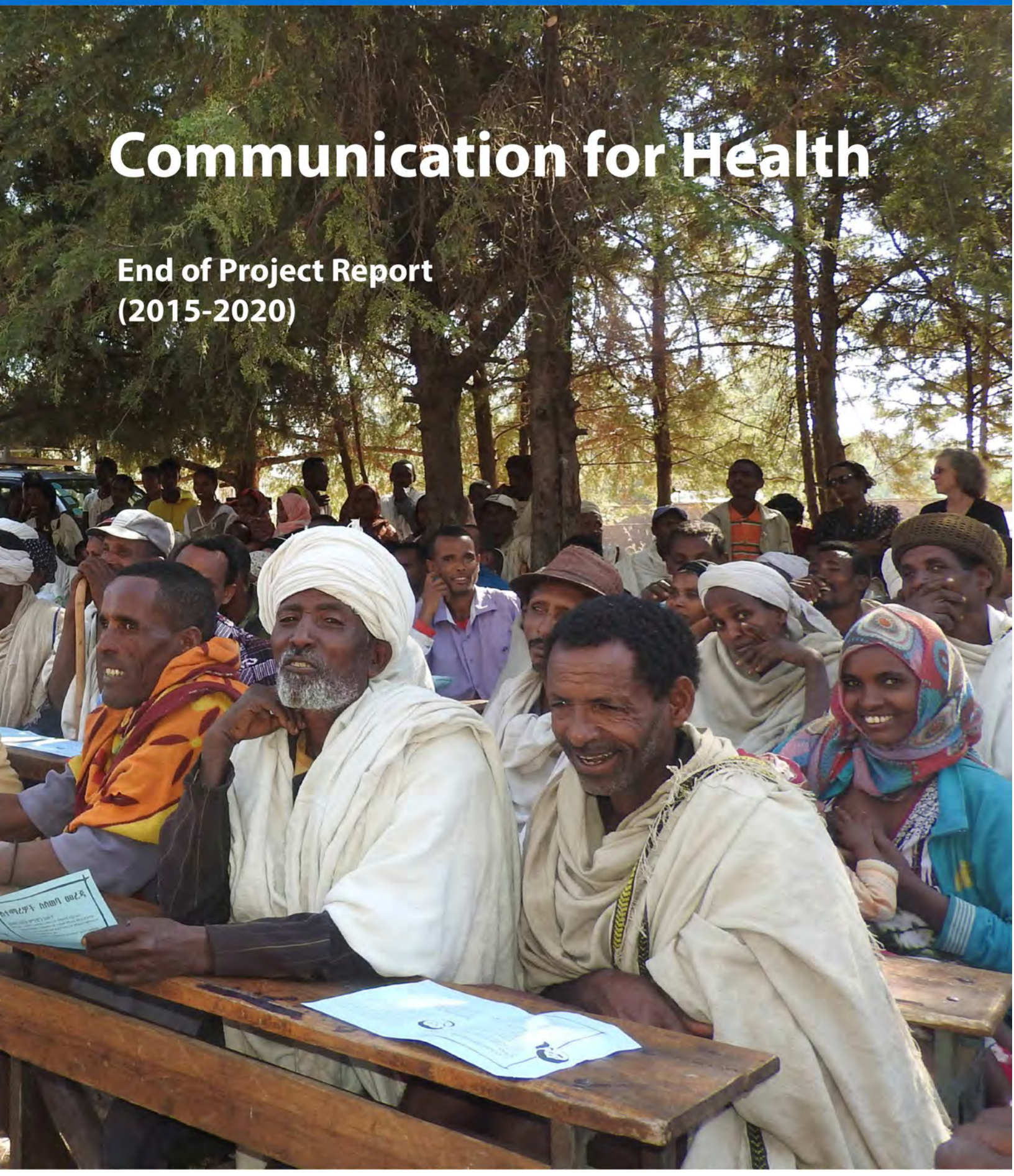
Communication for Health

End of Project Report (2015-2020)



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MINISTRY OF HEALTH, ETHIOPIA

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JOHNS HOPKINS
Center for Communication Programs

JSI

ACTIVITY INFORMATION

Activity Title	Communication for Health
[Contract/Agreement] Number	AID-663-A-15-000011
Name of Prime Implementing Partner	Johns Hopkins Center for Communication Programs
Name(s) of Subcontractor(s)/Sub awardee(s)	John Snow, Inc.
Activity Start Date	July 20, 2015
Activity End Date	December 31, 2020
Reporting Period	July 20, 2015– December 31, 2020
Budget	$22,193,954.00

CONTENTS

Acronyms and Abbreviations

AWD	Acute Watery Diarrhea
CCP	Johns Hopkins Center for Communication Programs
COP	Community of Practice
COR/AOR	Country Officer's Representative / Agreement Officer's Representative
CSO	Civic Society Organization
EPHI	Ethiopian Public Health Institute
FBO	Faith-Based Organization
FHG	Family Health Guide
FMOH	Ethiopia Federal Ministry of Health
GHSM	Global Health Supply Management
HDA	Health Development Army
HEP	Health Extension Program
HEW	Health Extension Worker
HQ	CCP Head Quarter
HSTP	Health Sector Transformation Plan
IEC	Information, Education, and Communication
IPC	Interpersonal Communication
IR	Intermediate Result
JHU	Johns Hopkins University
JSI	John Snow, Inc.
LGD	Listener Group Discussions
LIP	Local Implementing Partner
LOP	Life Of Project
LQAS	Lot Quality Assurance and Sampling
LLIN	Long-Lasting Insecticidal Net
LSHC	Leadership in Strategic Health Communication
M&E	Monitoring and Evaluation
MCHV	Maternal and Child Health Video
MOU	Memorandum of Understanding
NOHSC	National One Health Steering Committee
OCA	Organizational Capacity Assessment
PHCU	Primary Health Care Unit
PMTCT	Prevention of Mother-to-Child Transmission
RHB	Regional Health Bureau
RMNCH	Reproductive, Maternal, Newborn and Child Health
SBCC	Social and Behavior Change Communication
SNNP	Southern Nations, Nationalities, and Peoples
TB	Tuberculosis
TOR	Terms of Reference
TOT	Training of Trainers
TWG	Technical Working Group
UHEW	Urban Health Extension Worker
USAID	United States Agency for International Development
WDA	Women's Development Army
ZHD	Zonal Health Department

EXECUTIVE SUMMARY

The Johns Hopkins Center for Communication Programs is pleased to present the end-of-project report for the Communication for Health project. The flagship Social and Behavior Change Communication (SBCC) project was implemented in Ethiopia from June 2015 to December 2020, with funding and technical support provided by the U.S. Agency for International Development (USAID). CCP and subcontractor John Snow, Inc. (JSI) partnered with the Federal Ministry of Health (FMOH) and regional health bureaus (RHBs) to build the health system's capacity in SBCC and implement innovative SBCC interventions to improve the health practices of individuals and communities.

Communication for Health intervened in 160 woredas in four major regions—Amhara, Oromia, South Nations Nationals and Peoples (SNNP), and Tigray—across six health areas: reproductive, maternal, newborn and child health (RMNCH); prevention of mother-to-child transmission (PMTCT); malaria; nutrition; tuberculosis; and water, sanitation and hygiene (WASH). The project added Global Health Security Agenda (GHSA) activities in 2018, focusing on emerging infectious disease risk communication for the country's priority zoonotic diseases: rabies, anthrax, brucellosis, and avian influenza. ommunication for Health used the socio-ecological model to ensure that SBCC interventions addressed multiple levels of influence on health behaviors and outcomes. The project designed and implemented a strategic mix of mass media, social mobilization, and capacity-strengthening activities to change behavior at the individual, household, community, and health systems levels. The project's innovations in behavioral data analysis led to the discovery of gender as a cross-cutting determinant for 10 of the 16 key health behaviors; and three gateway behaviors that informed program strategy: early initiation of antenatal care (<12 weeks), having the Family Health Guide at home and having a proper handwashing station – all of which lead to the adoption of multiple other health behaviors.

The project focused on three overarching intermediate results (IRs): 1) Public sector health systems and coordination for SBCC strengthened, 2) SBCC design and implementation strengthened, and 3) Improved data use for decision making. Key highlights of each IR follow:

Highlights of IR1: Public sector health systems and coordination for SBCC strengthened

Communication for Health strengthened public health sector systems, and coordination for SBCC, by providing technical and organizational capacity strengthening support to the FMOH, RHBs, and technical working groups (TWGs). The project created and sustained strong public health leadership and structure for SBCC work through extensive training and the establishment of technical working groups at the national and regional levels. The project provided strategy development expertise to nearly every major health strategy and implementation guideline developed by the FMOH during the project period. The establishment of the National One Health Steering Committee and its TWGs under the GHSA activity improved the coordination of interventions to control zoonotic diseases in the country.

Highlights of IR2: SBCC design and implementation strengthened

Communication for Health developed an integrated campaign platform that promoted specific health behaviors as well as gender equitable norms and other cross-cutting issues. The project's media and social mobilization activities innovated message integration by using a life cycle approach to phase messaging according to the pressing needs of each life stage. SBCC activities included a long-running radio program in five languages and radio listeners group discussions, a series of videos on maternal and child health, the Hulu Betiena mobile app, and social mobilization activities. Communication for Health also undertook specific health area campaigns; the "Malaria Roadshows" are an example of a focused intervention that has been extensively used and widely replicated by the health system. The project used a gender transformative

approach to challenge underlying inequitable norms within the community. These tools changed the narratives of women and promoted couple communication and the constructive involvement of men in household responsibilities and family health. The program significantly shifted gender equitable norms in women of reproductive age, demonstrating the impact of an SBC intervention that prioritized gender equity at multiple levels.

Highlights of IR3: Improved data use for decision-making

In close collaboration with partners, the project made extensive use of data for the effective design and implementation of the project, which contributed significa tly to the current understanding of how to leverage key facilitators and mitigate barriers to sustained behavior change across multiple health areas. The project's research led to the discovery of three gateway behaviors and identified gender as a c oss-cutting determinant for health behaviors. These findings framed the focus of the SBCC intervention. The project also trained federal and regional government entities on monitoring and evaluation and qualitative and quantitative research.

Results

Communication for Health's 2019 midterm evaluation (MTE) showed high exposure to the project's SBCC activities. About 63% of respondents reported being exposed to at least 1 intervention, 38% were exposed to 1-2 interventions, and 25% were exposed to 3+ interventions. The MTE indicated significa t improvement in gateway behaviors and gender equitable norms, as well as key indicators for the six specific health areas. Significant differences were found over the 3-year period between the 2016 baseline survey and the 2019 midterm survey and, in the MTE, between groups with different levels of exposure to the SBCC interventions. The project's revision, promotion, and distribution of the Family Health Guide led to the adoption of multiple health behaviors. Following this intervention, household availability of the FHG improved from 9.5% at baseline to 20.5% at midterm. The regression analysis depicted that women who had the FHG at their house were more likely to test for HIV, deliver in a health facility, and attend postnatal care services. The project promoted knowledge about and practice of ANC visits. At midterm, 34% of women reported early initiation of ANC (<12 weeks), compared with 30% at baseline. The project's SBCC interventions to encourage proper handwashing facilities, and knowledge of critical times to wash hands, nearly doubled the percentage of women who knew 4-5 critical times for handwashing at midterm (27% compared to 14% at baseline). The presence of a proper handwashing facility increased from 13% to 19% over the same time period. Finally, the project's gender transformative approach led to significant improvements, with 17% at baseline and 35% at midline reporting low gender inequality. Further, at midline, exposed respondents were significantly more likely than nonexposed respondents to report high levels of perceived gender equity.

The MTE indicated that the SBCC interventions contributed to the improvement of many, though not all, key indicators for the six health areas. In the 2019 MTE, respondents exposed to at least one SBCC activities reported higher levels of positive health behaviors compared with the unexposed group for institutional delivery (59% vs. 39%); postnatal care within 7days (48% vs. 31%); HIV testing during pregnancy (67% vs. 43%); knowledge that PMTCT can be prevented with antiretrovirals (83% vs. 68%); knowledge on the cause of malaria (34% vs. 25%), symptoms of malaria (42% vs. 32%), and use of bed-nets by women aged 15–49 (66% vs. 56%); and knowledge that coughing transmits TB (52% vs. 40%). The MTE also showed significa t progress in institutionalizing the project's innovative malaria roadshows and health bazaars by government health offices and partners.

This final eport presents the details of Communication for Health's key achievements under each intermediate result, contributions the project made to improving health outcomes, and lessons learned.

PROJECT OVERVIEW

In 2015, USAID in Ethiopia designed an integrated SBCC project entitled SBCC-Health, which was later renamed Communication for Health. The project was designed to align with the Government of Ethiopia's (GOE's) Health Sector Transformation Plan (HSTP 2015–2020), the vision of which is "to see healthy, productive, and prosperous Ethiopians." Although the GOE had made tremendous progress in developing state-of-the-art health policies and expanding both its physical infrastructure and availability of trained service providers, utilization of potentially high-impact services such as antenatal care, family planning, facility-based labor and delivery services, and PMTCT services remained low. To address the majority of health issues and diseases that are preventable, the Communication for Health project was designed to promote the routine practice of effective preventative behaviors and increase the utilization of related health services.

CCP implemented Communication for Health from 2015–2020 in partnership with JSI and the FMOH. The project focused activities in four major regions of the country—Amhara, Oromia, SNNP, and Tigray—while supporting systems to improve the quality and coordination of SBCC for RMNCH, PMTCT, malaria, nutrition, tuberculosis, and WASH. The project added GHSA activities in 2018, focusing on the country's priority zoonotic diseases of rabies, anthrax, brucellosis, and avian influenza. The project identified gender as a cross-cutting issue and applied a gender transformational approach in the design of SBCC activities and products.

