additional 15 ZOI once the scale up plan is approved

### Expansion of Reach of Kpododo/Technology for Maternal and Child Health (T4MCH) and AgooSHE+ Platforms

These platforms target pregnant women and parents of children under five with mobile messages, appointment reminders, and health information in a range of local language. To deploy content specific mobile audio messaging and enhance reach to audiences with linguistic differences, Savana Signatures supported by GHS-HPD, assessed widely spoken community languages across 17 ZOI and identified 15 local languages to expand mobile messaging across the Kpododo/T4MCH, AgooSHE+ platforms (see Table 2 below). The Kpododo/T4MCH platform works using an interactive voice response (IVR) format with pre-recorded messages in local languages sent to last mile beneficiaries, nursing mothers, and pregnant women about their next scheduled facility visits. The AgooSHE+ platform is a multi-language toll-free helpline that provides young people with information, counselling, and referral services on sexual and reproductive health (SRH) and rights relative to their growth and development.

Table 2 3: Widely spoken local languages in ZOIs

Northern Region:	Northeast Region	Upper East Region:	Upper West Region
Dagbanli, Hauza, Twi, Fula, and Likpakpaln	Mampruli, and Buli;	Kusaal, Bisa, Bimoba, and Moshie;	Sissala, Dagaare, and Waale.

Supported by GHS-HPD, Savana Signatures, and UNICEF reviewed, developed, and validated content for the Kpododo/T4MCH and AgooSHE+ platform to expand key messages from 65 to 80 key health messages across the above listed languages, to cover all technical focus areas of the ASBC Activity. These activities drew participation from USAID Ips including Enhancing Wash, Advancing Nutrition, regional and district Technical Officers comprising HPOs, Malaria Focal Persons, Nutrition Officers, Public Health Nurses, and Disease Control Officers from the Northern and Northeast regions. Following the successful review, development, and validation of content, Savana Signatures co-created a promotional plan for the AgooSHE+ platform with the Youth Authority across the four beneficiary regions, and SHEP coordinators. The promotional plan aims to expand the reach and access to the AgooSHE+ platform by young people, thus providing active linkages to health service platforms through ensuring easy and safe access to content covering multiple health areas.

To operationalize the plan, Savana Signatures situated its implementation within the CE4HW strategy aimed at engaging and mobilizing communities to generate discussions across multiple health technical areas and to enhance reach and utility of the platform. Communities were engaged across multiple channels, including schools, community activations, and interactive sessions with groups. The AgooSHE+ promotional drive was conducted across Mamprugu Moagduri, Yendi, Mion, and Sagnarigu districts through engaging community members, CHMCs, opinion leaders, adolescents, and young people, and orienting them on how to access the platform, its content, and its benefits. The drive generated positive community response, enlisted new end users and created awareness about the AgooSHE+ platform for increased access. These will inform the adoption of priority behaviors to promote measurable behavior change among target audiences.



*Figure 7: Engagement of students on the AgooSHE+ platform during promotional drive in Yagaba Senior High School of the Mamprugu Moagduri district*

#### **Next steps:**

1. Engage GHS, UNICEF, and other partners to develop systems and structures for integrating the AgooSHE+ and GHS's You Must Know (GHS-YMK) platforms. The GHS-YMK is a mobile platform for engaging adolescents and young people on multiple health issues, particularly reproductive, maternal, newborn and child health (RMNCH).
2. Translation and recording SBC content into the 15 identified local languages

#### **Procurement and Deployment of Amplio Talking Books**

Aimed at strengthening literacy for uptake of priority behaviors, Savana Signatures procured 200 Amplio talking books. These talking books will be reprogrammed and loaded with pre-recorded

SBC materials covering multiple technical areas and health topics. The talking books seek to support self-paced learning through individual and communal listening and discussions in local languages among end users (women, caregivers of children under 5 and pregnant women). The talking books will also serve as job aids and a feedback loop to CHOs to conduct counselling and education sessions during home visits, group discussions in the communities, and at the facility level to strengthen health literacy for the uptake of accelerator and gateway behaviors. Savana Signatures will use the technology to collect user data, feedback, track engagement, identify issues and trends, and continually update content for greater impact.

**Next steps:**

1. Develop a plan to reprogram talking books and load them with approved SBC audio materials
2. Deploy talking books for use across pilot districts of Sagnarigu and Mamprugu Moagduri districts to test the concept of using talking books and the talking book exchange system that will be employed to train health workers in counselling and health promotion data collection.

**Partnership Cooperation Efforts with USAID Ghana Fisheries Recovery Activity and Japan International Cooperation Agency (JICA)**

The CE4HW team were engaged by the USAID Feed the Future Ghana fisheries recovery activity to understand the ASBC community engagement strategy and how it is interlaced with SBC approaches to influence behavior change. Ghana Fisheries Recovery Activity and ASBC teams shared experiences of approaches used and the potential of designing formative research to explore the individual, social, and structural barriers to behavior change.

In Q4, ASBC team members also engaged JICA, which is implementing the CHPS for life project in all five regions in the Northern parts of the country. The engagement centered on how the two projects can leverage already established structures, share materials, and synchronize templates. Top on the agenda was the CHAPs template, where slight differences were observed among templates used by the two teams. Engagements are still scheduled to finalize the template for use by all parties. Similar engagements are currently underway with UNICEF and the Quality Services for Health (Q4H) project to create synergies and avoid duplication of efforts in the ZOIs.

### **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 TV programming.*

#### **Support HPD Leadership to Refresh the GoodLife Brand for Broader Acceptance**

The GoodLife, *Live it Well* brand remains the most successful brand communications strategy utilized by the GHS for SBC. The refreshed brand developed under C4H, utilized a Life Stage approach to roll out a series of integrated health campaigns. Since the end of C4H project and the elevation of HPD to a full division, the GoodLife brand has lacked focus.

In FY2022, the ASBC Activity and specifically ASBC consortium member Mullen Lowe worked closely with the leadership of HPD to revamp the brand and gain greater acceptance within GHS. The brand refresh began in Q1, with the GoodLife brand audit in the Greater Accra region and the 17 ZOIs. The brand audit, led by Mullen Lowe, included a review of the GoodLife brand book and manifesto, as well as the relevance of the brand to the current audience, considering changes in consumer behavior, patterns, and emerging tropical diseases. Preliminary results suggest that the GoodLife brand is relatively well-recognized and appreciated among the target audience. The brand audit was also complemented by immersive exercises that were conducted in Q2 and Q3 with the leadership of HPD, including its Director, Deputy Directors, and relevant media teams to ensure continuous and accurate use of the brand's elements in all health promotion interventions and material development.

