



**BRIDGE PROJECT  
MID-TERM EVALUATION**

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Despite the best efforts of the BRIDGE Project and USAID, factual errors may persist in the report. They must be considered the responsibility of the principal authors who tried to grasp the complexity of the environment in a short period of time. They hope they succeeded.

## ACRONYMS

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ARV	Anti-retrovirals
BCC	Behavior Change Communication
CACs	Community AIDS Coordinating Committees
CBOs	Community-based Organizations
COP	Chief of Party
CSTS	Child Survival Technical Support Contract
DACCs	District AIDS Coordinating Committees
DHS	Demographic and Health Survey
FBOs	Faith-based Organizations
HEU	Health Education Unit of the Ministry of Health
IR	Intermediate Result
JHU/CCP	Johns Hopkins University/Center for Communications Programs
LQAS	Lot Quality Assurance Samples
MANASO	Malawi Network of AIDS Service Organizations
MOH	Ministry of Health
MTE	Mid-term evaluation
NAC	National AIDS Commission
NBCI	National Behavior Change Strategy
NYCOM	National Youth Council of Malawi
PAC	Public Affairs Committee
PLWHA	Persons Living with HIV/AIDS
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
SC/US	Save the Children
SO	Strategic Objective
SCOPE	Strategic Planning Tool
VACs	Village AIDS Coordinating Committees
VCT	Voluntary Counseling and Testing

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## MID-TERM EVALUATION OF THE BRIDGE PROJECT

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### EXECUTIVE SUMMARY

A mid-term evaluation of the Johns Hopkins University Center for Communication Program (JHU/CCP) and Save the Children's (SC/US) BRIDGE Behavior Change Initiative HIV/AIDS Project was conducted in Malawi between June 20 and August 12, 2005 to determine progress towards achieving results as outlined in its work plan. Another purpose of the evaluation was to decide whether to recommend that USAID exercise its option of continuing the project for the two remaining years of its cooperative agreement and, if so, to determine the advisability of modifying project approaches to maximize potential for meeting targets of USAID's SO8. This report addresses these issues by answering three main questions or evaluation objectives:

**Objective 1:** Have project activities been appropriate and effective in moving toward prevention of new HIV infections through behavior change initiatives?

**Objective 2:** What are the principle strengths and weaknesses of the BRIDGE project in terms of management, coordination, and communication?

**Objective 3:** What, if any, changes of an administrative or technical nature should BRIDGE consider to strengthen its performance and maximize impact?

The evaluation team consisted of two consultants from Chemonics International and one from The Manoff Group. After initial briefings from USAID and the BRIDGE Project, the team conducted field visits to Mangochi, Chikwawa, and Mzimba districts. Visits included interviews with youth groups, cultural committees, parents groups, AIDS support groups, District AIDS Coordinating Committees (DACCs), Community AIDS Coordinating Committees (CACs), Village AIDS Coordinating Committees (VACs), radio listening groups, women's groups, school staffs, and others (see Annex A). In addition, numerous interviews were conducted in Blantyre and Lilongwe with representatives from radio stations, NGOs, CAs, and government ministries. Follow-up in-depth interviews were also conducted with BRIDGE staff and USAID.

**Objective 1:** Assess progress made in implementing the project and achieving yearly targets and estimate if project is likely to achieve end of project objectives. Review suitability of project design and effectiveness of BRIDGE Project components in helping community and national stakeholders implement NBCI.

In general, the team found that the project is making significant progress towards achieving its objectives. Regarding its theoretical assumptions, the project found after completing the baseline survey and reviewing other documentation that the initial assumption of targeting high-risk groups was not appropriate, and changed its strategy to target the general population, with emphasis on youth. The "four pillars" of the BRIDGE concept outlining intervention levels (national, community, coordination, and capacity building) appropriately comprise the essential elements of an effective health behavior change intervention (BCI) approach. Some of the successful interventions include the Radio Diary, the Hope Kit, and the *Nditha* campaign. Another big success was the youth listening groups formed around the PSI Youth Alert program. BRIDGE formed 200 clubs and trained 400 leaders. In addition, 936 teachers were trained and

provided with a facilitators guide developed by the project. The project has also successfully worked to disseminate information and build capacity through district and national Public Affairs Committee (PAC) member FBOs motivating strong interfaith collaboration and support.

At this point it is difficult to ascertain quantitatively whether the project is on track in meeting its targets, though from a qualitative perspective it appears to be so. However, the relationship between the project indicators, which seem to be taken from the PEPFAR program and the mission PMP, and the project's design model is unclear. The M&E plan does not specify how the project is going to gauge the impact of activities on behavioral outcomes to be measured at the end of the project. To date there has been no regular collection of monitoring data to record the effects of project activities (other than quarterly reports from grantees that do not include quantitative data). Because there is no coverage data available, it is difficult to measure the public health impact of activities. The project intends to conduct a quantitative survey using baseline indicators in Year 3, but the evaluation team recommends that the large survey be postponed until more programmatic activity has occurred, and instead conduct specific monitoring actions to better measure the effects of ongoing program interventions.

The “four pillars” of the BRIDGE strategic framework are an implementation approach of the Structural-Environmental model and include: national, community, capacity building, and coordination. BRIDGE's multilevel approach is reasonable and appropriate, and facilitates the creation of social norms and interpersonal support for adhering to protective behaviors. The evaluators found evidence that dissemination of consistent messages to the different program levels is creating synergy that is reinforcing the intention to adopt HIV protective behaviors. This was particularly evident in the radio listening groups, the youth clubs, the interfaith groups, and in the community committees. There was reliable evidence that messages have been harmonized among the various groups working in HIV/AIDS prevention and control. There is a need for ongoing capacity building for efficient production of communication materials and dissemination of messages. In addition, sustainable expansion of activities will require capacity building (including monitoring skills) of district and community level actors, continued training of faith-based organizations (FBOs) at local levels, and expansion of ABC messages consistent with local realities. BRIDGE has engaged and provided technical assistance to multiple national and community partners, including PAC, NYCOM (National Youth Council of Malawi), MANASO (Malawi Network of AIDS Service Organizations), DACCs, CACs, radio stations, youth congresses and other groups.

The “unifying themes” of hope and self-efficacy (*Nditha*) are effectively reaching targeted audiences. In accord with the strategy to date, greater emphasis has been given to youth. The quality of the radio broadcasts is high. Radio Diaries and HIV/AIDS content in Youth Alert in particular are reaching audience segments and are a critical link to the community, offering messages of hope and empowerment. These are being cited by community members as essential in changing their attitudes and behaviors at the community and household level. Integration of the Youth Alert Facilitator's Guide was also well done. Technical capacity building will continue to be needed at the radio stations, in teacher training, and in managerial and programmatic areas at the district level during the remainder of the project.

All evidence gathered by the evaluation team indicates that BRIDGE's technical assistance for implementation of the NBCI strategy, especially involving capacity building of the district

assemblies, DACCs, CACs, VACs, FBOs, CBOs, traditional leaders, and youth organizations, is working extremely well. In districts where BRIDGE has been able to build on SC/US's STEPs HIV/AIDS program, this has been more easily achieved than in areas where STEP is not located. According to processes and inputs, BRIDGE is somewhat behind schedule in terms of planned inputs, and the order of rollout as defined by the work plan has been rearranged. Unanticipated capacity building needs (technical and administrative) of implementing partners has resulted in the delay. The BRIDGE Project is directly addressing harmful cultural practices, especially related to gender, family, and sexual relations. Improved relationships between the genders at the household level have been reported, and communities have detected decreases in domestic violence as a result of improved family communication.

**Objective 2:** Assess management and coordination of the BRIDGE Project.

The project is organized appropriately for the tasks outlined in the work plan. However, the project may need either more time or more staff to accomplish all the planned tasks, particularly since the budget is one-third less for years 3 and 4. As presently organized the project can manage two major tasks (campaign, Hope Kit, Radio Diaries, youth congress, etc.) at one time. Furthermore, it should be noted that because of their successes there is an increasing demand for BRIDGE's skills and assistance with BCI tasks being conducted by partners, CAs, and NGOs.

The non-CA sub-award activities are progressing, although they were delayed in starting and some still have difficulties with financial and technical reporting. Since building BCC programming capacity is part of the objective, it is appropriate that time be taken for this. Unfortunately extra time was not programmed for it either technically or financially.

Systems and procedures are in place and being followed for personnel, sub-grants, sub-awards, and technical activities. Unfortunately, the fact that many administrative and financial transactions need approval or are managed through Baltimore, and that USAID requires approval of many activities, has contributed to some delays and programming inflexibility. A good complementary relationship exists between JHU/CCP and SC/US, and the organizations clearly function as a team. BRIDGE has brought important technical assistance and capacity to partners through project staff and headquarters support.

Although the progress reports do a good job of documenting activities conducted and discussing steps to be taken during the follow-on period, project monitoring information regarding effectiveness in reaching target groups is not included.

BRIDGE effectively operates at the national level through working groups and other networking activities to develop a coordinated and "harmonized" BCI approach. The project assures that consistent messages are used and that all agencies are promoting the same HIV prevention concepts. In addition, the core BCI concepts (hope, youth) have been very successful.

The "Advances" workshop was very well received and the workshop tools are being used by participants to develop BCC activities in their own institutions and settings. There has been no follow-up to document the kinds of actions taken by participants following the workshop or provide further direction for the activities.

BRIDGE has also done a good job of bringing its baseline research findings to the attention of other agencies working with HIV/AIDS prevention in Malawi and drawing attention to the underlying norms and values affecting behavior.

The missing piece to operationalize a coordinated National BCI strategy is a clearly laid-out operational plan (OP) for implementing the strategy. This operational plan should include yearly targets, specifying roles and responsibilities assigned to agencies and personnel. The plan should include materials, agreed-upon timelines, and budgets for projected activities.

**Objective 3:** What, if any changes of an administrative or technical nature should BRIDGE consider to strengthen its performance and maximize impact?

The evaluation team makes the following recommendations:

Funding for the BRIDGE Project should be continued for option years 3 and 4.

***Monitoring and Evaluation:***

- The quantitative survey planned for August 2005 should be postponed until all project elements, including those targeting men’s behaviors have been implemented for ample time to produce impact. A monitoring system to measure the effect of all major program elements should be established, along with feedback mechanisms to each level where data is collected. Project reports, including those from partners should include data and more specificity as to the “who, what, where, when, and why” activities were undertaken and their effect.
- BRIDGE should strengthen community monitoring and evaluation with technical assistance from SC HQ, CORE group or Child Survival Technical Support Project (CSTS), etc. The project should consider Lot Quality Assurance Samples (LQAS) used by child survival projects as a quantitative monitoring tool.
- BRIDGE should call a partner and stakeholder meeting after the evaluation to examine activities and determine:
  1. Which activities have yielded the best results thus far?
  2. Which activities can be turned over to other partners, e.g. NAC, MOH, MOE?
  3. Which activities can be supported by other donors?
  4. Given limited resources, which activities can be dropped or consolidated for better focus and impact?
  5. How can activities be optimally positioned to achieve maximum synergy of the pillars?

***Documentation and Dissemination:***

- The project should collaborate with the national BCI Working Group to develop a specific plan to maximize the dissemination of project findings and lessons learned across sectors.
- Success stories, of which the evaluation team heard many, should be thoroughly documented, especially the project elements that lead to success. Success stories should be included in reports to USAID and shared through the national BCI Working Group.

***Scale-up:*** BRIDGE should determine existing program coverage and develop plans for comprehensive coverage within project districts. Community organizations already have scale-up strategies but are in need of additional resources.

BRIDGE's national impact can be significantly enhanced by:

1. Collaborating with SO8 partners (particularly FHI) to build DACC capacity to conduct mapping exercises and plan coverage for district activities.
2. Documenting the "critical pathway" of BCC capacity building at the district and community levels, including resource requirements and dissemination through the NAC's Operational Plan.
3. Linking national radio programs and communities by increasing regional radio capacities to include community members (including youth, traditional and religious leaders, pregnant women, etc.) in broadcasts. Expanding programming to include more stories from rural and regional communities.
4. Strengthening the radio stations' ability to produce their own HIV/AIDS programs.
5. Complementing the NBCI Strategy and the National BCI Social Mobilization Plan with technical assistance to the National BCI Working Group organized by NAC. Special efforts should be made to include the Ministries of Education, Gender, Youth, Agriculture and Rural Development and to provide specific recommendations on how these ministries can support community groups (especially to youth groups, CACs and PLWHA groups) to facilitate the implementation of a BCC "scale up".
6. Developing the community mobilization arm of the men's campaign as soon as possible while media component is being developed.

**Management:** The evaluation team recommends that BRIDGE either increases staff or reduces planned tasks. Given reduced funding for years 3 and 4, the project may want to consider reducing the number of districts to concentrate inputs in selected areas. If more funding becomes available, the project then needs to carefully program its activities for the remaining period to maximize impact. Planning should include realistic timelines.

- M&E programming capacity should be added to project staff (FTE or consultant).
- In order to speed the proposal and reporting process for sub-awardees, mentoring and/or training should be provided for required inputs (budgets, work plans etc.). BRIDGE might consider "conditional" proposals that can be corrected as activity begins.
- A realistic work plan should be developed that considers available staff and financial resources and time needed to complete tasks that will demonstrate measurable impact.
- Project monitoring information on progress in reaching target audiences and groups should be included in reports. It would also be useful to include lessons learned and interesting "success stories" that are surfacing from the project.
- BRIDGE should work with NAC to develop an operational plan for implementing the NBCI Strategy.
- BRIDGE should build on its successful "Advances" workshop by providing a refresher course for participants.

## Introduction

The main purpose of this mid-term evaluation (MTE) is to provide a basis for USAID/ Malawi's SO8 team to assess the progress of Johns Hopkins University Center for Communication Programs (JHU/CCP) and its partner Save the Children's (SC/US) BRIDGE Behavior Change Initiative HIV/AIDS Project towards achieving results, as outlined in its work plan. A second purpose is to decide whether to recommend that USAID exercise its option to continue funding the project for two remaining years, and if so, to determine the advisability of modifying project approaches so as to maximize potential for meeting USAID's SO8 targets.

The evaluation answered three main questions or evaluation objectives:

- Have project activities been appropriate and effective in moving toward preventing new HIV infections through behavior change initiatives?
- What are the principle strengths and weaknesses of the BRIDGE Project in terms of management, coordination and communication?
- What, if any administrative, management, or technical changes should BRIDGE consider to strengthen its performance and maximize impact?

As a monitoring exercise, this evaluation is an occasion to highlight project strengths, discuss weaknesses and explore opportunities for improving performance. It also provides an opportunity to make recommendations that will address limitations and enhance strengths so as to assure that projected results are achieved by the end of the project.

## Background

### **HIV/AIDS in Malawi**

The BRIDGE Project was designed to address two conflicting realities. The first is that more than 93 percent of Malawians have the knowledge necessary to prevent HIV infection. The second is that despite this level of awareness, most Malawians do not engage in preventive behaviors. These conflicting realities are commonly referred to as the "KAP" gap, or gap between knowledge, attitudes and practices. According to the 2000 DHS, 18 percent of married men had extra marital sex and 25 percent of unmarried men had multiple partners in the last year. Only 15 percent of men and five percent of women reported using a condom in their last sexual encounter. Social stigmas, gender inequalities, poverty, and low access to basic services are a few of the obstacles that prevent many Malawians from adopting behaviors that will lower their risk of becoming infected with HIV.

