



Quarterly Performance
Report (FY18 Q3):
April 1, 2018 – Jun 30, 2018

USAID Cooperative Agreement:
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USAID Tulongge Afya



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EXECUTIVE SUMMARY

Highlights this Quarter

Project Background

USAID Tulonge Afya by the numbers

High-level Overview: FY18 Q3 Activities by Funding Stream (Table 1)

Activities conducted by result: RESULT AREA 1

Result 1: Improved ability of individuals to practice healthy behaviors

Furaha Yangu (Test and Treat All) SBCC Campaign

- Press conference and media teaser campaign

- Media orientation workshops

- Pre-launch activities

- National launch event and service delivery

- Social media activities

- Early campaign outcomes

- Develop digital tools

VMCC experiential marketing and demand creation campaign

AIDSFREE – Voluntary Medical Male Circumcision Project

- Support the MOHCDGEC program units (i.e., NACP, NMCP, RCH, NTLP) and HPS to support activities such as health days and national campaigns

Result 2: Strengthened community support for healthy behaviors

- In 15 enhanced districts, map the ‘SBC system’ of stakeholders

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

Activities conducted by result: RESULT AREA 2

- Jiongeze Tuwavyushe Salama

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

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

Result 3: Improved systems for coordination and implementation of SBCC interventions

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

- Conduct SBCC capacity assessments

Activities conducted by result: RESULT AREA 3

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

UPCOMING IN Q4

- Strengthen the health promotion technical working group (TWG) and the coordination of SBCC among other TWGs

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

IR1. Improved ability of individuals to practice healthy behaviors

IR2. Strengthened community support for healthy behaviors

IR3. Improved systems for coordination and implementation of SBCC interventions

APPENDICES

CONTENT

AMEP	Award Monitoring and Evaluation Plan
AOR	Agreement Officer Representative
ART	Antiretroviral Therapy
BCC	Behavior Change Communication
CCHP	Comprehensive Council Health Plan
CHSSP	Community Health and Social Welfare Systems Strengthening Project
CHW	Community Health Worker
CIRC	Voluntary Medical Male Circumcision (PEPFAR Budget Code)
CPICI	Comprehensive Platform for Integrated Communication Initiative
CSO	Civil Society Organization
DHIS2	District Health Information System 2
DMO	District Medical Officer
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
EIMC	Early Infant Male Circumcision
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EMTCT	Elimination of Mother to Child Transmission of HIV
EOI	Expression of Interest
FGD	Focus Group Discussion
FHI 360	Family Health International
FP	Family Planning
FS	Funding Stream
FY	Fiscal Year
GBV	Gender-based Violence
GOT	Government of Tanzania
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HKID	Orphans and Vulnerable Children Funding Stream
HPS	Health Promotion Section
HTXS	HIV Care and Treatment (PEPFAR Budget Code)
HMIS	Health Management and Information System
IDI	In-depth Interview IR Intermediate Result
IRB	Institutional Review Board
IP	Implementing Partner
IPC	Interpersonal Communication
JPPM	Joint Planning and Program Meeting
KRM	Khangarue Media
LGA	Local Government Authority
LTFU	Loss to Follow Up
M&E	Monitoring and Evaluation
MINCH	Maternal, Newborn, and Child Health
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly, and Children
MOU	Memorandum of Understanding
NACP	National AIDS Control Program
NMCP	National Malaria Control Program
NTLP	National Tuberculosis and Leprosy Program
PAF	Project Advisory Forum
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PORALG	President's Office Regional and Local Government
RAS	Regional Administrative Secretary
RCH	Reproductive and Child Health
R/CHMT	Regional/Council Health Management Team
RMO	Regional Medical Officer
SBC	Social and Behavior Change
SBCC	Social and Behavior Change Communication
SMS	Short Message Service
SRH	Sexual and Reproductive Health
T-MARC	T-MARC Tanzania
TA	Technical Assistance
TB	Tuberculosis
TOR	Terms of Reference
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
VMMC	Voluntary Medical Male Circumcision
WTS	Well Told Story
ZAMEP	Zanzibar Malaria Elimination Program

ACRONYMS

EXECUTIVE SUMMARY

This quarter, USAID Tulonga Afya had the privilege of supporting the Government of Tanzania in the launch of the Furaha Yangu campaign, led by the Prime Minister and the Honorable Minister for Health in Dodoma in June, followed by a series of regional launches. After over a year of working extremely closely with Government colleagues, the project has been recognized at the highest level as an implementing partner that can provide technical support and guidance to the Government in its determined efforts to effect change that will lead to the adoption of healthy behaviors.

In addition to this success, a tremendous amount of work has been carried out in collaboration with the MOHCDGEC, PORALG, and other stakeholders in support of the youth and adult strategy development process; onboarding and early work under the community grants program; support to other IPs, including AIDS FREE, Kizazi Kipya and Sauti; and technical assistance to the health programs within the Ministry, including technical assistance on reemerging health issues, such as cholera. The Health Promotion Section which has the mandate for coordination of SBCC is, with USAID Tulonga Afya support, revitalizing their role within the regions and districts, re-engaging with Regional and District Health Promotion staff to provide direction, motivation, and guidance on their co-ordination role, and sharing of good practice. Capacity assessments have been completed at the national and regional levels, and the capacity strengthening framework is in the process of being drafted. Additionally, a national newsletter for Health Promotion is in draft, and a TOR for a new SBCC advisory committee to the Health promotion and Health Protection Technical Working Group has been submitted by HPS for internal approval.

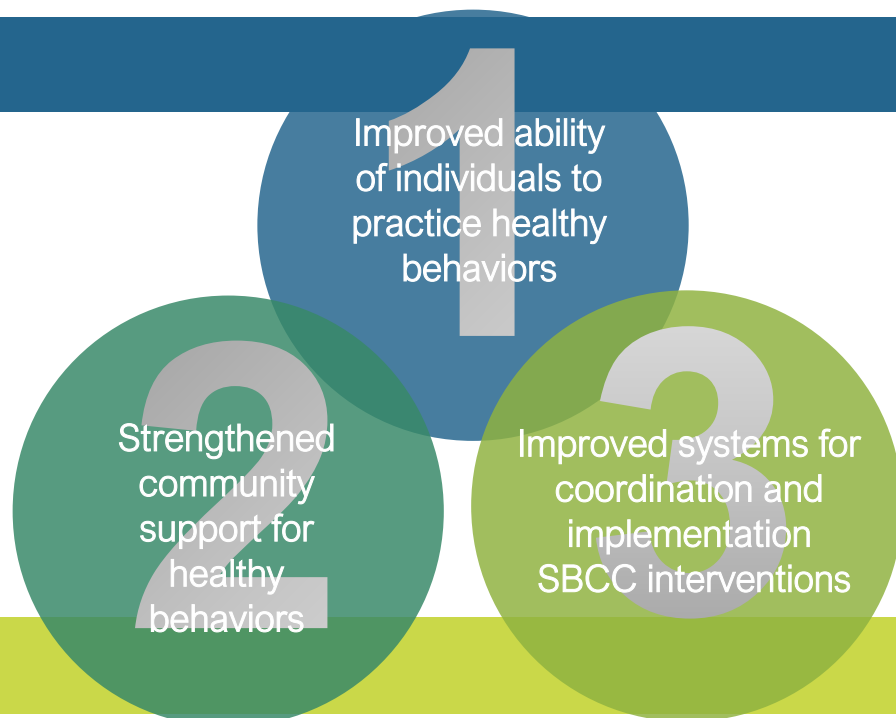
A core package of integrated materials for use in communities by facility staff, community health workers, and CSO volunteers and youth peer educators have been produced and are in use or in progress. We are also excited that the adult platform, which has been branded Naweza 'I can', embodying the emotional drivers of achievement, a bright future and a caring community, is being prepared for launch with the first life cycle package of materials for pregnancy and childbirth. Results for the reach of our mass media activities are very positive across all health areas Audience insights in FP, MCH, and TB have all been completed and reported on this quarter and, alongside the HIV and malaria insights reported on in previous quarters, have informed both the adult and youth strategy, while our baseline analysis is complete and will be disseminated in Q4. This has been a very busy and productive quarter and as we move towards the end of the year with a relentless pace, the project is working extremely hard to ensure a continued close collaboration, not only with the Government but also with our sister projects, USAID Boresha Afya and fellow IPs as we all begin to formulate priorities for fiscal year 2019.

This quarter 3 report shares with you the highlights of the results of our work conducted together with our partners the Government of Tanzania, Khanga Rue Media, T-MARC and TCDC while the large body of appendices hold the reports and documents we have produced together.

USAID Tulonga Afya Team

Project Background

The U.S. Agency for International Development (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. It aims to achieve the following results:



Highlights this Quarter

During Q3, USAID Tulonge Afya continued to make progress against fiscal year (FY) 18 work plan activities. These included finalizing the baseline assessment and reporting; continuing radio and print material support under the accelerated support strategy; and collaborating with stakeholders and audiences to draft the project's youth strategy, which has been accepted by the Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC). Other work plan activities were providing SBCC technical assistance (TA) to the government, notably to the JIONGEZE maternal and child health (MCH) campaign and implementing partners (IPs); bringing civil society organizations (CSOs) on board under the community grants program; and strengthening capacity at the national, regional, and district levels. Following are particularly notable achievements to be highlighted this quarter:

- **The high-profile national launch of the Furaha Yangu** (i.e., Test and Treat All) SBCC campaign was implemented in close partnership with the National AIDS Control Programme (NACP) and the Tanzania Commission for AIDS (TACAIDS). Following

several months of work by the Test and Treat All Campaign Task Force, the Furaha Yangu campaign launched in June, marked by a national launch event in Dodoma. The event was attended by Guest of Honor, Prime Minister Hon. Majaliwa Khassim Majaliwa, as well as USAID/Tanzania Mission Director Andy Karas. Launch activities included health provider orientations conducted in collaboration with USAID Boresha Afya; media orientations and press engagement events; community-level SBCC activities such as roadshows and interpersonal communication (IPC); social media activities; and service provision. During the seven days of launch activities, 4,724 individuals received HIV testing and counseling (HTC) services, of which 65 percent were men.

- **Consultations were held to gather audience insight to understand the emotional drivers and barriers to uptake of priority family planning (FP)/reproductive health (RH); maternal, newborn and child**

health (MNCH); and tuberculosis (TB) behaviors. Results were reported and will be synthesized with the findings of consultations conducted for HIV and malaria in previous quarters to inform the adult and youth strategies. The findings will also be applied to the development of effective SBCC materials and messages to position priority behaviors in terms of their emotional—rather than purely rational—benefits for the target audiences.

