

Outcome Harvesting Evaluation of Social and Behavior Change Communication Capacity Strengthening Activities in Liberia



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ACRONYMS

BOH	Bridges of Hope
CAHL	Community Action for a <i>Healthy Life</i>
CCP	Johns Hopkins Center for Communication Programs
CHA	Community Health Assistant
CCHFP	County Community Health Focal Person
CHPFP	County Health Promotion Focal Person
CHSD	Community Health Services Division
ECAP	Ebola Community Action Platform
gCHV	General Community Health Volunteer
HC3	Health Communication Capacity Collaborative
HMER	Health Monitoring, Evaluation and Research Division
IOM	International Organization for Migration
IR	Intermediate Result
IT	Information Technology
LACSA	Liberia Agricultural Company Staff Association
MMD	Messages and Materials Development
MOH	Ministry of Health
NGO	Non-governmental Organization
NHPD	National Health Promotion Division
OIC	Officer-in-Charge
PACS	Partnership for Advancing Community-based Services
PCI	Project Concern International
RBHS	Rebuilding Basic Health Services
RDL	Radio Distance Learning
SBCC	Social and Behavior Change Communication
SMS	Short Message Service

TWG	Technical Working Group
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

The Health Communication Capacity Collaborative (HC3)—funded by the United States Agency for International Development (USAID) and based at the Johns Hopkins Center for Communication Programs (CCP)—was a five-year global project focused on strengthening developing country capacity to implement state-of-the-art social and behavior change communication (SBCC) programs. In October 2014, HC3 began working in Liberia to support the Ebola response. As part of the USAID strategy to rapidly address the worsening Ebola outbreak in Liberia via SBCC activities, HC3 provided a range of inputs including research and monitoring, messages and materials development (MMD) and national- and county-level coordination and community engagement. As the number of Ebola cases decreased, HC3 shifted its focus and began working with the Ministry of Health (MOH) to support SBCC efforts to restore health services and build a more resilient health system. In January 2017, a CCP evaluation team worked with HC3 Liberia staff to apply a qualitative evaluation methodology, **Outcome Harvesting**, to measure the influence of HC3 Liberia’s capacity strengthening efforts on the behaviors of the MOH and key SBCC partners in Liberia. In order to gain an understanding of the context of the harvested outcomes and the nature of HC3’s influence, the evaluation team classified the outcomes by the type of HC3 programmatic area, the levels of the SBCC Capacity Ecosystem™ Model, the global and country-specific intermediate results (IRs) and the sustainability potential of the outcomes according to a set of criteria.

The harvested outcomes (n=39) showed that since the launch of HC3 Liberia in October 2014, the MOH and other SBCC practitioners demonstrated significant improvements in their SBCC-related capacity. The MOH, and its divisions, in particular, improved in their ability to coordinate SBCC activities within the MOH and with other partners. HC3 Liberia outcomes also showed that the project met the country-specific IRs and core HC3 IRs of strengthening the capacity of the MOH and other SBCC partners, including health-sector journalists and general community health volunteers (gCHVs). Outcomes demonstrated that MOH divisions and partner organizations began to take a greater role in coordinating SBCC activities and in making progress toward improved design, implementation, management and monitoring of health communication materials. The MOH reinforced the progress of coordination by creating a policy for standardizing the way SBCC messages and materials are vetted in Messages and Materials Development (MMD) Working Group meetings. Outcomes also showed that HC3 partners improved capacity toward designing and implementing quality SBCC focused on social norms and behaviors at the health-facility, community or household levels. Health-sector journalists and gCHVs were key SBCC actors for this project objective; they were able to apply quality SBCC toward accurate health reporting and interpersonal health promotion. Almost half of the outcomes were sustainable, defined by a change in practice maintained for at least six months (n=16) or a change in policy (n=2). Although only two of these 18 sustainable outcomes were system-level policy changes, the majority of the sustainable outcomes reflected new or modified routine practices within the divisions of the MOH, health-sector journalists or other partner organizations. Such consistent changes in practice at the individual, organization and system level reflected partners’ increased capacity and commitment for SBCC.

Overall, HC3’s investment in capacity strengthening efforts in Liberia adapted processes started during the Ebola outbreak and institutionalized them within the MOH to improve routine health SBCC implementation and future outbreak/emergency preparedness. HC3’s activities focused on gCHVs improved their capabilities as community health promotion volunteers and motivated them to continue working within their communities. For health-sector journalists, participation in the HC3/Internews fellowship program resulted in clear progress and commitment toward accurate health reporting. Through building trust and partnerships, HC3’s capacity strengthening work in Liberia influenced

partners' skills and abilities to implement impactful SBCC and to coordinate with each other in their goals toward addressing their community's needs.

INTRODUCTION

The Health Communication Capacity Collaborative

The Health Communication Capacity Collaborative (HC3)—funded by the United States Agency for International Development (USAID) and based at the Johns Hopkins Center for Communication Programs (CCP)—was a five-year global project focused on strengthening developing country capacity to implement state-of-the-art social and behavior change communication (SBCC) programs. Working in more than 30 countries, HC3 strengthened developing country capacity to implement SBCC programs that addressed important health areas: maternal and child health, reproductive health, nutrition, and communicable diseases, such as Ebola and HIV. HC3's portfolio also included tailoring SBCC approaches to emergency response contexts.

HC3 aimed to foster vibrant communities of practice at the global, national and regional levels that support improved evidence-based programming and continued innovation. HC3's overall approach included a key focus on strengthening capacity to implement SBCC. In addition, the project's specialized area of technical expertise uniquely positioned it to complement, support and/or enhance SBCC projects already underway.

The global HC3 project had two intermediate results (IRs):

IR 1: Increasing capacity of indigenous organizations to design, implement, manage and evaluate evidence-based health communication interventions

IR 2: Establishing proven systems for professional development in SBCC

HC3 led a number of field-support projects. In Liberia, CCP had already served as the communication partner under a USAID-funded program, Rebuilding Basic Health Sciences (RBHS), and continued work under HC3, starting with work during the Ebola outbreak. This work began in October 2014, to support the social mobilization efforts within the Ebola response under the USAID Core funding. HC3 Liberia partnered with the Ministry of Health (MOH) to improve capacity and coordination of SBCC at various levels. HC3 provided technical assistance to the national Ebola response, developed community engagement tools, and supported journalists in responding quickly and accurately to rumors and misinformation about Ebola. By the end of March 2015, the Ebola outbreak was substantially reduced. With a new stream of USAID funding (Pillar II), HC3 shifted its focus to the restoration of health services and mitigating the secondary effects of the Ebola outbreak by implementing targeted SBCC interventions, increasing utilization of essential health services, facilitating communication for improved community-based services and referrals and rebuilding trust in the Liberian health system. The HC3 Liberia project ended on February 28, 2017. The HC3 Liberia project supported the MOH, U.S. government implementing partners and local SBCC professionals to design, implement and monitor high-quality, strategic and impactful SBCC interventions to improve the health and well-being of the people of Liberia.

Specifically, HC3 Liberia worked to achieve the following three Pillar II objectives:

1. Improving the quality and scale of SBCC activities in order to change social norms and behaviors at the health facility, community and household levels
2. Improving national and subnational coordination, planning and integration of SBCC activities

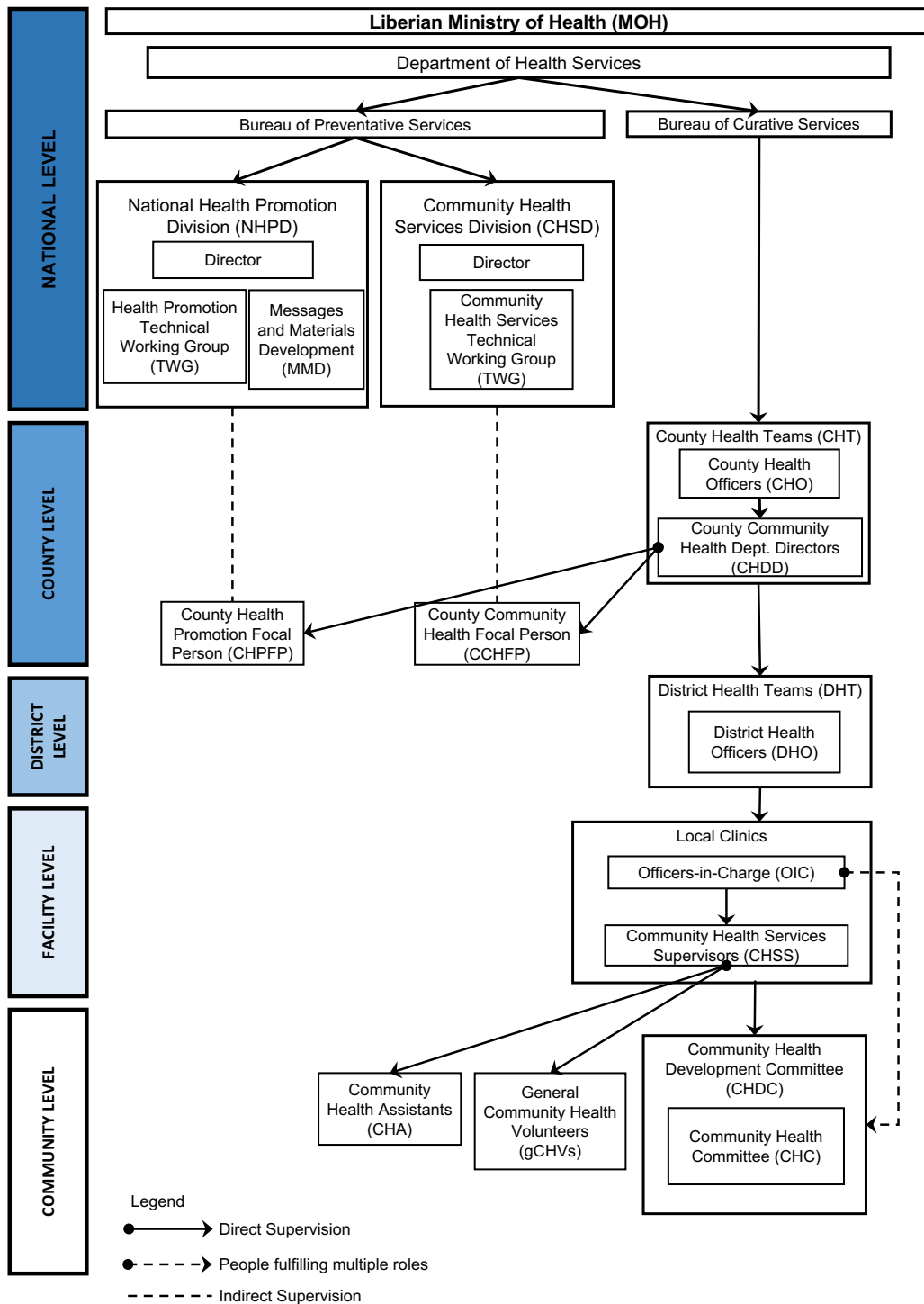
3. Improving capacity to design, implement and evaluate high-quality SBCC activities

HC3 Liberia provided support and technical assistance to a number of divisions within the MOH at both the central and county levels (see **Figure 1**), including focused technical and financial support to the National Health Promotion Division (NHPD) and the Community Health Services Division (CHSD) for the implementation of SBCC programming. HC3 also provided technical assistance to MOH's Health Monitoring, Evaluation and Research (HMER) Division for a national survey. While implementing the Pillar II-funded radio distance learning (RDL) program, HC3 worked closely with the MOH mHero team to expand its short message service (SMS)-based system to general community health volunteers (gCHVs) listening to the program. The management of HC3-implemented knowledge management activities now rests within the NHPD, with coordination and oversight provided by the Information Technology (IT) Division and CHSD for a digital library and with the CHSD and other MOH divisions, such as Communications and HMER, for a MOH-based resource center.

HC3 Liberia also actively participated in technical working groups (TWGs), first established for the Ebola response as part of the Social Mobilization Pillar and later as part of the MOH TWGs for Health Promotion, HMER and Community Health. At the county level, HC3 supported the work of the county health promotion focal persons (CHPFPs) to monitor HC3 activities and improve coordination between CHPFPs and county community health focal persons (CCHFPPs) to more effectively collaborate at points where health promotion and community health naturally intersect.

Overall, HC3 Liberia aimed to strengthen the capacity of 1) the MOH, specifically the NHPD and CHSD; 2) health-sector journalists to report on health-related stories within Liberia; and 3) gCHVs to serve as community-based resources for health information, provide referrals to health clinics and promote positive, healthy behaviors in households.

Figure 1: Structure of Liberia MOH's Health Department



Note: This figure describes the relationships between the Liberian MOH units that are most relevant to HC3 Liberia's work and the harvested outcomes from January 2017. It is not intended to be a comprehensive organigram of the MOH. The dotted arrow, as indicated in the legend, shows that the officers-in-charge of the local clinics also fulfill a role within the CHDC, and the county community health department directors also supervise the CHPPFs and CCHFPs. Health assistants and volunteers, such as the community health assistants and gCHVs, are supervised by community health services supervisors, based at the facility level.

The SBCC Capacity Ecosystem Framework

In 2016, HC3 developed the **SBCC Capacity Ecosystem™** (The Ecosystem) framework to inform the design, implementation, and evaluation of capacity strengthening interventions for improved SBCC (see **Figure 2**). HC3 developed the framework to illustrate where it invests in the local SBCC capacity ecosystem and where it reaps rewards in the form of outcomes. The Ecosystem emphasizes the inherently complex, interconnected and often unpredictable nature of capacity strengthening and recognizes that a single intervention is almost never enough to see change. HC3 has shared the framework widely to strengthen SBCC capacity at the local, regional or global levels. (More details about the SBCC Capacity Ecosystem are available at healthcommcapacity.org/sbcc-capacity-ecosystem.)

The Ecosystem emphasizes that capacity strengthening involves a multilevel process, as individuals function in organizations and organizations operate within systems. The Ecosystem describes systems as the “connective tissue” that links and supports both organizations and individuals.

The Ecosystem includes the following components:

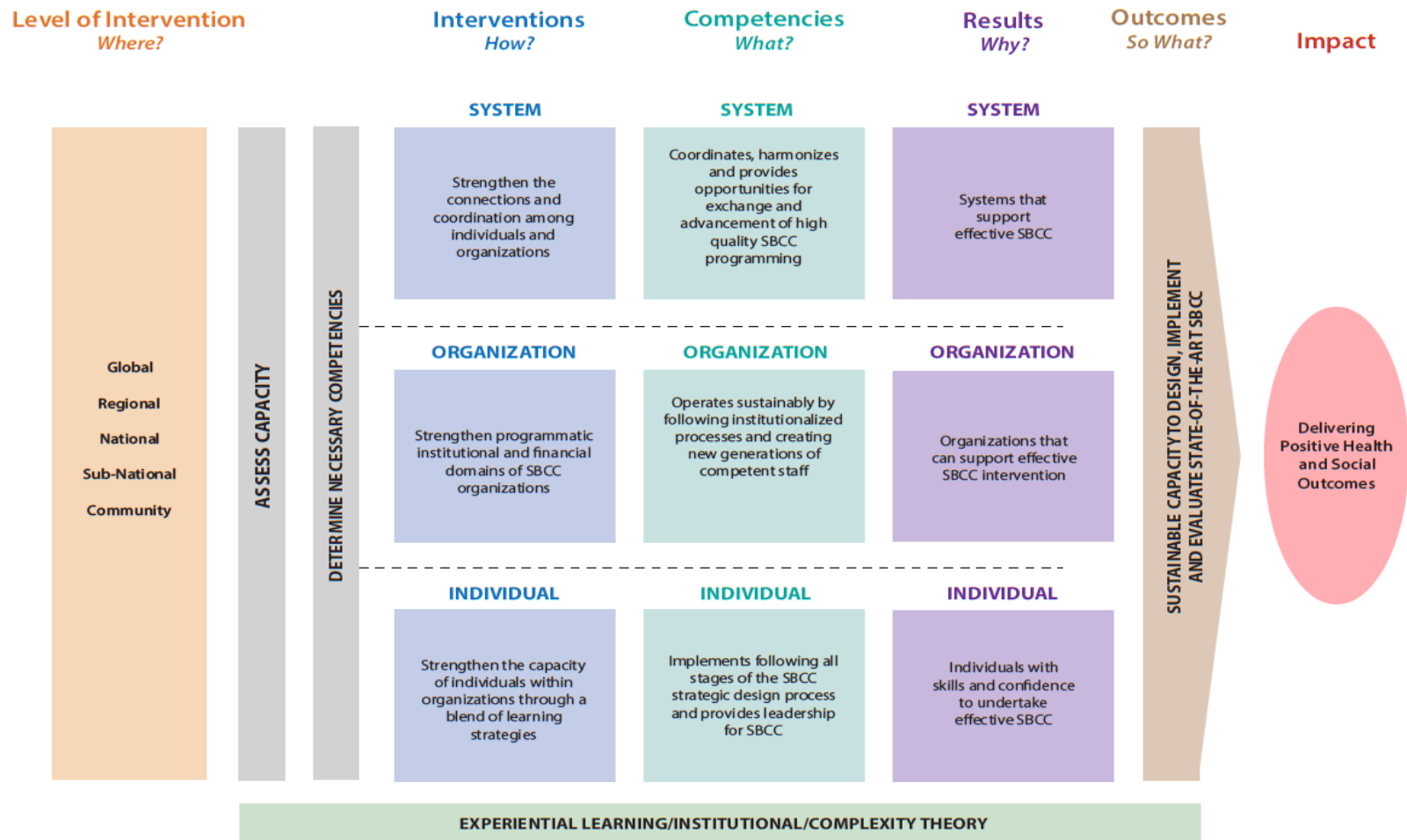
- **INTERVENTIONS** – Activities implemented to influence capacity strengthening
- **COMPETENCIES** – Skills, abilities and knowledge necessary for SBCC
- **RESULTS** – Collective effect of those achievements that lead to increased capacity
- **OUTCOMES** – Higher levels of capacity that contribute to overall public health progress
- **IMPACT** – Improved and more effective SBCC programs at all levels

The Ecosystem approaches capacity strengthening as both a technical process and a social process, where trust and collaboration are considered critical to overall success. To that end, country-based partners are often best situated to lead capacity strengthening initiatives because of their deep understanding of their cultural, political and social context and the networks in which SBCC professionals and organizations are embedded. In an ideal scenario, the recipient of the capacity strengthening is fully engaged as both an equal partner in its own capacity strengthening and as a key driver of the overall capacity strengthening agenda.

Measuring Programmatic Success

HC3 Liberia project staff recognized a number of major achievements made by various programmatic efforts during the project duration (October 2014 to February 2017). In order to demonstrate the project’s influence on the behaviors of SBCC professionals and organizations in the country, HC3 Liberia considered what methods might best capture the project’s capacity strengthening achievements. Programmatic context and limitations around capacity strengthening made more conventional methods of evaluation—such as comparing pre- and post-assessments—less likely to accurately capture change over time. Because the HC3 Liberia team continually innovated and adapted its capacity strengthening approach to meet the shifting needs of the MOH and other key partners, the team recognized the need for an evaluation method that could employ a more nuanced and flexible way to measure the capacity strengthening achievements.

