

2018

Annual Performance Report

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USAID Tulongge Afya

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Acronyms

AGYW	Adolescent Girls and Young Women	MCM	Modern Contraceptive Method
ANC	Antenatal Care	MNCH	Maternal, Newborn, and Child Health
ART	Antiretroviral Therapy	MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly, and Children
BF	Breast Feeding	MOU	Memorandum of Understanding
BS	Blood Smear	MVU	Mobile Video Unit
CCHP	Comprehensive Council Health Plan	NACP	National AIDS Control Program
CCW	Community Case Worker	NMCP	National Malaria Control Program
CHW	Community Health Worker	NTLP	National Tuberculosis and Leprosy Program
CIRC	Voluntary Medical Male Circumcision (PEPFAR Budget Code)	OVC	Orphans and Vulnerable Children
CSO	Civil Society Organization	PLHIV	People Living with HIV
DED	District Executive Director	PMI	President's Malaria Initiative
DHIS2	District Health Information System 2	PMTCT	Prevention of Mother-to-Child Transmission of HIV
D/RHPC	District/Regional Health Promotion Coordinator	PNC	Post-Natal Care
EBF	Exclusive Breast Feeding	PORALG	President's Office of Regional Administration and Local Government
FHI 360	Family Health International	PPFP	Post-Partum Family Planning
FP	Family Planning	PSA	Public Service Announcement
FS	Funding Stream	Q&A	Question and Answer
FY	Fiscal Year	RCHS	Reproductive and Child Health Section
GBV	Gender-based Violence	R/CHMT	Regional/Council Health Management Team
GOT	Government of Tanzania	RDT	Rapid Diagnostic Test
HIV	Human Immunodeficiency Virus	SBC	Social and Behavior Change
HKID	Orphans and Vulnerable Children (PEPFAR Budget Code)	SBCC	Social and Behavior Change Communication
HPHP	Health Promotion and Health Protection	SMS	Short Message Service
HPS	Health Promotion Section	SOP	Standard Operating Procedure
HTC	HIV Testing and Counseling	SRH	Sexual and Reproductive Health
HTXS	HIV Care and Treatment (PEPFAR Budget Code)	T-MARC	T-MARC Tanzania
ICT	Information, Communication and Technology	TA	Technical Assistance
IR	Intermediate Result	TAC	Technical Advisory Committee
IRB	Institutional Review Board	TACAIDS	Tanzania Commission for AIDS
IRS	Indoor Residual Spraying	TB	Tuberculosis
IP	Implementing Partner	TOR	Terms of Reference
IPC	Interpersonal Communication	TWG	Technical Working Group
IPT_p	Intermittent Preventive Treatment in Pregnancy	USAID	United States Agency for International Development
ITN	Insecticide Treated Net	USG	United States Government
KRM	Khangaue Media	VMMC	Voluntary Medical Male Circumcision
KVP	Key and Vulnerable Population	VSLG	Village Savings and Loan Group
LGA	Local Government Authority	WHO	World Health Organization
LTFU	Loss to Follow Up	WTS	Well Told Story
LV	Livelihood Volunteer	Y	Year
M4RH	Mobile for Reproductive Health	ZAMEP	Zanzibar Malaria Elimination Program
M&E	Monitoring and Evaluation		

Executive Summary and Notable Achievements

USAID Tulonge Afya is pleased to share its annual report highlighting work completed and successes achieved during the 2018 fiscal year (FY18). Notable achievements against planned activities included:

- Collection and application of formative research data to develop targeted and evidence-based social and behavior change communication (SBCC) strategies for adults and youth.
USAID Tulonge Afya successfully completed; its baseline household survey; a comprehensive Gender and Youth Assessment; insights into emotional drivers and barriers of priority behaviors across all focal health areas and target audiences; and prepared for a qualitative research study examining loss to follow-up (LTFU) from HIV care and treatment with data collection in FY19. The findings of these, combined with expert input from stakeholders, have informed the development of its adult and youth strategies submitted to USAID for review and feedback.
- Highly-publicized launch and roll-out of the Furaha Yangu campaign promoting uptake of Test and Treat services. USAID Tulonge Afya is proud to have supported the Government of Tanzania (GOT) to develop and roll-out the Furaha Yangu SBCC campaign. The campaign is fully owned by the GOT as demonstrated the national launch and roll out supported by a wide range of partners and the GOT. Data shows that the campaign is increasing demand for HIV testing and immediate initiation on antiretroviral therapy (ART) among groups at higher risk of HIV.
- Establishing the project as a key provider of SBC thought leadership and technical support through cultivation of productive working relationships.
USAID Tulonge Afya dedicated effort to building relationships with United States Government (USG) IPs, GOT, stakeholders, and other key actors at the national and regional levels this year. The project continues to gain the confidence of the health landscape as an expert resource in SBC as indicated by invitations from the Minister to discuss SBCC and provide support, requests from HPS to support the branding of the new cadre of community health workers, requests to provide technical support to national initiatives such as Jiongeze.
- Improved understanding of SBCC systems and capacity to inform and prioritize capacity strengthening activities.
USAID Tulonge Afya laid the groundwork for a strong program of capacity strengthening activities across the project lifetime this year through completion of capacity assessments at the national and regional levels, an SBCC systems' audit, and piloting a model for regional communities of practice to share experiences, foster collaboration, and support collective problem solving.

Other notable achievements include:

- Development and ratification of the Zanzibar Malaria Elimination SBCC Strategy 2018-2023
- Support for several National Health Day commemorations
- Radio and community mobilization support for voluntary medical male circumcision (VMMC) in low-uptake AIDSFree regions, which contributed to increases in service delivery uptake
- Technical guidance in development of the GOT's Jiongeze Tuwavirushe Salama MNCH campaign
- Intensive community-level SBCC support to promote uptake of malaria prevention and treatment behaviors in PMI priority regions during rainy season and the engagement and orientation of 17 CSOs orientated, trained and operational in the implementation of integrated community based IPC and mid media activities across 15 districts.

CHALLENGES THAT HAVE BEEN MANAGED

- The breadth and size of the project's mandate for an integrated approach across five health areas highlighted a need for increased SBCC staff to manage both the relationships and the demand for SBCC support across the GoT and other IPs. Additional senior SBCC positions were recruited in Q4 FY18 for malaria and HIV/Youth and Creative Associate to be onboarded in Oct of Q1 FY19.
- Notable progress has now been made which is very positive, however promoting an understanding and buy in to an integrated horizontal approach in a vertically organized environment in both USAID and GoT has been a bigger challenge than perhaps initially anticipated.
- The geographically dispersed coverage of the projects enhanced districts was an initial stumbling block to PORALG buy in which was addressed by consolidating the 29 districts into fewer regions.
- Competing demands between delivering on the project workplan and requests for SBCC technical assistance (TA) from GOT and USG IPs such as Jiongeze, which is an important national MOHCDGEC campaign, have diverted the team efforts away from the core project work. Going forward, this can be managed more effectively with the new additional staff.
- We are hopeful that the protracted MOHCDGEC approval processes that has affected the pace of the project will be addressed by the new stability in the leadership of the HPS combined with a number of other strategies: the revised MOU planned for Q1 FY19; the finalization of a HPS protocol for material development and approvals which we are ready to support; and finally the embedding of a part time senior consultant into HPS jointly recruited with the Head of Section.

In summation, we are proud of the work completed in FY18 and are excited to share a summary of these achievements in this annual report. We look forward to a productive year ahead supporting the government achieve its strategic objectives through its expressed priorities for SBCC support.

Project Background

The USAID Tulonge Afya project catalyzes opportunities for Tanzanians to improve their health status by transforming socio-cultural norms and supporting the adoption of healthier behaviors. By addressing key social and cultural norms and social behavior change (SBC) needs, USAID Tulonge Afya identifies the drivers of behaviors directly tied to health and leverages SBCC and other mutually-reinforcing approaches to achieve the following results:

Results

Improved ability of individuals to practice healthy behaviors.

1

Strengthened community support for health behaviors.

2

Improved systems for coordination and implementation of SBCC interventions.

3



Number of individuals who received training

1,101

Community health workers (CHW), peer champions, and community volunteers

51

Civil society organization (CSO) staff

256 Health providers

154 Journalists



Number of people reached by community level activities

361,112

CSO activities

158,980

Furaha Yangu launch and roll out community activities

59,907

VMMC SBCC

775,167

Malaria



Number of people reached through mass media

20,734,877

Tunakuthamini HIV Care and Treatment Campaign

29,585,130

Wazazi Nipendeni MNCH Campaign (including PMTCT)

7,080,202

END TB Campaign

22,252,064

Green Star FP campaign

20,761,417 Furaha Yangu Campaign on Test and Treat



10,805 radio spots aired for different health area messages

3,843

Spots on Wazazi Nipendeni promoting priority MNCH behavioral objectives

6,002

Furaha Yangu campaign promoting HIV testing treatment initiation

960 Green Star campaign promoting modern contraceptive method (MCM) use and male partner support



150,386
materials
produced and
distributed

15,186 Banners

80,000 Brochures

2,800 Flip Chart

48,510 Posters

70 Standees

3,620 Stickers

200 Toolkits



Number of people reached and recall messages through mass media (including radio spots, TV, print materials) by health area

Health Area	Priority Behavior	Proportion of People Exposed to Health Messages	Estimated Number Exposed to Health Messages
FP	Healthy timing and spacing of pregnancy	61%	18,624,213
MNCH	Early ANC for pregnant women	69%	21,066,732
Malaria	Pregnant women take SP/ Fansidar at least three times during pregnancy to prevent malaria	55%	16,792,323
TB	TB screening and treatment services for signs and symptoms	41%	12,517,913
HIV	HIV testing if at risk and early initiation of ART if you test positive	68%	20,761,417
HIV	Pregnant women test for HIV	75%	22,898,622
HIV	Adherence to ART	52%	15,876,377

DATA SOURCE: Omnibus survey conduct in September 2018 with a nationally representative sample. The estimated number of people exposed was computed using the average proportion of individuals who reported having heard each message per channel.

Achievements by Result Area

A narrative summary of achievements against activities delineated in USAID Tulonge Afya's Y1 work plan completed during FY18 is provided by result area below¹. A matrix reporting the completion of deliverables against work plan activities and funding streams is provided in Annex 1.

1

Improved ability of individuals to practice healthy behaviors.

IR 1.1

Conduct assessments to inform SBCC strategy development

1. SBCC landscape mapping

During FY18, the SBCC landscape report and associated material inventory was finalized. The report and inventory capture information (e.g. materials, messages, evaluation results) from SBCC campaigns and activities conducted across the project's five focal health areas since 2010. This information was used to inform selection of materials that were used under the project's Accelerated Support Strategy (see Activity 1.3.1), as well as to identify relevant materials to be integrated within the project's adult and youth platforms.

1.1.2 Baseline survey

During FY18, USAID Tulonge Afya conducted data collection, analysis, and reporting for its baseline household survey. The baseline survey captured data across USAID Tulonge Afya focal health areas and behaviors from 3,814 individuals across the project's 19 implementation regions. Data collected have been used both for programmatic and monitoring and evaluation (M&E) purposes – e.g. the data were analyzed to inform prioritization of communication objectives within the project's adult and youth strategies and have been used to inform the setting of project targets. When compared with end line survey data to be collected in Y5 of the project, baseline data will help to determine the extent of change that occurred in relation behavioral determinants and adoption of healthy behaviors across enhanced and non-enhanced districts.

A snapshot of results, expanded upon in the full findings report submitted to USAID in FY18, is presented on the following page.