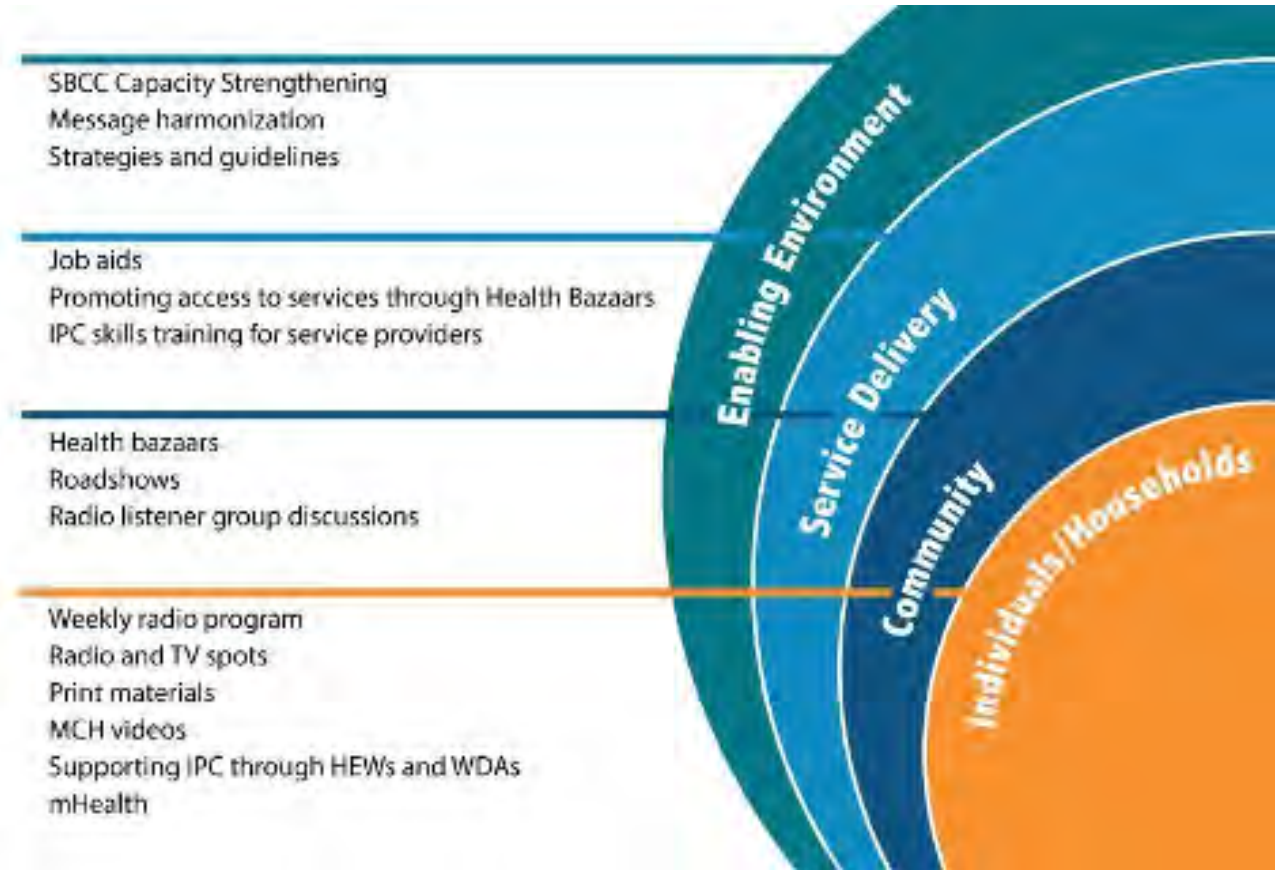
Theoretical Approach

The project used a theoretical approach grounded in social cognitive theory (SCT), which operates at all levels of society and describes the ways in which high-quality SBCC interventions impact health behavior and outcomes. SCT posits that behavior is influenced by three key factors: self-efficacy, an expectation of positive outcomes, and an enabling environment. This theory provided a mechanism for Communication for Health at the individual, family, and community levels, and it also provided a theoretical grounding for capacity strengthening activities.

The project employed a Pathways for a Healthy Ethiopia conceptual approach. The Pathways approach demonstrates that by strengthening skills and systems in an invigorated and networked SBCC environment, sustainable changes in capacity for SBCC at all levels can occur and will result in high-quality SBCC, which will contribute to improved health outcomes. ***(The Pathways for a Healthy Ethiopia is available in Appendix 4)***.

Communication for Health used the socio-ecological model (SEM) as its overarching guide for designing a strategic program that intervened across multiple domains. The SEM model recognizes individual characteristics such as knowledge, skills, self-efficacy; interpersonal processes and groups providing identity and support; community norms (community regulations); as well as policies or structures as important areas for intervention. Based on these theories and models, the project designed and implemented activities targeting the individual, household, and community level behavior change; strengthening service delivery; and creating an enabling environment.

Intervention strategies to address behavioral factors at different layers of the SEM model.

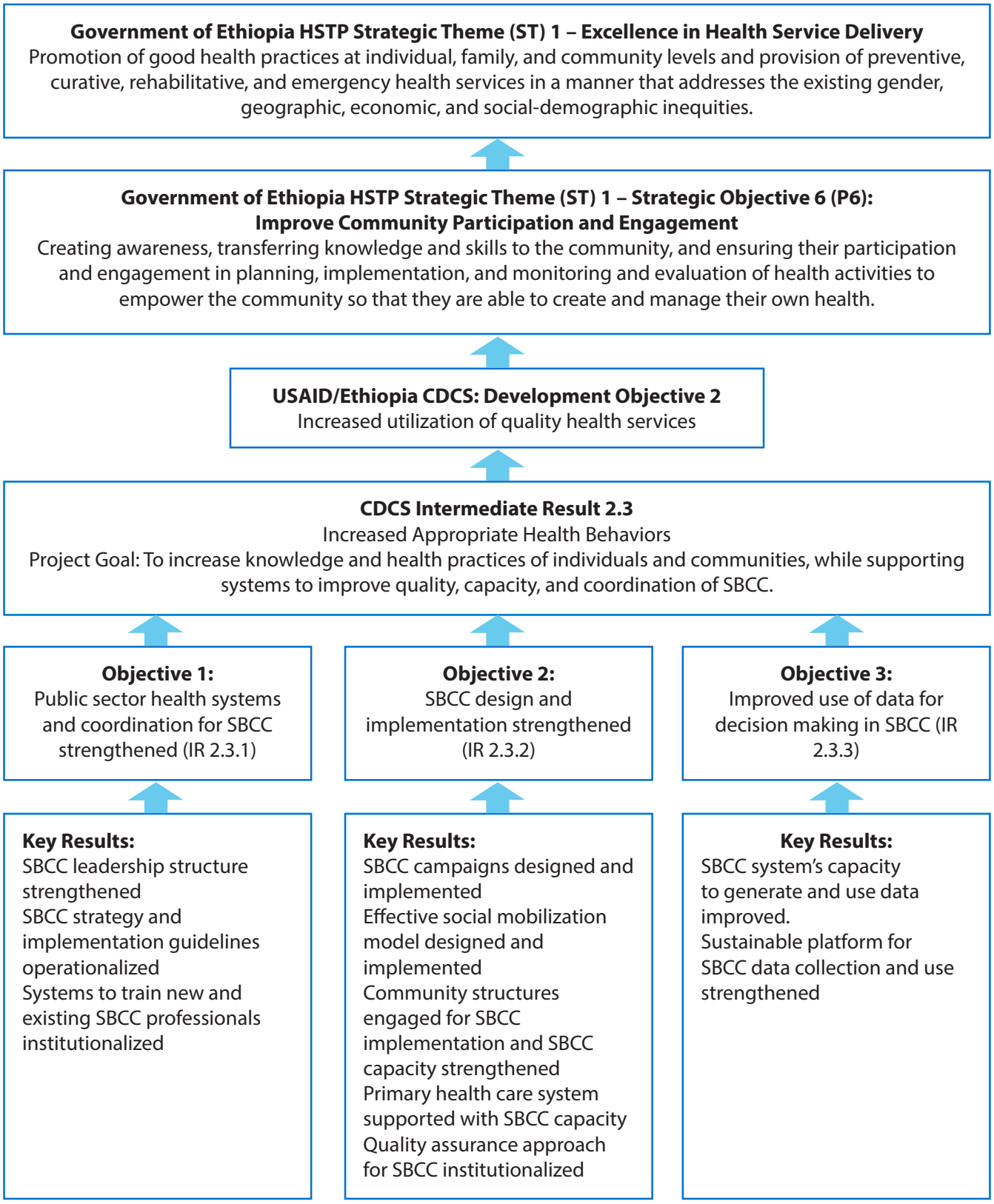


Project Goal, Objectives, and Strategies

The goal of the project was to increase knowledge and health practices of individuals and communities, while supporting systems to improve quality, capacity, and coordination of SBCC. The project aimed to achieve this goal through the Communication for Health Results Framework:

Friends make plans to attend a heatlh bazaar together

Communication for Health Results Framework



Project Timeline and Focus Areas

During Year 1, the project focused on identifying the barriers and facilitating factors for health behaviors across the six health areas; exploring the SBCC landscape in the country and the public health system's SBCC capacity needs; introducing the project to various stakeholders; setting up project offices and staffing; and des ning tailored SBCC tools and approaches. The project conducted a rapid assessment and mapping of SBCC organizations in the country; SBCC organizational capacity assessments with RHBs in Amhara, Oromia, SNNP, and Tigray regions; and a comprehensive literature review and baseline assessments. Based on these finding , the project designed SBCC tools and approaches, as well as a capacity strengthening plan and training materials.

The project was launched nationally on February 8, 2016, in the presence of more than 150 representatives and delegates from 56 different organizations. The national launch was followed by regional-level launch events that were attended by more than 413 participants including higher-level officials om RHBs. The project set up regional coordination offices in the four regions; signed an MOU with JSI, Inc. and 16 local implementing partners; and provided SBCC trainings at different levels. From 2016–2018, the project rolled out the woreda-level social mobilization activities, mass media interventions, and capacity strengthening support to the public health system and partner organizations.

From 2019–2020 the project focused on institutionalization and sustainability of its efforts, strengthening the documentation and advocacy needed for scale-up of systems improvements resulting from the project's technical assistance. The project actively pursued opportunities for advocacy and dissemination of evidence, successes, and lessons learned. The year 2020 was challenging with the emergence of the COVID-19 virus, but the project quickly redesigned some of its strategies to ensure continued and effective implementation.

Project launch workshop on February 8, 2016 in Addis Ababa

Geographic Coverage

The project initially planned to intervene in 240 priority woredas in the four regions (70 in Amhara, 87 in Oromia, 66 in SNNPR, and 17 in Tigray) through a phased approach: 77 woredas in Year 1, 33 in Year 2, 60 in Year 3, and 70 woredas in Year 4. The project planned for two years of intensive intervention in each woreda, with new woredas being added as other woredas graduated from the interventions. In consultation with USAID, the project team selected the 240 woredas based on these criteria: 1) health service uptake, 2) disease burden such as malaria and malnutrition, 3) feasibility (geographic distribution vis-a-vis synergy), and 4) duplication with other organizations with similar interventions such as JSI's Last 10 Kilometers 2020 Project (L10K 2020).

The project intervened in 77 woredas in Year 1 as planned. However, the project determined that a longer period of implementation in each woreda was needed to achieve the desired results of the capacity strengthening and SBCC activities. In consultation with USAID, a decision was made in 2018 to reduce the number of intervention woredas to 160 total to allow for longer engagement in each woreda. The project was implemented in 41 woredas in Amhara, 58 in Oromia, 44 in SSNP, and 17 in Tigray. (**Appendix 1: List of project woredas)**

Communication for Health Project Geographic Coverage

Partners

CCP led the implementation of Communication for Health with JSI as a subcontractor; other partners included the FMOH, RHBs, TWGs, and Transform PHC, Transform HDR, and other USG partners. Under IR1, CCP and JSI focused on strengthening the SBCC capacity of local implementing partners (LIPs) and provided intensive technical support to woreda health offices, primary health care units (PHCUs), and health posts (HPs). Initially, JSI selected 16 LIPs through a robust recruitment process and provided hands-on support and training on social mobilization, SBCC products, and guidelines. Using these new skills and materials, the LIPs facilitated community-level social mobilization activities in the intervention woredas, PHCUs, and HPs. Activities included conferences for pregnant women; outreach education at schools and religious institutions; distribution of SBCC materials; and technical support and supportive supervision to woredas, PHCUs, and HPs. In consultation with USAID, Communication for Health reduced the number of LIPs in Year 4 and revised its implementation strategy to work directly with the woredas, PHCUs, and HPs. **(Annex 1: LIPs matched with intervention woredas)**.

IR 1: STRENGTHENED PUBLIC HEALTH SYSTEMS AND COORDINATION FOR SBCC

Activity 1.1 SBCC leadership structure strengthened

The project provided technical and organizational capacity strengthening support to the FMOH, RHBs, and TWGs to create and sustain strong public health leadership and structure for SBCC at the national and regional levels. Major activities included:

SBCC Organizational Capacity Assessment (OCA)

The project conducted an OCA in 2016 that assessed the structural, leadership, and technical SBCC capacity of the four RHBs. Forty (7 female) representatives from different directorates in each RHB

evaluated and scored their SBCC capacity using a structured OCA tool. They then prioritized the gaps in capacity and developed an SBCC capacity strengthening plan. Major gaps identified th ough the assessment were: weak coordination of the SBCC activities across the different units in the RHBs as well as among SBCC implementing partners in the region; absence of regional SBCC TWGs; inadequate SBCC technical skills among health promotion professionals in the RHBs; no communication strategy or material development guide at RHBs; no SBCC focal person in zones and woredas; and poor planning of the design, production, distribution and monitoring of SBCC materials. The project used these findings o design and implement capacity strengthening materials and approaches.

