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

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HEALTH COMMUNICATION CAPACITY COLLABORATIVE

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Lindsey Leslie and Grace Awantang compiled documentation for all outcomes, analyzed data and wrote sections of this final report. Special thanks to Tilly Gurman for coordinating the final draft of this report. We acknowledge the contributions of Ricardo Wilson-Grau, Amrita Gill-Bailey, Douglas Storey and HC3 Project Director Kirsten Böse for their invaluable guidance and support.

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ACRONYMS

AAU	Addis Ababa University
ARC	HIV/AIDS Resource Center
BCC	Behavior Change Communication
CCP	Johns Hopkins Center for Communication Programs
EPHI	Ethiopia Public Health Institute
ENALA	Ethiopian National Archives and Library Agency
EXCELERATE	Expanded Communication Efforts to Lead and Reverse AIDS Trends in Ethiopia
FMHACA	Food, Medicine and Health Care Administration and Control Authority
FMOH	Federal Ministry of Health
GOE	Government of Ethiopia
HAPCO	Federal HIV/AIDS Prevention and Control Office
HC3	Health Communication Capacity Collaborative
HEW	Health Extension Worker
IR	Intermediate Result
IT	Information Technology
MARPs	Most-at-risk Populations
MOCS	Ministry of Civil Service
NARC	National AIDS Resource Center
NHCS	National Health Communication Strategy
NGO	Non-governmental Organization
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
RHB	Regional Health Bureau
SBCC	Social and Behavior Change Communication
TWG	Technical Working Group
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

The Health Communication Capacity Collaborative (HC3) is a five-year global project funded by the United States Agency for International Development (USAID) and based at the Johns Hopkins Center for Communication Programs (CCP). HC3 focuses on strengthening developing country capacity to implement state-of-the-art social and behavior change communication (SBCC) programs. HC3 Ethiopia—funded via USAID field support and implemented from March 2014 to June 2016—worked closely with local institutions to address gaps in SBCC skills, training and infrastructure. In particular, HC3 Ethiopia supported the Government of Ethiopia (GOE), U.S. Government implementing partners and local communication and behavior change professionals to design, produce and implement high-quality, impactful SBCC for HIV prevention.

In June 2016, HC3 Ethiopia applied a qualitative evaluation methodology, **Outcome Harvesting**, to measure HC3 Ethiopia's effect on the behaviors of SBCC professionals and organizations in Ethiopia. Through systematic project document review, facilitated discussion with key HC3 Ethiopia staff and collaboration with an external consultant, an evaluation team from CCP harvested and verified a total of 37 outcomes. By definition, HC3 Ethiopia's capacity strengthening programmatic efforts directly contributed to all 37 outcomes. Almost half of all 37 outcomes highlighted HC3 Ethiopia's work on the transition of National AIDS Resource Center (NARC) services—a key achievement for HC3 Ethiopia and GOE. The remaining outcomes reflected key focal areas: HC3 Ethiopia's work developing strategies, collaborating with local universities, training SBCC practitioners and communication professionals, promoting Springboard for Health Communication Professionals (an online SBCC networking platform) and co-coordinating the 2016 inaugural SBCC Summit with the Federal Ministry of Health (FMOH). Multiple project partners, including GOE and local universities, progressed in terms of developing effective SBCC policy and programs. The evaluation team identified eight outcomes that described changes involving systems throughout various organizations and coordinating bodies. The team also identified 24 outcomes reflecting change within partner organizations and five outcomes describing a change at the individual level. A total of 12 of the 37 harvested outcomes demonstrated changes in policy or practice—criteria that indicated a likelihood for sustainability.

The outcomes showcased how HC3 Ethiopia contributed to creating an environment in which SBCC could thrive. Following HC3's contributions, partner organizations reflected a heightened awareness, interest and use of SBCC across health topics. Increased professionalization of SBCC at the national level led government and university systems to coordinate and collaborate on efforts to improve SBCC training. Further, the project strengthened the GOE's capacity to coordinate the efforts of SBCC stakeholders in order to improve the quality of SBCC services at a national level. Under the HC3 Ethiopia project, the FMOH's capacity to create and disseminate SBCC quickly expanded, in part due to the transfer of NARC services.

In conclusion, this Outcome Harvesting evaluation revealed many ways in which the HC3 Ethiopia project influenced change among individuals, organizations and systems working on SBCC in Ethiopia—change that continues to manifest throughout the FMOH and the Federal HIV/AIDS Prevention and Control Office (HAPCO), HC3 Ethiopia's primary audiences. HC3 Ethiopia also shifted SBCC's role and prestige within FMOH and HAPCO, resulting in a larger space for SBCC within national-level health programming. Finally, FMOH continues to build upon platforms for multi-sectoral collaboration and technical exchange formerly introduced by HC3 Ethiopia, such as national strategies and an international SBCC summit. The national strategy has since been approved for use by implementing partners based in Ethiopia. Further, a national SBCC summit is confirmed for September 2017.

INTRODUCTION

The Health Communication Capacity Collaborative

The Health Communication Capacity Collaborative (HC3) is a five-year global project funded by the United States Agency for International Development (USAID) and based at the Johns Hopkins Center for Communication Programs (CCP). Working in more than 30 countries**,** HC3 has strengthened developing country capacity to implement state-of-the-art social and behavior change communication (SBCC) programs. Among the important health areas addressed by HC3 are maternal and child health, reproductive health, nutrition and communicable diseases, such as Ebola and HIV.

HC3 aims 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 includes a key focus on strengthening capacity to implement SBCC. In addition, the project's specialized focus on SBCC uniquely positions it to complement, support and/or enhance SBCC projects already under way.