Figure 2: SBCC Capacity Ecosystem Framework



OUTCOME HARVESTING Prior to HC3, CCP served as the communication partner in Liberia under the RBHS project, focusing primarily on strengthening the capacity of the NHPD, and later also the CHSD, to plan, develop and implement quality SBCC in Liberia. Based on this previous relationship with the MOH and the capacity strengthening focus of the work, HC3 felt it was important to select an evaluation approach that could adequately capture further change resulting from capacity strengthening efforts under HC3. The iterative and adaptive nature of capacity strengthening, and the complex nature of capacity itself, made measuring related outcomes a particularly challenging endeavor. After exploring several different participatory evaluation methodologies and receiving input from key staff from several HC3 countries, HC3 selected Outcome Harvesting as the best method to capture influence and change. In June 2016, Ethiopia was the first field-focused HC3 country project to employ Outcome Harvesting to evaluate its capacity strengthening efforts. In August 2016, Bangladesh became the second field-focused country project, followed by Liberia in January 2017.

Methodology Overview

Outcome Harvesting—which can capture both intended and unintended outcomes, whether positive or negative—identifies key outcomes of a project, or part of a project, after a thorough review of existing documentation. The Outcome Harvesting process requires the evaluators to work backward to assess the contributions of the project toward each outcome as well as the importance of achieving the outcome.¹ During this process, the evaluation team engages local staff as essential partners and valuable

An **outcome** is a positive or negative change that occurred in the behavior of a system, organization or key individual. HC3's efforts that influenced change must have taken place prior to the outcome. Each outcome needs to have also had a plausible and logical link between the change and HC3's contribution.

In order to identify the characteristics of each outcome, the HC3 evaluation team obtained information to answer the following questions:

- Outcome description: “Who did what, when and where that was qualitatively different than before?”
- Importance of the change: “Why does this outcome represent progress toward local structures and organizations being able to take the lead in responding to their communities’ needs?”
- HC3’s contribution: “How and when did HC3’s capacity strengthening activities contribute to, but not directly control, that change, however unintended or partial that it may have been?”
- Others who contributed: “Which other actors and factors, apart from HC3, contributed to the outcome and what was the type of their contribution?”

sources of information.

After completing the harvest, the evaluation team verifies the outcomes with knowledgeable external

¹ United Nations Development Programme (UNDP). (2013). *Discussion paper: Innovations in monitoring and evaluating results*. New York: UNDP.

sources in order to obtain the final list of vetted outcomes. The analysis of patterns among the final list of outcomes can help uncover which project activities yielded success and how to build upon that work in the future. (For more detail about the process of implementing Outcome Harvesting in Liberia, see **Annex 1.**)

The HC3 Liberia project team and Baltimore-based staff representing the HC3 global project agreed upon evaluation objectives and the intended users of the evaluation findings in collaboration with USAID in Washington. HC3 Liberia local staff received training on Outcome Harvesting and engaged in the process of harvesting outcomes. The current report presents the process and the results of the evaluation conducted in Liberia.

Objectives

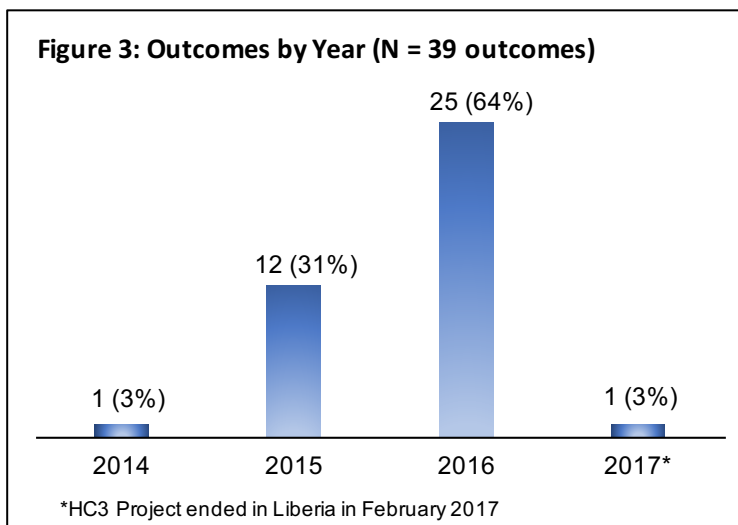
Three questions guided the HC3 Liberia Outcome Harvesting evaluation:

1. In what ways have SBCC practitioners in Liberia—MOH, health-sector journalists, and gCHVs—demonstrated important changes in their capacity for improved SBCC since the start of the project in October 2014?
2. To what extent did the identified project outcomes, since October 2014, exceed or fall short of HC3 Liberia’s project objectives?
3. How sustainable are the outcomes measured through Outcome Harvesting to which the HC3 Liberia project contributed?

An internal evaluation team conducted the Outcome Harvesting evaluation of HC3 Liberia with guidance from the Baltimore-based evaluation team, which included the HC3 monitoring and evaluation advisor, Asia team lead/program officer II and senior research assistant. The Baltimore-based evaluation team co-facilitated the Outcome Harvesting workshop for the Liberia field team and conducted the analysis. Throughout the evaluation process, this team worked closely with the HC3 Liberia field team, namely the Liberia country director; the deputy country director; the SBCC program officers; the research, monitoring and evaluation officer; and partners from Internews. The evaluation also hired a local, independent consultant to help conduct the verification process for the evaluation.

KEY FINDINGS

The evaluation team harvested a total of 39 verified outcomes (see **Annex 2** for the complete set of outcomes). The number of outcomes increased steadily throughout the course of the project (see **Figure 3**). Between October 2014 and March 2015, HC3 Liberia supported social mobilization efforts within the Ebola response. After March 2015, with the Ebola outbreak significantly reduced, HC3 shifted focus and transitioned to improving utilization of essential health services and helping MOH rebuild trust in the Liberian health system. The harvested outcomes described in the findings of this evaluation represented the results of various training, technical assistance and guidance, and advocacy on the part of the HC3 Liberia field team.



The evaluation team classified outcomes according to The Ecosystem, as defined below.

Individual-level outcome:

- The outcome described a change in SBCC-related capacity of individual(s) within organizations.

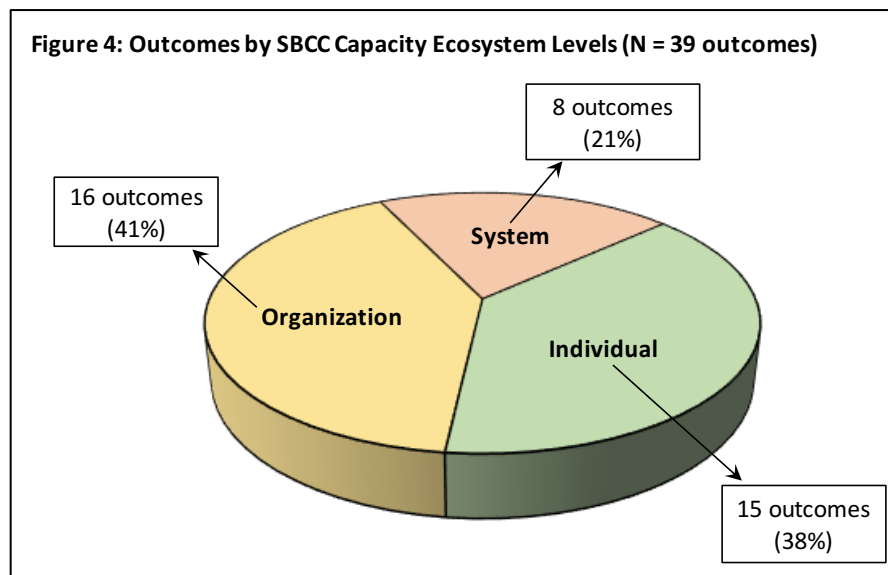
Organization-level outcome:

- The outcome described a change in the SBCC-related programmatic, institutional or financial domains within organizations, governments and institutions.

System-level outcome:

- The outcome described a change in structures that connect and support SBCC professionals across multiple organizations.

As previously mentioned, the SBCC Capacity Ecosystem demonstrates how interventions can affect change at three levels: individual, organization and system. The vast majority of outcomes represented change at either the organization-level (n=16) or individual-level (n=15). (See **Figure 4**.)



The evaluation team identified 15 outcomes that described change among individuals (see **Table 1**). Individuals included health-sector journalists, gCHVs, and community leaders. The observed changes involved application of their increased SBCC capacity to communicate accurate health information and perform health promotion activities.

Table 1: Description of HC3 Liberia Individual-level Outcomes and Categorization by IRs (N=15)

ID#	Outcome Description	Global HC3 IR ²	Liberia Pillar II Objective ³
I	Individual-level Outcomes		
I.1	Since March 2015, Liberian journalists who participated in the HC3/Internews fellowship programs are producing more reliable content than they were previously by using specific sources who are more authoritative.	1	1
I.2	Since March 2015, HC3/Internews fellowship journalists from the online news site <i>Bush Chicken</i> are producing more reliable content than they were previously by using specific sources who are more authoritative.	1	3
I.3	Since March 2015, the two HC3/Internews fellowship journalists from <i>the Inquirer</i> newspaper are producing more reliable content than they were previously by using specific sources who are more authoritative.	1	3

² **Global HC3 IR 1:** Increased capacity of indigenous organizations to design, implement, manage and evaluate evidence-based health communication interventions. **IR 2:** Establishing proven systems for professional development in SBCC.

³ **Liberia Pillar II Objective 1:** Improved quality and scale of SBCC activities in order to change social norms and behaviors at the health facility, community or household levels. **Objective 2:** Improved national and subnational coordination, planning and integration of SBCC activities. **Objective 3:** Improved capacity to design, implement and evaluate high-quality SBCC activities.

I.4	Since mid-2015, journalists who attended HC3/Internews fellowship programs have connected with a larger network of humanitarian responders, health officials, health workers and international experts working on health issues.	n/a	3
I.5	Since July 2015, journalists who participated in the HC3/Internews fellowship programs for health reporting use the <i>Local Voices</i> network as a platform for communicating community issues beyond health and publishing their content.	1,2	1
I.6	Since April 2016, gCHVs in at least three counties who listened to the RDL program, <i>Community Action for a Healthy Life</i> (CAHL), now have an increased capacity for conducting their community outreach activities and are providing more referrals to community members.	1	1,3
I.7	Since May 2016, several gCHVs in Bomi County began using the CAHL reminder booklet as a resource to further their careers in health promotion, such as to study to become a community health assistant (CHA) and apply for a Big Belly Business position.	1	n/a
I.8	Since July 2016, community leaders have dissuaded mothers in at least three counties—Bong, Grand Bassa and rural Montserrado—from delivering at home.	1	1
I.9	From August to October 2016, the assistant imam at the Buchanan Central Mosque in Grand Bassa County encouraged his congregation during the Friday prayers to seek care at a health facility.	1	1
I.10	Between August and December 2016, community members and health-facility staff held joint meetings in at least six counties— Bong, Grand Bassa, Lofa, Margibi, Monsterrado and Nimba—and reported progress on action points for improving the relationship between the two groups.	1	1
I.11	Since August 2016, HC3/Internews fellowship journalists better interpret health data, break down medical terminology, discuss contributing factors to health issues and create accurate health stories that are relevant and compelling to their community audience.	1	1
I.12	Since October 2016, Alpha Daffae Senkpeni, an HC3/Internews fellowship participant, became a sub-editor and a columnist for the health column in the <i>Front Page Africa</i> newspaper.	1	1
I.13	In December 2016, Alpha Daffae Senkpeni, who is the co-founder of the <i>Local Voices</i> platform, received support from the Praekelt Foundation for mentoring and improving the content on its website.	2	3
I.14	Since December 2016, journalists who attended the HC3/Internews fellowship programs are more interested in health reporting and identify themselves as health reporters.	1	3

I.15	In January 2017, a journalist who was part of both the HC3/Internews fellowship programs produced a health news page in the newspaper, <i>The News</i> .	1	1
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Several individual-level outcomes resulted from HC3's efforts toward community engagement within the *Healthy Life* campaign. For example, between July and December 2016, HC3 held numerous advocacy meetings that brought together community members and leaders, religious leaders, health-facility staff, health-sector journalists and health officials, and facilitated partnerships toward addressing their communities' needs. Since attending these advocacy meetings, these partners started taking a more active role in health promotion in their communities. Community leaders started encouraging mothers to deliver at health facilities (I.8), religious leaders started talking to their congregations about their communities' health issues (I.9) and community members and health-facility staff started collaborating (I.10).

As part of the *Healthy Life* campaign, HC3 also developed the RDL program, *Community Action for a Healthy Life* (CAHL), which was broadcasted twice a week on 26 radio stations nationwide, and distributed a CAHL reminder booklet for gCHVs. In addition, HC3 distributed a facilitator guide and conducted one-on-one trainings for key health-facility staff to help them promote the program to gCHVs in their communities. In the past, gCHVs had mostly received trainings on the technical aspects of the health topics. The RDL program was more focused on improving the capacity of the gCHVs in conducting health promotion and providing referrals. As a result of these efforts and the RDL program, gCHVs started demonstrating their increased capacity toward conducting their community outreach activities and providing more referrals (I.6).

Through two HC3/Internews fellowship programs, HC3, in partnership with Internews, conducted trainings for journalists on Ebola health reporting, specifically, and on health reporting, more broadly, and provided ongoing mentorship, stipends and grants. The fellowship program also created opportunities for the journalists to not only network among themselves, but also with others in their field and health officials from their communities. Through this opportunity and support, journalists started generating more reliable content (I.1-I.3, I.11), creating larger networks in the field and among themselves (I.4, I.5), advancing in their careers and receiving support toward their work (I.12-I.15).

Of the 16 outcomes that occurred within organizations, the majority (n=12) were within radio, media and news organizations or within the NHPD division of the MOH (see **Table 2**). In other cases, HC3 Liberia influenced changes in the MOH overall and in non-governmental organizations (NGOs), such as Project Concern International (PCI).

Some examples of organization-level changes came out of HC3's efforts with the HC3/Internews fellowship journalists. The HC3/Internews fellowship program helped create a recognition for the journalists' work, and led to their writing and content being valued by newspaper editors and chiefs. As a result, these newspapers started publishing the work by HC3/Internews fellowship journalists more frequently, providing increased visibility of their work (O.3). Through their work and increased exposure, respected public figures started seeing these journalists as credible and authoritative voices in the media and community. So much so that a national radio channel invited a fellowship journalist and a representative from Internews to discuss the value of health journalism and its role in improving health outcomes in Liberia (O.14).

Table 2: Description of HC3 Liberia Organization-level Outcomes and Categorization by IRs (N=16)

ID#	Outcome Description	Global HC3 IR ⁴	Liberia Pillar II Objective ⁵
O	Organization-level Outcomes		
O.1	By March 2015, Ebola call centers had streamlined operations, made sure operators provided correct referral/resource information to callers and linked the center to ambulance dispatch and burial teams.	1	n/a
O.2	Since March 2015, the Liberian media worked quickly to address and refute Ebola-related rumors as they arose.	1	1,3
O.3	Since March 2015, newspaper editors/chiefs began publishing the writing and content of journalists who attended the HC3/Internews fellowship program more frequently and with increased visibility in those publications.	1	1
O.4	Since November 2015, an NHPD official (Geraldine George) took on the role of the Health Promotion TWG Secretariat and began setting the agenda and taking meetings minutes.	1,2	2
O.5	Since March 2016, NHPD Health Promotion TWG Secretariat Geraldine George has been providing guidance to another staff member (Korto Suakollie) at the NHPD to assist her with serving as the TWG Secretariat.	1,2	2
O.6	From April 2016, the officer-in-charge (OIC) at C.B. Dunbar Hospital in Bong County conducted step-down Bridges of Hope (BOH) training for 26 gCHVs from the catchment area of the facility. This training was done during the monthly meetings with gCHVs at the facility.	1	1
O.7	From April to October 2016, the semi-private Liberia Agricultural Company Staff Association (LACSA) radio station ran the 26-episode <i>Healthy Life</i> radio program at a discounted rate (50 percent).	n/a	1
O.8	Since June 2016, the House of Freedom radio production house vendor has produced better health scripts and created better-quality productions than they previously had.	1	1,3
O.9	On June 10, 2016, the MOH owned and launched the <i>Healthy Life</i> brand nationwide to serve as an overarching symbol and unifying	1	1

⁴ **Global HC3 IR 1:** Increased capacity of indigenous organizations to design, implement, manage and evaluate evidence-based health communication interventions. **IR 2:** Establishing proven systems for professional development in SBCC.

⁵ **Liberia Pillar II Objective 1:** Improved quality and scale of SBCC activities in order to change social norms and behaviors at the health facility, community or household levels. **Objective 2:** Improved national and subnational coordination, planning and integration of SBCC activities. **Objective 3:** Improved capacity to design, implement and evaluate high-quality SBCC activities.

	identity for Liberia's revitalized health system.		
O.10	Since June 2016, the Champion Designs Advertising agency began pretesting communication content, such as murals and flyers, and reading its contracts more thoroughly.	1	3
O.11	Between August and November 2016, the mHero team employed interactive SMS survey technology and more complicated SMS surveys with filter questions, upon HC3's request.	1	3
O.12	Between September and December 2016, the NHPD independently facilitated SBCC design workshops on MMD for other MOH divisions, such as Neglected Tropical Diseases, Eye Health, Family Health, Food Fortification, and the National AIDS Commission.	1	3
O.13	In September 2016, the NHPD conducted a six-day design, development and pretesting workshop for its staff members to develop and pretest messages and materials for 14 different priority diseases. They revised and updated existing materials, and identified gaps and developed new materials.	1	3
O.14	In October 2016, the Liberia Broadcasting System national radio channel invited Gloria Tamba, a reporter with <i>The Observer</i> , to participate in a radio talk show along with Internews's Kate Thomas to discuss the importance of health journalism and how it can contribute to better health outcomes in Liberia.	n/a	1
O.15	Between October and December 2016, 23 radio stations re-aired each episode of the <i>Healthy Life</i> radio program an additional time each week at no additional cost.	n/a	1
O.16	From November to December 2016, PCI conducted a series of step-down trainings for 435 gCHVs in four counties—Bomi, Bong, Grand Cape Mount and Nimba—on BOH. PCI reproduced its own copies of the entire BOH tool kit and gave it to its community social mobilizers, who used them for health promotion activities in the community.	1	1

Some of the other important organization-level outcomes highlighted HC3's work with the MOH divisions. For example, together with the Partnership for Advancing Community-based Services (PACS), HC3 contributed toward the health promotion communication component, work that RBHS had started in 2010. Efforts included ongoing technical mentorship and capacity strengthening in SBCC for the MMD Working Group. HC3 also worked to build the capacity of the Health Promotion TWG Secretariat during this time. Although the NHPD had a mandate for taking on these roles, because of the efforts of HC3 and other partners, the Secretariat gained the capacity to take on that role more actively and independently (O.4), and the NHPD demonstrated its own improved capacity by independently facilitating MMD workshops and trainings for other MOH divisions as well as partner organizations (O.12, O.13).