In Q4, the leadership of HPD led, with the support of Mullen Lowe, advocacy efforts for the use of the GoodLife brand within GHS divisions and units through a presentation to over 200 senior staff and leadership at the Senior Manager's Meeting held in Accra from September 7-9<sup>th</sup>. The presentation, led by Deputy Director ██████████ provided an overview of plans for the GoodLife brand to engender a much broader brand acceptance within GHS. In FY2023, ASBC will continue to engage key stakeholders IPs, public and private sector partners, and CSOs to further improve the acceptance of GoodLife as the brand communications strategy of GHS.

#### **Next Steps:**

1. Roll-Out GoodLife mass-media campaigns on national and local TV, Radio and outdoor.

#### **Youth Targeted COVID-19 Social Media Campaign**

Ghanaians between 15-25 years are among the least vaccinated group for COVID-19 vaccination. As of September 2022, 50.1% of the total population had received at least one dose, while 26.3% of the total population was fully vaccinated. 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.

To support government and GHS vaccination uptake initiatives, the ASBC campaign developed a targeted COVID-19 vaccine demand campaign to address known behavioral barriers to vaccine acceptance, increase risk perception of the negative consequences of COVID-19 individually/socially, and drive the uptake of and demand for COVID-19 vaccination. The campaign targets youth aged 15 – 25 years of all genders and inclusive of persons with disabilities (PWD) living in Ghana and was launched in Q4.

Prior to strategy development for the campaign, in May 2022, consortium partner, MullenLowe, conducted a dipstick survey in Accra, Kumasi, Takoradi, and Tamale to understand the drivers of hesitancy among the target audience. The survey confirmed the hesitancy of young people was largely due to scepticism, low risk perception 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, therefore, used social media influencers in creating compelling dialogue and engagement points that would compel young people between 15-25 years in Ghana, to change their views/attitudes toward vaccination and create demonstrable uptake of COVID-19 vaccination among this demographic. Following the surveys and corresponding desk research, a comprehensive Strategic Communication Plan and COVID-19 Social Media Influencer Campaign were developed and submitted to the leadership of HPD for agreement and implementation support.

Launched in July 2022, the campaign runs on HPD’s GoodLife social media pages (Facebook, Instagram, Twitter, LinkedIn, SnapChat, TikTok and YouTube) and YOLO (Facebook and Instagram) pages. Content is also being shared simultaneously on influencer’s social media pages across platforms.

As part of the wider FY2022 COVID-19 social media campaign, Meta Health (Facebook) is supporting the ASBC team to conduct a Brand Lift Study, which ran from mid-July to September. In addition to engagement metrics (e.g., likes, shares, comments), the study sought to measure two key SBC indicators based on the evidence review of barriers to COVID-19 vaccination, namely the perception of the importance of COVID-19 vaccination and the perception of COVID-19 vaccination safety in addition to recall of the message. Results of this Brand Lift Study will be completed and compiled in Q1FY 23. 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.

Phase one of the campaign concluded in late September. The table below provides a summary of social media analytics below:

Table 3: Social Media Analytics

Social Media Pages	Platform	Reach	Likes	Engagements	Views
GoodLife	Facebook	1,255,964	11,006	59,090	11,657
	Instagram	6,052	531	599	388
	Twitter	38,232	113	91	780
	YouTube	3,124	14	14	172
	TikTok	28,008	117	201	1,804
	LinkedIn	5,129	46	51	482
YOLO	Facebook	1,714,587	18,871	101,947	16,836
Influencers		1,321,387	13,365	30,967	237,928
Total		4,372,483	44,063	192,960	270,047

As part of the COVID-19 Social Media Influencer Campaign, ASBC together with HPD initiated multiple engagements with private sector stakeholders including Meta Health, USAID Project Last Mile in South Africa, JNJ, Google, and WeberShandwick (the latter three constitute the Global COVID Corps) to garner insights on effective social media analytics and metrics to inform the social media monitoring and evaluation (M&E) plan. Rotary Club Ghana was also one of the private sector partners who came on board in Q4 to support the campaign by recording messages for the campaign and engaging their own members to promote the campaign. To enhance capacity of HPD to fully lead future digital campaigns, 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.

**Next Steps:**

1. Launch Phase II of the social media campaign with more influencer-generated content and newer content.
2. Complete and report out the findings of the Brand Lift Study to determine impact and reach.

## Develop and Augment Supportive Mass Media Radio and TV Programming:

### YOLO TV Show

In Q2, ASBC successfully conducted a review of the YOLO programming by Farmhouse Productions (producers of the show) and commissioned another season (Season 6) in collaboration and co-sponsoring with select private sector partners. Season six entitled “YOLO in the North” will be recorded and produced in the ZOI districts and will incorporate relevant content aimed at a northern audience.



Figure 9: CEO of Farmhouse Productions in Tamale leading FGD for YOLO

In Q4, the script for Season 6 was presented for review and Farmhouse Productions, conducted two FGDs in Accra and the Northern region. In Season 6, YOLO stars will be deployed in ZOI districts to lead youth discussion forums and promote health-related activities as part of the ASBC SBC Strategy. As a lead-up to Season 6 in Q1 of FY2023, Farmhouse Productions is currently in discussion with Sangani TV and NTV to air YOLO seasons one to five as part of cost share.

### Kofi Kommando Launched

*Kofi Kommando and Squad* is an animated TV series by UNICEF, GHS, GES and developed by MullenLowe that uses the imaginative power of animation, in combination with the realities of everyday life to educate, entertain, and engage audiences (primarily school aged children) with the expected outcome of positively influencing and changing social practices and behaviors for a better life across a range of topics (e.g. health, civic, cultural, lifestyle, etc.).



Figure 7: The launch of Kofi Kommando at the Ako Adjei Park on August

In Q4, ASBC supported and co-sponsored the launch of the animated youth health education program. ASBC is sponsoring three episodes of the show and MullenLowe has submitted the scripts for these episodes to ASBC. In Q1 of FY2023, the 6-episode series will be produced, premiered, and air on local TV stations.



## Next Steps:

1. Begin Production of YOLO Season 6 in the North and the 1st season of Kofi Kommando Season 1.

## Expand Capacity Strengthening and Partnership (CSPE) Unit to Engage Private Enterprises and Leverage Existing Commitments

Expanding the outreach capacity of HPD to consistently engage and maintain relationships with private sector partners and academia to promote healthy behaviours requires coordination and centralization of efforts. In FY2022, the Media and Private Sector Engagement Specialist was successfully recruited and seconded from the media agency, MullenLowe.