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

IR1: Increasing capacity of indigenous organizations to design, implement, manage and evaluate evidence-based health communication interventions

IR2: Establishing proven systems for professional development in SBCC

HC3 leads a number of field-support projects. The HC3 Ethiopia project, funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and USAID/Ethiopia, ran from March 1, 2014, to June 30, 2016. Through this project, HC3 Ethiopia supported the Government of Ethiopia (GOE), U.S. Government implementing partners and local SBCC professionals to design, produce and implement high-quality, impactful SBCC for HIV prevention among core groups. These activities included providing technical assistance to Federal Ministry of Health (FMOH), the Federal HIV/AIDS Prevention and Control Office (HAPCO), HC3 Ethiopia partner organizations in the civil sector, the Behavior Change Communication (BCC) Technical Working Group (TWG) members and SBCC professionals.

By design, HC3 Ethiopia leveraged CCP's expertise in capacity strengthening for strategic communication. By maximizing strong partnerships and providing technical assistance, HC3 Ethiopia contributed to multiple outcomes to achieve the following three IRs:

IR1: Increasing capacity of FMOH and HAPCO to provide technical leadership in SBCC in Ethiopia through strengthened coordination, strategic design and knowledge management

IR2: Increasing capacity of behavior change professionals and institutions in Ethiopia

IR3: Increasing or sustained practice of key HIV preventive behaviors among core populations (most-at-risk populations [MARPs]) to sustain the gains in HIV prevention

Prior to the start of HC3 Ethiopia, CCP began working in Ethiopia to support the Ethiopia National Health Communication Strategy (NHCS), based on the recommendations from the final evaluation of the Health Sector Development Program. CCP, through a long-running AIDS Resource Center Project, played a major role in providing strategic health communication interventions.

From 2010 to 2013, CCP implemented a variety of programs under the ISHARE and EXCELERATE (Expanded Communication Efforts to lead and Reverse AIDS Trends in Ethiopia) projects. The ISHARE program—designed to increase access to HIV/AIDS information among health professionals and the general public—included key activities such as the national HIV/AIDS 952 Health Hotline; the *Fitun* Warmline, a clinical support hotline for service providers; and national and regional HIV/AIDS resource centers (ARCs) that hosted about 30,000 users in 2012. ISHARE maintained an information technology (IT) networking system for the national and regional ARCs and federal and regional HAPCOs, with at least 600 computer terminals connected nationally with Internet and email services, and provided support to the federal HAPCO for SBCC activities, including the design and management of FMOH's HIV Counseling and Testing Day and World AIDS Day.

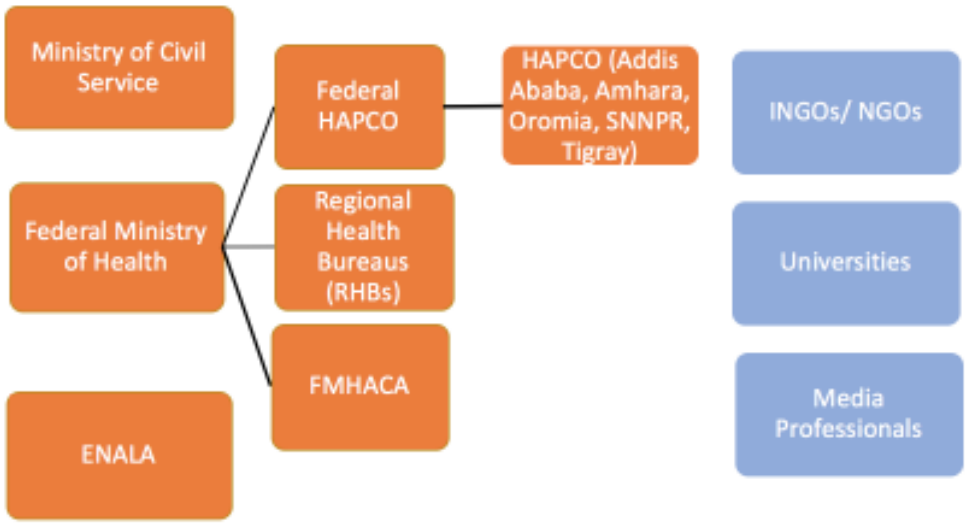
The EXCELERATE program aimed to increase key HIV/AIDS-related behaviors among youth, people living with HIV (PLHIV) and other audience segments of the Ethiopian population through SBCC program activities such as the *Dagu* youth media radio show, the *Betengna* PLHIV Radio Diaries, the *MARCH* model print serial drama interventions for the National Defense Force, federal police and university students, as well as various prevention of mother-to-child transmission promotion campaigns. The *Dagu* youth media and *Betengna* Radio Diaries programs' outreach programs formed 77 listener discussion groups in three selected regional ARCs with more than 1,167 participants. More than 15,000 youth and adults were reached with interactive tool kits that included key issues raised in the media programs.

Despite the success of these programs, after a decade of donor funding, CCP felt that the NARCs needed a sustainable solution. HC3 Ethiopia pioneered this effort. The mandate included strengthening the capacity to design, implement and evaluate state-of-the-art SBCC programs in Ethiopia, in particular within FMOH/HAPCO for HIV/AIDS prevention with MARPs.

To accomplish this task, HC3 Ethiopia built upon previous efforts to improve and expand quality SBCC efforts in Ethiopia. HC3 Ethiopia set out to transition the NARC services to a sustainable mechanism that would not require donor funding. HC3 Ethiopia also broke new ground as the project worked to foster vibrant communities of research and practice at the national, regional and global level that supported improved evidence-based programming and continued innovation in communication for health and social change.

