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CAPACITY BUILDING SUPPORT PLAN FOR THE HEALTH PROMOTION DEPARTMENT - GHANA HEALTH SERVICE

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1. Purpose of the Capacity Building Support Plan (CBSP)

The Capacity Building Support Plan (CBSP) sets out the overall approach offered by the USAID funded project Communicate for Health to the Ghana Health Services Health Promotion Department (GHS HPD).

Developed in collaboration with the Ghana Health Service Health Promotion Department and Human Resources Directorate, local Ghanaian partners and, international development partners, it sets out:

- the specific activities available and the associated learning objectives
- who these activities are designed for
- how they can be accessed
- how they will be delivered and when.

2. Background

One of the aims of the National Health Promotion Policy (2007) and the draft National Strategy and Action Plan for Health Promotion (2014-2018) is to build the capacity of health promotion staff at all levels.

Communicate for Health is a five year USAID funded project (2014 – 2019). It is one of a suite of USAID funded health projects and as such works in a coordinated way with other USAID implementing partners to support the Government of Ghana (GoG). The Health Promotion Department (HPD) within the Ghana Health Service (GHS) is Communicate for Health's key GoG partner. The project has three key results areas of which one directly relates to strengthening the capacity of the HPD.

Expected Result #1: Improved behavior changes in family planning, water, sanitation and hygiene (WASH), nutrition, maternal and child health (MCH), and malaria prevention and treatment through the development and implementation of social and behavior change communication (SBCC) strategies.

Expected Results #2: Health Promotion Department (HPD) capacity strengthened to effectively coordinate and deliver SBCC and health promotion campaigns.

Expected Result #3: Capacity of one local organization with social marketing capacity developed

and strengthened to receive direct USAID funding.

3. Aim and Objectives of the Capacity Building Support Plan (CBSP)

Aim of the CBS Plan:

The aim of the CBS plan is to strategically strengthen the capacity of the HPD to further increase its effectiveness in coordinating and delivering social and behavior change communication (SBCC) and health promotion (HP) campaigns.

Objectives of the CBS Plan are to:

- Address specific capacity gaps in both the areas of SBCC technical and personal effectiveness skills that were identified through the SBCC capacity assessment conducted at the national, regional and district health promotion levels in May 2015.
- Increase HPD's ability to conceive of, design, develop, implement and rigorously evaluate SBCC and health promotional campaigns and materials.
- Support HPD to improve its technical service delivery profile as experts in delivering quality SBCC programs and materials both internally within the GHS, and externally with development partners and interested partners.
- Provide a practical learning experience that directly connects participants' daily work, current SBCC activities and challenges in Ghana with knowledge of practical and theoretical SBCC processes through training and other development opportunities such as stretch assignments.
- Ensure that those who have gained knowledge and skills from the CBS share these with other members of the HPD at different HP levels through an organized system of mentoring.
- Establish a community of practice through active networks of health promotion staff across the country to connect with each other to exchange information, ideas, good practice and provide peer support and encouragement.
- Attract the most motivated and committed HPD staff through a competitive application process who will commit and be able to mentor others upon completion of their training.
- Provide opportunity for internships with Communicate for Health's core Partners, Ghana Community Radio Network, Creative Storm Network, Voto Mobile and other creative and advertisement firms involved in refreshing the Good Life, Live it well campaign and

development and production of SBCC materials to further consolidate knowledge and skills through direct practical application of the skills acquired.

4. Core elements of the Capacity Building Support Programme (CBSP)

In recognition of people's different learning styles the CBS plan offers a range of approaches. Core elements are outlined below and described in more detail later in this document.

Change Agent Development Program: One week development program covering a range of technical areas and skills taught through lectures, use of case studies and practical group exercises. There will be two different program curriculum, one designed for national and regional staff and one for the new cadre of TOHPs. Both programs are designed to fill the identified skills gaps for each group.

Set for Change: A hybrid action learning set with taught technical inputs designed for Technical Officers for Health Promotion (TOHPs). Participants will meet together on four separate occasions/sessions over a six-to-eight month period. Each of the four sessions will last 1.5 days and will be facilitated by a qualified and experienced learning set facilitator. The sets are designed to support the new cadre of TOHPs to succeed in their new role through personal development and effectiveness skill building such as critical thinking and problem solving, advocacy and building strategic partnerships for change. Technical skills input will support the implementation of national campaigns at the local level through communities, local organizations and key advocates.

Free on line courses providing more in depth theory and practice in technical aspects of designing and conducting SBCC. USB modems will be offered to those with limited internet access under a carefully managed loan scheme.

Support to individuals in creating personal development plans and gaining access to free on-line resources and identifying continuing professional development opportunities.

Gender integration trainings to improve technical competencies in creating gender sensitive programming and activities for national and some regional staff.