National and Regional Health Communication TWGs

Communication for Health supported the FMOH Health Promotion Case Team in establishing a national TWG on health promotion. CCP developed the Terms of Reference (TOR) and helped organize consultative workshops to support the process. The first workshop was held on November 11, 2016 with 23 participants (6 female) to discuss how to strengthen the existing national TWG, such as broadening representation of different health areas on the TWG and organizing the TWG by technical area to maximize partners' areas of expertise. As a result, various SBCC sub-teams were established under the national SBCC TWG. The sub-teams provided technical guidance on SBCC activities and supported the development of messages and materials. The national TWG provided significa t support to the FMOH to finali e and disseminate the national health communication strategy; design SBCC tools and approaches; coordinate SBCC summits; and facilitate Springboard and community-of-practice sessions.

Similarly, the project supported the RHBs in establishing regional-level TWGs. The project helped to develop the TOR and organize consultative workshops among TWG members in each region. These meetings provided the opportunity for attendees to coalesce around the need for regional SBCC TWGs, review the TOR, and select the chairperson and co-chairperson from the RHBs. Communication for Health provided a delegate to serve as secretary of the TWGs. The SBCC TWGs in each region worked on adapting the National Health Promotion and Communication Strategy for the regional context; and in providing technical support for the design and implementation of SBCC activities in their respective region.

The project provided the Leadership in Strategic Health Communication (LSHC) training for both the national and regional TWGs members to strengthen their capacity in the technical aspects of SBCC. The project also supported the TWGs to periodically meet, review performance, and coordinate SBCC activities. Over the past five years, the project organized a total of 17 national and 33 regional-level TWG meetings.

The midterm evaluation (MTE) indicated that the TWGs improved SBCC coordination at the national and regional levels. The TWGs enabled synergy and coordination among stakeholders. Further, the formation of TWGs facilitated the institutionalization of SBCC in government structures and systems. RHBs assigned woreda SBCC focal persons who focused on improving coordination among stakeholders and helped ensure the effici t use of resources. These TWGs were well-positioned to harmonize SBCC activities, bringing together practitioners from implementing partners across technical areas in support SBCC initiatives by the FMOH and RHBs.

With the support of Communication for Health, the TWGs contributed for many achievements, including organizing two national summits on SBCC. The events brought together SBCC practitioners, academics, and policy makers to discuss major achievements and hurdles in promoting the science and practice of SBCC for health. The TWGs also supported technical input and support to the development of SBCC guidelines and manuals, ensuring that content was coordinated and consistent across health topics and aligned with larger strategies. Key documents included the Message Material Development Guide; SBCC Quality Assurance Guide; Public Health Emergency Communication Guide; Message Harmonization

Guide for RMNCH, WASH, Malaria, and NCD; 952 Hotline Expansion Manual; Malaria Elimination Guideline; Community Engagement Strategy; and Facility-Based Health Education Manual.

Leadership Through Strategic Health Communication (LSHC) Training

Strategic leadership capacity was among the gaps identified th ough the OCA. The project adapted and contextualized training materials to address this need. The training materials were packaged in three formats by level of leadership categories: Tier I, for key leaders of FMOH, RHBs, and partners; Tier II, for regional and zonal level communication practitioners who are directly involved in SBCC work; and Tier III, for woreda- and PHCU-level program implementers. The three training packages differed in level of intensity and duration of training. Using these materials, the project trained 85 individuals from Tier I, 180 individuals from Tier II, and 1,376 individuals from Tier III. Pre- and post-tests and daily evaluation techniques were used to evaluate the quality of the training. Pre- and post-test results revealed greater than 15% increase in knowledge by participants.

Key informant interviews conducted one year later with 67 health workers indicated that skills from the training were being used on the job. Almost all (94%) of respondents said the training was very relevant to their work; 78% thought the training continued to be highly applicable; and a majority of respondents (>75%) said they used training resources to train other staff. Some key informants said that the training helped to make their facility a model which contributed to the woreda transformation plan; and that their performance improved as the training empowered them to facilitate teamwork, joint planning, and monitoring activities. A trainee from Amhara region said "the training [LSHC] helped me first to assess myself in line with the various leadership skills and then to set a clear vision that would be shared among my colleagues. I can say the training helped not only with my job, but also to purposefully lead my personal life."

Leadership in Strategic Health Communication training for high-level managers, Bishoftu

952 Hotline Expansion

Communication for Health supported the FMOH to expand the 952 Hotline for HIV/AIDS to incorporate topics related to RMNCH, malaria, nutrition, and WASH. The project provided financial and echnical support to the FMOH to develop the Health Hotline Expansion Manual, which incorporated RMNCH support into the hotline service. The project also trained 77 (66% female) hotline counselors and supervisors on the manual in two consecutive sessions from May 2–12, 2017 and May 15–26, 2017. The training covered a number of health topics and focused mainly on telephone counseling techniques. The support enabled 952 Hotline to expand its services with coverage of more health issues, and to improve quality of counseling.

Seconded SBCC Advisors

To strengthen the SBCC capacity at the FMOH and RHBs, Communication for Health seconded SBCC advisors to the FMOH and four regions. The advisors supported health communication efforts at both the national and regional levels for over four years.

Activity 1.2: SBCC strategy and implementation guidelines operationalized

The project was a key partner to the FMOH in developing national and regional health strategies and implementation plans throughout the five-year project period, including:

National Communication Strategy (2015–2020)

The project worked with the FMOH and TWG to finalize the 2015–2020 Health Communication Strategy. The Strategy was endorsed in May 2017 and disseminated to the regional and local levels for contextualization and implementation. The project facilitated a strategic planning process with regional TWGs in Amhara, SNNPR, Tigray, and Oromia, to contextualize the strategy and identify areas where regional- and community-level approaches could be more appropriate. The project also supported the FMOH and RHBs to share the communication strategies with CSOs, FBOs, and other non-governmental initiatives. The project worked hand-in-hand with the FMOH, RHBs, and TWGs to operationalize the strategy.

National Health Promotion and Communication Strategy (2016–2020)

The revision of the Strategy was initiated by the Health Extension and Primary Health Care Directorate. The Communication for Health team developed the TOR that guided the revision process and supported the TWG throughout the entire process. The project also supported a situational assessment and hosted a strategy design workshop in collaboration with the FMOH Health Communication and Promotion Case Team.

Malaria Elimination Guideline

Communication for Health supported the FMOH Malaria Case Team in designing five modules of the Malaria Elimination Training Program, particularly the Advocacy, Social Mobilization, and Communication training guide. The project facilitated the Master TOT with regional malaria and communication experts of the FMOH on October 3–6, 2017.

Implementation Manual for the Health Extension Roadmap

The project supported the development of the 2020–2025 implementation guide to operationalize the Health Extension Roadmap. The Roadmap covers the following fi e categories: redefining the health service packages; changing the professional mix to include different cadres of health professionals;

rethinking community engagement strategies; using innovative methods to ensure sustained financing; and ensuring resilience of the HEP to maintain essential service delivery during public health emergencies. Project staff pa ticipated in a development workshop led by the Primary Health Care and HEP Directorate to create the manual.

Community Engagement Strategy

After the Health Extension Program (HEP) Assessment in 2019, the Health Extension and Primary Health Care Directorate prepared a community engagement policy brief that emphasized the development of a holistic community strategy. Communication for Health worked closely with the Directorate and the TWG team to develop community engagement mechanisms. The project supported the development of a community engagement implementation guide that includes revitalizing the Women's Development Army (WDA), male engagement, and youth engagement as well as engaging other social networks such as religious institutes and Idirs.

Second Health Sector Transformation Plan (HSTP)

Communication for Health participated in a TWG tasked with preparing the health extension, primary health care, and hygiene and sanitation sections of the second HSTP. The TWG was comprised of FMOH staff and pa tners working on health.

Facility-Based Health Education Guideline

Using a human-centered design (HCD) approach, the project supported the Health Promotion and Communication Directorate to develop the Health Facility Health Education Manual. Communication for Health facilitated a four-day design workshop with health education coordinators from hospitals and health centers to develop the guide, and also provided a TOT to FMOH staff. The project also supported the development of other guides, including the SBCC Materials Development Guide, SBCC Quality Assurance Guide, and Public Health Emergency Communication Guide.

Counseling during an antenatal care visit

Activity 1.3: System to train new and existing SBCC professionals institutionalized

MERI Internship and Pre-Service Training Programs

The project supported MERI internships and pre-service training programs for master's degree students in the behavioral science and health communication departments of Jimma University (JU), Bahir Dar University (BDU), and Addis Ababa University (AAU). Before students were placed for their internships, the project provided a three-day pre-service LSHC training for both students and mentors from the host organizations. The workshop included a visioning exercise; orientation to the research-based process for SBCC design; and the basics of implementation, monitoring, and evaluation of SBCC interventions. After the training, each intern developed an individual action plan. A total of 37 (10 female) students were assigned internships in 18 local and international organizations. Monitoring findings indicated that the program had paramount importance for both the students and the host organizations. Interns stated that the program created opportunities to translate their theoretical knowledge into practice.

The project also organized seminars in collaboration with Addis Ababa, Jimma, and Bahir Dar Universities' schools of public health and communication departments. The seminars included content on SBCC theories and models; design, implementation, monitoring and evaluation of SBCC; and a practice assignment. A total of four seminars were held for master's students on various topics, with a total of 42 students (18 female) attending.

University SBCC Consortium

Communication for Health in collaboration with the FMOH Health Communication Case Team, AAU, and JU organized a workshop on February 3–4, 2017 in Addis Ababa to establish a University Consortium on SBCC. The workshop involved 42 participants (5 female) from 15 universities. Workshop participants reviewed curricula and discussed plans for harmonization and capacity strengthening. Two brief studies conducted by the organizing committee were presented. A tracer study on graduates of health education and promotion indicated that there is a practical skill gap in designing and implementing high-quality SBCC strategies that are grounded in behavioral science. The second study reported results from a scan of the content of health education courses among universities and within fields of studies. This study found that there is a difference in methods, materials, and credit hours given to health education courses both across and within the universities. The courses differed in terms of content, nomenclature, course load, and modality even though the graduates worked with the same clients—FMOH and its partners. Many of the workshop participants carried the information back to their respective universities and raised the question of conducting a curriculum review with management.

Master's in public health students attending a seminar at AAU

SBCC Center in Universities

One of the capacity gaps identified in the orkshop was a lack of SBCC resources for health education training. The project visited AAU's and JU's Health Education and Promotion Master's programs. The project held joint discussions with departments on how to strengthen the education modality to enable students to acquire basic SBCC skills and knowledge. The universities agreed to support the establishment of a SBCC center in the classroom that would centralize all SBCC materials and guidelines, and provide computers so that students could easily access online Springboard and Health Compass resources. The project provided six computers with accessories for AU's Health Education and Promotion lecture room and 13 computers for JU's Health Education and Promotion lecture room. The project also made available SBCC resources (e.g., strategies, guidelines, manuals, and health promotion materials) for both universities. As a result, students are using the materials and equipment to enhance their practical skills in production and evaluation of SBCC materials, as well as to align their theoretical knowledge with practical skills.

Competency-Based Training for Integrated Refresher Trainings (IRT) Trainers

Communication for Health supported the Integrated Refresher Training (IRT) cascade process for HEWs from regional to community level. The project supported the FMOH in providing a training titled "Facilitation Skills on Competency-Based Training for Integrated Refresher Trainings (IRT) Trainers," which was conducted in Adama on February 3–8, 2020. The training included health communication as part of the package for which the project team supported in developing the training module. The project provided financial and echnical support for the implementation of the IRT in the intervention woredas.

IR 2: SBCC DESIGN AND IMPLEMENTATION STRENGTHENED

Activity 2.1: SBCC campaigns designed and implemented

In collaboration with the FMOH and TWGs, the project developed the Integrated Communication Platform (ICP) media plan. The plan guided the overall creative approach for health area specific SB C campaigns and a common concept for framing. The project chosen the brand name "Hulu Beteina/ሁሉ በጤና" which roughly translates as "All is possible with good health." Its equivalent Afan Oromo and Tigrigna translations were also identified and coined for the respective regions. The brand represents ownership and responsibility for one's own health, which is vital for a full life.

Based on the campaign plan, the project designed and implemented various media products including a radio program, mobile application, maternal and child health videos, and various print materials through a participatory process involving TWGs, the FMOH, and RHBs.

Weekly Radio Program

The central component of the project's media intervention was a weekly radio program that combined drama and reality. The program addressed the different health issues across multiple health areas using entertainment education approaches (See Appendix 3). The radio program was produced in-house and aired in collaboration with regional FM radios. The radio program was produced in Amharic, Tigrigna, and Afan Oromo starting in September 2017, and later in Wolaitgna and Sidamgna. The project produced a total

Recording for reality section of the radio program

of 357 episodes, of which 78 episodes each were broadcasted in Amharic, Afan Oromo, and Tigrigna languages; 61 in Sidamegna; and 62 in Wolitigna, along with a rerun of episodes and season breaks.

A couple enjoying the radio program

Communication for Health collected listener feedback through dedicated phone lines for radio listeners. The feedback was generally encouraging; listeners found the program very informative and appealing. Helen Melaku from West Gojam Gonj Qolela Woreda said, "I always listen to your program. Last time I got sick, I felt cold and shivery, and also had fever. After listening to your program about malaria, I went to the doctor and learnt that it was actually malaria. Just like your radio program the doctor told me to use a bed net, and I am now using it."