From the start of the project, HC3 Ethiopia prioritized participation and local buy-in for its activities. Across project activities, including strategy development, trainings and workshops and internship opportunities, HC3 Ethiopia collaborated closely with numerous in-country partners, including the FMOH, HAPCO local universities, international non-governmental organizations (INGOs) and other civil society groups (see **Figure 1**). The Ethiopian public health care system is decentralized in that FMOH, the Regional Health Bureaus (RHBs) and the Woreda health offices share decision-making power. HC3 Ethiopia partnered directly with HAPCO and FMOH and influenced other actors indirectly. HC3's work with FMOH involved multiple units, three of which interacted with HC3 on a regular basis: 1) HAPCO, 2) RHBs and 3) the Food, Medicine and Health Care Administration and Control Authority (FMHACA). Federal HAPCO was the unit responsible for national-level HIV prevention and control. RHBs oversaw regional-level health implementation, monitoring and coordination. To a lesser extent, FMHACA was also involved in training FMOH staff.

Figure 1: HC3 Ethiopia Partners



*Note: **Government entities** are shown in **orange** while **nongovernmental entities** are shown in **blue.***

Starting in March 2014, HC3 Ethiopia focused on working with SBCC practitioners on national-level strategies and training efforts. These initial activities provided opportunities for HC3 to model a strategic and coordinated communication process to project partners as well as to engage in relationship-building meetings and activities. For example, HC3 worked closely with the FMOH team in developing a draft health communication training package for health extension workers (HEWs) that deepened HC3's organization of FMOH's operations and approach to SBCC. The resulting package improved and expanded SBCC topical information available for HEWs, including advocacy, social mobilization and behavior change communication, interpersonal and group communication, community conversations, religious leader engagement and Health Development Army training.

During this time, HC3 Ethiopia also began to explore paths to sustainability for the NARC services. FMOH and HAPCO senior management worked closely with HC3 during the early stages of the NARC transition, eventually recognizing a need to house the SBCC services under the auspices of FMOH. Accordingly, FMOH, HAPCO and HC3 staff established a task force to identify a suitable hosting area and facilitate the physical movement of NARC services from HC3 premises. Throughout the transition, the task force met regularly to discuss transition proceedings and propose future plans for the other NARC services, including the NARC library, 952 Health Hotline and radio studio. A ribbon-cutting ceremony that occurred during the final month of HC3 Ethiopia officially recognized the end of the transition process.

Starting in early 2015, HC3 introduced Ethiopia SBCC practitioners to Springboard for Health Communication Professionals, an online communication platform for SBCC practitioners. The Springboard platform provided a wealth of resources to Ethiopia SBCC professionals, and supplemented the ongoing supportive supervision and mentoring that HC3 Ethiopia provided to FMOH, HAPCO and other local partners. Later in 2015, another important platform for technical exchange and knowledge sharing emerged: FMOH agreed to host the inaugural International SBCC Summit in Ethiopia (scheduled for February 8-10, 2016). This unique conference brought together approximately 900 SBCC practitioners from around the world both virtually and face-to-face to exchange SBCC knowledge, successful practices and research. Inspired by this conference, FMOH announced plans to host a national-level summit in Ethiopia in September 2017.

During the two project years, HC3, in collaboration with HAPCO, conducted six SBCC trainings focused on topics related to HIV prevention in core populations. HC3 organized trainings for SBCC professionals from throughout Ethiopia, including: Tigray; Amhara; Oromia; Southern Nations, Nationalities, and Peoples' Region (SNNPR); Afar; Somali; Gambela; Benshangul; and Addis Ababa regional and zonal HAPCO offices. A total of 150 professionals attended the trainings, which covered basic principles of health communication and used interactive approaches to provide insights into SBCC. Local universities also benefitted from HC3 mentoring, internships programs and SBCC programming.

Overall, as the project progressed, HC3 continued to make transparency and inclusivity important parts of the team's *modus operandi*. As a result, HC3 fostered a spirit of teamwork amongst project partners, which enhanced opportunities for meaningful exchange of SBCC expertise, learning by doing and deep collaboration.

SBCC Capacity Ecosystem Framework

In addition to global- and country-level efforts, HC3 has provided guidance and tools that enable SBCC practitioners to produce more effective SBCC. In 2016, HC3 developed the **SBCC Capacity Ecosystem**™ (The Ecosystem) Framework to inform the design, implementation and evaluation of capacity strengthening programs for improved SBCC (**Figure 2**). HC3 developed the framework to recognize where HC3 invested in the local SBCC capacity ecosystem and where it is reaping rewards in the form of outcomes. The Ecosystem emphasizes the inherently complex, interconnected and often-unpredictable nature of capacity strengthening. Furthermore, it underscores that a single intervention is almost never enough to bring change. (More details about the SBCC Capacity Ecosystem can be found at healthcommcapacity.org/sbcc-capacity-ecosystem.)