- **Intensive community-level malaria SBCC activities** were conducted during and following the rainy season in six regions of the President's Malaria Initiative (PMI) (i.e., Geita, Mwanza, Kigoma, Kagera, Morogoro, Ruvuma). These activities aimed to promote key malaria prevention and care-seeking behaviors through activities led by community change agents, including in hard-to-reach rural areas. In total, 775,167 contacts were made with target audiences through IPC activities, mobile video unit (MVU) shows, cultural theatre, and clinic talks.

USAID Tulonge Afya by the numbers

548

people trained



that is

256

health providers



154

journalists



238

Community health workers

11,378,896

people heard HIV/AIDS message through TUNAKUTHAMINI on the radio

6,260

people reached with community-level SBCC activities during the Furaha Yangu launch

59,907

people reached with voluntary medical male circumcision (VMMC) messages

775,167

people reached with malaria messages

638,554

print materials distributed for use by USAID Boresha Afya

7,080,202

people heard an END TB health campaign on the radio

8,344,524

people reached with Wazazi Nipendeni messaging

15,930,455

people heard an FP message through Greenstar radio spot

5,815,880

People heard a PMTCT message on the radio

High-level Overview: FY18 Q3 Activities by Funding Stream

Table 1. Funding stream-specific activities conducted during the quarter

Activity	Description	Output	Funding Stream Support
Formative research	Conducted insight-gathering sessions with target audiences to understand the emotional drivers for desired FP/RH, MNCH, and TB priority behaviors	Audience insight reports to further inform SBCC packages Audience insight presentation to share high-level findings with stakeholders	FP/RH MNCH TB
	Finalized protocol and data collection tools for loss to follow-up study	Institutional review board package prepared, including protocol and data collection tools	HIV: HTXS PMTCT
Accelerated support	Implemented radio and print accelerated support plan to promote priority behaviors across focal health areas, including HIV, FP, MNCH, and malaria, as well as cross-cutting gender norms	Accelerated support print materials produced and distributed to USAID Boresha Afya partners covering HIV prevention and treatment, FP, and MNCH priority behaviors, as well as gender norms: <ul style="list-style-type: none"> • 390,000 brochures • 248,500 posters • 54 pull-up banners 4,247 radio spots on FP and MNCH, including malaria in pregnancy and prevention of mother-to-child transmission (PMTCT), priority behaviors aired 2,627 people reached with campaign messages on TB, HIV, malaria, FP and RH/MNCH (source: omnibus survey report)	HIV: HTXS FP/RH MNCH
Launch and rollout of Furaha Yangu Test and Treat All SBCC campaign	Launched the Furaha Yangu campaign via a national launch event and mass media and community SBCC activities, including: <ul style="list-style-type: none"> • 852 radio spot placements • 39 social and digital media posts (e.g., Facebook, Instagram, WhatsApp) • 192 public service announcements (PSAs) • Outdoor billboards • 18 road shows • Pop-up IPC activities with Furaha Yangu ambassadors • 2 media orientation meetings • 2 service provider orientation workshops 	Campaign launched with strong government and partner support. Initial outcomes included: <ul style="list-style-type: none"> • 4,724 individuals received HTC services, of which 65% were men, at pop-up HTC services in Dodoma as part of the launch event (testing yield of 2.3%) • Substantial media coverage, including 54 newspaper articles, 17 TV mentions, and 18 radio and blog mentions • 5,641 individuals (3,940 male and 2,320 female) reached via road shows • 619 individuals (495 male and 124 female) reached through IPC activities • 191,249 individuals (133,874 male and 57,375 female) 	HIV: HTXS HIV: HVCT

		<p>reached via social media content, with more than 40,000 engagements (e.g., likes, shares, comments)</p> <ul style="list-style-type: none"> • 256 providers oriented on Furaha Yangu key messages, and skills built around providing quality HTC services in line with the Test and Treat All service delivery guidelines 	
USAID Tulonga Afya youth strategy	Draft strategy developed in collaboration with Government of Tanzania (GOT) stakeholders, IPs, and youth	<p>Draft youth strategy describing the behavioral and communication objectives the project will address to improve health outcomes among youth ages 10–24. The strategy also outlines the youth platform brand, as well as the SBCC activities and channels that will be used to achieve the communication and behavioral objectives. Behavioral objectives to be addressed are:</p> <ul style="list-style-type: none"> • Delay first sex • Use a modern contraceptive method to: <ul style="list-style-type: none"> ○ Delay first birth ○ Space future pregnancies • Use condoms correctly and consistently • Get an HIV test (if at risk) • Go for VMMC 	HIV: HVCT HIV: HTXS HIV: CIRC FP/RH
Adaptation of Shujaaz transmedia platform for youth	<p>Malaria story line promoting use of insecticide-treated nets (ITNs) and prompt, appropriate care-seeking at the first sign of a fever implemented across the <i>Shujaaz</i> platform (i.e., comic books, radio program, social media)</p> <p>FP story line promoting uptake of FP methods among sexually active youth implemented across the <i>Shujaaz</i> platform</p>	<p>For each story line:</p> <ul style="list-style-type: none"> • 500,000 comic books distributed • Estimated 2 million youth reached <p>Social media posts under the malaria story line received 7,729 likes and 387 comments.</p> <p>Social media posts under the FP story line received 15,035 likes and 2,007 comments.</p>	FP Malaria
SBCC TA to government partners	<p><i>Jiongeze Tuwavushe Salama</i> MNCH SBCC materials refined and radio spots produced</p> <p>Zanzibar malaria elimination SBCC strategy drafted in collaboration with the Zanzibar Malaria Elimination Programme</p>	<p>Jiongeze campaign print-ready material artwork and broadcast-ready radio spots promoting birth preparedness and health facility delivery among pregnant women, as well as male partner involvement in MNCH care</p> <p>Draft ZAMEP SBCC strategy, which will guide Zanzibar malaria SBCC activities toward achieving the elimination goal by 2022</p>	MNCH Malaria

	(ZAMEP) and malaria elimination stakeholders Malaria World Day radio media support implemented	World Malaria Day radio spots to promote priority malaria prevention, care-seeking, and treatment behaviors	
Intensive community mobilization for malaria	Malaria community mobilization support provided in six PMI regions, including clinic talks, IPC sessions, MVU shows, and cultural shows promoting the following behavioral objectives: <ul style="list-style-type: none"> • Pregnant women and children sleep under ITNs • Pregnant women take intermittent preventive treatment in pregnancy (IPTp) during antenatal care (ANC) visits • Caregivers seeks prompt and appropriate care for symptoms of malaria • Patients complete the full course of malaria treatment 	356 community change agents oriented with malaria knowledge and IPC skill. These agents went on to conduct: <ul style="list-style-type: none"> • Clinic talks reaching 19,660 individuals • IPC sessions reaching 345,437 individuals • MVU shows reaching 74,657 individuals • Cultural shows reaching 335,413 individuals 	Malaria
Support to the AIDSFREE project	VMMC demand-creation support targeting adult men implemented in the catchment areas of four new AIDSFREE-supported health facilities in Morogoro Region. This included experiential marketing activities, flighting four strategically-placed billboards, and providing branded gazebos to serve as information tents during outreach service events. Graphic design TA provided to adapt and repurpose adolescent-friendly VMMC IPC session tool kits and guides.	Almost 60,000 individuals reached through experiential marketing activities promoting uptake of VMMC services among adult men	HIV: CIRC
Support to the Kizazi Kipya project	Video production services provided to begin developing positive parenting messages and orientation modules to be used as job aids for Kizazi Kipya volunteers	Video production implementation plan and draft scripts for a job aid for health providers on positive parenting: <ul style="list-style-type: none"> • Engaged creative agency to develop story line • Project team reviewed the story line • Monitoring of the video production 	HIV: HKID
Support to the SAUTI project	Support initiated to produce key and vulnerable population (KVP) short testimonial documentaries and digitalization of IPC curriculum	Procurement evaluation report and contract scope of work (SOW) to guide implementation of video production	HIV: KP

Activities conducted by result: RESULT AREA 1

Result 1: Improved ability of individuals to practice healthy behaviors

A detailed description of Result 1 activities conducted during the reporting period follows.

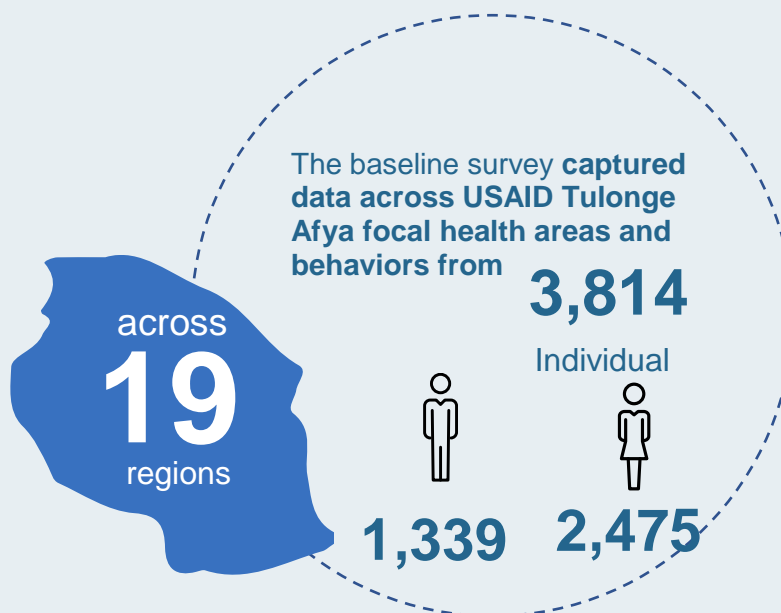
Conduct assessments to inform SBCC strategy development

SBCC landscape analysis

The SBCC landscape analysis report was finalized (Appendix 1). An SBCC inventory database that captures materials and tools surfaced through the mapping was also finalized. The database will be handed over to the MOHCDGEC and installed in its server to support the health promotion section (HPS) to build a robust, up-to-date, and easy-to-access SBCC repository.

Baseline survey

Baseline survey data were analyzed and verified, and the findings report was submitted to USAID this quarter. The baseline survey captured data across USAID Tulonge Afya focal health areas and behaviors from 3,814 individual interviews (1,339 male, 2,475 female) across 19 regions. The results will be used to set project targets, as well as to further inform the project's adult and youth SBCC strategies. Key findings per health area are shown in figure 2. below.



Key Findings: HIV



Knowledge

Slightly over half of the total study population were considered to have comprehensive, correct knowledge of HIV.



Attitudes

Slightly over an eighth of the study population had positive attitude toward condom use during high risk sex.



Self-efficacy

Less than 10% of the study population reported ease with getting HIV testing and counseling, talking to partners about HIV testing, and knowing a place to obtain HIV testing and counseling services.