At the system level, a total of eight outcomes demonstrated increased coordination and collaboration within MOH, between MOH's county and central levels and journalists, between health journalists and

between partner organizations (see **Table 3**).

Table 3: Description of HC3 Liberia System-level Outcomes and Categorization by IRs (N=8)

ID#	Outcome Description	Global HC3 IR ⁶	Liberia Pillar II Objective ⁷
S	System-level Outcomes		
S.1	Since October 2014, the MMD Working Group, and SBCC actors/partners adopted a more systematic approach for review and approval toward vetting SBCC materials during MMD meetings.	1	2
S.2	Since March 2015, at the county level, journalists and the health sector (private and public) developed a more trusting relationship and began exchanging information and coordinating more frequently with each other.	2	2
S.3	Since July 2015, the International Organization for Migration (IOM), PACS and the Ebola Community Action Platform (ECAP) project have been coordinating and complementing each other's activities and materials rather than duplicating efforts.	1	2
S.4	In July 2015, journalists who participated in the HC3/Internews fellowship program for Ebola health reporting established a network of journalists called <i>Local Voices</i> and created a website as a platform for communicating on community issues on health and other topics, and for publishing their content.	2	1
S.5	Since March 2016, at the county level, the CHPFPs and the CCHFPs have been coordinating their work better by sharing work plans, activities and resources.	1	2
S.6	In April 2016, the MOH adopted a policy that mandates that partners submit their SBCC materials to the MMD Working Group for review and approval.	2	2
S.7	In July 2016, at the central level, MOH officials and journalists developed a more trusting relationship and began exchanging health information more frequently.	2	2

⁶ **Global HC3 IR 1:** Increased capacity of indigenous organizations to design, implement, manage and evaluate evidence-based health communication interventions. **IR 2:** Establishing proven systems for professional development in SBCC.

⁷ **Liberia Pillar II Objective 1:** Improved quality and scale of SBCC activities in order to change social norms and behaviors at the health facility, community or household levels. **Objective 2:** Improved national and subnational coordination, planning and integration of SBCC activities. **Objective 3:** Improved capacity to design, implement and evaluate high-quality SBCC activities.

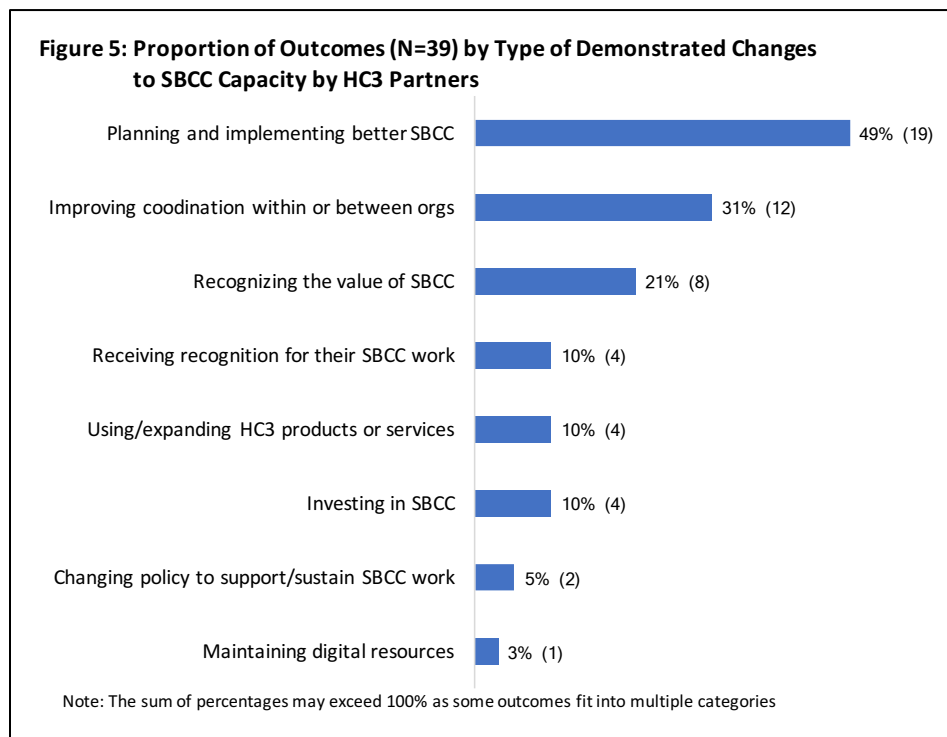
S.8	On September 30, 2016, MOH determined that the digital library for NHPD, which serves as a repository and a knowledge management platform for both MOH information and materials as well as partners' materials, will become a part of the MOH website, and MOH also allocated resources to update and maintain the website.	2	2
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In two cases, new policy changes sanctioned new roles and guidelines for how SBCC messages and materials would be developed and approved by the MMD Working Group within NHPD, and digitally maintained by the MOH (S.6, S.8). Starting with the Ebola response, HC3, along with other partners, recognized the need for a systematic process for producing messages and materials with accurate information. Through HC3's work in the MMD Working Group, participating SBCC actors and partners bought into a more-coordinated effort to creating, reviewing and approving SBCC materials during the MMD meetings (S.1). Later, the MOH adopted this systematic process as a policy and mandated that partners submit their SBCC materials to the MMD Working Group to be reviewed and approved (S.6). This process and policy aimed to create a standard and a sense of trust in the health communication performed by the MOH and its partners. Another example of system-level policy change was that of the MOH taking ownership of the online digital library, integrating it into its own website and allocating resources for its maintenance and update (S.8). Previously, the online digital library was part of HC3's work plan and the MOH recognized that the addition of that repository to its own resources strengthened its capacity for creating and maintaining SBCC materials.

For conducting this Outcome Harvesting evaluation, the same data and some of the same notable outcomes are highlighted in order to answer the three evaluation questions. The first evaluation question will provide an in-depth overview of the programmatic areas and partners' backgrounds to help the reader understand the full story behind the data. The results presented for the subsequent evaluation questions will only briefly describe and refer to the outcomes, but not provide or repeat the narrative presented in the first evaluation question.

Question No. 1: In what ways have SBCC practitioners in Liberia—MOH, health-sector journalists, and general community health volunteers—demonstrated important changes in their capacity for improved SBCC since the start of the project in October 2014?

The 39 verified outcomes captured the diverse ways HC3 partners demonstrated changes in their SBCC capacity (see **Figure 5**). About half of the outcomes reflected improved capacity of the MOH and its various divisions, including gCHVs, in doing health promotion and in designing and implementing SBCC. A third of the outcomes captured improved coordination within the MOH and between HC3 partners. The rest of the outcomes captured partner recognition of the value of SBCC, use of HC3's products and services towards SBCC, and investments in and sustaining SBCC work and digital resources.



To better understand these demonstrated changes in capacity, an iterative process analyzing the outcomes and HC3's contribution allowed for the identification of seven programmatic areas (see **Table 4**). These programmatic areas came out of HC3 Liberia's project work plans, helping to gain a clear understanding of the various investments of HC3's capacity strengthening efforts and the resulting outcomes observed. The 39 verified outcomes spanned across these programmatic areas, with some outcomes falling within more than one area. Most of the overlaps in programmatic areas were because HC3 Liberia's funding and efforts transitioned from the Ebola response to helping strengthen health systems in Liberia in March 2015, and then to beginning Pillar II activities in July 2015. Two or more of the HC3 Liberia programmatic areas captured most of the harvested outcomes. These overlaps became evident (below) in the analysis of the ways that partners demonstrated their improved capacity through HC3's efforts within the seven programmatic areas.

Table 4: Programmatic Areas for Capacity Strengthening Outcomes (N=39), Liberia

	Programmatic Area	n (% of total outcomes)	Corresponding Outcome(s) by Ecosystem Level
1	HC3/Internews	17 (44%)	Individual: I.1-I.5, I.11-I.15 Organization: O.2, O.3, O.7, O.14 System: S.2, S.4, S.7
2	Knowledge and Skills Transfer	8 (21%)	Organization: O.1, O.4-O.6, O.8, O.10, O.11, O.16
3	Emergency Ebola Response	6 (15%)	Organization: O.1-O.3

			System: S.1, S.3, S.6
4	Radio Distance Learning Program	6 (15%)	Individual: I.6, I.7 Organization: O.7, O.8, O.11, O.15
5	Improved Coordination for Resilient Health System	5 (13%)	System: S.1, S.3, S.5, S.6, S.8
6	Compassion and Community Engagement/Advocacy	4 (10%)	Individual: I.8-I.10 Organization: O.10
7	Improved Knowledge Management Systems	4 (10%)	Organization: O.9, O.12, O.13 System: S.8

**Note: Due to overlaps in programmatic areas, sum of percentages might exceed 100%.*

Understanding partners' demonstrated changes to SBCC capacity within the HC3 programmatic areas allowed for the evaluation data to tell a story and create a narrative in order to provide the full picture of HC3's contributions and the complex process toward partners' changes to capacity and the resulting outcomes.

HC3/Internews

Almost half (n=17) of all outcomes corresponded to the work and partnership of HC3 and Internews. These outcomes demonstrated changes at the individual (n=10), organization (n=4) and system (n=3) level of The Ecosystem. These outcomes highlighted the improved capacity of health-sector journalists in health reporting and in coordinating among themselves as well as with other partners, such as MOH officials. They captured a cascade effect of improved capacity through The Ecosystem levels, moving from individuals, such as health journalists, to organizations, such as newspapers and media outlets, to systems with improved coordination among health journalists and health officials working toward high-quality health communication. Under the HC3/Internews programmatic area, HC3 partners demonstrated improved capacity by: 1) planning and implementing better SBCC (n=9), 2) improving coordination within or between organizations (n=6), 3) recognizing the value of SBCC (n=2), 4) receiving recognition for their SBCC work (n=3), and 5) investing in SBCC (n=1).

HC3 started its partnership with Internews in March 2015 with the launch of the rumor tracking system, "Dey Sey," and began sending out newsletters to a listserv of Liberian media, the MOH and international organizations, with the aim of disseminating factual content about Ebola and reducing rumors that existed within affected communities. Due to these efforts, the Liberian media were able to work quickly in addressing and refuting Ebola-related rumors within their communities (O.2). "Dey Sey" was the first of its kind in an attempt to address health-related rumors and false information during the Ebola epidemic. With this effective strategy, media played a role in helping slow the spread of Ebola.

Planning and implementing better SBCC. Continuing the partnership, HC3/Internews provided a series of trainings on Ebola health reporting to select journalists in Monrovia between March and July 2015, and then again for health reporting, more broadly, between June and December 2016. These two HC3/Internews fellowship program sessions included expanded content on basic anatomy and medical terminology as well as information on health issues concerning maternal health, sexual and reproductive health, mental health and substance abuse. Both fellowship program sessions also provided stipends to

the journalists to write their stories and made additional grants available to those journalists who wished to apply for additional support. Since their participation in the fellowship program, these journalists began producing more reliable content using more authoritative sources (I.1-I.3), and started better interpreting health data, breaking down medical terminology, discussing contributing factors to health issues and creating accurate health stories that are relevant and compelling to their community audience (I.11). Not only did the quality of the stories and the writing improve, but the health journalists began to understand and make larger connections about health issues within their communities.

Improving coordination within or between organizations. The HC3/Internews fellowship program also included workshops and presentations that brought a diverse group of people together and provided the fellowship journalists a platform to network with each other and others in their field as well as with community health workers, county health teams and MOH officials. Such opportunities connected the fellowship journalists to a larger network of humanitarian responders, health officials, health workers and international experts on health issues (I.4), developing more trusting relationships with their community, county and MOH health officials toward the larger goal of addressing their communities' needs (S.2, S.7). Before this opportunity to interact, government officials did not trust journalists because the journalists had historically been critical of the Liberian government. This improved interaction, in turn, improved the quality and accuracy of information being reported to the communities. In addition, by networking among themselves during the HC3/Internews fellowship program, some of the fellowship journalists co-founded a platform, *Local Voices*, in July 2015, to publish their content covering community issues on health and beyond (I.5). No platform or community of practice, like the *Local Voices* website and the network/group of journalists, had previously existed that brought together journalists from various media outlets throughout Liberia. Historically, journalists had also struggled to make contact with experts in the field. *Local Voices* now gives journalists access to a larger professional network and is a space for them to share their work among themselves and with their communities.

Receiving recognition for their SBCC work. As a result of their attendance in the HC3/Internews fellowship program and their improved capacity in quality health reporting, a couple of the health-sector journalists gained recognition and opportunities in their field. In October 2016, one of the co-founders of *Local Voices* earned the position of sub-editor of a newspaper, *Front Page Africa*, and also began contributing to that newspaper as a health columnist (I.12). He went on to receive support from the Praekelt Foundation in December 2016 for mentoring and improving the content on the *Local Voices* website (I.13). *Local Voices*, which started as a platform under the HC3/Internews training, has now become independent, receiving financial support from other international groups. Another journalist from the HC3/Internews fellowship program went on to produce a health news page in the newspaper, *The News*, in January 2017 (I.15). Not only did the HC3/Internews fellowship program train journalists in health reporting, but the programs also opened opportunities for the journalists to be recognized for their improved work and to advance in their journalism careers.

Recognizing the value of SBCC and investing in it. Since attending the fellowship program, the HC3/Internews fellowship journalists became more interested in health reporting and identify themselves as health reporters (I.14). The Ebola epidemic spurred a greater interest in health reporting; the HC3/Internews fellowship program produced a community of trained journalists for the field of health journalism, a field that did not necessarily exist or garner much interest in the past. As a result of health journalism becoming a more prominent field, the Liberia Broadcasting System national radio channel invited HC3/Internews fellowship journalists—now members of local media outlets—along with members of the Internews team to discuss the importance of health journalism and how it could

contribute to better health outcomes in Liberia (O.14). Such exposure and recognition for their work increased the credibility of HC3/Internews fellowship health journalists in the media and community.

Knowledge and skills transfer

The programmatic area of knowledge and skills transfer captured eight of the 39 outcomes and highlighted partners' application of the SBCC skills and knowledge they acquired through HC3's technical assistance, mentorship and/or trainings. Outcomes within the knowledge and skills transfer programmatic area demonstrated changes only at the organization level of The Ecosystem. Knowledge and skills transfer often overlapped with other programmatic areas, providing context to the program activities associated with these knowledge and skills. As part of this programmatic area, HC3 partners demonstrated changes to their capacity by: 1) planning and implementing better SBCC (n=4), 2) improving coordination within or between organizations (n=3), 3) recognizing the value of SBCC (n=2), and 4) using/expanding HC3 products or services (n=2).

Planning and implementing better SBCC. As part of the Emergency Ebola Response, HC3 trained approximately 100 call agents on the use of the new Ebola call agents manual along with a session on calls concerning the Ebola vaccine study, PREVAIL, that was launched in February 2015. By March 2015, Ebola call centers had incorporated these trainings and streamlined operations by making sure that correct referrals and resources were provided to callers and that ambulance dispatch and burial teams were linked to each of the call centers (O.1). This change in the functioning of the call centers gave more Liberians access to accurate information about Ebola at a time when correct and timely information about the virus saved lives. Through the RDL Program, HC3 partnered with several radio production houses for the broadcasting of CAHL starting in April 2016. HC3 held meetings, design and scriptwriting workshops with these production houses, and mentored radio staff in the scripting and other technical aspects of the production of the CAHL radio episodes. From this interaction, the radio production houses strengthened their capacity in and knowledge about the strategic process of planning, scripting and producing quality radio programming. As a result, radio production houses, such as House of Freedom, started producing better scripts and higher-quality shows than they had previously (O.8).

Another example of HC3's contribution leading to organizational shifts in planning and implementing better SBCC was through HC3's work in the *Healthy Life* campaign. HC3 hired the Champion Designs Advertising agency in March 2016, to do the health promotion programming for the *Healthy Life* campaign. HC3 had developed the *Healthy Life* logo with its partners and developed the two concepts of Compassion and Community Engagement/Advocacy as part of the campaign. HC3 held creative and campaign planning meetings with its partners for the *Healthy Life* campaign and provided these partners with the skills, tools and mentorship needed for implementation of the campaign. Champion Designs Advertising agency had done only commercial marketing in the past, so this was their first experience with health promotion programming. Not only did they apply the skills they learned toward the execution of the *Healthy Life* campaign, but, since June 2016, they started using these skills and elements of communication on their non-health-related communication work and began pretesting content and reading its contracts more thoroughly (O.10).

Improving coordination within or between organizations. An important example illustrating HC3's contribution toward improved coordination within its partners was the strengthened function of the NHPD and the Health Promotion TWG. HC3 Liberia helped to strengthen the Health Promotion TWG and coordinate the attendance and participation of partners within the MOH as well as external implementing partner organizations. In the past, MOH partners served as the Secretariat, but having been given the responsibility from the chair, HC3 made the decision to transfer the role to the NHPD.

HC3 Liberia built the capacity of the Health Promotion TWG Secretariat by providing technical assistance and mentorship in all tasks necessary for an NHPD official to take on that role and, since November 2015, an NHPD official started successfully serving as the Health Promotion TWG Secretariat (O.4). The same NHPD official has since trained and provided guidance to another staff member to assist her with managing the Health Promotion TWG Secretariat (O.5). Not only did the NHPD official apply her improved capacity toward fulfilling the lead role of the Health Promotion TWG Secretariat, she transferred some of that capacity to another internal staff member, so she would have more support as she manages that role.

Recognizing the value of SBCC and using/expanding HC3 products and services. As part of the Emergency Ebola Response, HC3 conducted BOH methodology and tool kit trainings with gCHVs and other partner organizations on how to facilitate community mobilization and health promotion at the health-facility level. Planning for these trainings started in December 2014, and implementation rolled out in March 2015. PCI heard about the BOH methodology at the Health Promotion TWG and approached HC3, with an interest in reproducing the BOH tool kit, and requested a training. At the end of September 2015, HC3 conducted the BOH methodology and tool kit trainings for PCI. Then, seeing the benefits of the BOH methodology for its own work, PCI, in turn, conducted a series of step-down BOH trainings for 435 gCHVs in four counties (Bomi, Bong, Grand Cape Mount and Nimba) between November and December 2016. PCI also reproduced its own copies of the BOH tool kit and gave them to its community social mobilizers for health promotion activities (O.16). Similarly, in March and May 2016, HC3 trained one facility staff member and two gCHVs per facility on BOH in Bong County. After receiving this training, the OIC at C.B. Dunbar Hospital in Bong County conducted step-down BOH trainings for 26 additional gCHVs from the facility catchment area during their monthly meetings (O.6). The OIC was able to independently extend the BOH training for these 26 additional gCHVs in that area. The use and adoption of the BOH methodology and tool kit illustrated an improved capacity of partners in health promotion to diffuse the acquired knowledge and skills further within their organizations and communities.