Stretch Assignments will provide the opportunity for individuals to be challenged to use new skills and apply new knowledge. Stretch assignments are supervised, discrete pieces of work with clear objectives to be conducted over a given period of time and lead to the production of specified deliverables.

Internships/practicums will provide the opportunity for national and/or regional staff to work with Communicate for Health core partners or contractors such as Lowe Lintas, Ghana Community Radio Network, VOTO Mobile or Creative Storm. Internees will be actively involved in designing or delivering elements of the SBCC campaigns whilst learning new skills on the job. Like stretch assignments these will be supervised, discrete pieces of work with clear objectives to be conducted over a given period of time and lead to the production of specified deliverables

Peer Mentoring: Past participants of CAD and SfC will be asked to offer support and mentoring to their colleagues.. A structured system will be in place to enable this. This support could be through the transference of new knowledge and skills by providing technical guidance or sharing resources or help to develop a PDP.

Change Challenge Fund: Is a competitive performance-based funding opportunity. It allows recently trained CADP or SfC participants to apply for a small resource to enable them to utilise their new knowledge and skills to conceive of, develop and implement small-scale innovative SBCC activity/national campaign implementation at the district or regional level.

Post training support to increase consolidation of learning and motivation to apply new knowledge and skills in the work setting through mobile phone messages, prompts to act and reminders on behaviors and practices, refresher tips, quizzes and games to consolidate learning and reinforce the adoption of particular skills or actions on the job will be received by all CAD and SfC graduates.

5. What has informed the content of the Capacity Building Support Plan ?

The curriculum and learning objectives of the different types of support have been informed by a number of fact finding and evidence based activities. These include:

1. A rapid organizational/institutional assessment of the GHS HQ HPD staff knowledge and skills of social and behavior change communication conducted in April/May 2015.
2. Individual capacity assessments conducted with five HPD regional staff. Other assessments will be added as they are conducted such as those on applicants selected for the Change Agent Development Program and 'Set for Change' Learning Sets.
3. The GHS Human Resource Division and the GHS Health Promotion Department supported by Communicate for Health have conducted a review of the job qualifications and responsibilities for HP officers.
4. A series of all-day focus group style workshops were conducted with a group of TOHPs from a selection of regions to discuss and explore capacity needs and job challenges.

6. Change Agent Development 5 Day Program

6.1. The CAD Program

The Change Agent Development Program (CADP) is a one-week program designed to strengthen the individual technical capacity of select national, regional and district-level staff through technical presentations followed by questions and discussion, use of case studies, and practical group exercises. Participative approaches to engage people fully will be an important focus as well as the integration of the current and emerging health priorities and SBCC campaigns. In addition to technical skills the CAD will seek to improve the personal effectiveness and leadership style of the participants.

The program will be facilitated by an experienced external consultant with the Communicate for Health and the Senior Organizational Development Specialist. Some taught contributions will be made by local experts in the different technical areas.

6.2 The CADP Beneficiaries

The CADP is a tailored capacity building program to meet the needs of national, regional and district level staff. Approximately 25 participants are expected to participate in the in project year 2. This will be treated as a pilot and lessons learned will inform changes to the CADP delivered to TOHPs in years 3 and 4 of the project.

The CADP in year 2 of the project will be conducted 5 days including one or two evening guest speaker sessions. To consolidate learning, incentivize and prompt participants to adopt behaviors and utilize learning at their respective workplaces long after the training has finished, a series of motivational mobile phone messages, games and messages and quizzes will be sent to participants.

6.3. Key Areas of the CADP

The CADP is a five day participatory and inter-active classroom-based training and development program covering key knowledge, skills and personal effectiveness gaps across a range of the following areas:

Session	Learning Objectives
Introduction to the theoretical underpinnings of both social and individual behavior change and the steps to develop, implement and monitor an effective SBCC approach.	<ul style="list-style-type: none"> • Understand and have used a socio-ecological model to better understand how to promote behavior change through SBCC. • Understand the steps to developing a strategic SBCC intervention. • Discussed the role and examples of advocacy, social mobilization, and behavior change communication in SBCC. • Assessed a current SBCC intervention against the planning process for evidence based SBCC.
How does culture and tradition shape us and influence what we do, can we change it?	<ul style="list-style-type: none"> • Define and understand the relevance of culture to health related behavior. • Gain insights into a wide range of practices that are influenced by culture but negatively affect health. • Understand the history of health related cultures, relationship between culture and social norms and finally how to influence and re shape these. • Know how to challenge social norms appropriately and how to approach taboo or controversial issues such as family planning in conservative communities.