¹ USAID Tulonge Afya's Y1 workplan covered the period from time of project award (April 2017) through to the end of FY18 (September 2018). Accomplishments described in this annual report only cover the period from October 1, 2017-September 30, 2018 (FY18).

FP HH BASELINE HIGHLIGHTS:

80% of the study population expressed confidence in:

- obtaining FP information
- using FP
- comfort in discussing contraception

39% had a positive attitude toward FP

29% reported discussing contraception in the past 6 months

49% discussed birth spacing

42% of women with a child less than 12 months reported using a modern contraceptive method

2% of non-pregnant adolescents (15-17 years) reported using a modern contraceptive method to delay pregnancy until age 18+

HIV HIGHLIGHTS:

82% of the study population reported ease with:

- getting HIV testing and counseling
- knowing a place to obtain HIV testing and counseling services

77% reported likely to test for HIV

50% of the study population had a very positive attitude towards HIV testing

54% reported to know their HIV status

MALARIA HIGHLIGHTS:

18% of the study population had comprehensive knowledge about malaria prevention, symptom, and treatment

81% of pregnant women in the study population expressed confidence in taking medicine to prevent malaria during pregnancy (IPTp)

81% of pregnant women in the study population expressed extreme confidence in obtaining treatment for a child with fever

50% had a very positive attitude

44% reported discussing malaria prevention during pregnancy in the past 6 months

53% reported that they were very likely to obtain diagnosis and treatment for children less than 5 years old with fever in the future

25% reported discussing seeking prompt diagnosis and treatment for a child with fever in the past 6 month

MCH HIGHLIGHTS:

86% of mothers of children less than 12 months reported attending a health facility for delivery

56% reported completing a full course of ANC

18% of the study population reported discussing malaria prevention during pregnancy in the past 6 months

1.1.3 Formative research

AUDIENCE INSIGHTS

Audience insights were gathered from target audiences across the project's focal health areas (HIV, malaria, FP, MNCH, and TB) during FY18. Insight gathering activities explored the emotional drivers and barriers faced by target audiences towards adoption of the priority behaviors. The findings have been and will continue to be used to inform communication objectives and key messages across priority behaviors for adults and youth. For example, insight gathering activities with people living with HIV (PLHIV) found that the most important emotional drivers were: 1) maintaining a sense of belonging, 2) feeling that they were in control of their health, and 3) fear around disclosure of their HIV status. This learning informed positioning of messages under the Furaha Yangu (Test and Treat) campaign launched this year. Additional key emotional drivers by target audience are summarized in the table below.

EMOTIONAL DRIVERS BY TARGET AUDIENCE IDENTIFIED THROUGH AUDIENCE INSIGHT GATHERING

<i>Audience</i>	<i>Primary Drivers</i>	<i>Secondary Drivers</i>
Young women (15-17)	Belonging	Status Achievement Recognition
Young men (15-17)	Status	Belonging Recognition Achievement
Young, unmarried women (18-24)	Independence	Achievement Recognition Belonging
Young, unmarried men (18-24)	Status	Control Achievement Recognition
Pregnant women and mothers of young children	Nurturing Recognition Family values	Independence Control Status Security
Expectant fathers/fathers of young children	Status	Power Achievement Recognition Security
General population adult women and those being treated for TB	Independence Control	Achievement Recognition Belonging
General population adult men and those being treated for TB	Achievement	Recognition Status Belonging
PLHIV	Belonging	Control Reinvention
Health care workers	Recognition	Status Nurturing Poverty of Time

LTFU RESEARCH STUDY

During FY18, the project, in collaboration with Howard University, designed a formative research study to identify barriers and facilitators to adherence and retention in HIV care among priority populations (pregnant and lactating women, adolescent girls and young women [AGYW], and men) using a doer/non-doer methodology. This study aims to inform the project's HIV programming broadly, and the findings will be used to better address behavioral determinants related to retention and adherence and strategies to address them (e.g. improved counseling tools to identify and support clients at higher risk of becoming lost from care). The study design, protocol and tool development, and submission of protocol to FHI 360 and local IRB was completed in FY18, and approval was received from the FHI 360 IRB. Early in FY 19, the project will obtain local IRB approval and then will begin data collection, analysis, reporting, and dissemination of the findings.

1.1.4 Rapid partner needs assessment

As part of project start-up activities, meetings were held with USG IPs – including USAID Boresha Afya, Kizazi Kipya, Sauti, and VectorWorks – to understand their SBCC needs and priorities. These rapid needs assessments informed the selection of behavioral priorities for adults and youth during the strategy development process (see Activity 1.2.2), as well as discrete TA that was provided throughout the year (see Activity 1.4.2).

1.1.5 mHealth situation review and meeting

The mHealth situation review was conducted to better understand the array of mHealth activities ongoing in Tanzania, how USAID Tulonge Afya could build on or amplify these, and to ensure alignment with GOT strategies and guidelines for use of mHealth technologies. As part of this review, the project conducted key informant interviews with a range of USG IPs and GOT staff, including representatives of the Information, Communication, and Technology (ICT) Unit. The most critical outcome of this review was gaining clarity on the GOT's priorities for mHealth, which center on use of mobile platforms that foster sustainability and interoperability with existing systems. The discussions and findings that came out of the mHealth situation review led to the decision to not use CommCare as the project's mHealth platform, which therefore led the project to end its partnership with Dimagi. During Y2, the project will operationalize use of OpenSRP (in alignment with the system being used by USAID Boresha Afya partners and which is interoperable with Government platforms) as the project's mHealth platform.

1.1.6 Gender and youth assessment

A gender and youth assessment was completed in Q4. The assessment incorporated a desk review, key informant interviews with Government representatives and gender experts, and focus group discussions with male and female adults and youth. The assessment examined gender and youth considerations across seven primary domains: (1) laws, policies, regulations, and institutional practices, (2) access to and control over assets and resources, (3) knowledge, beliefs, perceptions, and cultural norms, (4) patterns of power and decision-making, (5) gender roles, responsibilities, participation, and time used, (6) human dignity, safety, and wellness, (7) social norms that influence health-care seeking and healthy behaviors. Based on the findings of the assessment, six key recommendations were made, and applied in the development of both the adult and youth strategies (see table below).

APPLICATION OF GENDER AND YOUTH ASSESSMENT RECOMMENDATIONS TO ADULT AND YOUTH STRATEGIES

<i>Recommendation</i>	<i>Application</i>
As part of the message development process for the Youth and Adult Platforms, gender differentiated rights, roles, and responsibilities should be comprehensively accounted for	The project will apply a gender transformative lens across all activities, including message development. Communication objectives across both strategies will address issues of gender and related social norms, including positive forms of masculinity, couples' dialog, and equitable decision-making.
Improve adolescents' access to accurate health information, train providers in youth-friendly service provision, and encourage youth uptake of health services	The project's youth strategy includes objectives to address a variety of barriers to youth uptake of health services, including access to information, attitudes towards youth use of SRH services, and social norms. Activities will target youth directly, as well as providers, parents, teachers, and other influencers.
Increase awareness of gender-based violence (GBV) services and contribute to its prevention	The project will address prevention of violence as a cross-cutting norm within both its adult and youth strategies.
Improve key populations' healthy behaviors and reduce the gender-based stigma, discrimination, and violence they experience	Activities targeting key and vulnerable populations will be implemented jointly with other USG IPs – notably Sauti – who have existing relationships and networks with these populations. This support will prioritize provision of SBCC technical assistance to ensure activities build from existing tools and global best practices.
Increase and leverage government commitment to address gender and youth related considerations in policy and legislation	In the project's Capacity and Institution Strengthening Framework and annual capacity strengthening plans, opportunities to build Government capacity to address the needs of youth and gender-sensitive populations within their programming will be identified.
Train and work with community-based support systems such as clan elders, religious leaders, and opinion leaders to deconstruct societal perceptions, norms, and patriarchal values that perpetuate risky behaviors	Activities engaging and working with community and religious leaders are prioritized in both project strategies. In addition to formally-recognized leaders within the community, the project will seek to engage other key influencers who may more equitably represent target audiences, e.g. experienced mothers/female elders, youth role models, etc.

IR 1.2

Support and facilitate consensus on priority health behaviors, audiences, and strategies**1.2.1 Conduct stakeholder buy-in meeting**

In Q1, the project facilitated a stakeholder meeting, which included participants from the MOHCDGEC health program units, TACAIDS, the HPS, USAID, USG IPs, and local stakeholders. During the meeting, the project and its approach to integrated SBCC were introduced and participants discussed and committed to a set of focal behaviors, which USAID Tulonge Afya will address within each platform and life stage package. The project sought to identify priority behaviors with an explicit focus on generating agreement on behaviors that were: 1) most likely to ensure the greatest effects on morbidity and mortality; 2) likely to affect multiple priority health outcomes; and 3) likely to meet global objectives and locally-defined priorities in national strategies. A range of behaviors were presented and discussed along with their related evidence. Behavioral priorities that were identified and agreed upon are shown in the table below.

Additionally, in a follow-up working session after this meeting, participants reviewed the findings of the SBCC landscape mapping and selected campaigns and materials to be refreshed and rolled-out as part of the project's Accelerated Support Strategy (see Activity 1.3.1).

USAID TULONGE AFYA BEHAVIORAL PRIORITIES*Adult Strategy***Pregnancy and Childbirth**

Go early, attend, and complete more than 4 antenatal care (ANC) visits (8 contacts are desired)

Take intermittent preventative therapy-3 (IPTp-3) during ANC visits

Sleep under an insecticide treated net (ITN) every night, including pregnant women

Attend a health facility for delivery

Attend postnatal care (PNC) visits and seek prompt and appropriate care at the health facility upon the first sight of post-partum danger signs

Initiate breastfeeding (BF) within the first hour of birth

Talk with your health care provider about post-partum FP (PPFP) options

Bring your infant to the facility for an early visit at 4-6 weeks, and for HIV testing if mother is positive or status unknown

Parenting and Caregiving

Sleep under an ITN every night, including children under five

After a live birth, use a modern contraceptive method (MCM) to avoid pregnancy for at least 24 months

Exclusively breastfeed (EBF) your infant for six months after birth

Seek and receive prompt and appropriate care at first sign of newborn and childhood illness

For malaria, seek and receive prompt and appropriate care at the health facility for yourself or a child under five with a high fever, including use of a rapid diagnostic test (RDT) to confirm malaria

Seek and receive a full course of timely vaccinations for infants and children under two

Furaha Yangu

Go for HIV testing and counseling if at risk, and receive results

If HIV positive, enroll in care, initiate ART, and follow health care worker guidance

Take ART regularly, as prescribed, and go for routine viral load monitoring

Seek care from a qualified TB provider for a cough that persists for more than two weeks

Youth Strategy

Delay first sex

Use an MCM to delay first birth

Use an MCM to prevent additional pregnancies

Use condoms correctly and consistently

Get an HIV test if at risk

If HIV+, adhere to HIV treatment

Go for voluntary medical male circumcision (VMMC)

1.2.2 Conduct stakeholder strategy development meeting

In Q3, the project held a 4-day youth strategy development workshop with 21 stakeholders, including youth, in attendance. During this workshop, existing research, as well as data from the project's formative activities, baseline research, and rapid desk reviews were reviewed and used to identify communication objectives per audience segment, select channels and activities, and develop illustrative key messages. Early in Q4, a similar workshop was held with stakeholders over 3 days to inform development of the project's adult strategy. These meetings ensured broad stakeholder buy-in for the strategies.