Malawi is one of ten countries worldwide most affected by HIV/AIDS, with AIDS being the leading cause of death. The HIV prevalence rate is estimated to be 15 percent among 15 to 49 year olds. The National AIDS Commission (NAC) estimates that there are 70,000 new cases of AIDS each year in Malawi. Youth are at highest risk, with over 50 percent of all new infections occurring among youth aged 14 to 24.

The Government of Malawi (GOM) has responded to the KAP gap by developing a National Behavior Change Intervention (NBCI) strategy that reinforces existing knowledge among citizens about how to change their practices and discusses how they can act on this knowledge. Through its Strategic Objective (SO) 8, USAID/Malawi supports the NBCI through several efforts, including the BRIDGE Project. By addressing and changing the behavior of youth and the general population, USAID/Malawi hopes to delay sexual debut, increase condom use, and decrease the number of sexual partners in order to reduce transmission of HIV.

## The BRIDGE Project Response

In 2003, JHU/CCP and Save the Children (SC/US) were awarded funding for the BRIDGE Behavior Change Initiative Project. The purpose of the project is to aid and coordinate stakeholders as they implement the NBCI strategy. The NAC coordinates the national response to HIV/AIDS in Malawi, including the NBCI. Both JHU/CCP and SC/US are working with NAC to address the need for Malawi to operationalize the NBCI Strategy. BRIDGE’s strategy builds the capacity of behavior change agents while coordinating and mobilizing community and national stakeholders to implement NBCI. BRIDGE is the first project in Malawi to address behavior change in an interactive manner instead of using the more traditional didactic approach of delivering prevention messages. The intent is that stakeholders at national and community levels implement evidence-based behavior change interventions (BCI) that prompt Malawians to act on their HIV prevention knowledge. Outlets such as the media, community leaders, and national celebrities are being used to model and reinforce changed behavior and support NBCI activities. Through these efforts it is hoped that the BRIDGE Project will reduce high risk behaviors and increase use of HIV prevention practices (SO indicators), particularly among youth and the general population, leading to the reduction of new HIV infections.

**BRIDGE principles and values  
used as a theme for project interventions**

**B**elief in a better future (hope)  
**R**isk is shared by everyone (personalized risk)  
**I** can STOP AIDS (personal responsibility, action, self efficacy)  
**D**iscussion about HIV/AIDS (openness, destigmatization)  
**G**ender equity (girl’s empowerment and changed men’s behavior)  
**E**mphasizing positives (action orientation, community assets, positive role modeling).

The BRIDGE Project uses four key strategies to achieve its objectives:

- Support an enabling environment at the national level through harmonization of action plans, unifying themes such as “openness and hope,” and core tools to support mobilization.
- Mobilize the social system at the district and community level through a community action cycle and workshops to enable change agents to assume a more powerful and persuasive role.
- Reach individual targets of opportunity including youth through a range of approaches including sports interventions and youth events.
- Increase the capacity of government, NGOs, community-based organizations (CBOs), faith-based organizations (FBOs), as well as community-based influentials to plan and implement effective BCIs.

The BRIDGE Project is based in Lilongwe and operates under the leadership of the JHU/CCP Chief of Party (COP). JHU/CCP provides behavior change technical assistance and SC/US provides grants management and community mobilization technical assistance. The project’s

technical staff consists of a COP, BCI coordinator, youth coordinator, senior HIV advisor (part time), community mobilization coordinator and eight district coordinators. The project operates in eight districts: Mzimba, Kasungu, Ntcheu, Salima, Mangochi, Balaka, Mulanje, and Chikwawa.

## **Mid-Term Evaluation in the Context of the USAID/Malawi Strategy**

The BRIDGE Project is integral to the USAID/Malawi achievement of its Strategic Objective (SO) 8, which seeks to promote “Increased Use of Improved Health Behaviors and Services,” while furthering the Mission’s goal of achieving “Healthier Malawian Families.” The BRIDGE Project responds to Intermediate Result (IR):

- 8.1 Behavior Change Enabled, through support to the sub-IRs:
  - 8.1.1. Stigma reduced
  - 8.1.2. Skills necessary for behavior change promoted
  - 8.1.3. Communities mobilized in support of healthy behavior

The cooperative agreement is funded by USAID/Malawi as a performance-based/ results-oriented agreement. While the first two years are approved, funding for up to two additional years are contingent on achievement of Year 2 targets and overall project impact. This mid-term evaluation is intended to make it possible for USAID/Malawi to decide the extent to which the project has contributed to the achievement of the mission IRs.

## **Methodology**

### **Preparation**

At the request of USAID/Malawi, a three-person team was recruited by Chemonics International and The Manoff Group to conduct a mid-term evaluation of the BRIDGE Project. The three team members brought expertise in HIV/AIDS behavior change communication (BCC), population-based programming, community mobilization, capacity building, and evaluation. Two senior GOM officials representing NAC and the MOH also participated as team members during the initial part of the assignment, adding a public sector perspective to the team’s analysis. Prior to its arrival in Malawi, the team met in Washington, D.C. for team planning. Relevant project and other documents and materials were provided to the team (see Annex B).

### **Fieldwork**

After arrival in Malawi, two team members met with USAID HPN staff for a briefing on the key issues to be explored. The full team received a briefing from the JHU/CCP and SC/US’s staff on BRIDGE Project activities. The staff also assisted the team in reviewing the list of stakeholders, planning field visits, and arranging meetings with local groups. The team developed a questionnaire as a basis for interviews and focus group discussions with stakeholders (Annex C). Although the scope of work only anticipated visiting two districts, on BRIDGE’s recommendation the team visited three districts (Mangochi, Chikwawa, and Mzimba). Two team members also spent two days in Blantyre interviewing NGO/CBO umbrella agencies, Cooperating Agencies (CAs), radio stations, and an advertising agency. Upon return to Lilongwe the team met with NAC, MOH, major donors, other CAs, and stakeholders (Annex A). Finally,

interviews were held with USAID HPN staff to gain their perspective on the history and performance of the project. The team's schedule is located in Annex D.

## **Constraints**

The evaluation was constrained by limited availability of project staff and key counterparts due to unavoidable scheduling conflicts. The USAID CTO for the BRIDGE Project transferred to a post in another country shortly after the evaluation team arrived. The evaluation team appreciates the many efforts of the USAID HPN team leader and the HIV/AIDS program specialist to be available to the evaluation team. The BRIDGE COP was only available for the first half of the evaluation, but an interim COP from JHU/CCP in Baltimore was available to the team during the remaining time. While it was helpful to have the interim COP available to answer questions, he readily admitted that he was not as well informed about all aspects of the project as the COP. The NAC BCI coordinator and the MOH/HEU representative traveled shortly after the evaluation began and neither they nor their staff was available to accompany the team on the field visits. The JHU/CCP BCI coordinator was unavailable during the first half of the period but was available for consultation after the field visits. SC/US's BRIDGE HIV advisor was unavailable during the first part of the field visits but was able to participate in the field visit to Chikwawa. The previous finance manager/accountant had left the project and a replacement was being recruited at the time of the evaluation.

Despite the limited availability of key individuals, the evaluators completed a comprehensive evaluation. However, these constraints may have resulted in some misunderstanding of the project, such as appropriate roles of key organizations, USAID management concerns and priorities, or project accomplishments, which the evaluators were unable to discover and/or verify. The evaluation team also structured the evaluation to include as much participation as possible given availability of the project partners and stakeholders.

Another limitation was the unavailability of raw data from the baseline study, which would have been helpful for understanding the depth of findings among segments of the target audiences. A report of the findings was made available to the team.

## **Findings, Conclusions, and Recommendations**

### **Structure of this Report**

The report that follows responds to the questions posed in the mid-term evaluation scope of work as well as other questions thought to be relevant. The report first discusses findings regarding the effectiveness of BRIDGE's behavior change initiatives (BCIs) in making progress towards preventing new HIV infections. It assesses BRIDGE's effectiveness in facilitating implementation of the NBCI and its success in achieving designated Year 2 results, and in the process, tests the assumptions on which the project is based (Objective 1). Then the report summarizes BRIDGE's overall management and coordination, where the project is contributing to progress and where the project could be strengthened. It looks at the question of synergy between BRIDGE and other partners and counterparts (Objective 2). Finally, it offers recommendations for enhancement of this initiative and future activities (Objective 3).

Because of page limitations, the team has focused primarily on addressing the questions in the evaluation scope of work. However, there were additional and more detailed findings which the team presented in its oral debriefings with the USAID Mission, the project, and partners. For those interested in these additional findings, a copy of the Powerpoint presentation can be found in Annex E.

### **Objective 1**

Assess progress made in implementing the project and achieving yearly targets and estimate if the project is likely to achieve its objectives. Review the suitability of the project design and effectiveness of BRIDGE components in helping community and national stakeholders implement NBCI. Review assumptions, assess if BRIDGE is meeting benchmarked activities, assess ability to facilitate behavior change through pillar strategies, and assess project's ability to facilitate implementation of NBCI at community levels.

## **Findings**

*1.1. Review the original assumptions in the project design and assess their validity. Are they appropriate to guide technical assistance inputs?*

When the project was originally conceived, the objective was to focus on “bridge” and “targets of opportunity” populations. “Bridge” populations were defined as those higher-risk individuals who engage in risky behaviors, become infected and then transmit HIV to lower-risk partners. “Targets of opportunity” are those who are already infected or at high risk of infection due to proximity to “bridge” populations. Once the project began, JHU/CCP realized through its own data analysis and experience in other countries, that Malawi was undergoing a generalized HIV/AIDS epidemic. In order to accommodate these realities that were also reflected in BRIDGE’s baseline survey, the project reoriented the approach and determined that the BCI strategy should focus on the general population, targeting youth in particular because of their vulnerability. Many of the messages do draw attention to “bridge” and “target of opportunity” groups, but these are not the project’s focus of activity.

Therefore assumptions based on a concept of “bridge” populations and “targets of opportunity” made in the original project design were modified to a Structural-Environmental Model. The BRIDGE Project based its assumptions about Malawi’s cultural context and sexual and reproductive health climate on evidence from key informant interviews and available data such as the 2000 DHS as well as a literature review, by Yolanda Coombes.

The baseline survey focused on knowledge, attitudes, and behavior change supplemented with information from the 2000 DHS and detected some key control/efficacy factors such as fatalism, which were not identified at the beginning of the project. The baseline survey focused on knowledge of prevention of HIV/AIDS, stigma, communication, social/cultural factors related to existing health/sex practices, risk perceptions, and control/efficacy. In behavior change theory, risk perceptions, and control/efficacy factors are essential for designing behavior change strategies. Analysis of these variables helped to identify “bridge” populations and strategic communication objectives for addressing desired behavioral change.

The Structural-Environmental Model emphasizes the relationship between resource mobilization, income generation activities, and gender equity at the social change level, and health communication (particularly HIV/AIDS). The baseline survey did not address environmental or social change variables, such as economic variables and poverty alleviation. At the operational level, these issues have not yet been addressed by the project, except to a minor degree through proposal writing assistance to CBOs and FBOS as part of the overall TA to the district AIDS Coordinating committees (DACCs) and Community AIDS Coordinating committees (CACs). Interventions were apparently designed based on the conceptual framework and results of the baseline survey. To continue using the structural-environmental framework throughout the project implies that significantly more effort would be needed to link resource components in the environment to support the social change required to impact the epidemic. It is not clear why the project selected this framework since the project is not charged with addressing all of these resource mobilization components. Linking the components would probably be better addressed at the national level through NAC's mandate to develop synergistic intersectoral approaches to mitigate the AIDS epidemic. Since BRIDGE's role is to support NAC's BCI activities, if it were asked to do so it could support NAC in this broader effort.

The "four pillars" of the BRIDGE concept and intervention levels comprise the essential elements of an effective BCI approach and therefore are appropriate. If BRIDGE wishes to stress the Structural-Environmental Model for behavior change as displayed in the framework, then the elements of multisectoral partnership, coordination, resource acquisition, quality and availability of resources would need greater emphasis during the remainder of the project.

The "unifying themes" of hope and self-efficacy (*Nditha*) are effectively reaching targeted audiences, and in accord with the current strategy targeting youth. The focus on *Nditha* and the individual empowerment it signifies is an effective strategy lacking in many other HIV/AIDS programs. One caution is that while youth are the "targets of opportunity", the epidemiologic pattern of HIV infection suggests that focusing on youth, without significant emphasis on the adult men who play a large role in transmission of HIV, places the burden of responsibility for prevention disproportionately on young girls.

BRIDGE has successfully organized efforts to decrease or eliminate many harmful cultural practices that contribute to transmission by influencing opinion leaders (traditional and religious leaders). This very effective strategy was well received by the communities interviewed. It is not clear why older women's groups (e.g. grandmothers) are not included as opinion leaders.

Worldwide, Shelton, et al have commented that emphasis on men's fidelity behavior has not received the emphasis in HIV/AIDS prevention programs relative to its epidemiologic importance in decreasing prevalence.<sup>1</sup> The BRIDGE Project does recognize the role of men and has planned a men's campaign to begin early in Year 3, starting with a national media campaign. The concern is that even though communication campaigns are often designed with the media campaign starting at the national level, followed by district capacity building and later community mobilization, the men's campaign will probably have limited impact at the community and individual levels due to the short time frame until the end of project.

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<sup>1</sup> Shelton, et al "The Missing "B"

Project technical assistance for production of communication products such as *Nditha* posters, Radio Diaries, Youth Facilitators Guides, and the Hope Kit was high quality and delivered as anticipated in the program design, although the time necessary to train producers to deliver quality materials was greater than expected. Partner agencies also took longer to organize and conduct training on using health communication products at the community and district levels.

These capacity-building efforts with program communication partners could have even greater impact in the future if the partners apply the strategies to other health and HIV/AIDS campaigns. Capacity building could also be applied more evenly to all participating districts. In particular, partners working in the north appeared to need more attention.

The plan to phase-in districts in two stages may have been based on the assumption that the Phase I districts would require decreasing levels of assistance and resources as activities in Phase II districts increased. In reality, project implementation in the Phase I areas should be expected to become more complex as communities take initiative and demand for more activities increases.

NAC, USAID, and the BRIDGE Project should consider that communications efforts are contributing to increased demand for HIV/AIDS services and address the resulting rise in expectations. Rising demand is already evident at the district and community levels, where youth clubs are spontaneously forming, demand for voluntary counseling and testing (VCT) services is rising rapidly, condom distribution is rising significantly (Mangochi), and PLWHA support groups are forming and their membership increasing.

Additional broad-based capacity building for SO8 partners and NGOs will be needed to cover various segmented populations such as pre-adolescents (especially girls ages 7-12 not currently targeted) and men (a men's campaign is currently planned). Specific male behaviors should be selected and addressed throughout the project.

The diffusion strategy involves mass media and person-to-person (including youth-to-youth) word-of-mouth transmission of messages. This seems to be occurring in the communities visited where members discuss issues among themselves and would like to discuss them with neighboring villages either directly or through radio. BRIDGE has developed local capacity to use BCC materials (radio shows, posters, etc). To sustain the impact of communication materials, the project should further explore building local capacity to develop these materials. BRIDGE's baseline results were disseminated widely through a structured approach involving a "dissemination event" that incorporated all the partners and stakeholders and included a written report. This was an "eye opener" and very important for getting participants on board to support the project approaches that address baseline findings. See the Recommendations section for suggestions on the diffusion strategy.