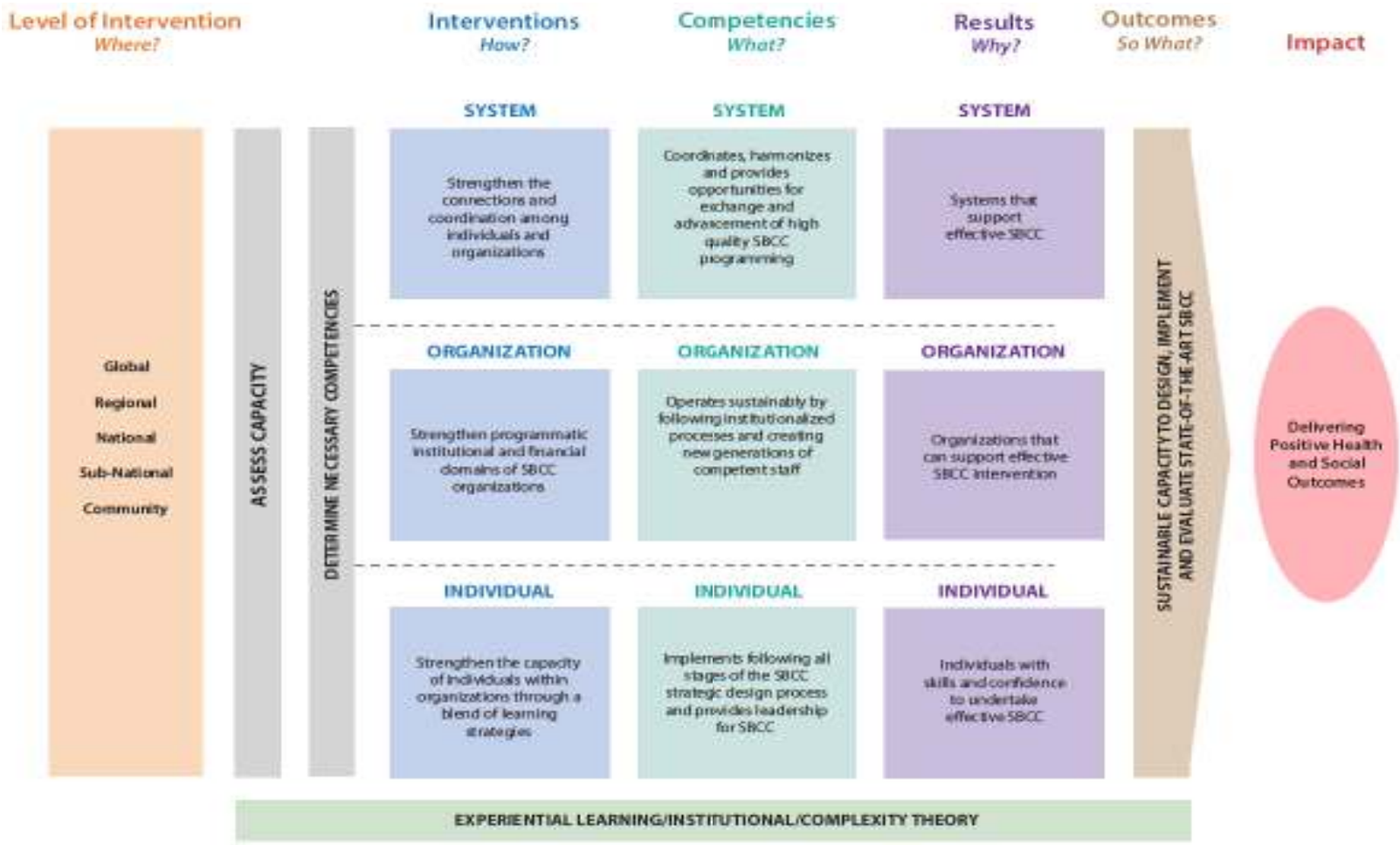
The Ecosystem emphasizes that capacity strengthening involves a multilevel process, as individuals function in organizations and organizations operate within systems. The Ecosystem describes systems as the "connective tissue" that links and supports both organizations and individuals.

The Ecosystem includes various components:

- **INTERVENTIONS:** Activities implemented to influence capacity strengthening
- **COMPETENCIES:** Skills, ability 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 of the local networks in which SBCC professionals and organizations are embedded. In an ideal scenario, the capacity strengthening recipient is not only fully engaged as an equal partner in their own capacity strengthening but also a key driver of the overall capacity strengthening agenda.

Figure 2: SBCC Capacity Ecosystem Framework



OUTCOME HARVESTING

Methodology Overview

HC3 felt it was important to select an evaluation approach that could adequately capture change influenced by its capacity strengthening efforts. 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 getting input from key staff from HC3 Ethiopia and other HC3 countries, HC3 selected Outcome Harvesting.

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.

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 then 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 sources of information.

The HC3 evaluation team obtained information, for each outcome, 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 community's 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?"

After completing the harvest, the evaluation team verifies the outcomes with knowledgeable external 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 details about the process of implementing Outcome Harvesting in Ethiopia, see **Annex 1: Ethiopia Outcome Harvesting Method**.)

In June 2016, Ethiopia was the first HC3 country project to employ Outcome Harvesting to evaluate its capacity strengthening efforts. In August 2016, Bangladesh became the second country project, followed by Liberia in January 2017.

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

OBJECTIVES

The current report presents the results from the evaluation conducted in Ethiopia. The following three questions guided the HC3 Ethiopia Outcome Harvesting evaluation:

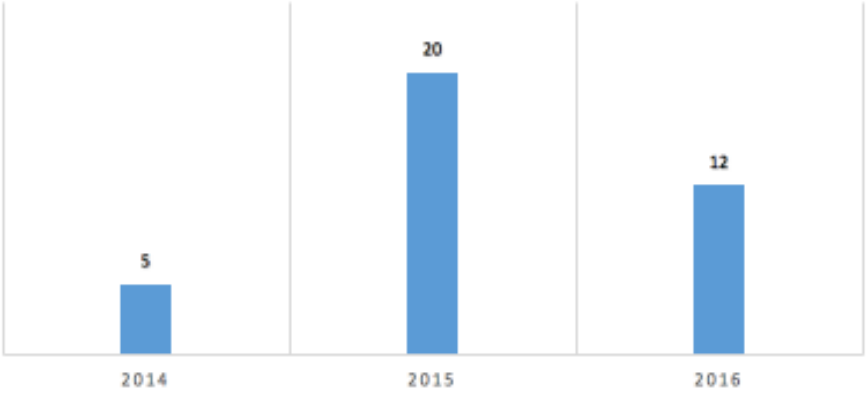
1. In what ways have the FMOH, HAPCO and HC3 Ethiopia partner organizations demonstrated important changes in their capacity for improved SBCC since the start of the project in March 2014?
2. To what extent did HC3 Ethiopia's outcomes since March 2014 exceed or fall short of HC3's project objectives?
3. How sustainable are the outcomes measured through Outcome Harvesting?

