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Rumos
Comunicação para Saúde

COMMUNICATION FOR IMPROVED HEALTH OUTCOMES, CIHO/RUMOS

FINAL REPORT (2017-2021), JHU.CCP, MOZAMBIQUE

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ACRONYMS AND ABBREVIATIONS

ART	Antiretroviral Therapy
APSS/PP	Psychosocial Support/Positive Prevention
CCP	Centers for Communication Programs
CCS	Consultation of Healthy Children
CDC	Centers for Disease Control and Prevention
CECS	Center of Excellence in Health Communication
CIHO	Communication for Improved Health Outcomes
CNCS	National Aids Council
DEPROS	Department of Health Promotion
DNSP	National Directorate of Public Health
DPEDH	Provincial Directorate of Education and Human Development
DPS	Provincial Directorate of Health
ECHO	Efficiencies for Clinical HIV Outcomes
ENPSII	National Health Promotion Strategy
FCC	Child and Community Strengthening
FDC	Fundação para o Desenvolvimento da Comunidade
FP	Family Planning
FY	Fiscal Year
GBV	Gender Based Violence
HC3	Health Communication, Capacity, Collaborative
HCD	Human-Centered Design
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
ICSM	Health Science Institute
I-Kit	Implementation Kits
INAS	National Institute for Social Welfare
INS	National Institute of Health
INTIC	National Institute of Technologies
IPCC	Interpersonal Communication and Counselling
IRS	Indoor Residual Spraying
ISCISA	Health Sciences Higher Institute
JHU	Johns Hopkins University
K4health	Knowledge for Health
LTFU	Loss to Follow-Up
MCSP	Maternal and Child Survival Program
M&E	Monitoring and Evaluation
MGCAS	Ministry of Gender, Child, and Social Action
MINEDH	Ministry of Education and Human Development
MISAU	Ministry of Health
MNCH	Maternal, neonatal and child health
NMCP	National Malaria Control Program
OVC	Orphaned and Vulnerable Children
PLWHA	People Living With HIV/AIDS
SAAJ	Youth and Adolescent friendly services
SBC	Social and Behavior Change
SDSMAS	District Health, Women, and Social Action Services
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
STI	Sexual Transmitted Infections
TTPC	Tchova Tchova Communication Programs
TWG	Technical Working Group
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
WASH	Water, Sanitation, and Hygiene

EXECUTIVE SUMMARY

The Communication for Improved Health Outcomes (CIHO) project was designed to strengthen Mozambique's capacity to implement state-of-the-art social and behavior change (SBC) programs. It was implemented over four years, between March 2017 and March 2021, and led by the Johns Hopkins Center for Communication Programs (CCP).

CIHO followed a series of systematic and mutually-reinforcing steps at the health facility, community, family, and individual levels working with the *Fundação para o Desenvolvimento da Comunidade, Tchova Tchova Programas de Comunicação*, and Polytechnic University to implement activities. CIHO worked closely with the Ministry of Health (MISAU), including the Department of Health Promotion and specific technical working groups (TWG), the National AIDS Council, and the Center of Excellence in Health Communication (CECS) at Polytechnic University and contributed to their strengthened capacity to design, implement, and evaluate SBC programs. CIHO also collaborated with other government institutions such as the Ministry of Education and Human Development, Ministry of Gender, Child, and Social Action, National Institute for Social Welfare, and several other implementing partners.

CIHO implemented activities in Maputo, Zambezia, Tete, Manica, and Sofala covering four main health areas: 1) HIV, 2) maternal, neonatal and child health (MNCH) and family planning (FP) initiatives, 3) nutrition, and 4) malaria. Several interventions were implemented under each of these areas.

HIV prevention, testing, ART retention, and voluntary medical male circumcision (VMMC)

CIHO improved the systematic approaches of community pediatric screening for orphans and vulnerable children (OVCs) to measure the risk and vulnerability of OVCs to HIV and expanded the reach of community HTC for OVCs. A total of 63,199 OVCs were tested, reflecting a 107% reach of the annual target (58,800) and the positivity rate was approximately 1% (571 OVCs). CIHO linked positive cases to ART services. After CIHO ended implementation in Zambezia, training was provided for the scale-up of community pediatric screening by World Vision's COVida program and World Education's *Força à Comunidade e às Crianças* program in five provinces (Gaza, Manica, Sofala, Zambezia, and Maputo).

Community dialogues, "Tchova Tchova Rumos", were implemented in Zambezia to engage families and men in health seeking behaviors. Local leaders were key in supporting mobilization of participants, especially in places where men usually gathered (mosques, churches, soccer teams, and student homes). A total of 13,234 people were reached, of whom, 78% were men. Furthermore, as a result of CIHO referrals, 2,531 people accessed health services (77% accessed HIV testing and counseling), of whom, 63% were men.

Informed by formative research, Tchova Tchova Rumos was refined in Sofala to increase male engagement. A social and behavior change communication (SBCC) package was developed to deliver meaningful male-sensitive messages to elicit emotions, inspire change, and trigger action. Between January 2019 and September 2020, a total of 4,233 men were reached by a network of skilled community lay counselors and health facility focal points. By November 2019, CIHO incorporated the standard operating procedures from the newly approved National Community Psychosocial Support and Positive Prevention package into the male engagement activities. As a result, a functional community referral system was established and early retention rates among CIHO male beneficiaries was close to 100%.

Another important intervention with males was VMMC. CIHO supported MISAU to create a VMMC demand generation TWG, strengthening coordination between demand generation activities and service delivery. CIHO implemented community strategies which successfully raised awareness, generated demand, and tracked VMMC services. The project implemented community activities in Tete, Manica, Sofala, and Zambezia Provinces supporting a reach of approximately 80% of USAID target goals.

School and community MNCH and FP and the National Family Planning Communication Strategy.

A community intervention, Tchova Tchova Couples, stimulated shared MNCH decision making, through community dialogues for couples 18 years or older with a focus on pregnant women. A total of 1,825 people were reached, including 887 couples. Five hundred and thirty-three people accessed health facility services as a result of CIHO referrals (including 67% related to MNCH services).

The intervention, *Avante Adolescentes*, was implemented in schools to address key sexual and reproductive health issues for adolescents, namely FP, premature marriages, HIV, and sexual violence. Classroom sessions were given by class directors and were complemented by a competition *"Isto é Show de Talentos"* with prizes for different types of talents. CIHO also strengthen the monitoring system to track referrals and access to services at the *Serviço Amigos dos Adolescentes e Jovens* (SAAJs) and *Cantos Escolares* (youth health clubs) and developed a mobile application where adolescents could get more information about sexual and reproductive health, play virtual games, and find the location of nearby SAAJs.

At the central level, CIHO worked closely with the National FP Department of MISAU to develop the National Communication Strategy for Family Planning. The main objective of this strategy is to guide the social and interpersonal communication processes and activities to promote and offer FP to Mozambicans through the national health system, FP partner program, and community health actors. Media materials were also developed, including two video spots and CIHO broadcasted existing radio spots and a TV spot on FP during the COVID-19 pandemic at the request of the FP Department.

Nutrition interventions for the first 1,000 days of life

A multimedia intervention was developed in collaboration with the Nutrition Department from the National Directorate of Public Health. A toolkit comprised of printed materials, radio programs, and radio debates was produced. CIHO implemented activities in Zambezia under the theme "nutrition is health, love your child", in collaboration with the community-based organization, AMUONA, and World Education's FCC program. Activities included community dialogues reaching 2,679 women and health fairs reaching 9,586 people.

In addition, a rapid exploratory assessment on nutrition and water, sanitation, hygiene was conducted in Nampula. This activity was co-designed with USAID to inform SBC activities by its country-level implementing partners. CIHO presented the results to the Transform Nutrition and Advance Nutrition projects and recommended that interventions need to consider structural/economic-social aspects and behavior factors to overcome environmental conditions that influence the nutritional status of children.

Standardization of malaria messages and tools with the National Malaria Control Program (NMCP)

CIHO worked at the central level on three main areas: (1) technical support to the NMCP and the communications TWGs for the development of the National Malaria Communication Strategy; (2) development of materials to support NMCP's campaigns, focusing on the "Zero Malaria" Campaign and Malaria Day celebrations; and (3) technical support for the development and dissemination of the Indoor Residual Spray Communication.

CIHO contributed to strengthening the capacity of the Government of Mozambique, health providers and media in SBC.

CIHO supported the health sector to create consistent, coordinated, effective, and evidence-based SBC to improve the health and well-being of the people of Mozambique. CIHO helped to reactivate the Communication TWG created by the Department of Health Promotion and developed a training module called *Relationship with the Press in Promoting Health*, focusing on interpersonal communication and counseling skills and media relationships. Also, CIHO supported the Polytechnic to conduct the 4th edition of the course on Leadership in Strategic Health Communication (LSHC), which was introduced through a previous CCP project (PACTO, funded by USAID). It was attended by 14 participants from public and private institutions. The project worked closely with MISAU and partners to create a website to document and share communication materials and training tools related to research, training, and strategic health communication.

CIHO also collaborated with three academic institutions, ICSM, ISCISA, and Polytechnic, to increase the knowledge and practical skills of future health professionals in interpersonal communication and counseling and health promotion. Furthermore, building on the capacity strengthening work conducted by PACTO project, CIHO invested in strengthening the capacity of CECS (of Polytechnic University), to provide community radio stations trainings and support materials. These radios contributed in turn to disseminate messages on health seeking behaviors to wider audiences.

Additional funds were provided to CIHO to work on specific COVID-19 activities: setting-up two call centers and supporting MISAU's PENSA hotline. These activities complemented CCP's Breakthrough ACTION project, also funded by USAID. CIHO and Breakthrough ACTION's joint efforts delivered comprehensive SBC activities related to the COVID-19 response pillar of risk communication and community engagement.

The principal lessons learned from CIHO show that:

- A combination of engaging the government and community structures and the media were fundamental to creating an enabling environment and setting supporting norms to generate demand for health services.
- Use of evidence and data are critical both at programmatic and at management level. Evidence used to prepare the male retention intervention highlighted that an innovative approach was needed. Data from VMMC shared by a collaborative leadership team enabled a broad understanding among staff about the purpose of the data and how to use it for decision-making.
- CIHO's work contributed to improve provider's behavior through the strengthening of providers' health communication skills, namely in addressing underlying assumptions based on cultural norms and personal beliefs that could lead to biases in care.
- Adapting towards an integrated health approach remains a challenge due to the long-standing vertical approach in the public health ecosystem.
- Consistent collaboration is key, especially for interventions combining efforts to ensure the supply of services meets the demand, and the demand meets targets.

CIHO, implemented by its project partners, has strengthened CCP's role as an international organization with SBC expertise in various health areas. Also, CIHO has worked closely with its local organization, *Tchova Tchova Programas de Comunicação*, and with MISAU contributing to USAID Journey to Self-Reliance.

1

CIHO OVERALL OBJECTIVES AND APPROACH

Building on the success of initiatives led by the Johns Hopkins Center for Communication Programs (CCP) in Mozambique over the past two decades, the Communication for Improved Health Outcomes (CIHO) project continued to use the power of communication to inspire healthy behaviors.

CIHO was designed to strengthen Mozambique's capacity to implement state-of-the-art social and behavior change (SBC) programs, including, but not limited to social and behavior change communication (SBCC) activities. In the first 18 months of the project (up to end of FY 2018), CIHO focused on the following areas:

- HIV testing and counseling (HTC) for orphaned and vulnerable, children (OVCs);
- Priority population prevention for HIV vulnerable groups, including OVCs, youth, adult men, and mothers;
- Voluntary medical male circumcision (VMMC) for HIV prevention;
- Maternal, neonatal and child health (MNCH) and family planning (FP) initiatives;
- Nutrition initiative;
- Malaria SBC standardization.

CIHO continued to work in the areas of malaria, VMMC, FP, and nutrition during FY 2019, and also started a new male retention in HIV treatment services. These areas lasted until the end period of CIHO implementation.

During the start-up period, the CIHO team met with the health teams at USAID for guidance on the gaps and priorities in each of CIHO health topic areas. CIHO also conducted a literature review for scoping evidence for communication and program planning related to those health areas.

CIHO adopted the Human-Centered Design (HCD) and a strategic framework to develop solutions to problems by involving the human perspective in all steps of the problem-solving process (see figure 1).



CIHO staff in the HCD workshop

FIGURE 1:The Human Centered Design Model



CIHO utilized the HCD approach to improve human well-being, health service user satisfaction, accessibility and sustainability, building upon participatory action research to move beyond participant's mere involvement and move to a more collaborative process. This approach was key to identifying need, improve upon existing materials, and develop new ones.