> ***"I am very surprised with the husband that is helping his wife. He even cooks for her and shares house chores. It is exemplary; I wish more men would be like him after listening to your program"***
>
> – *Listener,* Mesekerem from Arsi sire in Oromia

The calls indicated that the program was creating some shift in intention towards recommended behaviors. For example, Dawit Lakachew from Bahirdar Zuria stated, "I listened to the program with my wife and kids. There is malaria in our area but we don't have bed net. I want to use bed nets to protect my family. Where can I get bed nets?"

The program also helped some listeners question gender norms in their communities. Lema Abeba from Inchini in Oromia said, *"Just like the main character in your drama, many men in our area sell their land without discussing with their wives. They then drink and finish the money. You have told us a true story in the drama."*

Radio Listeners' Group Discussions

The objective of the listeners' groups was to increase listenership and intensity for the radio program in areas where it aired, and extend reach to media dark areas. Listeners' groups provided opportunities for audiences to discuss and reflect on the health issues raised in the radio program, enhancing the likelihood of behavior change. Participants became advocates for the health behaviors discussed in the radio drama and promoted the radio program in their communities. The project provided a two-day training for 442 HEWs and 411 (96 female) woreda SBCC focal persons to facilitate establishment of radio listeners' groups, and provided discussion guide and radios to the trainees. Trained individuals established about 696 listeners' groups, engaging about 696,000 individuals in the intervention regions, of whom a majority completed the discussions on 24 episodes.

Hulu Beteina Mobile App

The Communication for Health baseline survey indicated that nearly half of Ethiopians have mobile phones. Taking this opportunity, the project developed a mobile app through a participatory design process which involved relevant RMNCH experts from the FMOH and potential users of the app, including mothers, fathers, and HEWs from different regions, and IT developers.

The app comprised key RMNCH messages targeting five stages in the life cycle approach: pre-pregnancy, during pregnancy, birth preparedness, delivery to six months of a child, and six months to fifth year of a child.

The mobile app features both text and audio content and was developed in three languages—Amharic, Tigrigna, and Afaan Oromo. It was launched in October 2018 in Addis Ababa with the presence of 85 participants (25 female) from the FMOH and regional and partner organizations. These partners and others distributed the app, with an estimated total of 27,560 downloads (not all app sharing and downloads could be tracked).

Discussion of the Maternal and Child Health video in a maternity waiting room

Maternal and Child Health Video (MCHV)

In collaboration with the FMOH Maternal and Child Health (MCH) Directorate and partners, the project designed a video focusing on RMNCH behaviors. The video was developed through a workshop that used an HCD approach with HEWs, mothers, and the production team to better understand the daily lives and current realities of mothers in rural areas as related to MCH. The HCD workshop was held at Debre Markos town in East Gojam Zone on December 18–19, 2017.

The workshop also informed the development of an interpersonal communication (IPC) guide for midwives. A total of 10 participants (3 female) comprised of midwives, PHCU directors, and a representative of a midwives association participated in the development of guide. Using the guide, the

project provided IPC training for a total of 110 (56 female) midwives, including one coordinator from each zonal health department in the intervention regions. Participants were selected from health centers that had a maternity waiting room with a functional TV and video player. The training covered topics including: motivating midwives for big success; on becoming more compassionate, respectful, and caring (CRC) in the maternity services; IPC and group facilitation skills; and how to use the MCH video to facilitate group discussions with pregnant women. The sessions were facilitated with interactive presentations such as group work, brainstorming, simulation exercises, and role-plays. Similarly, the project trained 152 woreda SBCC focal persons (35 female) to promote the MCH video in the intervention woredas.

The MCH video was distributed to 670 PHCUs in the intervention regions and shown to mothers and families in waiting rooms as they were waiting to be seen by the health care provider. Monitoring data indicated that the majority of the PHCUs showed the videos to clients on a regular basis. Gaps in dissemination included non-working or nonexistent TVs and a shortage of electricity. Health workers also said that their heavy workload precluded them from showing the video on a regular basis.

Materials Development

Communication for Health distributed 2.3 million copies of the SBCC materials (fliers, posters, brochures, stickers, banners, videos, audios, booklets, and mobile apps) addressing key health topics. The materials were designed through a participatory process engaging audiences, TWGs, RHBs, and other implementing partners. About 1.6 million of the SBCC materials were focused on malaria; 55,309 on RMNCH; 545,111 on WASH; and 109,121 on integrated health issues. The number of distributed SBCC materials significantly varied by regions due to differing occurrence of outbreaks and RHBs' expressed needs for SBCC material (For details on the type of materials please see Appendix 2).

Health Area	Quantity	Region				Federal
		Amhara	Oromia	SNNP	Tigray	
Malaria	1,593,886	594,784	322,897	409,113	263,092	4,000
RMNCH	55,309	33,777	8,379	7,110	5,013	1,030
WASH	545,111	244,361	173,300	112,850	13,800	800
Integrated	109,121	36,756	25,285	43,671	3,409	-
Total	2,303,427	909,678	529,861	572,744	285,314	5,830

In addition, the project supported the FMOH and partner organizations with their SBCC materials design and implementation in the following areas:

1. **World Health Days:** The project supported the commemoration of world health days including TB and malaria days. In collaboration with the FMOH and partners, the project designed and distributed various SBCC materials, including posters, brochures, and banners on the transmission, prevention, and treatment of TB as well as malaria.

2. **Zero Malaria Campaign:** The project supported the FMOH in launching the national Zero Malaria campaign. The support included development of communication materials, including banners.

3. **Prevention of Child Injuries:** The project, upon request, supported the FMOH's Child Health Case Team in developing a communication strategy and materials for the prevention of child injuries. The project produced spots addressing road traffic accidents, burning, and drowning. The spots were submitted to the FMOH for airing.

4. **Family Planning and Disability:** Based on a request from the Family Planning Case Team of the FMOH, the project supported the development of communication materials on family planning for people with disabilities (physically disabled, visually impaired, and intellectually disabled). Field visits to Ethiopian National Association of the Blind and Ethiopian National Association on Intellectual Disability were undertaken to better understand the situation, identify key barriers to contraception use, and recommend ways to best reach people with disability. A brief concept note was developed laying out the key findings, recommendations to FMOH, and the technical support the project could provide. Following this, a brochure for people with disabilities, which was originally developed by the case team, was revised in terms of content and design to make it more appealing and tailored to the target audiences.

5. **Emergency Response:** As part of the national emergency preparedness and response sub-team, the project supported the FMOH to strengthen risk communication and response activities.

6. **Risk Communication:** In collaboration with FMOH and WHO, the project provided a training of trainers on risk communication, February 23–29, 2018. Participants from the FMOH, Public Relations and Communication Directorate, Ethiopian Public Health Institute (EPHI), and Emergency Operation Center attended the training. Following the TOT, the risk communication training package was contextualized and rolled out to the target regions in collaboration with FMOH, WHO, and UNICEF.

7. **Outbreak Identification and Response Activities:** The project's national and regional teams helped to identify needs as well as response activities. The project supported FMOH and RHBs in the identification and response of scabies, malaria, AWD/cholera, and yellow fever outbreaks, which occurred in the intervention regions. The project led the SBCC component of the response activities, including designing and implementing of SBCC tools and approaches; supporting house-to-house education by HEWs and volunteers; distributing brochures, placing posters, and conducting mass education using mobile vans. According to assessment reports, the project significantly contributed to the prevention and containment of the outbreaks in the intervention regions.

8. **Prevention of COVID 19:** Communication for Health supported FMOH and RHBs in message development, risk assessment, and capacity building at grassroots health structures. The project developed and disseminated messages including audiovisuals, spots, and print materials that focused on the basic facts and prevention of COVID-19.

Activity 2.2: Effective social mobilization model designed and implemented

The project explored global models and local best practices for social mobilization and identified an approach that was suitable to the Ethiopian context. The project used the Integrated Model of Communication for Social Change to inform the development of the Social Mobilization Kit. The model demonstrates the importance of a shared vision, planning, and action to positively influen e high impact health behaviors in woredas. The model is applicable to program implementation at the PHCUs where HEWs and WDAs can serve as catalysts for change in connecting and engaging with a number of actors such as school clubs, traditional birth attendants, and religious leaders to facilitate community dialogue.

Intervention areas for social mobilization activities

Once the Social Mobilization Kit was finalized, the project facilitated social mobilization kick-off workshops using a facilitation guide. The project also prepared a participants' package, including the PHCU handout (session note, action plan, and reporting templates) to assist woreda participants in better understanding the kick-off orientation. The packages as well as other materials were translated into regional languages. A total of 11,894 (3925 female) participants attended the kickoff workshops in 2016 and 2017. At the end of the workshop, participants identified priority SBCC issues and developed context specific action plans and implemented them in the intervention areas. The Social Mobilization Kit was also presented and distributed to all HEWs in the intervention regions.

Malaria Campaign

The project conducted a community-based malaria campaign in 2018 and 2019. The goal of the campaign was to promote health behaviors related to malaria prevention and treatment. The campaign was mainly driven by roadshows in marketplaces and other public gatherings in 45 selected project woredas across the four regions. A total of 249 shows were conducted over the period reaching more than 348,355 individuals with relevant messages and addressing different misconceptions around malaria within communities. The roadshows were designed using the entertainment education approach under the overarching Hulu Beteina brand. The shows included engaging activities such as Q&A competitions, bed net hanging demonstrations, music, and direct messaging tailored for each community. At each show, there were pre- and post-tests for randomly sampled individuals. Pre- and post-test findings indicated that the roadshows brought statistically significant improvement on most of the knowledge indicators (more than 10%), including causes of malaria; priority population groups to use bed nets in case of net shortage; time to use bed nets; intention to use bed nets; and proper use of bed nets.

Demonstration of how to hang a long-lasting insecticidal bed net during a malaria roadshow

The malaria roadshows generated interest from the FMOH, RHBs, and partner organizations when public gatherings were possible (pre-COVID era). The project provided support to relevant RHB staff members and zonal SBCC and malaria focal persons on the concept and process of the roadshows to enable replication. The project provided training for a total of 83 malaria and SBCC focal persons (53 from Amhara and 30 from Oromia RHBs) on how to conduct malaria roadshows. The project also facilitated the opportunity for these experts to observe the roadshows conducted by the project so they could take lessons. Following the support, RHBs conducted the roadshows on their own in 83 woredas selected for malaria elimination.

The project also supported malaria campaigns in emerging regions. In 2020, the project—in coordination with the Global Health Supply Chain Management (GHSM-PSM) and PMI/Vector Link projects—provided orientations on implementing community mobilization for the long-lasting insecticidal net (LLIN)

distribution campaign in the two new regions of Gambella and Benishangul Gumuz. The project deployed three teams, each with three people, that traveled to the two regions and provided TOTs for LLIN distribution operators and supervisors. A total of 120 participants attended the TOTs and cascaded the training to their respective woredas immediately after the training.

Health Bazaars

To encourage continued and lasting community engagement for health seeking behaviors, Communication for Health designed health bazaars, an intense mobilization model. The model brought service seekers and providers together by improving interaction and communication through health bazaars that occurred on a regular basis. The health bazaars linked schools with health service providers who brought health services to communities in an organized school setting.

Complementary feeding demonstration

Family planning and PMTCT/VCT counseling services were provided in some tents, while health education corners showcased complementary feeding, handwashing and LLIN use demonstrations, in addition to health messages communicated by students on stage. Ongoing entertainment activities on the side helped attract the large crowds during these events, which included Q&A among students focusing on health issues and other competitions among religious leaders and elders. During the period, the project conducted 11 health bazaars in eight woredas with an estimated reach of 16,500 community members. The project also developed the Health Bazaar Guide for stakeholders and partners, on how to conduct a successful health bazaar.

School Health Promotion

One of the project's social mobilization strategies was to empower school children to be health messengers to the community. The project collaborated with partners to develop the School Health Communication Implementation Kit. The kit contains details on how schools can:

- Promote healthy practices among school children and the school community
- Empower students to be messengers to deliver health information to their families and community
- Build the local capacity to scale up and sustain the initiative
- Design and implement school health activities, including establishing school health action committees, supporting health clubs, and organizing health days/months in the schools.

The project translated the kit into three local languages—Amharic, Tigrigna, and Afan Oromo—and distributed it to schools with proper training. TOT was given for 127 (20 female) LIP staff in mhara, Oromia, Tigray, and SNNP regions, and covered the school health approach, implementation kit, and methodologies that can be used for the school health promotion.

LIP staff who participated in the TOT went on to conduct rollout training for 1,882 (484 female) schoolteachers and directors from 103 woredas in the four intervention regions. The club leaders, directors of schools, and heads and representatives from the woreda education and health offices attended the one-day trainings on the school health kit. Each rollout session concluded with the development of an action plan to engage school health clubs and establish school health action committees for each of the schools. All schools with trained teachers and directors developed an action plan and implemented it, despite performance variations across the schools. The project MTE found that the school health program was innovative, with the potential to be disseminated in the larger community by using students to promote messages.

Similarly, the project provided a two-day training for school directors, club leaders, and PHCU heads from 20 schools and 24 PHCUs to strengthen SBCC capacity and coordination among community-level actors for effective social mobilization. The main objective of the training was to enable school children and school communities to benefit from healthy practices and empower students to deliver health messages to the community. The training covered the SBCC strategy, the school health program strategy, approach, targets, health priorities, effective communication, and root causes analysis. Besides creating additional health promoters, the training brought together the health and education sector to identify problems and plan together, which strengthened integration of activities and collaboration between sectors. A total of 69 (9 female) school directors, club leaders, and PHCU directors attended the participatory training.