*1.2. Assess whether the BRIDGE Project is meeting its benchmarked activities negotiated in the agreement for Year 2: Are data gathering methods reasonable for monitoring progress and indicators? Are indicators appropriate and/or valid?*

The evaluation team reviewed the Revised Monitoring and Evaluation Plan, dated January 31, 2005. The initial M&E plan was not shared with the evaluation team. The project appears to be achieving success in many areas. Monitoring and evaluation efforts should be strengthened to

provide evidence of success and feedback as Malawi considers replicating project efforts. The M&E plan outlines three levels: indicators, intermediate indicators, and end-of-project indicators.

The project design used the Structural-Environmental Model, but the M&E plan is based on the Ecological Model. The relationship between the indicators, which appear to be taken from the PEPFAR program and the mission's Performance Monitoring Plan (PMP), and the project's design model is unclear. The M&E plan does not specify how the project is going to measure the impact of activities on behavioral outcomes that will be measured by the end-of-project indicators.<sup>2</sup> The revised plan provides for additional qualitative and quantitative research activities related to the indicators, which will enable the project to evaluate changes within each district as a function of BRIDGE efforts contrasted with secular trends that are not attributable to BRIDGE efforts. The revised plan was submitted almost halfway through the project, yet details are not provided on the purpose of these research activities and what information they would provide. These planned activities, in principle, could be very helpful in documenting the effect of the program, but the lack of detail makes it difficult for the evaluation team to determine how.

The revised M&E plan was developed in 2005, and the model does not adequately address project activities. No data was available for the evaluation team to determine the validity or effectiveness of the indicators. At the time of the mid-term evaluation, the BRIDGE Project had planned to conduct a quantitative survey that was essentially a repeat of the baseline population-based survey. Wisely, USAID and BRIDGE determined that the MTE should be qualitative and not quantitative. BRIDGE is planning for quantitative data to be collected through a mid-term impact assessment scheduled for August or September 2005. It may be too soon to conduct such an assessment given that project activities, for the most part, were rolled out only recently (in 2005) after almost two years of background work and capacity building.

There is no collection or analysis of the intermediate indicators that would logically be expected to contribute to positive outcomes at the impact level, even though there are measurable project inputs, which are generally recognized to be capable of contributing positively to those impacts.

The M&E system as outlined in the revised M&E plan provides for measuring process indicators, but not progress towards impact level indicators. Although the BRIDGE Project is funded under a USAID performance-based cooperative agreement that clearly states that meeting specific targets is the basis for funding decisions, the evaluation team was struck by the lack of data in this area. The mid-term qualitative assessments seem to indicate that the project was making significant, if not remarkable, progress in most emphasis areas; however lack of data and monitoring plans make proving this impact challenging.

At 18 months, according to the quarterly milestone plan included in the cooperative agreement, many of the benchmarks were on target or had had minimal delays. Materials development (e.g. the Hope Kit) has been delayed by coordination and production issues. The targeted number of radio diary episodes was 14, of which 12 had been aired (seven with a southern focus, three central, and two northern). By the time of the MTE, all stations had completed the planned 24 episodes. Sara comic production with UNICEF is behind schedule due to delays at UNICEF.

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<sup>2</sup> p. 6 of the Revised Monitoring and Evaluation Plan, January 31, 2005

The monitoring plan does not coincide with Activities Implementation Plan. Sub-grantees submit quarterly reports to the BRIDGE Project. It is unclear what is done with information contained in these reports, other than to generate the project quarterly reports to USAID, and whether the overall conclusions are fed back to the district and community levels. BRIDGE forwards information to JHU/CCP headquarters in Baltimore to be analyzed. The report is finalized in Baltimore and sent back to Malawi. BRIDGE might explore streamlining this process and developing local capacity to analyze data. The final quarterly reports contained detailed documentation of project activities, but relatively little explanation of the significance of these activities towards meeting project impact indicators.

Tracking monitoring and evaluation indicators across project documents is exceptionally difficult. Intermediate and “sexual practice indicators” have changed since the cooperative agreement, as has the overall M&E plan. USAID approvals for both the revised M&E plan and changes in project indicators were not shared with the evaluation team. Prior to January 2005, both categories of indicators and targets were different depending on the document, making it extremely difficult to draw definitive conclusions about progress towards project targets.

The revised M&E plan of January 2005 states that end-of-project indicators will be measured in Year 4, but it is unclear how that will be accomplished, as only one quantitative survey is planned, scheduled to take place in 2005, early in Year 3 of the project.

Different types of activities require different monitoring instruments based on indicator data. BRIDGE management conceded that monitoring is a weak component of the project and indicated that suggestions from the evaluation team would be welcome. Discussion with the USAID Mission M&E specialist indicated that development of better monitoring systems would benefit all of the S08 partners. Mission PMP indicators, which have been adopted by many of the partners including the BRIDGE Project, are better measured by instruments such as the DHS. No BRIDGE staff member is designated to monitor project progress.

BRIDGE youth target groups are not consistent with the NCBI strategy. THE NCBI strategy defines youth as ages 7 to 24<sup>3</sup>, while BRIDGE defines youth as ages 15 to 24<sup>4</sup>. DHS and other data document age at first sex to be very close to the lower age ranges of the BRIDGE target group, too late for messages designed to delay first sex to be meaningful. The end-of-project indicators are unclear; with differences between baseline findings and targets often too small to measure significant change within a reasonable level of confidence that those changes were due to program effect. Indicators are also not linked to program activities, as has been mentioned elsewhere. Impact level indicators are very similar to those of the USAID PMP, and are best measured on a population basis with instruments such as the DHS.

The monitoring plan did not include district or community monitoring elements.

*1.3. Assess and analyze the likely effectiveness of BRIDGE Project ability to facilitate behavior change via their four pillar strategies: Are individual pillars appropriate and effective? Are BCIs sustainable? Are unifying themes effective? Is project technical assistance state-of-the-art?*

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<sup>3</sup> National Behavior Change Interventions Strategy HIV/AIDS/SRH working document September, 2002.

<sup>4</sup> BRIDGE Project Annual Report, October 29, 2004 and Revised Annual Workplan: Year 2

The “four pillars” of BRIDGE’s strategic framework include: national, community, capacity building, and coordination. In theory the four pillars approach is based on the Structural-Environmental Model. Dissemination of consistent messages to different program levels creates synergy that reinforces the intention to adopt HIV protective behaviors. The multilevel approach also facilitates the creation of social norms and interpersonal support for adhering to protective behaviors. This multilevel approach is reasonable and appropriate.

It would be useful if the work plan could highlight a “critical pathway” that shows the sequence of events necessary to reach impact using individual pillars and unifying themes. It is unclear how some project activities were essential to the project outcomes. (It should be noted that at the time of the evaluation, several project activities, such as Youth Alert listening clubs and *Nditha* campaigns had only been in place for a few months.) If the project does not indicate a critical path allowing the four pillars to play the reinforcing role envisioned in the conceptual framework, it makes attribution of successful strategies and approaches difficult, and also makes it difficult to determine what level of resources are needed to replicate activities. For example, BRIDGE should determine the essential elements for starting the STEPs approach to introducing BCC in a new district, quantify these elements and estimate the cost of each. Quantifying costs will help NAC seek the funding necessary to replicate the model in other districts. Without this “critical pathway” it is difficult for the evaluation team to determine the extent to which individual pillars have contributed to the perceived outcomes. Even if project targets are achieved, it is not possible to attribute this success to specific “pillar” components.

Links between the MOH Health Education Unit (HEU) activities and the communication strategies promoted in the project should be strengthened. Diffusion capacity within the HEU should get particular attention. While there is some enthusiasm for the “messages”, message harmonization activities, and networking done by the BRIDGE Project, it is unclear how this will be used by NAC and the MOH.

While the evaluation team found that sustainability had not been addressed in available project documents, discussions with project staff showed that BRIDGE is working with Malawian partners (MANASO, NYCOM, PAC etc.) to enable partners to carry on BCI activities after BRIDGE closes. However, this process is going more slowly than anticipated and it is unclear to what extent the partners will be able to sustain the activities. Sustainability of the different approaches is largely dependent on an effective “turnover” strategy of key program elements to Malawian partners, and integration of program elements into NAC activities and the activities of other key players. Without such linkages, some of the effects of the elements may be sustained, but not the activities themselves, unless supported by other funding or TA mechanisms. Even then, specific plans for accessing additional support would need to be made well before the project’s end.

Interviews and focus groups indicate that radio broadcast quality is high. Radio Diaries and the HIV/AIDS content in Youth Alert in particular are reaching segmented audiences, and serve as a critical link to the community, offering messages of hope and empowerment that are cited by the community as essential in changing attitudes and behaviors at the community and household level. Teachers in Mangochi also reported that integration of the Youth Alert Facilitators Guide was also well done. At the time of the MTE, 936 teachers were trained and key informants

reported that the program was improving the teaching/learning environment, discouraging intergenerational sex practices (between teachers and students), and reinforcing *Nditha*.

The radio broadcasts have also motivated FBOs and religious leaders in the districts to encourage participation in community-level activities, especially radio listening clubs and support groups for youth and PLWHAs. Radio Diaries featuring personal PLWHA life stories were cited as particularly effective in reducing stigma and prejudices. The Radio Diaries, designed to decrease stigma, have also encouraged people to seek VCT services. Radio Islam reported that listener feedback indicates that Radio Dairies are also reducing domestic violence. During one site visit, since time was limited, the evaluator invited the PLWA to accompany her to her next meeting with a radio listening group. When they arrived the group was very excited to meet the diarist they had been listening to and treated him like a celebrity. He was thrilled to meet his “fans” as well. Public Service Announcements have been developed by the project and are broadcast nationwide, one or two times daily. The six radio stations coordinate their HIV/AIDS programming and there is good evidence of interfaith collaboration among the radio producers.

Although late in starting, the *Nditha* campaign is of high quality and very successful. The campaign is evidence-based (through incorporation of baseline research findings), addresses issues of self-efficacy, and reaches the “target of opportunity” and “bridge” populations of youth, men, and women. Technical capacity building will continue to be needed at the radio stations, in teacher’s training, and in managerial and programmatic areas at the district level during the remainder of the project. Partners need to develop problem-solving skills at the local level in order to sustain the technical capacity building that they have received to date. In order to determine the effectiveness of technical capacity building, effective monitoring of these activities must take place. (See recommendations.)

*1.4. Assess and analyze the effectiveness of the BRIDGE Project to facilitate implementation of the NBCI: BRIDGE’s effectiveness in coordinating BCIs; effectiveness in implementation of community mobilization; effectiveness of capacity-building efforts; and NAC and HEU’s interest in BRIDGE scale-up despite resource constraints.*

The analysis and approaches in the NBCI strategy are appropriate and address most of the key factors contributing to the national epidemic, but the strategy does not address funding and human resource requirements nor have a defined work plan to achieve the objectives of the plan. This is especially true in terms of a diffusion plan for which BRIDGE project approaches could be incorporated for national scale-up. BRIDGE’s technical assistance in coordinating BCIs has been significant and of high quality. Message harmonization across multiple HIV/AIDS partners was a significant achievement and was appreciated at the national, institutional, and district levels.

Evidence gathered by the evaluation team indicates that BRIDGE technical assistance for the implementation of the NBCI strategy, especially involving capacity building of the district assemblies, DACCs, CACs, Village AIDS Coordinating committees (VACs), FBOs, CBOs, traditional leaders, and youth organizations, is working extremely well. This has been more easily achieved in areas where SC/US has been able to build on the STEPs HIV/AIDS program, than in areas where STEPs is not located. The team found the project to be somewhat behind schedule in achieving results, and the order of rollout has been rearranged. For instance, the

planned men's campaign was just starting at the time of the MTE. Many of the delays are due to unanticipated technical and administrative capacity building needs of implementing partners.

BRIDGE works with six key social groups for BCI. These include men and women engaging in high-risk behaviors, women of childbearing age, opinion leaders, service providers (to a lesser extent), and policy makers. An area where BRIDGE is not aligned with NBCI is targeted age groups for youth. This is a weakness because the NBCI strategy appropriately targets pre-adolescent youths before likely sexual debut while BRIDGE does not. Even when project activity ages were revised downwards, the youngest age in BRIDGE project activities is 10, not 7 as in the national plan. The reasons for this disparity are not clear.

The BRIDGE Project is directly addressing harmful cultural practices, especially related to gender, family, and sexual relations. An additional benefit has been improved relationships between the genders at the household level. Communities reported detecting decreases in domestic violence as a result of improved family communication facilitated by the Project.

Partners all agree that activities are moving forward, though not necessarily on schedule, because of the time spent building partner capacity to perform project tasks, which has taken longer than expected. There were concerns that project elements may be weakened in districts without the support of the STEPs program. Visits in Chikwawa, a Phase 2 district, revealed that the essential components of the STEPs/BRIDGE community approach are present and seem to be achieving impact. It is not possible, however, to determine the coverage of the target populations in each district due to lack of data.

## **Recommendations**

Below is a list of recommendations for Objective 1 surfacing from the MTE observations. Aware that funding is limited for the remainder of the project, the evaluators have listed their recommendations in order of priority. The Key Issues and Future Directions sections of this report contain suggestions for approaching other funding sources. However, as with any evaluation, decisions regarding whether/how to take these actions rest with the project.

## **Monitoring and Evaluation**

- The quantitative survey planned for August 2005 should be postponed until all project elements, including those targeting men's behaviors have been implemented to allow ample time to produce impact. A monitoring system to measure the effect of all major program elements should be put in place, along with feedback mechanisms to each level where data is collected. Project reports, including those from partners, should be more specific on "who, what, where, when, and why" particular activities were undertaken and their effect.
- Progress toward meeting objectives across individual supervisory areas can be tracked using LQAS techniques that have the additional benefit of building local Malawian partner capacity in supervision and monitoring. Technical assistance should be sought with recommendations from SC/US Headquarters, the Child Survival Technical Support Project (ORC Macro), or through various USAID M&E partners. This assistance, especially from those with experience in the Child Survival and Health grants program can include partner capacity assessment tools which can be applied to DACCs, FBOs, and CBOs, as well as organizations such as PAC and NYCOM.

- Mass media communication activities should be included in the project monitoring system.
- Research activities planned in the revised M&E plan should be directly linked with key BRIDGE programmatic components and designed so the findings can directly inform national BCC scale-up plans, such as the proposed Operational Plan. (See Future Directions).
- BRIDGE should call a partner and stakeholder meeting after the evaluation to examine activities and determine:
  1. Which activities have yielded the best results thus far.
  2. Which activities can be turned over to other partners, e.g. NAC, MOH, MOE.
  3. Which activities can be supported by other donors.
  4. Given limited resources, which activities can be dropped or consolidated for better focus and impact.
  5. How activities can be optimally positioned to achieve the maximum synergy of the pillars.

### **Documentation and Dissemination**

- The project should collaborate with the national BCI Working Group to develop a specific plan to disseminate project findings and lessons learned across the sectors.
- BRIDGE, through its major implementers JHU/CCP and SC/US, should develop a plan for sharing the BCC lessons learned from implementation of the program strategy through newsletters or papers delivered at international conferences. SC/US and JHU/CCP should also include information on the project on their websites.
- One of the project's very successful methodologies involves use of the STEPs methodology. As NAC coordinates all BCC response to HIV/AIDS, it would be useful to disseminate the project's experience with STEPs to assist with operationalizing the DACCs. Some useful program elements (for example, linking community groups to radio broadcasts, the radio diaries, etc.), should be documented and shared in a forum organized through NAC and BRIDGE. These elements appear to have tremendous impact on reducing stigma, providing hope and motivation for PLWHAs, and empowering prevention behaviors. Perhaps they could be presented at the yearly "Best Practices" conference sponsored by NAC.
- Success stories – the evaluation team heard many – should be thoroughly documented, especially the project elements that led to success, and included in reports to USAID and shared through the national BCC Working Group. Some of the obvious successes include the interfaith collaboration occurring through project efforts, the *Nditha* campaign effecting individual empowerment in a dramatic way, and radio programming.
- BRIDGE should strengthen diffusion capacity by providing more training on BCC materials development and how to use them for specific target audiences. This is being done with the Hope Kit, but if resources permit it would be useful to develop more efforts. Ongoing monitoring will provide guidance on how to build diffusion capacity at local levels.
- BRIDGE could analyze demographic and behavioral variables among subgroups (youth, men, and women) and develop messages specifically targeting subgroups.
- BRIDGE should work with NAC to link messages to available services.