1.2.3 Finalize and disseminate strategies

In Q4, the adult and youth strategies were shared with USAID and the MOHCDGEC for review and input. Additional feedback was also provided following the USAID/Washington review visit in September. Early in FY19 Q1, these strategies will be finalized, reflecting feedback received, and submitted for approval. Copies are also provided as appendices to this report.

1.2.4 Identify regional needs

USAID Tulonge Afya held project introduction meetings at the regional level, bringing together participants from Regional Health Management Teams (RHMTs), other IPs, the private sector, and CSOs, as a means to identify regional SBCC needs/priorities, and to discuss how USAID Tulonge Afya might best support these through localized programming. Many of the needs raised by regional stakeholders closely align with the priorities laid out in the project's adult and youth strategies. Moving into FY19, as the project rolls out integrated community-level activities across its 29 Enhanced Districts, these regional needs will also inform program plans. For example, the project will work with community radio stations to align their programming to address health areas, behavioral objectives, and barriers to action that are priorities in their region.

IR 1.3

Adapt, develop, and launch comprehensive SBCC support

1.3.1 Accelerate support

Leveraging existing materials from successful campaigns, including Wazazi Nipendeni (MNCH), Tunakuthamini (HIV), Getting to Zero (HIV), revitalized Green Star (FP), Tohara (HIV), Sio Kila Homa ni Malaria (malaria), and End TB (TB), the project provided immediate SBCC support towards stakeholder identified and agreed-upon priority needs from Q1-Q3 of this year. Information on the materials adapted, the communication/behavioral objectives that were being addressed and quantities procured, can be found in Annex xxx. This accelerated support included the provision of over 700,000 units of print materials disseminated across 19 USAID Boresha Afya-supported regions for use in community and facility-based locations and activities, and 4803 radio spots that were aired across three national and six regional radio stations. This support achieved the following results in terms of audience reach:

11,378,896

individuals were reached with HIV messages through the Tunakuthamini radio spots

8,344,524

individuals were reached with MNCH messages through the Wazazi Nipendeni radio spots

5,815,880

individuals were reached with PMTCT messages through the Wazazi Nipendeni radio spots

7,080,202

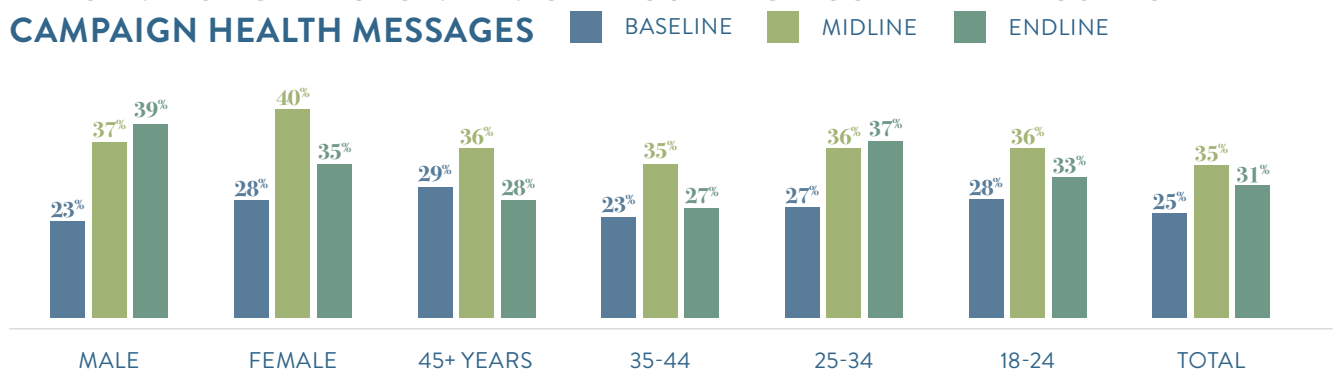
individuals were reached with TB messages through the End TB radio spots

The project collected reach and recall data across the project's focal health areas from respondents (age 18-49) across 22 regions at three time points:

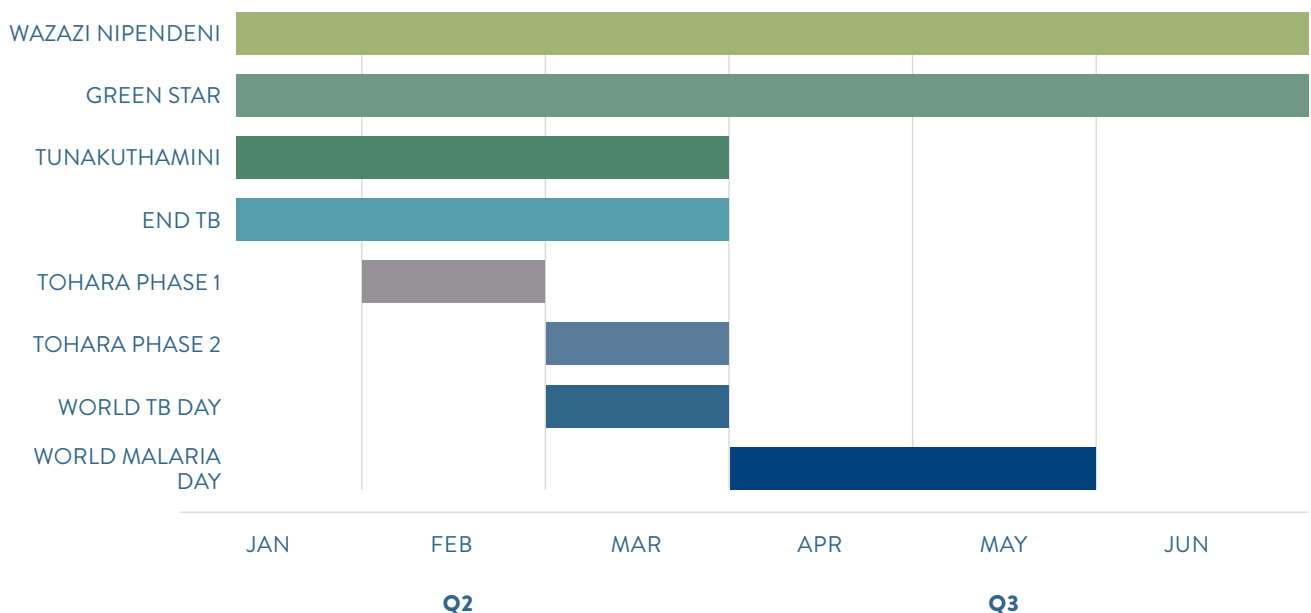
- January 2018 before Accelerated Support radio spots were aired to establish baseline exposure to health messages
- May 2018 at the height of Accelerated Support radio programming when spots were being aired for all 5 campaigns
- July 2018, when Accelerated Support radio programming for Wazazi Nipendeni and Green Star were ongoing (radio programming for the 3 other campaigns ended in May 2018 and therefore, had been off the air for two months at this point)

Overall, the findings of these surveys demonstrated that the Accelerated Support Strategy increased reach and recall of health messages across all supported health areas. Exposure across all health areas peaked at 35% in May 2018, from a baseline level of 25% (January 2018), and declined slightly to 31% by July 2018. This trend aligned with the intensity of radio programming that was being implemented during the three survey data collection timeframes (see Figure 5); radio spots for 5 campaigns were intensively aired in Q2 (Jan-Mar), and then scaled back to 2 campaigns (Wazazi Nipendeni/MNCH and Green Star/FP) in Q3 (Apr-June). During the period of most intensive programming, exposure was greatest among female respondents, and adults ages 18-24, and 25-34, (in alignment with the intended primary target audiences for the majority of supported campaigns).

PERCENTAGE OF RESPONDENTS EXPOSED TO ACCELERATED SUPPORT CAMPAIGN HEALTH MESSAGES



TIMING OF ACCELERATED SUPPORT RADIO SPOT AIRING



A summary of campaign specific results are highlighted below:

WAZAZI NIPENDENI (MNCH): The proportion of respondents who reported having heard Wazazi Nipendeni messages increased from 13% at baseline to 28% in May, and 24% in July, with the greatest gains achieved among adults ages 24-35.

GREEN STAR (FP): The proportion of respondents who reported having heard a Green Star FP campaign message increased from 28% at baseline to 40% in May, which held steady through to July. Gains were highest among individuals ages 25-34 and 45+.

TUNAKUTHAMINI (ART ADHERENCE): The proportion of respondents who reported having heard a Tunakuthamini ART adherence message increased from 11% at baseline to 17% in May and 22% in July, with the highest gains among adults ages 25-34. The lack of change in message exposure among the 18-24 age segment suggests a need to take a different messaging and channel mix approach for youth-targeted ART adherence messages. This will be particularly important to bridge the ART adherence gaps that remain persistently high with this age segment.

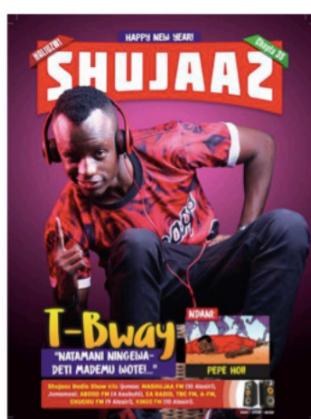
END TB (TB): The proportion of respondents who reported having heard an End TB message increased from a baseline of 13% to 28% in May, dropping slightly to 20% in July, by which point the spots had been off the air for two months. Gains achieved were notable among the 25-34-year age groups. However, the findings highlight the need to revisit TB messages and the channel mix to improve message reach and exposure gains with 18-24-year-olds working in the mining industry to better prioritize media broadcasting support across program segments that have higher listenership numbers among key vulnerable TB population groups, such as miners.

1.3.2 Develop a family health integrated Message Guide

The family health integrated message guide is a living document that will be routinely updated and refreshed over the life of the project. During FY18, initial content for all project focal health areas was developed, drawing from existing national SBCC strategies, guidelines, and message guides. The guide is segmented into chapters according to life stages and target audience and follows a question-and-answer format that makes key messages easy for implementers to use and apply across their media, community, and facility-level programs. In FY19, draft content will be reviewed with the MOHCDGEC, HPS, and key stakeholders, before working drafts of the Message Guide are rolled out for initial use and feedback.

1.3.3 Adapt Shujaaz transmedia platform for youth

In partnership with Well Told Story, the project developed and ran eight campaigns (2 campaigns in Chapter 35, and 1 campaign in all other chapters) across the Shujaaz multimedia platform. Each campaign addressed a priority behavioral objective and included comic book stories, weekly radio shows, and interactive SMS and Facebook content, as outlined in the table below. These campaigns reached approximately 2 million youth aged 15 to 24 in urban and rural locations per month.