Activity 2.3: Community structures engaged for SBCC implementation and SBCC capacity strengthened

Engagement of community faith-based organizations, educational institutions, and media sectors in SBCC implementation plays a significant role in creating sustainable social and behavior change in the community. In line with this, Communication for Health provided capacity strengthening support—including trainings, provision of SBCC materials, and creation of coordination platforms—to various community-level actors.

Religious Leaders' Engagement

Communication for Health developed a religious leaders' engagement training guide using an HCD approach. HCD is a process that starts with the intended audience and ends with new solutions that are tailor-made to suit their needs. In 2017 the project organized a two-day design workshop with religious leaders of different faiths. Eighty-five (all male) religious leaders, including orthodox Christians, Protestants, Muslims, and Catholics, attended the workshop.

The purpose of the workshop was to understand religious leaders' views on health topics and the values they hold related to health. The workshop outputs informed the design of a religious leaders' engagement guideline and a pocket guide to be used by the religious leaders. The guidelines were used to facilitate a two-day woreda-level workshop for religious leaders who were working at kebele level.

Human-centered design workshop with religious leaders, Kombolcha Amhara Region

Religious Leaders' Engagement Rollout Training

The project conducted TOTs on religious leaders' engagement to LIPs in November and December, 2018. Ninety-one participants (9 female) attended the TOTs across the four regions. The topics covered during the two-day TOT included: (1) creating an enabling environment for the training, (2) encouraging religious leaders to promote healthy behaviors, (3) fostering exemplary works of religious leaders, (4) conducting a situation analysis on existing attitudes of health behaviors, (5) identifying health problems, (6) linking gender and religion, (7) identifying opportunities and setting goals, and (8) working with health workers.

Following the TOTs, rollout trainings on religious leaders' engagement were conducted in 64 woredas facilitated by trained LIP and woreda health office staff. A total of 1995 religious leaders attended the rollout trainings. The rollout training sessions covered topics such as exploring perceptions and misconceptions of religious leaders on health care; religious and cultural beliefs of the community on maternal health services, child health care, malaria, TB, PMTCT, and WASH; and potential of the religious leaders and their opportunities to promote health to their followers. The materials were prepared in three languages (Amharic, Afan Oromo, and Tigrigna).

The project's MTE findings indicated that religious leaders' engagement was one of the most effective approaches in facilitating community-level social mobilization activities. Religious leaders were the main health promoters to support the work of the HEWs in the intervention areas. Key informants emphasized the contribution of the religious leaders to the increased uptake of health services, including contraceptive use and facility delivery.

Local Implementing Partners Engagement

Communication for Health Project recruited 16 local implementing partners through a competitive process and empowered them for effective implementation of community-level social mobilization activities. The project provided various SBCC capacity strengthening trainings including LSHC, SBCC material development, school health promotion, religious leaders' engagement, and various social mobilization skills trainings and workshops to the LIPs. The LIPs were provided with all SBCC tools developed by the project and were actively involved in school health promotion, facilitating pregnant women conferences, outreach, distribution of SBCC tools, and in provision of technical support to the woreda health offices, PHCUs, and health posts.

Media Professionals Engagement

In 2019, the project provided a TOT on SBCC material development to zonal SBCC focal persons and media professionals working at regional and local media houses in the intervention regions. A total of 44 (15 female) participants from 21 zonal health departments and 23 media houses attended the training. The objective of the training was to strengthen media professionals' ability to design, implement, and evaluate SBCC programs. Topics covered during the training included concepts and principles of SBCC, health communication models and theories, the context of public health in SBCC, and the P-Process. Trained participants served as resource persons to cascade the training in their respective woredas.

Activity 2.4: Primary health care system supported with SBCC capacity

As part of its capacity strengthening strategy, the project sought to improve the ability of HEWs to engage in IPC and work with the PHCU team to implement evidence-based social mobilization activities and campaigns. The project conducted various capacity strengthening trainings with HEWs and PHCUs, as well as provided them with SBCC tools, guidelines, manuals, and technical support.

Revision of the Family Health Guide

The Family Health Guide (FHG) is a comprehensive and integrated-approach tool, suitable for use by HEWs and community health promoters. Upon request from the FMOH, Communication for Health provided support and guidance for revising the FHG. The project participated in review meetings with the Health Education Case Team and led the technical and design revision. The revisions included: printing the booklet in full color, adding and modifying illustrations, and improving the overall design and layout for a more simplified and onsistent look. In addition, the project distributed 63,110 copies of the FHG in the intervention areas.

The MTE indicated that the promotion and distribution of the FHG brought significa t improvement in household availability of the tool, with a corresponding improvement in uptake of health behaviors. Following the intervention, household availability of the FHG improved from 9.5% in baseline (2016) to 20.5% in midterm (2019). The regression analysis depicted that women who had the FHG at their house were more likely to test for HIV; to deliver in a health facility; and to attend postnatal care services.

Family Health Guide in Amharic language

SBCC Training for Woreda SBCC Focal Persons to Intensify Social Mobilization Activities

To intensify social mobilization activities at the community level, Communication for Health provided SBCC and monitoring and evaluation (M&E) training to woreda- and zonal-level SBCC focal persons. A total of 152 participants (20 female) from 160 woredas of Amhara, Oromia, SNNP, and Tigray regions attended the trainings. The training aimed to identify and prioritize activities that could be implemented at the community level, including the Hulu Beteina mobile app, MCH videos, the radio listeners' groups, school health promotion activities, and others. The two-day training focused on orienting the participants on the above-mentioned tools and approaches, and how these activities can be monitored using SMS-based reporting tools. Supportive supervision findings indicated that the majority of trained woreda SBCC focal persons rolled out the training to PHCUs and promoted the use of the various SBCC tools.

Support to Health Extension Program and Primary Health Care Directorate

Communication for Health provided technical support to the Health Extension Program Directorate in the development of strategies, guidelines, and manuals:

Health communication module: This module was designed to be used during the pre- and in-service training programs for urban HEWS. The purpose of the health communication module is to enhance the skills and knowledge of health professionals through proper application of SBCC interventions. The Communication for Health team participated in a number of sessions to highlight and advocate for the inclusion of SBCC components in the urban HEW training program.

A validation of Urban Health Extension Program (UHEP) training manual: Communication for Health participated in a workshop organized by the FMOH Primary Health Service and Health Extension Directorate to validate the UHEP's integrated refresher training manual. The workshop was conducted October 2–7, 2016 at Hawassa Health Sciences College meeting hall. The manual was validated during the process of training existing UHEP staff in Addis Ababa, Oromia, and SNNP regions. The training provided an opportunity for testing the modules with the users, the UHEWs, and the facilitators.

Design of SBCC job aid for Urban Health Extension professionals: Communication for Health worked with the JSI Urban Health Extension project on the design of SBCC job aids for the UHE program. Two members of the Communication for Health team attended the design workshop that took place April 10–13, 2017 in Bishoftu. The overall aim of the design workshop was to upgrade the existing FHG for urban health professionals by incorporating health issues affecting urban residents, and developing a guide for the UHE workers that would help them to facilitate discussions at household levels.

Activity 2.5: Quality assurance approach for SBCC institutionalized

Supported the Development of SBCC Quality Assurance Guideline

A quality assurance system (e.g., standards, tools, and guidelines) and protocols play a key role in standardizing SBCC design and implementation. Communication for Health supported the FMOH Health Promotion Case Team to develop an SBCC quality assurance guideline. After a series of meetings with the project team taking part, a two-day workshop was organized by FMOH from August 29–31, 2017 to refine and finalize the guideline. Two Communication for Health project staff members participated and provided technical support. The guideline is one of the four guidelines (material development guideline, public health emergency communication guideline, quality assurance guideline, health and health system literacy guideline) to be developed for the implementation of the National Health Communication Strategy. The project provided technical and financial support to the FMOH to disseminate the SBCC quality assurance guideline. It supported a dissemination workshop organized at Dreamliner Hotel, in Addis Ababa on January 15, 2019, in which more than 70 participants (21.4% female) from partner organizations, media offices, regional health bureaus, private organizations working on communication, and representatives of different directorates in the Ministry attended the dissemination workshop.

SBC Institutionalization and Handover Workshop

Communication for Health project conducted an SBCC institutionalization and handover workshop in all regions in 2020. The workshop aimed to make SBCC tools and approaches institutionalized at zonal, woreda, and PHCU levels so that each key actor will own and sustain them in their respective areas. The project provided the workshop for over 650 (10 female) participants of zones, woredas, and RHBs from 160 woredas in 2020. Participants included woreda-level malaria focal persons, RMNCH focal persons, zonal malaria coordinators, SBCC coordinators, and RMNCH coordinators. The project's SBCC tools—including the mobile app, MCH video, SM kit, checklist to organize roadshows and health bazaars, as well as radio episodes—were shared to the participants. The event helped partners to institutionalize the SBCC tools and approaches for sustained use.

IR 3: IMPROVED DATA USE FOR DECISION MAKING

Activity 3.1: SBCC system's capacity to generate and use data improved

Communication for Health provided capacity strengthening trainings in qualitative and quantitative research to the EPHI, universities, and partners to sustainably improve data use practices in the country. The project also conducted research activities including a baseline survey, sociocultural qualitative study, midterm evaluation, literature review, and small-scale assessments. Findings from the studies were widely disseminated among partners.

Capacity Strengthening Training on Research, Monitoring and Evaluation

Quantitative Data Analysis Training

The project organized a five-day national TOT on quantitative data analysis for 27 (4 female) participants from 13 organizations on March 6–10, 2017 in Adama. The training covered topics such as the basic concepts of statistics; basic Stata/SPSS syntax; univariate, bivariate, and multivariate analysis (including principal component analysis for construction of scales and indices); regression models (logistic and linear), and model diagnostics. Pre- and post-test results indicated that the training improved participants' knowledge score on average by 25%. Dr. Stella Babalola, Associate Professor from Johns Hopkins University facilitated the TOT.

Following the TOT, the project organized regional trainings on quantitative data analysis in which a total of 37 (5 female) participants from LIPs, RHBs, and Zonal Health Departments (ZHDs) attended. Topics focused on the basic concepts of statistics and covered univariate, bivariate, and multivariate analysis using SPSS. Pre- and post-test results indicated the training improved average score of participants by 32%. At the end of the training, participants registered on Research Springboard and continued practicing the skills.

Qualitative research TOT at Adama Town, January 2018

Qualitative Research TOT Training

The project organized a qualitative research training on January 22–27, 2018, in Adama Town for 20 participants (3 female) from the FMOH, EPHI, RHBs, CCP Ethiopia, universities, and partners from the four project regions. The purpose of the training was to improve the health system's capacity to collect, analyze, and use qualitative data. Professor William Brieger from the Johns Hopkins Bloomberg School of Public Health facilitated the training. A needs assessment was conducted prior to the training to determine the content of the training. Topics included theories of qualitative methods, practical examples of application of qualitative research methods, and a practical exercise on qualitative software (Atlas.ti and open code). At the end of the training, participants designed qualitative research proposals and registered on Research Springboard.

Research and Assessments on SBCC

Project Baseline Survey

The project conducted a comprehensive baseline survey with a random sample of 1773 women aged 15–49 from the four intervention regions. The survey contained questions about exposure; knowledge, attitude, and practices; and gender norms in the community. The survey identified th ee gateway behaviors—making an early ANC visit, using the FHG and having a handwashing station—influen ed multiple other health behaviors. It also found that gender norms influen ed 10 out of 16 health behaviors.

Availability of Handwashing facility, a gateway behavior

The project organized a half-day dissemination workshop and officially sh ed the project baseline survey findings o governmental and non-governmental partners on August 3, 2017, at Dream Liner Hotel in Addis Ababa. A total of 62 participants from 47 organizations attended the workshop. Participants refle ted on the importance of the baseline survey findings or developing evidence-based SBCC programs in Ethiopia. The baseline findings clea ly indicated which key behavioral determinants should be addressed through the project's SBCC interventions. Participants agreed that the three gateway behaviors and the role of gender norms were programmatically significant and that feasible strategies could be centered around these findings to bring about positive behavioral change in multiple health areas. Communication for Health and partners used these findings in the design and implementation of the SBCC tools and approaches. (Attachment 1: Baseline survey report)

Sociocultural Qualitative Study

The project conducted a sociocultural qualitative study to explore social and cultural norms and practices in the community that determine health service utilization. The study covered community perceptions of health and health services, maternal health behaviors, child nutrition, women's nutrition, WASH practices, social capital, couple communication, and gender norms and equity. The evidences were shared with project staff and TWGs. The findings were used in the design of SBCC programs including the Erkab radio program, gender campaign, mobile app, and print materials. **(Attachment 2: Sociocultural study report)**

Midterm Evaluation

Communication for Health contracted with an external research agency to conduct the MTE. The evaluation aimed to assess the effectiveness of project interventions and to draw lessons that would

inform the re-design of activities and strategies for the remainder of the project. ICOS Consulting PLC conducted the midterm evaluation from March to July 2019. The project organized a dissemination workshop and shared finding , recommendations, and lessons for stakeholders and partners on November 19, 2019, in Addis Ababa. A total of 36 participants (14 female) attended the workshop, from 23 different organizations including the FMOH, RHBs, EPHI, AAU, USAID, and other partner organizations. Findings indicated the project contributed in improving health behaviors across multiple health areas including ANC, institutional delivery, PNC, PMTCT, household availability of a handwashing facility, and gender equitable norms. **(Attachment 3: Midterm Evaluation report)**

Radio Reach and Recall Assessments

The project conducted two rounds of radio reach and recall assessments to gauge the reach of the radio program and level of recall of key messages among the target population. The assessments employed Lot Quality Assurance Sampling (LQAS).[1] A total of 228 and 380 randomly sampled individuals were interviewed in June 2018 and again in February 2020. The second assessment included the Most Significa t Change technique to explore the effect of message exposure on health behaviors. Findings indicated the reach of the radio program in round 2 (February 2020) was 28.7%; not statistically significa tly different from the percentage reach in the first round (29.4 %). Recall was 54.1%, which is statically significantly lower than the recall in the first round (77.6%). Over 85% of respondents in both rounds appreciated the quality (sound, content, and language use) of the radio program.