Intent to adopt

Less than half of the study population (49%) reported likelihood of condom use in the next six months.



Dialogue

Eight percent (8%) of the study population reported discussing youth-friendly SMC services in the past six months.



Uptake

Slightly over half of the study population reported being tested for HIV in the last six months.

Key Findings: MALARIA



Knowledge

Slightly over an eighth (18%) of the study population had comprehensive knowledge of malaria



Attitudes

The majority of the study population (86%) had positive attitudes toward malaria prevention.



Self-efficacy

Slightly over a third of the study population (38%) expressed ease in accepting IRS operators into their home to spray.



Intent to adopt

Slightly more than half of caregivers (57%) in the study population reported likelihood of obtaining diagnosis and treatment for a child less than five years old with fever in the next six months.



Dialogue

Slightly over an eighth of the study population (19%) reported discussing malaria prevention during pregnancy in the past six months.



Uptake

About three-quarters of caregivers in the study population (72%) reported seeking prompt treatment for a child with fever.

Key Findings: FAMILY PLANNING / REPRODUCTIVE HEALTH



Attitudes

Slightly over a third of the study population (37%) had positive attitudes toward family planning.



Self-efficacy

The majority of the study population (80%) expressed confidence in obtaining FP information and using FP.



Intent to adopt

The majority of the study population (80%) reported likelihood of using modern contraceptives in the next six months.



Dialogue

An eighth of the study population (12.5%) reported discussing youth-friendly contraception services in the past six months.



Uptake

About an eighth (13%) of non-pregnant adolescents in the study population aged 15-17 years old reported use of modern contraceptives to delay first pregnancy until age 18 years.

Key Findings: MATERNAL / CHILD HEALTH



Self-efficacy

Almost half of females in the study population (48%) expressed ease and confidence in exclusively breastfeeding a baby for the first six months.



Intent to adopt

Slightly over half of caregivers in the study population (54%) reported likelihood of initiating and completing a full course of ANC visits if pregnant or if a partner gets pregnant in the future.



Dialogue

Slightly over an eighth of the population (18%) reported discussing health facility delivery and ANC in the past six months.



Uptake

Slightly over half of female individuals in the study population (56%) who gave birth within the year reported completing a full course of ANC visits.

Key Findings: TUBERCULOSIS



Knowledge

Slightly over an eighth (19%) of the study population had comprehensive knowledge of tuberculosis.



Attitudes

The majority of the study population (84%) had positive attitudes toward malaria prevention.



Self-efficacy

The majority of the study population (90%) expressed confidence in seeking TB screening and testing, as well as adhering to TB medication.



Intent to adopt

The majority of the study population (83%) reported likelihood of seeking TB screening and testing in the next six months.



Dialogue

Less than 10% of the population (8%) reported discussing TB screening and testing in the past six months.

Key Findings: GENDER NORMS



Attitude

Less than 1% of the study population had positive attitude toward gender norms.



Male support

Less than half of the study population (43%) reported supportive attitudes toward male involvement in MCH.



Gender-based violence

Slightly more than a third (36%) of the study population who reported being victims of gender-based violence reported discussing the incident with someone and seeking help

Formative research

Consultations to gather audience insight were conducted with target audiences for priority behaviors for FP/RH, MNCH, and TB.¹ Important emotional drivers for each target audience were identified (Table 2). These drivers are expanded upon in summary reports in Appendices 2–4. The consultations also identified key barriers to desired behaviors. These findings will be used to support finalization of the project’s youth and adult strategies and will inform creative briefs for SBCC materials to be developed, in Q4.

Table 2. Emotional drivers of target audiences for FP, MNCH, and TB

Target Audiences	Health Area(s)	Prominent Emotional Driver	Additional Emotional Drivers
Young women (ages 15–17)	FP	Belonging	Status, achievement, recognition
Young men (ages 15–17)	FP	Status	Belonging, recognition, achievement
Single young women (ages 18+)	FP, TB	Independence/control	Achievement, recognition, belonging
Single young men (ages 18+)	FP, TB	Status	Control, achievement, recognition
Married young women and mothers	FP, TB, MNCH	Family values	Independence/control, status, nurturing
Married men and fathers	FP, TB, MNCH	Status	Control, achievement, recognition
Older women	TB	Recognition	Control, family values, status
Older men	TB	Achievement	Recognition, status, belonging
Women undergoing TB treatment	TB	Belonging	Nurturing, achievement
Men undergoing TB treatment	TB	Belonging	Independence, status, achievement
Health workers	FP, TB, MNCH	Recognition	Status, nurturing, poverty of time

Gender and youth assessment

Data collection and analysis for the gender and youth assessment were ongoing this quarter. The assessment involved a desk review and qualitative data collection through key informant interviews with government officials, local gender experts, community leaders, and health providers and through focus group discussions with project target audiences (i.e., male and female youth ages 18–24, male and female parents and caregivers of children under 5, and mother/daughter and father/son pairs). Findings will be reflected within the project’s adult and youth strategies, and a final report will be shared in Q4.

Support and facilitate consensus on priority health behaviors, audiences, and strategies

Conduct a stakeholder strategy development meeting

A four-day youth strategy development workshop was conducted this quarter with 21 stakeholders, including youth, in attendance. During this workshop, data from the project’s formative activities, baseline research, and rapid desk reviews were reviewed and used to identify barriers to the performance of priority behaviors, and to identify communication objectives. Key behavioral objectives were delineated with stakeholders earlier in the year as part of the project’s behavior prioritization workshop. A draft of the youth strategy (Appendix 5) will be validated by key stakeholders early next quarter, and the strategy will be finalized.

Preparations were also made this quarter for a similar adult strategy development workshop, which will take place early in Q4.

Adapt, develop, and launch comprehensive SBCC support for healthy behaviors

Accelerated support strategy Provision of accelerated support continued this quarter across print and radio, as shown in Table 3. In addition to the materials selected for accelerated support during the stakeholder meeting in Q1, print materials addressing male partner involvement, GBV, and youth uptake of FP and youth-friendly sexual and reproductive health services were requested by partners this quarter to address the shortage of information, education, and communication materials at the health facilities. In response to this request, USAID Tulonge Afya convened a materials technical review meeting; messages were reviewed, adapted, produced, and delivered this quarter (*Table 3*). Materials provided to each USAID Boresha Afya partner are listed in Appendix 6.

¹ Similar insight-gathering consultations were conducted in previous quarters for HIV testing, care, and treatment, and for malaria.

Health Area	Campaign	Material	Topic and Behavioral Objective	Number Produced
MNCH	Wazazi Nipendeni	Radio spots	IPTp: Pregnant women complete at least three doses of sulphadoxine pyrimethamine (SP) to prevent malaria during pregnancy	586
			Exclusive breastfeeding: New mothers exclusively breastfeed their infant for the first six months after birth	389
			Postnatal danger signs: Early identification of danger signs for mother and baby	546
			Facility delivery: Pregnant women deliver at the health facility	394
FP	Green Star	Radio spots	Benefits of FP services: General population know the benefits of FP services	500
			Youth uptake of FP: Youth access FP services	460
		Print media	Male partner engagement posters: Male partners become involved in FP/RH services	50,500
			Male partner engagement brochures: Male partners become involved in FP/RH services	124,000
			Youth FP planning posters: Youth access FP services	69,500
			Youth FP brochures: Youth access FP services	134,000
Youth FP service awareness pull-up banners: Youth access FP services	54			
Gender norms	Gender and GBV Awareness	Print media	GBV awareness posters: Men are encouraged to be involved in RMNCH and family planning services	49,500
			Gender-based awareness brochures: Advocacy is disseminated for prevention of GBV among men to improve reproductive and maternal health	64,000

During this quarter, media monitoring was conducted to track the estimated number of people reached through project-supported radio spots (i.e., Wazazi Nipendeni, Green Star). Additionally, the MOHCDGEC continued to support airing of Tunakuthamini and Stop TB radio spots this quarter after USAID Tulonge Afya's accelerated support for these radio spots ended. Media monitoring data for all four campaigns are presented in Table 4.

Table 4. Number of adults reached with accelerated support radio spots this quarter

Health Area	Campaign	Type of media	No. of spots produced and aired		% of pop exposed	Estimated Population reached
			Type	No.		
MNCH	Wazazi nipendeni promoting priority MNCH behavioral objectives	Radio spots	Toto Langu-PMTCT	605	23%	5,815,880
			Birth Plan	934	13%	3,287,237
			3SP dose	586	22%	5,563,016
			Exclusive BF	778	15%	3,792,965
			Postnatal Danger Signs	546	11%	2,781,508
			Bahati Delivery at Health Center	394	33%	8,344,524
FP	Green Star Campaign promoting MFPM and Male partner support	Radio spots	Mama Ndimu	500	63%	15,930,455
			Mnong'ono	460	25%	6,321,609
HIV and AIDS	Tunakuthamini Campaign	Radio spots	Uncle & Nephew	Supported by GoT this Quarter	23%	5,815,880
			Husband & Wife	Supported by GoT this Quarter	45%	11,378,896
			Cousins		14%	3,540,101
TB	End TB health campaign	Radio spots	End TB health campaign	Supported by GoT this Quarter	28%	7,080,202

To assess changes in reach, exposure, and recall during the period of accelerated support, Ipsos Tanzania was commissioned to conduct baseline (i.e., January 2018), midline (i.e., May 2018), and end line (i.e., July 2018) surveys to assess the impact of the accelerated support. The baseline point was to assess the extent to which the existing campaign was recalled before the accelerated support. The midline survey, meant to assess the effect of the support, was conducted this quarter using computer-assisted telephone interviews with 402 adult respondents.

Additionally, reach and recall data for campaigns implemented under the project's accelerated support strategy were collected from 2,627 individuals using the omnibus survey conducted in June/July 2018. Results are shown in Tables 5 and 6.

Following are the key results from baseline to midline:

The proportion of respondents who reported having heard Wazazi Nipendeni messages increased by 19 percent, to 28 percent, with the highest gains among adults ages 25–34 (increased from 12 percent to 43 percent between January and May).

The proportion of respondents who reported having heard Tunakuthamini messages increased by 16 percent.

The proportion of respondents who reported having heard End TB messages increased by 18 percent.

Across all Wazazi Nipendeni radio spots aired, exposure was highest for the facility-based delivery spot (33 percent), and was lowest for the early initiation of breastfeeding spot (3 percent), suggesting a need to take a different media approach for breastfeeding messages under the project's parenting and caregiving package.

The proportion of respondents who reported having heard Green Star FP messages increased by 14 percent, to 38 percent, with the highest gains among adults ages 18–24 (increased from 19 percent to 48 percent between January and May).