## Scale-up

A BCC Operational Plan for implementing the NBCI strategy at the district and community levels is proposed in another part of this report. The following recommendations provide suggestions on intersectoral inputs that could be included in that scale-up plan. These recommendations have implications beyond the BRIDGE Project's scope and involve support from other agencies.

- Radio Dairies, which appear to be an extremely effective way of reaching the population to achieve USAID's PMP objectives (to assist PLWHAs, promote VCT, and reduce stigma) could, and should, be scaled up via the radio partners. The national radio, especially MBC through support of the Ministry of Information, will need to adopt radio diaries as its own to integrate the programs thoroughly into their national and regional radio programs.
- Training for teachers on the Youth Alert Facilitator's Guide should also be scaled up through the MOE. In addition to the intended benefits of the training, there is evidence that this focused HIV/AIDS activity has also contributed to improving the quality of teaching methodologies and decreasing sexual behavior between teachers and students.
- The Ministry of Youth can tap the significant enthusiasm generated at the community level through the youth groups started by the BRIDGE partners to sustain and expand the strategy of providing alternatives to risky youth behaviors. This support can come in the form of supplying youth clubs with athletic, sports, and music equipment; helping to equip youth resource centers; initiating and sponsoring sports and music competitions; and working with the Ministry of Information to facilitate youth-to-youth radio communications.

BRIDGE's national impact can be significantly enhanced by:

- Documenting the steps necessary to organize BCC capacity building at the district and community levels, including resource requirements, and collaborating with NAC to disseminate information. In order to replicate BRIDGE experiences, it is important to document the critical path of key activities implemented, including a record of essential elements to starting a particular approach (such as STEPs), introducing BCC into a new district, and estimating their costs. The record could then be presented to NAC as a model. Outlining models would not be costly for BRIDGE and is in their best interest. It would also be useful for BRIDGE to state what elements of the "package" of mass communication combined with community mobilization produces results.
- Linking national radio programs and communities by increasing regional radio capacities to include community members (including youth, traditional and religious leaders, pregnant women, etc.) in broadcasts, and expanding programming to include more stories from rural and regional communities. Specifically:
  1. Strengthen radio stations' ability to produce their own HIV/AIDS programs.
  2. Complement the NBCI Strategy and National BCI Social Mobilization Plan with technical assistance from the National BCC Working Group organized by NAC. NAC could initiate special efforts with the Ministries of Education, Gender, Youth, Agriculture, and Rural Development to motivate these ministries to support communities (especially via youth groups, CACs, and PLWHA groups) and implement their own "scale-up" plan for spreading BCC messages.
  3. NAC should coordinate donor efforts to support these activities, assisted by USAID.

## Objective 2

Assess the management and coordination of the BRIDGE Project.

*2.1. Assess and analyze the effectiveness and efficiency of the BRIDGE Project's organizational system (i.e. administering grants, providing technical assistance, building capacity, liaising with NAC, NBCI). Review staff composition and capacity, project systems and procedures, relationship between JHU/CCP and SC/US.*

### Findings

#### Staffing and organization

The BRIDGE Project is composed of a chief of party, BCI coordinator and youth coordinator, along with an administrative unit (office manager, finance manager, receptionist and drivers) that is supported by JHU/CCP. The community mobilization unit, supported by the SC/US partner, consists of a part-time senior HIV advisor, a community mobilization coordinator and eight district BCC/CM coordinators. The project also receives significant amounts of input and support from CCP headquarters in the areas of research, finance and technical assistance. Many of the BRIDGE staff have advanced degrees and have received additional training to meet job demands. The project holds weekly team staff meetings, monthly meetings with district staff, and regular partner meetings to review and plan activities. The COP spends time mentoring staff and arranging for capacity building as needed.

The organizational structure and staff skills are appropriate for most of the tasks and activities outlined in the work plan, but it is not clear whether the staffing level is sufficient to adequately implement all work plan activities in a timely manner. In addition to BCC activities (e.g. Hope Kit, campaigns, diaries of people living with HIV/AIDS, mobilization of systems at district/communities, support for grantees, and ongoing dialogue with partners) outlined in the work plan, project staff and resources are stretched thin because JHU/CCP TA is often requested for other activities. It might be useful to add a local M&E capacity, via an additional employee or a local consultant, in order to understand if the project is on track with reaching its objectives.

Both JHU/CCP and SC/US admit that they underestimated the technical assistance requirements of their Malawian partner agencies. They have found that they have had to spend more time with agencies to build capacity in order to accomplish planned tasks. SC/US stated that in the original proposal they had planned to work with the same districts and communities that their STEPs program was operating in. They intended to use STEPs staff to complement BRIDGE activities and then expand the model to neighboring districts via a twinning strategy. They would add staff to the new districts but would have the advantage of pairing them with an experienced STEPs neighbors. However, at the time the project was funded, USAID/Malawi had decided to focus BRIDGE activities on eight districts, of which only a couple of districts overlapped with STEPs, and BRIDGE was not able to build on local experience and some on-the-ground synergies were lost. Thus, the community mobilization coordinators in non-SC/US districts that do not neighbor on STEPs have limited resources to draw on.

Because SC/US was already on the ground, they were able to begin work soon after the award of the cooperative agreement. However, it took longer for JHU/CCP to get started (establish their office, get approvals, conduct the baseline research, and establish dialogue and activities with national partners, etc.). However, by the end of the first year and into Year 2, activities accelerated and demand is increasing for technical BCI support. One concern is that the project was designed with a smaller budget for Years 3 and 4, less than two-thirds of the budget for the first two years.<sup>5</sup> Demand for both technical BCI services and capacity building is increasing, as well as demand for more community mobilization actions at district levels, yet there is not a corresponding budget increase to meet these requests.

It is evident from interviews and discussions that JHU/CCP and SC/US have a close working relationship with the members of the two organizations functioning together as a team. However, there is clear differentiation between the tasks assigned to each, with SC/US covering community and district mobilization activities and JHU/CCP taking on the BCC technical inputs, capacity building, national communications activities, and research. BRIDGE appreciates SC/US's long-standing experience and mobilization achievements in Malawi and SC/US appreciates the technical BCC inputs and capacity strengthening provided by JHU/CCP. This combination of organizational strengths is working well to accomplish project results.

### **Grant Administration**

To facilitate SC/US's small grants for community mobilization, the original grants manager for the project was a SC employee. Because of the division of labor between partners, JHU/CCP managed all grants funds from Baltimore. The grants manager position was later transferred to JHU/CCP as part of the administrative unit.

During Year 2, the BRIDGE Project began administering small grants to CBOs and NGOs at the community level to support community mobilization activities. JHU/CCP found this task to be more cumbersome than anticipated. Using the Umoyo Network model and with their assistance, JHU/CCP initiated a process of providing orientations on proposal writing to familiarize CBOs, FBOs, youth clubs, and others to the BRIDGE proposal format and requirements. Six community seed grants were awarded through this process (each less than \$2,000) to youth clubs, CACs, and an orphan support organization in three districts.

With the advent of the NAC grants in the last year and the presence of the NAC umbrella organizations (Save the Children, World Vision, Plan, CARE, Cepar) established to provide community grants, BRIDGE noted that the grants process was becoming more complicated. Many of the organizations that BRIDGE had funded were also being funded by NAC for similar activities. Because the process was cumbersome for JHU/CCP, which had to go through their Baltimore office to process the grants, and because of the difficulty in avoiding duplication and coordinating with the NAC grants process, BRIDGE phased out provision of district grants in January 2005. BRIDGE intends to use the funds to program local activities through the district coordinators. BRIDGE also was concerned that their grants were not being used for innovative BCC activities, and rather for meetings, workshops etc., because these are the activities that the CBOs knew how to budget for. BRIDGE decided that by channeling funds through the district

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<sup>5</sup> It is common to frontload USAID projects anticipating higher equipment and other material costs during start-up. However in this case, while there were some initial materials costs, BRIDGE also anticipated scaling up, new mass communication activities and continuing to build capacities well into Years 3 and 4. These activities have turned out to be more expensive than anticipated.

coordinators, they would be able to encourage more innovative activities, such as promotional events, entertaining educational events, etc.

The BRIDGE Project also grants sub-awards to national agencies that have potential to reach target groups through BCC. BRIDGE has a sub-award with PSI that has added a listening group component to PSI's Youth Alert project, which is running smoothly. However, with local agencies, the granting process has taken longer than expected due to difficulties in moving promising activity ideas from the concept phase to developed proposal, and the inexperience of partners in producing a detailed activity concept with a corresponding complete budget. The process of strategically planning activities and developing detailed work plans at the inception of an activity are relatively new skills for many partners. Furthermore, JHU/CCP as a USAID contractor, has fairly strict requirements for grants awards. Delays in producing a successful proposal significantly delayed the funding of activities with the Public Affairs Committee and continue to delay the finalization of good project concepts with the National Youth Council and the Malawi Broadcast Corporation. BRIDGE had also wanted to fund the Salvation Army to scale up activities addressing harmful cultural practices. However, the Salvation Army was never able to produce a proposal that met JHU/CCP requirements and after several meetings with BRIDGE staff, they decided not to pursue a sub-award.

Some grantees also have had difficulties submitting timely financial reports, resulting in delayed budget allocations. The COP understands the proposal and reporting requirements of JHU/Baltimore and is able to assure that the products are acceptable before being submitted to Baltimore. The delay is in assisting grantees to prepare acceptable reports. It is expected that the new finance officer, who will begin in August, will facilitate the financial reporting process.

### **Technical assistance and capacity building**

A major focus of BRIDGE's activity has been to build local capacity to carry out behavior change initiatives outlined in the project and the national strategy. BRIDGE's role has been to connect community- and national-level activities through capacity building. As previously mentioned, a major focus of technical assistance has been on organizations receiving sub-awards. These organizations are of strategic importance because they have a large number of members and networks throughout the country. Many of their central-level staff have received BCI training and are on board with the concepts and the national strategy. Yet sub-awardees are still having difficulty translating these concepts into program strategies and operational activities at the local level, partly due to limited technical staff to implement activities and train members. These organizations also need to understand their roles as networking organizations to provide resources and technical assistance at a broad level.

An example of this predicament is that BRIDGE has wanted to develop MANASO as a potential Center of Excellence and began by providing materials, computers, books, and other resources. Unfortunately turnover in MANASO's BCI position necessitated additional time for recruiting and retraining. The replacement has recently received BCC training in Baltimore. As part of the technical strengthening, BRIDGE worked with MANASO to develop strategic planning skills to support CBOs by providing guidance for HIV prevention communication activities. The issue encountered involved the role of MANASO. MANASO's headquarters developed a plan based on community mobilization as if they were an umbrella organization similar to SC/US that dispersed small grants. One of the objectives of the BRIDGE sub-award was to assure that the

strategic plan really was strategic and advocates that MANASO readjust their role to be more of an expert resource for the CBOs, (i.e. providing materials, tools, models, assisting other organization to assess their communications skills and needs, providing guidance and direction for communication, etc.). BRIDGE sees their role as helping MANASO develop their expert communications programming capacity for their network of CBOs, not to develop materials and products. With BRIDGE technical support, MANASO's recently trained BCI officer will be rethinking the strategic plan and the role of MANASO in this context. Given staffing difficulties and challenges in defining roles, BRIDGE believes that it will be difficult for MANASO to become an operating Center of Excellence by the end of the four-year project, although it is taking on some of key functions, such as being the major disseminator of the Hope Kit and the lead communication agency for the "World AIDS Campaign".

Similar work with NYCOM in promoting youth congress activities and PAC in developing a facilitators training program are progressing and developing capacity within these networks, but in both cases paid staff is very small and implementation takes time. Nevertheless, they have all benefited from the BRIDGE training and are enthusiastically moving forward with activities.

In addition to the sub-grantees, BRIDGE provides a great deal of technical assistance to other Malawian organizations, particularly to NAC and MOH/HEU partner organizations. BRIDGE reports participating in and providing advice for numerous workshops, documents, congresses, working groups, and other activities. BRIDGE has also provided and supported several training programs for national and district audiences on the findings of the baseline research, "Advances in Strategic HIV/AIDS Communication" workshop, and several district "twinning" and skills building workshops (see Annex F).

### **Systems and Procedures**

BRIDGE relies principally on JHU/CCP policy and procedure documents for guiding activities. A procedures manual outlines financial and administrative protocols. A personnel manual governs hiring and personnel management, including hiring policies, benefits, employment regulations etc. Job descriptions for personnel discuss expectations, reporting requirements, and supervision policies. Administrative procedures are in line with USAID regulations, such as kinds of vendors, numbers of estimates required, etc., including guidelines for what is funded at the field level versus via headquarters in Baltimore, as well as requirements associated with funding. The COP is well aware of financial procedures and requirements, and does not appear to have had much difficulty in this area.

JHU/CCP also has a number of guidelines for implementing technical activities, such as the "P" process that outlines steps to be followed in BCC programs. An example is the Hope Kit process: development of the kit (through several meetings reviewing materials with stakeholders), production of the kit, training of trainers to teach about the kit, dissemination of the kit through partners. Similarly the *Nditha* campaign was based on the "P" process starting with the baseline research which was used to inform the programming for the campaign.

Systems and procedures are appropriate for implementing project activities and are consistent with USAID requirements. There may be some question about the efficiency of several procedures that require approval or direct funding from headquarters, which takes additional time. Currently the project has to seek approvals through three structures: USAID, JHU, and

CCP when conducting activities. The university is known to demand that their strict procedures be followed for funding activities, which can lead to delays in implementation, as discussed above in the section on sub-grants and sub-awards.

The project provides annual and quarterly progress reports to USAID that document activities conducted and results. There are sections documenting problems and issues encountered during the period and steps taken to address them. The annual reports also include an implementation plan depicting what activities were conducted during the year, when they were done, and by which partners.

## **Conclusions**

The project is organized appropriately for tasks outlined in the work plan. However, BRIDGE may need more time or more staff to accomplish all the planned tasks, particularly since one-third less money is available for Years 3 and 4. As presently organized, the project can manage two major tasks (campaign, Hope Kit, radio diaries, youth congress etc.) at a time. BRIDGE is also asked to assist with other BCI tasks conducted by partners, other CAs, and NGOs.

The non-CA sub-award activities are progressing despite start-up delays and some still have difficulties with reporting. Since building BCC programming capacity is a project objective, it is appropriate that staff time be allocated. Unfortunately extra time was not programmed.

Systems and procedures are in place and followed for personnel, sub-grants, sub-awards and for intervention activities. Unfortunately many of the administrative and financial transactions need approval or are managed through Baltimore. USAID also needs to approve activities. These steps contribute to some delays and programming inflexibility.

Although the progress reports are effective in documenting activities conducted and discussing steps to be taken during the follow-on period, information monitoring the project's effectiveness in reaching target groups is not included.