As part of enhancing HPD's capacity to facilitate improved private sector engagement, the CSPE Unit was created at the HPD. Through the creation of the CSPE Unit, with support from ASBC and MullenLowe, HPD led the development of a private sector engagement audit and mapping within GHS which will be completed in Year 2. The audit will include a desk review of the private sector space and identify actors including quasi-private sector, autonomous public sector entities, media houses, advertising agencies, industries, etc., and categorizes them based on priorities and geographic focus in line with the Private Sector Landscape Assessment being conducted by MullenLowe. This will inform the development of the Private Sector Engagement Strategy and the outreach and advocacy plan, which aims to secure at least four private partners in Year 2.

## Next Steps:

1. The private sector map will inform the development of the Private Sector Engagement Strategy led by the CSPE unit with support from ASBC

## Support Additional Investment for the Public Health Agenda via the ICC-HP

The ICC-HP was 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. It further sought to drive the strategic interface with government agencies to adopt and implement health promotion policy and wider public uptake of healthy behaviors. Unfortunately, after the C4H project ended, the activities of the ICC-HPs slowed to a halt.

In FY2022 the ASBC Activity sought to re-launch the National ICC-HP in coordination with HPD. A 90-day plan was developed to serve as a roadmap to achieve this. The plan detailed experiences and learnings from previous committee members, namely challenges and successes, and provided recommendations for the formation of new national and regional sub-committees. The plan also recommended the reduction of the overall number of committee members and the formation of sub-committees around the four key focus areas of HPD: Social mobilization and advocacy; health behaviour research; risk and health communication; and health policy.



Figure 8: Deputy Director [REDACTED] at the Senior Manager's Meeting. (Photo Credit: Selasie Joy)

The 90-day strategy was followed by an immersion meeting with the leadership of GHS at the Senior Managers Meeting on September 7<sup>th</sup>. The Deputy Director of HPD, [REDACTED], shared the ICC-HP's progress with over 200 Senior Managers at the meeting. The purpose of the ICC-HP Secretariat is to coordinate the work of the ICC at both the national and regional levels in promote health education and to coordinate and harness the resources of stakeholders in an advisory capacity but is currently near defunct due to a lack of support and engagement. Mullen Lowe is working with HPD to re-energize the ICC-HP effort and advance its establishment. In Q4, the proposed Chair and Vice Chair for the committee will be engaged together with the proposed national committee private sector members to review and approve the revised terms of reference and mission statement.

Currently, the ICC-HP Secretariat consists of a project administrator seconded by HPD, HPD's Deputy Director [REDACTED] and staff from ASBC. In FY2023, HPD and ASBC aim to have the Secretariat fully staffed to support the launch of the National ICC-HP Committee.

**Next Steps:**

1. Conduct a review and validation of the new National ICC-HP terms of reference and ICC-HP revitalization strategy.
2. Convene the inaugural meeting of the ICC-HP to chart out the future course of the ICC-HP and approve its revised terms of reference.
3. Complete the re-formation of the national ICC-HP and its corresponding sub-committees and re-launch.
4. Constitute and launch the regional ICC-HPs in the 4 regions covered under the ASBC activity.

**Strengthen Local Communication Quality and Dissemination Capacity**

In Q4, a local media landscape assessment was conducted by MullenLowe in the 17 ZOI. The assessment was conducted in collaboration with GCRN and HPD. The landscape assessment will inform media planning and buying for the duration of the project, as well as the message communication plan and capacity strengthening plans for the Community Information Centers (CICs).

**Next Steps:**

1. Integrate the findings of the media landscape assessment into the ASBC SBC Strategy.

## Quarterly Health Promotion Division Newsletter

In Q2, HPD formed an editorial board to develop the first-ever Health Promotion Quarterly Newsletter to strengthen the reach, visibility, and awareness of the GHS, and HPD projects. The newsletter will also support the dissemination of ICC-HP activities and private sector commitments.

The editorial board consisted of five members of the HPD team and is chaired by the Deputy Director for Health Communication. In Q3, the editorial board led the collection of success stories and activities with the support of ASBC. The Director of HPD has a standing column in the newsletter where he shares divisional level updates and provides overall guidelines on key milestones for HPD for the coming quarter. The first newsletter was published in Q3 and the second edition will be released in October.



Figure 9: ASBC Quarterly Newsletter, July 2022 Edition

The value of a regular HPD newsletter goes beyond the distribution of news and information to help HPD better establish and normalize itself within the GHS. As a new division, HPD is trying to establish its legitimacy within and among other more established divisions of the Ghana Health Service. As an institutional building tool, the newsletter aides HPD to showcase its value add to the Ghana Health Service and to the wider SBC community. As a morale raising tool the newsletter serves to showcase the accomplishments of the division and create a culture of sharing and engagement vertically and horizontally with in the division.

### Next Steps:

1. Produce the 2nd edition of the HPD Newsletter

### COVID-19 Misinformation Task Force

Research during the first round of COVID-19 vaccination rollout has provided evidence to place increased emphasis on COVID-19 vaccine safety and efficacy, rumor management, and hesitancy to vaccinate among community leaders. UNICEF Ghana helped establish a Misinformation Task Force with GHS, the Food and Drugs Authority, USAID, and other development partners to coordinate and support national communication teams. Under the supervision of HPD, the Misinformation Task Force focuses on the daily monitoring of rumors and misinformation, analysis of said data, and a response strategy.

In FY2022, the Task Force met six times and is developing a campaign to counter misinformation about COVID-19 to increase the uptake of vaccination. The Task Force is also developing a misinformation strategy to guide responses and action to curb misinformation about the COVID-19 virus, which will launch in Q1 FY2023.

## **Next Steps:**

1. Finalize and approve the National Misinformation strategy.

## **New Business Development and Proposal Support**

The ASBC team has provided technical and budget development support to HPD during the creation of more than six new business development funding opportunities. This support has come in the form of technical design, writing, budgeting and proposal development support for HPD applications to German Agency for International Cooperation/Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), World Bank, Global Alliance for Vaccines and Immunization (GAVI), Global Fund and the USAID Government-to-Government (G-to-G) grant application. These applications, totaling more than USD \$12 million, benefited from FHI360 proposal writing and budget development experience and served as a learning opportunity for HPD and as a proposal co-creation process for ASBC to align activities. As of the end of Q4 FY2022, HPD has secured \$75K in support from GIZ for Covid-19 risk communication efforts and is awaiting the release of \$100k from a World Bank loan that is still awaiting parliamentary approval. It is expected that both the GAVI (\$500K), Global Fund (\$6M) and USAID G-to-G (\$3M) will provide extensive funding for HPD for both COVID-19 risk communication and community engagement work. ASBC is preparing to support HPD with additional technical assistance for future funding proposal and with program implementation when funding arrives.