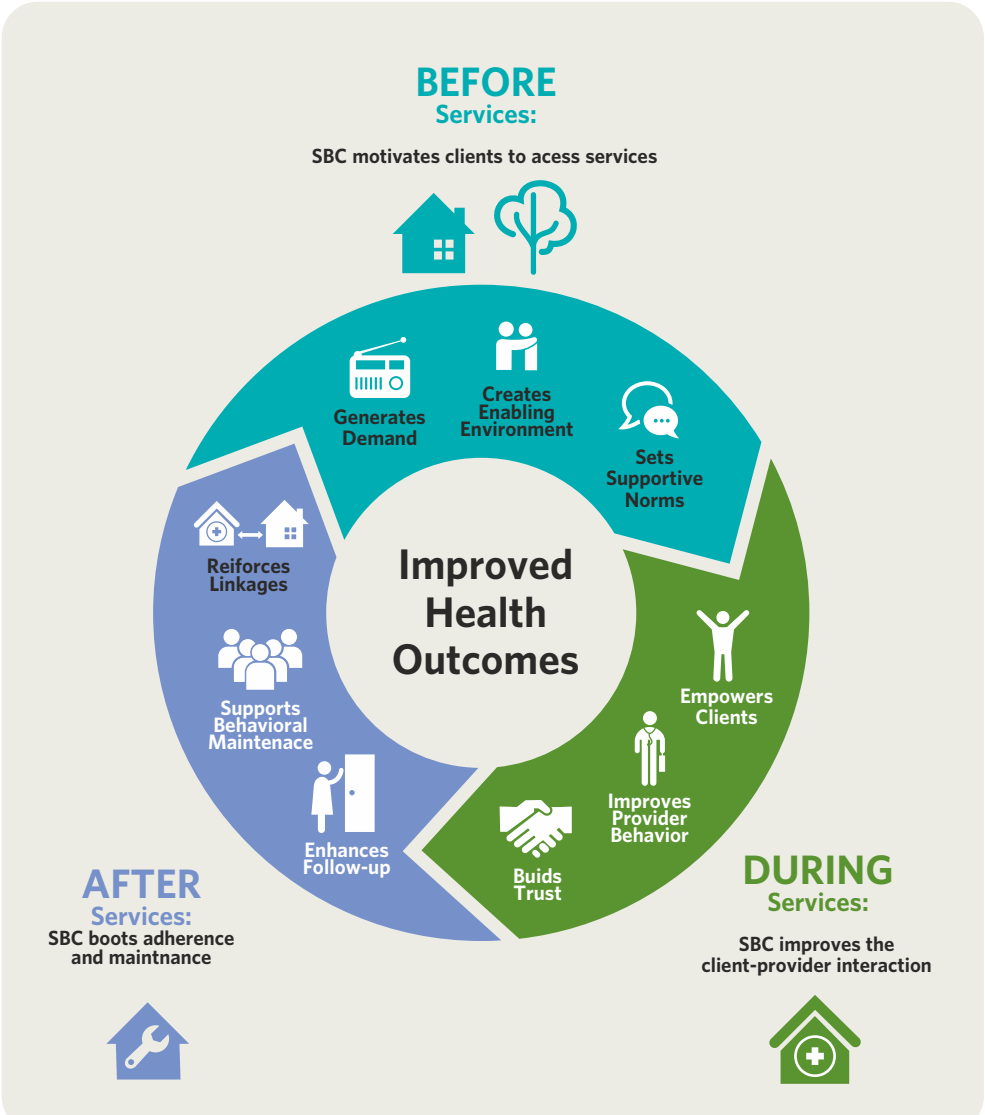
CIHO developed strategic, evidence-based health communication programs, supported by theory, capacity strengthening, and local participation. For example, the male retention program was inspired by the P-process and took into account the social-ecological model's multiple levels of influences. CIHO followed a series of systematic and mutually-reinforcing steps at the health facility, community, family, and individual levels.

CIHO also demonstrated how to put into practice the Circle of Care Model developed by the Health Communication, Capacity, Collaborative (HC3) project (see figure 2). This model recognizes the value of SBC interventions, particularly strategic communication, used along the service delivery continuum - before, during, and after services. It also highlights SBC's value in understanding the needs, perspectives, and desires of both clients and providers. The model focuses on service inte-

ractions: the use of SBC to motivate clients to access services (before services), to improve the client-provider interaction (during services), and to boost adherence and maintenance (after services).

This model includes considerations of social and cultural norms that impact service use (or non-use) and delivery, the physical environment in which services are delivered, and the communication that takes place between a client and provider. CIHO's interventions addressed four major technical areas: 1) HIV, 2) MNCH and FP, 3) nutrition, and 4) malaria. CIHO interventions focused on generating demand for services, creating an enabling environment with supportive norms and supporting service delivery. CIHO focal point at the health facility which greatly helped to build trust and help people navigating the health system and accessing the care they needed. CIHO also continued to use SBC after people accessed services to ensure they scheduled follow-up appointments and continued to engage participants at the community level, supporting behavior maintenance for sustained positive health outcomes.

FIGURE 2: The Circle of Care Model (HC3, CCP, 2017)



2

OVERVIEW OF CIHO INTERVENTIONS

CIHO reinforced linkages between communities and health services, targeting the general population as well as specific population groups in certain interventions, such as teachers, health providers, community influencers, and decision makers. For the decision makers, besides the work conducted at the community level, CIHO greatly contributed to strengthen the capacity for SBC of the Ministry of Health (MISAU), including the Department of Health Promotion (DEPROS) and specific technical working groups (TWG), as well as the National AIDS Council (CNCS) and of the Center of Excellence in Health Communication (CECS) of the Polytechnic University. CIHO collaborated with other government institutions such as the Ministry of Education and Human Development (MINEDH), Ministry of Gender, Child, and Social Action (MGCAS), National Institute for Social Welfare (INAS), and several other implementing partners. CIHO made a great effort to learn from experienced organizations in the various health areas that the new CIHO interventions would address.

Supervision and coaching was provided to field staff by CIHO, involving the District Health, Women, and Social Action Services (SDSMAS) as much as possible in joint visits to the communities where CIHO's interventions were implemented.

For each of the health areas, CIHO implemented the following interventions:

1. HIV Prevention, Testing, ART Male Retention and VMMC

- Community Pediatric Screening for OVCs - Scaling-up HTC and improving referrals.
- Tchova Tchova Rumos - Families and men-centered programming to promote health seeking behaviors.
- Male Retention - Increasing Antiretroviral Therapy (ART) adherence.
- VMMC - Increasing demand and uptake of VMMC services among 15-29-year-old males.

2. MNCH and FP

- Tchova Tchova Couples - Shared maternal and child health decision making.
- Avante Adolescents - Addressing Sexual and Reproductive Health (SRH) within the classroom.

3. **Nutrition -** The First 1,000 Days, a Window of Opportunity.

4. **Malaria -** National Malaria Communication Strategy and standardization of messages and tools to combat malaria.

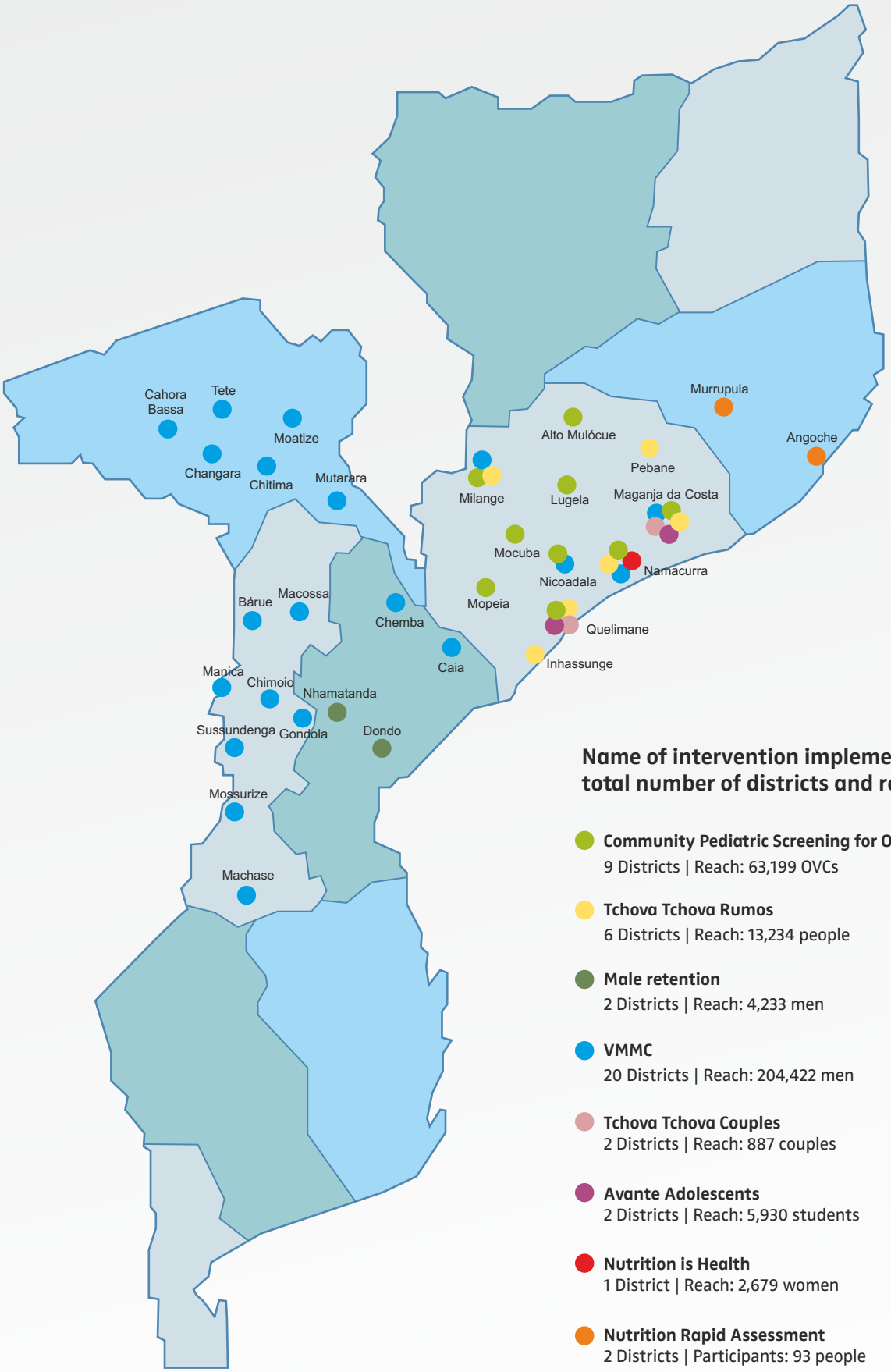
Achievements, deliverables, and a program description are presented for each intervention in the next sections of this chapter. Most of the community work was conducted in the province of Zambezia, which was designated as a small scale "laboratory" to implement interventions and approaches that addressed entrenched behaviors and barriers that keep people from seeking health services.

Other community work was conducted in Sofala, Tete, and Manica under VMMC, and male retention in HIV services was implemented in Sofala.

CIHO established a monitoring system that allowed CIHO health facility focal points to identify individuals referred to the health facility by CIHO demand generation activities. The experience from Zambezia was then applied in Sofala where the intervention aimed to ensure that men in anti-retroviral therapy (ART) remained in treatment and attended their appointments on time - the role of the focal point was essential.

As illustrated on the map on page 14 (figure 3), a total of 11 districts were reached in Zambezia (covering 69% of the total number of districts of the province), with different levels of intensity, with the province capital Quelimane, and the districts of Maganja da Costa and Namacurra being those with the biggest number of interventions (five in total). It should be noted that Namacurra was chosen as the only district where the nutrition intervention was implemented because it presented a favorable environment including community-based organization (CBO) capacity, agriculture intensive activities, health services engagement, and community health workers availability.

FIGURE 3: Mapping of CIHO interventions



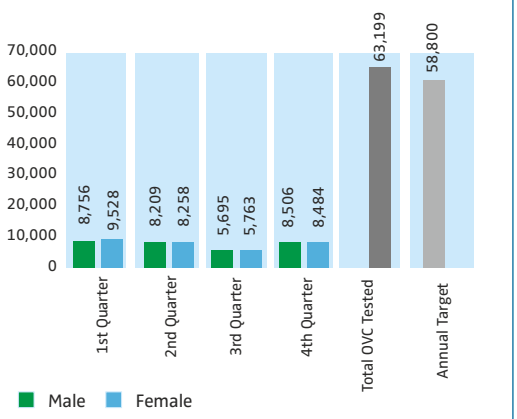
Name of intervention implemented, total number of districts and reach

- **Community Pediatric Screening for OVCs**
  9 Districts | Reach: 63,199 OVCs
- **Tchova Tchova Rumos**
  6 Districts | Reach: 13,234 people
- **Male retention**
  2 Districts | Reach: 4,233 men
- **VMMC**
  20 Districts | Reach: 204,422 men
- **Tchova Tchova Couples**
  2 Districts | Reach: 887 couples
- **Avante Adolescents**
  2 Districts | Reach: 5,930 students
- **Nutrition is Health**
  1 District | Reach: 2,679 women
- **Nutrition Rapid Assessment**
  2 Districts | Participants: 93 people

2.1. HIV Prevention, Testing, ART Male Retention and VMMC

A. Community Pediatric Screening for OVCs: Scaling-up HTC and improving referrals

Deliverables and achievements:



Partnerships established for an effective scale up and appropriation of the "Community Pediatric Screening Tool".