Table 5. Message reach for campaigns supported under the USAID Tulong Afya Accelerated Support Strategy, with age and gender disaggregation

Health Area	Message	Total Respondents who Reported Having Seen or Heard a Message about... N (%)	Respondents Reached, by Gender		Respondents Reached, by Age				
			Female N (%)	Male N (%)	15–17 N (%)	18–24 N (%)	25–30 N (%)	31–49 N (%)	50+ N (%)
HIV	HIV testing and early antiretroviral (ARV) drug initiation	1713 (65)	943(55)	770(45)	129(7)	439(26)	480(28)	561(33)	104(6)
	PMTCT: HIV testing and early ARV drug initiation	1588 (61)	947(60)	641(40)	93(6)	382(24)	469(29)	549(35)	95(6)
	Starting HIV treatment for people living with HIV (PLHIV)	1393 (53)	781(56)	612(44)	87(6)	353(25)	401(29)	463(33)	89(7)
	Adherence to antiretroviral therapy (ART)	1210 (46)	689(57)	521(43)	65(5)	280(23)	360(30)	429(36)	76(6)
FP	Use FP methods to space pregnancy	1504 (57)	900(60)	604(40)	84(6)	377(25)	440(29)	514(34)	89(6)
MNCH	Starting ANC for pregnant women	1619 (62)	1025(63)	594(37)	84(5)	416(26)	463(29)	556(34)	100(6)
	Health facility delivery	1647 (63)	1043(63)	604(37)	93(5)	424(26)	461(28)	559(34)	110(7)
	IPT3 during pregnancy for malaria prevention	1076 (41)	758(70)	318(30)	39(4)	211(20)	329(30)	431(40)	66(6)
	Completing 4 ANC visits by pregnant women	1095 (42)	747(68)	348(32)	46(4)	231(21)	327(30)	408(37)	83(8)
	Birth plan	1013 (39)	671(66)	342(34)	46(4)	240(24)	291(29)	373(37)	63(6)
	Breastfeeding after birth	944 (35)	716(76)	228(24)	35(4)	202(21)	287(31)	362(38)	58(6)
	Pregnant women should use ARV drugs immediately after finding out that they are HIV-positive	1262(48)	814(65)	448(35)	60(5)	298(24)	365(29)	461(36)	78(6)
Know danger sign for newborns and take them to a health facility immediately	774(29)	547(71)	227(29)	26(4)	164(21)	234(30)	302(39)	48(6)	
TB	Go for TB screening and treatment	1192(45)	653(55)	539(45)	66(5)	284(24)	343(29)	414(35)	85(7)

Table 6. Recall of campaign names/messages for campaigns supported under the USAID Tulong Afya Accelerated Support Strategy, with age and gender disaggregation

Messages	Total Respondents Who Reported Having Seen or Heard a Message about...	Respondents Who Recalled, by Gender n(%)		Respondents Who Recalled, by Age Group				
	N (%)	Male, n (%)	Female, n (%)	15–17, n (%)	18–24, n (%)	25–30, n (%)	31–49, n (%)	50+, n(%)
Test for HIV and start ARV drugs early if you test positive	411(24)	167(41)	244(59)	16(4)	115(28)	122(30)	132(32)	26(6)
Pregnant women testing for HIV and starting ARV drugs	356(22)	116(33)	240(67)	6(2)	95(27)	116(32)	119(33)	20(6)
Starting HIV treatment	259(19)	107(41)	152(59)	8(3)	65(25)	85(33)	85(33)	16(6)
Adherence to ART (taking ART every day for life)	202(17)	76(38)	126(62)	5(3)	57(28)	61(30)	65(32)	14(7)
Use FP methods to space pregnancy	382(46)	123(32)	259(68)	11(3)	93(24)	125(33)	132(35)	21(5)
Starting ANC for pregnant women	389(24)	103(26)	286(74)	15(4)	96(25)	115(29)	141(36)	22(6)
Delivering babies in health facilities	413(25)	125(30)	288(70)	18(4)	111(27)	114(28)	149(36)	21(5)
Pregnant women taking SP/Fansidar at least three times during pregnancy to prevent getting malaria	295(27)	73(25)	222(75)	7(3)	57(19)	86(29)	130(44)	15(5)
Completing four ANC by pregnant women	198(18)	45(23)	153(77)	7(3)	43(22)	65(33)	72(36)	11(6)
Birth plan	157(16)	51(32)	106(68)	3(2)	49(31)	50(32)	48(31)	7(4)
Breastfeeding after birth	185(20)	36(19)	149(81)	4(2)	40(22)	66(36)	67(36)	8(4)
Know danger signs for newborns and take them to a health center immediately	124(16)	28(23)	96(77)	3(2)	32(26)	34(27)	49(40)	6(5)
Go for TB screening and treatment services when you experience the TB signs and symptoms	278(23)	127(46)	151(54)	10(4)	67(24)	83(30)	100(36)	18(6)

Furaha Yangu (Test and Treat All) SBCC Campaign

The Furaha Yangu campaign supports the GOT's efforts to achieve the 90-90-90 goals for testing, treatment, and suppression of HIV/AIDS by increasing awareness of the new Test and Treat All service modality and increasing demand for Test and Treat All services among those at risk for HIV. The campaign aims to contribute toward uptake of the following priority HIV testing and treatment behaviors:

- Go for HTC (targeting those at higher risk).
- Enroll as soon as possible into care and attend appointments as advised by your health provider upon testing positive for HIV.
- Follow health provider instructions and take ART regularly.
- Return to the health facility as scheduled and obtain routine viral load testing.
- Work with a health provider to inform your sexual partners, and link them to testing and counselling services.
- Go for TB screening and testing services.

Further, the Furaha Yangu campaign was developed to achieve these primary objectives:



- Raise awareness of the GOT's new Test and Treat All strategy and related service delivery changes.
- Generate demand for Test and Treat All services.
- Shift norms around HIV, from being seen as a death sentence to being seen as a chronic disease that, with treatment, can result in a healthy and normal life with reduced transmission to loved ones.
- Transform gender norms that clinics are for women and that accessing health services is a sign of weakness for men.
- Generate community advocacy and engagement in the delivery of campaign interventions.

The Furaha Yangu campaign is being rolled out in a three-phased approach, with the first phase focused on raising at-scale awareness and targeted demand for Test and Treat All services. *(Note: Subsequent phases will be rolled out under the adult platform Wellness package. See Appendix 7).*

This quarter, working in close partnership with the MOHCDGEC, through the NACP and TACAIDS, USAID Tulonga Afya launched the first phase of the campaign with a public event in Dodoma on June 19, 2018, with Prime Minister Hon. Majaliwa Khassim Majaliwa; USAID/Tanzania Mission Director Andy Karas; and other notable guests in attendance.

Key activities completed in the development of and preparation for this campaign are summarized below, with preliminary results following.

Materials development

A minimum package of SBCC materials were developed, finalized, and endorsed by the MOHCDGEC and USAID (Table 7). The artwork for these materials can be found in Appendices 8–10). This package will be added to and refreshed over the course of the campaign.



Table 7. Furaha Yangu phase one SBCC materials

Mass Media	Print Materials	Facility and Community Materials	Supplementary Materials
<p>Radio Four (45–60 sec) radio spots targeting:</p> <ul style="list-style-type: none"> • Men 18 to 24 years • Men 25 to 40 years • Adolescent girls and young women <p>TV and digital media</p> <ul style="list-style-type: none"> • Furaha Yangu song • 60-sec TV spots • testimonial videos (targeting female and male individuals separately) • 6-sec mobile media digital ads • Seven creative executions of Google ads <p>Outdoor media</p> <ul style="list-style-type: none"> • Five billboard executions 	<p>Print materials Six brochures focused on:</p> <ul style="list-style-type: none"> • Importance of Test and Treat All services • ART adherence • Importance of Test and Treat All services for children • Importance of adhering to Care and Treatment Clinic (CTC) appointments • ART supporter’s roles • Benefits of CTC referral services <p>Five poster executions</p> <p>Test and Treat All message guide</p>	<p>Service provider and facility materials</p> <ul style="list-style-type: none"> • Service provider campaign orientation manual • Provider commitment badge • Most frequently asked questions fact sheet • Service invitation coupon • Service provider T-shirts • Service notification stickers • Facility pull-up banner • Presentation handout for journalists <p>IPC material IPC session flipchart</p> <p>Community advocacy materials</p> <ul style="list-style-type: none"> • Religious leader advocacy and talking point guide • Community leader advocacy and talking point guide 	<p>Launch branding</p> <ul style="list-style-type: none"> • Press conference branding banners • Launch event branding banners • Launch event announcement banners and poster • Launch event invitation cards <p>Promotional materials</p> <ul style="list-style-type: none"> • T-shirts for CHWs and volunteers • Wrist bands • Polo shirts • Key holders • Wheel covers • Bumper stickers • Canvas bags

Working in close collaboration with National Council of People Living With HIV And AIDS (NACOPHA) and USAID Boresha Afya partners, PLHIV models were recruited and used for all the creative thematic images to strengthen the credibility, authenticity, and delivery of the campaign messages and call to action.

Provider orientations to support Test and Treat All campaign rollout

Using a project-developed orientation guide and materials, provider orientations were rolled out across all USAID Boresha Afya regions by a team of 19 master trainers from MOHCDGEC, USAID Tulonge Afya, and USAID Boresha Afya (North/Central). A more detailed summary of the orientation objectives and outputs is provided under IR2.



Media orientation workshops

This quarter, 69 journalists and 40 reporters from key media houses in Dar es Salaam, as well as 45 reporters in Dodoma, attended an orientation on the Furaha Yangu campaign, the Government's HIV/AIDS strategic priorities, and stigma-free reporting.



The orientations also aimed to engage the media as a long-term strategic partner and promoter of the Furaha Yangu campaign, Test and Treat All services, and the GOT's HIV/AIDS endeavors. Training for community radio personnel have been held in Tabora, Mwanza, Iringa, and Njombe, focusing on how to report on health issues accurately (with emphasis on not using terminology that stigmatizes PLHIV).

Press conference and media teaser campaign

A national press conference with attendees from 39 prominent media houses for TV (8), radio (12), newspaper (8), and blogs (11) was conducted in Dar es Salaam on June 12, 2018, to announce and promote the campaign launch event and share key campaign messages. Speakers at the event included NACP Manager Dr. Angela Ramadhan, USAID/Tanzania Deputy Health Program Director Ms. Ananth Thambinayagam, and TACAIDS Executive Director Dr. Leonard Maboko.