Sharing Evidence at National and International Conferences

As part of the effort to increase data use for decision making, Communication for Health prepared abstracts and presented at national and international conferences. Abstracts extracted from the baseline survey, sociocultural study, and midterm evaluation were presented to the national conferences (e.g., annual review meetings, TWG meetings, national SBCC summit). The project team presented key baseline findings at the national RMNCH annual review meeting, held at Gion Hotel in Addis Ababa, August 29–31, 2017; and at the annual national SBCC conference, held September 14–15, 2017 at Ellily Hotel in Addis Ababa; and at the SNNP RHB annual review meeting, held August 15, 2017 in Shashemenie in SNNPR.

The project also shared program lessons and research findings t international conferences such as the International SBCC Summit, International Conference on FP, Rollback Malaria TWG meeting, and the American Public Health Annual Conference.

Twelve abstracts (4 research, 8 program) were presented at the Second International SBCC Summit in Nusa Dua, Indonesia, April 16–20, 2018. The abstracts included four oral presentations, fi e posters, two multimedia showcases, and one panel presentation.

Two abstracts titled "Determinants for timely treatment seeking for fever (< 24 hours) by women with children under 5 years in Ethiopia" and "Role of gender inequality and self-efficacy in LLIN use among women (15–49 years) in 4 regions of Ethiopia, using a valid measure of LLIN ownership" were presented at the Rollback Malaria SBCC Working Group fourth annual meeting, July 11–13, 2017 in Dar es Salaam, Tanzania.

A poster titled "Social norm related to number of children, a barrier to use modern family planning methods in rural Ethiopia" was presented at the 2018 International Conference on Family Planning at Kigali Convention Centre in Rwanda, November 12–15, 2018.

[1] LQAS was developed in the 1920s for industrial quality control and adapted to assess health programs in mid 1980s. A sample size of 19 provides an acceptable level of error for making management decisions; at least 92% of the time.

Three posters and two oral presentations were presented at the American Public Health Association Annual Conference in San Diego (2017) and Georgia (2018), USA.

Activity 3.2: Sustainable platform for SBCC data collection and use strengthened

Communication for Health provided technical support to the FMOH and RHBs to strengthen monitoring platforms. The project participated in the workshop that reviewed and revised the national Health Management Information System (HMIS) indicators. The project team successfully advocated for the inclusion of SBCC indicators (e.g., number of pregnant women conferences conducted) in the HMIS system..

The project team also reviewed the Integrated Supportive Supervision (ISS) checklist used by RHBs and proposed SBCC-related questions. Some RHBs—including SNNP and Tigray—accepted the proposed indicators and included them in their ISS checklist. In addition, the project provided trainings on M&E and conducted various monitoring activities, including supportive supervision and review meetings at different levels to assess project implementation status and quality of activities conducted with the support of Communication for Health.

Basic M&E Training

The project organized a comprehensive M&E training for LIPs and CCP/JSI regional coordination office staffs. The training aimed to enhance participants' skills for effective M&E of SBCC interventions. A total of 23 (1 female) participants attended the three-day training in Adama town, Oromia region, June 7–9, 2017. At the end of the training, project M&E tools, guides, and databases were shared with participants. Pre- and post-tests were conducted and the results indicated a 22% improvement in the average knowledge score related to M&E.

Similarly the project provided M&E trainings for 240 (41 female) woreda SBCC focal persons to strengthen their capacity to effectively monitor SBCC activities. The trainings focused on basic M&E, indicators, documentation, and reporting using mobile technology such as text messages.

Standardization of Monitoring Tools for SBCC Activities

Communication for Health supported the following community social mobilization activities: community conversations (1:5/1:30), pregnant women conference, lactating women conference, family discussion, radio listeners' group discussion, school mini-media campaigns, and outreach mobilization activities. However, the HMIS didn't include process indicators to monitor performance of these social mobilization activities. HEWs didn't have a standardized registry or reporting forms for these activities. Communication for Health supported RHBs and zonal/woreda health offices to standardize registration and reporting formats at the HPs focusing on social mobilization activities.

Supportive Supervision

Communication for Health provided face-to-face supportive supervision to woredas, PHCUs, HPs, schools, and households using a structured checklist. The purpose of the supportive supervision was to assess utilization of the different SBCC tools designed by the project—including the MCH video series, the Hulu Beteina mobile app, school health approaches, and radio listeners' group discussions—and the effectiveness of these tools at household level. The supportive supervision covered a total of 160 woredas, 725 PHCUs, 703 HPs, and 198 schools. Findings of the supportive supervision were used to identify implementation gaps and take timely action, as well as to replicate promising practices.

Due to travel restrictions related to COVID-19, the project conducted remote supportive supervision with selected woredas through phone call discussions with health promotion and woreda RMNCH and SBCC focal persons. A total of 50 woredas were covered through the virtual supportive supervision. In addition to the discussion on the implementation status, the project team provided need-based technical assistances to the supervisees.

Review Meetings

The project organized social mobilization activity performance review meetings in the intervention regions in attendance with participants from RHBs, ZHD representatives, woreda health extension program coordinators, PHCU directors, and LIP woreda coordinators. During these sessions, each woreda office presented their performance in line with the social mobilization action plan, including challenges encountered and lessons learned. Supportive supervision findings ere also presented and discussed. Participants also discussed challenges in program implementation and the way forward. Participants prioritized activities and revised the social mobilization action plan accordingly. The project organized a total of 335 review meetings (8 regional, 25 zonal, and 302 woreda level) with 5691 (2730 female) participants, including RHBs, ZHDs, woredas, PHCUs, HPs, schools, and community leaders. The review meetings helped to assess implementation status, identify challenges, replicate lessons, and distribute SBCC tools.

CROSS-CUTTING ISSUES

Gender Equality and Women's Empowerment

The project baseline survey and other formative assessments indicated that gender is a key determinant for women's health services uptake behavior. The baseline survey analyzed determinants for 16 priority health behaviors and found out that 10 out of the 16 behaviors (fit ed in the logistic regression model) were significa tly associated with gender norms. This implies that women with high gender equitable norms were more likely to report uptake of modern contraceptive methods, to early register for ANC, to test for HIV during pregnancy, to deliver in health facility, to initiate breastfeeding immediately after birth, to seek treatment for their child (who has fever), to use bed net (for themselves and under fi e children), and to meet minimum dietary diversity.

Changing gender norms around child care

The baseline survey indicated that only 19.1% women had high gender equitable norms; 19.4% of women received their husband's assistance in household chores at least once a week; and only 22% of women had a role in major household decision-making such as women's health, major household purchase, and visit to family. Qualitative findings also indic ted men's dominance in decisions "… 'What men say will be done immediately, while what women say will be done after a year.'…" [38, Female, FGD, Simada, Amhara]

Based on this information, the project used a gender-centric approach in the messages and within all capacity building efforts. The project conducted the following key activities on gender:

Gender Strategy
Communication for Health developed a gender strategy that outlined how to integrate gender into SBCC work in an impactful way. The strategic approaches mainly focused on building the capacity of SBCC practitioners and implementing gender-sensitive SBCC programs with the overarching goal of creating enabling environments to support the achievement of gender equality and healthy behavior change. The gender strategy served as a guiding document for gender integration interventions.


Men actively engaging in child development

Gender Audit and Sensitization Session
Communication for Health conducted an organizational gender audit to identify institutional strengths and challenges to integrating gender into CCP programs, organizational structures, and processes. The gender audit is a self-assessment tool adapted from InterAction's Gender Audit Handbook. Communication for Health used the tool to identify staff perceptions on how gender issues were addressed in programming and in internal organizational systems and activities. The gender audit provided a roadmap for ongoing gender action planning, and to identify challenges and opportunities for increasing gender skills and organizational equality. The findings, paired with the gender strategy and guidelines, enabled the Communication for Health project to set in place realistic and measurable goals to strengthen gender integration in the project.

The project organized a half-day gender sensitization workshop for 33 project staff members at CCP including staff from regional offices on June 23, 2016. Gender terms and concepts were then presented to staff through an interactive crossword puzzle game. Following this, findings from the gender audit were presented, highlighting areas with a need for improvement.

Following the gender audit, an in-house working group was established with project staff from management, human resources, research, and programs, as well as headquarters in Baltimore. The main goal of the working group was to facilitate the implementation of the action plans that were developed during the gender audit and ensure integration of gender within and outside the Communication for Health project. Staff dialogue on gender issues continued during the project's implementation years. These created a space for a more in-depth look at gender issues from a more personal perspective that allowed staff to become more cognizant of issues affecting women at different levels.

Guide for Integrating Gender in SBCC Programing
Communication for Health used a participatory process to design a comprehensive guide with a set of checklists to help SBCC practitioners with intentional integration of gender into SBCC. The guide was translated into local languages (Amharic, Afan Oromo, Tigirigna) and used as reference during rollout of the training on gender integration in health programming to regions. **(Annex 4: Gender and SBCC guide)**

Integrating Gender in SBCC Training for RHBs and LIPs
In collaboration with RHBs, Communication for Health organized an interactive training on integrating gender in SBCC for 136 (34 female) participants in the intervention regions in 2018. The purpose of the training was to stimulate thoughts around gender, increase awareness about the importance of integrating gender to improve health outcomes, and strengthen skills for integrating it into existing approaches and activities. It challenged participants to envision a future where gender-equitable attitudes and practices are the norm. The session also tried to motivate participants to be pioneers in adopting gender-transformative behaviors and advocating for gender integration at all times. Participants included RHBs staff f om different directorates (PR/Communication, Health Extension, Maternal and Child Health, Disease Prevention), zonal SBCC and gender focal persons, LIPs, and partner organizations. At the end of the session, participants made pledges on what they would do differently after participating in the training. During this training participants were also familiarized with the Gender and SBCC guide.

Gender Champions Network
As an active member of the Gender Champions Network, Communication for Health project hosted a Gender Champions Network meeting in 2018. The session featured presentations and discussions on gender-relevant findings from the project's baseline survey, and opportunities and challenges around the use of such data. Experiences using the Gender-Equitable Men (GEM) Scale to measure gender-inequitable norms were identified as useful lessons to members who are in the process of designing baseline surveys for their own projects. A total of 16 participants (13 female) attended this meeting from different partner organizations. Communication for Health has also shared its experiences at the Gender and Youth Learning forum, organized by the USAID Gender Champions Network to set the agenda for SBCC and offer practical ways of integrating gender into health programs.

Programming With a Gender Lens
Communication for Health used the gender guide and strategy as reference documents to ensure integration of gender in the design of SBCC tools and approaches. Within the socio-ecological framework, identified gender issues continued to be mindfully raised and integrated with health messages. The project's media interventions (e.g., radio program, MCH videos, Hulu Betiena mobile app) used a gender-transformative approach to challenge underlying inequitable norms within the community. These tools change the narratives of women by promoting couple communication and constructive involvement of men in household responsibilities and family health. The project also included gender considerations when designing and implementing the community engagement approaches—such as the health bazaar and religious leaders' engagement—to challenge gender norms that drive unhealthy behaviors and limit utilization of health services. Gender issues were intentionally integrated into the project's SBCC tools, approaches, and monitoring system.

Gender Campaign
In addition to integrating gender into all the project's interventions, Communication for Health designed and implemented a stand-alone gender campaign to address gender-related barriers to service utilization or adoption of healthy behaviors. The campaign centered on a series of audio spots that model couple communication and male engagement in household chores and childcare. The project aired multiple 60-second audio spots twice a week on the weekly radio program in the fi e local languages (Afan Oromo, Tigrigna, Amharic, Wolaytigna, and Sidamigna).

In addition, the project created a radio personality, "Abeba," to integrate into the radio program. "Abeba" was characterized as a married woman with children who is respected and well known by her community for her wisdom, which comes from her own life experience. Her advice covered many issues: marital issues, couple communication, child raising, and other related issues. Once she was introduced and promoted

in the radio program, listeners were encouraged to send in any questions they might have to "Abeba" for advice. For the first ew weeks of the program, a set of questions and answers were developed in collaboration with 952 Hotline counselors to ensure that both the questions and answers had relevance for communities.

The radio personality was promoted in all fi e local languages and listeners were encouraged to call/text and send in questions. Questions from the community mostly focused on gender-based violence, early marriage, and couple communication. Sessions were also designed and implemented in schools where health bazaars are organized to engage parents/guardians and in-school youth in discussion around menstrual hygiene management.

The project's MTE indicated that the project's gender-focused approach appeared to improve gender-equitable norms. There were significa t differences between baseline and midterm results, with 35.5% of respondents reporting high gender-equitable norms at midterm compared with 17% of respondents at baseline. In addition, exposed respondents in the midterm evaluation were significa tly more likely than non-exposed respondents to report high levels of perceived gender equity.

STAKEHOLDER COLLABORATION

Collaboration and Knowledge Sharing

Strengthening collaboration and coordination in SBCC was one of the primary objectives of Communication for Health. The project conducted groundbreaking activities that improved collaboration and coordination for SBCC in Ethiopia. The project collaborated with USG partners working in related health areas as well as with non-USG and government partners.

Collaborated With USG Partners

The project shared social mobilization strategies to partners including Transform DRC, Transform PHCU, AMREF, EngenderHealth, and IntraHealth. The project shared the model for social change that it adapted for the Ethiopian context, as well as approaches for social mobilization activities.