Acronym defined by CIHO, World Vision, and World Education as a reminder for community workers (*CRIAR*, create).

C. CREATE an environment of empathy with individuals, families, CBOs and health providers.

R. REVISE the type of communication established with the community members.

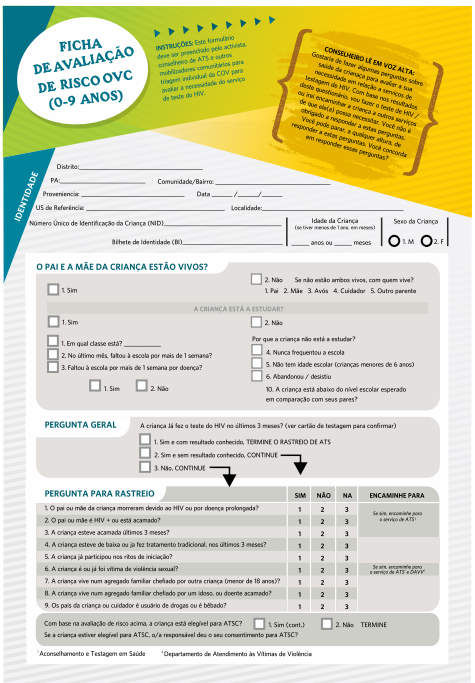
I. INFORM about general health care.

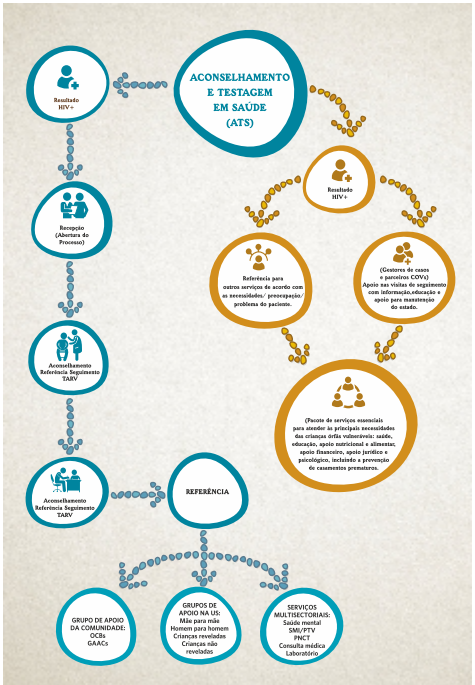
A. ATTENTION support people with special needs.

R. REFER people to health facilities for consultation and counseling.

A total of 63,199 OVCs were tested, reflecting a 107% reach of the annual target (58,800) and the positivity rate was approximately 1% (571 OVCs). CIHO linked positive cases to ART services in coordination with district health services and clinical partners.

CIHO developed a two-sided OVC screening tool, including a questionnaire and flow chart, along with a training guide for implementing partners.









Program Description:

CIHO joined the "one team approach" supported by strong coordination processes already in place among the network of implementing partners with OVC related interventions, including CBOs and trained 95 of their field staff as lay counselors (from Amuona, Caritas, Espanor, Esperança, Hands of New Hope, Nana). Furthermore, regular coordination was established with government institutions from the central and provincial levels (MISAU, CNCS, and MGCAS) and with several community HTC implementing partners (Jhpiego, FGH, CHASS/ FHI360, ICAP).

CIHO improved the systematic approaches of community pediatric screening for OVCs to measure the risk and vulnerability to HIV among OVCs and developed two different versions for the age group of 0 to 9 years and the group of 10 to 17 years. Based on risk assessment question by non-clinical community workers, CIHO was able to determine the following characteristics positively associated with HIV status (after controlling for age, sex, and education):

- Having a sick family member is positively related to being HIV positive;
- The child having been hospitalized is positively associated with being HIV positive;
- The child having poor heath in the past 3 months is positively associated with being HIV positive.

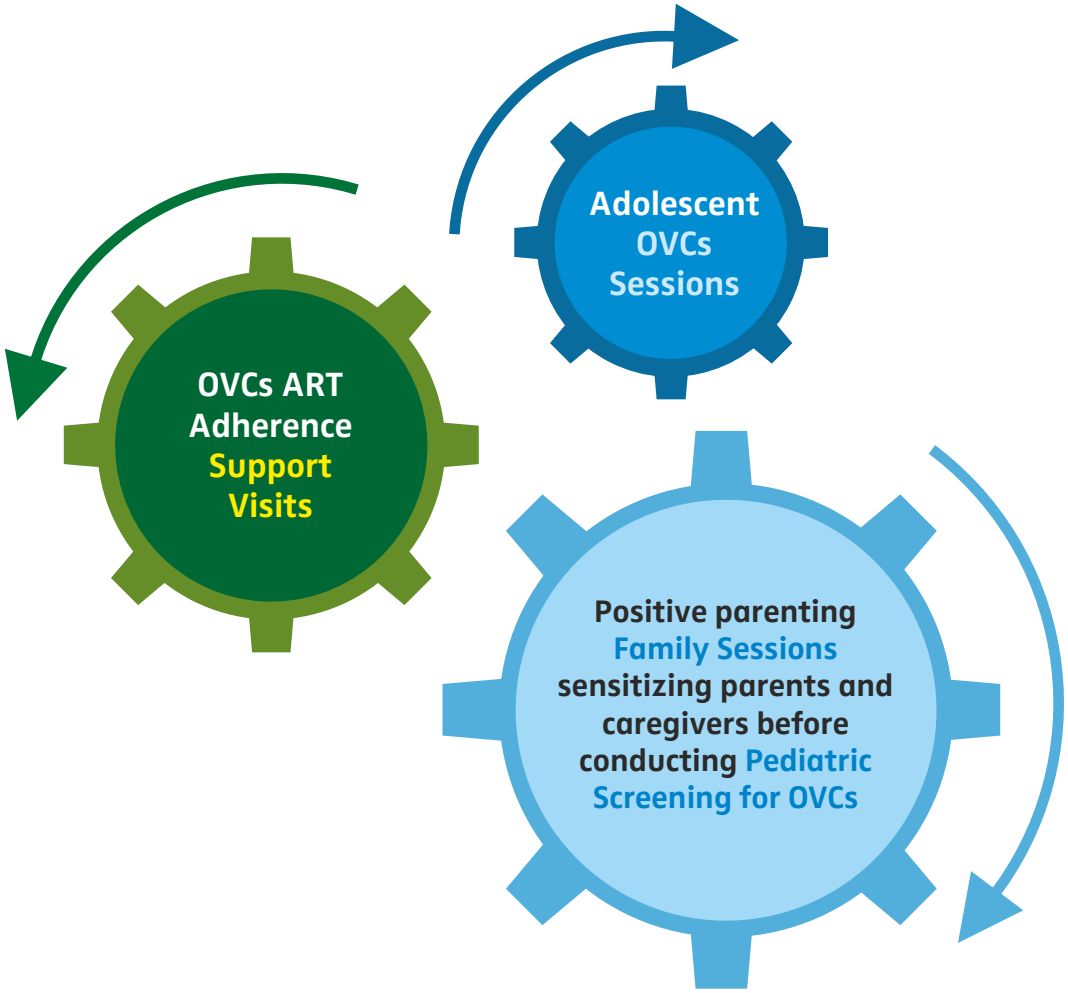
Two major USAID funded programs working with OVCs in Zambezia became important collaborators - World Vision's COVida program and World Education's *Força à Comunidade e às Crianças* (FCC) program. After CIHO ended implementation in Zambezia, these two organizations designated local staff from five provinces (Gaza, Manica, Sofala, Zambezia, and Maputo) who were trained for the scale-up of community pediatric screening.

They also provided feedback on the final version of the training guide produced by CIHO.

Lay counselors were supported by community leaders who had an active role in community health education sessions, as well as in the identification of families with OVCs.

As illustrated in the figure 4 below, CIHO adapted an existing community tool *"Parentalidade Positiva"* (Positive parenting) to sensitize parents and caregivers on HIV and health related topics before the HTC intervention in their homes. Some OVCs valued the availability of small groups directed at adolescent OVCs (regardless of their HIV status) where friendly conversations took place about SRH topics. Furthermore, those OVCs who tested positive valued the ART adherence support visits and positive prevention messages promoted by CIHO.

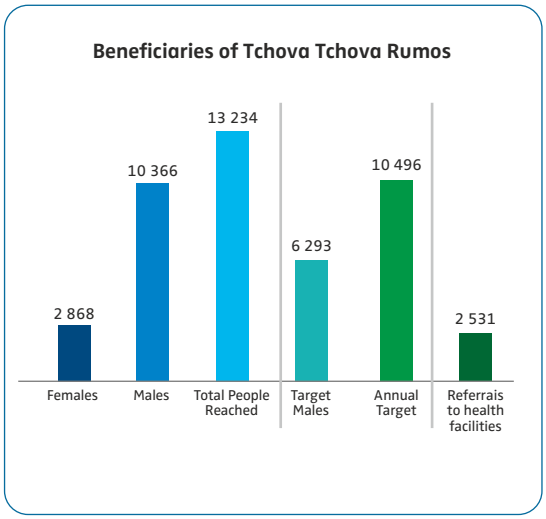
FIGURE 4: Activities with OVCs



The success of this intervention, from the very early stages, ended up realigning the initial plan to develop a mass-media campaign to increase the acceptability and uptake of HTC among OVC. HTC was successful with almost no refusals registered in any district with little resistance from caregivers and older OVC's. Caregivers praised the intervention for promptly providing home based services, by well-prepared community workers, saving them time and money.

B. Tchova Tchova Rumos: Families and men-centered programming to promote and health seeking behaviors

Deliverables and achievements:



Community Dialogue's Reach:
13,234 PEOPLE

- **78% OF MALES**
- 54% of people aged between 15 and 25 years.

Referrals (reached health facilities):
2,531 PEOPLE

- **63% MALES ACCESSING SERVICES**
- 40% accessed HTC services (1,023 people of whom 77% were males)

Referred to CIHO:
134 Lost To Follow Up (LTFU)

- 48% located, returned to ART and integrated in eight adherence groups of patients in ART (Grupo de Apoio e Adesão comunitária, GAACs).

Success in designing and implementing an innovative intervention to engage men in health care and measure referrals to health facilities!

89% of referred participants accessed health facility services







6 printed materials:

- Tchova-Tchova Leader Sheet
- Facilitator Manual
- How to use the kit/Facilitator Sheet
- Reminders for Participants
- Lessons Learnt from Tchova-Tchova Rumos
- Poster Tchova-Tchova Rumos

Program Description:

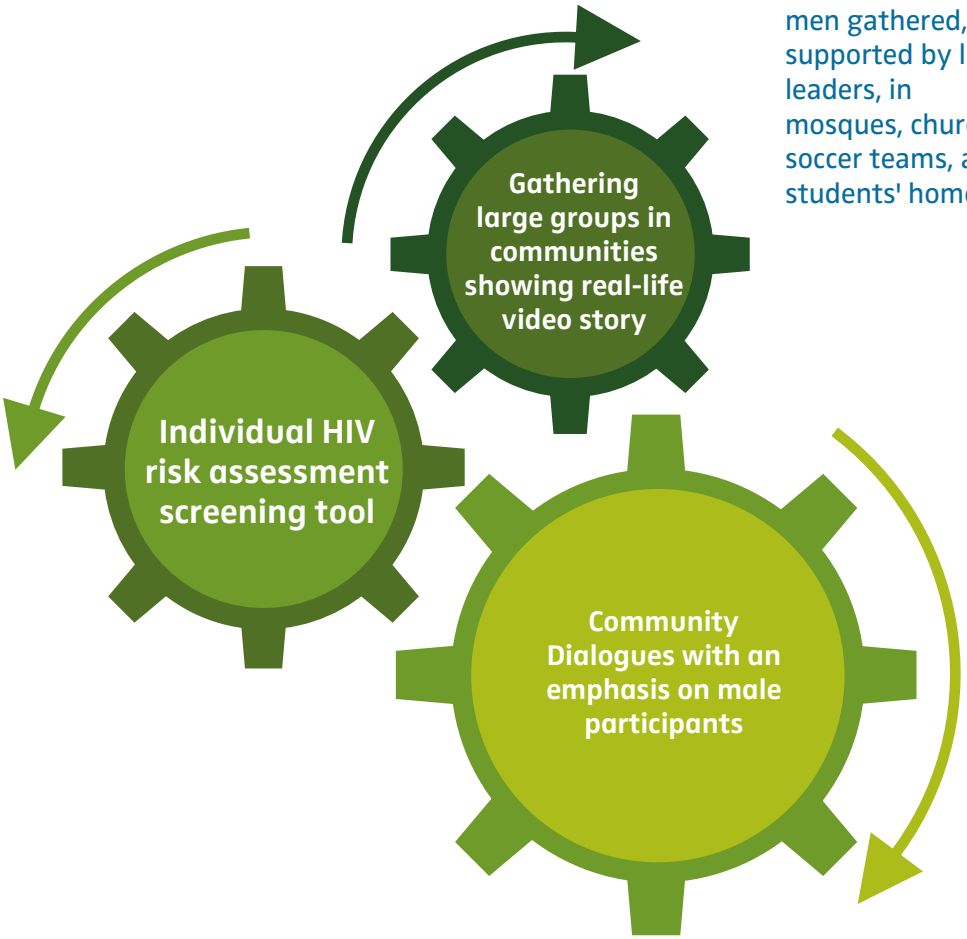
CIHO revised existing tools for HIV positive people, as well as related strategies, guidelines, and public policies from MISAU to broaden the focus group to include people who are HIV negative and increase inclusion of men and young people (15 to 24 years of age). CIHO mapped several existing tools related to male engagement in the promotion of their individual and family's health, including tools developed in previous CCP projects.