The press conference was followed by a six-day outdoor social media teaser campaign to stimulate and promote discussions around the campaign's theme of "My Happiness." Additional promotional support for the campaign and the public launch event was provided via a 60-sec public announcement radio spot delivered by the Minister of Health Hon. Ummu Mwalimu. The announcement was aired for seven days across four national radio stations and two regional radio stations in Dodoma.



Following this, the Furaha Yangu campaign secured comprehensive media coverage:



A detailed Furaha Yangu media coverage report is found in Appendix 11.



USAID Mission Director, Andy Karas addressing the public during the launch.

Social media activities

A social media and digital media placement strategy was developed (Appendix 12), and activities were rolled out. This included creation of social media accounts (i.e., WhatsApp, Facebook, Instagram) through which the launch event was promoted and key Test and Treat All messages shared. Developed and placed social media content can be obtained through the campaign's Facebook account: facebook.com/furahayanguni.



Pre-launch activities

Five interviews with prominent leaders including local celebrities and representatives of President's office regional administrative and local government (PORALG) and MOHCDGEC were conducted with two regional radio stations in Dodoma to further promote the campaign launch event, and to increase awareness of the campaign. The use of experiential marketing and radio interviews contributed to service uptake and community participation in the national campaign launch.

National launch event and service delivery

The national launch events, as described further below, included keynote speeches from religious leaders and five high-level invited dignitaries from the PORALG, USAID/Tanzania, and the MOHCDGEC; edutainment performances; SBCC activities; and service delivery. In his speech, the prime minister expressed his concern regarding Tanzania's low performance against the first 90 (HIV testing) and declared that he would champion HIV testing efforts by serving as an ambassador.



Msanii wa muziki wa Bongo Flewa, Chege Chigunda, akitoa burudani wakati wa uzinduzi wa Kampeni ya "Furaha Yangu" aliyolizindua jana kwenye Uwanja wa St. Bakhita, mkoani Njombe, wenye lengo la kupima Uwanja wa St. Bakhita, kwenye Uwanja wa St. Bakhita, mkoani Njombe, wenye lengo la kupima

Since the launch of the social media campaign on June 19, the Furaha Yangu social media content has reached more than 190,000 people (of which 70 percent have been men) with more than 225,000 impressions, 203 comments, 76 shares, and 32,732 likes on posts.

Services were offered during the week of the launch (i.e., June 17–22, 2018), thanks to coordination by the Dodoma regional AIDS control coordinator and the support of service delivery partners, USAID Boresha Afya (North/Central), AMREF, Walter Reed, Jhpiego (Sauti), and Pharmaccess. Services offered included HIV testing, TB screening, cervical cancer screening, blood pressure checks, eye exams, and blood glucose testing. During this period, 4,724 individuals received HTC services, of which 65 percent were men (Table 8). The positivity yield was 2.3 percent. Given the nature of the event, a low testing yield was anticipated. SBCC activities to be rolled out at the community level, including through the community grants program (Activity 2.2.1), focus on creating demand for testing among higher-risk groups (i.e., men 25–35, adolescent girls and young women, pregnant women, key populations, and HIV-exposed children) to maximize testing yields.



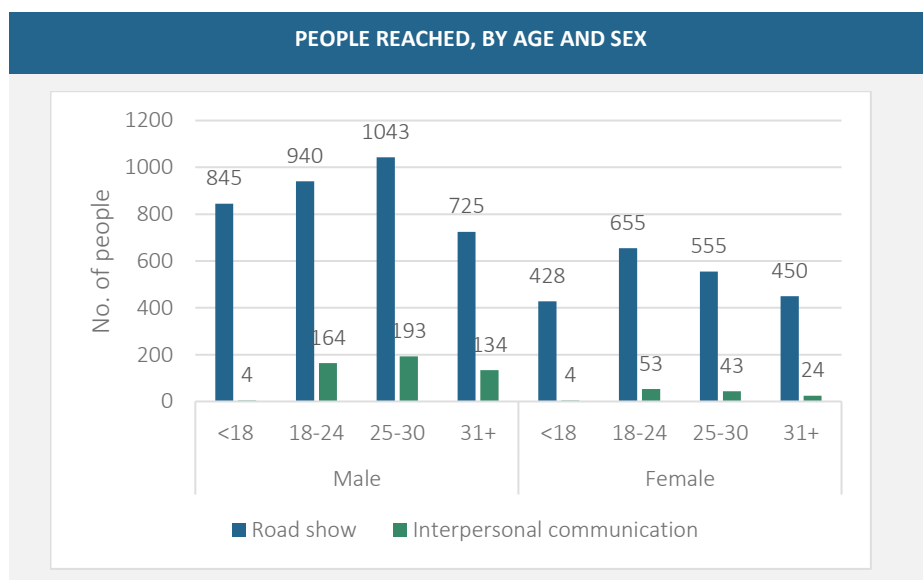
Table 8. Number of individuals tested for HIV during Furaha Yangu public launch event

Gender	Number Tested	Number Positive	Positivity Yield %
Male	3,061	51	1.7%
Female	1,663	59	3.5%
Total	4,724	110	2.3%

Additionally, during the launch week, SBCC activities were conducted around Dodoma. This included road shows in 18 strategic locations across Dodoma City through which 3,553 men and 2,088 women were reached with key Furaha Yangu messages and were engaged in discussion around HIV testing. In addition, a team of six Furaha Yangu

ambassadors reached 495 men and 124 women through IPC sessions at 18 locations where the campaign’s target audiences gather, such as bodaboda stands, garages, and kiosks. Campaign brochures, discussion guidelines, edutainment skits, giveaways, and Q&A sheets were available and used during the road shows.

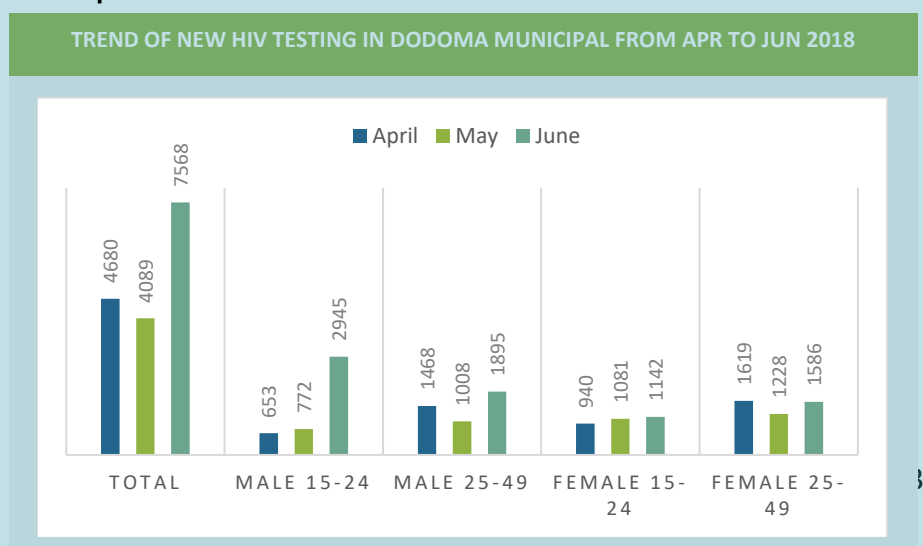
Figure 3. Individuals reached during community-level SBCC activities as part of campaign launch in Dodoma, disaggregated by age and gender



Early campaign outcomes

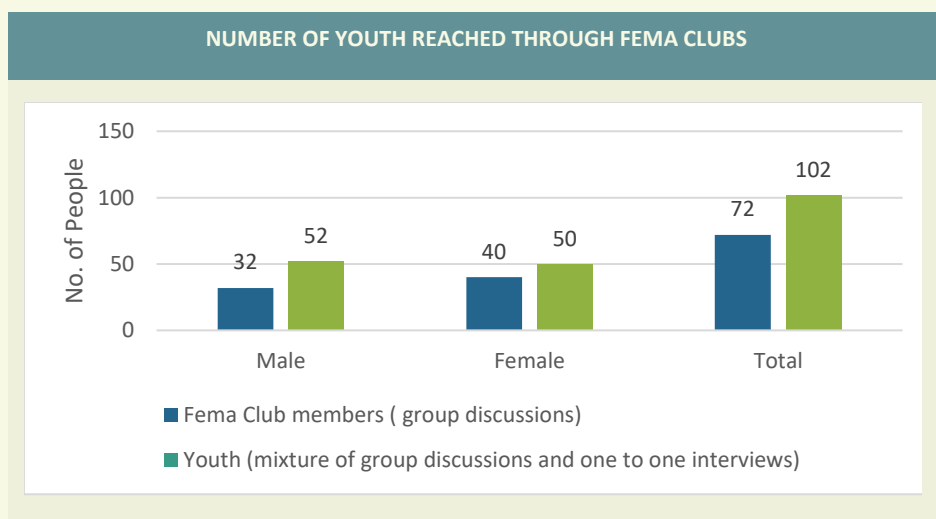
A review of district health information system 2 (DHIS2) service delivery data for Dodoma Municipality Council (MC) from the months immediately preceding the launch (April/May), compared with data for the launch month (June), showed that the number of people testing increased, particularly among men (Figure 4).

Figure 4. Number of individuals reported as testing for HIV in Dodoma MC from April to June 2018



Further, in this reporting period, 174 youth ages 15–24 years were reached with Test and Treat All messages through Fema Clubs, and 120,000 Fema magazines containing a Test and Treat featured article were distributed through secondary schools and other youth-serving institutions.

Figure 5. Number of youth ages 15–24 years reached during reporting period (April to June 2018) through Fema Clubs



Develop a family health integrated message guide

The family health integrated message guide will be a living document that will be routinely updated and refreshed over the project. The guide will be segmented into chapters according to life stages and target audience and will follow 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 Q3, the Test and Treat All section of the message guide was completed, and messages were validated with key national-level stakeholders. Initial content for the chapters addressing pregnancy and childbirth, as well as parenting and caregiving, was also drafted this quarter, with youth-focused chapters to be developed early next quarter.

During Q4, the updated content will be reviewed with national-level stakeholders from the MOHCDGEC and IPs, and working drafts will then

be piloted to inform adaptation to maximize usability and verify accuracy of content.

Adapt Shujaaz transmedia platform for youth

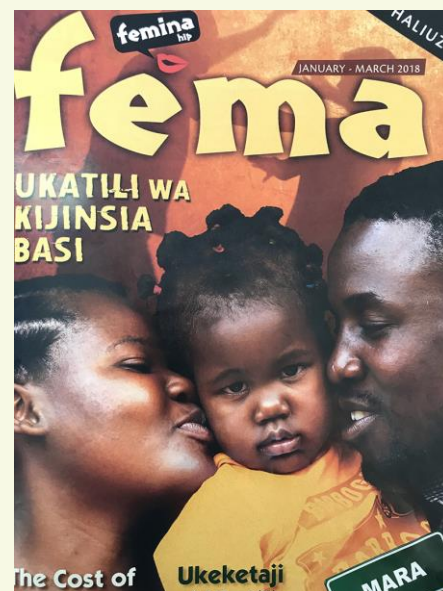
Note: To more effectively target SBCC programming for youth related

to FP and HIV at the community level, USAID Tulonge Afya ended its partnership with Well Told Story (WTS) this quarter. Below is a summary of the final activities conducted by WTS under this partnership.