## **Monitoring and Evaluation**

The key M&E activities undertaken during the year under review include: examining existing partner tools and systems to identify best practices and opportunities for harmonization and interoperability of data and reporting systems; selecting and finalizing indicators in alignment with HPD and ASBC Monitoring, Evaluation and, Learning (MEL) systems; developing dashboards to foster Collaborating, Learning, and Adapting (CLA); developing the baseline survey protocol, getting approval and executing it; collaborating with UNICEF on a formative study on adolescent SRH norm changes; and conducting a desk review on current evidence in the ZOIs (which informed the first ever SBC Evidence Summit in Ghana). These activities are further detailed in the sections below.

## Operationalize M&E Systems and Data Use

To inform setting up an ASBC M&E system, the ASBC/HPD M&E teams engaged USAID IPs and ASBC consortium members to examine their existing tools and systems to identify best practices and opportunities for M&E systems harmonization and interoperability of data and reporting systems. Impact Malaria was very responsive to ASBC's request in Q2 and was the only USAID IP that shared its Activity Monitoring, Evaluation, and Learning Plan (AMELP), which was factored in the development of ASBC's AMELP.

Following comments from USAID in Q2 on ASBC's AMELP, the team revised its initial AMELP and made significant changes to the plan. The adjustments included separating process/output and high-level context indicators from those that the ASBC Activity is accountable for and would be expected to report to USAID on a regular basis. Following this, performance indicator reference sheets (PIRS) were created for each of the ten major

performance plan reporting (PPR) indicators that were chosen to span the three result areas (see to Annex I). For context comparison, ASBC will also combine data from other USAID IPs, national surveys (e.g., Demographic and Health Survey, Multiple Indicator Cluster Survey, Maternal Health Survey, and Malaria Indicator Survey), and government data sources (e.g., District Health Information Management System (DHIMS2), Holistic Assessment Tracker (HAT)).

A joint HPD and ASBC team visited Norsaac and Savana Signatures in Q4 as part of the ASBC baseline survey execution to examine their respective M&E systems. Both consortium members enter data into Microsoft Excel using designed templates which are stored on their respective SharePoints. In addition to SharePoint, Savana Signatures stores data on an online application—Kpododo. Partner indicator monitoring tracking and storage systems will be integrated into ASBC's database to be setup in FY2023. Additionally, in Q4 a joint HPD/ASBC team assessed the capacity of 45 CHPS zones in the ZOIs for electronic data capture, which was carried out alongside the baseline survey supervision. This data assessment was a follow up to a conversation with Savana Signatures in Q3 that began exploring the feasibility of an electronic tracker or a parallel electronic data collection platform using the GHS DHIMS2 to collect primary data on HPD and ASBC data needs. While only 22% of CHPS compounds assessed had official android phones/tablets, nearly all (98%, n=227) staff interviewed had personal android phones. The majority of CHPS compounds (84%) reported availability of cellular network. All respondents had prior experience with electronic data collection with more than half (58%) reporting the prior use of KoboCollect. These findings show optimistic opportunities of leveraging ownership of android phones and internet connectivity for community level data collection. This data is visualized in Figure 11 below.



Figure 19: A joint HPD/ASBC team at Norsaac Office

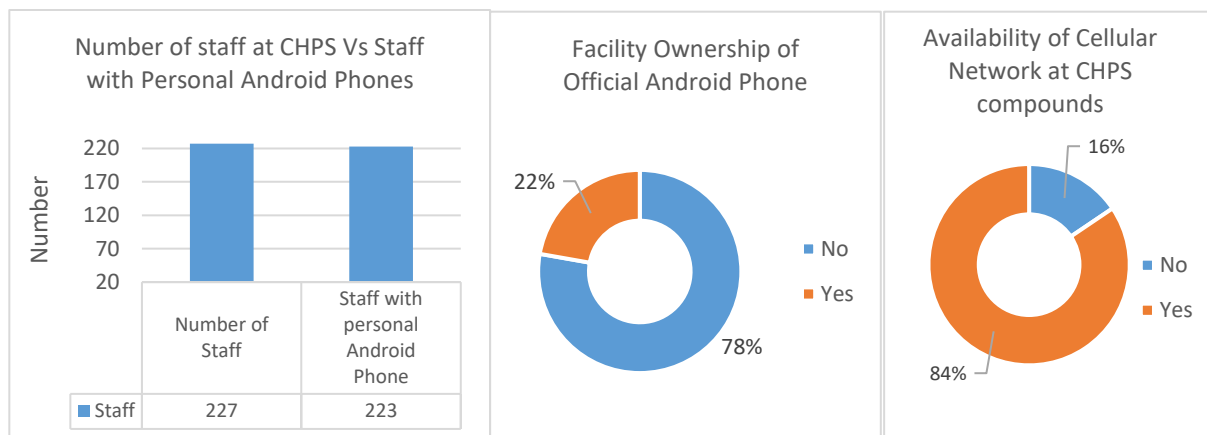


Figure 11: Data displaying android phone ownership and internet connectivity at CHPS

### Indicator Selection, Data Collection, Monitoring, and Review Workshop

Following the two, one-day stakeholder workshops organized on indicator selection in Q1, ASBC supported HPD to draft a workshop report and leveraged the validation of the National Health Promotion Strategy to further review these indicators. Of the 34 health performance indicators developed under C4H project, 22 were captured in DHIMS2, all of which are either process or output indicators. A broader stakeholder engagement, including PPMED, representatives of GHS divisions (Family Health Division, Public Health Division), regional and selected district HPOs, USAID, Breakthrough ACTION, UNICEF, the World Health Organization (WHO) and ASBC consortium partners is planned for Q1 of FY2023 to bring a finality to the process. A key result of the planned meeting is a new set of outcome indicators and targets that track HPD's SBC programs in DHIMS2 and a consensus reached on piloting electronic data capture.