Understanding the situation around the problem you seek to address	<ul style="list-style-type: none"> • Appreciate the importance of understanding the people affected and involved, the context in which they live or work, and the role that gender plays in a problem before deciding how to address it. • Able to design a formative assessment and apply the results to outline a strategy for an SBCC intervention. • Know how to use this information to segment and prioritize audiences, create SMART communication objectives, select the most effective approach and channel mix for a program noting key management considerations such as budget, staffing, and timeline.
Creating and Implementing Effective SBCC	<ul style="list-style-type: none"> • Know how to inventory existing materials and activities and develop a creative brief. • Understand how to draft effective messages. • Understand the guidelines for creating complementary SBCC materials and activities. • Know how to plan for stakeholder reviews and audience pre-tests.
Understanding social mobilization, one of three key approaches within an effective SBCC strategy	<ul style="list-style-type: none"> • Understand the critical role of social and community mobilization to social and behaviour change. • Identify the key characteristics and principles of successful social and community mobilization efforts from some real life examples. • Know how to plan and execute community mobilization to support the implementation of a national SBCC campaign locally?

Advocacy, Building Strategic Partnerships, Alliances and Collaborations	<ul style="list-style-type: none"> • Understand the basic principles of advocacy. • Know how to apply different strategies and advocacy approaches, ways to: influence decisions; create champions; profile your agenda. • Critically assess the potential partnerships and collaborations that can be developed to support your objectives at your level. • Understand the potential role of partners, allies, and gatekeepers and know how to apply some practical ways to engage them • Reflect on the ICC HP, its role and potential for replication at regional and district level. • Better understand donor agencies, how they operate and how to work with them.
Understanding Social Marketing and where it fits within SBCC	<ul style="list-style-type: none"> • Understand the principles and processes for social marketing a commodity. • Know how to identify the opportunity for combined efforts between SBCC and social marketing of commodities. • Acknowledge and understand the need for commodity or service availability and access for the target group.

How to work effectively with the media	<ul style="list-style-type: none">• Understanding of the world of media, how it works and how you can get the best out of it.• How to write a press release, get it circulated and get it used.• How to make a 'media buy' for radio or TV air time and monitor it.• Tips on how to invest and nurture a relationship with one or two key contacts in the media.• Understanding of the role of the MoH / GHS press officers and what they can offer in the way of support.
Working with mobile technology in health promotion	<ul style="list-style-type: none">• An understanding of the uses of mobile technology for SBCC and how to determine when they are appropriate.• Know how to design a simple SBCC intervention using the VOTO platform.• Introduction to the role of the TELCOs and how to work with them.• Gain an overview of how mobile technology is currently being used in Ghana to promote health and improve health systems.

Getting the best out of community radio stations for SBCC	<ul style="list-style-type: none"> • Understand how a community radio station works, is funded and managed. • Know how to work effectively with a community radio station to produce a successful programme as part of an SBCC intervention. • Understand how to engage local people and professionals in the programme production to create ownership and greater impact within the target groups.
Planning and co-ordinating SBCC	<ul style="list-style-type: none"> • Developed a costed plan of activities against objectives. • Identified key partners in the implementation and co-ordination of a SBCC intervention • Adjusted implementation plans based on a template of anticipated costs. • Refined their rough implementation plan into a detailed work plan including targets, resources and a timeline.
Monitoring and Evaluation in SBCC	<ul style="list-style-type: none"> • Awareness and understanding of the national routine M&E data set for HP and reporting mechanisms. • Know how to develop indicators and monitor locally designed SBCC activities. • Understand the issues and approaches to measuring behaviour. • Know how to access to the body of evidence for SBCC as an effective intervention for improving health outcomes.

Writing a Winning Proposal	<ul style="list-style-type: none"> • Understood the concept of proposal writing. • Understood the steps to developing a winning proposal. • Discussed and understood the key elements of a proposal. • Understood the difference between a technical and financial proposal. • Developed and present a proposal in groups. • Identified key sources and partners to whom to present proposals to for consideration.
Leadership and Personal Development	<ul style="list-style-type: none"> • Greater understanding of personal and professional strengths, weaknesses and development needs to be an effective health promotion officer. • Ability to recognise and value the working styles and be better able to work with colleagues and stakeholders across other organisations.
Unpacking the tool kit of an effective change agent	<ul style="list-style-type: none"> • Better understanding of the HP role, the technical and personal skills and attributes needed and practical ways of how to develop these in order to be more effective. • Understanding and ability to effectively and appropriately use political and advocacy skills to promote change and implement tactics and strategies for advocacy and influence. • Understanding of the importance of an awareness of personal presentation of self and the ability to recognise different styles of working of others for effective collaborations.