Emergency Ebola response

Outcomes falling under the emergency Ebola response programmatic area (n=6) captured changes that resulted from HC3 Liberia's contributions before March 2015 as part of the national Ebola response in Liberia. From March 2015, these efforts transitioned into rebuilding health systems in Liberia and Pillar II activities. Therefore, all outcomes within this programmatic area overlapped with other programmatic areas, such as knowledge and skills transfer (O.1), HC3/Internews (O.2, O.3) and improved coordination for resilient health system (S.1, S.3, S.6). Most of these outcomes represented changes to capacity of partners in: 1) planning and implementing better SBCC (n=3), 2) improving coordination within or between organizations (n=4), 3) receiving recognition for their SBCC work (n=1), and 4) changing policy to support/sustain SBCC work (n=1). These capacity shifts were at the organization and system level of The Ecosystem.

Planning and implementing better SBCC, improving coordination within or between organizations and changing policy to support/sustain SBCC work. One of the notable outcomes in this programmatic area occurred in April 2016, when the MOH adopted a policy regarding the review and approval process for SBCC materials. HC3 Liberia's contributions toward the process leading up to the policy first started under the Ebola response in October 2014. The change in policy resulted from several other preceding outcomes over a period of time demonstrating changes to practice and illustrating progress toward the coordinated effort of harmonizing the vetting of SBCC materials and messages within the MOH. During the Ebola epidemic, HC3, along with other partners, such as the United Nations Children's Fund

(UNICEF), pointed out during the MMD Working Group meetings the need for a systematic process and clear guidelines for the vetting of materials with other partners, such as the NHPD, international/multilateral organizations and NGOs. Since then, the MMD Working Group and SBCC actors/partners participating in MMD meetings adopted a more systematic approach to vetting SBCC materials for review and approval (S.1). Subsequently, in April 2016, the MOH implemented this systematic approach as a policy mandating partners to submit their SBCC materials to the MMD Working Group for review and approval (S.6). This process also highlighted the cascade of events leading up to the policy change in which MMD partners became more coordinated in their efforts to create SBCC messages and materials, and brought into the review and approval vetting process. This new policy standardized the process and helped strengthen the credibility and trust in health communication performed by the MOH and its partners.

In addition, since HC3 encouraged participation among participating partners' of the MMD Working Group, IOM, PACS and ECAP started to coordinate and complement each other's activities and materials rather than duplicating efforts to address their communities' needs (S.3). In the past, the MMD Working Group meetings had low attendance and many partner organizations in the area were performing the same or similar activities without any coordination among themselves. HC3, along with other partners in the Ebola response, contributed to the improved coordination between partners illustrated through these outcomes.

Radio distance learning program

The CAHL RDL program, which HC3 Liberia started in April 2016, broadcasted twice a week on 23 radio stations nationwide in Liberia. The RDL program along with the CAHL booklet provided gCHVs with the SBCC tools and skills to perform health promotion activities and provide referrals within their communities. The outcomes (n=6) captured under the RDL programmatic area demonstrated the gCHVs' capacity to apply the skills from the RDL program and demonstrated the radio stations' capacity to apply the skills acquired through working with HC3 on RDL broadcasts to their work more broadly. Thus, these outcomes were changes seen at the individual and organization levels of The Ecosystem. The ways in which partners demonstrated a shift in their capacity through HC3's contributions within the RDL program were by: 1) planning and implementing better SBCC (n=3), 2) recognizing the value of SBCC (n=2), and 3) using/expanding HC3 products and services (n=1).

Planning and implementing better SBCC. An example outcome of the knowledge and skills transfer programmatic area was the increased capacity of the House of Freedom radio production house in planning and implementing better SBCC to improve its current work with the skills acquired during the implementing of the RDL program and the *Healthy Life* campaign (O.8). In a similar example, HC3 started working with the MOH mHero team in March 2016, to expand its SMS-based system to monitor gCHVs listening to the RDL program. HC3 requested the setup of interactive SMS surveys and SMS surveys with filtered questions, and provided multiple rounds of feedback for improving the mHero platform. Prior to its work with HC3, the mHero team had little or no familiarity with the complex functionalities of the mHero system. Provided with technical support and training, the mHero team was able to employ interactive SMS survey technology and more complicated SMS surveys between August and November 2016 (O.11). This was another example of an outcome that overlapped between the RDL program and knowledge and skills transfer programmatic areas and demonstrated a partner's improved capacity to plan and implement better SBCC, made possible through their interactions with HC3 and other partners, such as UNICEF and IntraHealth.

Another example was that gCHVs were able to perform better health promotion and community

outreach. Between April and October 2016, the radio program was broadcasted twice a week on 23 stations nationwide; the gCHVs were one of the primary audiences for the CAHL RDL program. At the same time, HC3 distributed a CAHL reminder booklet for gCHVs and a facilitator guide for health-facility staff that went with the CAHL RDL program. The booklets and guides came with a letter explaining the process of how the booklet and radio program could be used together. HC3 also provided one-on-one training for health facility OICs and CHPFPs in all six of the program counties. This training promoted the CAHL RDL program and ensured that the health-facility staff could use the facilitator guides and encourage gCHVs to listen to the RDL program. Since April 2016, through HC3's efforts and the CAHL RDL program, gCHVs in at least three counties listened to the RDL program, demonstrated an increased capacity for conducting community outreach activities and provided more referrals to community members as a result (I.6). Although the gCHVs had previously received focused trainings on the technical aspects of health topics, the trainings had been siloed, based on partners' mandates and locations. The RDL program provided more focus toward creating capacity of gCHVs to perform health promotion more broadly and provide more referrals.

Recognizing the value of SBCC. The RDL program and its implementation process introduced various partners to specific skills and tools for conducting high-quality SBCC, and how those skills and tools could be applied to improve products and services in their respective fields. Radio stations and production houses were major partners in the success of the RDL program, with about 23 radio stations all over Liberia taking part in the implementation of the RDL program. LACSA and 22 other radio stations in Liberia ran the 26-episode *Healthy Life* radio program at a discounted rate, twice a week between April and October 2016 (O.7, O.15). An MOH-approved letter, drafted by HC3, helped the program team to negotiate discounted rate contracts with these radio stations in March 2016. An HC3 staff member with a professional history as a radio broadcaster, along with one of the HC3/Internews journalism fellows, helped HC3 connect with these radio stations and foster negotiations. Although these negotiations contributed to the discounted contracts, the radio stations also gave HC3 an exceptionally good deal because they saw the value of the radio program for the communities.

Using/expanding HC3 products or services. One of the unintended and unexpected outcomes that came out of this Outcome Harvesting evaluation demonstrated the use of an HC3 product by a partner for something other than its intended purpose. The HC3 team was made aware that, since May 2016, several gCHVs in Bomi County had been using the CAHL reminder booklet as a resource to further their careers in health promotion (I.7). Some gCHVs used the booklet to study and become CHAs, while others used it to highlight their improved health promotion skills when applying for a position in the Big Belly Business, an organization catering to the health needs of pregnant women in the area. Through the CAHL reminder booklet, HC3 produced a valued health communication resource that the gCHVs were able to use beyond its intended use within their role as health volunteers.

Improved coordination for resilient health system

As HC3 Liberia transitioned from the Ebola response, starting in March 2015, HC3's contributions influenced change around coordination within the health system. The outcomes (n=5) related to these efforts all fell under the system level of The Ecosystem. The ways in which partners demonstrated capacity shifts within this programmatic area were by: 1) planning and implementing better SBCC (n=1), 2) improving coordination within or between organizations (n=3), 3) investing in SBCC (n=1), 4) changing policy to support/sustain SBCC work (n=1), and 5) maintaining digital resources (n=1).

Improving coordination within or between organizations. Three of the five outcomes under this programmatic area overlapped with the emergency Ebola response programmatic area and are

highlighted there as well (S.1, S.3, S.6). These three outcomes illustrated improved coordination for routine programming and emergency preparedness between the NHPD and other divisions, at both central and county levels of the MOH, as well as improved coordination between MOH divisions and other partners, such as journalists and NGOs. The improved coordination created systems for developing high-quality SBCC messages and materials, which generated availability of more accurate health information. HC3 fostered these improved coordination efforts and partnerships between its partners throughout the duration of the project.

A notable outcome in the improved coordination for resilient health system programmatic area was the improved coordination among county-level CHPFPs and the CCHFPs, which resulted from sharing work plans, activities and resources since March 2016 (S.5). HC3 contributed to these coordination efforts and processes becoming more streamlined and not duplicated across the two county divisions by facilitating workshops that brought together CHPFPs and the CCHFPs from all 15 counties and helped them review their roles and work plans to find commonalities toward their goals. In the past, the CHSD and the NHPD did not coordinate work plans and activities. As a result, they used much of their resources duplicating efforts toward similar activities. The improved coordination and sharing of roles and resources between these divisions made the process of addressing community's needs more efficient.

Compassion and community engagement/advocacy

HC3, along with its partners, developed a creative campaign to support of the *Healthy Life* brand and held creative campaign planning and advocacy meetings between July and December 2016, that different partners and representatives from the communities attended. The outcomes under this programmatic area (n=4) captured how this community engagement and advocacy initiated by HC3 led to community members, as well as community and religious leaders, taking the initiative to discuss health issues within their communities. These changes to SBCC capacity fit within the individual and organization levels of The Ecosystem, and partners demonstrated these shifts in capacity by: 1) planning and implementing better SBCC (n=3); 2) improving coordination within or between organizations (n=1); and 3) recognizing the value of SBCC (n=1).

Planning and implementing better SBCC and improving coordination within or between organizations.

During the advocacy meetings, HC3 brought together representatives from schools, churches and mosques, as well as community members, community leaders and health-facility staff. The meetings facilitated coordination between partners and encouraged trust, compassion and partnership among them. HC3 facilitated discussions about health issues and the use of health services within these communities, and helped these partners create action points toward addressing the communities' needs. This was the first time that such an opportunity and platform was available for various community members and health staff to collectively discuss their relationships and roles within communities. As a result of their participation in these advocacy meetings, community leaders started dissuading mothers from delivering at home and encouraging them to seek care at health facilities (I.8); the assistant imam in Grand Bassa County started encouraging his congregation to seek care at health facilities and started discussing the health issues in his community (I.9); and community members and health-facility staff started holding joint meetings and reported on the progress they made on the action points during the advocacy meetings (I.10). These efforts by HC3 led to community and religious leaders better understanding their role and impact on the health of their communities, inspiring them to work together to address their communities' needs and take initiative in discussing health issues within their communities.

Improved knowledge management systems

Since the start of the project in October 2014, HC3 aimed to improve the process of health promotion and health messaging in Liberia. HC3 continually trained, provided technical assistance and worked with the MOH divisions and other partners to create better coordination and better systems for SBCC. **Figure 6** provides a visual timeline of the milestones achieved by the MOH and its divisions toward the improved knowledge management systems programmatic area supporting SBCC processes. The resulting outcomes (n=6) reflected organization- and system-level changes within The Ecosystem. As a programmatic area, improved knowledge management systems highlighted the ways that HC3 partners demonstrated their capacity toward: 1) planning and implementing better SBCC (n=2), 2) recognizing the value of SBCC (n=3), 3) using/expanding HC3's products or services (n=1), 4) investing in SBCC (n=3), 5) changing policy to support/sustain SBCC work (n=1), and 6) maintaining digital resources (n=1).

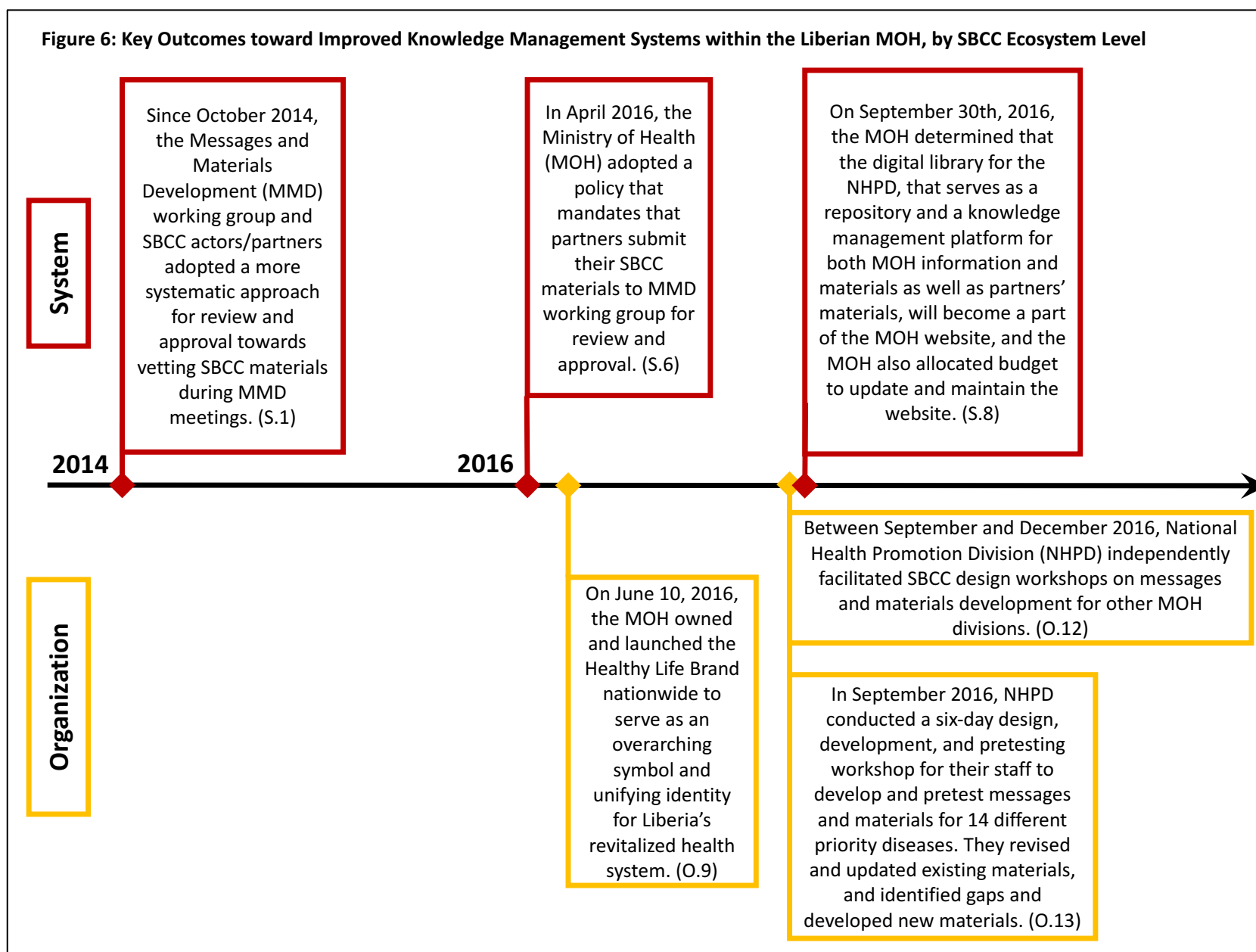
Planning and implementing better SBCC. Starting October 2014, HC3, in partnership with PACS, contributed to the health promotion communication component from RBHS. HC3 continued these efforts by providing technical assistance and training to the NHPD and strengthening its capacity in SBCC through ongoing mentorship of the MMD Working Group meetings. Starting with the Ebola response, HC3 and other partners in the MMD Working Group highlighted the need for a systematic approach to review and approve of SBCC messages and materials. As mentioned before, due to these efforts by HC3 and other partners, the MMD Working Group and the NHPD systematized and then later facilitated an MOH policy change on the process of vetting materials within their divisions and with other partners (S.1, S.6). In addition, the NHPD demonstrated its improved capacity by independently facilitating SBCC design workshops on materials and messages development for other MOH SBCC units (O.12, O.13). These workshops included sessions on design, development and pretesting of materials and messages for 14 different priority diseases. The MOH units also revised and updated their existing materials, and identified gaps and developed new materials to fill those gaps. Although this was the NHPD's mandate in the past, because HC3 and other partners contributed toward the NHPD's improved capacity to perform these duties, the NHPD started taking the lead in strengthening the capacity of other government SBCC units. The NHPD was independently able to take internal knowledge management of materials and messages a step further through these workshops for other SBCC units within the MOH.

Recognizing the value of SBCC and using/expanding HC3's products or services. Three of the four outcomes from the improved knowledge management systems programmatic area came out of HC3's work with the *Healthy Life* logo/brand. In 2010, under RBHS, CCP developed and launched the *Healthy Life* logo with the MOH. During the Ebola response, HC3 and the MOH revived and implemented the *Healthy Life* campaign logo to certify that Ebola-related materials had been reviewed by MMD Working Group for accuracy and credibility and received the MOH stamp of approval. The *Healthy Life* logo began as the symbol for the process of standardizing SBCC messaging and materials and improving coordination to design better SBCC during the Ebola response. It was through this process, that the MOH recognized the power of the logo to communicate trusted health information. Through a nationwide campaign in June 2016, the MOH launched the *Healthy Life* logo as a brand, with the goal of having it serve as a unifying symbol for Liberia's revitalized health system (O.9).

Maintaining digital resources. Overlapping with the previous two themes of demonstrated capacity shifts is a notable example of improved knowledge management systems. In September 2016, the MOH determined that the online digital library for the NHPD—serving as the repository and knowledge management platform for MOH information and materials as well as partners' materials—would become part of the MOH website, and the MOH allocated resources in its budget for updating and maintaining the digital online library (S.8). Although the online digital library began as an activity in

HC3's work plan in July 2015, HC3 met with the directors of the NHPD and IT divisions in April 2016, to discuss the sustainability of the library. The MOH recognized the value of this repository in strengthening its capacity, as well as that of its partners, in conducting SBCC. As an example, the online digital library illustrated the MOH's recognition of the value of SBCC and subsequent investment in the use of a HC3-contributed product and its maintenance as a digital resource.

Figure 6: Key Outcomes toward Improved Knowledge Management Systems within the Liberian MOH, by SBCC Ecosystem Level



Overall, the changes in partner SBCC capacity—captured by the themes and the programmatic areas described in the first evaluation question—reflected a shift toward increased use and awareness of quality SBCC, improved SBCC programs, improved coordination and harmonization of SBCC activities and increased value and investment in SBCC-related activities. As applied to the The Ecosystem, 10 individual-level, seven organization-level and two system-level outcomes illustrated HC3 partners planning and implementing better SBCC. These outcomes demonstrated capacity on the part of the gCHVs, health-sector journalists, MOH divisions and health teams, partner organizations and the MOH, overall. Most system-level outcomes involved demonstrated capacity on the part of the MOH, specific MOH divisions or partner organizations, and fell under the themes of partners planning and implementing better SBCC (n=2), improving coordination within or between organizations (n=6), investing in SBCC (n=1), and changing policy to support/sustain SBCC work (n=2).