In Q3, ASBC in collaboration with HPD and PPMED, agreed on three indicators for inclusion into the GHS HAT. Conducted at the sub-national level, the HAT is a performance measurement and benchmarking framework, that offers a broader mechanism for assessing Ghana's health sector in a more comprehensive and holistic manner. The tool aims to identify the strengths and weaknesses of Ghana's health system and highlights key lessons for incremental improvements towards meeting both the Health Sector Medium Term Development Plan (HSMTDP), and the Universal Health Coverage (UHC) Roadmap (2020-2030) objectives. While HPD and ASBC staff presented five indicators to PPMED for consideration (see below), they were not accepted as they could not be tracked via DHIMS2, which is the main source of data tracking for HAT indicators.

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.

- Percent of community members practicing preventive measures in preparedness for emergency public health issues.

Instead, the three indicators agreed on with PPMED 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).

HPD and ASBC will share these indicators with Regional and District HPOs during the October 12-14<sup>th</sup> indicator finalization stakeholder meeting and set targets for measurement.

### Collaborating, Learning and Adaptation

Following the successful onboarding of the Data Integration and Visualization Officer in July, three preliminary interactive dashboards were developed as of September using Power Business Intelligence (Power BI). These dashboards include, 1. Geographical Coverage of the ASBC Project, 2. Geospatial Analysis of CHPS Data, and 3. Project Performance Indicator Monitoring, all of which can be accessed on ASBCs SharePoint. Login access will be granted to USAID, HPD, and consortium members to view these dashboards on ASBCs SharePoint as well as public access via the project’s website once fully functional.

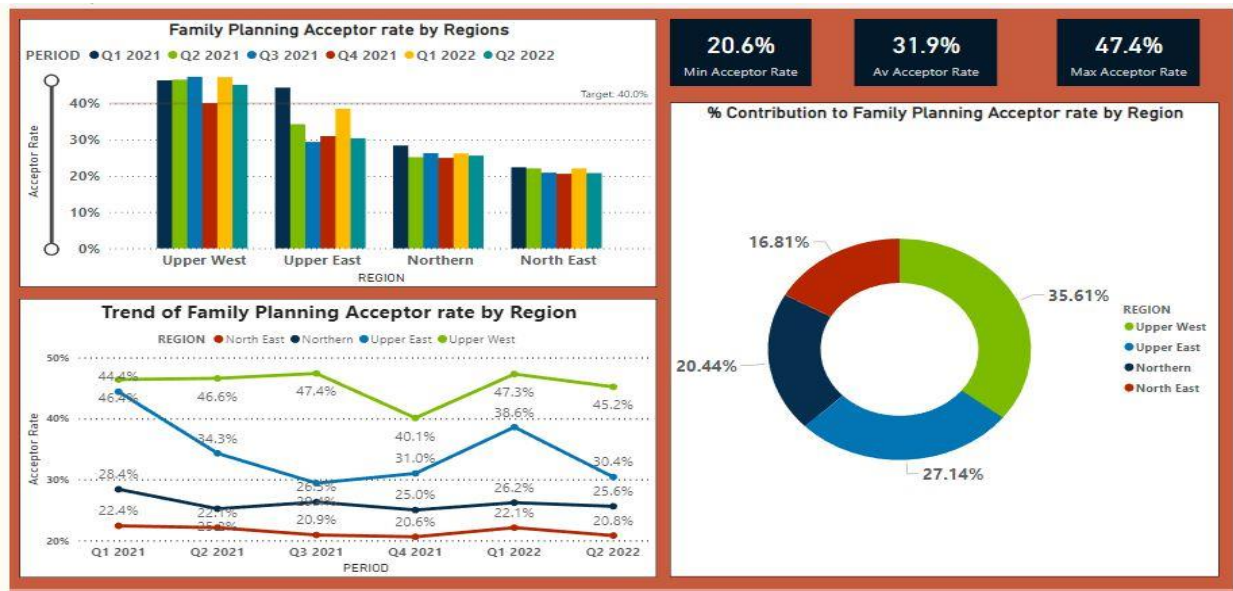


Figure 12: Illustrative CLA Data Dashboard

Further enhancements will be made to the dashboard with the creation of a landing page that summarizes the project’s performance and planned additional dashboards to visualize ABSC

result areas (e.g., Capacity Strengthening, CE4HW, COVID-19 Social Media Campaign, Activity Tracker), among others. These dashboards will be used for learning and adaptive management through day-to-day viewing by staff and quarterly review meetings with HPD and ASBC consortium members. A pause and reflect session was held in May with Savana Signatures post-landscape audit activities, inclusive of HPD representatives, to understand what went well and what did not go well to inform future community engagement processes. This approach to CLA will be utilized in other engagements to ensure time to learn and adapt, as needed. Additionally, ASBC M&E team continues to participate in monthly USAID health IP and bi-weekly COVID-19 global vaccination initiative meetings as part of collaborative learning and adaptive management.

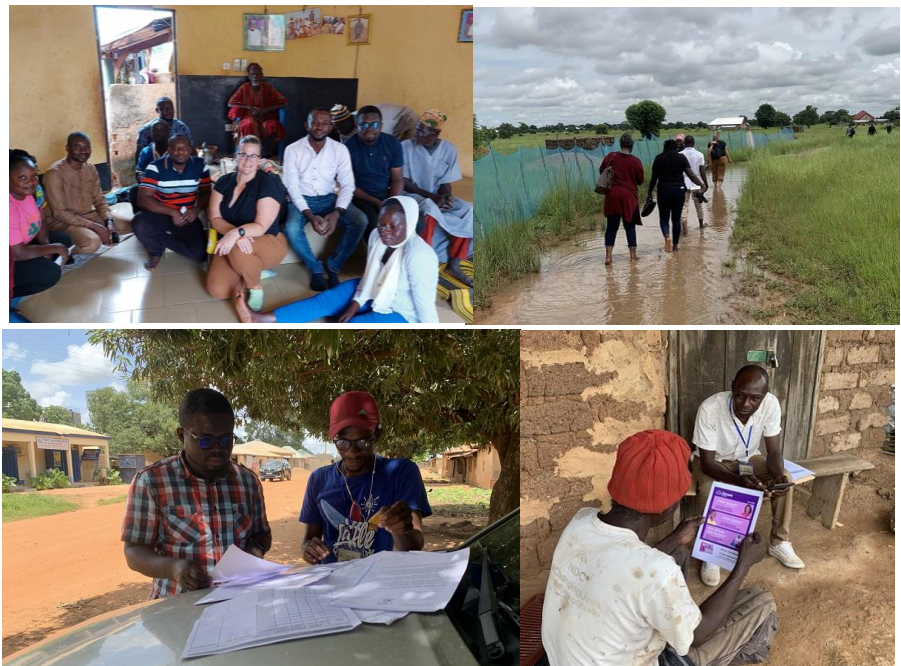
### Baseline Evaluation and Research

As part of measures to establish baseline performance indicators, set annual targets, and monitor progress towards achieving targets, ASBC and HPD obtained approval from the GHS ERC on July 25<sup>th</sup> to conduct a baseline survey. The survey protocol was extensively reviewed by USAID and IPs. Feedback received included a request to add questions on iron/folic acid supplementation and barriers to behavior adoption, which were incorporated prior to submission to the GHS-ERC.