Baltimore-based HC3 staff led the Outcome Harvesting evaluation, including evaluation design, data collection, data analysis and write-up. The team engaged key HC3 Ethiopia staff (i.e., HC3 Ethiopia chief of party, knowledge management officer, acting chief of party, research director and capacity strengthening officer), who contributed professional knowledge via virtual communication before and after the harvesting of outcomes as well as a week-long onsite harvest. An external expert with substantive experience in the methodology facilitated the evaluation. The Johns Hopkins Bloomberg School of Public Health Institutional Review Board determined this evaluation to be non-human subjects research.

KEY FINDINGS

The evaluation team harvested and verified a total of 37 outcomes.[2] As expected, HC3 collected few outcomes from Project Year 1 (see **Figure 3**). The HC3 Ethiopia project capacity strengthening activities required upfront investments of time and resources to establish and implement activities. The majority of outcomes emerged from Project Year 2 (2015). Year 2 outcomes reflected early results of fruitful discussions and collective action related to capacity strengthening activities, including initial steps of the transition of NARC services, promotion of the online SBCC platform (Springboard) and preparations for the inaugural SBCC Summit. Continued trainings, progress on national-level SBCC strategies and well-timed technical assistance formed the building blocks for an additional 12 outcomes in 2016, the final year of the project.

Figure 3: Number of Outcomes Influenced by HC3 Ethiopia, By Year



[2] See Annex 1 for a detailed explanation of the Outcome Harvesting verification process and Annex 2 for the complete list of outcomes.

Although slightly fewer harvested outcomes occurred during 2016, many of these outcomes reflected project peaks. The most notable outcomes from 2016 resulted from sustained engagement and deep collaboration with FMOH, HAPCO and other societal actors and highlighted FMOH's new ownership, renewed investment and increased appreciation for services previously operated by CCP—including the NARC radio program, 952 Health Hotline and the resource library. The transition of NARC services is a clear example of a substantial project capacity strengthening outcome resulting from sustained discussions, continued advocacy and extended negotiations.

For further analysis, the team mapped all harvested outcomes to the corresponding level of The Ecosystem (see **Table 1**). The work of HC3 Ethiopia addressed capacity strengthening in a strategic and comprehensive manner. HC3 Ethiopia's 37 outcomes spanned all three levels of The Ecosystem and positively engaged multiple partners and the larger SBCC Ethiopian community. The multi-level approach played an important role in sparking change; HC3's contributions at the individual, organization and system levels resulted in increased opportunities to reposition SBCC within HAPCO, FMOH and other project partners. In one such example, after HC3 Ethiopia trained HAPCO on SBCC design and implementation, HAPCO organized a training for 48 media professionals (O.22). Following the training, the media professionals began using SBCC principles to increase coverage of HIV/AIDS and raise awareness among the general public. HC3's original contribution initiated a cascade of outcomes resulting in a new cadre of professionals with improved SBCC individual skill set and a revitalization of the HIV conversation across Ethiopia.

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.

Specifically, at the individual level, the evaluation team identified five outcomes describing a change at the individual level, such as health providers, media professionals and SBCC professionals. Several outcomes within individuals related to the engagement of individuals with the 952 Health Hotline (I.1-I.3). The other two outcomes dealt with SBCC professionals' initial engagement with the SBCC community through the Springboard platform (I.4) as well as demonstration of improved skills related to SBCC practices after having participated in trainings facilitated by HC3 Ethiopia (I.5).

In addition to developing a national strategy and re-establishing a coordinating body, the outcomes harvested also highlighted steps taken by HC3 Ethiopia to address a growing need for relevant SBCC training and tools in Ethiopia. As part of this effort, HC3 facilitated multiple trainings for SBCC professionals, often working through partner organizations (i.e., HAPCO, Addis Ababa University [AAU]) to build the capacity of entry-level SBCC practitioners. To complement the trainings, and meet a growing need for on-demand SBCC resources, HC3 Ethiopia launched the global Springboard platform in Ethiopia in early 2016. By June 2016, almost 200 Ethiopia SBCC practitioners had registered on the Ethiopia affinity group within the Springboard platform (I.5). The total number of Ethiopian Springboard participants continued to rise (even after the project closed), demonstrating the demand for a forum to share and discuss innovative ideas and best practices among SBCC institutions and professionals.

Table 1: Description of HC3 Ethiopia individual-level outcomes, per the SBCC Capacity Ecosystem Framework

ID#	Outcome Description	Global HC3 IR[3]	HC3 Ethiopia IR[4]
I	**Individual-Level Outcomes**		
	NARC SERVICES		
I.1	From April 1, 2014 to March 31, 2016, 204,543 callers connected with the 952 Health Hotline.	n/a	3
I.2	From April 1, 2014 to March 31, 2015, up to 173,000 callers failed to connect with the 952 Health Hotline (hang-up calls).	n/a	3
I.3	From April 1, 2014 to March 26, 2016, 64,283 users accessed the NARC library.	n/a	3
	TRAINING		
I.4	From April 2016, print, radio and television media professionals began covering (without payment) the HIV/AIDS issue using SBCC principles.	1	2
	SPRINGBOARD		
I.5	As of June 2016, almost 200 individuals working on SBCC in Ethiopia have registered on the Ethiopia affinity group on Springboard platform.	2	2

The largest number of outcomes represented change at the organization level. In total, the evaluation team identified 24 outcomes at the organization level (see **Table 2**). At this level, the most common outcomes represented shifts in practice, policies and strategies among governmental agencies (i.e. FMOH, HAPCO, ENALA, etc.) or universities (i.e., AAU). One example of national-level efforts included plans to develop a health communication strategy in 2015. With technical input on strategy development from HC3 and support from other implementing partners, HC3 helped FMOH re-establish the Communication TWG consisting of government, non-governmental organizations (NGOs), INGOs and other local partners as a means of knowledge and experience sharing. The TWG yielded the above-mentioned draft national health communication strategy and also contributed toward standardization of SBCC efforts within the FMOH system, resulting in improved SBCC practices at FMOH and among partner organizations (O.12).