Chap. 35 (Malaria & FP)



Chap. 36 (HIV)



Chap. 37 (Gender norm)

SHUJAAZ MONTHLY CAMPAIGN REACH AND EXPOSURE TRENDS

MEDIA OUTPUTS	CAMPAIGNS							TOTAL COUNT
	NOV '17 CH33	DEC '17 CH34	JAN '18 CH35	FEB '18 CH36	MAR '18 CH37	APR '18 CH38	MAY '18 CH39	
THEME	Promoting MCM uptake to prevent unwanted pregnancies by addressing MCM fears and misconceptions	Promoting uptake of HIV testing services among at-risk youth by addressing HIV testing stigma and fear of discrimination	Campaign 1: Promoting adoption of malaria prevention and care-seeking behaviours (ITN use and testing) by increasing risk perception Campaign 2: Promoting the uptake of SRH services by addressing MCM parent-youth dialogue, fears and misconceptions	Promoting uptake of HIV testing by addressing fears and misconceptions around test and treat services	Promotion of gender equitable norms around educational attainment and place in the family	Promoting malaria prevention behaviors, including ITN use	Bridging MCM knowledge gaps to facilitate informed contraceptive choice	
NO. OF COMICS DISTRIBUTED	500,000	500,000	500,000	500,000	500,000	500,000	500,000	3,500,000
NO. OF RADIO SHOWS AIRED	4 shows on 6 stations	4 shows on 6 stations	4 shows on 6 stations	4 shows on 6 stations	4 shows on 6 stations	4 shows on 6 stations	4 shows on 6 stations	28 shows on 6 stations
NO. OF PEOPLE EXPOSED	~2M	~2M	~2M	~2M	~2M	~2M	~2M	~2M
TOTAL PEOPLE REACHED ON SOCIAL MEDIA	~440,000	~440,000	~450,000	~470,000	~490,000	~490,000	~490,000	~490,000
TOTAL LIKES ON POSTS	6,661	20,681	20,681	17,874	19,620	7,729	15,063	108,309
TOTAL COMMENTS ON POSTS	666	13,172	2,827	1,702	852	387	2,007	21,613
TOTAL SHARES OF POSTS	122	179	250	112	103	40	155	961
NO. OF SMS RECEIVED AS FEEDBACK ON TA CAMPAIGNS	826	1,853	250	1,777	1,568	1,627	1,863	9,764
NO. OF SUPERFANS IN NETWORK	500	500	500	500	500	699	722	722

NOTE: Based on discussions with USAID regarding the need to more tactically target SBCC programming for youth, USAID Tulonge Afya ended its partnership with Well Told Story in Q3.

1.3.4 Develop supportive print materials for youth

Guided by the youth strategy that was developed in Q3 (Activity 1.2.3), a three-day material development workshop was conducted in Q4 with representatives from the MOHCDGEC, youth, and key youth serving organizations to inform the development and design of three small group discussion toolkits and supplementary client takeaway print materials. These toolkits, once pre-tested and finalized early in FY19, will be used by the project's CSO partners implementing under the community grants program to conduct peer-led interactive small group discussion sessions, and will be made available to other USG IPs to use within their programming. The toolkits aim to promote contraceptive use among sexually active unmarried youth age 15-24 and condom use and gender equity among young men age 15-24. Additional toolkits will be developed in FY19 to address VMMC service uptake and HIV testing priority behaviors. Each toolkit contains four different activities designed to last approximately 45 minutes to an hour and be implemented with 10 to 15 participants per session. Activities and content in the toolkits targeting the Subira audience profile (sexually active, unmarried 15 to 24-year-old woman), aim to:

- Increase participants' awareness of the variety of modern contraceptive options available in Tanzania and belief that modern contraceptive methods are safe for young women
- Increase participants' belief that modern contraceptive methods are for young women like them
- Help participants address harmful beliefs and attitudes about modern contraceptive methods
- Review participants' knowledge of modern contraceptive options and reinforce positive beliefs about their safety

Draft prototype toolkits were pilot tested in Tabora and Mwanza regions in Q4 to secure preliminary reactions and feedback from the target audience. Through this approach, the project seeks to ensure that the target audience is continually engaged and put at the center of programmatic and activity development decisions.

1.3.5 Develop and launch an overarching adult SBCC platform



BRAND DEVELOPMENT

Following development of the adult strategy (Activity 1.2.2), and in preparation for the adult platform launch scheduled for early FY19, the brand look and identity for the adult platform was developed, pre-tested, finalized, and endorsed by MOHCDGEC and other key project stakeholders. The project followed an extensive consultative stakeholder brand development process. This led to the selection of Naweza ("I Can") as the preferred brand name for the platform. Naweza is a brand that is inspiring, connects, is authentic and is grounded in core desires and ambitions of Tanzanians.

Evolving from the "Best Me" concept, which builds on the deeply inherent self-affirmation needs and desires that individuals have to be their best self, Naweza promotes the vision that you can aspire to be the best version of yourself. Invoking your "best identify" – that could be as a father, a mother, a lover – the brand is also tied to belonging, togetherness, community and a bright future, in recognition of the fact that an individual's behaviors are often influenced and supported by the community and system that surrounds him/her. A common element of the Naweza brand is recognition of positive behaviors and the individuals and communities that are setting the stage for positive health outcomes.

RADIO ANCHOR SHOW AND TEASER DEVELOPMENT

The project intends to produce and air a radio anchor show as a key component of the adult platform and in alignment with the adult strategy. In FY18 an initial concept for this anchor show was created, and in Q4 a demo episode was tested with key audience segments to generate feedback on format and content. Recommendations from audiences centered around delivery and format improvements, including the use of more engaging on-air personalities (both the narrator and presenter), developing short (15 minute) and long (30 minute) story formats to suit different contexts, building interactivity by weaving question and answer (Q&A) and vox pops into the narrative arc, and making stories more compelling by bringing in more empathic protagonists.

In FY19, the launch of the anchor show will be used to officially launch and promote the Naweza adult platform, in advance of the phased roll out of activities and materials under each life stage package and campaigns. Preparations for the launch

activities began in Q4 with development of an initial teaser campaign, which will include 45-second radio spots, out of home print executions, and digital media to establish the brand. Additionally, in Q4, the project began development and stakeholder review of creative briefs for the core set of materials to be rolled out under the Pregnancy and Childbirth package, which is scheduled to launch in FY19 Q2 including: content for Naweza, radio spots, small group dialog implementation kits, integrated counseling guide, provider and implementer trainings, and print materials.

FURAHA YANGU CAMPAIGN

A key success achieved during FY18 was the development and launch of the Furaha Yangu (Test and Treat) campaign. Working in close collaboration with the NACP and TACAIDS, the Furaha Yangu campaign was developed over the course of Q1 and Q2 and was publicly launched by the Prime Minister in Q3 to contribute to the achievement of the 90-90-90 HIV targets in Tanzania. The campaign will be rolled out in a phased approach, with additional phases to come in FY19. The objectives of Phase 1 were to:

- Raise awareness of the GOT's new Test and Treat All strategy and service delivery changes
- Generate demand for Test and Treat All services among higher risk populations
- Shift norms around HIV, from being seen as a death sentence to being seen as a chronic disease which, with treatment can result in a health and normal life and reduced risk of transmissions

Using the MOHCDGEC-approved Furaha Yangu campaign creative materials and supporting tools, activities implemented under the campaign from Q3 with those at higher risk for HIV (men 25-35, AGYW, pregnant women, key populations, and HIV-exposed children) included: a national launch event in Dodoma officiated by the Prime Minister Kassim Majaliwa; USAID Tulonge Afya-supported regional launches across the project's five Y1 implementation regions (Njombe, Iringa, Mwanza, Shinyanga, and Tabora); national and regional radio programming; media orientations; provider training; mid media events, interpersonal communication (IPC) activities; and dissemination of print materials.

Through these activities, the Furaha Yangu campaign reached a total of 23,386,149 individuals, including:

20,761,417

individuals were reached

6,002

Furaha Yangu radio spots that were broadcast from June - September 2018

4

national radio stations

(Clouds FM, Radio One, TBC Taifa and RFA)

8

regional radio stations

(Abood FM, Radio 5, Kili FM, Ebony FM, Dodoma FM, Pride FM, Standard FM and CG FM)

A total of five different radio spots variations were developed, three of which were approved by the MOHCDGEC and aired across high listenership program segments targeting at-risk men between 18-45, and AGYW, such as the nighttime sport highlights and call in program segments. Each developed radio spot had a different theme, designed to relate to the target audience's key emotional drivers, which in the case of Test and Treat All services were belonging, control and reinvention. For example, older men (ages 25 to 45) were targeted with the Safari/Journey spot, which depicts the story of an HIV positive truck driver and how ARVs enabled him to be in control and pursue the life that he wants for himself and his family (control, reinvention), even after he tested positive for HIV.

144,732 individuals were reached via mid-media events that were implemented during the Furaha Yangu national launch event in Dodoma and subsequent project led regional launch events in Mwanza, Tabora, Iringa, Njombe, and Shinyanga as reported through routine project activity report. During these events, 46 edutainment roadshows and over 500 small group IPC sessions were implemented in locations where at-risk priority population groups congregate, such as market places, business centers, and hot spots in transit, fishing, forestry, and mining communities. During these activities, audiences were engaged with key Furaha Yangu campaign messages aimed at increasing the uptake of HIV testing and counseling (HTC) services among those at higher risk for HIV.

PRE-LAUNCH

2-day engagement sessions in 6 to 8 strategic locations across five USAID Tulonge Afya regions.

Audiences engaged via drama/edutainment with messaging that addresses fears and misconceptions pertaining to HIV and Test and Treat All services.

Small group engagement via IPC sessions with population groups targeted by the campaign to promote test and treat all services for those at highest risk for HIV.

Community and facility-level distribution of Furaha Yangu print materials in support of regional launch events and test and treat all services.

REGIONAL LAUNCH DAY

Mass engagement via relevant artists (e.g. Chege in Dodoma) to drive awareness of Test and Treat All services.

Mobile test and treat all services which reached 6,408 individuals of which 59% were men.



Q4: CSO COMMUNITY ACTIVITIES

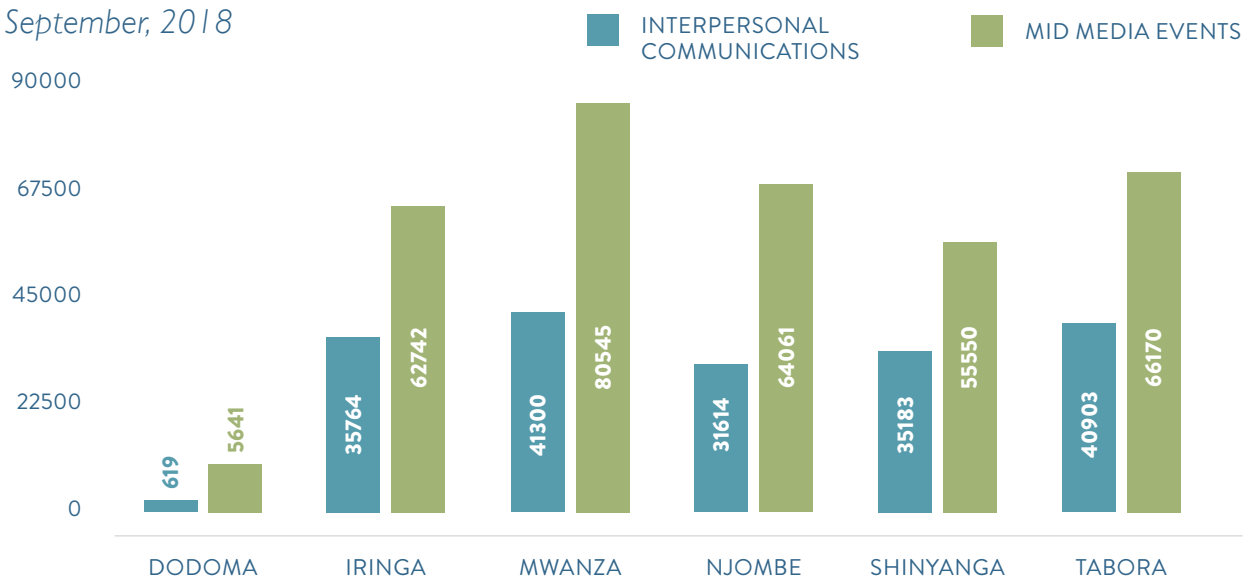
over
10,000
engaged via IPC

over
15,000
reached via mid-media

Radio Spot	Number of Spots Aired
Boda Boda 45-sec radio spot targeting 18 to 24-year-old men in higher risk occupations, such as motor bike taxi drivers, and those in mobile/migrant occupations	2,460
Safari 45-sec radio spot targeting 25 to 45-year-old men at higher risk for HIV, such as long-distance truck drivers	2,085
Marafiki Zangu 45-sec radio spot targeting 16-19 AGYW at higher risk for HIV, such as those engaging in transactional or intergenerational sex	1,457
Mwanangu 45-sec radio spot targeting couples	Not aired in FY18 as they were being refined to incorporate technical inputs and guidance received from MOHCDGEC. These spots began to air in FY19 Q1 once updated and approved by the Ministry.
Vicoba 45-sec radio spot targeting women age 20-24 who are at higher risk for HIV, such as informal food vendors and traders operating in transit communities and business hubs	
TOTAL	6,002

NUMBER OF PEOPLE ENGAGED THROUGH IPC AND COMMUNITY ACTIVITIES DURING FURAHA YANGU CAMPAIGN LAUNCHES, PER REGION

June - September, 2018



2,480,000

individuals were reached via Furaha Yangu digital media content - Facebook, digital ads, Twitter, WhatsApp, and Instagram

78%

men

1.3 million

engagements across social media platforms

12,885

engagements per day

45,000 

Facebook followers

41,000 

Twitter impressions (content viewed)

98%

Tanzanian (of the Twitter impressions)

From the numerous social media interactions and feedback on Furaha Yangu social media channels it has been noted that there is knowledge gaps on key issues related to;

- HIV testing and treatment, particularly around ARV adherence,
- Status disclosure and discordant partnerships.