Additionally, the survey protocol was reviewed by FHI 360's Office of International Research Ethics and was deemed as non-research as defined under the Department of Health and Human Services Code of Federal Regulation.

Through a competitive bidding process initiated in June, Saha Consulting and Services – a firm based in northern Ghana with wide experience in the provision of program

development, capacity building and research, and M&E services to local and international organizations – was selected to execute the baseline survey. In Q4, a joint HPD/ASBC M&E team supervised the training of enumerators and data collection activities. Eleven district HPOs participated in the exercise as enumerators. In total, approximately 4,800 respondents (heads of households, caregivers of children under-five, pregnant women/partners, adolescents/young people 15-24 years of age) were interviewed from 2,000 households in 80 randomly selected



*Figure 13: From top right to bottom left, community entry at Taha, traversing pools of water to access an EA during pretesting, navigating EA map, and data collection at the household level*



enumeration areas (EA) based on the 2021 Ghana National Population and Housing Census. Data cleaning and report writing are underway with a draft report planned for Q1 in FY2023.

### Collaboration with UNICEF

During Q3, ASBC provided feedback to UNICEF on its formative research survey protocol and tools as part of our continued collaboration to work together. The formative research on norm change drivers of SRH behaviors among adolescent boys and girls aged 10-19 years is currently underway in the Bono East region. The target 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.

ASBC/HPD plan to replicate this research in the

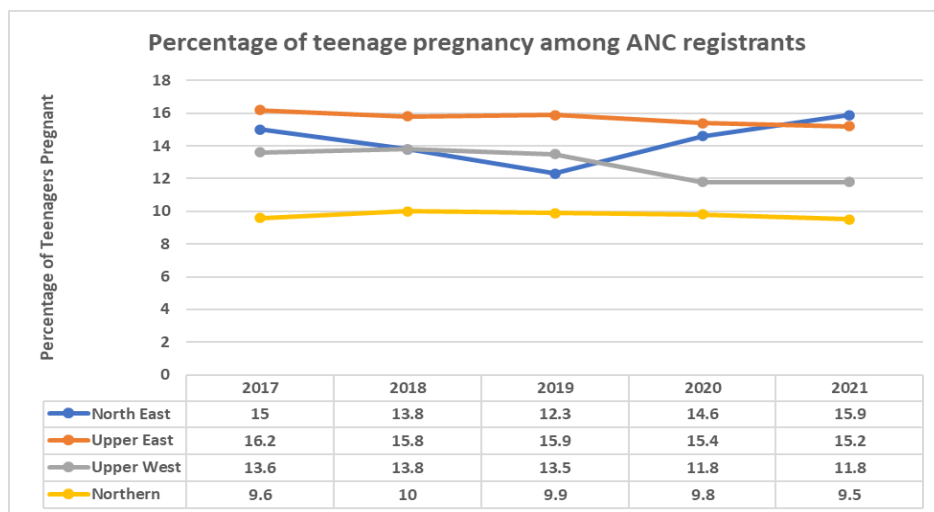


Figure 14: Teenage pregnancy rates in four ZOIs (Source: DHIMS2)

Upper East and North East regions in Q2 of FY2023 and produce a joint comparative study of the research findings to inform interventions targeted towards adolescents. The selection of Upper East and North East regions was informed by current increased teenage pregnancy rates as reflected in Figure 14.

The study will examine the relationships between the variables shown below in Figure 15.

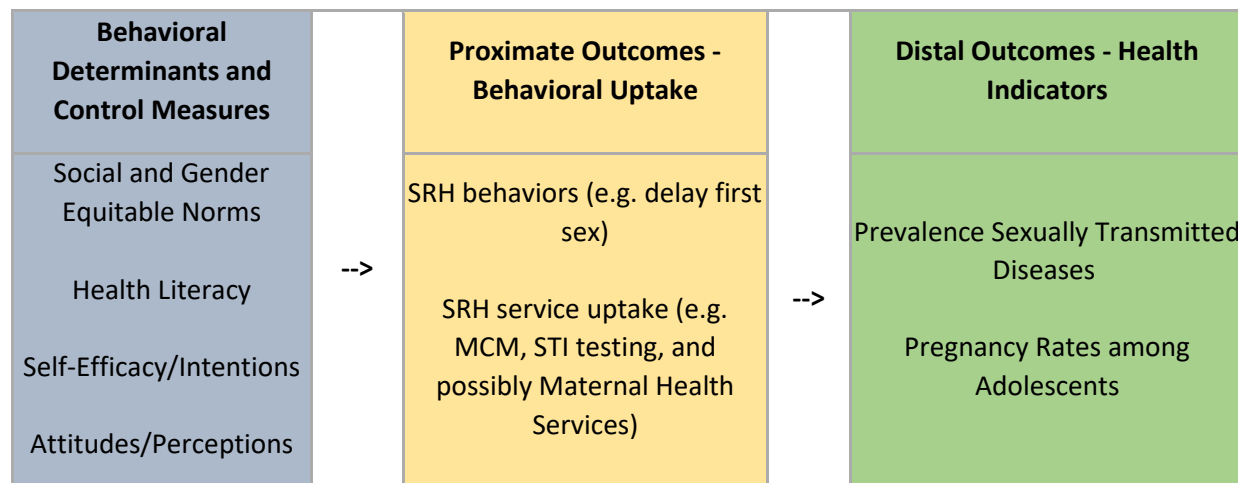


Figure 15: Draft behavioral determinants and outcome variables for planned SRH formative research

## **SBC Evidence Summit**

Together HPD, ASBC, and UNICEF collaboratively organized the first-ever SBC Evidence Summit in Ghana in Q4. Conducted on August 1-2<sup>nd</sup>, the summit brought together 123 participants representing GHS (including HPD), UNICEF, USAID, UNICEF IPs in the ZOI, and partner non-governmental organizations (NGOs). The SBC Evidence Summit examined the current state of behavioral evidence in FP, RH, malaria, nutrition, MCH, and COVID-19, to shape the development of formative research agendas and implementation strategies to address identified gaps. Ten research gaps were identified and prioritized (see Annex 2 for gaps and Success Story 1 for more information on the SBC Evidence Summit).