## **Recommendations**

- The project should consider increasing staff or reducing planned tasks. Given lower funding levels for Years 3 and 4, the project may want to consider reducing the number of districts and concentrating inputs in selected areas.
- If more funding becomes available, the project will need to carefully program its activities for the remaining period to maximize impact, with realistic timelines.
- M&E programming capacity should be added to project staff (FTE or consultant).
- In order to speed the proposal and reporting process for sub-awardees, mentoring and/or training should be provided for required inputs (budgets, work plans, etc.). The project might consider funding "conditional" proposals that can be corrected as activity begins.
- A realistic work plan should be developed that considers available staff and financial resources and time needed to complete tasks that will demonstrate measurable impact.
- Project monitoring information on progress in reaching target audiences and groups in regular project reports should be included. It would also be useful to include lessons learned and some of the interesting "success stories" that are surfacing from the project.

*2.2. Is the BRIDGE Project facilitating synergy, coordination, and information sharing among: USAID/Malawi team, NGOs, sub-partners, other SO8 partners, other donors and the Government of Malawi? Are they linking BCIs between these groups and are there opportunities to provide feedback on activities?*

The BRIDGE staff has competently brought BCI technology and findings to the attention of other agencies and donors working on HIV/AIDS. The project held several meetings, often in coordination with NAC, on the baseline findings regarding HIV/AIDS behavioral practices and attitudes. The information was well received, particularly the information that indicated a need to address underlying norms and values.

As part of efforts to operationalize the national BCI strategy, project staff has cultivated good collegial relationships with the other agencies, particularly with the BCI unit at NAC and the HEU at the MOH. BCI activities are closely coordinated and information is shared regularly. BRIDGE has led efforts to establish coherence and integration of BCIs among agencies. BRIDGE conducted a “Message Harmonization Workshop” with representatives from GOM agencies, NGOs, and district officers. The workshop developed a package of messages for different audience segments to be used by implementing partners to develop mass media or community outreach programming. BRIDGE has also led efforts to establish coordinated core BCI materials that draw on baseline results and are built on existing best practice tools and materials. Core materials (e.g. the Hope Kit for community groups and a Youth Kit) have been developed through participation from all implementing organizations. Other coordination functions include BRIDGE’s efforts to harmonize work plans, and collaborate and provide input on activities through core working groups with NAC, MOH, and other CAs. The working groups and the coordinated development of BCI materials offer a good opportunity for BRIDGE to receive feedback on the implementation of its activities.

These experiences have resulted in a number of additional organizations seeking technical input and collaboration from BRIDGE. One of the groups requesting technical assistance in BCI is the Umoyo Network. BRIDGE has worked with Umoyo NGOs, inviting them to the training workshops and providing considerable technical assistance on the development of individual BCI plans and strategies. Through its networking activities, BRIDGE has been asked by SO8 partners and others to assist in the development of VCT messages and materials. Similarly BRIDGE sees a need for interpersonal communications skills training and a need to develop appropriate messages and materials to inform the public of the availability of ARVs and PMTCT.

The “Malawi! Make a Difference! Advances in HIV/AIDS Behavior Change Communication” workshop held in 2004 was another successful BRIDGE endeavor that built capacity of participants from the eight project emphasis districts and collaborating partners from the MOH, MOI, BLM, MANASO, PAC, and Umoyo NGOs. The workshop focused on the process of communication and included exercises on translating theory into practical programs at national and local levels. The workshop also included use of a strategic planning tool (SCOPE) that showed participants how to use data from Malawi and take into account real-life resource constraints for developing a BCC intervention project. The workshop was very successful and appreciated by the participants. Several individuals interviewed during the evaluation mentioned its usefulness in planning BCI programs.

The biggest difficulty regarding effectiveness of developing a coordinated BCI approach that operationalizes the National BCI Strategy is the fact that although NAC oversees the national HIV/AIDS response and has plans and documents outlining who is responsible for different aspects of it. There is no comprehensive Operational Action Plan broken out into yearly activities to be implemented by designated actors from national to district to community levels in a phased approach. BRIDGE has taken on some specific areas and is working with NAC to develop a broad network of implementing agencies to carry out many of the operational tasks associated with the strategy, but it is not addressing the entire strategy.

## **Conclusions**

BRIDGE has done a good job of working at the national level through working groups and other networking activities to develop a coordinated and “harmonized” BCI approach, assuring that messages are consistent and different agencies are promoting the same HIV prevention concepts.

The “Advances” workshop was very well received and the workshop tools are being used by participants to develop BCC activities in their own institutions and settings. To date, there has been no follow-up to document the kinds of actions taken by participants following the workshop or provide further direction for the activities.

BRIDGE has also done a good job of bringing its research findings to the attention of other agencies working on HIV/AIDS prevention in Malawi and drawing attention to the underlying norms and values affecting behavior.

## **Recommendations**

- BRIDGE should work with NAC to develop an operational action plan for implementation of the NBCI Strategy. Even if BRIDGE cannot take responsibility for implementing the whole strategy, it would be useful for NAC to have the benefit of BRIDGE’s expertise in developing the plan. If additional resources become available, BRIDGE might consider assigning someone with this expertise to NAC. The plan would most likely be organized into work plans with specific objectives and actions under each strategy. The plan would outline steps to be taken for each strategy, what group or agency would do it, when it would be done, who would monitor its progress, how the objectives would be achieved etc. At the end of the year, the participating organizations would meet, evaluate results of activities and make action plans for the next year.
- BRIDGE should build on its successful “Advances” workshop by providing a refresher course for participants. The course should include an opportunity to provide feedback on actions implemented since the 2004 course and suggestions for further actions.
- If resources permit, BRIDGE should continue working with the Umoyo Network to develop a broader shared vision and identity as a network, which might include a unifying theme among partners and positioning of the logo. The organizations could collaborate to conceive of a joint approach and develop community interpersonal and media activities.
- If resources permit, BRIDGE should work with SO8 partners to develop materials and messages to promote the availability of ARVs and PMTCT services.

### **Objective 3**

Provide recommendations for improved performance.

Most of the recommendations have been included along with conclusions and findings in the preceding sections. However, we would like to respond here to the question under this objective about the causes of performance delays and make recommendations for improving the situation.

#### **Findings**

A number of delays occurred during the first 12 months, which can be expected for a new project that is encountering unforeseen obstacles in completing its work plan. These include an initial postponement of start-up from July to September 2001 because the CTO was not in-country and he requested that the project's arrival be delayed. Another factor that interfered with the timeline for the baseline research was the need to acquire local approvals for the research from the GOM. Another delay in implementation was due to the need to reprogram the designated districts.

Perhaps the biggest cause of delays has been the unanticipated time that was needed to build the capacity of sub-grantees and sub-awardees to receive the projects. As discussed earlier, many of these organizations needed extensive assistance in preparing budgets, developing work plans, formulating measurable objectives etc., and it has taken longer than expected to arrive at acceptable proposals that can then be sent to Baltimore for funding.

Another factor affecting the timely funding of projects concerns the kinds and levels of approvals that BRIDGE has to obtain for certain activities. Approvals for the proposals were required from USAID, and have taken a long time, as well as from JHU and CCP.

#### **Conclusions**

Many of the delays in project implementation are not unusual for a new project. When reviewing the projected versus actual implementation of work plan activities during the first 18 months of activity, most of activities began later but were completed within 1-2 quarters of the anticipated timeframes. One of the factors that appears to be affecting timely implementation of activities is the small number of staff on the project. It is difficult for the project to manage more than two big events at one time (i.e. campaign, Hope Kit, Youth Congresses, radio dramas, grants and awards). As a result, certain activities are probably being postponed.

The time needed to provide sub-awards to partner institutions who need capacity building is greater than anticipated. However, since capacity building of local partners is one of the project's aims, it is worth putting time and energy into this task. In addition, the approvals and funding from USAID, JHU, and CCP have taken longer than expected.

#### **Recommendations**

- In order to speed up the sub-award process, BRIDGE should consider developing a coaching or training program for proposal writers and reporting staff. These training sessions would provide guidelines for designing budgets, objectives, work plans, etc. The staff would assist

applicants throughout the process to complete proposals in a short timeframe, instead of sending proposals back and asking partners to submit several versions of corrected proposals.

- Another option would be for BRIDGE to accept “less-than-perfect” proposals from the anticipated awardees with the condition that they would provide or correct the needed documents before a stipulated period of time in order to receive a tranche of funding.

## Key Issues

In the previous sections of this report, numerous issues are highlighted in relation to achievement of the project objectives. In this section, the report highlights a few key issues that affect the project. Resolution of some of these issues may require the attention of additional institutions such as USAID and NAC. See the Recommendations and Future Directions sections of this report for suggestions on dealing with these issues.

*Additional funding.* As a testament to BRIDGE’s success in Malawi, the project was asked to provide increasing levels of technical assistance and inputs to national and district level projects by partners, SO8 partners, NGOs, other donors, etc. BRIDGE was also asked to scale-up the district level activities. At the same time, the budget programmed for option Years 3 and 4 is only two-thirds that which was programmed for years 1 and 2. Unless they can secure more funding, this will mean a reduction in program activity in spite of demands for more activities. (See Future Directions).

*Regular monitoring system.* To demonstrate that the project is on track in meeting its objectives, there is a need for a regular monitoring system (see Objective 1 findings and documentation recommendations). The baseline research has established a good baseline from which to evaluate impact. In addition, the project has identified a number of intermediate indicators and sexual practice indicators that would be useful for monitoring, but there is no regular monitoring system in place to measure these indicators. The team was also unable to find plans for a final quantitative survey that would measure progress against the baseline findings.

*Need to document project’s achievements and lessons learned.* Related to the monitoring issue is the need to document many of the project’s achievements. BRIDGE did a good job of disseminating baseline research findings, which has been a useful method of motivating and empowering the target audiences and the organizations that work with them. There is also a need to document lessons learned and disseminate them to all groups working with HIV/AIDS. Some of the areas that have notable success stories include: the STEPs approach to community organization and mobilization, BRIDGE work with youth and adult listeners clubs, and the project’s ability to give hope to PLWHAs by linking the mass media radio diaries with listening club support networks. The Christian-Muslim collaboration that occurred through the PAC members in addressing HIV/AIDS at national and district levels is another excellent example..

*Development of a plan for operationalizing the NBCI strategy.* Although BRIDGE is helping to operationalize the National BCI Strategy, it can not address all its areas. There is a need for development of a comprehensive plan to operationalize the NBCI strategy, which includes a series of yearly action plans identifying what will be implemented, by whom and how and when. The HEU has been working on an HIV/AIDS BCI plan through DFID support which identifies quantities of materials needed for activities as well as staffing and partners needed. The plan also

designates which partners will be supporting which activities. It is not clear how this plan integrates with NAC nor are there dates for activities nor commitments from donors, but it could serve as a model for a national BCI operational plan.

*Need for segmentation of groups within target audiences.* There needs to be a segmentation of groups within the target audiences, particularly youth. Based on their stages of development, messages targeting youth subgroups need to be differentiated. In particular, the young pre-adolescents (ages 7 to 12) need specific messages.

*More emphasis on men's behavior.* In relation to the epidemiologic evidence, men's behavior at community and individual levels has not received enough emphasis. BRIDGE is planning a men's campaign for the latter part of Year 3, but the team is concerned that this may not allow enough time for impact by the end of Year 4, given the kinds of implementation delays that have been experienced by the other campaigns.

*Need for consistent message strategies.* BRIDGE's emphasis on "small do-able actions" does not appear to be part of the messages in Public Service Announcements. It is unclear whether all key message strategies are consistent across project areas.

*Development of an exit strategy.* At this point in the project, BRIDGE needs to increase focus on an exit strategy, including the sustainability of project activities after BRIDGE, such as identifying who will continue to address BCI needs at community, district, and national levels. It is understood that BRIDGE has been trying to build capacity of national agencies (such as MANASO as a Center of Excellence) so that they will be able to carry on activities after the project. But the process is slow, requiring much capacity building, and even BRIDGE has expressed doubts about whether this can be done in four years. Similarly, as part of the exit strategy, the project needs to address how the existing activities in the districts will be scaled-up for more comprehensive coverage in current districts or expansion to additional districts.

## Future Directions: Recommendations for USAID and NAC

There are several recommendations for BRIDGE Project partners in the sections of this report that respond to the objectives. For emphasis, the evaluators are highlighting some of the key recommendations that will also concern USAID and/or NAC.

- In order to resolve the issue of increased demand for BRIDGE's technical inputs and activities with the reality of lower funding for Years 3 and 4, it is recommended that:
  1. BRIDGE prepare a work plan for Years 3 and 4 with realistic timeframes given the existing budgets. This will probably involve cutting back on activities or transferring funding responsibilities to partners. They should also prepare an additional work plan of the activities they would perform during the same period if more funding were available.
  2. USAID and BRIDGE should arrange a meeting with NAC to discuss potential funding of BRIDGE activities. NAC has indicated to the evaluation team that they would be willing to fund BRIDGE activities. A substantial amount of the Global Fund resources do come from the U.S. Government, so it makes sense that the funds should be available to U.S.-based institutions. A discussion needs to be held between these groups to determine what

areas NAC would be willing to fund and how soon funding could be made available. There is also the issue that NAC does not want to fund any non-Malawi based headquarter costs, even though much of BRIDGE's very appreciated technical inputs are derived from their headquarters office in Baltimore. However, even if NAC is unable to cover the HQ costs, the three agencies might be able to agree on a plan whereby BRIDGE covers the personnel and technical costs associated with HQ and NAC covers most of the in-country operational costs. Such a plan would require a substantial amount of management and might require additional technical and administrative staff to assure that it is properly implemented.

3. If additional funding is not made available to the project, then USAID will need to ask BRIDGE to prioritize and cut activities, and/or reduce their geographical scope. For example, it may be that BRIDGE will not be able to manage community mobilization activities in all eight districts, in which case they could cut back to four or five while continuing their national level campaigns that reach all eight districts so that there would still be some level of activity.
- In order to successfully carry out the NBCI strategy, it will be necessary for NAC to develop an operational action plan for implementing the actions required for meeting its strategic goals and objectives. As discussed in Objective 2, it will be necessary to develop yearly operational work plans with partners that will describe who does what activities by when. At the end of the year, these plans will be reviewed by partners, progress measured and based on results, new plans drawn up for the next annual work plan. Although it is not currently in BRIDGE's mandate to develop such a plan for NAC, an individual from BRIDGE who has expertise in BCI operational planning who was seconded to NAC could be very helpful in getting such a process rolling. This person would have to be funded by NAC and would probably want to draw on input from JHU headquarters.
  - As mentioned in the Key Issues section, the evaluation team became aware of a number of success stories and lessons learned that have not been highlighted in the reports or other documents. It is important that these be documented and disseminated not only among project partners but also among SO8 partners and other donors working with HIV/AIDS. It would also be useful for JHU and SC/US to present these lessons learned and success stories at international meetings and through their home office web sites.
  - It would be particularly helpful for BRIDGE to document the critical pathway or steps taken in development of their program (i.e. what were the key elements that were critical to the success of these particular interventions and when were they taken?). It appears that based on convergence theory, BRIDGE provided a lot of inputs to reach various target groups through different channels and groups. If BRIDGE could describe this critical pathway process and disseminate it to partner and other organizations, it would be a useful tool for replication of this approach.
  - An issue brought out in the evaluation, though not directly under BRIDGE's control, is the fact that the BCI activities being implemented by BRIDGE and its partners are having an impact on demand for VCT services. Several groups commented that the activities had stimulated their members to go for VCT, and that the number of centers was insufficient for the demand. It is recommended that NAC work with partners to organize and coordinate the BCI activities to promote VCT where quality services are available.