Developing Personal Development Plans	<ul style="list-style-type: none"> • Clarified a series of personal goals for development. • Developed an action plan for how to achieve these goals. • Know how to access free on-line resources and other ways to access low or no cost professional development.
Introduction to the Mentoring Scheme and the role of the mentor	<ul style="list-style-type: none"> • Understand the objectives of the mentor scheme and how the scheme will be managed. • Know what will be expected of you, how to provide mentorship to your mentee and how to access support if needed. • Understand the handbook and how to use it.
Different World Views: Invited Evening Contributors	<ul style="list-style-type: none"> • Guest evening contributors have been invited to offer an informal and relaxed window into the world of wider stakeholders and those in positions of power and influence either within a district, region or at a national level to give some insight into their perspectives and how they work and operate. Health promotion officers will need to understand the environment and the roles and responsibilities of those they seek to influence or collaborate with if they are to successfully navigate their way around organizations with different cultures and priorities, influence people, create partnerships and collaborations and raise the profile of health promotion and attract resources.

6.4. Number of places available on each CADP

In 2015/16, 25 places will be available for national, regional and district staff. This will be treated as a pilot and lessons learned used to amend and improve future programmes delivered to TOHP in years 3 and 4 of the project.

There will be a selection process and it is expected there will be more applicants than places, unsuccessful applicants will be encouraged to apply again the following year. The mentorship programme will also be available for unsuccessful candidates to apply for as a mentee.

6.5. The application process, timescales and selection criteria

The CADP will be held between April and June each year. The first CADP will run in 2016 and the last delivered in 2018. The application process will commence in January each year.

The call for application notice will be sent to all levels using GHS's channel of communication. To be eligible for selection the prospective applicant must:

- Serve at least 12 months after appointment as TOHP and not be within three years to retirement.
- Be willing and agree to provide mentoring, advice and support to other TOHPs who have not yet attended the CADP or SfC learning set after completion.
- Receive approval of Head of BMC (Head HPD, RDHS and DDHS).

Each applicants will be required to complete an application for selection form as indicated in Annex A.

The applications will be collated by the Capacity Building Support Coordinator of the HPD with support from the Senior Organizational Development Specialist of Communicate for Health Project and reviewed by a panel made up of the following:

- The Head of Health Promotion–GHS
 - A senior member of GHS Human Resources Directorate.
 - The Senior Advisor to Communicate for Health Project and HPD
 - The Deputy Chief of Party of Communicate for Health Project.
 - The Capacity Building Support Coordinator at HPD
 - Senior Organizational Development Specialist: Communicate for Health Project
- Selection will be based on the following information provided by prospective applicants:

- health status and known social and behavioral barriers of the community they work in, supported by recent data
- an outline of the key health challenges
- the role they perceive SBCC to have in addressing these health challenges
- a description of their role and their most notable success in this role, and finally,
- an outline of their development needs and reason (s) why they want to participate in the SfC.

The USAID five focus regions (Greater Accra, Volta, Northern, Central and Western) are required by the donor USAID to be reflected in the selected participants by at least 50%. All applicants selected will undergo an individual capacity assessment prior to joining the program unless they have already had this assessment conducted within the last year. TOHPs cannot apply for both the Set for Change Learning Set and the Change Agent Development programme, they must choose only one.

6.6 Process and Timeline for the Applications

Process

- The call for application notice will be sent to all levels using GHS's current mechanisms and channels of communication.
- The applications can be submitted electronically or in hard copy but only on the templates provided.
- Applications must be endorsed by the District or Regional Directors of Health Services for the District and Regional level staff respectively. Similarly, those for national level staff must be endorsed by the Head of HPD.
- Applications from the District and Regional level staff should be collated at the regional level by the RHPO and forwarded to the Director of Family Health Division with a cover letter duly signed by the respective Regional Director of Health Services.
- Electronic applications are strongly encouraged although hard copies will be accepted.

Management

- The CBS Coordinator at HPD will register all applications upon receipt. He/she will be responsible for managing the receipt of all applications received either electronically or in hard copy from the regions.
- He/she will deal with enquiries and requests for assistance, filtering out the applications that do not meet the eligibility criteria, preparing aggregated applications for review by the selection committee, circulating these to the selection committee and coordinating their final scores for each applicant.
- He/she will also be responsible for communicating with applicants.

Each call for application will be subjected to the following process and

timeline:

- The application deadline will be three weeks from publication;
- Review and Selection of applicants – three weeks after the application deadline;
- Notification of successful and unsuccessful applicants – within three weeks after completion of work by the review panel.

7. Set for Change “Action Learning Set”



7.1 The ‘Set for Change’ model

The Set for Change is a hybrid approach that combines an action learning set model with taught technical inputs and practical hands on group work to promote critical thinking and problem solving, increase technical knowledge and skills as well as build confidence, create a greater sense of self and improve personal effectiveness.