## **Next Steps**

- Baseline survey data cleaning, analysis, and report writing
- Dashboard enhancements
- Finalize HPD indicators and refining DHIMS2 health promotion indicators.
- Indicator target setting.
- Develop a Data Quality Assurance Plan
- Develop an ASBC/HPD M&E and CLA database
- Organize CLA event with HPD, ASBC and partners

## **Program Management**

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

### **Project Offices Set Up**

USAID and GHS successfully signed a memorandum of understanding (MOU) on April 5<sup>th</sup>, 2022. The MOU sets out terms of co-location and collaboration between GHS HPD and ASBC Activity. Co-location of ASBC team (including consortium members) and the Health Promotion Team at GHS HPD Head Office in Korle-bu is complete. ASBC and HPD are working harmoniously from a shared office space.

In Tamale, ASBC team is co-locating with the GHS Northern Regional Directorate. Office identification and allocation is complete after an extensive engagement with GHS hierarchy and the securing of a range of GHS approvals. Office set up with temporary repairs, purchase of furniture, and other office equipment will be completed in October.

FHI 360, with organizational corporate funds, donated nine refurbished Lenovo laptops to GHS HPD in support of the ASBC Activity on June 28<sup>th</sup>, 2022. This donation is in furtherance to the collaboration and engagement of the goals of GHS HPD and the success of the ASBC Activity.

### **Staffing**

Nineteen personnel were recruited to join the ASBC Activity. The list includes both ASBC and staff seconded from consortium members. Staff are located at Korle-bu, GHS HPD Head Office and GHS Northern Regional Directorate, Tamale. Still to be completed is the final recruitment of the Chief of Party, Community Radio Engagement Advisor (GCRN), and a Grants Officer.

Those positions are expected to be completed and finalized by the end of Q1 FY2023. The full list of recruitment to date is below:

No	Name	Title	Office Location
1		Deputy Chief of Party	GHS Northern Regional Directorate, Tamale
2		SBC Community Engagement Specialist	GHS Northern Regional Directorate, Tamale
3		Project Assistant	GHS Northern Regional Directorate, Tamale
4		Community Engagement Advisor	GHS Northern Regional Directorate, Tamale
5		MEL Advisor	GHS HPD Head Office – Korle-bu
6		Data Integration and Visualization Officer	GHS HPD Head Office – Korle-bu
7		M&E Officer	GHS HPD Head Office – Korle-bu
8		Organizational Development and Capacity Building Advisor	GHS HPD Head Office – Korle-bu
9		SBC Capacity Strengthening Specialist	GHS HPD Head Office – Korle-bu
10		SBC Specialist	GHS HPD Head Office – Korle-bu
11		Director, Finance and Operations	GHS HPD Head Office – Korle-bu
12		Finance Manager	GHS HPD Head Office – Korle-bu
13		Finance Officer	GHS HPD Head Office – Korle-bu
14		Grants Manager	GHS HPD Head Office – Korle-bu
15		Administrative Officer	GHS HPD Head Office – Korle-bu
16		SBC Media Development Specialist	GHS HPD Head Office – Korle-bu

ASBC seconded staff from consortium members hired to date are:

No	Name	Title	Office Location	Organization
17		Media and Partnership Engagement Advisor	GHS HPD Head Office – Korle-bu	MullenLowe
18		ICT Advisor	GHS HPD Head Office – Korle-bu	Savana Signatures
19		Community Engagement Advisor	GHS Northern Regional Directorate, Tamale	Norsaac

### Partner Subawards

ASBC consortium partners Norsaac, Savana Signatures, GCRN and MullenLowe have all signed grants and are actively engaged in program implementation. GHS HPD FAA was approved and is on track to meet all deliverables. Year 2 scopes of work are being drafted and a second FAA to HPD will be awarded.

### Other Procurements

The contract with 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 has been finalized and partially executed, awaiting signature from Sight Savers.

Scripts for a 13-episode, sixth season of YOLO series by Farmhouse Productions, have been written. Presentation of broadcast ready scripts for all 13 episodes will be completed in FY2023. The episodes are being procured to further promote the GoodLife, Live it Well campaign messages and health areas of focus for ASBC Activity.

## Challenges

Challenges encountered during the reporting period are summarized below. Overall, the project's full-scale implementation is proceeding well, and many activities are ahead of schedule.

However, a few challenges have been noted, these are:

- The lack of project vehicles for activity implementation, especially travel for community activities in difficult to reach locations has been a challenge that our teams have had to overcome, which has drawn out community-level engagement planning processes. ASBC continues to expend resources on car rentals and leases but remains hopeful that vehicle approval will come soon,
- Lack of accurate data on the cadre of health promotion staff currently at post nationwide (regional, district, sub-district, facility, and community level) has hindered planning.
- The need to meeting multiple and growing demands (e.g., emerging infectious diseases, vaccine hesitancy, new program development, and project start-up) of a new and vibrant Division (HPD) whilst managing an ongoing change process to become the SBC thought leader within GHS has place strain on existing ASBC staff. But improvement in the division of labor and the “teaming” of HPD and ASBC staff has improved the work flow and increased collaboration.
- Blending varying work cultures, procedures, and processes while ensuring project deadlines and deliverables are met. HPD's work culture and institutions are different from the pace of work and deadline-based accountability familiar to most NGOs and private sector entities. Aligning these cultures and work styles is an on-going process.
- Coordination between ASBC, consortium partners, and HPD at national and sub-national levels to synchronize calendars, often lead to delayed activity implementation. A large and complex project that is spread geographically across Ghana has led to numerous communication and coordination challenges that can be expected of a new project. Efforts are continuing to improve communication channels and streamline work flows are underway and it is expected that as program activities continue to roll out and de-centralization of decision making continues.

## Lessons Learned

Success is achieved through collaborative work. Following the successful relocation of ASBC staff within GHS HPD Head Office (and Tamale), [REDACTED], the Director of the Division together with the Acting Chief of Party, [REDACTED], constituted teams to work on the three main components of the project-Capacity Strengthening and Partnership Engagement, Community Engagement, Monitoring and Evaluation. Each team consists of a maximum of six members made of HPD staff and ASBC Advisors/Specialists that are responsible for specific project 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

*“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.*

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/ASBC staff provide updates on progress from their respective units. HPD staff have so far played lead roles in the review and implementation of community engagement activities together with ASBC consortium partners. Furthermore, they have 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.