Question No. 2: To what extent did the identified project outcomes since October 2014 exceed or fall short of the HC3 Liberia project objectives?

The HC3 global core IRs and the Liberia Pillar II objectives embodied HC3 Liberia’s project objectives and goals. The evaluation team examined which outcomes corresponded to which IRs and objectives. This process helped the evaluation team determine whether HC3 Liberia exceeded or fell short of country-specific and core project objectives (see **Table 5**).

Table 5: HC3 Liberia Outcomes by HC3 Global Core IRs and Liberia Pillar II Objectives (N=39)

HC3 Global Core IRs	Outcome Classification	n (% of total outcomes)
Core IR 1: Increasing capacity of indigenous organizations to design, implement, manage and evaluate evidence-based health communication interventions	The outcome represented progress of local structures and organizations being able to take the lead in responding to their community’s needs. Examples included: <ul style="list-style-type: none"> Partner organization designed, implemented, managed or evaluated an SBCC program in an improved fashion or by integrating best practices such as: <ul style="list-style-type: none"> using an SBCC framework, resource/tool or best practice and training third parties on an SBCC-related topic. 	29 (74%)
Core IR 2: Establishing proven systems for professional development in SBCC	The outcome reflected a new opportunity for exchange of technical information and collaboration, or an opportunity for professional development of SBCC professionals. Examples included: <ul style="list-style-type: none"> partner organization decided to co-host a conference or summit and partner organization sponsored a Springboard event. 	9 (23%)
Neither IR	The outcome did not contribute to either of the two HC3 core IRs. An example would be: <ul style="list-style-type: none"> A population demonstrated a demand for SBCC services. 	4 (10%)

Liberia Pillar II Objectives	Outcome Classification	n (% of total outcomes)
Objective 1: Improving quality and scale of SBCC activities in order to change social norms and behaviors at the health facility, community or household levels.	The outcome related to the implementation of SBCC activities, not its planning or coordination. Examples included: <ul style="list-style-type: none"> • Leaders in the community promoting health messages as a result of being directly involved in advocacy meetings; • The MOH taking ownership of and launching the <i>Healthy Life</i> logo/brand nationwide to serve as an overarching symbol and unifying identity for Liberia's revitalized health system. 	19 (49%)
Objective 2: Improving national and subnational coordination, planning and integration of SBCC activities.	The outcome reflected on the efficiency and improvement in coordination of SBCC activities across SBCC sectors. Examples included: <ul style="list-style-type: none"> • IOM, PACS and ECAP coordinating and complementing each other's activities and materials rather than duplicating efforts; • MOH adopted a policy that mandates partners to submit their SBCC materials to MMD for review and approval. 	9 (23%)
Objective 3: Improving capacity to design, implement and evaluate high-quality SBCC activities.	The outcome involved the designing, implementation or evaluation of high-quality SBCC activities, but not the coordination for SBCC activities. Examples included: <ul style="list-style-type: none"> • NHPD independently facilitated SBCC design workshops on messages and materials development for other MOH divisions; • Journalists who attended the Internews fellowship program are now more interested in health reporting and identify themselves as health reporters. 	12 (31%)
None of the Objectives	The outcome did not contribute to any of the Liberia Pillar II objectives. An example included: <ul style="list-style-type: none"> • Several gCHVs started using their RDL booklet as a resource to further their careers in health promotion (e.g., use it to study to become a CHA). 	2 (5%)

Note: Some outcomes related to more than one IR, therefore, sum of percentages may exceed 100 percent.

HC3 core IR 1 captured the most number of the outcomes (n=29), followed by Liberia Pillar II Objective 1 (n=19) and Liberia Pillar II Objective 3 (n=12). By looking at the descriptions of the HC3 core IRs and Liberia Pillar II objectives, the evaluation team recognized an overlap between the HC3 core IR 1 and the Pillar II Objective 3, and, therefore, expected the outcomes falling within these project objectives to also overlap. Of the 39 verified outcomes, the harvest garnered fewer outcomes that corresponded to HC3 core IR 2 (n=9) and to Liberia Pillar II Objective 2 (n=9). Four outcomes did not correspond to either of the HC3 core IRs, whereas two outcomes did not correspond with any of the Liberia Pillar II outcomes.

Liberia Pillar II Objective 1: Improving quality and scale of SBCC activities in order to change social norms and behaviors at the health facility, community or household levels

Of the 39 verified outcomes, 19 related to Pillar II Objective 1. These outcomes illustrated the capacity of HC3 partners—individuals as well as organizations—to implement SBCC activities within their communities. HC3 Liberia achieved this goal, largely by creating opportunities and an environment in which partners were able to work together to recognize the role of SBCC in addressing their communities' needs.

Throughout the course of the project, HC3 Liberia held advocacy meetings that invited representatives of the communities, community and religious leaders, local government officials, NGOs and health-facility staff to come together and discuss the health issues within their communities and to figure out what roles each of them could play in addressing those issues. As a result of these meetings, engagement of community and health-sector partners in health promotion improved. Example outcomes that resulted from this HC3 contribution included community and religious leaders engaging their communities about the key health issues and promoting seeking care at health facilities (I.8, I.9, and health-facility staff working with community members to develop action points to address their communities' health needs (I.10).

Another way HC3 contributed to improving the quality of SBCC activities that the partners conducted was through the HC3/Internews Ebola and health reporting fellowship program. One of the fellowship program activities focused on the basics of health reporting—such as health terminology, health data interpretation and health trends—enabling journalists to move beyond health buzzwords to actually interpreting data and contributing factors, thus, giving them the knowledge and skills to develop richer and more relevant health stories for their community audience (I.11).

Other training activities created networking opportunities for the journalists enabling them to interact with fellow journalists as well as partners in the health sector, such as MOH officials, health-facility staff and county health staff. These engaging workshops and sessions allowed for improved partnership and collaboration between the journalists and various divisions of the health system, which, in turn, developed a more trusting relationship between these partners and increased their coordination to publish more accurate health information for their communities (S.2, S.7). HC3/Internews also supported these journalists in their work throughout the course of the fellowship with ongoing mentorship and stipends. The journalists selected to participate in the fellowship program also created networks of their own, such as the *Local Voices* website and platform (S.4), where they collaborated to publishing content on their communities' issues. Overall, the journalists from the fellowship program started publishing more reliable content by engaging more authoritative sources (I.1-I.3), developing and expanding networks within their field (I.4, S.4) and getting more exposure and recognition for their work (O.3, I.23, I.24, I.15).

Within the health sector, specifically, outcomes reflected both individual and organizational improvements in capacity to conduct SBCC activities. HC3 Liberia worked with various levels of the MOH to improve its capacity to promote health and to address communities' needs. HC3 Liberia developed the CAHL RDL program that, along with a reminder booklet, trained gCHVs and provided them with the tools they need to do quality SBCC health promotion and provide referrals for health services within their communities. As a result, the outcomes captured this improved capacity of gCHVs to perform health promotion and the increase in the number of referrals they provide in their communities (I.6).

At the organization level, the MOH, the health facilities, Liberian media outlets and other partner NGOs demonstrated an improved capacity toward using SBCC to impact social norms and behaviors. HC3 Liberia engaged these partners through a series of workshops and trainings related to the BOH and/or the *Healthy Life* campaign and to trainings and tools to improve their SBCC activities. PCI approached HC3 to request the BOH training and tool kit so they could reproduce the package and use it to train an additional 435 gCHVs in their communities (O.16).

The radio stations that were part of HC3's *Healthy Life* campaign and RDL program received mentorship and feedback from HC3 in order to better create and implement the radio spots, thus, gaining the knowledge and skills for strategic planning, scripting and producing of quality radio programming. The

radio stations then used the acquired knowledge and skills to improve their own radio programming in other areas (O.8, O.10).

An important outcome captured the MOH, in collaboration with HC3, launching a nationwide campaign to promote the *Healthy Life* logo and brand, which now serves as an overarching symbol of Liberia's revitalized health system (O.9). The *Healthy Life* logo became a standard for quality SBCC messages and materials that the NHPD and the MMD Working Group vetted using a collaborative process with its partners (S.1). The MOH and other partners recognized the power of a unifying symbol during the Ebola crisis, in which more than 70 partners worked in health promotion and social mobilization efforts. The *Healthy Life* logo/brand became a way to communicate the credibility and trustworthiness of health information.

Liberia Pillar II Objective 2: Improving national and subnational coordination, planning and integration of SBCC activities

Nine of the verified outcomes reflected the efficiency and improved coordination between partners toward SBCC activities. These outcomes had to reflect national and subnational changes, so they captured only organization- and system-level changes, not individual ones. Since the start of the project, HC3 Liberia played a major role in increasing partnerships and collaboration between its partners, with the overall goal of streamlining the process of health promotion and health communication. HC3 Liberia worked to strengthen the Health Promotion TWG that brought together MOH divisions and governmental and non-governmental partner organizations. HC3 Liberia also held health roundtables in two counties with community health workers, county health teams and health-sector journalists in order to promote the reporting of objective and factual health content. HC3 Liberia provided technical assistance and mentoring to the MMD Working Group, and coordinated with partners to improve attendance and participation for the MMD meetings.

As a result of HC3's contributions, the NHPD's capacity to manage and coordinate the MMD meetings and the Health Promotion TWG improved (O.4, O.5); the MMD Working Group, along with the participating SBCC partners, adopted a more systematic approach to vetting SBCC materials during the MMD meetings (S.1). Later, the MOH mandated this systematic review and approval process for SBCC materials as a policy for all SBCC messages and materials produced by MOH divisions and partners (S.6). Health-sector officials, both at the MOH headquarters and at the county level, developed a more trusting relationship with journalists and collaborated more to provide their communities with accurate health information and updates (S.2, S.7). Having had the opportunity to come together during workshops held by HC3 Liberia, the CHPFPs and the CCHFPs started coordinating their work by sharing work plans, activities and resources (S.5). As the need for more coordination and collaboration became apparent during the Ebola response, partner organizations, such as IOM, PACS and ECAP, started coordinating their efforts and complementing each other's activities rather than duplicating efforts toward the same goal (S.3). Overall, HC3 Liberia, along with several other partners, contributed to the process by helping improve partnerships and collaboration within institutions and across partner organizations with the ultimate goal of producing quality SBCC activities.

Liberia Pillar II Objective 3: Improving capacity to design, implement and evaluate high-quality SBCC activities

A total of 12 verified outcomes documented partner capacity for developing, implementing and evaluating high-quality SBCC activities in order to respond to their communities' needs. Throughout the course of the project, HC3 Liberia provided a series of trainings, workshops and opportunities for

learning and collaboration as well as technical assistance and mentorship to its partners. These learning opportunities, and the focused guidance by HC3, led to outcomes such as the NHPD independently facilitating workshops to train other MOH divisions on the design and development of SBCC messages and materials (O.13). Radio stations and production houses demonstrated their ability to generate high-quality radio programming by applying the knowledge and skills they acquired through their work with HC3 for the *Healthy Life* campaign (O.8, O.10). And, journalists who attended the HC3/Internews fellowship program were able to create platforms such as *Local Voices* (I.14), and generate superior health news reports that received more exposure, visibility and support from local news outlets (I.1-3, I.12, I.13, I.15, O.3), applying their training to produce better health communication.

None of the Liberia Pillar II Objectives: These outcomes did not contribute toward any of the Pillar II Objectives

The advantage of using a complexity-aware method such as Outcome Harvesting was that the evaluation was able to harvest two outcomes that fell outside the anticipated realm of the Pillar II objectives (I.7, O.1). The previously mentioned example of several gCHVs using their RDL reminder booklets as a resource to further their careers in health promotion—such as using it to study for a CHA exam or to apply for a position in a private health organization (I.7)—did not fall under any HC3 Liberia objective.

Question No. 3: How sustainable are the outcomes measured through Outcome Harvesting to which the HC3 Liberia project contributed?

The evaluation team reviewed the final set of outcomes for potential indication of lasting change. Overall, the evaluation team identified 18 sustainable outcomes—16 of which represented changes in practice and two in policy, as defined in the box to the right.

The HC3 Liberia project influenced sustainable change at all three levels of The Ecosystem. The team harvested six sustainable outcomes that captured individual-level capacity and practice shifts of journalists and community leaders toward health promotion and health communication. Five sustainable outcomes captured shifts in organizational practices within MOH divisions and media organizations. And finally, seven sustainable outcomes were system-level changes in practice and policy within the MOH as well as system-level changes in practice related to collaboration and partnerships between journalists and MOH officials and between partner organizations. **Figure 7** illustrates HC3's contributions to six sustainable outcomes, set apart by the importance of their programmatic achievement. (See **Annex 3** for a full list of sustainable outcomes.)

Sustainable Outcomes

The evaluation team determined the sustainability of an outcome based on a demonstrated sustained change in practice or policy, according to the criteria below:

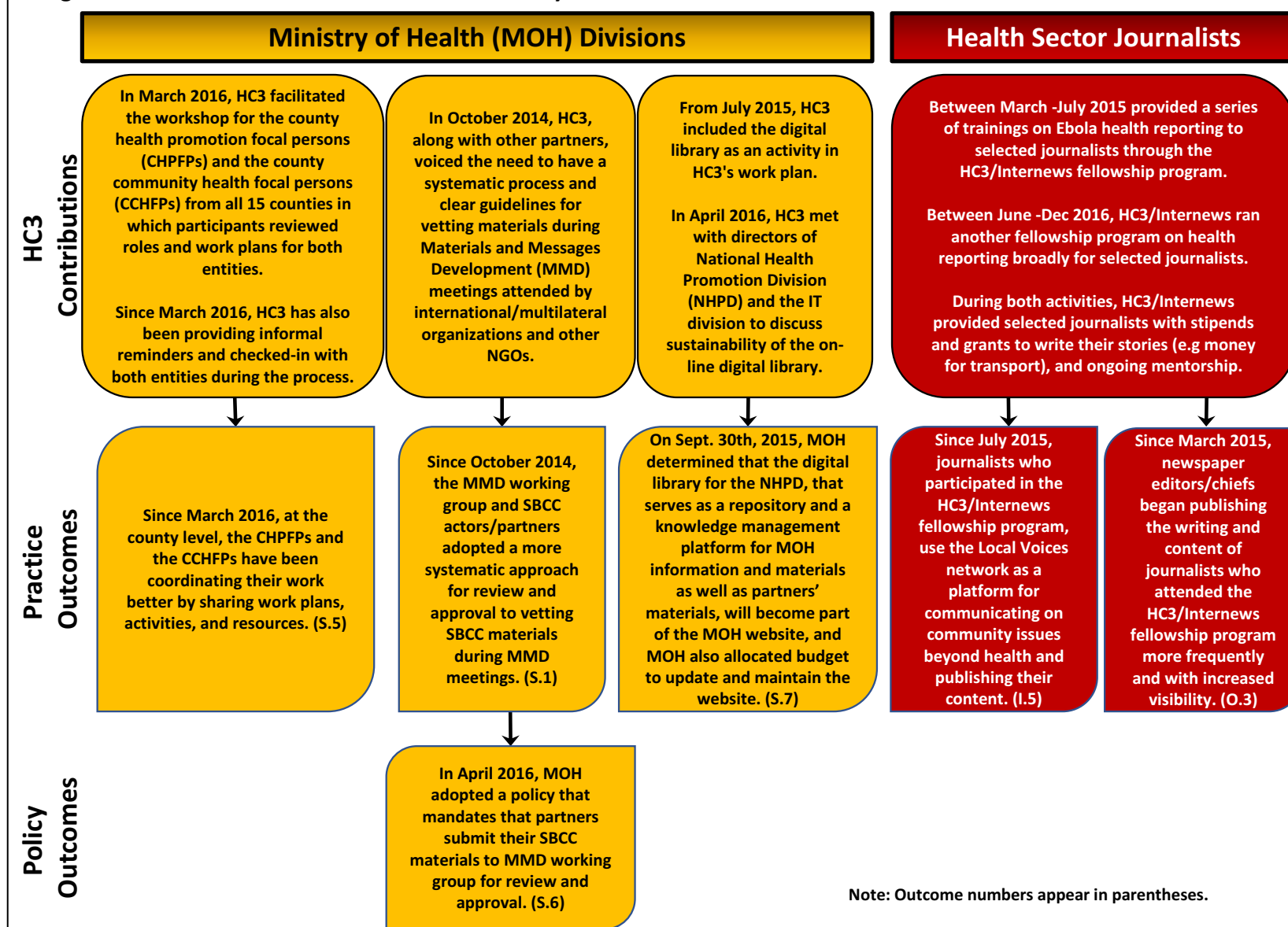
Practice: The outcome reflected institutionalized or systematic behavior change in an individual, organization or system that occurred either repeatedly over the course of the project or six months prior to the evaluation.

Policy: The outcome described a change in SBCC planning procedures or policy.

The system level captured the most sustainable outcomes (n=7), five of which were changes in practice and two in policy. Most of the sustainable changes in practice involved improved coordination on the part of HC3 partners. Four of these system-level sustainable outcomes are illustrated in **Figure 7**. As

mentioned before, the need for collaboration for and coordination of health messaging and materials became obvious during the Ebola response. Through the MMD Working Group meetings, HC3, along with other partners, pushed to have an organized and collective approach toward SBCC materials. These efforts resulted in a more systematic approach for vetting SBCC materials with its partners (S.1). Other sustained outcomes involved improved relationships and collaboration between journalists, MOH officials and county health teams, particularly as they relate to exchanging information to produce accurate health communication for their communities (S.2, S.6). Coordination within members of MOH divisions, namely, the CHPFPs and the CCHFPs, improved when they began sharing work plans, activities and resources (S.5). Even partner organizations, such as IOM, PACS and ECAP, started coordinating their efforts, activities and materials, rather than duplicating work aimed at addressing the communities' needs (S.3). These examples of improved coordination led to stronger relationships between partners, strengthening current collaboration and creating the foundation for future partnerships. These sustainable changes met HC3 Liberia's project objectives and efforts toward improving national and subnational coordination, planning and integration of SBCC activities.

Figure 7: HC3 Liberia Contributions to Noteworthy Sustainable Outcomes



The two sustainable system-level policy outcomes impacted the way MOH and its partners conducted SBCC. Through the organized process, established by HC3, SBCC partners and the NHPD working together during MMD meetings, the MOH mandated that the systematic review process of the MMD Working Group for vetting SBCC materials become a formal policy (S.6) within the MOH and across partner organizations involved in the MMD Working Group. Later, the MOH integrated the online digital library—originally developed by HC3 along with its partners—into its own website and allocated resources for updating and maintaining it (S.8). Both of these policy changes made it possible for the MOH to provide sustained support for conducting high-quality SBCC activities. With the system in place, MOH divisions and their partners now have a more structured process to design and/or approve of high-quality SBCC messages and materials for health promotion. The online digital library continues to serve as a platform for showcasing and curating new work, and is a constant resource for the MOH and its partners as they design and implement SBCC materials.