Specifically, followers on Facebook and Instagram have posed questions such as how to tell your relatives you're HIV positive, what to do to encourage HIV+ partners / family to stay on treatment, the ideal time to tell a child she was born with HIV, and whether a healthy relationship and childbearing is possible when one partner is HIV+. To respond to these issues the question where shared with NACP and responses were provided through the media. Also, people were encouraged to visit health facilities for more information. Followers have also been supportive of the campaign, expressing explicit endorsement for our Test and Treat messaging and asking for real-world opportunities to engage with Furaha Yangu, particularly when we shared content promoting community-level activities.

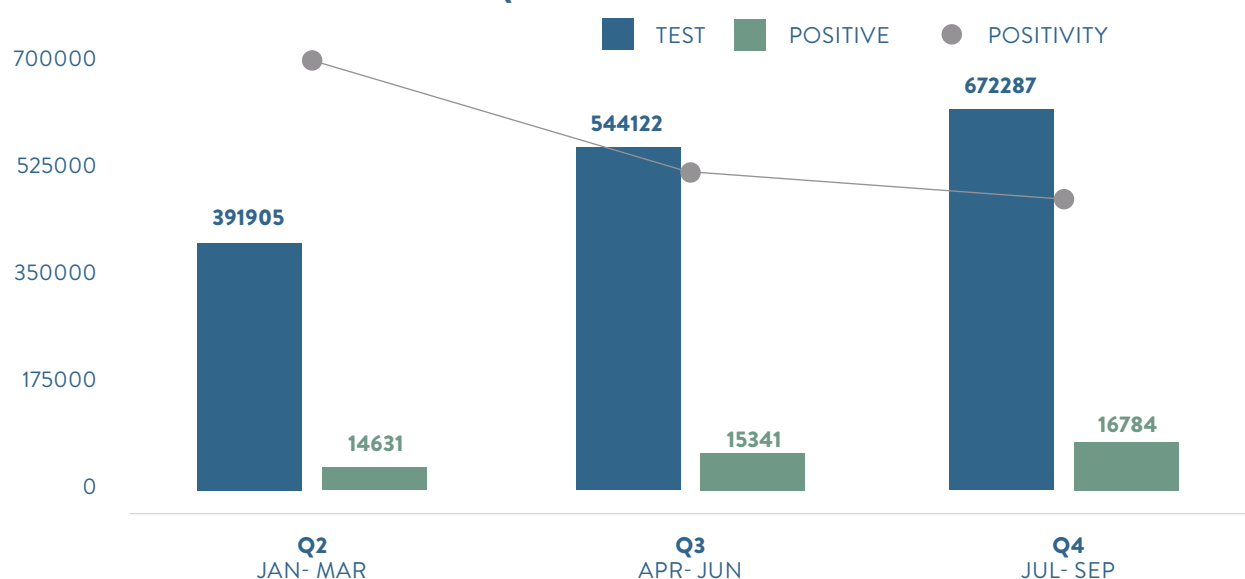
Moreover, other Furaha Yangu activities included training of different cadres including:

- 69 journalists and 40 reporters from key media houses in Dar es Salaam, as well as 45 reporters in Dodoma on the Furaha Yangu campaign, the Government's HIV/AIDS strategic priorities, and bias-free reporting. This engagement secured excellent media coverage, with 151 media articles generated from the campaign launch through to the end of FY18. A channel breakdown shows greatest coverage through online media, with 88 articles, followed by 33 stories covered on radio, 25 on television, and 5 print articles.

- 256 service providers were trained on Furaha Yangu campaign, key messages, and their role in providing quality services and counseling being promoted through the campaign. The training included a focus on building provider skills to enhance the provision of client-centered HTC services. Providers trained on the Furaha Yangu campaign participated in a pledge to provide client-centered, stigma-free services and received a service commitment badge which said “Furaha Yangu Ni Kukusikiliza na Kukuhudumia” (“My happiness is to Listen and Serve you”) to demonstrate their commitment to offer client centered care in their community.

Preliminary facility-level DHIS-2 data from the project's 15 Enhanced Districts show a notable increase in the uptake of HTC services (24% increase in Q3 versus the previous quarter, with additional gains in Q4), as highlighted in Figure 8 below. While the gains in HTC uptake have been promising, positivity yields declined compared to Q2. In FY19, under the next phases of the Furaha Yangu campaign, community-level SBCC activities including community radio, small-group dialogue, and linkage to care, supported by lower-level mass media, will be rolled out and intensified to better reach and engage higher risk audiences toward uptake of HIV testing services.

HIV TESTING UPTAKE AND POSITIVITY WITHIN 5 USAID TULONGE AFYA SUPPORTED REGIONS IN THREE QUARTERS 2018 FROM DHIS2



1.3.6 Develop digital tools

During FY18, the USAID Tulonge Afya project developed an e-health plan/strategy to support the project to achieve its three results. The project supported development and refinement of two digital tools during FY18. One was the development of the Health Promotion digital health information platform. This digital platform transformed the former Mobile for Reproductive Health (M4RH) SMS platform from a short code, SMS-based, single health area (FP) service into a USSD platform that addresses five health areas. The USSD platform is a pull-system that allows users to request health information on a variety of topics of their choosing. In FY19, the project will brand and promote this platform to increase its uptake and use by target audiences. The contents are developed in consultation with HPS, whereby programs initiate the process to develop the SMS contents by submitting draft document with all contents, schedule and targeted audiences. Thereafter, HPS coordinates stakeholders' meeting to review draft contents and agree into technicality of the contents and its expected outcome. Finally, Permanent Secretary MOHCDGEC approves all submitted SBCC SMS contents for public use. Table 8 shows number of clients that accessed the health promotion digital platform by health area.

INDIVIDUALS ACCESSED HEALTH PROMOTION DIGITAL PLATFORM BY HEALTH AREAS

SN	Health area	Total	Male	Female	10-14	15-19	20-24	25-49	50+
1	FP	3,634	2,205	1,429	149	515	1,192	1,695	83
2	MNCH	2,844	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3	HIV/AIDS	3,189	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4	TB	1,273	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5	MALARIA	1,431	N/A	N/A	N/A	N/A	N/A	N/A	N/A

The sex and age disaggregate for other health area in table above is not available because other health area have no filtering question for age and sex, the project team is currently working with ICT at MoHCDGEC on it now to add questions for age and sex.

The second digital tool supported by USAID Tulong Afya this year was development of a mobile application to collect data at the community level using the Open SRP platform for routine M&E purposes. During FY18, the project worked with USAID Boresha Afya and other partners to review existing applications that can be customized to reduce duplication of effort. The system requirements and engagement of a developer was completed in FY18, and the system customization and implementation of the mobile application as part of the project's M&E system will be completed in FY19.

1.3.7 Implement a media engagement and coverage strategy

In FY18, USAID Tulong Afya supported the 9th Annual Excellence in Journalism Awards Tanzania through an award under the Excellence in Health Writing category, which was won by Bernard James. The major objectives of the award were to recognize and promote reporting that informs and empowers the public, increases voices and spaces for important information, and holds the powerful to account.

IR 1.4

Support partners to implement SBCC packages and deliver high-quality SBCC

1.4.1 Support partners in integrated strategy rollout

Following on from the adult and youth strategy development workshops, in Q4, the project facilitated additional stakeholder meetings to provide updates on platform development and to orient national-level stakeholders on:

- The project's strategic approach to integrated SBCC, and the role of the adult and youth platforms within this approach
- The priority behaviors, target audiences, communication objectives, activities and channel mix, and illustrative messages included in the adult and youth platforms
- The SBCC packages that will be developed and rolled out over the life of the project, including the core set of materials that will be developed under each package

As part of launching and rolling out the Furaha Yangu campaign, national level stakeholders were oriented on the campaign and materials developed for their adaptation and use in regions where the project does not have an implementation role and

more broadly. In FY19, the project will build on these collaborative stakeholder meetings to ensure that orientations for the GOT, USG agencies, and IPs are conducted as part of the roll-out of each package.

1.4.2 Support development of SBCC strategies and TA

ZAMEP

During FY18, USAID Tulong Afya worked closely with ZAMEP to provide SBCC TA in support of their malaria elimination efforts. This included TA to the development of their national Malaria Elimination SBCC Strategy 2018-2023. The project supported ZAMEP to follow a clear process for strategy development, including a situational analysis followed by strategy development workshops to identify target audiences, communication objectives, activities, and channels, and M&E indicators. The strategy will be used by ZAMEP and all partners implementing in Zanzibar to inform their SBCC activities towards achievement of the following behavioral objectives:

- Increased proportion of the population who seek prompt and appropriate care for symptoms of malaria
- Increased proportion of the population who are tested for malaria before taking malaria medication
- Increased proportion of health care providers who test all patients with a fever for malaria, and treat based on the test results
- Increased proportion of individuals with confirmed malaria who take the full required dose of ACT and single dose primaquine as prescribed
- Increased proportion of the population who sleep under an LLIN every night
- Maintained proportion of households in targeted communities who receive indoor residual spraying (IRS)
- Increased proportion of households in targeted communities who comply with larval source management activities in their community
- Increased proportion of households who comply with surveillance activities in their community
- Increased proportion of the population who comply with entomological surveillance activities in the community
- Increased proportion of leaders who participate in malaria elimination activities

The strategy promotes the importance of localized, community-level SBCC activities, which represents a shift away from the mass media and print material distribution approaches which have most often been implemented in the past. In FY19, the project will continue to provide SBCC TA to support operationalization of the strategy.

CHOLERA RISK COMMUNICATION STRATEGY

USAID Tulong Afya provided technical support to HPS on the finalization of the National Cholera Risk Communication Strategy. The strategy was modeled after the World Health Organization (WHO) emergency risk communication guidance, tailored to the Tanzanian context and with a greater focus on cholera. A draft of the strategy has been finalized and will be disseminated once MOHCDGEC approval is received.