The intervention, Tchova Tchova Rumos, consisted of mixed and male-only community group dialogues through five thematic sessions with real life videos.

CIHO collaborated with a CBO, Association for Women and Education (AMME) and with a clinical partner, the Congregation of the Franciscan Hospital Sisters of the Emaculada da Conceição (CONFIC) to refer families for HTC. A strong coordination was established with the Provincial Health Directorates (DPS) and with SDSMAS, who participated in joint supervision and monitoring visits of field activities. This collaboration and coordination improved linkages between the CIHO program and health services establishing an effective system of referrals and counter-referrals.

Tchova Tchova Rumos took place in six districts of Zambezia (Namacurra, Quelimane, Pebane, Maganja da Costa, Milange, and Inhassunge), with 23 facilitators, six supervisors and several health facility focal points and local leaders. The Mobilization process is illustrated in figure 5.

FIGURE 5: Mobilization Process



Emphasis on mobilization where men gathered, supported by local leaders, in mosques, churches, soccer teams, and students' homes.

Success Story: Tchova Tchova returning Dulce to ART and motivating her husband to test and treat

Dulce, aged 23, remembers when back in 2015 she started feeling sick (diarrhea, constant headaches, recurring malaria, and Herpes Zoster) and associated it with witchcraft considering that "it's not normal for a person to wake up one day to the next with boils that burned". As her health got worse, Dulce decided to go to the health facility, where she was told she had HIV and started on anti-retroviral treatment. But her husband, Betinho, aged 26, refused to test, he said "I couldn't believe that I had HIV because I wasn't sick, I didn't even believe in that disease. That's why I told my wife she couldn't continue the treatment, and I even "threatened to leave her." Dulce stopped ART, and the couple got treated by traditional healers.

Dulce felt sick again and said that towards the end of 2017, "when I thought my disease would kill me, a neighbour came by, a recently trained facilitator for Tchova Tchova, Maria Lucia. She visited us and invited us to participate in one of the sessions. During the sessions, I understood the importance of doing the treatment and I even asked the facilitator to accompany me to the health center and she spoke about the importance of my husband coming with me."

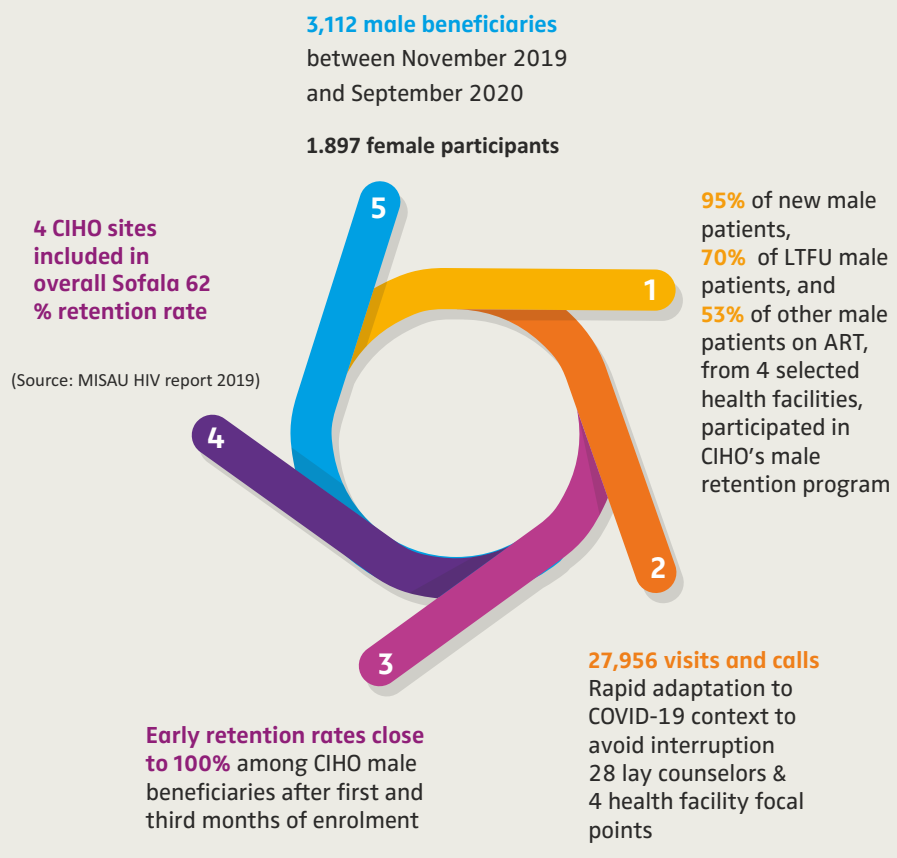
For Betinho, it was the session that covered the importance of disclosing your HIV status and the discordance between couples that convinced him to get tested for HIV, "When I saw the video about Victorino and Julieta's story, I felt like they were talking about my life. I never accepted treatment because I always thought that it was my wife's fault that our family was afflicted with the disease." When the couple went to the health facility, they both tested and were HIV positive. This time with the facilitators support, Betinho accepted his status and they both decided to adhere to anti-retroviral treatment.

Betinho declared that in the end he was very lucky to be invited to participate in these sessions because they were the solution for his suffering. The session, "Living life with ARVs", was what most moved and impacted Betinho, "Today my wife and I are taking our medication and with God's help, she will get better". He even stated that he would like the program to be implemented in the whole community because it would help a lot of families like his.

C. Male retention: Increasing ART adherence

Deliverables and achievements:

FIGURE 6: Program achievements

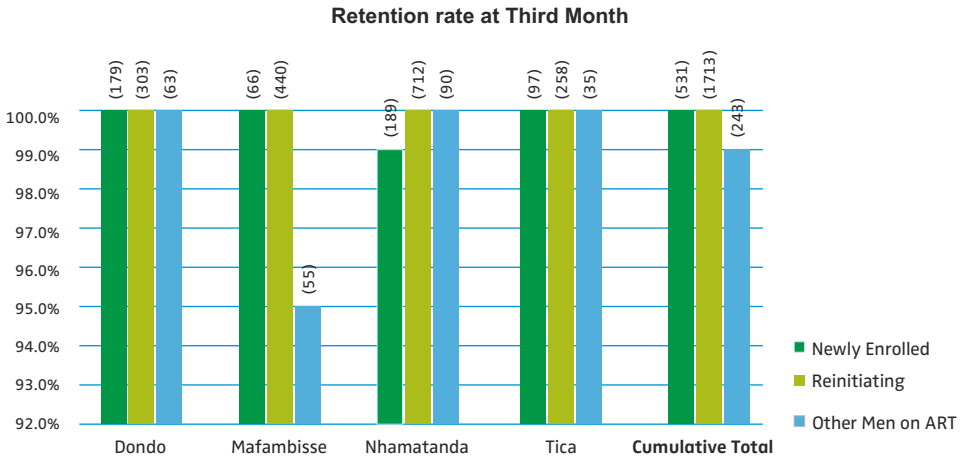


Multi-media SBC materials produced

- Guidelines and tips on how to conduct home visits
- Real inspirational video stories, adapted for radio programming and talking-book







Data in figure 6 and in the graph above refers only to **FY 2020** when CIHO collaborated with ECHO, led by Abt. During this period 3,112 male beneficiaries were reached. By this time, CIHO started combining CommCare app and a dedicated one month calendar each client, for CIHO counselor to easily count the days in ART treatment to plan and record activities.

During **FY 2019**, CIHO collaborated with CHASS, led by FHI360, reaching 1,121 male beneficiaries.

Program Description:

Through local formative research conducted at the end of 2018 in Dondo, Sofala, CIHO noted that men's decision-making and their engagement in HIV treatment was affected by low HIV literacy and the interaction of five underlying male core values - health, sexuality, work and financial success, family, and social status. The findings were consistent with a similar study conducted by CCP in the Ivory Coast and served as an inspiration to recommend prioritizing HIV literacy topics and tailor the behavioral change messages to combat negative attitudes and reassure men that by staying in treatment they can regain control of their life, their work, and their marital relationship. In addition, CIHO also took into account the experi-

ence from Tchova Tchova Rumos, which had an emphasis on males, and had been implemented in Zambezia (see intervention in the proceeding section).

Using a client-centered counseling perspective, CIHO developed and tested a package of SBCC tools for the community lay counselor (case manager) to deliver meaningful male-sensitive messages to connect emotionally, inspire change, and trigger action. These messages were delivered at the health facility, the household, or a pre-defined community place where the client feels most comfortable. As illustrated in figure 7 below, SBCC tools and messages developed include:

1. Community Counselor's guide on how to conduct home visits and engage sexual partner of HIV-positive individuals to discuss and overcome barriers to ART treatment *(Manual de Apoio ao Aconselhamento na Comunidade para Melhorar a Retenção nos Serviços de Cuidados e Tratamento)* including what to recommend, and what behaviors and messages need to be reinforced during each of the six main sessions of "early retention" visits, as well as lost to follow up (LTFU) recovery visits.
2. Self-paced counselling "Talking-Book" - pre-recorded sessions on a small audio device that provides 24/7 counseling voices that assist men to process, accept, and move through the journey of continuum of care.
3. "Life Stories" - Interpersonal dialogue and counselling using real inspirational video stories - which clients can relate to, creating trust and empathy.
4. HIV literacy, including viral load information, through radio programming - with the main of normalizing ART treatment, encouraging family and community support to fight stigma, enhancing disclosure as a catalyst to ART retention, and setting new social norms.

FIGURE 7: Male Retetions 6 Components Behavior Change Tool



5. National Community Psychosocial Support and Positive Prevention (APSS/PP) package from MISAU, including monitoring tools from MISAU and developed by CIHO in accordance with the MISAU's Standard Operating Procedure (SOP).
6. Additional messages regarding cross-cutting topics - nutrition, HIV patient rights and gender-based violence (GBV) - using existing MISAU approved materials.

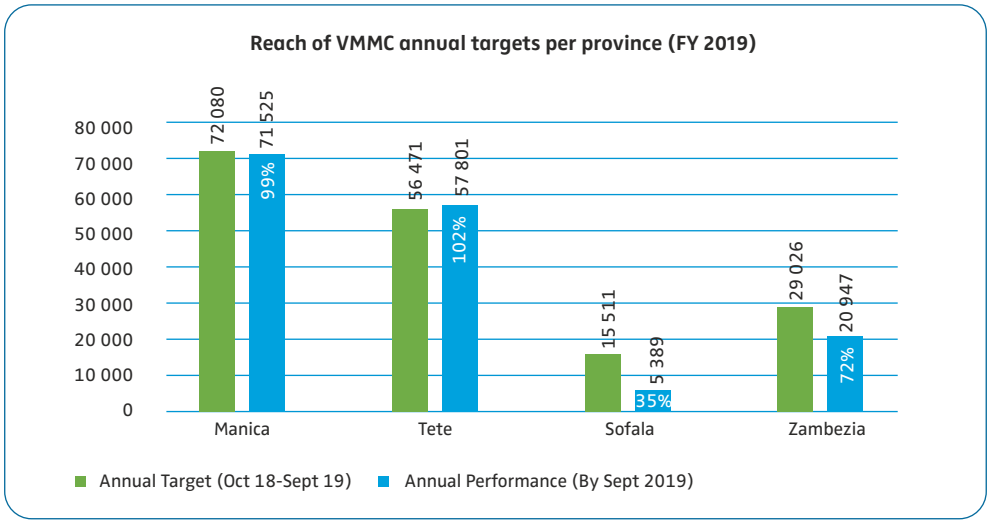
The implementation of the male retention package consisted primarily of counseling sessions that the community lay counselors offered to patients and their relatives during home visits. Most patients were identified through lists provided by health facilities. For each household/family, six counselling sessions were provided covering the following topics: positive prevention, support for HIV status disclosure and stigma, activation of family support and addressing gender-related barriers, HIV & ART literacy (including treatment side effects, viral load suppression, undetectable = untransmissible), nutrition and HIV/Tuberculosis co-infection.