At the individual level, six outcomes reflected sustained changes in practice on the part of the journalists who attended the HC3/Internews fellowship program, and on the part of community leaders who participated in HC3 Liberia’s advocacy meetings. Journalists from the fellowship program acquired the knowledge and skills to start producing more reliable content and engaging more authoritative sources for their health reporting (I.1-I.3). These journalists also expanded their networks, collaborating with each other (I.5) and connecting with others—including other professionals in their field as well as health officials and health workers—to report on the health issues (I.4). The fellowship journalists gained the knowledge and skills to continue generating accurate health stories throughout their careers, and built networks, creating systems for future collaboration. Another example of individual-level sustainable change in practice was that of community leaders engaging their communities and dissuading pregnant women from delivering at home (I.8). The evaluation team considered this change in practice as sustainable because, in the instance of this particular health promotion activity, community leaders were finally reinforcing what has already been a “law”⁸ against unassisted home births across Liberia.

At the organization level, five outcomes represented sustained changes in practice within the NHPD and within news, radio and advertising media outlets. As mentioned in previous sections, HC3 Liberia built the capacity of the Health Promotion TWG Secretariat by providing technical assistance and mentorship in all tasks necessary for an NHPD official to take on that role, and, since November 2015, the NHPD has successfully served as the Health Promotion TWG Secretariat (O.4). As for organizational changes to practice at other partner organizations, newspaper editors and chiefs started giving more exposure to the work of fellowship program journalists (O.3), the House of Freedom radio production house applied skills acquired through HC3 mentorship toward improving scripts and creating better-quality productions (O.8) and the Champion Designs Advertising agency began pretesting its communication content and more thoroughly reviewing its contracts, skills they learned from their work on HC3’s *Healthy Life* campaign (O.10). These organizations acquired skills and tools through their work with HC3, recognized the value of those skills, and then applied them to improve their organizational processes and products.

Although the evaluation team was not able to return months after the project’s end to assess greater long-term sustainability, the nature of the changes—being either structural or systematically maintained behaviors—suggested that the outcomes would likely endure beyond the end of the project. The HC3

⁸ Liberian Safe Motherhood “Maternal Conference Law” requires women to deliver in health facilities or at least in the presence of a traditional trained midwife. Home births carry a fine, but this policy is not widely enforced. Each of the counties in Liberia adopted this law at the maternal conference.

Liberia project achieved sustainable change across all three levels of The Ecosystem. Individual-level changes in journalists' skills led to quality health reporting, which enabled health journalism to become a more respected field in the Liberian media and in communities. Organizational practice and policy changes provided financial support and lasting structures for maintaining SBCC capacity, even with staff turnover. The changes in SBCC policy at the MOH were particularly notable because they required buy-in from the highest levels of the Ministry. System-level changes helped create an environment in which the MOH and other SBCC professionals started to coordinate and work more efficiently in support of national policies and guidelines.

Discussion

Over the course of the project, HC3 Liberia's SBCC capacity strengthening efforts yielded a multitude of impactful outcomes. The harvested outcomes confirmed that HC3 Liberia influenced change among its partners. In particular, the MOH and its divisions took on new leadership roles as a result of HC3's advocacy, technical assistance and/or guidance through trainings, workshops and meetings. The harvested outcomes demonstrated numerous ways in which the MOH and other partner organizations gained capacity in terms of their ability to support platforms for multisectoral collaboration and technical exchange, specifically the Health Promotion TWG Secretariat, MMD Working Group, and online digital library.

Organizing outcomes within the levels of The Ecosystem allowed the findings of this evaluation to illustrate how HC3 partners demonstrated changes in their capacity and where these capacity changes occurred—at the individual, organization and/or system levels. This framework helped showcase the types of changes that HC3's investment in capacity strengthening influenced. The use of The Ecosystem as a framework also helped capture the cascade effect of outcomes that developed from capacity shifts within individuals, which then led to shifts within both organizations and systems.

Outcomes reveal that since the launch of HC3 Liberia in October 2014, the MOH and other SBCC partners increased their use of SBCC tools and implemented better-quality SBCC activities. The MOH and its divisions, in particular, progressed in their ability to coordinate SBCC activities among their units and with other partners. The NHPD and other divisions, together with partner organizations, became more inclined to coordinate with each other through participation in working groups. This improved coordination helped the process of harmonizing all SBCC material development within the MOH and TWG-participating partner organizations. System-level practice and policy changes facilitated and sustained improvements in coordination. While disseminating and using quality SBCC tools, the MOH and its units, along with NGOs and other partners, improved awareness of quality SBCC approaches and demonstrated leadership in designing and implementing SBCC.

HC3 Liberia outcomes also showed that the project met the country-specific objectives and HC3 core IRs of strengthening the capacity of the MOH and other SBCC partners. Outcomes illustrated HC3 partners' improved capacity toward designing and implementing quality SBCC that focused on social norms and behaviors at the health-facility, community or household levels. Health-sector journalists and gCHVs were key SBCC actors for achieving this project objective. Journalists started applying their improved SBCC capacity toward accurate health reporting, while gCHVs used their improved capacity toward better interpersonal health promotion. HC3 also influenced changes that improved coordination and planning of SBCC within and between HC3 partner organizations, and built their capacity in designing and implementing high-quality SBCC. The MOH policy change resulted after several changes to practice over a period of time, moving toward the coordinated effort of harmonizing the vetting of SBCC materials and messages in the MMD Working Group. The process started with several outcomes showing how the NHPD started to take a greater role in coordinating SBCC activities and involved other units and partner organizations in making progress toward improved design, implementation, management and monitoring of health communication materials. The MOH created the policy after witnessing the value of coordinated efforts in the functioning of the MMD Working Group toward planning and implementing SBCC activities. Using the Outcome Harvesting methodology, the evaluation team also noted several instances where HC3 Liberia influenced change beyond its expected reach; for example, by providing partners, such as gCHVs, with tools they were able to use beyond their intended purpose.

Although only two of the 18 sustainable outcomes were system-level policy changes, the majority of the sustainable outcomes reflected new or modified routine practices within the divisions of the MOH or by health-sector journalists and other partner organizations. The sustained changes in practice at the individual, organization and system level reflected partners' increased capacity for and commitment to SBCC.

Overall, HC3's investment in capacity strengthening efforts in Liberia evolved processes that started during the Ebola outbreak and institutionalized them within the MOH for SBCC implementation in both routine and emergency situations. For gCHVs, HC3's contributions not only improved their capabilities as community volunteers for health promotion, but also served as motivation for them to continue their work and be part of the health sector. For journalists, participation in the HC3/Internews fellowship program resulted in clear progress and commitment to health reporting: better writing and content for health communication and reporting, better connections and partnerships between the journalists and the health sector and a more substantial focus on health issues and topics in the Liberian media.

Limitations

It is important to note four limitations of the Outcome Harvesting evaluation conducted in Liberia. First, the HC3 global project decided to use Outcome Harvesting toward the end of the HC3 Liberia project. This decision meant that although HC3 Liberia collected documentation throughout the project, it did not systematically or routinely document changes in its partners' capacity. For example, HC3 Liberia provided numerous trainings and technical assistance to various partners. However, HC3 Liberia did not follow up with each partner to document how trainings and support may or may not have resulted in outcomes that reflected changes in partner capacity. Had the HC3 Liberia project known earlier that Outcome Harvesting would be used to evaluate its program, follow-up on and documentation of earlier activities could have resulted in additional outcomes. The timing of the evaluation also limited how much time the evaluation team could spend brainstorming and reviewing the outcomes with the HC3 Liberia project team and how much time was left to compile documentation and conduct internal and external verification by engaging sources before the project's end. The evaluation minimized this limitation by investing time and resources toward reviewing HC3 Liberia and partner documentation and verifying the harvested outcomes thoroughly. For example, both the HC3 Liberia and Baltimore staff brainstormed potential outcomes before the harvest began in-country. In addition, knowledgeable informants served as a means of verifying outcomes for which documentation was not available, and those informants also became the source for any additional outcomes.

Second, HC3 Liberia differed from other HC3 projects using Outcome Harvesting in that HC3 Liberia started work within the emergency Ebola response and then later transitioned to a broader health system focus. Due to the quick pace and urgency of the initial emergency response work and the need to constantly adapt efforts to the quickly evolving circumstances of the Ebola outbreak, the HC3 Liberia team did not have much time to track and reflect on capacity shifts that may have occurred as the result of their efforts during the Ebola response. Because of this, the HC3 Liberia team was able to recall and garner fewer outcomes from the Ebola response phase of the project during the evaluation. Therefore, this Outcome Harvesting evaluation was unable to capture and reflect on many of the outcomes that may have resulted from the capacity building and technical assistance work done during the emergency Ebola response. Nevertheless, the Outcome Harvesting evaluation garnered 39 important outcomes of the HC3 Liberia project, including several notable outcomes that evolved from work that began during the Ebola response.

Third, the analysis of outcomes took place after the outcomes were verified, and after the in-country

project had closed out. During the analysis phase, the evaluation team realized that the wording of many outcomes did not allow categorization of outcomes in a way that fully reflected the change that the HC3 Liberia staff had observed. However, in order to maintain the credibility of the verification process, the outcomes could no longer be modified and reverified, and, thus, were used as is. In an effort to minimize this limitation, this evaluation report contextualized outcomes within HC3 Liberia's contributions in a narrative to more fully describe the story, scale and nature of the outcomes, and attempt to piece together the parts not fully captured by the outcome description alone.

Finally, because the evaluation took place at the end of the project, it was limited in its ability to observe actual sustainability. The evaluation team may have harvested more sustainable outcomes had the evaluation taken place at least six months after the close of the project. Several outcomes captured just a couple of months before the end of the project, could have been sustainable changes; but, because of the six-month criteria for sustainable change in practice used for this evaluation, those outcomes were not considered sustainable. Nevertheless, even with a critical approach to the assessment of sustainability, the evaluation team deemed almost half of the outcomes as sustainable. Future evaluations should consider ways to measure change once the project has ended.

CONCLUSION

This Outcome Harvesting evaluation demonstrated that HC3 Liberia was successful in meeting and, in many cases, exceeding the goals set out for the project by USAID. It documented that investment in strengthening both the capacity and quality of national leadership organizations can have demonstrable and longstanding positive impact in development contexts. This evaluation of the HC3 Liberia project's capacity strengthening efforts identified two main ways in which HC3 partners changed: they planned and implemented better SBCC and they improved their ability to coordinate SBCC activities. The evaluation process enabled CCP to document that medium- to long-term donor investments can result in significant improvements in the environments that enable SBCC program implementation to flourish. The HC3 Liberia project achieved both country-specific and HC3-core project objectives.

This evaluation highlighted both expected and unexpected progress at all three levels of the SBCC Capacity Ecosystem. Numerous sustainable and system-level changes in capacity spoke to the strategic and multifaceted approach to capacity strengthening that HC3 Liberia used during this project. These types of structural investments in organization- and system-level change, while harder to measure on a linear-change scale, yielded results that are beneficial and relevant to a wide range of development partners in both the government and non-governmental sectors. This evaluation highlighted the achievements of HC3 Liberia's partnerships and helped the project successfully document changes that HC3 Liberia influenced, including helping the NHPD, and the MOH overall, gradually take full ownership in coordinating SBCC activities.

As the landscape of international development changes and evolves, donor leadership should consider increased investments in supporting system-level change to address challenging and complex structural issues. Through building trust and partnerships, HC3's capacity strengthening work in Liberia influenced partners' skills and abilities to implement impactful SBCC and complement each other in their goals toward health promotion. The experience of HC3 Liberia provides evidence that long-term investments in organizational processes and systems can yield powerful results.

ANNEX 1: HC3 Liberia Outcome Harvesting Evaluation Methodology

The following section describes the steps to the Outcome Harvesting evaluation implemented in Liberia.

Step 1: Design – November 2016

On May 23-25, 2016, the evaluation team participated in an interactive Outcome Harvesting workshop in Baltimore, led by an external renowned expert in Outcome Harvesting. With the continued guidance of the external Outcome Harvesting consultant, the evaluation team also drafted an Outcome Harvesting instrument. Following the training and adapting the lessons learned from the Ethiopia and Bangladesh Outcome Harvesting evaluations, around November 2016, the evaluation team drafted an evaluation design and began planning for an in-country workshop in Liberia in collaboration with the HC3 Country Director. To ensure that the evaluation could satisfy the information needs of the intended users, the evaluation team engaged both USAID and the HC3 Liberia Project team to provide feedback on the evaluation design. By the end of the design step, the evaluation team determined that the scope of the evaluation included the primary societal actors that HC3 Liberia aimed to influence with its project activities, including the Liberian MOH, the health-sector journalists, gCHVs, and other HC3 Liberia partner organizations.

Step 2: Review of Documentation and Drafting Outcomes – December 2016

In December 2016, the evaluation team identified potential outcomes and drafted accompanying descriptions after reviewing project reports and documents provided by the HC3 Liberia field team. The evaluation team described each potential outcome, its importance, HC3 Liberia's contribution to the outcome and other actors or factors that contributed to the outcome. They also indicated where more detail was needed from the Liberia field staff. Throughout this and the next step, the evaluation team sought to clarify outcome language and identify both positive and negative outcomes.

Step 3: Engagement of Sources – January 2017

In January 2017, members of the evaluation team traveled to Liberia for a week-long Outcome Harvesting workshop and several days of key informant interviews. The primary focus of these activities was to introduce the Outcome Harvesting evaluation methodology to the HC3 Liberia field staff in person and harvest outcomes based on discussions with internal and external sources. During the field visit, the evaluation team invited both internal and external sources to contribute to the list of potential outcomes. This step ensured that external knowledge regarding changes in societal actor capacity would be included in the final analysis. This was an HC3 adaptation to the Outcome Harvesting methodology to reduce perceived bias and to strengthen the rigor and credibility of the evaluation findings.

The workshop began with a day-long orientation of the Outcome Harvesting methodology for HC3 Liberia staff members, including CCP and Internews staff, members of the USAID Liberia mission, MOH divisions, and other key partners. On the second day, HC3 staff and the evaluation team reviewed outcomes drafted by Baltimore HC3 staff and brainstormed additional outcomes. For the remainder of the workshop, HC3 Liberia staff and Baltimore-based members of the evaluation team reviewed the outcomes to ensure all outcomes met SMART criteria. During this process for each outcome, they also

began to identify sources of verification that were internal to the HC3 Liberia project.

For each outcome, the evaluation team required that an internal and external source of verification collectively verify the outcome description and HC3 Liberia's contribution to the outcome. HC3 Liberia project documentation as well as HC3 Liberia staff served as internal sources of verification. These field staff members were knowledgeable about the changes the project influenced, motivated to share what they knew, willing to go on the record with their knowledge and available to devote several days to serving as the evaluation's internal sources. Internal verification also included internal documentation, such as emails from Liberia staff, meeting minutes, HC3 Liberia project reports, photos, or videos.

The evaluation team trained a local, independent consultant to assist with the verification of outcomes. This consultant compiled verification documentation from the HC3 Liberia team to verify outcomes, and also interviewed key external informants where external documentation was not available.

Step 4: External Verification – January to February 2017

During the Outcome Harvesting workshop in January 2017, HC3 Liberia staff suggested the best sources of external verification for each outcome. In cases where staff suggested a key informant verify each outcome's description and HC3's contribution to it, the local consultant noted that person's contact information. Between mid-January and mid-February, the local consultant visited several external key informants to verify outcomes and solicit new potential outcomes. The local consultant either scheduled a meeting with external key informants or reached out to them by email or phone to pose a series of standardized questions about each outcome and HC3's contribution (see below). Outcomes needed to be verified using both internal and external sources of verification to be included in the final list of outcomes. The evaluation team excluded those outcomes that did not meet this criteria. This step helped reduce perceived bias and strengthened the rigor and credibility of the evaluation findings.

Step 5: Analysis and Interpretation – February to May 2017

In January 2017, members of the evaluation team facilitated a conversation with the HC3 Liberia staff about how outcomes might be analyzed. After the evaluation team's field visit, the team worked closely with the HC3 Liberia Country Director to categorize the outcomes in several ways. The team used thematic analysis of the outcome descriptions to iteratively capture the ways partners had demonstrated changes to their SBCC capacity. The team also determined to which HC3 global IR and which Liberia Pillar II Objective each outcome corresponded, and also categorized outcomes based on HC3 Liberia's programmatic areas. Analysis continued in Baltimore, including an examination of outcomes along several dimensions. For example, the evaluation team classified outcomes according to The Ecosystem (individual-, organization- or system-level outcome). In addition, the evaluation team grouped outcomes according to emergent themes while consulting the HC3 Liberia Country Director for her input, as necessary. Furthermore, the evaluation team reviewed all outcomes to assess their potential for long-term sustainability. The team defined sustainability as a sustained change in practice or change in policy. Given that the Outcome Harvesting evaluation occurred at the end of the HC3 Liberia project, the determination of sustainability extended only as far as the project end. In other words, whether an outcome achieved longer sustainability beyond February 2017 was beyond the scope of the evaluation. Finally, the team used this analysis of the outcomes to answer the three evaluation questions.