Action Learning is a distinctive form of learning and capacity building ideal for the new cadre of TOHPs to help them carve

out this new role, develop strategies and tactics to deal with the complexity of the environment they work in, manage relationships with the range of stakeholders, navigate the organisational culture and work collaboratively with colleagues, create opportunities and manage the challenges they will face. The hybrid action learning set offers a facilitated approach to help TOHPs understand the context in which they work as well as provide new knowledge and skills to enable them to be as effective as possible in their new role. Beyond their strength to conduct small-scale activities, they also need to harness all possible channels, social networks, people, and opportunities to promote positive behavior change and influence the creation of an enabling environment for people to adopt new behaviors. The action learning model of planning, action, reflection and learning will provide a framework for discussions and create confidence to experiment in the workplace, bring back results to the group, reflect and learn together.

The TOHPs positions are filled mostly by less experienced staff new to the GHS and recent graduates from the College of Health and Wellbeing - Kintampo. The position itself is new within the District Health Management Team (DHMT) and the role as it develops will need to be more clearly defined. By the time the action learning sets start the job descriptions for the Health Promotion Department will have been reviewed and the role of the TOHPs more clearly defined not only for the benefit of the TOHPs themselves but the rest of the DHMT.

The learning set offers a process for TOHP to present a problem or situation from their work place and through a series of structured questioning be able to see the situation differently and chart a course of action. They will agree actions and commitments to fulfil in their work setting then report and reflect on in the next learning set meeting. Peer-to-peer learning establishes strong relationships and a supportive exchange that extends long after the learning sets have finished. It also helps establish a strong sense of identity and sense of belonging to a wider health promotion department. Creating the right organizational and professional culture for health promotion to be effective, evidence based and collectively reflective is important to the success of a unified and active health promotion function nationally.

In addition to the action learning component of the SfC there will be the taught sessions delivered by experts on a range of topics such as M&E, community mobilization, program management, use of mobile technology for SBCC. Learning from taught sessions will be consolidated through practical group exercises. Important foci threaded throughout the meetings will be the emerging health priorities and current SBCC campaigns, co-ordination of SBCC at the local level and the HP M&E framework (currently under development). Evening speakers will be organised to provide the TOHPs with insights into different organizational cultures and professional roles such as the local assembly, NGOs and development partners.

7.2 Set for Change Beneficiaries

SfC is for the TOHPs working at the district and regional level. It is recognised that these are new roles and positions and will need to become established within the DHMT. This provides an enormous opportunity to promote SBCC but also presents some challenges. Some of the TOHPs may not have held a position before and may benefit from support in developing strategies and approaches to establish themselves effectively and appropriately within the DHMT and district context.

In addition many of the TOHP are graduates from the College of Health and Wellbeing, Kintampo where a good basic training has been provided. The taught inputs will supplement this with advanced technical skills training and practical hands on practice.

7.3 The Application Process

The application process requires prospective applicants to provide the following information:

- health status and known social and behavioral barriers of the community they work in, supported by recent data
- an outline of the key health challenges
- the role they perceive SBCC to have in addressing these health challenges
- a description of their role and their most notable success in this role, and finally,
- an outline of their development needs and reason (s) why they want to participate in

the SfC.

7.4 Available Placements on the SfC

There will be six Set for Change (SfC) action-learning sets over the life of the Communicate for Health project involving approximately 10 HP staff in each. One will commence in Year 2 and a further two will take place each year in year 3 and 4 of the Communicate for Health project. The available placements are summarized below:

- 2015/16 10 places (i.e. 1 set per year)
- 2016/17 20 places (i.e. 2 sets per year)
- 2017/18 20 places (i.e. 2 sets per year)

7.5 Set for Change Format and Content

Each SfC action learning set will involve 10 people. They will meet four times over a six-month period, each meeting will last 1.5 days and include an after dinner session with external contributions from technical experts or key stakeholders/strategic partners.

Each SfC meeting will be run in four sections:

- Section one will be an opportunity for a member of the group to bring a real life current issue or a problem from their work life into a safe, structured and facilitated session.
- Section two will focus on a technical input session drawn from the Change Agent Development program. The exact program for each set will be determined by the needs of the group identified through pre assessment and group agreement. Once these have been established then the technical inputs will be determined. It is expected that the CADP program will be drawn upon given the SfC participants have similar needs but will not participate in both the SfC and the CADP.
- Section three will be an after dinner session where an external contributor will be invited to offer specialist input such as:
 - o how to use mobile technology for SBCC or how to work with development partners, or understanding decentralization and the opportunities for SBCC, and or
 - o experience and contextual insights of a particular organizational culture or professional role such as understanding the role and how to influence the district and regional health directors, or the role of the regional Minister.
- Section Four in day two will be in two parts.
 - o Part one will be dedicated to personal development and effectiveness building and gaining insights and personal leadership skills required to be successful in the TOPHs role. The MBTI and other tools for self-reflection, personal effectiveness will be used
 - o Part two participants will work in sub groups on specific SBCC work related activities that are being tested out in the work setting and experiences, progress and challenges brought back to the sub group to share and plan for how to further the work in their districts.