This quarter, two USAID Tulonge Afya youth campaigns were developed and implemented across the Shujaaz platform; this included campaigns addressing malaria prevention and treatment priority behaviors (i.e., ITN use, care seeking for fever) and FP uptake.

For each campaign, the story lines were carried across all Shujaaz channels, including the Shujaaz comic book, radio shows, and interactive social media platforms (e.g., Facebook page, SMS). Both in the comic book and during the radio programming, youth were invited to text in their responses to trigger questions related to the behavioral focus of the campaign, and to make comments on social media to generate dialogue.

The malaria campaign, with the title “Heavy Defeat,” aimed at getting youth to realize that malaria is serious, can affect their immediate success, and kill their dreams. A total of 592 responses were received on the malaria comic story line SMS callout, and 649 SMS responses were made to the weekly radio show programming.



The FP campaign, with the title “Pendo Funguka” (i.e., Pendo Open Up), had an objective of making contraceptives relevant to youth by linking the topic with youth’s own immediate success. A total of 204 responses were received on the comic SMS callout, and 1,162 SMS responses were made to the weekly radio program show, which asked youth to comment on how having a child right now would affect their plans for the year. The majority of the respondents felt that they were not yet ready to have a child and that a pregnancy would negatively affect their plans for the future.

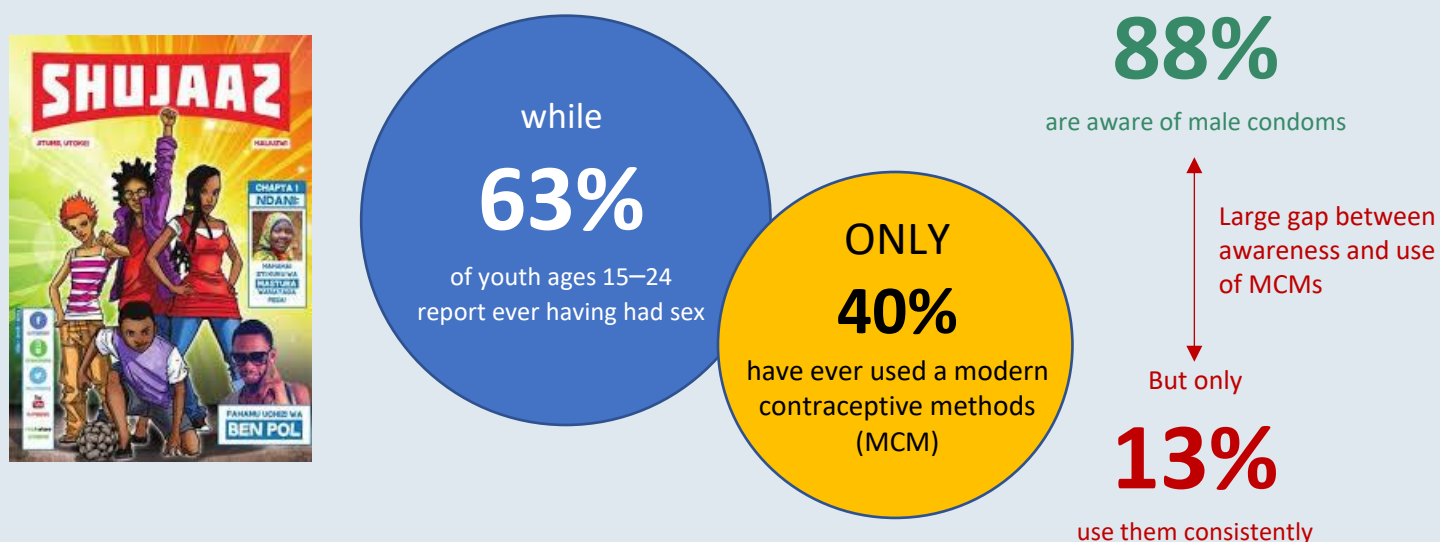


Table 9. Number of comics distributed for chapter 38 (malaria) and chapter 39 (FP)

Media Outputs:	Campaign		Achieved Total to date from (Cumulative CH 33,34,35,36,37,38,39)
	Apr '18	May '18	Total Count
	CH 38	CH 39	
No. of comics distributed	500,000	500,000	3,500,000
No. of shows	4 shows on 6 stations	4 shows on 6 stations	30 shows on 6 stations
Number of young Tanzanians reached by the campaign	2M	2M	2M
Total likes on posts	7,729	15,035	100,767
Total comments on posts	387	2,007	9,954
Total shares of posts	40	155	961
No. of SMS received as feedback of TA campaigns	1,627	1,863	11,296
No of super fans identified for network	699	722	722

Additionally, this quarter, WTS conducted and reported the results of its annual cross-sectional survey. A results snapshot is presented in figure 6. These and other findings will be used to inform the project’s revised youth strategy.

Key findings from the Well Told Story cross-sectional survey to be reflected in the youth strategy



Peers, friends, and classmates are the most common, and often only, source of information on reproductive health issues.

Youth are knowledgeable about HIV and confident that they know where to go to get tested, but only

49% reported ever testing for HIV

Perception that contraceptive use is not the norm; only

15% of youth (ages 15–24) believe that the majority of their friends use contraceptives

Develop and launch an overarching adult SBCC platform

During this reporting period, two stakeholder-endorsed adult platform brand concepts (i.e., Good Life, Best Me) and their proposed brand names (i.e., Maisha Murua, Maisha Bomba, Katika Ubora Wangu, Naweza) were pretested with target audiences across five regions: Morogoro, Mwanza, Iringa, Tabora, and Mtwara (Appendix 13).

“Best Me” emerged as the preferred concept, with “Naweza” (*I can*) the preferred brand name. Audiences felt that Naweza spoke well to the deeply rooted need to include self-affirmation and self-empowerment at the beginning of all health decisions or behaviors. A respondent was quoted saying that healthy behavior **“starts with you and your belief in yourself.”**

Based on the selected concept, a brand identity as well as its look and feel are being refined and will be finalized early in Q4. The logo options (Figure 7) were shared with national-level stakeholders for their feedback this quarter; three were selected for pretesting with the target audience.

Figure 7. Adult platform Naweza logo options



USAID Tulonge Afya will implement a national radio anchor show to tie the adult platform packages together, and to conduct SBCC as part of community-level activities. This quarter, a concept (Appendix 14) for the adult platform anchor show that delivers against the above expectations was developed and presented to key government and IP stakeholders. Once stakeholder endorsement is secured next quarter, a pilot episode will be pretested with the target audience to inform the design, production, and delivery of the first season in FY19 Q1.

Develop digital tools

This quarter, USAID Tulonge Afya worked closely with the MOHCDGEC and HPS to review and refresh existing m4RH messages, and to develop a concept for a digital health information platform. This platform will build on the MOHCDGEC’s existing Unstructured Supplementary Service Data (USSD) platform, and will include the refreshed m4RH content, as well as other health information, by health area and life cycle. The refreshed m4RH content was submitted for HPS approval this quarter and will go live as soon as approval is received.

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

Support development of SBCC strategies and TA

Zanzibar Malaria Elimination Program

This quarter, USAID Tulonge Afya continued to provide SBCC TA to ZAMEP to support finalization of the Zanzibar Malaria Elimination SBCC Strategy 2018–2023. Effective implementation of the SBCC activities, as laid out in the Zanzibar Malaria Elimination SBCC Strategy 2018–2023, will lead to changes in behavioral factors including knowledge, attitudes, beliefs, perceived risk and severity, self-efficacy, norms, and access, which will contribute to achievement of the following behavioral objectives:

- Increase the proportion of the population that recognizes possible cases of malaria quickly based on accurate knowledge of signs and symptoms.
- Increase the proportion of the population that seeks prompt and appropriate care for symptoms of malaria.
- Increase the proportion of the population that demands testing before taking malaria medication.
- Increase the proportion of health care providers who test all patients with a fever for malaria, and who treat based on the test results.

- Increase the proportion of individuals with confirmed malaria who take the full required dose of artemether combined therapy (ACT) and single-dose primaquine as prescribed.
- Increase the proportion of the population who sleep under an long life insecticide treated net (LLIN) every night.
- Maintain the proportion of households in targeted communities that prepare and accept to have their houses sprayed.
- Increase the proportion of households in targeted communities that accept and support larval source management and other evidence-based, community-level interventions to reduce transmission in their community.
- Increase the proportion of households that accept and support surveillance activities in their community.
- Increase the proportion of leaders who provide support for malaria elimination activities.

Feedback on the initial draft, when received from ZAMEP, will inform revisions to the draft. A final version will be shared with ZAMEP and USAID for approval early in Q4. Additionally, USAID Tulong Afya conducted meetings with the ZAMEP behavior change communication unit and malaria SBCC implementers to inform a draft of a malaria SBCC training and supervision plan. This plan will guide all the capacity-strengthening support that ZAMEP provides to community SBCC implementers during the SBCC strategy period. An initial draft of the plan was prepared this quarter and will be finalized following a working session with the ZAMEP behavior change communication unit early in Q4.

AIDSFREE – Voluntary Medical Male Circumcision Project

SBCC TA provided to AIDSFREE this quarter included 1) provision of experiential marketing and demand creation services for VMMC, 2) outdoor billboards, and 3) graphic design adaptation of VMMC IPC guides and implementation tool kits.