FIGURE 8: Combination of aspects that contributed to the successfull implementation of Male Retation intervention



D. VMMC: Increasing demand and uptake of VMMC services among 15-29-year-old males

Deliverables and achievements:











The performance of CIHO's VMMC activities in different provinces varied between 2017 to 2020:

- The intervention started in 2017 in Tete and Manica and continued to 2020. Performance was compromised in the last quarters due to the government's COVID-19 restrictions for community activities: mobilization sessions only in small groups; not carrying out demand-generating activities in schools; not establishing temporary units and not providing transport for VMMC candidates.
- Between October 2018 and September 2019 (FY 2019), implementation occurred in four provinces, with highest performance obtained in Tete and Manica (about 100% of targets), followed by Zambezia (72% of target) and Sofala (35% of target).
- Since most of the work was conducted in Tete and Manica, between October 2017 and September 2020, a brief analysis is presented in the figure 9 below for those two provinces on the performance of VMMC service uptake against the targets defined by PEPFAR.

Highlights of performance in Tete and Manica, 2017–2020

REACH
- 178,086 men out of the 215,330 expected by PEPFAR target
- 58.4% of the men reached, were in the priority age group (15-29 years)
- 38.2% were 10-14 years old
- and 3.3% were 30 years or older

Training manuals produced
- **For community mobilizers**
- **For health providers**

SBC Radio magazines and talk shows produced

COMMUNITY WORK
- Mobilization by community activists was the major motivation for the uptake of VMMC services (86%) and was the main source of information (92%)
- Activits were valued as they clarified doubts, rumors and myths about VMMC



SERVICE DELIVERY - Providers abilities reinforced to clarify concerns raised by VMMC candidates during service provision:
- need to stay abstinent during recovery time
- need to abstain from strenuous work during recovery time
- fear of pain, infertility, and sexual impotence



Program Description:

CIHO built upon the VMMC activities implemented under the HC3 project through CCP in partnership with AIDSFree/Jhpiego in Manica and Tete provinces. In 2018, CIHO expanded to Sofala in partnership with ICAP and to Zambezia in partnership with Jhpiego. Starting in October 2019, CIHO implemented VMMC activities only in Manica and Tete up to September 2020. It should be noted that in early 2020, implementation of the VMMC project in Tete province transitioned to *Tchova Programas de Comunicação* (TTPC, Tchova Tchova Communication Programs), a local organization affiliated with the Johns Hopkins CCP Global Network. CIHO established a sub-agreement with TTPC for VMMC demand generation and continued to provide programmatic and financial support, while TTPC provided oversight and general management, keeping much of the same community mobilization team, which ensured a good continuation of the program.

A training guide for community mobilizers was developed on interpersonal communication skills, community mobilization, and management, and CIHO equipped community mobilizers with job aids and client-oriented materials. Another training guide was developed for health providers to improve the quality of in-service communication and counseling to ensure the needs of younger clients. CIHO pro-

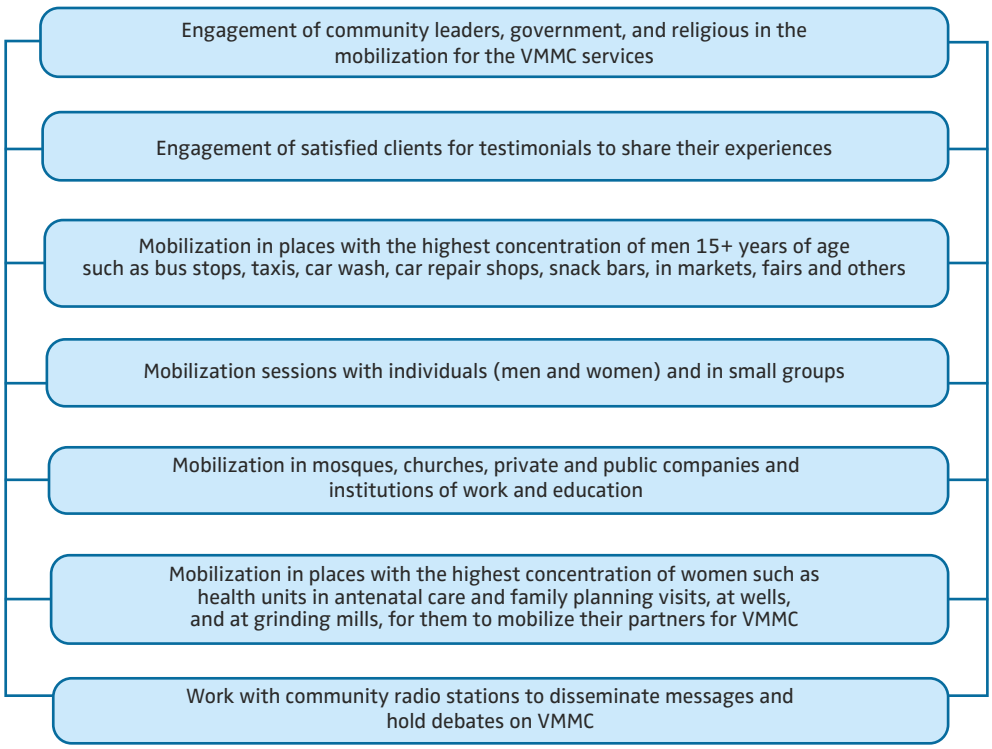
vided an interpersonal communication and counseling (IPCC) in-service training to VMMC providers, as well as for counselors at the clinical and community level.

The approach was similar in all sites, with well-defined tasks for the clinical partner (doing service delivery) and for the communication partner in the stage before men access services (generating demand). An effort to harmonize demand creation strategies through exchange of experience among VMMC implementing partners was stimulated by CIHO and support was provided to MISAU for the creation of the VMMC demand generation TWG. As a result, coordination between demand generation activities and service delivery has strengthen and CIHO community strategies have been successful to raise awareness on VMMC and identify VMMC candidates who reach health facilities.

Throughout implementation, CIHO noted better joint strategic planning to define ideal approaches to meet the targets defined by USAID, with regular meetings held involving team members from health units, provincial teams, and the central level from both CIHO and the clinical partner of each province. This ensured that joint monitoring of performance and sharing information among all stakeholders took place regularly, including: site-specific plans developed and implemented for weekly review and planning of performance at site level; daily data sharing on VMMCs provided; and prompt action items defined as needed to improve or maintain performance and overcome any challenges.

Efforts to improve CIHO's performance included several implementation strategies summarized below in figure 9. An emphasis was given to engage community leaders and satisfied clients during mobilization in strategic locations, and to establish partnerships with community radios.

FIGURE 9: Key implementation strategies to improve CIHO's performance

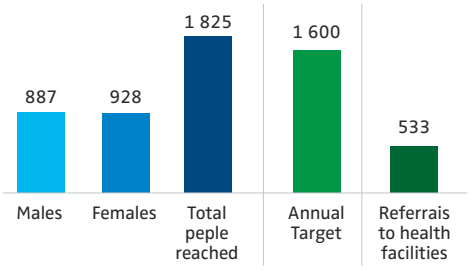


2.2. Maternal, neonatal and child health (MNCH) and Family Planning (FP)

A. Tchova Tchova Couples: Shared maternal and child health decision making

Deliverables and achievements:

Beneficiaries of Tchova Tchova Rumos



Community Dialogue's Reach:
1,825 PEOPLE

- 887 couples
- 51 non-accompanied women

Referrals (reached health facilities):
533 people

- 67% of referrals were related to MNCH services
  - antenatal care
  - FP
  - delivery and post-delivery follow-up
  - pain control
  - STIs
  - and consultation of healthy children (consulta de criança sadia, CCS).

3 SBC printed materials produced

- Flipchart
- Reminders for Participants
- How to use the kit/Facilitator sheet)



Program Description:

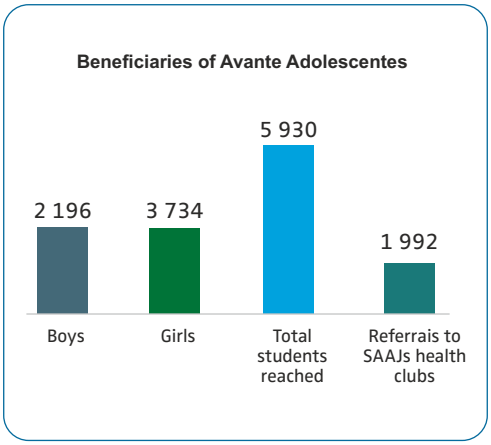
CIHO developed an intervention, Tchova Tchova Couples, of community dialogues for a very particular group: couples of reproductive age, 18 years or older, with a focus on pregnant women. The sessions included four themes and aimed at improving the demand for maternal, newborn, and child health services, particularly to ensure couples shared health decisions making power and jointly sought antenatal care and FP services.

Following an intensive mapping of clinical and community partners at the central and provincial levels, meetings were held with FGH, ICAP, Nafeza, Coalizão, World Education's program FCC, Mothers-to-Mothers, Maternal and Child Survival Program (MCSP), and the World Vision program, Ogumaniha. Additionally, CIHO reviewed several communication materials. In particular, a flipchart and a notebook with key messages by Ogumaniha were identified and used as an important source of information for new material development including a flipchart improving demand for couples' maternal and child health services and reminders for participants). These meetings and reviews also informed other CIHO interventions.

CIHO worked with 22 facilitators and two supervisors as well as health facility focal points and local leaders supported the wider Tchova Tchova Rumos activities (see intervention presented in HIV section) and Avante Adolescents (see intervention in the proceeding section).

B. Avante Adolescents: Addressing sexual and reproductive health within the classroom

Deliverables and achievements:



Reach:
5,930 students

- 268 of these, including 37% boys and 63% girls participated in the competition "Isto é Show de Talentos"!

Referrals :
1,992 students

- 34% of students from classroom sessions did access services at SAAJs and youth health clubs.
- 1,062 girls and 930 boys.

268 students participated in the competition: Isto é Show de Talentos
105 class directors trained

Planeamento Familiar



A Toolkit, including 3 components and prizes, was produced:

- Facilitator Manual
- Notebook with 10 messages (FP, HIV, GBV, pregnancy)
- How to use the kit/Facilitator Sheet
- Prizes for the participants: kits of school material (notebooks, pens, pen drives, rulers), key rings, mugs, school uniforms, and school bags.



A toolkit "Avante Adolescentes" which includes a manual and posters for teachers and a comic strip aimed at students were designed and produced by CIHO. Likewise, CIHO reprinted existing materials for adolescents and young people.

Program Description:

Avante Adolescentes was based on existing communication strategies for youth at the various levels of MISAU, from the FP Department at the central level, to DPS of Zambezia and health facilities which provide youth and adolescent friendly services (Serviço Amigos de Adolescentes e Jovens [SAAJ]). Similarly, various levels of MINEDH were involved in the implementation of activties, including schools with a Canto Escolar (youth health club), as well as several clinical and communication implementing partners in Zambezia.

CIHO obtained valuable insights to inform complementary interventions in the continuum of sexual and reproductive health, including lessons learned for Tchova Tchova Couples (see previous section) and for Avante Adolescents. Both these interventions were implemented in the same districts of Quelimane and Maganja da Costa. Several FP materials for young people were developed and curated and printed. These *Avante Adolescentes* materials were distributed to students,

SAAJs and youth health clubs and aimed to help adolescents to better understand and make informed decisions on their SRH needs. Materials included:

- Brochures on supporting victims of sexual violence - A kit consisting of six booklets "How to support victims of sexual violence" developed by CCP in Mozambique, through PACTO, a former USAID funded project;
- Brochures to help adolescents understand the efficacy of each contraceptive method available, as well as the advantages and disadvantages of each method, developed by CIHO;
- Comic strip on SRH, developed by CIHO;
- A selection of SRH existing materials from implementing partners (N'weti, UNICEF and UNFPA).