- The final hour will be dedicated to planning and personal commitments of each participant for completion for the next set SfC. At the very end of each SfC learning set there will be a short group discussion and reflection on how well the meeting worked and whether aspects need to be changed or done differently next time.

The exact programme for each SfC learning set will be determined by the needs of the group identified through pre assessment and group agreement. Selected technical taught sessions will be drawn from the CADP and replicated in the SfC.

7.6 The application procedure and selection criteria for the SfC.

Applicants **MUST** meet initial eligibility requirements before they are eligible to apply.

- Serve at least 12 months after appointment as TOHP and not be within three years to retirement.
- Be willing and agree to provide mentoring, advice and support to other TOHPs who have not yet attended the CADP or SfC learning set after completion.
- Receive approval of Head of BMC (Head HPD, RDHS and DDHS).

Each applicants will be required to complete an application for selection form as indicated in Annex B. The applications will be collated by the Capacity Building Support Coordinator of the HPD with support from the Senior Organizational Development Specialist of Communicate for Health Project and reviewed by a panel made up of the following:

- The Head of Health Promotion–GHS
- A senior member of GHS Human Resources Directorate.
- The Senior Advisor to Communicate for Health Project and HPD
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one.

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 - Applications from the District and Regional level staff should be collated at the regional level by the RHPO and forwarded to the Director of Family Health Division with a cover letter duly signed by the respective Regional Director of Health Services.
 - Electronic applications are strongly encouraged although hard copies will be accepted.
- Management
- The CBS Coordinator at HPD will register all applications upon receipt. He/she will be responsible for managing the receipt of all applications received either electronically or in hard copy from the regions.
 - He/she will deal with enquiries and requests for assistance, filtering out the applications that do not meet the eligibility criteria, preparing aggregated applications for review by the selection committee, circulating these to the selection committee and coordinating their final scores for each applicant.
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- Review and Selection of applicants – three weeks after the application deadline;
- Notification of successful and unsuccessful applicants – within three weeks after completion of work by the review panel.
- Unsuccessful applicants who meet the criteria will be encouraged to apply again the following year.

8. Change Challenge Fund (CCF)

8.1 The Change Challenge Fund

The Change Challenge Fund (CCF) has been set up to ensure CAD and SfC participants have the opportunity to use and apply their new knowledge and skills in their daily work and are not constrained by lack of resources. Participants are encouraged to think boldly and innovatively as well

as systematically and based on sound information and are invited to apply for resources to put into practice and utilize the skills and knowledge they have developed. This fund is not to be used to cover salaries or routine activities that are the mandatory responsibility of a district but rather to fund specific activities and pilot projects that meet the eligibility criteria detailed below. The Change Challenge Fund will run for four years from 2016 to 2019.

8.2 Eligibility and Timeline

The CCF is available only to those regional or district level HP staff who have completed either a Change Agent Development Program or a Set for Change Learning Set.

'Partnership bids' i.e from more than one district working together will be accepted where at least one applicant has participated in a CAD program or Set for Change Learning Set.

Call for applications will be sent out in July 2016 for the first set of CCF beneficiaries. The awards will be made in September, 2016.

8.3 Application Procedure and Selection Criteria

Applicants will be required to complete the application form in Annex C.

8.3.1 Eligibility Criteria

- The initiative proposed is led by a reliable and accountable multi stakeholder strategic partnership that includes the district assembly, DDHS and the head of program area.
- Aims and objectives directly linked to the national HPD objectives or the Communicate for Health SBCC priorities.
- The application comes with a letter of endorsement from the district or regional director of the GHS depending on the level at which the applicant works.

8.3.2 Selection criteria

The main selection criteria include:

- Clear description of the problem.
- Clearly defined and realistic milestone targets.
- Innovation and creativity of the approach.
- Feasibility of the activities to be successfully implemented and achieve the desired outcomes.

- Clearly defined linkages to a new skill learned from participation in a CAD or SfC.
- Clear approach for evaluating the success or impact of this project in direct relation to the objectives.

8.4 Processing the Application and Duration

Process

- The call for application notice will be sent to all levels using GHS's current mechanisms and channels of communication.
 - The applications can be submitted electronically or in hard copy but only on the templates provided.
 - Applications must be endorsed by the District or Regional Directors of Health Services for the District and Regional level staff respectively. Similarly, those for national level staff must be endorsed by the Head of HPD.
 - Applications from the District and Regional level staff should be collated at the regional level by the RHPO and forwarded to the Director of Family Health Division with a cover letter duly signed by the respective Regional Director of Health Services.
 - Electronic applications are strongly encouraged although hard copies will be accepted.
- Management
- The CBS Coordinator at HPD will register all applications upon receipt. He/she will be responsible for managing the receipt of all applications received either electronically or in hard copy from the regions.
 - He/she will deal with enquiries and requests for assistance, filtering out the applications that do not meet the eligibility criteria, preparing aggregated applications for review by the selection committee, circulating these to the selection committee and coordinating their final scores for each applicant.
 - He/she will also be responsible for communicating with applicants.