Technical Support for Transform WASH and Transform Health in Developing Regions (HDR)

Plan International requested that Communication for Health enhance the capacity of project staff in designing and implementation of SBCC for their project. Communication for Health provided a three-day LSHC training for Transform WASH project staff on ay 29–31, 2018. A total of 12 participants (all male) from the Transform WASH partnership attended the workshop. The workshop included topics of public health leadership, importance of SBCC, the P-Process, and gender in the context of WASH.

Similarly, in response to the support request from Transform HDR, the project provided a one-week LSHC training to 23 participants (2 female) from four regions (Somali, Afar, Benishangul Gumuz, and Gambella) on June 10–14, 2019 at Adama Mekonnen Hotel, Adama town. Average pretest and posttest score of trainees indicated more than 10% increase in knowledge.

Supported Transform PHC in Conducting Health Bazaars

At the request of Transform PHC, the project oriented zonal experts on how to implement health bazaars and malaria roadshows. The training was designed to support the replication of roadshows in the project woredas. The orientations took place in Amhara and Oromia regions for selected schoolteachers and zonal malaria health officers. The project also collaborated with Transform PHC to use their audio-mounted vans for social mobilization activities in SNNP region.

Collaboration and Coordination with Stakeholders

Harmonization of Health Messages

SBCC interventions are more effective when messages reach audiences from multiple sources. Audiences are more likely to change their behaviors when they receive information that is consistent and accurate. Communication for Health supported the FMOH and RHBs to harmonize health messages to enable health providers, program implementers, media professionals, and other stakeholders to effectively communicate with their audiences for better health outcomes. The project created core message guides for dissemination to stakeholders, to guide them in crafting their communication interventions. The guides served as a reference on how messages could be refined and contextualized. The project produced core message guides for malaria and TB, RMNCH, WASH, school health and nutrition and produced a core message guide for each. The core message guides for RMNCH and WASH were also contextualized/translated for local languages. The project supported the translation and contextualization of the guides to the intervention regions.

Supported the National and Regional One Health Steering Committee

Coordinated planning with frontline human and animal health workers for One Health activities

In 2018, the project began providing technical and financial suppo t to strengthen the One Health approach at the national, regional, zonal, and woreda levels. The National One Health Steering Committee (NOHSC) is composed of multi-sector stakeholders including the FMOH, the Ministry of Agriculture, the Environment, Forest and Climate Change Commission, and the Wild Life Conservation Authority. It also includes the WHO, CDC, FAO, USAID implementing partners, and several universities in Ethiopia. The project worked alongside these partners work together to address zoonotic diseases through the One Health approach. There are also disease-specific TWGs for each of the prioritized zoonotic diseases (rabies, anthrax, brucellosis, avian flu, and rift valley fever). The project supported the formation of both national and regional One Health committees that facilitated coordination between human health and animal health actors on risk communication activities at the federal, regional, and woreda levels. It organized coordination workshops for the One Health team, provided risk communication trainings to frontline workers, and educated the community using mounted mobile vans and roadshows. The project trained 840 (329 female) frontline workers on risk communication.

Supported International SBCC Summit

Communication for Health, in collaboration with the FMOH and other partner organizations, hosted the First International SBCC Summit in Addis Ababa, February 8–10, 2016. Over 800 SBCC professionals and researchers attended, representing 52 countries. The project sponsored 92 Ethiopian SBCC professionals (67 men and 25 women) from the FMOH, RHBs, and universities. The summit included information booths, posters, and oral presentations that focused on innovations and best practices for the design, implementation, and evaluation of health communication interventions. The SBCC Summit focused on how local-level SBCC interventions can impact human behavior and provided numerous learning opportunities for SBCC practitioners.

Organized National SBCC Summits

Communication for Health, in collaboration with the FMOH Public Relation Directorate and Health Education Directorate, organized the first National SBCC Summit at Ellily Hotel in Addis Ababa on September 14–15, 2017. The theme of the conference was "Transforming the Health System through Social and Behavior Change." It had three main objectives: (1) to bring together professionals, researchers,

and organizations to exchange knowledge and elevate the science and art of SBC; (2) to increase understanding of SBC through technical presentations, discussions, and exchange of ideas, innovations, and best practices; and (3) to explore how to apply existing technologies to maximize ongoing SBC interventions. A total of 171 (27% female) participants from the FMOH, RHBs, universities, partners, donors, and media attended the conference. The conference included breakout sessions and panel discussions. Twenty seven abstracts were presented.

In collaboration with the FMOH and SBCC TWGs, the project organized the second National SBCC Summit in Addis Ababa, December 9–11, 2019, with the theme of "SBCC beyond Health." The summit shared best practices and innovative approaches, provided a space for dialogue on challenges and futures of SBCC, and created opportunities for networking among SBCC practitioners, researchers, and academicians. A total of 126 (12% female) participants from the FMOH, RHBs, universities, and implementing partners attended the summit.

His Excellency Professor Yifru Berhan Mitke, Minister of Federal Ministry of Health of Ethiopia, delivers opening remarks at the First International SBCC Summit.

Both summits were appreciated by most participants. They helped to strengthen networking among SBCC practitioners and to advocate for elevating the role of SBCC in reaching Ethiopia's health, social, and development goals.

Organized Resource-Sharing Events

Communication for Health organized two resource-sharing events. The first e ent was held in person on February 6, 2018, at Getfam International Hotel in Addis Ababa, with 81 persons from 61 organizations in attendance. The event showcased SBCC products and approaches, and participants learned how to collaborate, adapt, and harmonize SBCC activities. The sharing event had six themes: 1) sustaining community engagement for improved health, 2) leveraging life-changing moments, 3) demonstrating the power of entertainment education, 4) using technology for behavior change, 5) enhancing SBCC capacity and coordination, and 6) using data for decision making. Each theme had separate booths featuring products, tools, and the protocols for sharing, with project staff xplaining the approaches and key takeaways for each. Participants were divided into small groups and visited the booths in rounds to hear the presentations and observe the resources. After making the rounds, the participants gathered in a large group to raise questions and comments. Participants said that the format of the event was very innovative, and they found the process very engaging and educational.

The project organized the second resource-sharing event on October 20, 2020. This event was virtual due to COVID-19 restrictions. It aimed to introduce and encourage scale-up of the SBC tools by the different government and non-governmental actors within the public health system. The project shared SBC approaches and tools developed by the project over the past fi e years so that partners can learn from them, adopt them, and use them in their projects. A total of 77 participants from 23 different organizations attended the virtual sharing event. Links to the event can be found here:
https://covidresponseeth.org
https://onehealthethiopia.org
https://www.thecompassforsbc.org/project-examples/communication-health-ethiopia

PROJECT MONITORING AND EVALUATION

Communication for Health used Microsoft Access and Smartsheet to manage project data. The project collected data related to trainings, woreda-level aggregate performance data, health services uptake, and outcome indicators. The project conducted supportive supervision and review meetings to assess implementation of activities and identify and address challenges. The monitoring data were periodically synthesized, reported out, and analyzed to inform programming.

The project conducted a rapid assessment, baseline survey, literature review, and other formative assessments to provide direction for the overall strategy and initial design. Throughout the life of the project, Communication for Health conducted reach and recall assessments and pre-/post-tests, as well as a sociocultural qualitative study to inform the design and implementation of SBCC activities including the radio program, gender campaign, mobile app, community engagement approaches and the development of print materials.

The project conducted a midterm evaluation in 2019 and shared the findings with partners. The findings were used to make midterm adjustments to project activities.

Summary of Results

Project performance by key output indicators
The project achieved more than 90% of its life of project (LOP) target for three of five key performance indicators: number of IEC/BCC material distributed (132% of target); social mobilization conducted (103% of target) and organizations received capacity strengthening support (90% of target). The project distributed more IEC/BCC materials than expected because of outbreaks of malaria, cholera, scabies and zoonotic diseases, which led to high demand by the FMOH and RHBs. The project did achieve targets for number of individuals trained (85%) and number of major campaigns conducted (78%) because of restrictions on travel and gatherings due to COVID-19 and political instability in the country.

Table 2: Project performance by key output indicators

Indicators	Target	Actual	%
Number of individuals trained on SBCC	54,447	46,271	85.0
Number of IEC/BCC materials disseminated	1,750,314	2,303,427	131.6
Number of social mobilization conducted	67,711	69,882	103.2
Number of all kinds of major campaigns	555	431	77.7
Number of organizations received capacity building supports on SBCC	2,376	2,140	90.1

Project performance by outcome indicators
Communication for Health's 2019 midterm evaluation (MTE) showed high exposure to the project's SBCC activities. About 63% of respondents reported being exposed to at least 1 intervention, 38% were exposed to 1-2 interventions, and 25% were exposed to 3+ interventions. The MTE indicated significa t improvement in gateway behaviors and gender equitable norms, as well as key indicators for the six specific health a eas. Significa t differences were found over the 3-year period between the 2016 baseline survey and the 2019 midterm survey and, in the MTE, between groups with different levels of exposure

to the SBCC interventions. The project's revision, promotion, and distribution of the Family Health Guide led to the adoption of multiple health behaviors. Following this intervention, household availability of the FHG improved from 9.5% at baseline to 20.5% at midterm. The regression analysis depicted that women who had the FHG at their house were more likely to test for HIV, deliver in a health facility, and attend postnatal care services. The project promoted knowledge about and practice of ANC visits. At midterm, 34% of women reported early initiation of ANC (<12 weeks), compared with 30% at baseline. The project's SBCC interventions to encourage proper handwashing facilities, and knowledge of critical times to wash hands, nearly doubled the proportion of women who knew 4-5 critical times for handwashing at midterm (27% compared to 14% at baseline). The presence of a proper handwashing facility increased from 13% to 19% over the same time period. Finally, the project's gender transformative approach led to significa t improvements, with 17% at baseline and 35% at midline reporting low gender inequality. Further, at midline, exposed respondents were significa tly more likely than nonexposed respondents to report high levels of perceived gender equity.

The MTE indicated that the SBCC interventions contributed to the improvement of many, though not all, key indicators for the six health areas. In the 2019 MTE, respondents exposed to at least one SBCC activities reported higher levels of positive health behaviors compared with the unexposed group for institutional delivery (59% vs. 39%); postnatal care within 7days (48% vs. 31%); HIV testing during pregnancy (67% vs. 43%); knowledge that PMTCT can be prevented with antiretrovirals (83% vs. 68%); knowledge on the cause of malaria (34% vs. 25%), symptoms of malaria (42% vs. 32%), and use of bed-nets by women aged 15–49 (66% vs. 56%); and knowledge that coughing transmits TB (52% vs. 40%). The MTE also showed significa t progress in institutionalizing the project's innovative malaria roadshows and health bazaars by government health offices and partners.

Despite these improvements, the MTE also documented declines in some indicators, including use of modern family planning and bed net use by children under 5. The project used the findings to focus community engagement and media interventions on health behaviors needing improvement. The project conducted malaria campaigns using mounted mobile vans; increased distribution of the MCHV and mobile app that promote family planning and other RMNCH behaviors; and aired additional radio spots besides the weekly radio program.

CHALLENGES AND LESSONS LEARNED

Challenges Encountered and Corrective Measures Taken

- The high turnover of trained staff t the woreda health office, LIPs, and PHCUs proved challenging. Turnover reached above 50% in some areas. The high turnover of trained staff ad ersely affected community-level social mobilization and coordination activities.
  Communication for Health revised its training strategies to introduce a sustained approach that will minimize the effects of high rates of staff turnover. The project prepared a woreda-level training manual to enable woreda-trained staff to cascade the LSHC training to PHCUs. The project also provided refresher orientation trainings.

- The political instability occurring in some areas of Amhara and Oromia regions adversely affected the project's ability to travel and thus impacted implementation. As a result, community mobilizers were not able to provide the necessary technical support to the woredas. ***The project provided virtual follow-up and technical assistance to alleviate the effect of these disruptions.***

- **COVID-19 disruptions:** The occurrence of COVID 19 and related restrictions slowed implementation of social mobilization activities such as health bazaars, roadshows, and face-to- face supportive supervision and trainings. **To mitigate impact of these disruptions, the project used audio-mounted vans to mobilize the community, affixing megaphones to all project vehicles and developing additional audio spots for broadcast. The project also switched to providing virtual supportive supervision and technical assistance to the woredas, PHCUs, and health posts** to continue the effective implementation of community level social mobilization activities.

Lessons Learned

- **Multiple exposure for better impact:** The use of multiple channels of communication (radio, video, mobile, and print materials) and community engagement approaches enhanced knowledge and practice across multiple health areas. The synergy between direct community engagement and media interventions had significa t effect on behavior.
- **Integration for effect:** Working across multiple health areas increases exposure and enhances time and cost efficie y. Families don't think of health in silos.
- **Gender programming strongly linked to health:** Gender is a cross-cutting determinant for multiple health behaviors in Ethiopia. The intentional integration of gender in the design and implementation of SBCC significa tly increases the effectiveness of the interventions.
- **Institutionalizing SBC takes time:** Sustainably strengthening SBCC capacity and institutionalizing SBC tools and approaches in the health system requires resources, commitment, and motivation across the various stakeholders.