ANNEX 2: Complete List of HC3 Liberia Outcomes

ID#	Outcome Description	Importance of the Outcome	HC3 Liberia's Contribution to the Outcome	Others Who Contributed	Global HC3 IR [1]	Liberia Pillar II Objective [2]	Internal Verification Source	External Verification Source
I	Individual-Level Outcomes							
I.1	Since March 2015, Liberian journalists who partook in the HC3/Internews fellowship programs are producing more reliable content than they were previously by using specific sources who are more authoritative.	<p>Quality of the stories and the writing of the journalists has improved.</p> <p>HC3/Internews journalist programs were the most comprehensive at the time</p>	<p>Between March -July 2015 HC3/Internews provided a series of trainings on Ebola health reporting to selected journalists through the HC3/Internews fellowship program.</p> <p>Between June -Dec 2016, HC3/Internews ran a second fellowships program on health reporting more broadly for selected journalists.</p> <p>During both activities, HC3/Internews provided selected journalists with stipends and grants to write their stories (e.g money for transport), along with ongoing mentorship towards their work.</p>	Other partners trained journalists during the same time period (e.g. New Narratives and BBC Media Action)	1	1	HC3 Liberia Reports Internews Reports Internews Staff	HC3 Liberia identified key informant (in news reporting organization)
I.2	Since March 2015, the HC3/Internews fellowship journalists from the online news site, Bush Chicken, are producing more reliable content than they were previously by using specific sources who are more authoritative.	<p>Quality of the stories and the writing of the journalists has improved.</p> <p>HC3/Internews journalist programs were the most comprehensive at the time</p>	<p>Between March -July 2015 HC3/Internews provided a series of trainings on Ebola health reporting to selected journalists through the HC3/Internews fellowship program.</p> <p>Between June -Dec 2016, HC3/Internews ran a second fellowships program on health reporting more broadly for selected journalists.</p> <p>During both activities, HC3/Internews provided selected journalists with stipends and grants to write their stories (e.g money for transport), along with ongoing mentorship towards their work.</p>	Other partners trained journalists during the same time period (e.g. New Narratives and BBC Media Action)	1	3	HC3 Liberia Reports Internews Reports Internews Staff	HC3 Liberia identified key informant (Editor at a newspaper)

I.3	<p>Since March 2015, the two HC3/Internews fellowship journalists from the Inquirer newspaper are producing more reliable content than they were previously by using specific sources who are more authoritative.</p>	<p>Quality of the stories and the writing of the journalists has improved.</p> <p>HC3/Internews journalist programs were the most comprehensive at the time</p>	<p>Between March -July 2015 HC3/Internews provided a series of trainings on Ebola health reporting to selected journalists through the HC3/Internews fellowship program.</p> <p>Between June -Dec 2016, HC3/Internews ran a second fellowships program on health reporting more broadly for selected journalists.</p> <p>During both activities, HC3/Internews provided selected journalists with stipends and grants to write their stories (e.g money for transport), along with ongoing mentorship towards their work.</p>	Other partners trained journalists during the same time period (e.g. New Narratives and BBC Media Action)	1	3	HC3 Liberia Reports Internews Reports Internews Staff	HC3 Liberia identified key informant (Editor at a newspaper)
I.4	<p>Since mid-2015, journalists who attended HC3/Internews trainings have connected with a larger network of humanitarian responders, health officials, health workers and international experts working on health issues.</p>	<p>Previously, journalists struggled to make contact with the experts and also did not who was the relevant person to contact at the MoH.</p>	<p>Between March -July 2015 HC3/Internews provided a series of trainings on Ebola health reporting to selected journalists through the HC3/Internews fellowship program.</p> <p>Between June -Dec 2016, HC3/Internews ran a second fellowships program on health reporting more broadly for selected journalists.</p> <p>During both activities, HC3/Internews provided selected journalists with stipends and grants to write their stories (e.g money for transport), along with ongoing mentorship towards their work.</p> <p>In both phases, HC3/Internews workshops brought a diverse group of people to the workshops and connected journalists to experts and health officials.</p>	None	neither	3	HC3 Liberia Reports Internews Reports Internews Staff	HC3 Liberia identified key informant (Fellowship journalist)

I.5	<p>Since July 2015, journalists who participated in the HC3/Internews fellowship program for health reporting use the Local Voices network as a platform for communicating community issues beyond health and publishing their content.</p>	<p>No platform like the website or network/group existed for bringing together journalists from various media outlets throughout the country.</p> <p>Local Voices gave journalists access to a professional network and the website was a place they could share their work.</p>	<p>In March - July 2015, HC3/Internews provided formal training and mentorship to select journalists through the HC3/Internews Fellowship Program. The fellowship program offered small grants to some of the journalists who applied for them. Internews also provided basic tutorial on website administration to Alpha Daffae Senkpeni, one of the cofounders of Local Voices.</p>	<p>Praekelt Foundation is currently providing mentorship for the full usage of the free basic platform</p>	1,2	1	HC3 Liberia Reports Internews Reports Internews Staff	HC3 Liberia identified key informant (Fellowship journalist)
I.6	<p>Since April 2016, general community health volunteers (gCHVs) in at least 3 counties who listened to the Radio Distance Learning (RDL) program, Community Action for a Healthy Life (CAHL) now have an increased capacity for conducting their community outreach activities, and are providing more referrals to community members.</p>	<p>Earlier trainings for gCHVs were focused on the technical aspects of health topics and were siloed based on partners' mandates and locations. The radio distance learning program was better coordinated and more focused in creating capacity of gCHVs to perform health promotion and provide referrals.</p>	<p>From April to Oct 2016, HC3 aired the RDL program, CAHL twice weekly on 26 stations nationwide in Liberia.</p> <p>In April and May 2016, HC3 distributed a CAHL reminder booklet for gCHVs and a facilitator guide for health facility staff with a letter explaining the process of how the booklet and radio program can be used. HC3 then provided one-on-one training for the Officers-in-Charge (OICs) in all the 6 counties and met with the other county health promotion focal people (CHPPFs). The training was to promote the program and to ensure they are using the facilitator guide during the meeting and to help get gCHVs on board to listen to the radio program.</p>	<p>International Organization for Migration (IOM) trained gCHVs to identify and report priority diseases. Partner Advancing Community-based Services (PACS), provided face-to-face training to gCHVs and job aids to better disseminate the same health messages</p>	1	1,3	HC3 Liberia Reports HC3 Liberia Staff	HC3 Liberia identified key informants (county officials from the three counties)

I.7	<p>Since May 2016, several gCHVs in Bomi County began using the CAHL reminder booklet as a resource to further their careers in health promotion, such as to study to become a community health assistant (CHA) and apply for a Big Belly Business position.</p>	<p>HC3 produced a valued health communication resource that gCHVs were able to use themselves beyond their scope of work within the health promotion division. gCHVs have taken it upon themselves to study to become CHAs and on their own used the reminder booklet to study</p>	<p>From April to Oct 2016, HC3 aired the RDL program, CAHL twice weekly on 26 stations nationwide in Liberia.</p> <p>In April and May 2016, HC3 distributed a CAHL reminder booklet for gCHVs and a facilitator guide for health facility staff with a letter explaining the process of how the booklet and radio program can be used. HC3 then provided one-on-one training for the Officers-in-Charge (OICs) in all the 6 counties and met with the other county health promotion focal people (CHPFPs). The training was to promote the program and to ensure they are using the facilitator guide during the meeting and to help get gCHVs on board to listen to the radio program.</p>	<p>USAID funded the Big Belly Business project activity</p>	1	none	<p>HC3 Liberia Reports HC3 Liberia Staff</p>	<p>HC3 Liberia identified key informant (county official from the county)</p>
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I.8	<p>Since July 2016, community leaders have dissuaded mothers in at least three counties—Bong, Grand Bassa and rural Montserrado—from delivering at home.</p>	<p>Deliveries in health facilities usually lead to better health outcomes for mothers and children. Since attending the advocacy meetings, community leaders started taking an active role in health promotion, including encouraging mothers to deliver in health facilities.</p>	<p>From July to December 2016, HC3 held advocacy meetings that facilitated partnerships between community members and leaders, and facility staff to create action point activities to address maternal death during childbirth within their communities.</p>	<p>Jhpeigo and PACS promoted standard messages including delivery in the health facilities.</p> <p>Africare supported maternal waiting room construction in Bong and Nimba.</p> <p>Liberian law requires women to deliver in the health facilities (women who have home births are fined) but this is not widely enforced</p> <p>gCHVs promoted facility deliveries.</p>	1	1	HC3 Liberia Reports	HC3 Liberia identified key informants (county officials from the three counties)
I.9	<p>From August to October 2016, the assistant imam at the Buchanan Central Mosque in Grand Bassa County encouraged his congregation during the Friday prayers to seek care at a health facility.</p>	<p>The religious and faith based leaders are taking an initiative in discussing health topics with their congregation. This will help reduce maternal and child mortality.</p>	<p>From July to December 2016, HC3 conducted advocacy meetings that were attended by representatives from schools, churches and mosques, to encourage them to talk about a healthy life and utilization of health services with their audience. The Imam attended the advocacy meeting held in August 2016 in Grand Bassa.</p>	None	1	1	HC3 Liberia Reports	HC3 Liberia identified key informant (at the mosque)

I.10	Between August and December 2016, community members and health-facility staff held joint meetings in at least six counties—Bong, Grand Bassa, Lofa, Margibi, Monsterrado and Nimba—and reported progress on action points for improving the relationship between the two groups.	This was the first time that the health facility staff and community members met to discuss their relationship.	Between July and August 2016, HC3 conducted a series of advocacy meetings in six counties with health workers and community members in health facilities in which they discussed trust, compassion, and partnership. HC3 brought community members and the health staff together and encouraged them to develop action points for improving the relationship between the community and health staff, and towards addressing their community's needs.	None	1	1	HC3 Liberia Reports HC3 Liberia Staff	HC3 Liberia identified key informants (county officials from the three counties)
I.11	Since August 2016, HC3/Internews fellowship journalists better interpret health data, break down medical terminology, discuss contributing factors to health issues, and create accurate health stories that are relevant and compelling to their community audience.	Before attending the fellowship, journalists were used to using health buzzwords in their reporting without fully understanding them or making larger connections around health issues.	From August 17 to 19, 2016, HC3/Internews conducted a training for journalists in Monrovia under the fellowship program. The training included expanded content that included basic anatomy, medical terminology as well as information on health issues including maternal health, sexual and reproductive health, mental health and substance abuse.	Other partners trained journalists during the same time period (e.g. New Narratives and BBC Media Action) WHO provided training on the Ebola Virus and its history ICRC provided training on waste management and burial	1	1	HC3 Liberia Reports Internews Reports Internews Staff	HC3 Liberia identified key informant (at a news/media organization)

I.12	<p>Since October 2016, Alpha Daffae Senkpeni, a HC3/Internews fellowship participant, became a sub-editor and a columnist for the health column in the Front Page Africa newspaper.</p>	<p>HC3/Internews fellowship program opened up opportunities and helped the journalist advance his career.</p>	<p>Between March -July 2015 HC3/Internews provided a series of trainings on Ebola health reporting to selected journalists through the HC3/Internews fellowship program.</p> <p>Between June -Dec 2016, HC3/Internews ran a second fellowships program on health reporting more broadly for selected journalists.</p> <p>During both activities, HC3/Internews provided selected journalists with stipends and grants to write their stories (e.g money for transport), along with ongoing mentorship towards their work.</p>	<p>In November 2016, World Federation of Science Journalists – sent him to Canada to present at conference</p>	1	1	<p>HC3 Liberia Reports Internews Reports HC3 Liberia Staff Internews Staff</p>	<p>HC3 Liberia identified key informant (Fellowship journalist)</p>
I.13	<p>In December 2016, Alpha Daffae Senkpeni, who is the co-founder of the Local Voices platform, received support from Praekelt Foundation for mentoring and improving the content on their website.</p>	<p>A platform that was first established as a result of the initiative of the journalists after they received training from Internews, has now become more independent and is receiving support from other international groups</p>	<p>Between March -July 2015 HC3/Internews provided a series of trainings on Ebola health reporting to selected journalists through the HC3/Internews fellowship program.</p> <p>Between June -Dec 2016, HC3/Internews ran a second fellowships program on health reporting more broadly for selected journalists.</p> <p>During both activities, HC3/Internews provided selected journalists with stipends and grants to write their stories (e.g money for transport), along with ongoing mentorship towards their work.</p>	<p>None</p>	2	3	<p>HC3 LiberiaReports Internews Reports Internews Staff</p>	<p>HC3 Liberia identified key informant (Fellowship journalist)</p>

I.14	<p>Since December 2016, journalists who attended the HC3/Internews fellowship programs, are more interested in health reporting and identify themselves as health reporters.</p>	<p>Liberian journalists have increased self-efficacy and passion for health reporting. Reporters are now discussing health issues in the run-up to the elections and raising health issues that have political relevance</p>	<p>Between March -July 2015 HC3/Internews provided a series of trainings on Ebola health reporting to selected journalists through the HC3/Internews fellowship program.</p> <p>Between June -Dec 2016, HC3/Internews ran a second fellowships program on health reporting more broadly for selected journalists.</p> <p>During both activities, HC3/Internews provided selected journalists with stipends and grants to write their stories (e.g money for transport), along with ongoing mentorship towards their work.</p>	<p>In general, the Ebola epidemic spurred a greater interest in health journalism</p>	1	3	<p>Internews Reports HC3 Liberia Staff Internews Staff</p>	<p>HC3 Liberia identified key informant (Fellowship journalist)</p>
I.15	<p>In January 2017, a journalist who was part of both the HC3/Internews fellowship programs produced a health news page in the newspaper: The News.</p>	<p>HC3/Internews fellowship program opened up opportunities and helped the journalist advance his career.</p>	<p>Between March -July 2015 HC3/Internews provided a series of trainings on Ebola health reporting to selected journalists through the HC3/Internews fellowship program.</p> <p>Between June -Dec 2016, HC3/Internews ran a second fellowships program on health reporting more broadly for selected journalists.</p> <p>During both activities, HC3/Internews provided selected journalists with stipends and grants to write their stories (e.g money for transport), along with ongoing mentorship towards their work.</p>	<p>None</p>	1	1	<p>HC3 Liberia Reports Internews Reports Internews Staff</p>	<p>HC3 Liberia identified key informant (Fellowship journalist)</p>

O	Organization-Level Outcomes							
O.1	By March 2015, Ebola call centers had streamlined operations, made sure operators provided correct referral/resource information to callers, and linked the center to ambulance dispatch and burial teams.	This change gave more Liberians access to accurate information about Ebola in a time when information about the virus could save lives	In February 2015, HC3 (Elizabeth S.) trained approximately 100 call agents on the use of the new Call Agents Ebola Manual. Later that same month, the same call agents were provided a training session on addressing calls concerning the Ebola Vaccine Study that had been launched. There was a follow-up session with these call agents about a month later to gather information on the FAQs about the Vaccine study, and the questions that the call agents also had about the vaccine study.	On Oct 28th 2014, CDC led a training in conjunction with HC3	1	none	HC3 Liberia Staff	HC3 Liberia identified key informant (at one of the call centers)

O.2	<p>Since March 2015, the Liberian media worked quickly to address and refute Ebola-related rumors as they arose.</p>	<p>The media adopted effective strategy that quickly addressed false information and rumors. Dey Sey was the first attempt to address health-related rumors and false information. Media played a role in helping slow the spread of ebola.</p>	<p>In March 2015, Internews and HC3 launched the Ebola rumor tracking system "Dey Sey".</p> <p>In March 2015, HC3 began to send out newsletters (via hard copy and email) to a listserv of Liberian media, the MoH and international organizations (e.g. NGOs, multilaterals).</p> <p>Between March 2015 and December 2016, HC3/Internews offered formal training and on-going mentorship to select journalists through the two HC3/Internews Fellowship Programs on health reporting.</p>	<p>Since the 2014 ebola crisis , journalists increased their coverage of health issues. Partners mentioned in the Internews Report: the Liberian Red Cross Society, Project Concern International, the Early Warning Working Group under the Peace--Building Commission, Women Campaign International and the UN Office of the High Commissioner for Human Rights and UNMIL/Human Rights and Protection Section (OHCHR--UNMIL/HRPS)</p>	1	1,3	<p>HC3 Liberia Reports Internews Reports Internews Staff</p>	<p>HC3 Liberia identified key informant (in news reporting organization)</p>
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O.3	Since March 2015, newspaper editors/chiefs began publishing the writing and content of journalists who attended the HC3/Internews fellowship program more frequently and with increased visibility in those publications.	The journalistic capacity of fellowship journalists improved and was valued by their industry leaders.	<p>Between March -July 2015 HC3/Internews provided a series of trainings on Ebola health reporting to selected journalists through the HC3/Internews fellowship program.</p> <p>Between June -Dec 2016, HC3/Internews ran a second fellowships program on health reporting more broadly for selected journalists.</p> <p>During both activities, HC3/Internews provided selected journalists with stipends and grants to write their stories (e.g money for transport), along with ongoing mentorship towards their work.</p>	Journalists published information about how health issues should be more of a priority to media	1	1	HC3 Liberia Reports Internews Reports Internews Staff	HC3 Liberia identified key informant (Editor at a newspaper)
O.4	Since November 2015, a National Health Promotion Division (NHPD) official (Geraldine George) took on the role of the Health Promotion Technical Working Group (TWG) Secretariat and began setting the agenda and taking meetings minutes.	Previously, different partners were taking on the role of the Secretariat but when HC3 became the Secretariat there was a conscious decision to transfer capacity to NHPD to play the role of the Secretariat.	Between July 2015 and September 2015, HC3 built the capacity of the TWG Secretariat by providing ongoing mentorship to Geraldine George on tasks, such as sending timely meeting invitations/cancellation announcements, setting agenda items, writing meeting notes.	None	1,2	2	HC3 Liberia Reports HC3 Liberia Staff	HC3 Liberia identified key informant (at the NHPD)
O.5	Since March 2016, NHPD Health Promotion TWG secretariat, Geraldine George, has been providing the guidance to another staff member (Korto Suakollie) at the NHPD to assist her with serving as the TWG Secretariat.	After Geraldine was trained by HC3, she went on to train someone else at MoH, which indicates that not only was her capacity built but that she is also now able to build capacity internally	Between July 2015 and September 2015, HC3 built the capacity of the TWG Secretariat by providing ongoing mentorship to Geraldine George on tasks, such as sending timely meeting invitations/cancellation announcements, setting agenda items, writing meeting notes. Geraldine is now building the capacity of another MoH staff.	None	1,2	2	HC3 Liberia Staff	HC3 Liberia identified key informant (at the NHPD)

O.6	<p>From April 2016, the Officer-in-Charge (OIC) at C.B. Dunbar hospital in Bong County conducted step down Bridges of Hope (BOH) training for 26 gCHVs from the catchment areas of the facility. This was done during the monthly meetings with gCHVs at the facility.</p>	<p>Having been trained himself, the OICs then brought the other gCHVs and trained them in the BOH methodology.</p>	<p>On March 1-5, 2016, and from May 25-26, 2016, HC3 trained one facility staff and 2 gCHVs per facility on the BOH methodology and toolkit in Bong county. The OIC from C.B. Dunbar Hospital attended the March 2016 training.</p>	None	1	1	HC3 Liberia Staff	HC3 Liberia identified key informant (at the health facility)
O.7	<p>From April to October 2016, the semi-private Liberia Agricultural Company Staff Association (LACSA) radio station ran the 26-episode Healthy Life radio program at a discounted rate (50%).</p>	<p>The radio program gave HC3 an exceptionally good deal because they saw the value of the radio program.</p>	<p>In March 2016, HC3 drafted a letter for the MoH requesting LACSA to air the CAHL RDL program at the negotiated rate.</p> <p>From March 2015 to December 2016, HC3 engaged a journalist (Alpha Daffae Senkpeni) in the HC3/Internews fellowship program. This journalist helped negotiate airing the CAHL radio program at LACSA.</p>	<p>LACSA considers themselves a community radio-station and often gives discounts to content that benefit the community.</p> <p>Before HC3, Teah Doegmah had a good network with radio station because of his professional history as a radio broadcaster</p> <p>In March 2016, MoH approved HC3's drafted letter.</p>	neither	1	HC3 Liberia Staff	HC3 Liberia identified key informant (Fellowship journalist)