Each call for application will be subjected to the following process and timeline:

- The application deadline will be three weeks from publication;
- Review and Selection of applicants – three weeks after the application deadline;
- Notification of successful and unsuccessful applicants – within three weeks after completion of work by the review panel.

Unsuccessful applicants who meet the criteria will be encouraged to apply again the following year.

8.5 The Change Challenge Fund (CCF) Management Board

A Management Board shall be established to manage the processes leading to the award of CCF funds to beneficiaries. The Management Board will be responsible for reviewing all eligible applications and select suitable applicants using the evaluation procedure set out in Annex 4. The final

list will be submitted to the Chief of Party, Communicate for Health Project who will in consultation with the Director, Family Health Division and Director General of the Ghana Health Service proceed to award funds to the successful applicants. The Management Board will ensure that the correct procedures and systems are in place for the smooth running of the CCF. The Board will also put in place measures to sustain the Change Challenge Fund over the life of the Communicate for Health Project.

Members of the CCF Management Board include the following:

- The Head of Health Promotion–GHS
- A senior member of GHS Human Resources Directorate.
- A senior member of the HPD
- The Senior Advisor to Communicate for Health and HPD
- The Deputy Chief of Party of Communicate for Health Project
- The Capacity Building Support Coordinator at HPD
- Associate Director- Finance – Communicate for Health
- Senior Organizational Development Specialist - Communicate for Health Project

The CBS Coordinator of HPD will be supported by the Senior Organizational Development Specialist of Communicate for Health Project to co-ordinate the work of the Management Board by ensuring that all the processes are properly documented and relevant reports prepared and submitted to the various levels.

Selection will be based on the quality of the application against the four selection criteria of which each is worth up to 25 marks of an overall possible score of 100. 75% of successful applicants are required by USAID to be drawn from the five focus regions prioritized by USAID: Volta, Northern, Western, Greater Accra, and Central.

8.6 Budget and Financial Management

The budget available for the Fund and its management is 25,000 USD per year for the next four years between 2016 and 2019. This amount will cover the costs of the management board co-ordination; co-ordination of the application process; administrative co-ordination of the applications received; support and supervision of the awards (mainly per diem and travel costs) and disbursement of the award installments. Funding will be subject to attainment of performance based targets and disbursed in three installments i.e. 40%:40%:20%.

The management and the disbursement of the awards will be conducted by FHI360 under a performance based fixed award in compliance with USAID regulations.

8.7 Support and Supervision of CCF Recipients

A joint team from Communicate for Health and HPD will monitor and supervise the

implementation of the activities in order to ensure that the allocated funds are used for the intended purpose.

Each funded initiative will be assigned a nominated national or regional HP staff member to provide on going support in the management and execution of the initiative where requested or can seen to be needed. Agreed support and supervision visits will take place twice during the course of the initiative. Nominated supervisors should make themselves available for the awardees at all times to help them deal with challenges or resolve difficulties.

Two support and supervision visits should be made by the nominated supervisor. These visits should focus on working with the awardee but should also involve a conversation with the district or regional director and the Chair of the strategic partnership group leading the initiative. A brief report completed after each visit using a standardised CFF support and supervision visit (using the template in Annex 5) and submitted to the nominated HPD and Communicate for Health personnel.

8.8 Evaluation of CCF

Evaluation against objectives: Each CCF recipient will be required, as part of their application, to have articulated how they will demonstrate the extent to which the project has achieved its objectives. Each recipient's evaluation report will be reviewed by the assigned HP and Communicate for Health personnel and summarized. This summary will be submitted to the CCF Management Board for its consideration and should highlight successes and draw attention to any concerns.

Process evaluation: A summative evaluation form will be sent to awardees, chair of the strategic partnership leading the initiative and the respective district director/regional director at the end of the award period, at the point the last installment is made. This will require completion, to cover what has worked well and what less well and why. Recommendations for improvements for the following round of awards will be requested. These questionnaires will be aggregated by the HPD nominated person and a report submitted to the CCF Management Board to determine changes to the process in the next round.

9. Stretch Assignments

9.1 What are stretch assignments?

Stretch assignments are designed to give members of HP staff the opportunity to conduct a work assignment that is more demanding than would be normally expected in their current role. It provides the opportunity to be challenged, use new skills, learn new work contexts and experience a different setting, working on an SBCC related task. Stretch assignments are time limited. They

are supervised, discrete pieces of work with clear objectives that lead to the production of specified deliverables.