[3] **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.

[4] **IR 1**: Increased capacity of HAPCO to provide technical leadership in SBCC in Ethiopia through strengthened coordination, strategic design and knowledge management. **IR 2:** Increased capacity of behavior change professionals and institutions in Ethiopia. **IR 3**: Increased or sustained practice of key HIV preventive behaviors among core populations to sustain the gains in HIV prevention.

Table 2: Description of HC3 Ethiopia organization-level outcomes, per the SBCC Capacity Ecosystem Framework

ID#	Outcome Description	Global HC3 IR[5]	HC3 Ethiopia IR[6]
O	**Organization-Level Outcomes**		
	NARC SERVICES		
O.1	During 2015, FMOH transferred the management, staff and equipment of all NARC units from HC3 to FMOH, including the 952 Health Hotline and the previous radio program unit.	n/a	1
O.2	During the course of 2015, the Ethiopian National Archives and Library Agency (ENALA) incorporated the HC3 resource center into its operations.	2	1
O.3	In February 2015, FMOH invited HC3 to provide training on expanding HIV and counseling skills for nine new staff counselors—in preparation for the 952 Health Hotline staff transition.	n/a	2
O.4	On February 25, 2015, FMOH encouraged a search to identify a host entity for NARC services within GOE.	n/a	1
O.5	On February 25, 2015, FMOH decided NARC services will transition to FMOH.	n/a	1
O.6	In November 2015, the FMOH Health Communication Case team conducted an assessment of the possible expansion of health areas covered by the 952 Health Hotline service and re-establishment of the hotline.	1	1
O.7	In March 2016, FMOH invited HC3 to provide additional health-related job training for 27 staff transitioning off the 952 Health Hotline.	n/a	2
O.8	In May 2016, FMOH invited HC3 to give additional training and technical support for staff working on developing radio diary programs for SBCC.	1	1
O.9	In May 2016, the health extension and primary health care directorate of FMOH incorporated "strengthening and expansion of the 952 Health Hotline and use of new technologies" in its core plan for the upcoming fiscal year.	1	1
O.10	By July 15, 2015, FMOH began operating the 952 Health Hotline services until 8:00 p.m.	n/a	1, 3
O.11	By September 23, 2015, FMOH installed NARC radio equipment and set up studios.	1	1

[5] **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.

[6] **IR 1**: Increased capacity of HAPCO to provide technical leadership in SBCC in Ethiopia through strengthened coordination, strategic design and knowledge management. **IR 2:** Increased capacity of behavior change professionals and institutions in Ethiopia. **IR 3**: Increased or sustained practice of key HIV preventive behaviors among core populations to sustain the gains in HIV prevention.

	STRATEGY		
O.12	During 2015, FMOH developed a five-year strategic plan based on the draft NHCS.	1	1
O.13	On March 3, 2015, FMOH invited HC3 to provide assistance with developing guidelines for a communication package for Level 4 HEWs.	1	2
O.14	Since May 2015, regional and zonal HAPCO/RHB experts have been planning different SBCC communication activities to be integrated in annual work plans of nine rural regions and two urban administrations.	1	2
O.15	Since June 2015, dozens of governmental, multilateral and NGO HAPCO partners have applied the MARPs SBCC framework in their HIV work.	1	3
O.16	In early 2016, FMOH invited the USAID Communication for Health Project to support update of the Family Health Card.	1	2
O.17	Since 2016, FMOH began providing orientation on an updated Health Communication package to 11 RHBs and 850 Woreda health offices and to Level 4 HEWs.	1	2
	TRAINING		
O.18	In November 2014, FMOH invited HC3 to facilitate the communication component of integrated refresher training for master trainers from different regions of Ethiopia.	1	1
O.19	From December 2014, FMOH master trainers facilitated integrated refresher training for all 29,000 of 34,000 HEWs in agrarian regions—which cover approximately 80 percent of Ethiopia's geographical area.	1	2
O.20	In August 2015, FMHACA requested that HC3 provide training on telephone counseling skills.	1	1
O.21	After February 24, 2016, FMHACA adopted new practices for the Health Regulatory Information Center 952 Health Hotline, such as a data capturing tool, pseudonyms, debriefings, logistics and amenities to increase comfort levels of the counselors.	1	1
O.22	From March 28-31, 2016, HAPCO trained 48 media professionals in both public and private sectors on message development on HIV/AIDS.	1	2
	SBCC SUMMIT		
O.23	In June 2015, FMOH agreed to co-host the SBCC Summit in Ethiopia.	2	2
	UNIVERSITY		
O.24	In February 2016, the AAU Behavioral Science and Health Education Department within the School of Public Health trained 16 individuals from AAU and NGOs—Save the Children, Family Guidance Association, Population Council—on qualitative research methods for SBCC.	1	1

At the system level (see **Table 3**), the evaluation team identified eight outcomes that described changes involving societal actors across various organizations and coordinating bodies. The most common system-level outcome involved improvements in coordination between FMOH and HAPCO, and between FMOH and other implementing partners toward strategic health decisions. These types of SBCC-related decisions rose in number as FMOH, HAPCO and other project partners matured in their understanding and appreciation of the integral role of SBCC. As an example, in 2014, near the start of the project,

FMOH requested that HC3 provide support for the development of a draft five-year health communication strategy. At that time, HC3 Ethiopia, FMOH and other partner organizations worked together to finalize a strong draft strategy that would bring cohesion and accountability to SBCC practitioners in Ethiopia (S.4). The draft strategy (since finalized and approved) was used widely by Ethiopian SBCC institutions and implementing partners as a guiding strategic document.