O.8	<p>Since June 2016, House of Freedom radio production house vendor has produced better health scripts and created better quality productions than they previously had.</p>	<p>The radio production has had strengthened capacity and knowledge of the strategic process of planning, scripting and producing quality radio programming and theme songs.</p>	<p>In September 2015, HC3 organized and facilitated a design workshop for the RDL program, CAHL, that House of Freedom attended among other participants.</p> <p>In October 2015, HC3 facilitated a script writer's workshop for House of Freedom.</p> <p>Since Jan 2016, HC3 also mentored 3 House of Freedom radio staff in the scripting and other technical aspects of the production of the radio episodes. The 4 hosts and voice talents of the CAHL radio program were also mentored by HC3.</p>	None	1	1,3	<p>HC3 Liberia Reports HC3 Liberia Staff</p>	<p>HC3 Liberia identified key informant (at the radio production house)</p>
O.9	<p>On June 10, 2016, the Ministry of Health (MOH) owned and launched the Healthy Life Brand nationwide to serve as an overarching symbol and unifying identity for Liberia's revitalized health system.</p>	<p>The MOH recognized the power of a unifying symbol when credible, trusted health information is needed.</p>	<p>Since October 2014, HC3 had developed the Healthy Life campaign with its partners. HC3 promoted the Healthy Life campaign logo and ensured that the Health Life logo was used to certify that Ebola materials had been reviewed by the Incident Management System/Social Mobilization/MMD.</p>	<p>CCP supported the RBHS project before Oct 2014. RBHS first launched the Healthy Life logo and brand in 2010 as a symbol of MOH-sanctioned health promotion materials.</p>	1	1	<p>HC3 Liberia Reports HC3 Liberia Staff</p>	<p>HC3 Liberia identified key informant (at the NHPD)</p>

O.10	<p>Since June 2016, the Champion Designs Advertising agency began pretesting communication content, such as murals and flyers, and reading its contracts more thoroughly.</p>	<p>Champion Designs Advertising agency had previously only done commercial marketing so this was their first experience with health promotion programming. Champion Designs Advertising was able to apply the tools and skills acquired through HC3 mentorship towards their work overall. These elements of communication work were transferred to their other non-health communication work.</p>	<p>Since October 2014, HC3 developed the Healthy Life campaign with its partners. HC3 also developed two concepts of compassion and community engagement. Three spots were developed for each of these two concepts. Champion advertising agency was hired in March 2016 as part of this campaign.</p> <p>From March to June 2016, HC3 held creative and campaign planning meetings and also follow on weekly meetings until December 2016 with Champion.</p>	<p>The MoH executed the Healthy Life national program.</p> <p>The county health teams assisted in the county launch.</p>	1	3	<p>HC3 Liberia Reports HC3 Liberia Staff</p>	<p>HC3 Liberia identified key informant (at the advertising agency)</p>
O.11	<p>Between August and November 2016, the mHero team employed interactive Short Message Service (SMS) survey technology and more complicated SMS surveys with filter questions, upon HC3's request.</p>	<p>Previous to HC3 working with the mHero team, they had little familiarity with these functionalities of the mHero system.</p>	<p>In March 2016, HC3 met with the mHero team to request that they set up interactive SMS surveys and SMS surveys with filter questions and followed-up in a series of other emails.</p> <p>In July 2016, HC3 verbally communicated a list of feedback and suggestions for improving the mHero platform to the mHero team during a meeting HC3 was invited to.</p>	<p>IntraHealth provided mHero team with technical support, UNICEF provided the SMS system</p> <p>UNICEF originally trained the team</p>	1	3	<p>HC3 Liberia Reports HC3 Liberia Staff</p>	<p>HC3 Liberia identified key informant (in the mHero team)</p>

O.12	Between September and December 2016, the NHPD independently facilitated SBCC design workshops on Messages and Materials Development (MMD) for other MOH divisions, such as Neglected Tropical Diseases, Eye Health, Family Health, Food Fortification, and the National AIDS Commission.	NHPD has taken the lead in strengthening the capacity of other government SBCC units. Although this was their mandate before, they are now able to perform these duties independently.	<p>From March 2010 to March 2011, Rebuilding Basic Health Services (RBHS) provided training for NHPD and until 2014 ongoing technical mentorship and capacity strengthening in SBCC and MMD was also provided under the RBHS project</p> <p>In October 2014, HC3, in partnership with PACS, contributed towards the health promotion communication component from RBHS and continued these efforts. PACS had the mandate from the USAID Liberia Mission to build capacity of the NHPD. HC3 had a similar mandate from USAID and contributed to the same deliverable by providing ongoing mentoring to the MMD working group.</p>	<p>WHO provided the finances for the NTD workshop.</p> <p>UNICEF supported the Food Fortification workshop.</p> <p>PSI with Global Funds supported the workshop with NAC.</p>	1	3	RBHS Reports HC3 Liberia Staff	HC3 Liberia identified key informant (at the NHPD)
O.13	In September 2016, the NHPD conducted a six-day design, development, and pretesting workshop for their staff to develop and pretest messages and materials for 14 different priority diseases. They revised and updated existing materials, and identified gaps and developed new materials.	NHPD has taken the lead in strengthening the capacity of other government SBCC units. Although this was their mandate before, they are now able to perform these duties independently.	<p>From March 2010 to March 2011, Rebuilding Basic Health Services (RBHS) provided training for NHPD and until 2014 ongoing technical mentorship and capacity strengthening in SBCC and MMD was also provided under the RBHS project</p> <p>In October 2014, HC3, in partnership with PACS, contributed towards the health promotion communication component from RBHS and continued these efforts. PACS had the mandate from the USAID Liberia Mission to build capacity of the NHPD. HC3 had a similar mandate from USAID and contributed to the same deliverable by providing ongoing mentoring to the MMD working group.</p>	<p>WHO provided the finances for the NTD workshop.</p> <p>UNICEF supported the Food Fortification workshop.</p> <p>PSI with Global Funds supported the workshop with NAC.</p>	1	3	RBHS Reports HC3 Liberia Staff	HC3 Liberia identified key informant (at the NHPD)

O.14	In October 2016, the Liberia Broadcasting System national radio channel invited Gloria Tamba, a reporter with The Observer, to participate in a radio talk show along with Internews's Kate Thomas to discuss the importance of health journalism and how it can contribute to better health outcomes in Liberia.	Journalists trained by HC3/Internews are now being seen as credible and authoritative voices in the media and community by respected public figures.	<p>Between March -July 2015 HC3/Internews provided a series of trainings on Ebola health reporting to selected journalists through the HC3/Internews fellowship program.</p> <p>Between June -Dec 2016, HC3/Internews ran a second fellowships program on health reporting more broadly for selected journalists.</p> <p>During both activities, HC3/Internews provided selected journalists with stipends and grants to write their stories (e.g money for transport), along with ongoing mentorship towards their work.</p>	None	neither	1	HC3 Liberia Reports Internews Reports Internews Staff	HC3 Liberia identified key informant (Fellowship journalist)
O.15	Between October and December 2016, 23 radio stations re-aired each episode of the Healthy Life radio program an additional time each week at no additional cost.	These radio stations gave HC3 an exceptionally good deal because they saw the value of the radio program.	<p>In October 2016, HC3 negotiated a contract with the radio stations to re-air each episode of the program an additional time each week.</p> <p>An HC3 staff, Teah had a good network to connect with these radio stations because of his professional history as a radio broadcaster and helped foster these negotiations.</p>	Radio stations also gave discounted rates in the past to RBHS project	neither	1	HC3 Liberia Reports HC3 Liberia Staff	Signed Purchase Orders with the radio stations

O.16	From November to December 2016, PCI conducted a series of step-down trainings for 435 gCHVs in four counties—Bomi, Bong, Grand Cape Mount and Nimba—on BOH. PCI reproduced its own copies of the entire BOH tool kit and gave it to its community social mobilizers, who used them for health promotion activities in the community.	PCI heard about BOH at the Health Promotion TWG and requested HC3 for information, expressed interest in reproducing the tool for their social mobilizers and requested that HC3 train their staff in how to facilitate community activities using BOH.	From September 29 to October 2, 2015, HC3 conducted a Training of Trainers (TOT) for PCI on the BOH methodology and on how to facilitate community mobilization and health promotion with the use of the BOH toolkit. County health team members of the MoH also attended the TOT.	County Health Teams also participated in the TOT.	1	1	HC3 Liberia Staff	PCI Reports
S	System-Level Outcomes							
S.1	Since October 2014, the MMD Working Group and SBCC actors/partners adopted a more systematic approach for review and approval towards vetting SBCC materials during MMD meetings.	MMD working group partners bought into the MMD's process resulting in a more coordinated effort to creating SBCC messages and materials.	In October 2014, HC3, along with other partners in the MMD working group, voiced the need to have a systematic process and clear guidelines for vetting materials during MMD meetings attended by the NHPD international/multilateral organizations and NGOs (e.g. CDC, African Union, WHO, UNICEF)	MMD working group led the process with IOM, PACS, buy-in and support. This need for a systematic approach became obvious during the Ebola Reponse.	1	2	HC3 Liberia Staff	MMD working group meeting notes
S.2	Since March 2015, at the county level, the journalists and the health sector (private and public) developed a more trusting relationship and began exchanging information and coordinating more frequently with each other.	Before this interaction, there was mistrust between the government officials and journalists because the journalists had historically been critical of the government of Liberia. This improved interaction in turn improved the quality and accuracy of information being reported to the communities.	In September 2016 and December 2016, HC3 held health roundtables in the two counties of Nimba and Bomi respectively, that brought together community health workers, county health teams, and health journalists. Through this interaction, county officials started investing more trust in journalists and journalists started reporting more objective and factual content.	General lessons learned from shortcomings during the Ebola crisis	2	2	HC3 Liberia Reports Internews Reports Internews Staff	HC3 Liberia identified key informant (Fellowship journalist)

S.3	<p>Since July 2015, International Organization for Migration (IOM), Partnership for Advancing Community-based Services (PACS) project, and Ebola Community Action Platform (ECAP) project have now been coordinating and complementing each other's activities and materials rather than duplicating efforts.</p>	<p>MMD partners coordinated with HC3 and each other. Previously attendance at these MMD meetings was low. Previously attendance at the MMD meetings was low and many partner organizations in the area were performing the same or similar activities without any coordination amongst them.</p>	<p>Since October 2014, HC3 encouraged partners to come to the MMD working groups. HC3 also coordinated and hosted numerous MMD meetings.</p> <p>In July 2015, HC3 also encouraged partners to coordinate work plans during these meetings.</p>	<p>MMD took the lead in coordinating partner SBCC messages.</p>	1	2	<p>HC3 Liberia Reports HC3 Liberia Staff</p>	<p>HC3 Liberia identified key informant (at the NHPD)</p>
S.4	<p>In July 2015, journalists who participated in the HC3/Internews fellowship program for Ebola health reporting established a network of journalists called Local Voices and created a website as a platform for communicating on community issues on health and other topics, and for publishing their content.</p>	<p>No platform like the website or network/group existed for bringing together journalists from various media outlets throughout the country.</p> <p>Local Voices gave journalists access to a professional network and the website was a place they could share their work.</p>	<p>Between March -July 2015 HC3/Internews provided a series of trainings on Ebola health reporting to selected journalists through the HC3/Internews fellowship program.</p> <p>Between June -Dec 2016, HC3/Internews ran a second fellowships program on health reporting more broadly for selected journalists.</p> <p>During both activities, HC3/Internews provided selected journalists with stipends and grants to write their stories (e.g money for transport), along with ongoing mentorship towards their work.</p>	<p>None</p>	2	1	<p>HC3 Liberia Reports Internews Reports Internews Staff</p>	<p>HC3 Liberia identified key informant (Fellowship journalist)</p>

S.5	Since March 2016, at the county level, the Health Promotion Focal Persons (CHFPs) and the Community Health Focal Persons (CCHFPs) have been coordinating their work better by sharing work plans, activities, and resources.	This process has made their work more streamlined and not duplicative. This reflects on the improved coordination and partnership between the MOH community health and health promotion divisions towards a larger goal of addressing their communities' needs.	In March 2016, HC3 facilitated the workshop for CHFPs and CCHFPs from all 15 counties in which participants reviewed roles and work plans for both the Health Promotion and Community Health Services entities. Since March 2016, HC3 had also been providing informal reminders to and checked-in with both entities during this collaboration process.	None	1	2	HC3 Liberia Reports HC3 Liberia Staff	HC3 Liberia identified key informants (county officials)
S.6	In April 2016, the MOH adopted a policy that mandates that partners submit their SBCC materials to MMD Working Group for review and approval.	Process is now established for coordinated SBCC messages and materials vetting and approval, creating a standard and a sense of trust in the health communication performed.	In October 2014, HC3, along with other partners in the MMD working group, voiced the need to have a systematic process and clear guidelines for vetting materials during MMD meetings attended by the NHPD international/multilateral organizations and NGOs (e.g. CDC, African Union, WHO, UNICEF)	MMD working group led the process with IOM, PACS, buy-in and support. This need for a systematic approach became obvious during the Ebola Reponse.	2	2	HC3 Liberia Staff	ToR MMD working group
S.7	In July 2016, at the central level, MOH officials and journalists developed a more trusting relationship, and began exchanging health information more frequently.	Before this interaction, there was mistrust between the government officials and journalists because the journalists had historically been critical of the government. This improved interaction in turn improved the quality and accuracy of information being reported to the communities.	In March 2015 and December 2016, HC3/Internews had MOH officials present at workshops as part of their journalist training activities through the HC3/Internews fellowship program, providing journalists the opportunity to connect with these officials.	WHO recognizes the importance of for improving relations between MOH and the media. WHO has had conversations with Maureen Sieh (from Internews) and others about this.	2	2	HC3 Liberia Reports Internews Reports Internews Staff	HC3 Liberia identified key informant (at the NHPD)

S.8	On September 30th, 2016, the MOH determined that the digital library for the NHPD, that serves as a repository and a knowledge management platform for both MOH information and materials as well as partners' materials, will become a part of the MOH website, and the MOH also allocated budget to update and maintain the website.	The addition of the repository to MOH resources strengthens the capacity of MOH and reflects on the MOH recognizing its value towards their work. This repository budget will not require HC3 funding for repository maintenance.	From July 2015, HC3 included the digital library as an activity in HC3's workplan. In April 2016, HC3 met with directors of NHPD and the IT division to discuss sustainability of the on-line digital library.	MOH IT website director previously had a negative experience with partners developing websites independently outside of their website LMH also expressed the need for such a portal World Bank funded the MOH website	2	2	HC3 Liberia Reports HC3 Liberia Staff	Letter from the IT Division at the MOH
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[\[1\]Global HC3 IR 1: Increased capacity of indigenous organizations to design, implement, manage, and evaluate evidence-based health communication interventions. IR 2: Establishing proven systems for professional development in SBCC.](#)

[\[2\]Liberia Pillar II Objective 1: Improved quality and scale of SBCC activities in order to change social norms and behaviors at the health facility, community or household levels. Objective 2: Improved national and sub-national coordination, planning, and integration of SBCC activities. Objective 3: Improved capacity to design, implement, and evaluate high-quality SBCC activities.](#)

ANNEX 3: HC3 Liberia Sustainable Outcomes, by SBCC Capacity Ecosystem Level

	ID#	Outcome Description	Global HC3 IR ¹	Liberia Pillar II Objective ²
	I	Individual-Level Outcomes		
Practice	I.1	Since March 2015, Liberian journalists who partook in the HC3/Internews fellowship programs are producing more reliable content than they were previously by using specific sources who are more authoritative.	1	1
	I.2	Since March 2015, the HC3/Internews fellowship journalists from the online news site, Bush Chicken, are producing more reliable content than they were previously by using specific sources who are more authoritative.	1	3
	I.3	Since March 2015, the two HC3/Internews fellowship journalists from the Inquirer newspaper are producing more reliable content than they were previously by using specific sources who are more authoritative.	1	3
	I.4	Since mid-2015, journalists who attended HC3/Internews fellowship programs have connected with a larger network of humanitarian responders, health officials, health workers and international experts working on health issues.	n/a	3
	I.5	Since July 2015, journalists who participated in the HC3/Internews fellowship programs for health reporting use the Local Voices network as a platform for communicating on community issues beyond health and publishing their content.	1,2	1
	I.8	Since July 2016, community leaders have dissuaded mothers in at least three counties—Bong, Grand Bassa and rural Montserrado—from delivering at home.	1	1

¹**Global HC3 IR 1:** Increased capacity of indigenous organizations to design, implement, manage, and evaluate evidence-based health communication interventions. **IR 2:** Establishing proven systems for professional development in SBCC.

²**Liberia Pillar II Objective 1:** Improved quality and scale of SBCC activities in order to change social norms and behaviors at the health facility, community or household levels. **Objective 2:** Improved national and sub-national coordination, planning, and integration of SBCC activities. **Objective 3:** Improved capacity to design, implement, and evaluate high-quality SBCC activities.

	O	Organization-Level Outcomes		
Practice	O.3	Since March 2015, newspaper editors/chiefs began publishing the writing and content of journalists who attended the HC3/Internews fellowship program more frequently and with increased visibility in those publications.	1	1
	O.4	Since November 2015, a National Health Promotion Division (NHPD) official (Geraldine George) took on the role of the Health Promotion Technical Working Group (TWG) Secretariat, and began setting the agenda, and taking meetings minutes.	1,2	2
	O.5	Since March 2016, NHPD Health Promotion TWG secretariat, Geraldine George, has been providing the guidance to another staff member (Korto Suakollie) at the NHPD to assist her with serving as the TWG Secretariat.	1,2	2
	O.8	Since June 2016, House of Freedom radio production house vendor has produced better health scripts and created better quality productions than they previously had.	1	1,3
	O.10	Since June 2016, Champion Designs Advertising agency began pretesting communication content, such as murals and flyers, and reading their contracts more thoroughly.	1	3
	S	System-Level Outcomes		
Practice	S.1	Since October 2014, the Messages and Materials Development (MMD) Working Group and SBCC actors/partners adopted a more systematic approach for review and approval towards vetting SBCC materials during MMD meetings.	1	2
	S.2	Since March 2015, at the county level, the journalists and the health sector (private and public) developed a more trusting relationship and began exchanging information and coordinating more frequently with each other.	2	2
	S.3	Since July 2015, International Organization for Migration (IOM), Partnership for Advancing Community-based Services (PACS) project, and Ebola Community Action Platform (ECAP) project have now been coordinating and complementing each other's activities and materials rather than duplicating efforts.	1	2
	S.5	Since March 2016, at the county level, the Health Promotion Focal Persons (CHFPs) and the Community Health Focal Persons (CCHFPs) have been coordinating their work better by sharing work plans, activities, and resources.	1	2
	S.7	In July 2016, at the central level, MOH officials and journalists developed a more trusting relationship, and began exchanging health information more frequently.	2	2

Policy	S.6	In April 2016, the MOH adopted a policy that mandates that partners submit their SBCC materials to MMD Working Group for review and approval.	2	2
	S.8	On September 30 th , 2016, the MOH determined that the digital library for the NHPD, that serves as a repository and a knowledge management platform for both MOH information and materials as well as partners' materials, will become part of the MOH website, and the MOH also allocated budget to update and maintain the website	2	2