Other SBCC TA provided during the year included:

AIDSFREE – VMMC Support

- Adaptation and broadcasting of Tohara radio spots and public service announcements (PSAs) to promote uptake of VMMC services in AIDSFree-supported facilities in Morogoro and Singida.
- Provision of experiential marketing and demand creation for VMMC services across 108 villages in Mvomero and Kilombero districts in Morogoro region, and 57 villages in Iramba and Singida districts in Singida region targeting both adolescent and adult men between the age of 10 to 29 years.
- Key activities implemented during this support included: 96 roadshow edutainment performances, 1,424 small group dialog sessions, distribution and placement of over 10,000 VMMC service information posters in key locations where target audiences congregate (e.g. bars, video viewing halls, pool table halls), and 48 Mobile Video Unit (MVU) shows

targeting both adolescent and adult men between the age of 10 to 29 years. Designed to address key myths and misconceptions about VMMC, these activities cumulatively reached approximately 61,907 individuals in Morogoro region and 37,719 in Singida region.

- Graphic design of adolescent-friendly VMMC IPC guides and implementation toolkits. The “Maisha Ya Kijana” (Life of a Youth) toolkit will be used by VMMC counselors at health facilities and “Timu Ya Ushindi” (The Winning Team) will be used both by counselors and teachers with in-school and out of school youth club settings.
- Provision of targeted print and outdoor media support. This included flying four billboards over 6 months in four strategic locations in Singida and Morogoro regions
- Design, production, and delivery of 96 Tohara-branded tents to serve as mobile information points during key VMMC demand-generation roadshow activities

Kizazi Kipya – Orphans and vulnerable children (OVC) support

- Developed and produced orientation videos and accompanying job aids to enhance the knowledge and skills of the project’s Case Management Officers and Case Management Coordinators in delivering in-service training to Community Case Management Workers (CCW) on positive parenting and to build the capacity of Livelihood Volunteers (LVs) in disseminating effective positive parenting messages to Village Loan and Saving Group (VLSG) members. Rolled out as part of Kizazi Kipya’s in service training program, these video modules are expected to reach a total of 20,830 CCWs and 1,281 LVs across 81 Kizazi Kipya-supported councils before the end of their FY18 work plan year.

SAUTI – Key and vulnerable populations (KVP) support

- Supported video production services towards development of KVP targeted, mini-testimonial documentaries and the digitalization of IPC curricula to be used in activities to improve ART initiation and adherence among HIV+ KVPs.
- 1.4.3 Support the MOHCDGEC program units (NACP, NMCP, RCHS, and NTLP) and HPS to support activities such as Health Days
- USAID Tulonge Afya provided SBCC support to the MOHCDGEC across several World Health Day commemoration events. In FY18, these included:
- 2017 World AIDS Day: Production and broadcasting of a 60-second radio spot to promote the national commemoration activities in Dar es Salaam
- 2018 World TB Day: Production and broadcasting of a 60-second PSA to increase awareness and attendance at the national commemoration event, event branding promotional materials, and press coverage for national commemoration activities in Mtwara
- 2018 World Malaria Day: Production and broadcasting of a 60-second PSA, health expert interviews, and presenter mentions; Support to document the planning and implementation of the national commemoration activities in Kigoma

The project also worked closely with the MOHCDGEC to create clearer communication objectives and behavior change objectives for the Jiongeze campaign. Additionally, technical assistance with oversight and guidance on the process they used including being guided by the communication and behavior objectives and target audiences, to refine, pre-test, and finalize the campaign logo, print and promotional material artwork, and radio spots for the Jiongeze Tuwavirushe Salama MNCH campaign. The array of print-ready artwork that was supported is attached as an appendix. Jiongeze Tuwavirushe Salama is designed to renew political commitment to reducing maternal mortality in Tanzania. The campaign calls on local and national leaders to play their part by ensuring essential maternity services and commodities are available, while reminding the larger community that it has a role to play in preventing maternal mortality by supporting pregnant women to complete ANC visits and to deliver at health facilities.

Additional support and guidance will be availed by the project during the campaign launch in FY19 Q1 includes radio media broadcasting. The pregnancy and childbirth package will build on the Jiongeze Tuwavushe Salama campaign momentum by ensuring a clear linkage between these two initiatives. This linkage will be leveraged to endorse and mutually reinforce shared MNCH behavioral priorities, communication objectives, messages and activities.

2

Strengthened community support for healthy behaviors

IR 2.1

Mobilize district-driven SBCC and develop implementation plans

2.1.1 Orient regional and district-level stakeholders on the project

USAID Tulonge Afya, in collaboration with regional health promotion coordinators (RHPC), conducted project introduction meetings in all 15 Y1 Enhanced Districts in FY18. The objectives of these meetings were to secure an aligned understanding of USAID Tulonge Afya's mandate, approach, result areas, geographical scope and activities, and to share USAID Tulonge Afya's proposed strategy for integrated SBCC and key Y1 activities, as well as understanding the SBCC regional priorities. The meetings included the District Executive Directors (DED), Regional/Council Health Management Team (R/CHMT) representatives, representatives from local CSOs, faith-based organizations, religious leaders, and representatives from the private sector.

In Q4, the project met with RHMTs from the 7 regions where activities will be added in FY19 to introduce the project, share details on which districts within their region will receive the enhanced implementation package, and to establish working relationships with the RHPCs and RHMTs. These meetings helped the project to form good working relationships, which we hope will facilitate smooth introduction of activities into these regions and districts early in FY19.

2.1.2 In 15 Enhanced Districts, map the 'SBC system' of stakeholders

USAID Tulonge Afya, through its zonal team, worked in collaboration with R/CHMTs and district community development officers to collect information on IPs, CSOs, youth clubs, and community radio stations in each Enhanced District in FY18. Additionally, as part of the SBCC systems audit (see Activity 3.1.1) the project collected further data on SBCC stakeholders at the regional and district level. The information collected was used to identify strong community radio stations through which the project might produce and air community radio programming starting in FY19, as well as other district-level actors and programs that might be leveraged to expand the reach of the project's community-level tools and activities over the coming year.

2.1.3 Participate in Comprehensive Council Health Plan (CCHP) meetings at regional level to inform district mobilization process development for GOT FY18/FY19

During FY18, USAID Tulonge Afya participated in CCHP meetings across all Enhanced Districts and, in collaboration with

District Health Promotion Coordinators, was successful in supporting several councils (Iringa MC, Nzega DC, and Igunga DC) to incorporate project activities into their plans. However, some councils reported being unable to do so due to there not being a government budget code under which to capture health promotion activities. USAID Tulonge Afya participated in several meetings with the President's Office Regional and Local Government (PORALG) on this issue. These discussions led to a resolution that, in FY19, the project will work closely with a Health Promotion Coordinator from PORALG to ensure that all relevant councils are able to incorporate health promotion activities into their CCHP. Additionally, the project also worked with PORALG to begin developing a memorandum of understanding (MOU), which will allow USAID Tulonge Afya to have a specific government budget code which will be used to account for project health promotion activities in the CCHP.

2.1.4 Support GOT to conduct district SBCC mobilization and planning in 15 districts

This activity was initially intended to take place in Y1. However, unanticipated delays in obtaining necessary permissions to begin work at the sub-national level led to delays in completing the foundational activities necessary prior to commencing the district SBCC mobilization and planning. Therefore, it was decided to postpone this activity until Y2.

IR 2.2

Develop and implement grants to drive demand for health services and transform social norms

2.2.1 Link grant implementation packages to national- and regional-level media for reinforcing activities and increased impact

One of USAID Tulonge Afya's key activities is the engagement of CSOs, through which the project implements community-level SBCC activities that harmonize with, reinforce, and extend the reach of national and regional level media programming. The process of identifying and sub-awarding capable CSOs took place in Q2 and Q3, with CSOs beginning implementation of activities in support of the Furaha Yangu campaign in Q4. During FY18, USAID Tulonge Afya:

- Identified and engaged 17 CSOs to implement community-level SBCC activities across 15 Enhanced Districts
- Provided recruitment guidance to CSOs to ensure they identified staff and volunteers with the appropriate skill mix
- Conducted kick-off meetings with CSO Program, M&E, and Finance staff to introduce them to the project, ensure clarity regarding their scopes of work, review expectations for activity management and M&E, and to introduce project tools (e.g. CSO implementation manual, reporting templates)
- Trained 1,101 community volunteers and provided them with SBCC materials to facilitate Furaha Yangu IPC sessions. The objectives of the trainings were to train the CHWs and volunteers on the USAID Tulonge Afya project and the Furaha Yangu campaign, inform them about Test and Teat All services, train them on campaign key messages, and refresh their IPC and facilitation skills.

Following the training, volunteers began conducting IPC sessions with Furaha Yangu campaign target audiences, including small group discussions, household visits, and clinic talks. These activities were intended to support higher risk individuals in accessing HTC services, and to generate broad awareness that immediate initiation on treatment is now available for all those who test positive. A total of 361,112 individuals were reached through IPC activities conducted under the community grants program to support the Furaha Yangu campaign. In FY19, CSOs will continue to implement community-level SBCC activities that align with and support national and regional-level media programming, beginning with roll-out of activities under the youth platform, adult pregnancy package, and continuation of the Furaha Yangu campaign.

2.2.2 Support GOT to lead grant activities at regional level, with ties to national HPS

USAID Tulonge Afya collaborated with Regional and District Health Promotional Coordinators (R/DHPCs) and other Local Government Authority (LGA) stakeholders throughout the process of engaging the CSOs. This included participation during the shortlisting, selection, and pre-award assessment process. The regional and district health promotional coordinators also participated in the Furaha Yangu orientation for CSO community volunteers. In the course of implementing community engagement activities, R/DHPCs have worked with the project zonal teams to provide supportive supervision to CSOs to improve the quality of SBCC activities being implemented. Before supportive supervision, Tulonge Afya regional teams

had meetings with R/DHPC to plan the visit schedule and went through USAID Tulonge supportive supervision tool which was used during the supportive visit. This involvement has generated an important sense of ownership among LGAs and has ensured that project activities are aligned with regional priorities. Engagement of R/DHPCs in program planning and implementation has also helped to build ownership of the program among LGAs and strengthen USAID Tulonge Afya community level activities.

IR 2.3

Support implementers and grantees to deliver high-quality SBCC programs that drive service uptake and a supportive environment for healthy behaviors

2.3.1 Conduct regional orientations on USAID Tulonge Afya-developed SBCC packages and implementation guides

In collaboration with TACAIDS, NACP and RHMTs, USAID Tulonge Afya oriented regional stakeholders (in 5 regions: Mwanza, Iringa, Tabora, Shinyanga, Njombe) on the Furaha Yangu campaign. The objectives of these orientations were to introduce the campaign, its objectives, activities, and materials; discuss how the Furaha Yangu campaign will complement other regional efforts to achieve 90-90-90 targets; present the campaign rollout plan; and to secure regional buy in to support the campaign rollout plan. Following each of these orientation meetings, regional campaign task forces were formed to work with the project to lead preparation and coordination of regional launch activities.

2.3.2 Develop and roll out the Shujaaz SuperFan Network

During FY18, the project worked with WTS to develop job descriptions for the Shujaaz SuperFans. A total of 500 SuperFans were identified across the 15 Enhanced Districts. However, before these individuals could be further screened and trained, the project ended its partnership with WTS, and plans to conduct youth-targeted community-level activities through the SuperFan Network were ended, instead the project started to work with youth peer champions and trained them to support and facilitate community-level activities.