Table 3: Description of HC3 Ethiopia system-level outcomes, per the SBCC Capacity Ecosystem Framework

ID#	Outcome Description	Global HC3 IR[7]	HC3 Ethiopia IR[8]
S	**System-Level Outcomes**		
	NARC SERVICES		
S.1	On February 3, 2015, FMOH and HAPCO established a working group to facilitate the transition process and held initial meeting.	1	1
S.2	In May 2016, FMOH incorporated the 952 Health Hotline into the draft NHCS.	1	1
S.3	In May 2016, the Ministry of Civil Service (MOCS) granted approval to FMOH to absorb the 952 Health Hotline and expand it from 41 to 69 counselors.	1	1
	STRATEGY		
S.4	In September 2014, FMOH invited HC3 (as the secretariat of the Communication TWG) to provide technical support in the development of a national health communication strategy.	1	1
	SPRINGBOARD		
S.5	Since 2015, FHI 360, HAPCO and FMOH sponsored one Springboard face-to-face event to exchange SBCC technical information and experiential learning. They were attended by up to 80 Ethiopian SBCC professionals.	2	2
S.6	Since March 2015, FHI 360, HAPCO FMOH hosted face-to-face communities of practice meetings with an estimated 80 members of the Ethiopian Health Communication Springboard group.	2	2

[7] **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.

[8] **IR 1**: Increased capacity of HAPCO to provide technical leadership in SBCC in Ethiopia through strengthened coordination, strategic design and knowledge management. **IR 2:** Increased capacity of behavior change professionals and institutions in Ethiopia. **IR 3**: Increased or sustained practice of key HIV preventive behaviors among core populations to sustain the gains in HIV prevention.

	SBCC SUMMIT		
S.7	In October 2015, FMOH established a National Steering Committee composed of different international organizations and relevant government offices to support implementation of the SBCC Summit.	2	2
	UNIVERSITY		
S.8	In September 2015, the Ethiopia Higher Education Partnership Forum requested that HC3 support its efforts to address HIV and sexual and reproductive health program needs at universities.	n/a	2

Question 1: In what ways have FMOH, HAPCO and HC3 Ethiopia partner organizations demonstrated important changes in their capacity for improved SBCC since the start of the project in March 2014?

The final set of 37 vetted outcomes, reflected important changes in multiple societal actors, including FMOH, HAPCO, universities and other partner organizations. Common changes included the gradual institutionalization of SBCC programs within government offices, progressive technical requests and increased support for collaborative platforms (see **Figure 4**). Overall, these types of changes in SBCC capacity reflected the changing priorities among FMOH, HAPCO and partner organizations. These changes also underlined a desire to elevate SBCC through improved technical leadership in SBCC and strengthened capacity for improved SBCC. In addition, the various outcomes occurred across a variety of different program areas, most of which related to the transition of NARC services to the GOE (see **Table 4**).

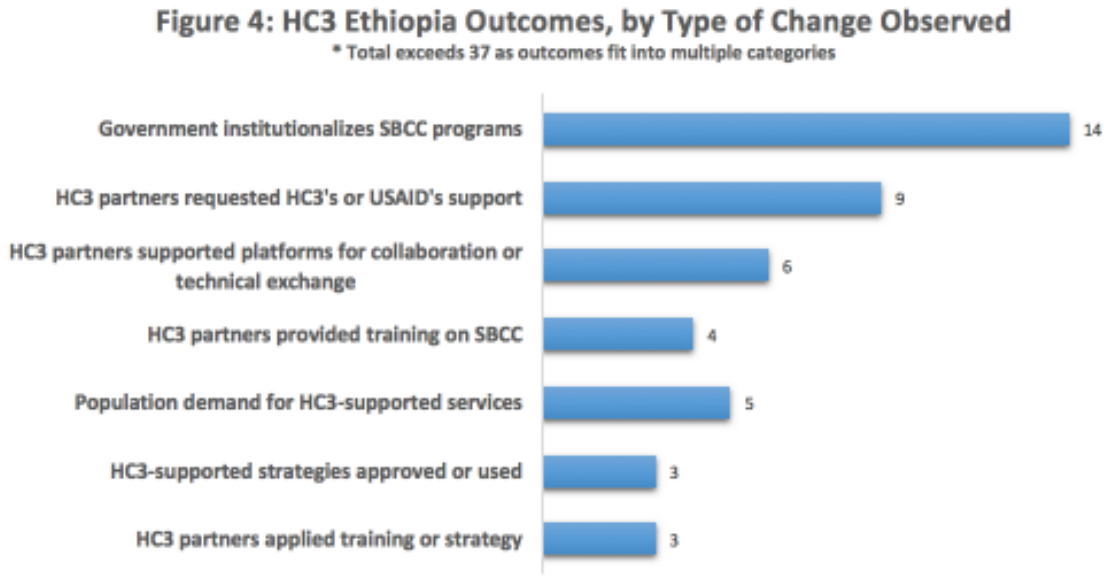


Table 4: HC3 Ethiopia Outcomes, by Category

Category	Total # of Outcomes	Corresponding Outcome(s)
NARC Services	17	I.1, I.2, I.3, O.1, O.2, O.3, O.4, O.5, O.6, O.7, O.8, O.9, O.10, O.11, S.1, S.2, S.3
Strategy	7	O.12, O.13, O.14, O.15, O.16, O.17, S.4
Training	6	I.4, O.18, O.19, O.20, O.21, O.22
Springboard	3	I.5, S. 5, S.6
SBCC Summit	2	S.7, O.23
University	2	O.24, S.8

FMOH and HAPCO accounted for more than half of all outcomes harvested by the evaluation team. As principal partners of HC3 Ethiopia, FMOH and HAPCO demonstrated changes in the following three overall ways.