**ANNEX A**

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List of persons contacted

## **List of persons contacted**

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### **Malawi – National**

#### **U.S Agency for International Development**

Mexon Nyirongo, Health Population and Nutrition Team Leader  
Cherie Kamin, Health, Population and Nutrition Officer/Child Health Advisor  
Elise Jensen, Senior HIV/Aids Advisor  
Abel Kawonga, HIV/Aids Program Specialist  
Lilly Banda–Maliro, Reproductive Health Specialist  
Kalinde Chindebv, Monitoring and Evaluation Specialist

#### **Ministry of Health and Population**

Dr. W.O.O. Sangala, Chief Technical Advisor  
Dr. Habib Somanje, Director of Preventive Health Services, Ministry Headquarters

#### **MOH, Health Education Unit.**

Jonathon Nkhoma, Chief Health Education Officer  
Beth Deutsch, BCI Technical Advisor

#### **BRIDGE / Johns Hopkins/ Save the Children**

Kirsten Bose, Chief of Party  
Glory, Mkandawire, BCI Coordinator  
Peter Roberts  
Kent Y. G. Mphepo, Youth Coordinator  
Patrick Phoso, Community Mobilization Coordinator  
Levson Phiri, District Coordinator (Mangochi)  
Brenda Yamba, HIV/AIDS Program Manager  
Lawerence Chulu, Bridge District Coordinator (Chikwawa)  
Mary Kumwenda, Bridge District Coordinator (Mzimba)

#### **National Aids Commission**

Roy Huaya, Director of Programs  
Bridget Chibwana, Head of Behavior Change Interventions.  
Robert Chiozimba, Advocacy Officer  
Maria Mkwala, Community Mobilization Coordinator  
Christopher Teleka, Communications Officer  
Eliam Kamonga – Information Officer

#### **Ministry of Education.**

Dr Robert Ngaiyaye, HIV/AIDS Education Technical Advisor.

#### **Ministry of Information**

Mr Davidson Chirwa, Chief Information Officer

**National Youth Council of Malawi**

Janet Ndagha Kayuni, Chairperson  
Alex Mseka, Director  
Jean Mwandira, Programme Officer (YRH)

**Public Affairs Committee**

Godfrey Mkandawire, HIV Program Officer  
Sophia Mtenda, Gender Officer

**Implementing Partners**

**Family Health International**

Dr Margaret Kaseje, Country Director  
McPherson Gondwe, Senior Care & Support Officer  
Reuben Lizi, District Coordinator  
Philip Moses, FHI Advisor to MOH

**MANASO**

Francina Nyrienda  
Solomon Nyirenda, Regional Coordinator (North)

**Management Sciences for Health**

Jane Dollica Mwafulirwa, Management Technical Assistant (Chickwawa)

**NAPHAM**

Mrs Tiwonge Loga, Executive Director

**Population Services International**

John Justino, Resident Director  
Andrew Miller, Director of Communications  
Marvin Mbwana, Executive Producer (Youth Alert Mix)  
Thomas C. Nhlane, Assistant Programme Manager (Youth Alert)  
Francis Khonyongwa, Listeners Club Coordinator.  
Mario Mame, Listeners Club Officer (Youth Alert)  
Thomas Nhlane, Assistant Youth Alert Program Manager

**Save The Children.**

Jennifer Froistad, Field Office Director  
Carrie Osbourne, Program Manager, Umoyo Network  
Brenda Yamba, HIV/AIDS Program Manager for STEPS.  
Lawerence Chulu, Bridge District Coordinator

**UNAIDS**

Dr Erasmus Morah, Country Coordinator

### **World Vision**

Bright Chiwaula, HIV/AIDS, Program Manager

### **UNICEF**

Dr Adebayo Fayoyin, Communication Officer

### **Others**

### **Centers For Disease Control**

Dr Margaret Davis, Director

### **Field Visits**

### **MANGOCHI**

#### **Community Leaders**

Misi Katema	Village Headman
Mpaula Mponda	Village Headman
Saiti Kadzuwa	Village Headman
Gaunda Phiri	Village Headman
Mr Ngoyi	Village Headman
Sani Mkawa	Village Headman
Jennifer Chimperi	Initiation Counselor (Saitikadzuwa)
Manuel Nampinga	Pastor - (Gundaphini)
Moses James	Initiation Counselor (Saitikadzuwa)
Masi Karonga	Initiation Counselor (Ngoyi)
John Chimbalame	Pastor (Saitikadzuwa)
Grecian Simeon	Church Elder, Anglican (Saitikadzuwa)
Twalid Spark	Initiation Counselor (Mpandamponde)
Richard Kachigunda	Traditional Healer (Mtalimanja)

#### **District Aids Commission (DAC)**

Joel Kasanga	Information
McField Mapemba	Works Supervisor M.H.C.
Annie Chadza	Education
S.A. Eliasi	District Trade Officer
Mike Sandali	Labour & UTO
Grace Mafuta	WAGA CBO
Kinsley Pote	MASO CBO
Ernest Kadzotzoya	District Aids Coordinator
Nephtale Chabuka	District Assembly
P.R. Banda	Mousmondo (NGO)
Rev. P.W. Banda	Evangelical Association of Malawi
F.Omali	Moyimondo (WFIO)

**PAC Representatives**

Haula Monard	Mulasa Muslim Youth Club
Y.D. Makungwa	MAM Kadriya
Y.Mandale	MAM
SH. Abadula Kaposi	Muslim Association
Rev Fr Martin Mgeni	CCM (Anglican)

**Women Against Aids (WAGA)**

Grace Mafuta  
Nell Mafuta  
Mary Chinthochi  
Jessie Nankambe  
Susan Mphaya  
Maliatu Bunomali  
Christina Kwizombe  
Bertha Ali  
Mai Abudu  
Nellie Talupa  
Meria Chimpani

**Youth Against Aids (YAGA)**

Bernard Kananji  
Prince Isaac  
Trouble Mafuta  
Gift Sanudi  
Mphatso Maguba  
McLore Mafuta  
Lajabu Kassim  
Enocent Nkonde  
Geoffery Tamu  
Chikondi Salaju  
McCloud Mafuta  
Jeofrey Kitzino

**Malawi Radio Stations.**

Benson Nkhoma Somba, Galaxy Media Consultants, Program Manager  
Vyalema Mwalllyambwire, Malawi Broadcasting Cooperation (MBC)  
Willie Mang'anda, MBC  
Johsua Kambwiri, MBC  
Gerald Viola, MBC  
H.Yahia Abbakar, Radio Islam  
Sraj Suleman, Radio Islam  
Osman Phiri, Radio Islam

Joyce Ng'oma, Power 101  
Edward Kankhomba, Power 101  
Vincent Phiri, Capital FM  
Al Osman, Capital FM  
Tiyamike Khonje, Capital FM

## **CHICKAWA**

### **PLWHA Listener and Support Group**

McKaisi Chimbalanga	Support Group Supervisor
Adson Matande	Youth Coordinator
Judisi Yohamu	Chair Lady

James Thenesi	Vice Chairman
Emele Kandiyado	Secretary
Chifuniro Mtengo	Vice Secretary
Frick Mwale	Supervisor
Bedifodi Nkhambala	Social Welfare
D. Jones Matchano	V.C.T. Counselor
Evance Chisombe	VCT Counselor
Lastoni Landan	Member
Patrick Naliya	Member
Agnes Phiri	Member
Elemi Nyadanga	Member
Malita Andisem	Member
Dinesi Dagalasi	Member
Esime Phiri	Member
Esita Nkuzi	Member
Makirina Kaligomba	Sungi Chima?

### **Cadecom**

Gladys Fatch	HBC Provider
Fred Chiputula	Diocesan Health Secretary
Hamid Adam	Muslim Association of Malawi MAM
Abdul Jana	MAM
Prince Stazio	Reverend Africa Evangelical Church
German Mitambo	Catechist – Catholic
Gust Lubrino	Church Leader
Rev. H.H. Mwokiwa	Minister Mitole CCAP (Blantyre Synod)

### **District Aids Commission.**

Victor Kaliwo	DACc Member /Information Officer
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Maclean Makina	DACC Member/IEC Office
Charles Chibwana	DACC Member, Assembly
Dalitso Mipando	DACC Member, Primary Justice Carer
Mabvuto Tkwandawire	DACC Member, NUNV Planner
Paul Phiri	DACC Member, HIV/AIDS Coordinator
Dave Kaliza	DACC Ntondo Support Group
McDonald Chilumpha	DACC Member
Mary Chavi	DACC Member – AGLIT
Clara Mazureva	DACC Member, VCT Counselor
Meria Namagowa	DACC Member, Agriculture
Hamida Mia	DACC Member, Orphan Care
Grace Mphadzula	DACC Good Hope Youth
June Alufaulika	DACC Member FHECC
Paul Chibisa	DACC Member L.W.C.
Stena Nkhoma	DACC Member Fambauome Youth Organization
WAM Chanza	DACC Member / Labour Office
G.L. Mvula	DACC Member, Social Welfare.

## **MALOMBE**

### **Malombe CDC**

W.Mfaume	Chairman
Mrs L.M. Mkumba	Vice Chairman
E.A Chilinua	CAC Secretary
E.R. Tambula	BCC Secretary
L.B. Safuli	CAC Orphan Chairman
Rajabu Bamusi	Home Based Care
Benson Mwandira	Home Based Care (Secretary)
John Andrew Phiri	Chairman, Youth Technical S. Committee?
Charles Y.Laini	CAC Youth Sub Tech ?
Elube Kacholola	Youth Sub Tech Committee ?
Jack Chiutila	Youth Member
Mitawa James	Committee Member
Miliya Somela	Committee Member
E. Mosolini	Committee Member
Ales Kola	Committee Member
Florence Ayami	Committee Member
Billy Yasini	Committee Member
S.P. Malajila	Committee Member
T. Khumbanyiwa	Committee Member
J. Kassimu	Committee Member
B.Sunaili	Committee Member
Virginia Edward	Committee Member
Sisilia Yotamu	Committee Member
Grace Mdala	Committee Member

### **Malombe Listeners Club**

Clifton Chimwaza	
Chikondana Ayami	
Sayinabu Mdala	
Edina Lemison	
Sahuwana Gama	
Love Remson	
Asiyatu Resita	
Lawa Dikisoni	
ShokinaGama	
Chisomo Nankhaele	
BenedeloDalitso	
Luse Lesta	
Eluby Kacholola	
Eliza Mosoline	8 years old
Alice Kola	8 years old
Florence Ayami	12 years old
Teleza Khumbanyine	12 years old
Bilaya Sumaili	14 years old
Virginia Edward	12 & 8 years old
Grace Mdala	14 years old
Cecilia Yutamu	13 years old
Mercy Mkumba	12 years old

### **MZIMBA**

Inkosi Mpherembe Chief (Traditional Authority)

### **Malidade CAC**

Robert Harawa	Chairperson
Griffin Mkandawire	Secretary
Grace Ziba	Vice Secretary
Shellaton Mkandawire	Youth Subcommittee
Maria Kumwenda	Member
Martha Ndhuli	Member
Maxon Mkandawire	Member
Desile Chumbi	Chairperson Prevention Committee
Darton Sichinga	Member Prevention Committee
Florence Chilembo	Traditional Birth Attendant

### **Chibangalala VAC**

Cheso Nyirenda	Village Headman-member
Lackson Nyirenda	Village Headman-member
Mr Nyrienda	Headmaster
Upe Mughogho	Secretary

Betings Chisi	Member
Florence Chiona	Member
Harry Mvula	Village Headman-member
Olesi Chisi	Member
Maltilda Kumwenda	Member
Getrude Chisi	Member
F.K. Zgambo	Member
Lucius Gondwe	Member
Mwalusungu Mwalusalu	Member
Efrida Kumwenda	Member

**Zalo VAC**

Lameck Mkandawire	Member Village Headman
Musale Mkwale	Member Village Headman
Murya Nyungu	Member Village Headman
Kalindamau Nkulama	Member Village Headman

## **ANNEX B**

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### References

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## **ANNEX C**

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### Interview guide

## **Interview guides**

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### **COMMUNITY**

1. Have you heard any information about how to prevent HIV/AIDS?
  - If yes, where, what channel?
  - Can you recall the message? Can you name anything specifically that the messages said that you could do to protect yourself from HIV/AIDS? What about other people?
2. What are you doing differently now as a result of hearing these messages?
  - 2a. Are there things that are keeping you (barriers) from taking those actions?
3. Do you think you can do anything about this HIV epidemic? What about other people? Are there people who would support you (them) in these actions? People who would not approve of your (their) actions?
4. After listening to the messages about HIV/AIDS did you talk to anyone or did anyone talk to you about the messages?
5. Have you heard about “listening groups?”

If yes:

  - What (problems?) did you discuss in the listening groups?
  - How can the listening group be more helpful to you?
6. Do you think these prevention messages about HIV/AIDS should continue?

If yes:

  - Are there prevention messages you think should be heard that are not currently promoted?
7. Have you heard of the “Bridge” Project?

If yes:

  - What is the purpose of the project?

### **YOUTH**

1. Do you currently believe that you are personally at risk for HIV/AIDS? What actions do you currently take to prevent HIV/AIDS? How did you learn about these actions?

2. Are you currently involved in any group or organization that is undertaking HIV/AIDS prevention activities?
3. Have you seen any T shirts with messages about “Big Brother” and HIV/AIDS? What were the messages?
4. Do you read the Youth Link Newsletter?  
If yes:
  - o Have you seen the Help Line page and the page where young people living with HIV/AIDS share their experiences?
5. Are there behaviors that you are encouraged to do that you have difficulty implementing? What could help you to do these behaviors?

### **ADULTS**

1. Can you name the behaviors that prevent HIV/AIDS that are promoted by the BRIDGES project?
2. Are you doing anything differently since you heard about those behaviors?
3. Do you have suggestions for how to better communicate messages about these behaviors?
4. Have you noticed any changes in your communities since the BRIDGES project?
5. Are there barriers to implementing some of the things the project is encouraging you to do? Is there anything that can be done to overcome these barriers?

### **DACCs, CACs, VACs**

1. How do you interact with the Bridge Project? What specific behaviors does the Bridge Project Promote? How are you promoting them within your organization as a result of the Bridge project?
2. What is your role in the project (training, recruiting volunteers, promoting condoms)?
3. What do you think are the strengths and weaknesses of the project? What is different now from before the BRIDGES project?
4. People know how to prevent HIV/AIDS but don't change their behavior. Why? How do you think the BRIDGE project is addressing these reasons?

5. Are there local beliefs or traditions that would help to overcome harmful traditional beliefs and behavior related to HIV/AIDS?
  
7. Have you heard any messages about how to prevent HIV/AIDS? What did you think when you heard the messages?
  - Did you take any actions after you heard the messages about H/A?
  
  - Is there anything that the project could do that would help encourage more people to change their behaviors to prevent HIV/AIDS?

### **NGOs, FBOs, Manaso, PAC**

1. How does your partnership with the Bridge Project work?  
  
How often do you meet?  
  
How much did you contribute in designing your activity with the Bridge Project?  
The workplan? Budget?
2. What capacity building have you received through Bridge? (Save, Manaso, PAC?)
3. What inputs did you receive from Bridge in designing programs, developing workplans? Identifying training needs?
4. What do you see as the strengths and weaknesses of the Bridge Project?
5. Do you have any recommendations for the future?

### **NATIONAL LEVEL STAKEHOLDERS**

1. What assumptions do you have about the way to address HIV/AIDS prevention and reducing HIV/AIDS risk?
2. What are the major sources of funding for health HIV/AIDS prevention programs in Malawi?
3. How are resources mobilized from the central to the district level?