Additionally, ASBC has taken a deliberate approach to engagement that emphasizes HPD primacy and leadership in all program activities and planning. HPD leads all implementation with ASBC taking a secondary role in the decision-making and planning process. Most impactful procurement and contracts are subject HPD approval and FHI360 (as prime) has been deliberately transparent with respect to plans, budgets and strategies to ensure that HPD is not just a recipient of technical and financial support but an equal co-implementor of the ASBC project. There is a significant mindset shift with respect to program implementation that is underway, where HPD leadership directs workflow allocation, teaming, and resource allocation which has resulted in the establishment of trust and transparency between HPD and ASBC teams. This is an important lesson that has contributed to the successful start-up and implementation of the activity to date.



A sample of participants quotes are presented below:

- *“The idea of reviewing literature to identify what is known to come up with gaps was so fascinating to me.”*
- *“I loved the group work and the contributions that were shared.”*
- *“Presentations from different partners on their research on SBC provided the platform to ensure synergy in upcoming research.”*

The GHS-HPD’s key role in public health delivery and organizing the SBC Evidence Summit demonstrates its readiness to lead, support, and coordinate SBC interventions and research in Ghana. A research sub-committee of the Inter-agency Coordinating Committee for Health Promotion (ICC-HP) was proposed to coordinate and spearhead follow-up actions from the inaugural Evidence Summit such as the coordination of a uniform research agenda to address known behavioral gaps in the literature and better coordinate future formative and evaluative research.

## Success Story 2: Achieving Results through Effective GHS Leadership and Stakeholder Engagements

Two tailor made capacity strengthening activities, *the Change Agents Development Program (CADP)*, and *the Set for Change (SfC) action learning sets*, were introduced under C4H to enhance Social and Behavior Change (SBC) competencies of health promotion staff. As competitive training opportunities, health promotion staff are required to send in applications to be screened. Calls for applications yielded minimal responses. Multiple calls for applications and extension of deadlines were utilized to secure required participants. Under Accelerating Social and Behavior Change (ASBC) Activity the joint HPD/ASBC team, learning from the past; purposely engaged the top leadership of Ghana Health Service (GHS) and their Human Resource Division (HRD) in planning the program rollout. The call for applications received a massive response from across the country. The overwhelming response has been attributed to the support received from the Director General of GHS and the Director for HPD in championing these opportunities for health promotion staff. They created awareness about the activities within the senior leadership group of GHS, which aided Regional Health Directors to communicate the benefits of the training activities to their staff. Further, the renewed involvement of the GHS HRD in HPD/ASBC activities, such as the review of the CADP and SfC curriculum has effectively anchored HPD/ASBC capacity strengthening within appropriate GHS structures. Additionally, the joint HPD/ASBC Capacity Strengthening team provided timely responses to inquiries by applicants via calls, WhatsApp, and emails. It is worth mentioning that the Health Promotion Association of Ghana also supported the process by using its platform to advance the call for applicants, encouraging qualified members to apply.

The three calls for applications under C4H spanning a period of over 24 months yielded a total of 142 applicants whilst the first call for applications under ASBC over a period of three months yielded 122 applicants. With this number HPD/ASBC is positioned to run two cohorts of CADP and SfC with just one call of applications.

The table below shows the call for applications under C4H and the responses so far under ASBC.

Communicate for Health				Accelerating Social Behavior Change Activity			
Cohort	CADP	SfC	Total	Cohort	CADP	SfC	Total
1st	24	25	49	1st	68	57	122
2nd	20	31	51				
3rd	45	27	72				



## 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 have been no ASBC-related training to date
2. Number of women giving birth in a health facility receiving USG support	12,562	14,505	11,324	38,391	TBD	Sourced from DHIMS2 through PPMED
3. Number of newborns who received postnatal care within two days of childbirth in USG-supported programs	12,830	14,695	11,798	39,323	TBD	Sourced from DHIMS2 through PPMED
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
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	22,516	20,728	20,003	63,247	TBD	Sourced from DHIMS2 through PPMED
10. Number of HPD engagements jointly undertaken with the private sector to achieve ASBC objectives	N/A	1	2	3	TBD	GHS/HPD and GIZ signed an agreement on improving COVID-19 vaccine uptake. Meta Health has signed an agreement with ASBC for the COVID-19 Social Media Influencer Campaign while Rotary Club Ghana is supporting advocacy efforts. Additionally, technical support has been received from the Global COVID

Indicator	Jan- Mar	Apr - Jun	Jul - Sept	Year 1 Achievements	Year 1 Target	Comments/Remarks
						Corps (Google, Weber Shandwick, and J&J)

## Annex 2: Evidence Gaps and Proposed Research Areas/Topics

Health area	Evidence Gap	Draft Research Area/Topic
MNCH	Knowledge level of men on childbirth and cost involved to access maternal health services.	Knowledge level of men on maternal health services (antenatal care (ANC), postnatal care (PNC), and delivery in health facilities), and their partners accessing these services. This includes process and cost related factors.
	Religious leaders' influence on accessing maternal health services.	Influence of religious leaders on utilization of maternal health services (ANC, PNC, and delivery in health facilities).
Nutrition	Focus on increasing mothers' knowledge and skills on early initiation of breastfeeding (EIBF) before delivery.	Factors influencing practices of EIBF and exclusive breastfeeding (BF).
	To what extent locally available foods are being utilized for child feeding?	Utilization of locally available foods for complementary feeding.
FP/RH	Research on adolescent delaying first sex can be extended to cover other tribes or other geographical areas within the Northern regions. Out-of-school adolescents also need to be included in such studies.	Determinants of adolescents delay in first sex in Ghana.
	Perception on the use of contraception by adolescents, beliefs about contraception and enabling adolescents to make choices.	Exploring the knowledge and skills of caregivers on the use of modern contraceptive methods (MCM) by adolescents to delay first birth.
Malaria	Knowledge and the ability to setup and use insecticide treated nets (ITN) properly.	Determinants of improper use of ITN.
	Barriers to early initiation of ANC.	Determinants of delay in initiation of ANC
Emerging Infectious Diseases (EID) (specifically COVID-19)	Perception of persons with disabilities (PWD) about COVID-19 vaccines.	Understanding drivers of COVID-19 vaccination uptake/utilization among PWD (accessibility, service delivery, information, and policy).
	Retrospective quantitative research to understand outcome of pregnant women who have taken the COVID-19 vaccine.	A prospective cohort study exploring effects of COVID-19 vaccine on pregnancy and pregnancy outcomes among pregnant women.