2.3.3 Pilot participatory community radio and theater programs to localize and tailor content from regional and national programming

In Q3, the project mapped community radio stations to understand the reach of various stations among target geographies and audiences. This mapping informed a competitive process, through which the project selected seven radio stations that will be engaged to support interactive community radio programs in 15 enhanced districts, with programs to begin airing in early FY19. The strong relationships that the regional teams established with community radio stations through this process also helped the project to obtain free airtime, which was used to air radio spots for World TB Day, and expert interviews aired as part of the rollout of the Furaha Yangu campaign.

Supplementary support: Intensive support for community-level malaria SBCC activities in six PMI regions

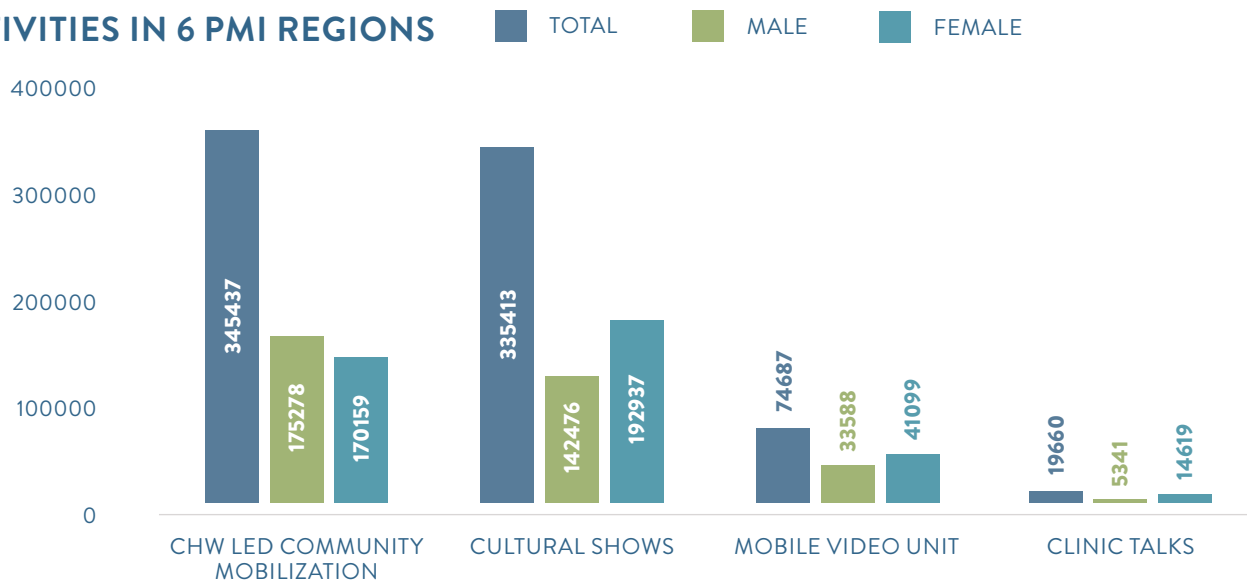
At the request of USAID, USAID Tulonge Afya provided intensified community-level SBCC support for malaria priorities in six PMI regions (Geita, Mwanza, Kigoma, Kagera, Morogoro, Ruvuma) during and immediately following the rainy season. Behavioral objectives addressed through these activities were:

- Pregnant women and children sleep under an ITN every night
- Pregnant women take IPTp during ANC visits
- Caregivers seek prompt and appropriate care for symptoms of malaria
- Patients complete the full course of malaria treatment, as prescribed

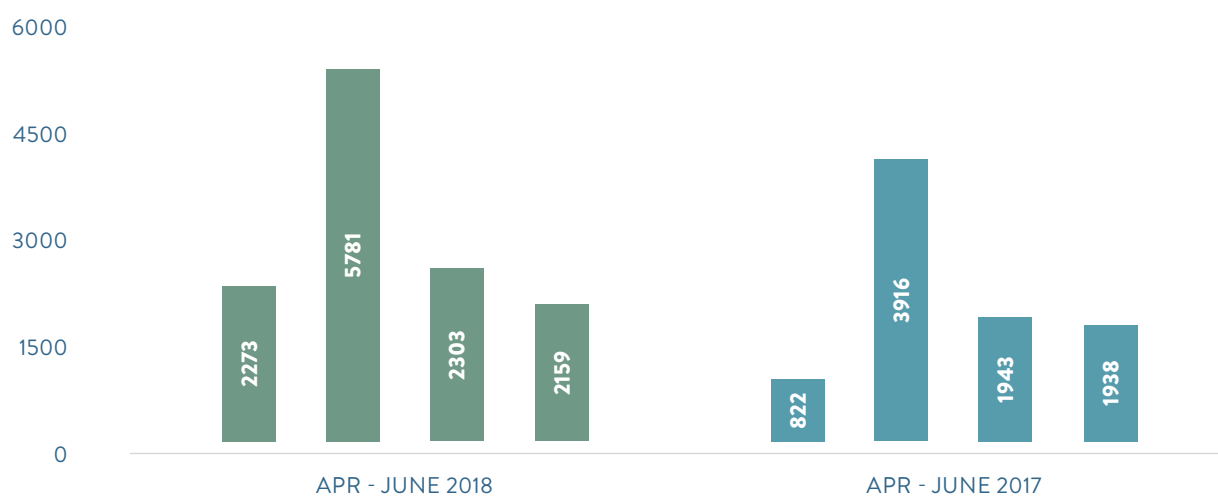
Support provided included: 1) training 356 community change agents to equip them with basic malaria knowledge and to strengthen IPC skills to facilitate SBCC activities, and 2) implementation of a full package of community-level activities. These included clinic talks, one-on-one and small group IPC sessions, community mobilization, and mid-media (MVU and cultural shows). In total 19,660 people were reached through clinic talks, 345,437 through IPC sessions and community

mobilization events (i.e., household visits, school visits, group dialogue, village meetings), 74,657 through MVU shows, and 335,413 through cultural shows (see Figure 10). Service delivery data accessed from DHIS-2 indicates an increase in uptake of malaria services among pregnant women in Kigoma during the April-June 2018 rainy season (while USAID Tulonge Afya was implementing community SBCC activities), compared to the same period during the previous year (April-June 2017, see Figure 11).

NUMBER OF PEOPLE REACHED WITH MALARIA COMMUNITY MOBILIZATION ACTIVITIES IN 6 PMI REGIONS



NUMBER OF PREGNANT WOMEN ATTENDING ANC FOR THE FIRST TIME WHO WERE TESTED FOR MALARIA (MRDT AND BS)



3

Improved systems for coordination and implementation of SBCC interventions

IR 3.1

Strengthen Institutional Competencies

3.1.1 System audit of key influencers, stakeholders, and alliances for SBCC at national and regional levels

USAID Tulonge Afya conducted an SBCC systems audit to map the existing SBCC system, including coordination and communication among key SBCC stakeholders at the national, regional and district levels. The audit also analyzed the strengths and weaknesses of these structures in order to generate recommendations for improving the effectiveness of SBCC coordination and communication. Methods included key informant interviews with stakeholders at the national level (selected leaders from HPS, NACP, NMCP, RCHS), and regional and district levels (Regional and District Health Promotion Coordinators from six regions and six districts), as well as review of national level SBCC documents.

Some of the key findings from the audit include:

- Inadequate dissemination of the National Strategic Plan for Health Promotion to all stakeholders, leading to a misalignment between this plan and the SBCC activities implemented by some stakeholders
- Limited interaction between HPS and some stakeholders implementing SBCC activities
- The role of regional and district health promotion coordinators in coordinating SBCC activities is often limited and inconsistent
- Lack of a functioning national SBCC coordination framework
- Low technical capacity in SBCC, particularly among HPS staff and health promotion coordinators in the regions and districts who often have not received training in social and behavior change approaches
- Low levels of community participation in health promotion activities

Key recommendations made from the SBCC audit include development of a National Coordination Framework for SBCC, and standard operating procedures (SOPs) for SBCC material development, review, and approval. In Q4, the results and key recommendations from the audit were presented in a stakeholder workshop, which was convened by HPS as part of the initial stages of developing national SBCC Guidelines.

3.1.2 Conduct SBCC capacity assessments

During FY18, USAID Tulonge Afya conducted SBCC capacity assessments at the national level (HPS, RCHS, NMCP, NTLP), and regional and district levels (Njombe, Iringa, Mwanza, Shinyanga, Tabora, Singida). The assessments measured technical, coordination, and systems capacity for SBCC across four domains: institutional systems; planning and designing; implementation and monitoring; and evaluation, scale-up, and sustaining SBCC interventions. The initial results were immediately discussed with the assessed stakeholders to identify and agree upon capacity strengthening priorities, some of which will be addressed through USAID Tulonge Afya-supported capacity strengthening activities.

Key areas of priority support identified from these assessments include:

Development of an SBCC Coordination Framework

Development of SBCC guidelines for health units and programs

Strengthening monitoring and evaluation for SBCC

Development of a platform to collect and share SBCC tools and best practices

3.1.3 Develop and implement an SBCC Coordination Framework

One of the consistent findings in both the SBCC Systems Audit and the Capacity Assessments was the lack of a comprehensive framework for coordinating SBCC activities across the many stakeholders and IPs. Through discussions with the HPS, it was decided that the SBCC Coordination Framework should be embedded as a key component within the national SBCC Communication Guidelines, currently under development by HPS. USAID Tulong Afya will provide SBCC TA in support of this effort in FY19.

The Coordination Framework will include SOPs, quality standards, and tools to guide coordination with partners, and internally for HPS around SBCC material development, approvals, activity implementation and management, and M&E.

3.1.4 Develop a Capacity and Institution Strengthening Framework

Development of the Capacity and Institution Strengthening Framework relies on the findings of the capacity assessments and SBCC systems audit. These were finalized in Q4 therefore, the project was unable to complete this activity in FY18. The Framework will be developed, in close collaboration with HPS, early in FY19.

3.1.5 Improve health promotion reporting at the district, regional, and national levels

USAID Tulong Afya supported the HPS to develop, through a participatory workshop, health promotion indicators to be collected at community and facility levels for reporting into DHIS-2. The project also participated in a workshop to review HMIS Book 3, into which the health promotion indicators will be incorporated. During the next round of edits to Book 3, these indicators will be included for piloting. In FY19, the project will support the customization of a data collection tool for the developed indicators to enable the HPS to begin tracking these.

3.1.6 Strengthen national, regional, and district communication within the HPS

To strengthen communication within HPS, USAID Tulong Afya supported the development and launch of the following platforms this year:

- Technical support to HPS to administer social media accounts (Facebook, YouTube channel, Instagram, Twitter and WhatsApp group) for routine communication, sharing of updates, and collective problem solving and experience sharing between HPS and R/DHPCs
- Review of content to be included in the revitalized bi-annual health promotion newsletter, to be launched in Q1 of FY19

*IR 3.2***Increase Collaboration****3.3.1 Strengthen the Health Promotion TWG and the coordination of SBCC among other TWGs**

The USAID Tulonge Afya project supported the Terms of Reference (TOR) for an SBCC technical advisory committee (TAC), which will fall under the National Health Promotion and Health Protection (HPHP) TWG. The TAC's primary responsibility will be to provide technical support to HPS on issues related to coordination, implementation, and M&E of SBCC activities. The terms of reference will be validated in the next meeting of the HPHP TWG, before being endorsed by the permanent secretary of the MOHCDGEC.