4. Is there multi-sectoral collaboration between donors, agencies and programs?  
What is the Bridge project's role in this, if any?
5. What is your opinion of the Bridge Project? Do you think it is effective?  
What are its strengths and weaknesses?
6. What are the government's contributions to HIV/AIDS media programming?
7. What policy reforms are needed to make the media more effective?

**ANNEX D**

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Schedule of appointments

## Schedule of appointments

<b>DATE</b>	<b>TIME</b>	<b>VENUE</b>	<b>ORGANISATION</b>	<b>CONTACT</b>	<b>PHONE NOS.</b>	<b>COMMENTS</b>
<b>WEEK 1</b>						
<u>Thurs 23<sup>rd</sup> June</u>	13-00 – 17.00	USAID Office	USAID	Elise Jensen Cherie Kamen Mexon Nyrongo Able Kawonga	01 772 455 09 960 037  09 960 017	1 <sup>st</sup> Initial Briefing
Fri 24 <sup>th</sup>	09.00	USAID Office	USAID,	Elise Jensen	01 772 455	2 <sup>nd</sup> Initial Briefing & Layout of proposed assessment strategy
	11.00	National Aids Commission Bldg	NAC	Bridgett Chibwana & Beth Deutche	01770 022 08842 536 08844 527	
Sat 25th						
Sun 26th	15.30	Kumbali Country Lodge	Johns Hopkins /BRIDGE	Kirsten Bose	01750 733 0951 1242	
Mon 27th	09.00	Johns Hopkins /Bridge Offices, Accord Bldg	Johns Hopkins /BRIDGE	Kirsten Bose & Project members and Partners	01750 733	
	12.45	Airport				Jean Capps Arrives
Tues 28th	09.00	NAC Bldg	NAC	Bridget Chibwana & BCI Team	01 770 022 08 842 536	
	11.00	National Youth Council offices	NYC	Jean Mwandira Alex Mseka		Arranged by Kirsten. Directions given to driver

<b>DATE</b>	<b>TIME</b>	<b>VENUE</b>	<b>ORGANISATION</b>	<b>CONTACT</b>	<b>PHONE NOS.</b>	<b>COMMENTS</b>
	14.00	Public Affairs Committee	PAC	Godfrey Mkandawere, HIV Program Officer Sophia Mtenda, Gender Officer		Arranged by Kirsten. Directions given to driver
Wed 29th	AM	TEAM	TRAVEL	TO	MANGOCHI (Nkopolo Lodge)	All Team Members with Patrick Phoso & Levison, BRIDGE Representatives. Team will use Lodge vehicle and driver.
	PM	TEAM	ARRIVE	IN	MANGOCHI	Please refer to BRIDGE Itin.
<b>WEEK 2</b>						
	AM					See Bridge Schedule
Thurs 30th	PM	TRAVEL	TO	BLANTYRE (Ryalls Hotel)		Sandy and Haider travel to Blantyre in Bridge vehicle. Jean remains in Mangochi with Lodge vehicle
	16.30	UMOYO Offices, Umoyo House, Victoria Avenue	UMOYO Network	Carrie Osbourne, Program Manager	08 834 976	
Fri 01 <sup>st</sup> July	08.30	PSI Offices	PSI	John Justino, Res Director, Andrew Millar,	01 674 139	

<b>DATE</b>	<b>TIME</b>	<b>VENUE</b>	<b>ORGANISATION</b>	<b>CONTACT</b>	<b>PHONE NOs.</b>	<b>COMMENTS</b>
				Dir of Comm. & Ops, and Youth Alert Team		
	15.00	MANASO offices	MANASO	Ms Francina Nyirenda	01635 018	
	18.00	Ryalls Hotel	Galaxy Media Consultants	Benson Nkhoma Somba	09 551 654	
	19.00	Ryalls Hotel	NAC	Roy Hauya	08 842 536	
	PM	Jean	Travels	To	Blanrye	Ryalls Hotel
Sat 02 <sup>nd</sup>	AM	Blantyre	Meetings	With	Radio Stations	See BRIDGE Itin.
	PM	Sandy and Haider	Return	To	Lilongwe	Travel to LLW in Bridge Vehicle. Jean to remain in Blanrye with Lodge vehicle.
Sun 03 <sup>rd</sup>	AM & PM	Sandy	And	Jean	Rest	Day
	PM	HAIDER	TRAVELS	TO	MZUZU (Mzuzu Hotel) 09511242	Bridge Vehicle to be provided. Bridge Representative, Peter Roberts. See BRIDGE Itinerary
Mon 04 <sup>th</sup>	AM	JEAN	TRAVELS	TO	CHIKWAWA	Lodge vehicle to be used for day trip. Itinerary TBC by BRIDGE
	AM	Haider	Travels	To	Mzimba	Bridge vehicle to be used for day trip. Itinery TBC by BRIDGE.

<b>DATE</b>	<b>TIME</b>	<b>VENUE</b>	<b>ORGANISATION</b>	<b>CONTACT</b>	<b>PHONE NOS.</b>	<b>COMMENTS</b>
	09.00	Bridge Offices	Bridge	Kirsten Bose	01750 022 09511 242	
	10.30	Umoyo Offices	Umoyo Network / Save the Children	Jennifer Froistad	01753 888 08831 710	
	12.00	Bridge Offices	Bridge	Kirsten Bose	01750 022 09511 242	
	15.00	MOH, Capital Hill	MOH	Dr Habib Somanje, Director Of Preventative Health Services	01789 400 08842971	
Tues 05th	AM & PM					Jean goes to field visit in Malombe
	AM &PM					Haider continues with district meetings
	09.00	USAID Offices	USAID	Mexon Nyrongo Abel Kawonga	01772 455	
	11.15	CDC Offices, Kangombe House	CDC	Dr Margaret Perry, Director	01775 188 09 960 152	
Wed 06th		MALAWI	NATIONAL	HOLIDAY		
	AM	Haider	Departs	For	Lilongwe	
	AM	Jean	Departs	For	Lilongwe	
<b>WEEK 3</b>						
Thurs 07 <sup>th</sup>	TEAM	PREPARE	FOR	MID TERM	DEBRIEFING	
Fri 08 <sup>th</sup>	09.00	USAID Offices	USAID	Mr Kalinde,	01 772 455	

<b>DATE</b>	<b>TIME</b>	<b>VENUE</b>	<b>ORGANISATION</b>	<b>CONTACT</b>	<b>PHONE NOS.</b>	<b>COMMENTS</b>
				M&E Coordinator		
	10.30	MOH, Capitol Hill	MOH	Dr W.O.O. Sangala, Chief Technical Advisor	01789 400/195	To be accompanied by USAID personnel
	14.00	Bridge Offices	Bridge	Glory Mkandawire	01750 333	Jean and Haider
	15.30	World Vision Offices (At MSH Complex)	World Vision	Bright Chiwaula	01750 541 08 912 400	Jean Capps
Sat 09th						
Sun 10th						
Mon 11 <sup>th</sup>	08.30	USAID Offices	USAID	Abel, Mexon,	01 772 455	Mid Term Debriefing
	10.30	Napham Offices, City Centre, 1 <sup>st</sup> Floor, Plaza House. (By Old National Bank)	NAPHAM	Mrs Tiwonge Loga, Exec Director	01 770 641	
	14.00	FHI Offices, Arwa House	FHI	Dr Margaret Kaseje	01 775 106 09 510 111	
	15.30	UNICEF Offices	UNICEF	Mr Adebayo Fayoyin	01 770 788	
Tue 12 <sup>th</sup>	09.00	UNAIDS, Next to Capital Motel	UNAIDS	Dr Erasmus Morah Jacqueline Kabambe	01 772 603	<a href="mailto:Jkabambe@unaids.unvh.mw">Jkabambe@unaids.unvh.mw</a>
	10.00	MOE, Capitol	MOE	Robert	01 789 422	

<b>DATE</b>	<b>TIME</b>	<b>VENUE</b>	<b>ORGANISATION</b>	<b>CONTACT</b>	<b>PHONE NOS.</b>	<b>COMMENTS</b>
		Hill, Room 98, top Floor.		Ngaiyaye HIV/AIDS Education Technical Advisor		
	11.00/15	MOI, opposite British Council	MOI	David Chirwa, Chief Information Officer	09957 617	
	14.00	RHU offices, Across the Bridge first right.	MOH, RHU	Jonathon Nkhoma	08 841 016	
<b>WEEK 4</b>						
<i>Wed 13th</i>	16.00	Kumbali Country Lodges	Save The Children	Mwate Chinto	01751 201	
Thurs 14th						
Fri 15 <sup>th</sup>	09.00	USAID Offices	USAID	Mexon Nyronga Abel Kawonge	01 772 455	Final Debriefing Arrange
Sat 16 <sup>th</sup>						
Sun 17 <sup>th</sup>						
Mon 18th	09.00	Save the Children, Conference Room, Amina House	Bridge and Partners	TBC		Final Debriefing
Tue 19 <sup>th</sup>	DEPART					

## **ANNEX E**

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BRIDGE project mid-term evaluation powerpoint

# BRIDGE Project Mid-Term Evaluation

June/July 2005

# Introduction

## Purpose:

- Determine if BRIDGE is making progress towards achieving workplan results
- Recommend whether USAID should exercise its option to extend the project into years 3 and 4.
- Recommendations to enhance achievement of workplan results

# Methodology

- Team selection
- Team Planning Meeting in Washington
- Pre-evaluation meeting with USAID/  
Malawi SO8 team
- Briefing from BRIDGE team: progress to date; review of stakeholders; plan field visits

# Methodology - 2

- Met with National level stakeholders from MOHP's HPU and the NAC- BCI team.
- Conducted field visits to Mangochi, Chikwawa, Mzuzu districts and Blantyre.
- Follow-up interviews in Lilongwe with stakeholders, BRIDGE staff, USAID, donors, CAs, NGOs etc.
- Limitations – unavailability of key individuals

# Evaluation Objectives

1. Are BRIDGE activities effective and making progress towards HIV prevention through BCI?
2. Strengths and weaknesses of BRIDGE's management, coordination and communication.
3. Administrative and technical recommendations

# Objective 1

Assess and Analyze the effectiveness  
of BRIDGE project to facilitate  
implementation of NBCI

Mass Media

And

National Level Interventions

# National Campaign (Nditha)

- Addresses baseline research findings
- Self-efficacy
- Bridge populations and “targets of opportunity”
  - Youth
  - Men
  - Women

# Radio Diaries

Six Radio Stations: MBC Radio 1, Radio Maria, Capital FM, Power 101, Radio Islam & Trans World Radio

- PLWHA tell personal life stories on the radio (12 people living with HIV/AIDS: 3 Central, 7 South and 2 North)
- Reduces stigma and prejudices
- Encourages VCT
- Reduce Domestic Violence
- Open communication/behavioral journalism within community setting

# Youth Alert Radio Magazine Program

- Youth club networks (200 Listeners Clubs:25 LCs per BRIDGE District)
- Peer education (Trained 400 LC Leaders: 70%M & 30% F)
- Promote social support and resource mobilization (200 Freeplay Radio distributed)
- School-based YA program (936 Teachers trained;95 Youth Workers trained M # F # )
  - Improves teaching-learning environment ( 15,000 Facilitators Guides printed: 5000 Facilitators Guides distributed)
  - Discourages intergenerational sex practices (teachers)
  - Reinforces "Nditha"
  - 6 Young People had HIV test in Salima and Mzimba
  - Program Broadcasting time changed from 14.20 to 15.00

# Public Services Announcements (PSAs)

- Nationwide coverage
- Broadcast 1-2 times daily ( Nditha/Youth Alert/ Hope Kit ???)
- Coordination between MBC, Radio Islam, Power 101, Radio Maria and Capital FM
- Interfaith collaboration
- HOPE KIT: 30 Master Trainers Trained in 8 BRIDGE DISTRICTS

# Conclusions and Recommendations

- Radio station capacity, especially at regional lower than anticipated
- Contract negotiations longer than anticipated
- Inadequate use of regional resources and focus
- Needs detailed MANASO technical capacity plan for implementing Hope Kit

# Conclusions and Recommendations (contd...)

- More focus on national level than on district and community level
- Limited linking of BCI messages and availability of services (eg VCT)
- Continue efforts to strengthen interfaith collaboration (Christian-Muslim)
- Needs upgrading of PAC Work Book as communication oriented tool
- Slow tracking of program implementation
- Link outputs/impact indicators with multi-media/integrated communication activities
- Insufficient dissemination of findings from monitoring among program partners and SO8 partners

# Conclusions and Recommendations (cont'd)

- Lacks evidence of a “critical path” in planning and implementation
- Lacks emphasis on diffusion capacity in relation to Communication products and information load
- Unclear plans for institutionalizing and sustain program elements eg Youth Alert magazine, Nditha and SARA
- MBC programs are not in primetime and lack financial contribution (cost-share) from stations
- Some secondary support groups not targeted (eg grandmothers)

# Conclusions and Recommendations (contd..)

- Messages harmonized for broad-based target audiences; didn't address subgroups of each category
  - Youth
    - ages too broad,
    - youth in different developmental stages
    - No mention o "secondary abstinence" for youth after sexual debut

# Key Recommendations

- Analyze demographic and behavioral variables among subgroups ( youth, men and women) and develop messages targeting them
- Target secondary support groups with specific BCI messages
- Link messages to access to services
- Include mass communications in project monitoring system
- Strengthen regional radio broadcasting capacity
- Increase BCI Focus on Gender Issues within formal and non-formal educational settings, work places and communities through DACs, CACs and VACs
- Document youth clubs' counseling performance data ( using A B & C) ; membership growth rate, HIV/AIDS prevention practices including VCT and monitor behavioral change stages at the community level

# Recommendations (contd...)

- Planned use of “positive deviant” role models should include clear focus on specific behavior in target populations (eg B in male behaviors.)
- Increase campaign focus on district and community level
- Address multi-sectoral approach to supporting momentum generated by campaigns through USAID SO 8 Partners, NAC Stakeholders, MOH/HEU, MOE, MOI, MOA and bilateral/multilateral donors' collaborations

# Overall Assessment and Directions

- BCI activities are effective
- Requires adequate capacity building for efficiency both in production of communication products and building capacity for diffusion
- Sustainable expansion of activities requires
  - Focus at district and community level using learning curves generated through tracking of implementation in the focused districts

- Continue to support and build capacity of FBOs at the district and community levels, including monitoring
- Expand ABC messages consistent with local realities by involving communities in their development and expand to PMTCT
- Include TLs and Youth groups from rural areas in radio broadcasts

# Links to Districts and Communities



# Effect of BRIDGE Technical Assistance

- Multiple national and community partners engaged
- Trained PAC and NYCOM at national level; BCC topics in Youth Congresses
- Led message harmonization effort
- DACCS, CACs, VACs formation & capacity building
- FBOs, CBOs, opinion leaders trained
- Youth and “listener’s clubs” formed

# BRIDGES TA

- Community efforts reinforced by Nditha Campaign, Youth Alert, and Radio Diaries at national level
- STEPs approach to community mobilization is effective model for establishing “enabling environment” and to HIV/AIDS
- Involving key community leaders (esp. traditional leaders and religious leaders) and structures (CACs) help find local solutions to HIV/AIDS related problems.