ATTACHMENTS:

1) Project baseline survey report
2) Sociocultural qualitative study report
3) Midterm evaluation report
4) Gender and SBCC guide

APPENDICES

Appendix 1: Intervention Woredas and Local Implementing Partners

Ser. No	Region	Zone	Woreda Name	Grantees
1	Amhara	South Gondar	Ebinat	Amhara Development Association
2	Amhara	South Gondar	Farta	
3	Amhara	South Gondar	Laygayint	
4	Amhara	South Gondar	Libokemkem	
5	Amhara	South Gondar	Misrak Estie (Estie)	
6	Amhara	South Gondar	Simada	
7	Amhara	South Gondar	Tachgayint	
8	Amhara	West Gojjam	Degadamot	
9	Amhara	West Gojjam	Sekela	
10	Amhara	West Gojjam	South Achefer	
11	Amhara	West Gojjam	Yilmana Densa	
12	Amhara	North Wello	Bugna	Beza Posterity Development Organization
13	Amhara	North Wello	Dawnt	
14	Amhara	North Wello	Gidan	
15	Amhara	North Wello	Gubalafto	
16	Amhara	North Wello	Habru	
17	Amhara	North Wello	Lasta	
18	Amhara	North Wello	Meket	
19	Amhara	North Wello	Raya Kobo	
20	Amhara	North Wello	Walda	
21	Amhara	South Gondar	Dera	Health Development And Malaria Association
22	Amhara	South Gondar	Fogera	
23	Amhara	South Gondar	Mirab Estie (Andabet)	
24	Amhara	Awi	Ankesha	
25	Amhara	Awi	Banja Shikudad	
26	Amhara	Awi	Dangila	
27	Amhara	Awi	Fagita Lekoma	
28	Amhara	Awi	Guagusa Shikudad	
29	Amhara	Awi	Guangua	

30	Amhara	Awi	Jawi	
31	Amhara	Awi	Zigem	
32	Amhara	West Gojjam	Gonji Kolela	
33	Amhara	East Gojjam	Bibugan	Hiwot Ethiopia
34	Amhara	East Gojjam	Debay Tilatgin	
35	Amhara	East Gojjam	Gozamin	
36	Amhara	East Gojjam	Machakel	
37	Amhara	East Gojjam	Sinan	
38	Amhara	Waghimra	Gazgibla	No LIP matched
39	Amhara	Waghimra	Sehala	
40	Amhara	Waghimra	Sekota	
41	Amhara	Waghimra	Ziquala	
42	Oromia	W. Shewa	Abune Gindeberet	Feya Integrated Development Organization
43	Oromia	W. Shewa	Adaa Berga	
44	Oromia	W. Shewa	Bako Tibe	
45	Oromia	W. Shewa	Dano	
46	Oromia	W. Shewa	Ejerie	
47	Oromia	W. Shewa	Elfata	
48	Oromia	W. Shewa	Ginde Beret	
49	Oromia	W. Shewa	Jeldu	
50	Oromia	W. Shewa	Jibat	
51	Oromia	W. Shewa	Meta Robi	
52	Oromia	W. Shewa	Midakegni	
53	Oromia	W. Shewa	Tikur Enchini	
54	Oromia	W. Shewa	Toke Kutaye	
55	Oromia	SW. Shewa	Ameya	Illu Women and Children Integrated Development Association
56	Oromia	SW. Shewa	Goro	
57	Oromia	SW. Shewa	Ilu	
58	Oromia	SW. Shewa	Sodo Dacha	
59	Oromia	SW. Shewa	Tole	
60	Oromia	SW. Shewa	Wonchi	
61	Oromia	E. Shewa	Adaa	Integrated Services on Health And Development Organization

62	Oromia	E. Shewa	Adami Tulu Jido Kombolcha	
63	Oromia	E. Shewa	Boset	
64	Oromia	E. Shewa	Dugda	
65	Oromia	E. Shewa	Fentale	
66	Oromia	E. Shewa	Gimbichu	
67	Oromia	E. Shewa	Liben	
68	Oromia	E. Shewa	Lume	
69	Oromia	E. Hararege	Deder	Action for Social Development and Environmental Protection Organization
70	Oromia	E. Hararege	Fedis	
71	Oromia	E. Hararege	Goro Gutu	
72	Oromia	E. Hararege	Gursum	
73	Oromia	E. Hararege	Jarso	
74	Oromia	E. Hararege	Kersa	
75	Oromia	E. Hararege	Melka Belo	
76	Oromia	E. Hararege	Kombolcha	
77	Oromia	E. Hararege	Bedeno	
78	Oromia	E. Hararege	Babile	
79	Oromia	E. Hararege	Girawa	
80	Oromia	E. Hararege	Kurfa Chele	
81	Oromia	E. Hararege	Midega Tola	
82	Oromia	W.Arsi	Adaba	Common Vision for Development Organization
83	Oromia	W.Arsi	Arsi Negele	
84	Oromia	W.Arsi	Kokosa	
85	Oromia	W.Arsi	Kore	
86	Oromia	W.Arsi	Nensebo	
87	Oromia	W.Arsi	Shala	
88	Oromia	W.Arsi	Shashemene Zuria	
89	Oromia	W.Arsi	Siraro	
90	Oromia	Jimma	Gera	Feya Integrated Development Organization
91	Oromia	Jimma	Mana	
92	Oromia	Jimma	Setema	

93	Oromia	Jimma	Sigmo	
94	Oromia	Jimma	Tiro Afeta	
95	Oromia	Ilu Ababora	Alge Sachi	Illu Women and Children Integrated Development Association
96	Oromia	Bunno Bedele	Dedesa	
97	Oromia	Bunno Bedele	Diga	
98	Oromia	Ilu Ababora	Doranii	
99	Oromia	Ilu Ababora	Darimu	
100	SNNP	Sidama	Aleta Chuko	Birhan Integrated Development Organization
101	SNNP	Sidama	Aleta Wondo	
102	SNNP	Sidama	Borricha	
103	SNNP	Sidama	Dale	
104	SNNP	Sidama	Dara	
105	SNNP	Sidama	Hawassa Zuria	
106	SNNP	Sidama	Melga	
107	SNNP	Kambata Tambaro	Angicha	Gogota Care
108	SNNP	Kambata Tambaro	Doyogena	
109	SNNP	Kembata Tembaro	Demboya	
110	SNNP	Kembata Tembaro	Hadero Tunto Z	
111	SNNP	Kembata Tembaro	Kedida Gamela	
112	SNNP	Gamo Gofa	Bonke	Mary Joy Development Association
113	SNNP	Gamo Gofa	Boreda	
114	SNNP	Gamo Gofa	Daramalo	
115	SNNP	Gamo Gofa	Dita	
116	SNNP	Gamo Gofa	Geze Gofa	
117	SNNP	Gamo Gofa	Uba Debertsehay	
118	SNNP	Gamo Goff	Chencha	
119	SNNP	Gamo Goff	Denba Gofa	
120	SNNP	Gamo Goff	kucha	
121	SNNP	Dawuro	Gena Bosa	South Ethiopia Peoples Development Association
122	SNNP	Dawuro	Loma Bossa	
123	SNNP	Dawuro	Mareka	

124	SNNP	Hadiya	Anne Lemo	
125	SNNP	Hadiya	Duna	
126	SNNP	Hadiya	East Badwacho	
127	SNNP	Hadiya	Gibe	
128	SNNP	Hadiya	Gombora	
129	SNNP	Hadiya	Shashago	
130	SNNP	Hadiya	Soro	
131	SNNP	South Omo	North Ari	
132	SNNP	South Omo	South Ari	
133	SNNP	Wolayita	Bolossa Bonibe	Wolaita Development Association
134	SNNP	Wolayita	Bolosso Sore	
135	SNNP	Wolayita	Damot Gale	
136	SNNP	Wolayita	Sodo Zuria	
137	SNNP	Wollayta	Damot Pulassa	
138	SNNP	Wollayta	Damot Sore	
139	SNNP	Wollayta	Damot Woyde	
140	SNNP	Wollayta	Duguna Fango	
141	SNNP	Wollayta	Humbo	
142	SNNP	Wollayta	Kindo Koysha	
143	SNNP	Wollayta	Off	
144	Tigray	Eastern	Atsbi Wonberta	Relief Society of Tigray
145	Tigray	Eastern	Erob	
146	Tigray	Eastern	Gulomekeda	
147	Tigray	Eastern	Hawuzen	
148	Tigray	Eastern	Kilte Awulalo	
149	Tigray	Southern	Emba Alage	
150	Tigray	Southern	Endamehoni	
151	Tigray	Southern	Raya Alamata	
152	Tigray	Southern	Raya Azebo	
153	Tigray	Central	Adwa Rural	Tigray Development Association
154	Tigray	Central	Mereb Leke	
155	Tigray	Central	Naeder Adet	
156	Tigray	Central	Tanqua Abergele	
157	Tigray	Northern	Asgede Tsimbla	
158	Tigray	Northern	Endassilassie	

159	Tigray	Northern	Tahatay Adiabo	
160	Tigray	Northern	Tselemt	
Total	4	26	160	16

Appendix 2: SBCC Materials Distributed by Region and Type

Health Area	Material	Quantity	Amhara	Oromia	SNNP	Tigray	Federal
Malaria	Brochures	249,720	166,650	50,000	17,370	12,700	3,000
	Fliers	850,985	305,670	138,680	257,785	148,850	0
	Posters (General)	21,633	13,850	4,000	83	2,700	1,000
	Flier (School)	406,000	91,000	116,000	113,000	86,000	0
	Poster (School)	48,840	11,210	14,115	10,865	12,650	0
	School play scripts	256	158	34	0	64	0
	Riddles	432	236	68	0	128	0
	WMD brochures	6,000	2,000	0	4,000	0	0
	WMD posters	10,000	4,000	0	6,000	0	0
	WMD banners	20	10	0	10	0	0
RMNCH (Safe motherhood)	Poster	2,768	0	400	2,368	0	0
RMNCH (Advocacy on prematurity prevention and care)	Flier/ Leaflets	1,000	0	0	0	0	1,000
RMNCH (ANC)	Poster	10,265	2,400	3,735	3,630	500	0
RMNCH (EPI)	Flipchart	6,325	1,310	2,240	75	2,670	30
RMNCH (PMTCT)	Invitation Card	26,000	26,000	0	0	0	0
	Poster	2,600	2,600	0	0	0	0
MCHV	USB Drive	1,079	158	742	164	15	0
	Flash Drive	291	264	0	27	0	0
	DVD	178	45	74	34	25	0
	Discussion Guide	998	396	502	85	15	0

Media materials, guides, community engagement tools	USB Drive	177	87	69	0	21	0
WASH/AWD	Poster	34,400	12,000	17,000	5,000	0	400
	Brochures	306,000	124,000	142,000	30,000	10,000	0
	Sticker	1,000	0	0	0	1,000	0
AWD	Poster	0	0	0	0	0	0
	Brochures	9,500	0	0	9,500	0	0
WASH/Scabies	Poster	8,000	5,000	0	3,000	0	0
	Brochures	20,000	10,000	0	10,000	0	0
Scabies	Brochures	80,300	80,000	0	300	0	0
	Brochures	54,000	6,500	0	47,500	0	0
Wash / Handwashing/	Brochures	8,760	3,110	2,300	2,150	800	400
	Poster	0	0	0	0	0	0
WASH/ Hand Washing Day	Poster	10,000	2,000	8,000	0	0	0
	Sticker	5,000	1,000	4,000	0	0	0
Cholera	Poster	8,151	751	0	5,400	2,000	0
FHG	Booklet	63,110	25,550	10,420	27,140	0	0
	Guide	3,534	732	1,117	1,034	651	0
SM Kit	Guide	8,673	2,082	3,294	2,317	980	0
	Guide	7,986	2,082	1,698	3,526	680	0
Gender guide	Booklet	824	196	287	191	150	0
Health Bazaar guide	Booklet	400	0	400	0	0	0
PHCU Referral Linkages guide	Booklet	480	0	480	0	0	0
Mobile app	Memory card	230	16	75	139	0	0
	SD Card	591	142	165	142	142	0
	Application shared to users	2,984	446	446	446	1,646	0
Radio Listeners' Groups	Memory Stick	1,088	286	394	280	128	0
	Radio Set	1,088	286	394	280	128	0
	Facilitation Guide	1,088	286	394	280	128	0

Radio Program	Memory Card	267	128	96	0	43	0
	Radio Set	216	41	42	133	0	0
Radio Program promotion	Flier	12,480	3,000	3,600	5,580	300	0
	Posters	7,720	2,000	2,600	2,920	200	0
Total		2,303,437	909,678	529,861	572,754	285,314	5,830

Appendix 3: Health Areas, Specific Topics Covered by the Radio Program

Health Issue	Specific topics raised	How it was covered
Malaria	Consistent and correct use of LLINs	Eight episodes fully focused on the topic, and included in three additional drama episodes
	Environmental management	Two episodes fully focused on the topic
	Indoor Residual Spray	Four episodes fully focused on the topic, and included in one additional drama episode
	Malaria and pregnancy	Two episodes fully focused on the topic
	Treatment seeking and adherence	Two episodes fully focused on the topic and included in two additional drama episodes

RMNCH	Family planning	Nine episodes fully focused on the topic, and included in one additional drama episode
	Early ANC	Two episodes fully focused on the topic, and included in one additional drama episode
	Completion of the four recommended ANC visits	Four episodes fully focused on the topic, and included in one additional drama episode
	Birth preparedness and institutional delivery	Three episodes fully focused on the topic, and included in two additional drama episodes
	Postnatal Care	One episode fully focused on the topic
	PMTCT	One episode fully focused on the topic, and included in one additional drama episode
	Immunization	One episode fully focused on the topic
	Infant and Young Child Feeding	Four episodes fully focused on the topic
	Pregnancy and maternal nutrition	Included in two drama episodes
	Essential Newborn Care, and Treatment seeking	Three episodes fully focused on the topic
Gender	Couples' communication and joint decision making	Seven episodes fully focused on the topic, and included in one additional drama episode
	Male engagement	Three episodes fully focused on the topic
	Gender-based violence	One episode fully focused on the topic
WaSH	Handwashing at critical times	One episode fully focused on the topic
	Care for drinking water	One episode fully focused on the topic, and included on one additional drama episode

Appendix 4: Pathways for a Healthy Ethiopia:

SBCC-Health Pathways for a Health Ethiopia