3.2.1 Development of regional collaboratories/TWGs

USAID Tulonge Afya conducted regional collaboratory meetings in three pilot zones (Mwanza, Iringa, Tabora) during Q3 and Q4. The objectives of the collaboratories were to develop and strengthen regional-level communities of practice, which would provide a forum to share and discuss SBCC best practices, promote rigorous SBCC monitoring, and identify and plan for opportunities to improve SBCC quality and effectiveness. The model for the collaboratories was developed incrementally over successive meetings, with lessons learned from the previous meetings informing improvements to the agenda, activities, and materials. The meetings were led by the HPS and brought together health promotion coordinators and regional SBCC stakeholders to harmonize activities and share best practices. In FY19, USAID Tulonge Afya will work with the HPS to expand the model to additional regions.

Supplementary support: National SBCC Communication Guidelines

USAID Tulonge Afya participated in workshops – led by UNICEF – to develop the national SBCC Communication Guidelines in FY18. As of the end of the year, the document is in draft form, with additional inputs to be made. In FY19, the project will continue to engage in this process as part of development of the SBCC Coordination Framework, which will form part of the broader SBCC Communication Guidelines.



Lessons Learned

Engaging the COPs of our Boresha partners, other IPs and GoT partners in our first JPPM was an experiment which we hoped would demonstrate our commitment to partnership and promote openness and transparency. It was hoped also to provide an opportunity for GoT partners to understand the expectations of USAID as our donor particularly in terms of timelines for deliverables. This we felt was successful and this is now the practice for all JPPMs.

A meeting of the COPs in Q4 reflected that relationships between the projects at the regional level were excellent but need greater nurturing from the senior level in order to ensure the necessary detail in the planning and co-ordination at the regional level. It was agreed that a quarterly formal meeting would be held between the four projects at COP level and also with senior implementation staff. Each COP agreed to nurture the systematic joint planning at the region which had adopted different processes within each organization.



SUCCESS STORY

Regaining Control and Giving Hope for the Future: *The Furaha Yangu campaign promotes HIV testing and treatment among higher risk audiences*

“

MWAJUMA'S STORY

A 29-year-old mother of three, Mwajuma lives in Tumbi Ward, 20 kilometers from Tabora Municipal. In her life, Mwajuma was married and blessed with twin babies. However, after the sudden death of her husband in 2013, Mwajuma's life became more difficult. She remarried and had another child, but this husband has since left her, and she is now living with her parents and three young children.

A little over a year ago Mwajuma began to experience recurrent fevers. She shares that the idea of HIV testing never occurred to her, even as her health continued to deteriorate. Despite seeking care at the health facility, and her neighbors noticing how unwell she had become, nobody had ever spoken to her about HIV testing, and whether she might be at risk.

That all changed with the Furaha Yangu campaign, implemented by USAID Tulonge Afya in partnership with the GOT. A community volunteer conducting IPC activities as part of the Furaha Yangu campaign in Mwajuma's ward met with her and discussed the benefits of HIV testing and the treatment, which is now immediately available for anyone who tests positive. After several conversations Mwajuma committed to going to the health facility to test for HIV.

The test revealed that Mwajuma was living with HIV. “It was not easy to accept the results because I did not ever think about it before,” explains Mwajuma. However, Mwajuma chose to initiate ART immediately, which she continues to take daily. She also shares how family support is helping her to regain control of her life, and plan for a bright future for her and her children. “I decided to disclose my results to my young sister and brothers who actually gave me courage and accepted me. What I think now is to take my three children for HIV testing because they did not do it in the past, and I don't know their health status...it is best if I will know the health status of my children.”

Mwajuma encourages others in her community to make sure they take care of their health, get regular health check-ups, and consider HIV testing, even if they feel well. Looking back, she wonders if her husband's death may have been caused by HIV and shares that she is glad that she now knows her HIV status and has initiated treatment that will keep her healthy.

“I would like to thank the Community Volunteers in our Ward under the USAID Tulonge Afya Project because through talking to them I was willing to go for HIV testing and have started my medication. Without them, my condition would have been worse.”

Annexes

ANNEX 1. DELIVERABLES SUMMARY

#	ACTIVITY	DELIVERABLE	FUNDING STREAM	STATUS AS OF SEPT 30, 2018
1.1	CONDUCT ASSESSMENTS TO INFORM SBCC STRATEGY DEVELOPMENT			
1.1.1	SBCC audit	Audit report Message inventory	All	Complete; Deliverables previously submitted
1.1.2	Baseline survey	Baseline report	Malaria FP MNCH TB HTXS HVCT CIRC PMTCT	Complete; Baseline report submitted, and dissemination event held Secondary analysis underway
1.1.3	Formative research	Audience insight gathering summary reports Formative research reports Desk Reviews	Malaria FP MNCH TB HTXS HVCT PMTCT KVP	Audience insight gathering and desk reviews: Complete; Deliverables previously submitted LTFU research: Ongoing in FY19; awaiting local IRB approval
1.1.4	Rapid partner needs assessment	Notes	All	Complete
1.1.5	mHealth situation review and meeting	Report and meeting notes	All	Complete; Deliverables previously submitted
1.1.6	Gender and youth assessment	Assessment report and recommendations	All	Complete; Deliverable attached
1.2	SUPPORT AND FACILITATE CONSENSUS ON PRIORITY HEALTH BEHAVIORS, AUDIENCES, AND STRATEGIES			
1.2.1	Conduct stakeholder buy-in meeting	Meeting report with list of prioritized health behaviors, priority audience segments, and accelerated support areas	All	Complete; Deliverable previously submitted
1.2.2	Conduct stakeholder strategy development meeting	Strategy development workshop report	All	Complete
1.2.3	Finalize and disseminate strategies	Youth and Adolescent Strategy Adult strategy	Youth: FP CIRC HVCT HTXS KVP Adult: Malaria FP MNCH TB HTXS HVCT PMTCT KVP PED	First drafts: Complete and submitted for USAID review (Revised versions attached)
1.2.4	Identify regional needs	Three zonal reports to inform regionalization of strategies	All	Complete; Deliverables previously submitted
1.3	ADAPT, DEVELOP, AND LAUNCH COMPREHENSIVE SBCC SUPPORT			
1.3.1	Accelerate support	Media and materials repurposed for immediate dissemination and use	Malaria FP MNCH TB PMTCT PED	Complete; Materials available upon request

#	ACTIVITY	DELIVERABLE	FUNDING STREAM	STATUS AS OF SEPT 30, 2018
1.3.2	Develop a family health integrated Message Guide (incorporating messages from or aligned to other specific existing campaigns)	The Message Guide will consolidate in a single tool the messages from existing national communication strategies and guidelines and will serve as a living reference that is updated over time.	All	Draft content for all chapters: Complete Review and continuous refresh: Ongoing in FY19
1.3.3	Adapt Shujaaz transmedia platform for youth	Media programming across Shujaaz channels	Malaria FP HVCT	Complete; Materials available upon request
1.3.4	Develop supportive print materials for youth	Print material packages for community and facility activities	FP	Creative briefs and draft content: Complete Pre-testing and finalization: Ongoing in FY19
1.3.5	Develop and launch an overarching adult SBCC platform	Short teaser campaign Test and Start awareness campaign Start Pregnancy and Childbirth package	HVCT HTXS	Test and Start campaign: Complete (with additional phases to come in FY19) Other deliverables: Ongoing in FY19
1.3.6	Develop digital tools	Mobile application using OpenSRP to be used by CHWs and volunteers		Ongoing in FY19
1.3.7	Implement a media engagement and coverage strategy	Journalists and key media house personnel oriented and trained Journalism award made	All	Complete
1.4	SUPPORT PARTNERS TO IMPLEMENT SBCC PACKAGES AND DELIVER HIGH-QUALITY SBCC			
1.4.1	Support partners in integrated strategy rollout	Support partners in integrated strategy rollout	All	Furaha Yangu campaign: Complete; Materials available upon request Other packages/campaigns: Ongoing in FY19
1.4.2	Support development of SBCC strategies and TA	Technical assistance provided	Malaria CIRC KVP	Complete; Deliverable attached
1.2.4	Support the MOHCDGEC program units (NACP, NMCP, RCH & NTL) and HPS to support activities such as Health Days	Discrete media activities	Malaria HVCT HTXS TB MNCH	Complete
2.1	MOBILIZE DISTRICT-DRIVEN SBCC AND DEVELOP IMPLEMENTATION PLANS			
2.1.1	Orient regional and district-level stakeholders on the project	District buy-in, feedback, and collaboration	All	Complete
2.1.2	In 15 Enhanced Districts map the "SBCC system"	Activity report	All	Complete

#	ACTIVITY	DELIVERABLE	FUNDING STREAM	STATUS AS OF SEPT 30, 2018
2.1.3	Participate in CCHP meetings at regional level	Activities incorporated in CCHPs	All	Complete
2.1.4	Support GOT to conduct district SBCC mobilization and planning in 15 districts	District mobilization guide and tools 15 youth and adult costed implementation plans	All	Postponed until FY19
2.2	DEVELOP AND IMPLEMENT GRANTS TO DRIVE DEMAND FOR HEALTH SERVICES AND TRANSFORM SOCIAL NORMS			
2.2.1	Link grant implementation packages to national- and regional-level media	Community activities implemented	HVCT HTXS	Ongoing with expansion in FY19
2.2.2	Support GOT to lead grant activities at regional level with ties to national HPS	Targets achieved per grant scopes of work	All	Ongoing with expansion in FY19
2.3	SUPPORT IMPLEMENTATION AND GRANTEEES TO DELIVER HIGH-QUALITY SBCC PROGRAMS THAT DRIVE SERVICE UPTAKE AND A SUPPORTIVE ENVIRONMENT			
2.3.1	Conduct regional orientations on USAID Tulonge Afya-developed SBCC packages and implementation guides	Implementation guides Orientations	HVCT HTXS	Complete (for campaigns launched in FY18) Ongoing with expansion in FY19 (for all other packages/campaigns)
2.3.2	Develop and roll out Shujaaz SuperFan platform	Trained SuperFans and youth targets achieved	All	Cancelled
2.3.3	Pilot participatory community radio and theater programs to localize and tailor content from regional and national programming	Community radio programming in 15 Enhanced Districts	All	Ongoing with expansion in FY19
3.1	STRENGTHEN INSTITUTIONAL COMPETENCIES			
3.1.1	System audit of key influencers, stakeholders, and alliances for SBCC at national and regional levels	Meeting notes and report	All	Data collection and report drafting complete Final version to be submitted to USAID in FY19 Q1
3.1.2	Conduct SBCC capacity assessments	Capacity strengthening action plans and assessment scores	All	Complete; Deliverables available upon request
3.1.3	Develop and implement an SBCC coordination framework	SBCC Coordination Framework and SOPs	All	Ongoing in FY19
3.1.4	Develop a capacity and institutional strengthening framework	CIS Framework Report	All	Delayed until FY19
3.1.5	Improve health promotion reporting at the district, regional, and national levels	Two health promotion indicators integrated in the HMIS	All	Complete
3.1.6	Strengthen national, regional, and district communication within HPS	Meeting notes Biannual news circular Closed HPS Facebook and WhatsApp group	All	Ongoing in FY19

#	ACTIVITY	DELIVERABLE	FUNDING STREAM	STATUS AS OF SEPT 30, 2018
3.2	INCREASE COLLABORATIONS			
3.2.1	Strengthen Health Promotion TWGs and the coordination of SBCC among other TWGs	Meeting notes and action plans, reviewed TOR and membership	All	Complete; SBCC TAG to launch in FY19 pending Ministry approval
3.2.2	Development of regional laboratories/TWG	TWG TORs, membership list Meeting notes	All	Complete, with expansion in FY19



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