9.2 What kind of assignments are available?

A number of assignments will be made available over the course of the Communicate for Health project. They will take different forms for example a district TOHP may conduct a stretch assignment at the regional level conducting an assignment or task that would normally be expected of a regional HPO or an assignment in a different environment such as a district assembly or a community radio.

Stretch assignments for regional staff may be at the national level or assignments for national staff in other national divisions. There will also be some stretch assignments/internships with sub partners to gain direct experience of working in different settings that are relevant to the SBCC process such as a creative agency, managing media buys, filming and interviewing in the community, conducting formative research, with a TV station, a community radio station, an NGO, a mobile technology organisation etc.

9.3 Who is Eligible?

A set number of stretch assignments will be available for health promotion staff from all three levels, district, regional and national. These will be made available at the start of years 3, 4 and 5.

9.4 What is the application process?

This aspect has yet to be finalised with the HPD but is anticipated a matching of staff to the assignments will be the approach rather than an open application process.

10. Mentoring

10.1 What are mentors

Mentorship is a relationship in which a more experienced or more knowledgeable person, the mentor, helps to guide a less experienced or less knowledgeable person. The mentor may be older or younger, but will have a certain area of expertise to share or help steer, guide or counsel the mentee.

10.2 Who are the mentors

Mentors will be drawn from the HP staff whom have participated in a CADP or a SfC. During the CADP and the SfC programmes a session will be dedicated to discussing the role of a mentor, providing training on the skills of mentorship. This will be supplemented with a handbook to

support mentors fulfil this role.

The HPD will develop a process of matching mentors and mentees (see section 10.3) The mentor will share insights, resources and key learning points from the CADP or SfC and assist the mentee in the creation of a personal development plan.

The mentor programme aims to support the creation of a community of practice within the HPD by creating a structure for the cascade of knowledge. This will also help improve performance and motivation and build strong relationships between HP staff. The result sought is an appreciation of the value of routine sharing ideas, lessons learned, successes and failures, challenges and opportunities with colleagues and peers to provide support, inspiration and evidence.

Mentors will be available to prospective mentees during year 3, 4 and 5.

10.3 Process for the Allocation of Mentors?

Mentors will be matched with a mentee based on number of years experience in HP, special interests and geographical location.

Regional HP officers will be asked to identify mentees within their region who will be matched to recent graduates of the CADP and SfC program using the above factors to generate a good match alongside the geographical position of the mentor and mentee as it is hoped they will be able to meet on occasions as well as communicate by email, mobile and skype.

11. On Line courses from Health Compass

11.1 Who are these on line courses for?

USAID in collaboration with FHI 360 and more recently JHU have made available an excellent on line resource for those working in the field of SBCC.

11.2 What will the on line courses cover?

The on line courses cover every aspect of SBCC and provide a range of tutorials, tool kits, webinars, case studies, networks and more for professionals of all levels across the globe working in SBCC.

11.3 How can these resources be accessed?

These courses can be accessed free of charge via the link below:

<http://healthcommcapacity.org/health-communication/sbcc-online-courses-2/>

12. Personal Development Plans (PDPs)

12.1 What are PDPs?

A personal development plan is a structured way of thinking about the range of technical and personal skills you may need to develop and improve upon in order to do your current job effectively. It is also a way to help an individual think about what they may want to progress their career in the future and plan for that too. PDPs are the basis of Continuing Professional Development (CPD). CPD embraces everything that you do to improve your job performance and is another way to ensure that you achieve the right abilities to do your job and maintain/enhance your expertise and your 'lifelong employability'.

12.2 What support is available to develop a PDP?

The SfC and the CADP both have allocated time where participants will be supported to look at their role and their job description, and think about the kinds of activities and responsibilities they are required to conduct. Participants will then examine their strengths and weaknesses not only in technical knowledge and skills but also personal skills such as working within a team, personal presentation skills, influencing skills etc. and begin to establish areas where they feel they need to improve and develop.

Participants will work with a template that sets out questions they need to answer.

What do I want to learn? What do I have to do? what support and resources will I need? How can I access these? How will I measure success? How regularly will I review progress? Participants will be encouraged to develop SMART goals for themselves to help ensure they are clear about what they want to do, and that this is attainable, realistic and time bound,

Given financial resources are likely to be limited guidance will be offered on how to access free resources such as on line courses, consider self directed learning through journals or electronic resources, shadowing more senior colleagues or colleagues in other organisations you need to understand better, stretch assignments and to think creatively about how they can achieve their learning objectives.

PDPs need to be realistic and achievable but not the less aspirational.

Part of the mentoring role will be to offer support to mentees in developing PDPs.