A strong collaboration was established at the provincial level, whereby joint meetings were held, bringing together the DPS, SAAJ, the Provincial Directorate of Education and Human Development (DPEDH) and four schools. These meetings engaged solution-oriented teachers to improve health indicators for young people, with a focus on girls. As a result, CIHO implemented a set of activities with and for teachers, students and youth health club/SAAJs. Two health clubs were set up by CIHO, in collaboration with FGH, bringing to fruition previous efforts initiated by the DPEDH and school principals and getting the DPS on board to allocate a nurse to the youth health clubs. CIHO strengthened the monitoring system to track referrals and access to services at the SAAJs and youth health clubs and developed a mobile application for *Avante Adolescente*s where adolescents could get more information about SRH, play virtual games, and find the location of a nearby SAAJs.

Two main activities were implemented, classroom sessions and a talent competition:

- The classroom sessions were given by class directors and comprised of a cycle of 15 weekly short 30-minute sessions, during class time. They were trained by CIHO using the manual adapted from GO Girls (CCP intervention integrating adolescence-related content, prevention methods and life skills - previously implemented in Mozambique through PACTO, a former USAID funded project). The manual was revised based on inputs provided by class directors and technical staff. Teachers indicated that although the SRH content approach is a mandatory component of MINEDH, this activity filled a gap by giving them skills to tackle issues of SRH that they considered taboo and sensitive.
- The competition *"Isto é Show de Talentos"* engaged students in playful discussions around SRH issues. It consisted of an entertainment education activity involving students from the four intervention schools to reinforce their SRH knowledge and stimulate the demand for SRH services. It included prizes for four different types of talents - theater, dance, singing and poetry - addressing key SRH issues for this age group, namely FP, premature marriages, HIV, and sexual violence. Events were held in the school yard and attracted a large number of students to watch the shows. Well renowned singers Neyma and Simba created the Music Jingle "à primeira vez também acontece/it can also happen the first time".

C. Assisted in the development of MISAU's National Family Planning Communication Strategy

CIHO worked closely with the National FP Department of MISAU to develop the National Communication Strategy for FP. Media materials were also developed, including two video spots and CIHO broadcasted existing radio spots and a TV spot on FP during the COVID-19 pandemic at the request of the FP Department.

A thorough process was used to the develop the National Communication Strategy for FP, including:

- literature review of the legal documents, FP policies, and technical guidelines
- three regional participatory workshops (Nampula/northern zone, Sofala/central zone, and Gaza/southern zone) to hear from FP implementers in Mozambique, DPS and health facility staff (program focal points, mother and child care nurses), community and religious leaders, traditional midwives, community health workers, members of health/co-management committees and civil society - youth representatives
- exploratory interviews with FP implementing partners in Mozambique as well as with the programmatic donor (USAID).

Workshops held in the 3 provinces – December 2019

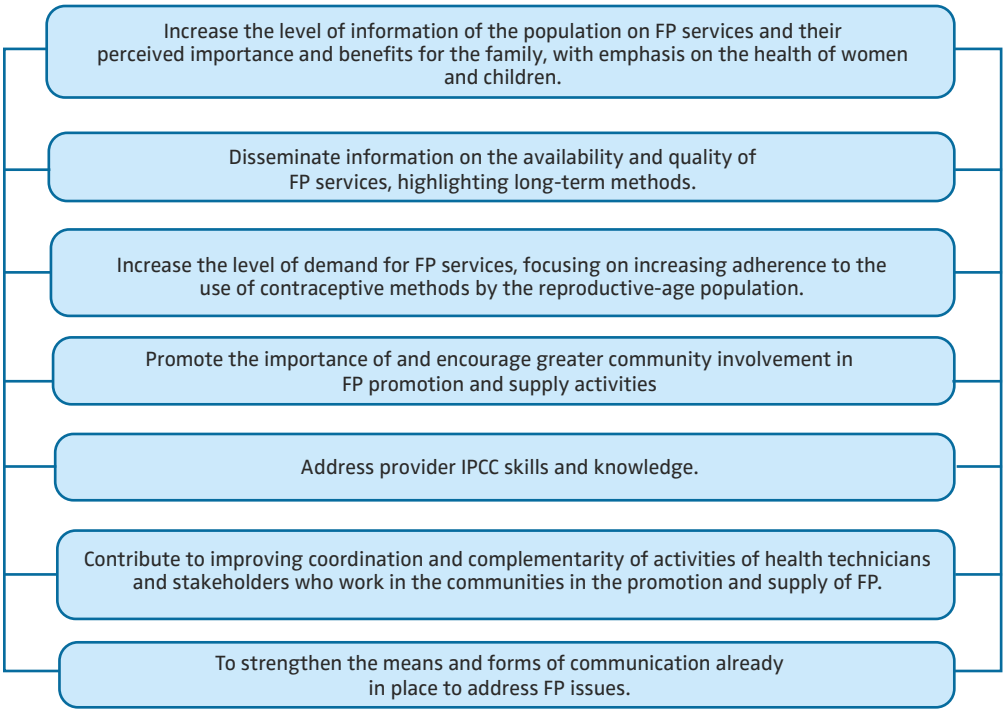






The general objective of the strategy is to guide the social and interpersonal communication process and activities to promote and offer FP to Mozambicans through the national health system, FP partner program, and community health actors. Specific objectives are presented in figure 10 below.

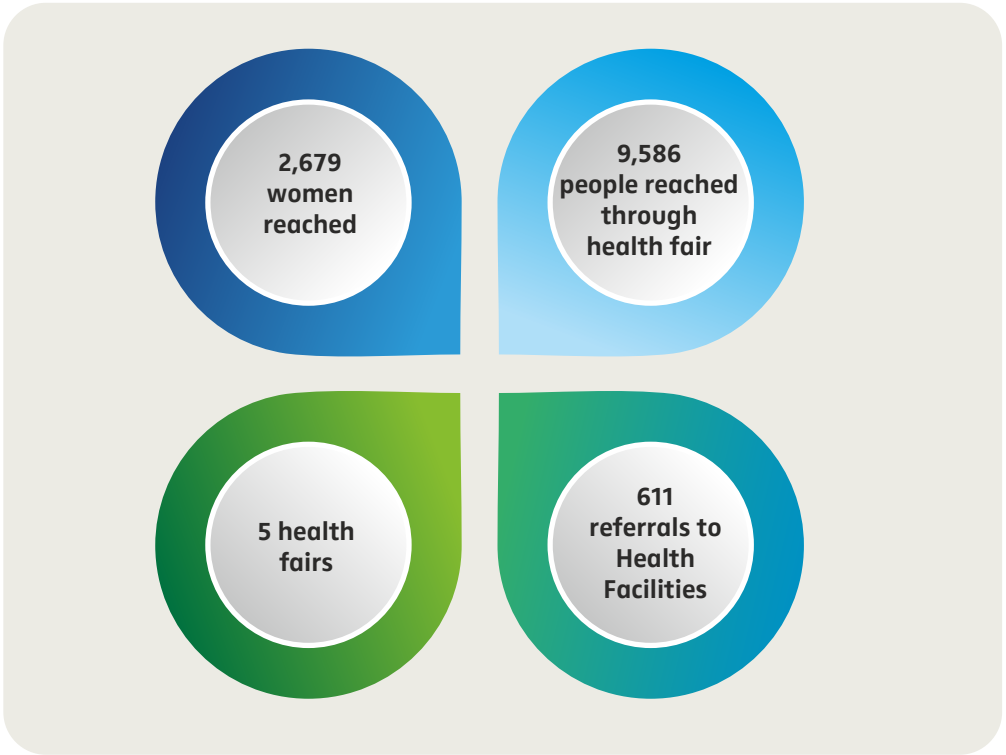
FIGURE 10: Specific objectives of the National Communication Strategy for FP



2.3. Nutrition: The First 1,000 Days, a Window of Opportunity

A. Multimedia Intervention: Nutrition is health, love your child!

Deliverables and achievements:





Toolkit comprised of 7 printed materials:

- Flip chart
- 4 brochures: hygiene and health, treating water, proper storage and handling of food, and personal hygiene
- Pocketbook on child nutrition and hygiene
- Recipe book

2 radio programs and 4 radio debates.







Program Description:

CIHO actively participated in the Communication and Nutrition TWG and worked closely with the Nutrition Department from the National Directorate of Public Health (DNSP) to map existing nutrition education, training, and communication materials. These served to inform the conceptualization of printed and radio communication materials developed by CIHO and CIHO-trained journalists. At the provincial level, CIHO collaborated with the DPS and participated in the elaboration of the Provincial Social and Behavioral Change Communication Plan for Nutrition in Zambezia. Activities were developed under the theme "nutrition is health, love your child", in collaboration with the CBO, AMUONA and World Education's FCC program and included community dialogues and health fairs.

Community Dialogues:

CIHO worked with 13 facilitators, implementing four sessions programs for groups of up to 20 participants, focusing on the first 1,000 days of life. The content focused on both maternal and child health touching on areas related to nutrition, breastfeeding, and water, sanitation, and hygiene. A portion of the total of 148 groups created, were comprised of mothers-in-law and matrons due to their great influence on mothers and babies. This intervention was complemented by the health fairs which are presented below.

Health Fairs: To complement community dialogues, health fairs were identified as an added value to engage communities in the district of Namacurra. Four health fairs were organized in collaboration with the local government, the Health Sciences Higher Institute (ISCISA) and implementation partners. In addition, CIHO supported another health fair in Quelimane.

HIGHLIGHTS OF HEALTH FAIRS

- Built trust between communities and service providers
- Raised awareness about health issues in a friendly and festive environment
- Delivered services in the community: measurement of the chest perimeter, of height and of blood pressure, HTC, bood donation, birth registry services for children and adults, antenatal and family planning services, educational sessions on breastfeeding, and cooking demonstrations.

REFERRALS

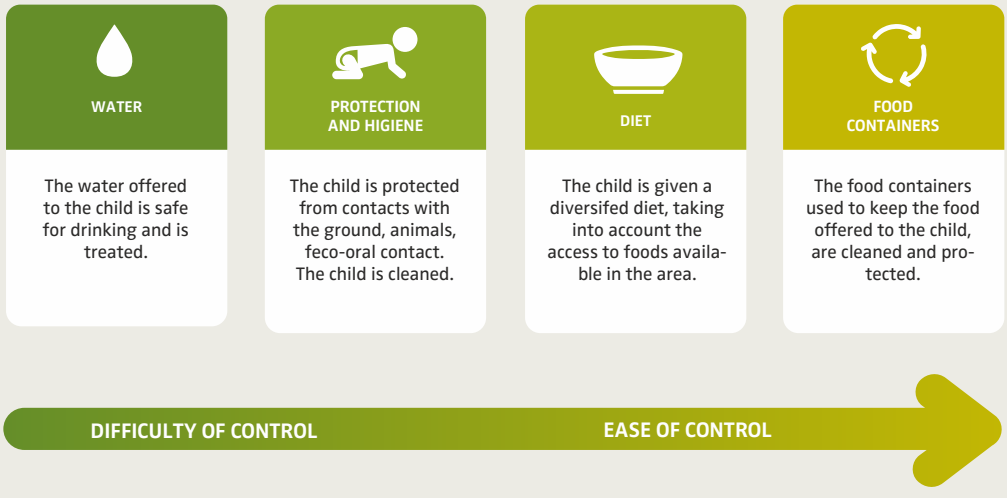
- CIHO and ISCISA established a referral system at health fairs
- All children and pregnant and lactating women who were suspected of malnutrition or having worms and/or vitamin deficiency were evaluated and treated by ISCISA students.

FOCUS ON BREASTFEEDING

- Theater pieces on the importance of exclusive breastfeeding with emphasis on colostrum.
- Song on the benefits of exclusive breastfeeding produced for local radio.

B. Rapid Exploratory Assessment on Nutrition and WASH in Nampula

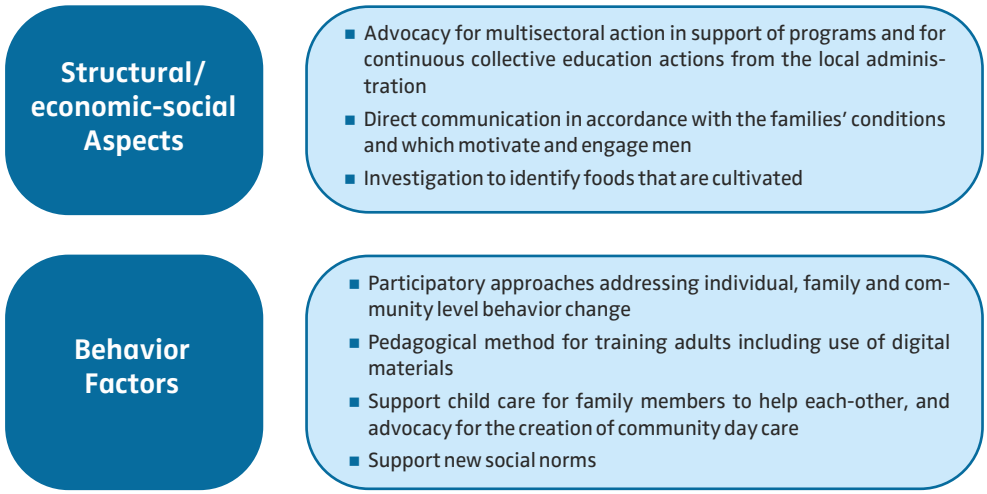
FIGURE 11: Typology of child-friendly environmental conditions



CIHO conducted a rapid exploratory assessment on water, sanitation, hygiene (WASH) and a diversified diet among children under two years of age, adolescents and pregnant and lactating women in Angoche and Murrupula districts, Nampula province. This activity was co-designed with USAID to inform SBC activities by its country-level implementing partners working in WASH and nutrition. Data was collected from 93 participants (mothers, male spouses, maternal grandmothers, local leaders, and implementing partners) through household observation, focus group discussion, in-depth interviews, and market observation. As illustrated above in figure 11, CIHO developed a typology of child-friendly environmental conditions that influence the nutritional status of children, based on the analysis on the degree of control observed.