VMCC experiential marketing and demand creation campaign

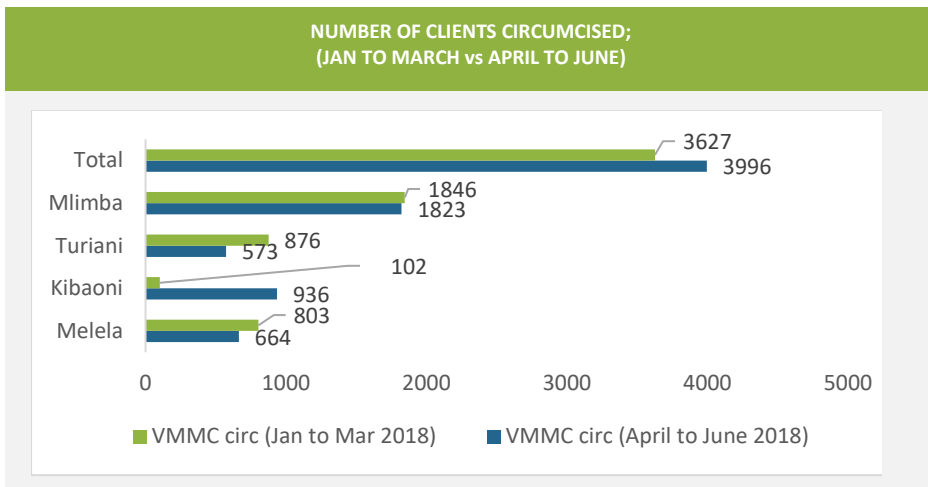
A total of 48 road shows, which included IPC sessions, songs, dance, and print material distribution, were conducted to mobilize the target audience to access VMMC services. These were conducted across 108 villages in Mvomero and Kilombero Districts in Morogoro region, in the catchment areas of four new AIDSFREE-supported health facilities (i.e., Mlimba, Kibaoni, St. Francis, Mlela).



These road shows reached almost 60,000 individuals (31,118 male and 28,789 female). Preliminary analysis of DHIS2 service data from AIDSFREE-supported facilities in the campaign implementation areas showed a 10-percent increase in the uptake of VMMC services when comparing pre-campaign service numbers (January to March 2018) with service numbers during and immediately following the campaign (April to June 2018). Of note, this figure may under-represent the effects of the campaign, as certain facilities had not yet reported their June 2018 data at the time of this reporting.



Figure 8. Circumcisions before the campaign versus during and after the campaign



VMMC outdoor billboards

To increase awareness of VMMC services that were being enhanced with support from the AIDSFree project, four outdoor billboards were flighted this quarter across four locations in Singida and Morogoro Regions using artwork adapted from the Tohara campaign. Locations were selected to have maximum visibility with the target audience (i.e., adult men), and they included bus stops in Mvomero and Ifakara, Morogoro. The placement period for these billboards is six months.

Tohara-branded gazebos

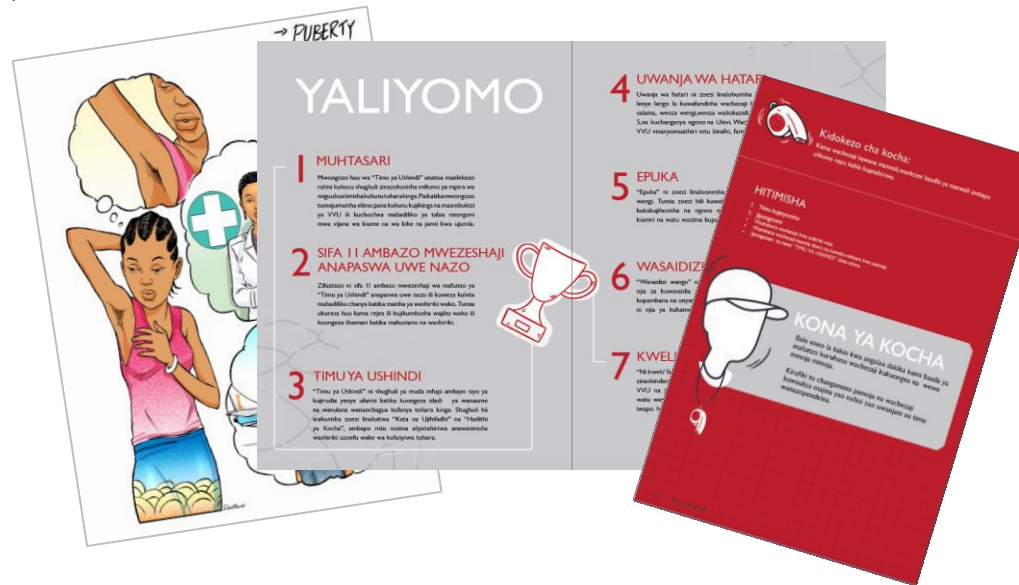
The design, production, and delivery of Ninety-six Tohara-branded gazebos were designed, produced, and delivered to be used as mobile information tents during experiential marketing activations.

Graphic design adaptation of VMMC IPC guides and implementation tool kits

The adaptation of adolescent-friendly VMMC IPC tools and guides from Swaziland continued this quarter. This involved creating context-appropriate graphics and illustrations for the *Timu ya Ushindi* and *Maisha ya Kijana* guides, reflecting considerations of how to better depict key information in a facilitator- and audience-friendly format. Once finalized, these guides

and tools will be piloted early next quarter to inform refinement before rolling out to scale. Snapshots of the draft is shown in figure 7.

Figure 9. Snapshots of the draft Timu ya Ushindi booklet



Kizazi Kipya – USAID OVC Project

USAID Tulonge Afya is providing SBCC TA to Kizazi Kipya to develop a positive parenting orientation video module, which will be used by case management officers, case management coordinators, and livelihood volunteers. Draft proposed video scripts were developed and shared for the project’s technical reviews and engagement with government counterparts. The storyboard will be pretested with the target audience early next quarter.

Sauti – USAID KVP Project

This quarter, the project identified a video production company that will support the creation of mini documentaries and digitization of an IPC curriculum for Sauti’s programming. The content is being developed by the project team in collaboration with the MOHCDGEC.

Support the MOHCDGEC program units (i.e., NACP, NMCP, RCH, NTLP) and HPS to support activities such as health days and national campaigns. During this reporting period, USAID Tulonge Afya supported the National Malaria Control Program’s (NMCP’s) 2018 World Malaria Day commemoration event, and the *Jiongeze Tuwavushe Salama* MNCH advocacy campaign (i.e., RCH).

Support to the NMCP included production and broadcasting of a 60-second radio PSA delivered by the Hon. Minister, Ummu Mwalimu, and health expert interviews. A total of 264 radio PSAs and five malaria health expert interviews were aired across two national radio stations and two regional radio stations. Additionally, the project provided documentation support for the World Malaria Day commemoration to support more effective planning in future years.

Jiongeze Tuwavushe Salama

The goal of the *Jiongeze Tuwavushe Salama* campaign is to promote uptake of key behaviors necessary for a healthy pregnancy, safe delivery, and proper care for newborns and mothers during the first 12 months postpartum. The campaign targets pregnant and postpartum women, as well as their partners and other influencers, such

as family and community members, and leaders. USAID Tulonge Afya supported refinement of radio spots and print materials for the campaign this quarter. Unfortunately, due to limited availability of key personnel from the MOHCDGEC to lead the next steps, receiving approval to move forward with these materials is taking longer than anticipated. It is hoped that the materials will be finalized and approved in Q4.

Other support offered during this quarter included the provision of print and promotional material procurements (Table 9).

Table 10. Partners' procurement support for April to June 2018

Organization	Support Delivered	Quantities (PCS)
ZAMEP	Poster for SBCC meeting	1
HPS	SBCC summit cholera poster	1
JHPIEGO/ AIDSFree	Tohara gazebos	48
TCDC	Hang Net brochure A4 folded to A5	84,000
	Hang Net posters A2	9,000
	SP Poster-Onesha upendo wako A2 poster	9,000
	Sleep under LLTN A2 poster	9,000
	Sio Kila homa A2 poster	9,000
	Zama Zimebadilika Sio kila homa ni Malaria A5 flyers	300,000
	Hang Net A4 folded to A5 brochure	216,000
NACP	T-shirts	500
	Roll-up banners	6
	Media roll-up banner	1
	Stage banner 5x2m	1

Activities conducted by result: RESULT AREA 2

Result 2: Strengthened community support for healthy behaviors

In 15 enhanced districts, map the 'SBC system' of stakeholders

This quarter, USAID Tulonge Afya zonal teams worked with regional health management teams (RHMTs), council health management teams (CHMTs), and district community development officers to collect information on IPs, CSOs, youth clubs, and community radio stations in each of our enhanced districts. Additional information on SBC systems and structures in enhanced districts is being captured as part of the SBCC systems audit (*Activity 3.1.1*), which will be finalized and reported on next quarter.

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

During this reporting period, USAID Tulonge Afya laid the groundwork for CSOs to begin implementing community grants program activities in support of the Furaha Yangu/Test and Treat All campaign (to launch in regions in early Q4). This included selection and awarding of CSOs under the grants program (see *Activity 2.2.2*) and training 238 CHWs and other community volunteers recruited by USAID Tulonge Afya-awarded CSOs in Tabora (187) and Shinyanga (51). The objectives of the trainings were to orient the CHW 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 communication skills (training materials in Appendices 15–16). Additional CHWs and volunteers were recruited by CSOs in Njombe, Iringa, and Mwanza this quarter, and will be trained next quarter.

Council chairperson from Nzega DC providing opening remarks during the training of community volunteers in Tabora

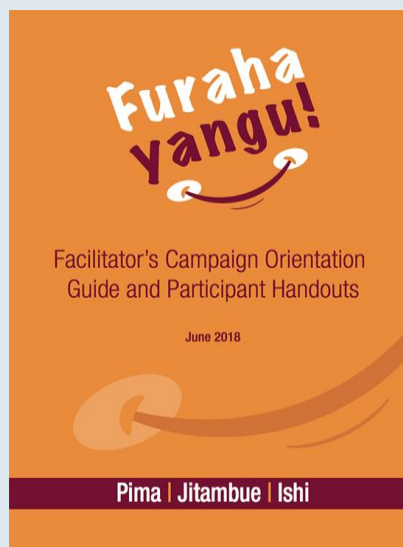


Support GOT to lead grant activities at regional level, with ties to national HPS

USAID Tulonge Afya worked closely with representatives from the HPS, regional and district HP coordinators, and other LGA stakeholders to complete a competitive selection process for the community grants program. This culminated in selection and awarding of grants to 17 CSOs across the project's 15 enhanced districts. Staff from these CSOs—Mwanza (10), Shinyanga (15), and Tabora (27)—then received a comprehensive two-day orientation on the USAID Tulonge Afya project, internal controls and reporting tools, management of subaward terms and conditions, supportive supervision, and other roles and responsibilities, including collaboration with USAID Boresha Afya for demand creation support. These trainings were facilitated in collaboration with the HPS, regional and district HP coordinators, and regional community development officers.

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

In collaboration with TACAIDS and NACP, USAID Tulonge Afya planned for rollout of the Furaha Yangu campaign at the regional level, to take place in early Q4. This included:



The service provider orientation materials are provided in Appendix 17.