# The “ABCs” of HIV/AIDS behavioral changes

- BRIDGE messages consistent with USAID PMP behavioral indicators (aligned with PEPFAR also)
- Adapted to the Malawi community context
- Culturally and religiously acceptable
- Deal with many, but not all considerations in the ABC approach
- Condoms more acceptable when balanced with other interventions: VCT, abstinence promotion, etc. (distribution increased in Mangochi from 432 in March 2004 to over 12,000 in June 2005.)
- As of MTE, “B” messages minimal

# Interfaith Collaboration

- Partnership and capacity building with district (and national) PAC members involved religious leaders in support of HIV/AIDS CM

(Could be a “success story” of Christian-Muslim unity in facing HIV/AIDS)

# Youth Activities

- Youth clubs and listeners clubs for Youth Alert very effective in promoting:
  - Avoidance of “risky behaviors” e.g. alcohol and drug abuse, sexual activity
  - Improving parent child communication about RH and HIV/AIDS
  - Some evidence of encouraging out of school youth to return
  - Female adolescent negotiating skills to avoid coercive or transactional sex strengthened.



# PLWHAs

- Bridge adult “listener’s clubs” and radio diaries:
  - Encourage knowing own status by VCT
  - Gives “hope” to HIV+ listeners (major strength!)
  - Promotes “positive living” and hopeful future through information on nutrition and other healthy behaviors
  - Emotional support through listener’s clubs evolve group into support groups

# Community Mobilization Strategies



- BRIDGE has established adolescent listeners clubs, both mixed and “girls only” along with PSI
- Membership has steadily increased since they were established earlier this year
- Uses participatory and interactive “Hope Kit” with groups

# Community involvement in communication strategy



- Community dramas and songs in “Open Days” and other events communicate key BCI messages and also provide emotional support and practical advice to PLWHA participants. Helps reduce stigma.

# District Level Capacity Building

- BRIDGE partner SAVE the Children has built up DACCs and CACs, many were not functional at the beginning of project
- Provided BCC training through BCC technical subcommittees of these structures
- Devotes more time and effort in “non-STEP” districts to provide “enabling environment”
- Model seems to be effective in “operationalizing” NBCI strategy and can help with scale up

# National Media Campaigns: link to communities

- Campaigns and “Open Days” are major events and get the “I can” message (self-efficacy essential in BC)
- Events reach broad audiences with the same messages.



# Gender issues



- Married women interviewed stated improvements in intramarital relations, including sexual relations
- Less domestic violence
- Adolescent girls more assertive in resisting sexual advances from peers and older men, including “sugar daddies”
- Traditional leaders formation of “cultural committees” addressing risky behaviors, many which put women and adolescents undergoing initiation at puberty “at risk”

Parents notice behavior changes of their children.

“Before BRIDGE helped the CAC start the youth club, our children had nothing to do but “risky” behaviors. The club is keeping our children busy and they are not doing those things very much now.”

*Parent of Youth Listener's club member,  
Mangochi District.*

# Monitoring and Evaluation

NAME OF CBO/CBCC/NGO/FBO: Women Against Aids (WASA)  
 District: MANGOSHI Region: SOUTH Catchment area/villages

1. INFORMATION ON CHILDREN

CATEGORY OF CHILDREN	DISTRIBUTION BY AGE AND GENDER										
	0-5 years		6-10 years		11-15 years		16-18 years		TOTALS		
	M	F	M	F	M	F	M	F	M	F	
Total number of children	470	522	684	630	699	487	445	516	270	325	605
Children who have lost both Parents	15	22	120	135	102	130	184	92	461	417	878
Children who have lost Mother only	130	142	110	190	210	180	101	125	551	641	1192
Children who have lost father only	113	130	165	104	160	171	10	94	467	517	984
Orphan headed Households	-	-	-	-	8	11	15	18	23	29	52
Orphans in orphan Headed Households	-	-	-	-	20	25	36	55	56	80	131
Orphans in Elderly Headed Households	15	17	33	110	60	72	29	20	137	209	346
Children living with Sick Parents	-	-	30	57	62	79	1	4	94	140	234
Children who are chronically ill	7	12	16	19	22	36	39	52	84	119	203



# Measurable results

- But other project data very limited; activities and indicators not linked.
- Coverage data not available; hard to assess public health impact.
- Some of the best data is available from CBOs, but not linked to BRIDGE activities (Mostly OVC, HBC)
- Impact indicators inconsistent in documents. May not be measurable by EOP.

# Constraints

- Staffing at district levels very thin
- DACCs need maps showing where all HIV/AIDS activities are located
- Districts are under different “umbrellas”.
- District AIDS Coordinators and District Youth Coordinators need capacity building to independently fulfill their roles.
- Follow-up to baseline scheduled too close to activities start ups.

# Message Limitations

- Secondary abstinence not in “A” messages
- Emphasis on “B” minimal, though the most important of the ABCs in reducing HIV prevalence and included in indicators.
- Correct and consistent condom use not emphasized in “C” messages
- Pregnant women encouraged to go for VCT, but not PMTCT for HIV+
- Target age groups not in line with NCBI strategy. Youth: BRIDGES 15-24, NCBI 7-24. WCBA BRIDGES 15-49, NCBI 13-49
- Younger ages need more emphasis for delayed sexual debut. Wide age ranges at different developmental stages.

# Recommendations for district and community level

- BRIDGE collaborate with SO8 and other partners (especially FHI) in building DACC capacity in mapping exercise and coverage planning
- SC analyze model implemented in BRIDGE and determine “critical pathway” and resource requirements for replication. Share through national channels and NBCI POA

# Program Recommendations

- Bridge should determine own program coverage and develop district-wide scale-up plans
  - Community structures already have scale-up strategy but need resources
  - Community mapping can help DACC identify coverage gaps
  - Work with umbrella to seek and facilitate proposals to fill the gaps

# Recommendations

- Develop CM for men's campaign now, while national campaign is developed
- Target specific behaviors recognized in communities by involving TL, RL and CACs in CM strategy development
- Align target age groups with NCBI
- Network and find support for community structures to do locally driven "scale-up" planned and implemented by them (see OP)

# M&E Recommendations

- Strengthen community monitoring and evaluation with TA from SC HQ, CORE group and CSTS and others. Should include partner capacity assessment tools. Consider LQAS for quantitative monitoring tool.
- Incorporate community data in data collection system; should go beyond only quarterly reports
- Track increases in activities, geographic coverage and group memberships in addition to services.
- Postpone quantitative survey until all program elements have been in place for a period of time. (Men's campaign not yet started.)

# Objective 2

# Findings -Obj. 2: Bridge Management and Coordination

- Organization and staffing appropriate for requirements but insufficient to meet increasing requirements due to: lower
- funding levels for yrs 3,4; change in districts; need for M&E; underestimation of TA needs; increasing demands for T.A.
- BRIDGE project systems and procedures are effective but not always efficient.

# Findings:Obj. 2: Management - 2

- Subaward and sub-grants process is labor intensive. Underestimated time and T.A. required for proposals and implementation.
- Good complementary relationship btwn JHU/CCP and SC/US. Function as "Team".
- BRIDGE has brought important TA and capacity to partners through project staff and HQ support. Not always timely.

# Findings: Obj 2: Management - 3

- Good collaboration/ coordination with USAID, NGOs, sub-partners, UNICEF, UNFPA, SO8 partners
- Extensive dissemination of Baseline results (underlying values affecting behavior), harmonizing of messages, common tools taught in "Advances" Workshop, coordinated core BCIs (Hope, Youth)

# Findings: Obj. 2: Management - 4

- Work to coordinate/ harmonize workplans with other SO8 partners, NAC, MOH through core working groups, best practices forums

# Recommendations

- Continue funding of BRIDGE project for option years 3 and 4.
- Recommend that BRIDGE increase staff or reduce planned activities. Given reduced funding for years 3,4, may consider need to reduce project scope.

# Recommendations-2

- If more funding available: need to carefully program activities to maximize impact with realistic timeframes.
- Increase M&E staff capability (FTE, consultant?)

# Recommendations - 3

- Provide more intense coaching/ training for subaward proposal preparation- budgets, workplans,etc.and for reporting requirements. And/or consider funding less perfect proposals- bring up to speed immediately after award.
- Need to develop realistic 2 yr workplan that considers resources and time needed to demonstrate measurable impact.

# Recommendations - 4

- In reports include project monitoring information on progress in reaching target objectives. Useful to include lessons learned and “success stories”.
- For sustainability of NBCI- Recommend that BRIDGE work with NAC to develop operational plan for NBCI Strategy.

# Recommendations - 5

- Build on successful “Advances” workshop by providing follow-up refresher course.
- If resources permit – SO8 partners need for coordinated effort- interpersonal communication skills training, BCC materials etc. for personnel re ARVs, PMTCT.
- Consider developing integrated BCI strategy for Umoyo NGOs. (Same logo, theme, etc.)

**ANNEX F**

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JHU/BRIDGE training schedules

## JHU/BRIDGE training schedules

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### Youth Alert: Capacity Building

### Facilitators Guide Training for Secondary School Teachers

<i>Venue (s)</i>	<i>Dates</i>	<i>No. of Participants</i>	<i>Region Covered</i>
<i>Lunzu Residentail Training Centre</i>	<i>24<sup>th</sup> – 26<sup>th</sup> March 2004</i>	<i>38</i>	<i>Southern Region</i>
<i>Limbani Lodge, Mulanje</i>	<i>6<sup>th</sup> – 9<sup>th</sup> September 2004</i>	<i>39</i>	<i>Southern Region</i>
<i>Mpaweni, Liwonde, (Balaka/Machinga)</i>	<i>19<sup>th</sup> – 24<sup>th</sup> September 2004</i>	<i>94</i>	<i>Southern Region</i>
<i>Assemblies of God in Lilongwe and Agricultural Residential Training Centre, Dedza</i>	<i>10<sup>th</sup> – 19<sup>th</sup> October 2004</i>	<i>147</i>	<i>Central Region</i>
<i>Teachers Development Centre, Madise and Twon Assembly Hall in Salima</i>	<i>7<sup>th</sup> – 14<sup>th</sup> November 2004</i>	<i>83</i>	<i>Central Region</i>
<i>Pastoral Centre in Nkhatabay, Mufwa Lodge in Karonga and Mame Motel in Mzimba</i>	<i>21<sup>st</sup> – 30<sup>th</sup> November 2004</i>	<i>145</i>	<i>Northern Region</i>
<i>Limbani Lodge, Mulanje</i>	<i>Jan 30 – Feb 2, 2005</i>	<i>32</i>	<i>Southern Region</i>
<i>Lunzu Residential Training Centre</i>	<i>2<sup>nd</sup> – 5<sup>th</sup> February 05</i>	<i>59</i>	<i>Southern Region</i>
<i>Matechanga Motel (Chikwawa)</i>	<i>20 – 23<sup>rd</sup> Feb. 2005</i>	<i>62</i>	<i>Southern Region</i>
<i>Matechanga Motel (Chikwawa)</i>	<i>23<sup>rd</sup> – 26<sup>th</sup> February 2005</i>	<i>59</i>	<i>Southern Region</i>
<i>Mbolebole Motel - Mponela</i>	<i>20 – 23 March 2005</i>	<i>62</i>	<i>Central Region</i>
<i>Dedza RTC</i>	<i>23 – 26 March 2005</i>	<i>58</i>	<i>Central Region</i>
<i>Mphatso Motel - Mzuzu</i>	<i>3<sup>rd</sup> – 7<sup>th</sup> March 2005</i>	<i>58</i>	<i>Northern Region</i>

## Facilitators Guide Training for Youth Workers

<i>Venue (s)</i>	<i>Dates</i>	<i>No. of Participants</i>	<i>Region Covered</i>
<i>Nkhatabay Pastoral Centre</i>	<i>19-22 April 2005</i>	<i>25</i>	<i>Northern Region</i>
<i>Salima District Assembly</i>	<i>4 – 6 May 2005</i>	<i>25</i>	<i>Central Region</i>
<i>Mpaweni, Liwonde, (Bal</i>	<i>22 – 24<sup>th</sup> July 2005</i>	<i>45</i>	<i>Southern Region</i>

## Listeners Club Leaders Training

### Phase 1

<b>District</b>	<b>Dates</b>	<b>Venue</b>	<b>Number of Leaders trained</b>
Mangochi Salima	16 <sup>th</sup> – 20 <sup>th</sup> August 2004	Adult literacy Centre (Central Region)	14 (Mgh 6, Sa 8)
Ntcheu Mzimba	24 <sup>th</sup> - 27 <sup>th</sup> August 2004	Katoto Teacher Development Centre (Northern Region)	30 (20 mzimba 10 ntcheu)
Mangochi	2 <sup>nd</sup> – 5 <sup>th</sup> Nov. 2004	Malindi (South)	10
Ntcheu	15 <sup>th</sup> – 18 <sup>th</sup> April 2005	Ntcheu District Assembly Hall (Centre)	30
	22 <sup>nd</sup> – 25 <sup>th</sup> Nov. 2004	Ntcheu Boma ( Centre)	10
Mzimba	2 <sup>nd</sup> -5 <sup>th</sup> November 2004	Mzimba (North)	20
Mzimba	11 <sup>th</sup> – 13 <sup>th</sup> April 2005	Mzimba ( North)	20
<b>Total leaders trained</b>			<b>134</b>

Phase 2

<b>District</b>	<b>Dates</b>	<b>Venue</b>	<b>Number of Leaders trained</b>
Mulanje	11 <sup>th</sup> – 13 <sup>th</sup> February 2005	Chambe TDC (South)	30
	4 <sup>th</sup> – 8 <sup>th</sup> April 2005	Milonde (South)	20
Chikwawa	6 <sup>th</sup> – 10 <sup>th</sup> Feb. 2005	Chapananga (South)	20
	11 <sup>th</sup> – 14 <sup>th</sup> March 2005	Makhwira (South)	30
Balaka	11 <sup>th</sup> – 13 <sup>th</sup> February 2005	Balaka District Assembly (South)	20
	1 <sup>st</sup> – 4 <sup>th</sup> April 2005	Balaka (South)	30
Salima	29 <sup>th</sup> Nov – 3 <sup>rd</sup> December 2004	Nsalura TDC (South)	12
	22 <sup>nd</sup> – 26 <sup>th</sup> Feb. 2005	Salima (South)	30
Kasungu	14 <sup>th</sup> – 17 <sup>th</sup> February 2005	Kasungu (Centre)	20
	4 <sup>th</sup> – 8 <sup>th</sup> April 2005	Kasungu (Centre)	30
Mangochi	25 <sup>th</sup> – 27 <sup>th</sup> March 2005	Mangochi Boma (South)	24
<b>Total leaders trained</b>			<b>266</b>

**Malawi BRIDGE Project**

Capacity Building: National Level																								
Training	January		February		March		April		May		June		July		August		September		October		November		December	
# of Train.	# of Part.	# of Train.	# of Part.	# of Train.	# of Part.	# of Train.	# of Part.	# of Train.	# of Part.	# of Train.	# of Part.	# of Train.	# of Part.	# of Train.	# of Part.	# of Train.	# of Part.	# of Train.	# of Part.	# of Train.	# of Part.	# of Train.	# of Part.	
<b>Year 2004</b>																								
Malawi Make a difference - BCC			1	29																				
Message Development											1	25												
Radio Diarist																					1	16		
Radio Producers for the Radio Diarists Project																					1	12		
<b>Year 2005</b>																								
Radio Diarists Refresher			1	12																				
Producers training for the Radio Diarists Project			1	15																				
Master Trainer in Journey of Hope	1	24																						

**Key:** # of Train = Number of trainings, # of Part. = Number of Participants, BCI = Behavior Change Intervention, DACC = District AIDS Coordinating Committee  
 CACC = Community Coordinating Committee, VAC = Village AIDS Committee, TBA = Traditional Birth Attendants