CIHO presented the results to the Transform Nutrition and Advance Nutrition projects. It was recommended that interventions need to consider structural/economic-social aspects and behavior factors to overcome environmental conditions that influence the nutritional status of children, as presented below in figure 12.

FIGURE 12: Recommendations for future nutrition and WASH related interventions



2.4. Malaria: National Malaria Communication Strategy and standardization of messages and tools to combat malaria

CIHO's malaria program provided technical support to the National Malaria Control Program (NMCP) in the following areas: (1) technical support to the NMCP and the communication TWGs for the development of the National Malaria Communication Strategy, (2) development of materials to support NMCP's campaigns, focusing on the "Zero Malaria" Campaign and Malaria Day celebrations, and (3) technical support for the development and dissemination of the Indoor Residual Spray (IRS) Communication package. The main deliverables are presented in figure 13 below.

FIGURE 13: Areas of work and deliverables by CIHO

Topic	Description
National Communication Strategy	■ Technical support provided and translation of the final document
"Zero Malaria" Campaign and World Malaria Days	■ "Zero Malaria" branding redesigned in Portuguese ■ 7 Posters portraying different people addressing bed net use, malaria in pregnancy, malaria treatment, and IRS ■ 2 Backdrop banners for the National Malaria Forum ■ 12 Street banners ■ 4 Roll up banners
Indoor Residual Spray	■ Minimum package: 3 Brochures to guide community leaders, mobilizers, and spray operators ■ Additional materials: A poster and a flip-chart for use with families and decision makers

A. Support the TWG in the development of the National Malaria Communication Strategy

Malaria SBC TWG Meetings

CIHO, in collaboration with the NMCP, organized a total of 19 TWG meetings and consultations that included key partners such as World Vision, "Tchau Tchau" Malaria, IMaP, and VectorLink to coordinate efforts and to gather inputs into a shared vision for the development and implementation of the National Malaria SBC Strategy. CIHO also supported a major meeting organized at MISAU in January 2019.

Contribution to the Development of the National SBC Strategy

Following a request from the NMCP, CIHO provided technical support to the revision of the National Mozambique Malaria Advocacy and Communication Strategy, including:

- Participation in initial discussions on the structure of the strategy and the priority contents of the document.
- Co-hosting coordination meetings led by the NMCP with the consultants and key malaria partners from the communication TWG. These monthly meetings served to synthetize the different views and inputs that came from partners and guide the SBC strategy consultants. CIHO continued to work directly with the NMCP and the international consultants to complete the revision of this strategy.

Additionally, CIHO supported the finalization of the strategy, translating it into Portuguese for official approval by MISAU. The communication strategy was approved by MISAU on November 2019 after a comprehensive revision from SBC experts.

B. Development of materials to support the "Zero malaria starts with me" campaign

"Zero malaria starts with me" is a pan-African campaign that mobilizes and empowers communities to take ownership of the fight to end malaria. In Mozambique, the campaign was endorsed at high political level and spurred action from all sectors of the society, including private sector and community leaders engagement to accelerate malaria prevention and treatment. Working side-by-side with the NMCP, CIHO developed, pre-tested, and printed the "Zero malaria starts with me" campaign materials for country level distribution.



CIHO also supported the NMCP in the production and dissemination of the communication materials during the World Malaria Day Celebrations in 2018 and 2019. The campaign materials included posters, banners, t-shirts, hats, and stickers for vehicles and for social media.

C. Support for the national SBC package for IRS

CIHO developed and pretested a package of materials to support the implementation of IRS campaigns. The materials are based on the experiences from partners implementing IRS. The materials were revised in close collaboration with the NMCP and in consultation with the members of the communications TWG.



Brochure for Sprayer operators communications



Brochure for Community leaders



Brochure for Community mobilizers

The minimum IRS communication package is comprised of trifold brochures for three groups: for sprayer operators communications, for mobilizers, and for local leaders. Furthermore, additional communication materials include: a poster and a flip-chart for use with families and decision makers. As a result, CIHO has ensured the standardization of messages on IRS and of tools, which provides guidance for community leaders and community mobilizers on interpersonal communication principles, community mobilization, and door-to-door interaction to promote acceptance of IRS.

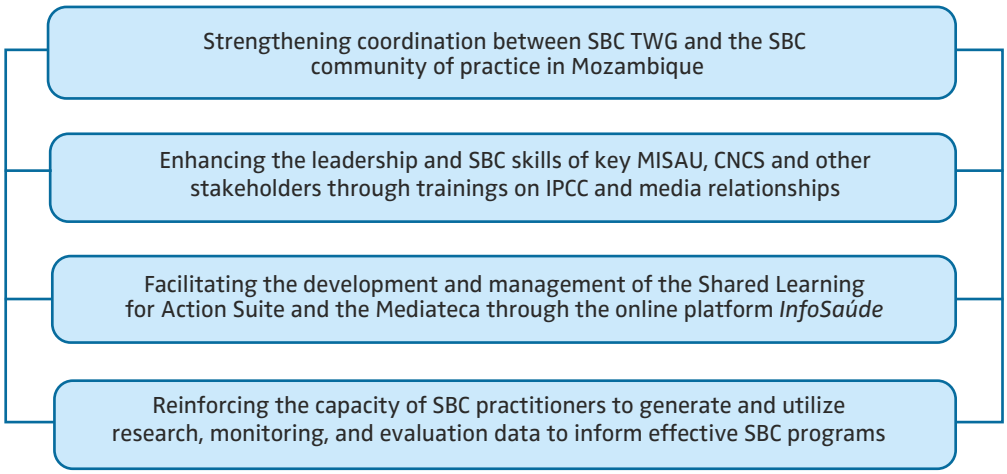
3

STRENGTHENING CAPACITY FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

3.1. Strengthening SBC skills by the Government of Mozambique

CIHO supported the health sector to create consistent, coordinated, effective, and evidence-based SBC to improve the health and well-being of the people of Mozambique. To do so, CIHO worked at the system, organization, and individual levels ensuring that the MISAU and CNCS played an active leadership role, providing guidance, coordination, and technical support to their colleagues and partners and facilitate knowledge management and sharing as highlighted in figure 14.

FIGURE 14: Key areas of support to the MISAU and CNCS



A. Strengthen MISAU's SBC Technical Working Group and the SBC community of practice

As a first step to advance MISAU's coordination and leadership roles, CIHO helped to reactivate the Communication TWG created by DEPROS with the purpose of synergizing and ensuring coordination among different public health stakeholders and implementation partners. Several meetings were held across the project's life with participation of key implementation partners and different sectors within MISAU to define priorities and support DEPROS in coordinating health pro-

motion activities. CIHO conducted 12 coordination meetings with DEPROS team members. These meetings proved to be an effective approach of strengthening the leadership skills of DEPROS/MISAU to lead health promotion activities.

Furthermore, CIHO supported MISAU in the creation of the VMMC demand generation TWG, co-hosted the Malaria SBC TWG and actively participated in other TWG (Nutrition SBC, APSS/PP, FP). Through these meetings, CIHO regularly exchanged experiences with other implementing partners, gained insights for SBC interventions, and assessments throughout the CIHO project.

Also, CIHO supported the Polytechnic to conduct the 4th edition of the course on Leadership in Strategic Health Communication (LSHC), which was introduced through a previous CCP project (PACTO, funded by USAID). It was attended by 14 participants from public and private institutions.

B. Training on IPCC and media relationships

CIHO developed a training module called "Relationship with the Press in Promoting Health", focusing on IPCC and media relationships. The contents of this module were approved by the board of MISAU.

The training was given in two phases and included 140 people. The first session was with DPS department leaders and the second session was with district health directors and hospital directors in Zambezia.



The training included guidance for the dissemination of SBC messages to the clients during service delivery. Additionally, support was provided to set up the Communication Department of the Central Hospital of Maputo.

C. InfoSaúde's Shared Learning for Action Suite and Mediateca

A key component of CIHO project was the development of an online resource center initially designated as the *Mediateca* (Shared Learning for Action Suite) and later inaugurated as *InfoSaúde*. *InfoSaúde* (www.infosaude.gov.mz) is a website

to document and share communication materials and training tools related to research, training, and strategic health communication. This platform was developed to complement other existing platforms at MISAU and the National Institute of Health (INS), with a focus on strengthening local capacity for the operationalization of the National Health Promotion Strategy. *InfoSaúde* is intended for health professionals, activists, researchers, students, technicians, and implementation partners. It was developed in close collaboration with MISAU, INS, CNCS, implementation partners, and providers. The platform curates the most effective tools and approaches from inside and outside Mozambique and is comprised by three main components:

- **I-Kits (SBC Implementation Kits)** – modeled after the HC3 project I-Kits, designed to provide step-by-step guidance for developing and implementing interventions around key health priorities
- **Online Courses** – inspired by the global Knowledge for Health (K4health) tools
- **Mediateca** – A virtual library designed to be a one-stop shop for finding Mozambique's communication materials. The *Mediateca* is comprised of three components: (i) a gallery of videos and audio, (ii) a highly-curated collection of best practice SBC materials, tools, and examples, and (iii) a broader SBC repository of digital and physical research, media, and materials

Content Development – The technical content of the platform was adapted from the Hc3 online, facilitated and self-paced training modules in SBC, K4Health toolkits and e-learning courses, with support from different technical sub-working groups from the MISAU. However, it became clear, in particular during interactions with the nutrition SBC sub-working group that final validation of content developed for *InfoSaúde* would be a lengthy process and therefore was difficult to obtain during the duration of CIHO. The main technical contents developed for the platform relate to the I-Kits and the online courses:

A) The SBC Implementation Kits (I-Kits)

The I-Kits provides national and local stakeholders, health communication staff, health providers, and program managers with key considerations and a step-by-step roadmap for designing and implementing context-specific SBC interventions that can help increase demand for and uptake of services and improve consistent long-term maintenance of healthy behaviors.

There are 6 I-Kits developed on the following topics:

- How to Implement an HIV Prevention Communication Strategy?
- Promoting Family Planning in the Community
- Positive Prevention to Improve the Health of People Living With HIV/AIDS (PLWHA)
- Community Dialogues for HIV Prevention
- How to Increase Adherence and Retention in Prevention of Mother to Child Transmission of HIV (PMTCT) and Pediatric ART
- How to Promote Prevention of Malaria in Pregnancy

B) Online Courses

The online courses help health communication personnel, health providers, and health program managers effectively use communication to enhance the impact of their interventions. The courses enable users to understand the barriers community members face, determine which barriers can be addressed by SBC, and develop an intervention to improve health seeking behaviors.

There are three online courses developed and available online on the following topics:

- Promotion of PMTCT
- Basics of Nutrition
- HIV stigma and discrimination

Setting a government-owned domain for the webpage: As a critical step to ensure that *InfoSaúde* is formally registered and published as a public health communications website, the platform was granted permission by the National Institute of Technologies of Information and Communication (INTIC) to acquire the "gov.mz" internet domain, which allows the platform to be recognized as an official public health website. The website was registered under the permanent domain www.infosaude.gov.mz and is available for public access.

Official Presentation of the InfoSaúde platform: In March 2018 a final workshop was organized to launch the platform and ensure ownership and involvement of all departments and programs of MISAU. DEPROS will continue hosting this platform after the end of CIHO project.



3.2. Strengthening SBC skills of Health Providers and of the Media

A. Interpersonal Communication and Counseling Skills (IPCC): Improving health providers' behavior

Deliverables and achievements:







1 - **IPCC pre-service training of nurses from academic institutions:** Health Science Institute (ICSM), ISCIS.

2 - **Seminars on IPCC** for 85 teachers of theoretical and practical classes, including 35 lecturers and internship supervisors from ISCISA and 50 from ICSM, covering different health areas and health facilities of Maputo City and Province.