- Meetings with R/CHMTs, LGAs, and IPs in Iringa, Njombe, Mwanza, Shinyanga, and Tabora to orient them to the campaign.
- Supporting formation of a task force in each region to coordinate the regional launches and rollout.
- Collaboration with USAID Boresha Afya and other service delivery IPs to orient 256 health providers from Shinyanga (50), Mwanza (41), Tabora (45), Iringa (35), Njombe (43), and Dodoma (42) regions on the Furaha Yangu campaign, and their critical role in providing quality Test and Treat All services. The learning objectives were:
 - Increased knowledge and supportive attitudes toward the GOT's Test and Treat treatment strategy.
 - Improved understanding of client needs and concerns related to behaviors promoted through the Furaha Yangu campaign.
 - Increased skills in communicating effectively with clients about behaviors promoted through the Furaha Yangu campaign.
 - Increased health worker appreciation of their role as positive change agents in clients' lives and HIV journey.
 - Increased familiarity with the Furaha Yangu campaign.

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

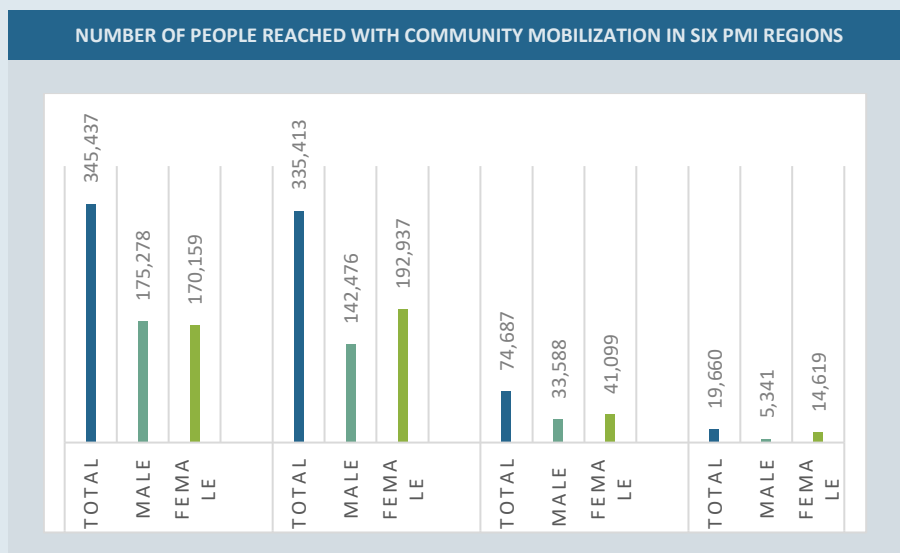
USAID Tulonge Afya is providing intensified community-level SBCC support in six PMI regions (i.e., Geita, Mwanza, Kigoma, Kagera, Morogoro, Ruvuma) during and immediately following the rainy season. Behavioral objectives addressed through these activities are:

- Pregnant women and children sleep under an ITN.
- 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.



This quarter, support included 1) orienting 356 community change agents to equip them with basic malaria knowledge and interpersonal communication skills to lead SBCC activities and 2) implementation of a full package of community-level activities. A total of 19,660 people were reached through clinic talks, 345,437 through IPC sessions (i.e., household visits, school visits, group dialogue, village meetings), 74,657 through MVU shows, and 335,413 through cultural shows, for a total of 775,197 contacts.

Figure 10. Number of people reached with community mobilization activities in six PMI regions



Community change agent delivering clinic talk at Mang'ula health facility in Kilombelo

Activities conducted by result: RESULT AREA 3

Result 3: Improved systems for coordination and implementation of SBCC interventions

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

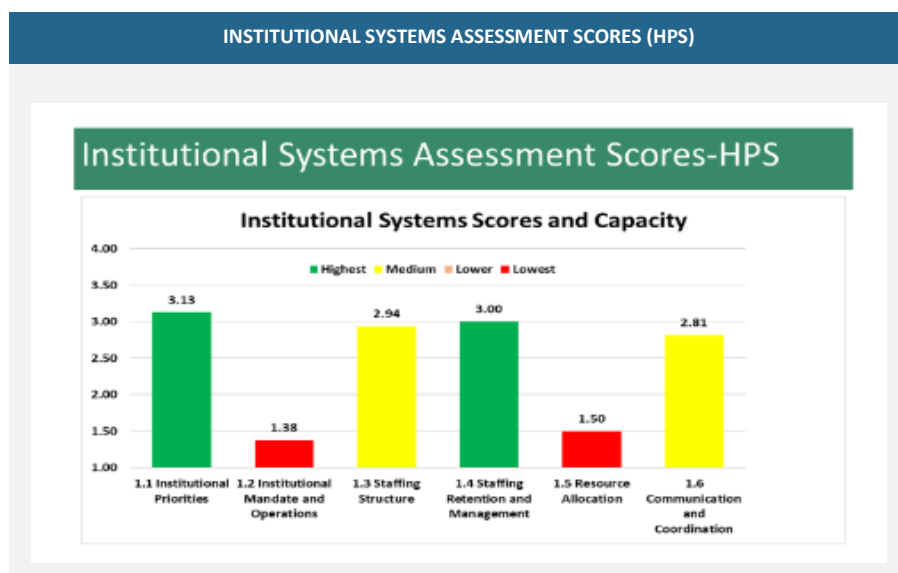
Data collection was conducted at the regional and district levels this quarter, with national-level data collection and synthesis of results into an audit report planned for Q4.

Conduct SBCC capacity assessments

USAID Tulonge Afya has conducted SBCC capacity assessments at the national level (i.e., HPS, RCHS, NMCP, NACP, NTLP), and regional and district levels (i.e., 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. During Q3, the assessments were conducted, initial results were discussed with stakeholders to identify priorities for capacity strengthening to be addressed with USAID Tulonge Afya support, and several summary reports were drafted. High-level results for HPS are presented in Figure 11. Results across all levels and institutions will be shared in an overarching capacity assessment report in Q4.

Figure 11. Institutional systems assessment scores (HPS)



The health promotion section also had very low scores for SBCC technical capacity, which is highly relevant given its oversight role in SBCC at the national level.

Priority areas of support that may be provided by USAID Tulonge Afya in response to these results will be expanded upon in the capacity and institution strengthening framework (*Activity 3.1.4*). These areas 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

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

USAID Tulonge Afya supported the HPS to develop, through a participatory workshop, health promotion indicators to be collected at community and facility levels for reporting into DHIS2. The project also participated in a workshop to review MTUHA (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 once approved.

Strengthen national, regional, and district communication within the HPS

USAID Tulonge Afya continued to work with the HPS and regional and district HP coordinators to establish platforms to strengthen communication within HPS this quarter. This included:

- Support to HPS to administer a WhatsApp group for routine communication, sharing of updates, and collective problem solving and experience sharing between HPS and regional and district HP coordinators
- Refinement of content to be included in the revitalized bi-annual health promotion newsletter, to be launched in Q4

Strengthen the health promotion technical working group (TWG) and the coordination of SBCC among other TWGs

During this quarter, the terms of reference were refined for an SBCC technical advisory committee (TAC), which will fall under the national health promotion and health protection (HPPH) TWG. The TAC's primary responsibility will be to provide technical support to HPS on issues related to coordination, implementation, and monitoring and evaluation of SBCC activities. The terms of reference will be validated in the next meeting of the HPPH TWG, before being endorsed by the permanent secretary of the MOHCDGEC. USAID Tulonge Afya will support the launch of the TAC in FY19.

UPCOMING IN Q4

Next quarter, USAID Tulonge Afya will continue to progress against key project milestones and deliverables, including:

IR1. Improved ability of individuals to practice healthy behaviors

- Finalizing the baseline report and holding a dissemination event to share key results with USAID and other stakeholders
- Sharing findings reports for the gender and youth assessment
- Obtaining FHI 360 and local institutional review board approval, and preparing to begin data collection for the loss to follow-up research activity

- Development of protocol and tools for a provider formative research activity to take place in FY19
- Finalizing and disseminating the two core project strategies, the adult strategy and youth strategy, and the supporting community implementation strategy
- Finalizing the adult platform brand, implementing a teaser campaign, and piloting an episode of the national radio anchor show
- Building on the essential package of materials for Furaha Yangu, including materials for Phase 2 of the campaign

- Launching the USAID Tulonge Afya digital health information platform led by the MOHCDGEC as part of the GOT USSD platform, which includes reviewed and refreshed previous m4RH FP content
- Refreshing and creating new materials to be rolled out under the pregnancy and childbirth package in FY19 Q1
- Supporting ZAMEP to finalize its malaria elimination SBCC strategy and plan for capacity building support

IR2. Strengthened community support for healthy behaviors

- Additional onboarding and orientations for community grants program CSOs, including equipping volunteers to implement quality community-level SBCC
- Rolling out targeted community-level activities in support of the Furaha Yangu campaign
- Launching participatory community radio programming, including a training for community radio stations and creation of a participatory radio programming guide to support stations to implement effectively

IR3. Improved systems for coordination and implementation of SBCC interventions

- Finalizing and disseminating results of the SBCC systems audit
- Establishing the project's capacity and institution strengthening framework, including capacity strengthening action plans to be implemented in FY19
- Working closely with HPS to develop a clear outline for the SBCC coordination framework, and beginning to populate based on results of the capacity assessments and systems audit
- Supporting development of a national cholera risk communication strategy
- Holding regional collaboratories in three regions of Iringa, Tabora, Mwanza, to bring together stakeholders implementing

SBCC to harmonize activities and share best practices

- Combining the above regional collaboratories with zonal meetings of regional health promotion coordinators; this will be the first meeting between regional health promotion coordinators and the national HPS for updates and orientation in more than two years
- Collaborating with PS3 and PORALG to develop a concept paper to integrate the SBCC agenda at lower-level health facilities through the direct health facility financing mechanism

In addition, USAID Tulong Afya will begin development of its FY19 work plan early in Q4 and will engage closely with USAID, the GOT, and IPs to ensure the plan reflects priority needs against which the project will deliver.

APPENDICES

1. SBCC landscape Analysis report
2. Audience consultation report-FP
3. Audience consultation report-MNCH
4. Audience consultation-TB
5. Draft Youth Strategy
6. List of materials provided to each Boresha Afya partners
7. Test and Treat all strategy
8. Art work No. 1 for Furaha Yangu SBCC materials
9. Art work No. 2 for Furaha Yangu SBCC materials
10. Art work No. 3 for Furaha Yangu SBCC materials
11. Furaha Yangu media coverage report
12. Social media and digital media placement strategy
13. Adult platform concept and brand testing Report
14. Adult platform anchor show concept
15. Training materials for CSO staff
16. Training material for CHW
17. Training material for Service provider on Furaha Yangu Test and Treat All
18. Community strategy
19. Furaha Yangu Materials (Brochures, Posters, Banners etc.)



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