3 - **Symposium on the Review of the IPCC Module** for 22 teachers of General Nursing and Nursing in Maternal and Child Health courses of ICSM.

4 - **Workshops on IPCC** in Quelimane and Maputo on IPCC provided by the Polytechnic (supported by CIHO), open to students, health professionals and other participants from public health programs, providing a platform for exchange of experiences, discussion of challenges and identification of solutions related to IPCC.

5 - **Curriculum revision of the Module on Health Communication,** mandatory for the nursing course of the Polytechnic, to improve the knowledge and ability of future health professionals in IPCC and health promotion.

6 - **Seminars on health communication** directed to students of the nursing course of the Polytechnic University and ISCISA in the city of Quelimane.

7 - **Revision of the field assessment and supervision tools** for the physiotherapy course of ICSM, approved by the Training Department of MISAU to be used countrywide by all the Health Sciences Institutes. Involvement of 15 teachers and student supervisors from 9 major hospitals of Maputo City: The Central Hospital, The Military Hospital, the Infant Rehabilitation Center of Malhangalene, the Psychiatric Hospital of Infulene, and the Hospitals of Machava, Mavalane, Matola, José Macamo and Chamanculo.

8 - **Training on IPCC for in-service training of VMMC service providers** supported by a manual produced by CIHO.



Program description:

CIHO developed different formats of IPCC training tailored to the three main academic institutions who collaborated with CIHO, this is, ICSM, ISCISA and Polytechnic, to increase the knowledge and practical skills of future health professionals in IPCC and health promotion. The major focus was on topics related to the quality interactions between a health provider and clients, as well as between a teacher and students.

CIHO staff also used existing in-service opportunities to strengthen and refresh IPCC skills of CIHO's health facility focal points as well as of providers working directly with CIHO, especially on VMMC and on male retention interventions. Furthermore, health providers acknowledge CIHO's role in promoting health seeking behaviors among participants of CIHO's intervention as documented in the success story below.

SUCCESS STORY: Linkages between CIHO's MNCH interventions and health providers

Dino Ernesto, resides in Maganja da Costa. He is slender, shy and appears younger than his 28 years of age, but he already has two wives and 10 children. With Lizete Florindo, aged 27, he has five children. Nine of Dino's children were born at home and with a short period between them. His first 9 children were born outside of the hospital, but in part due to his participation in community dialogue sessions, his last baby was born in a health facility.

Lizete said " before we entered this program, we were a couple with a lot of problems, we did not understand each other well. Even though I was pregnant, he did not give me attention. But after the community sessions everything changed".

The shift occurred when they were invited to join Tchova-Tchova Couples when Lizete was pregnant. Dino not only became more attentive but the couple even went to the hospital together for prenatal consultations and for delivery.

This was a great achievement for a man who believed that after nine successful deliveries, there was no need for institutional delivery. "As we also heard about family planning, we then decided to go there together and put the implant that lasts three years to control future births" said Lizete.

Nurse Luciana Mário from Maganja da Costa District Hospital testifies to this success story: "Since May 2018, when Tchova-Tchova for couples was implemented, I have been receiving several patients referred by the activists: I speak of family planning, postpartum services, pre-natal consultations and even in the maternity sector. It helped a lot. We have been having a large amount of couples [arriving for services]. Before, the male partners used to come, but it was rare. Now they finally see the need to accompany their female partners".





B. A Variety of Radio Programming to disseminate health seeking behaviors to wider audiences

Deliverables and achievements:

1 - **Fatias da Vida Radio Drama - "Fatias da Vida"** - a 15-episode radio drama. This radio series addressed different CIHO health topic areas and was broadcasted on the Polytechnic Radio and community radio stations in districts where CIHO was implemented.

2- **Talk Show (mini-dramas)** - A total of 10 talk shows on different topics were produced. The programs were recorded and aired in Portuguese and shared with all community radio stations where CIHO was implementing programs.

3 - **Radio debates** - A total of 11 radio debate were developed and broadcasted on the Polytechnic Radio Station and rebroadcasted on community radio stations where CIHO implemented programs. Furthermore, based on guidance developed by the Polytechnic, community radios were able to record debates in local languages using a standardize format.





4 - **Radio Programs to support VMMC demand creation** - CIHO produced radio programs in three languages to support VMMC demand creation and HIV literacy in Tete and Manica. The production was done during a training attended by radio producers from different radio stations of Tete and Manica where the VMMC project was implemented.

5 - **Training of journalists and radio producers** - CIHO equipped journalist to better understand malnutrition in Mozambique, the importance of talking about the first 1,000 days of life. CIHO also encouraged journalists to explore existing barriers and opportunities in their districts (Quelimane, Mopeia, Milange, Maganja da Costa, Mocuba, Lugela, Pebane and Namacurra) through multi-format radio programs - interviews, mini-dramas, debates, community activities coverage. Debates were aired live, giving the opportunity for listeners to call and interact with other community members and health authorities in the studio.

6- **SRH Video and radio spots** - CIHO produced an SRH video spot where the Minister of Health spoke about risks of early pregnancy for the nation's future, especially the way it affects young people and adolescents, and compromises their opportunities for a better future. Furthermore, during the COVID-19 pandemic, CIHO produced a video with the health minister, promoting modern FP methods and service availability, and broadcast (by MISAU request) seven radio spots and a TV spot regarding the importance of use and adoption of modern contraceptive methods and the continuation and availability of FP services during the COVID-19 pandemic.

Program description:

Building on the capacity strengthening work conducted by PACTO project, CIHO invested in strengthening the capacity of CECS (of the Polytechnic University). CIHO used an on-the-job training approach to ensure that the CECS team acquire essential SBC skills to produce entertainment education radio programs and a variety of radio programs formats addressing different topics.

CIHO worked with CECS to provide community radio stations trainings and support materials, such as examples of a variety of radio programming - interviews, mini-dramas, debates, and community activities. Trained journalists went on to conduct debates in Portuguese and in the local language. The debates had a call-in telephone number enabling audience interaction with guests such as users of health services, health providers and community leaders. Furthermore, radios announced the availability of health services.

In addition, two specific video spots were produced at the request of the MISAU FP Department, and media plans established for the broadcast of these and existing video and radio spots.

4

COVID-19 SBC ACTIVITIES

Additional funds were provided to CIHO to work on two specific COVID-19 activities.

CIHO completed the set-up of two call centers, one in Beira and the other in Nampula, with the installation of equipment and materials purchased by CIHO. The telephone operators of these call centers are medical doctors and CIHO trained them in IPCC for telephone calls.

Support was provided to MISAU's PENSA hotline around the development of new modules on COVID-19 prevention messages. Furthermore, this hotline contact number was disseminated in all COVID-19 Facebook posters produced by CCP under non-CIHO activities, Breakthrough ACTION project also funded by USAID. CCP, through CIHO and Breakthrough ACTION joint efforts, delivered comprehensive SBC activities related to the COVID-19 response pillar of risk communication and community engagement.

5

CLOSE-OUT OF CIHO

CIHO completed Sofala Male Retention activities in September, 2020. VMMC activities continued in Tete and Manica through December 2020. In Tete, the field operation was managed under the sub-agreement between CCP and TTPC, a local organization affiliated to the Johns Hopkins CCP Global Network. In Manica, an extension was granted to CIHO while negotiations were being finalized with Jhpiego, the service delivery partner, which started a sub-agreement with TTPC to cover activities up to September 2021.

6

LESSONS LEARNED AND WAY FORWARD

- A combination of engaging the government and community structures, as well as the media were fundamental to create an enabling environment contributing to setting supportive norms and to generating demand for health services in communities.

  All community interventions have been implemented with support from community leaders for mobilization of participants, following a thorough process of submission for revision and approval of each intervention to the MISAU. Throughout the design and implementation of interventions, collaborative work was conducted with the MISAU, MINEDH from the central level to the lower levels of the district administration, as well as with other selected implementation partners.

  Moreover important partnerships were built with community radios who were in turn trained and supported by experienced professionals from CECS of the Polytechnic University.

  CIHO's interventions were tailored to have the family at the center of health promotion interventions, having in mind segmentation, i.e. particular health aspects had to be addressed with different groups in separate, while still giving an opportunity to have all family members together to discuss joint solutions to improve the health of the whole family unit. CIHO demonstrated that various adaptations of community dialogues triggered behaviors that enhance health outcomes, such as seeking health services.

- Use of evidence and data are critical both at programmatic and management level.

  Evidence used to prepare the male retention intervention highlighted that an innovative approach was needed. While most programs remain focused on negative male behaviors and the consequences of harmful norms of masculinity, this project has shown that emphasizing male responsibility, protective factors and their own desire for positive changes is essential towards promoting healthy male behaviors. The use of real-life video stories that highlight treatment that related to men's values of masculinity (social status, family, work, sexuality and health) was critical to build a sense of program relevance and contributed to trigger male interest and to improve ART literacy. Furthermore, local lay counselors that live in the same context and speak the local language are highly appreciated and perceived by beneficiaries as trusted health workers.

VMMC program data shared by a supportive leadership enabled a broad understanding among staff about the purpose of the data and how to use it for decision-making, as a result, mobilizers were promptly moved from higher to lower performing VMMC units to increase demand for VMMC services and priorities were redefined (for example on the level of effort needed to attain different age groups) to reach the goals of the program.

- CIHO's work also contributed to improve provider's behavior, through the strengthening of providers' health communication skills, namely to address underlying assumptions based on cultural norms and personal beliefs that could lead to biases in care.

  Various partnerships with health providers training institutions were established to develop IPCC pre-service training courses and to provide sessions to teachers, students and other interested participants.

  CIHO also trained focal points to be based at the health facility to promptly identify referrals from CIHO interventions who arrive at the health facility, guide clients as needed to access the services. These focal points had a key role in positively influencing the level of confidence between communities and the various services with which CIHO collaborated (MNCH, FP, VMMC, ART amongst others). Initial challenges showed that having a VMMC candidate arrive at a health facility and not receive VMMC services (for example due to lack of sufficient number of providers to attend demand) hindered the trust in health providers that CIHO community mobilizers were trying to strengthen. Therefore, for VMMC in particular, joint strategic planning was fundamental to promptly ensure that supply met the demand brought by CIHO.

- Adapting towards an integrated health approach remains a challenge due to the long-standing vertical approach in the public health ecosystem.

  CIHO was designed as an integrated health project, however funds came separately, and distinct deliverables and results were required by the different USAID health areas. Therefore, interventions were implemented to respond to this reality and efforts were made to strengthen coordination as much as possible. For example, data collected at the health facility level clearly showed how distinct interventions contributed to referrals to specific health areas.

  Furthermore, while CIHO promoted a family approach to health seeking behaviors, there are still limitations on the ground. In fact, significant progress has been achieved in providing integrated health care in Mozambique - common health issues (e.g. malaria, diarrhea, HTC, etc.) are immediately addressed at the screening sector (triagem). However, in situations where people are redirected to seek care in other sectors (e.g. TB, antenatal care, pediatric care), the long time spent in the health facility hinders future health seeking behaviors, especially for men. Therefore, in addition to the role CIHO's CHW and health facility focal points played to help CIHO participants navigate the health system, another important role was to prepare them to face this verticality.

- Consistent collaboration is key, especially for interventions combining efforts to ensure the supply of services meets the demand, and the demand meets targets. VMMC, in particular, revealed that mutually establishing a clear plan of collaboration with specific roles, timelines and outputs using site level plan-

ning ensures mutual accountability. Furthermore, fostering a spirit of collaboration and transparency among all players working in demand and supply, and at all staff levels helps optimize staff availability and alignment with site-level capacity and planning. For example, using multiple channels to communicate among partners (including creating Skype and WhatsApp groups among mobilizers, counselors, and provincial and national staff, in addition to in person meetings) ensures consistent and inclusive daily communication. This has made it easier to coordinate transport needs between demand and supply teams - ensuring vehicles are available at the right location and time - which is critical to addressing distance and transport cost barriers. Transport for clients is essential to achieve the targets, as it facilitates access to the service and guarantees the follow-up of post-surgery control visits.

CIHO, implemented by its project partners, has strengthened CCP's role as an international organization with SBC expertise in various health areas. CIHO worked closely with its local organization, Tchova Tchova Programas de Comunicação, and with MISAU contributing to USAID Journey to Self-Reliance.

CIHO played a key role in ensuring key health areas had active TWG, namely the Communication TWG created by DEPROS with the purpose of synergizing and ensuring coordination among different public health stakeholders and implementation partners. CCP has perceived that DEPROS has well assumed its key role in leading communication activities conducted by the government and by implementing partners for COVID-19 prevention. It is expected that this role will be strengthen for other health areas as the relevance of SBC gains momentum in the MISAU, following recent strategies developed with CIHO's support for Malaria (National Mozambique Malaria Advocacy and Communication Strategy) and FP (National Communication Strategy for Family Planning).