First, FMOH and HAPCO demonstrated increased recognition of SBCC as an important component and skillset for developing and implementing successful public health programs in Ethiopia.

For example, FMOH and HAPCO increased and expanded the number of technical assistance requests to HC3 Ethiopia. As compared to 2014 requests for technical assistance, FMOH and HAPCO requested an increased level of technical assistance during project Years 2 and 3—a grand total of nine different outcomes over the course of the project.[9] (FMOH made seven of the nine requests for HC3 Ethiopia's assistance.) Requests focused on NARC services, specifically the 952 Health Hotline (O.3, O.7) and radio components (O.8), in addition to assistance in streamlining SBCC processes and products in order to yield quality SBCC programming among core populations. However, as FMOH became more familiar with the potential impact of SBCC, the agency responded by increasing its requests for assistance. For example, in early 2016, FMOH requested the USAID Communication for Health project's assistance to update a Family Health Card, a health focused pamphlet used by households across Ethiopia to track immunizations, nutritional indicators and other health outcomes (O.16). Upgrading and expanding the information and illustrations included in the Family Health Card provided increased access to families seeking accessible primary health care information. Other requests from FMOH included assistance updating other health materials, including a communication package for health extension workers (O.13) and the NHCS (S.4). In many instances, these requests were not written into the original scope of

[9] See outcomes O.3, O.7, O.8, O.13, O.16, O.18, O.20, S.4, S.8

the HC3 Ethiopia project. Therefore, FMOH demonstrated a change in its SBCC capacity on an organization level.

In addition, FMOH and HAPCO upgraded their own SBCC practices and expanded SBCC training offerings. FMOH implemented new SBCC practices for HEWs, and HAPCO organized new trainings for media professionals. In 2015, following an integrated refresher training, which included an expanded SBCC curriculum, FMOH required that HEWs spend 50 percent of their time on SBCC activities at the household and community level (O.19). This change expanded SBCC practices for approximately 29,000 of 34,000 HEWs in agrarian regions, which cover approximately 80 percent of Ethiopia's geographical area. In another example, HAPCO trained 48 media professionals in both the public and private sectors on message development on HIV/AIDS in March 2016 (O.22). This training, conducted by a HAPCO official, reflected GOE's desire to revitalize the HIV conversation in Ethiopia.

Second, FMOH, HAPCO and other HC3 Ethiopia partners increased commitment to incorporate SBCC into organizational policies, systems and structures, as indicated through the allocation of resources and staff or institutionalization of SBCC programs

Incremental changes occurred in the ways in which FMOH, HAPCO and other HC3 Ethiopia partners incorporated SBCC into the design, management, implementation or evaluation of SBCC programming. Over the course of HC3 Ethiopia, societal actors began to earmark SBCC activities in annual budgets. By actively investing in SBCC through resources and staff support, societal actors demonstrated the long-lasting effects of HC3 Ethiopia advocacy for increased trainings, mentoring sessions and other SBCC related activities. In one such example from May 2015, HAPCO began planning different SBCC communication activities to integrate into its annual work plans throughout the country (O.14). These changes occurred after regional and zonal HAPCO staff attended the workshops organized by HC3 Ethiopia on SBCC design and implementation, which is where HC3 presented a strong case for continued investment in SBCC.

In another strong demonstration of commitment to SBCC, FMOH made the policy decision to adopt NARC services as part of its own programmatic efforts (O.5). The evaluation was able to capture the outcomes of the transition, as well various preliminary changes that were key steps to the ultimate transition. At the start of the project, HC3 explored numerous options that would allow for sustainable continuation of NARC services. In early 2015, FMOH decided NARC services would be maintained by the GOE, setting in motion a series of organization and system changes linked to the transition process. By the end of 2015, FMOH oversaw both the 952 Health Hotline and the radio program (O.1) and ENALA incorporated the FMOH's HC3 Ethiopia's resource center (O.2). May 2016 brought the adoption of three high-level policy decisions that were necessary in order to allow for a full transition and seamless integration of NARC services. These changes in policy included 1) funding support for the expansion of the number of hotline staff (S.3), 2) incorporating the 952 Health Hotline into NHCS (S.2) and 3) the FMOH's Health Extension and Primary Health Care Directorate incorporating the 952 Health Hotline in its annual work plans (O.9). The sanctioning and financial support that GOE policy actors provided heavily contributed to a smooth transition and integration of NARC services within FMOH and increased the likelihood of the sustainability of these services.

The above-mentioned outcomes underlined FMOH's capacity and eagerness to take on SBCC services, such as the 952 Health Hotline, resource library and community radio shows (in May 2016, FMOH incorporated the 952 Health Hotline into the draft NHCS [S.2]). The NARC transition outcomes also demonstrated FMOH's explicit commitment to integrate quality SBCC services into the FMOH systems. Often, to support the transition of NARC services, HC3 advocated to government officials and prepared

strategic documents, including a business plan, staff job descriptions and draft organizational structure for the 952 Health Hotline. In addition, high-level policy and structural changes within FMOH were necessary in order to allow for a full transition and seamless integration of NARC services. One example of such change was: In May 2016, the MOCS granted approval to FMOH to absorb the 952 Health Hotline and expand it from 41 to 69 counselors (S.3). By explicitly budgeting for the 952 Health Hotline, FMOH was underlining its commitment to integrating SBCC services into FMOH systems.

The following diagram (**Figure 5**) visually represents milestone outcomes in the process of transitioning the NARC services from HC3 Ethiopia to FMOH.

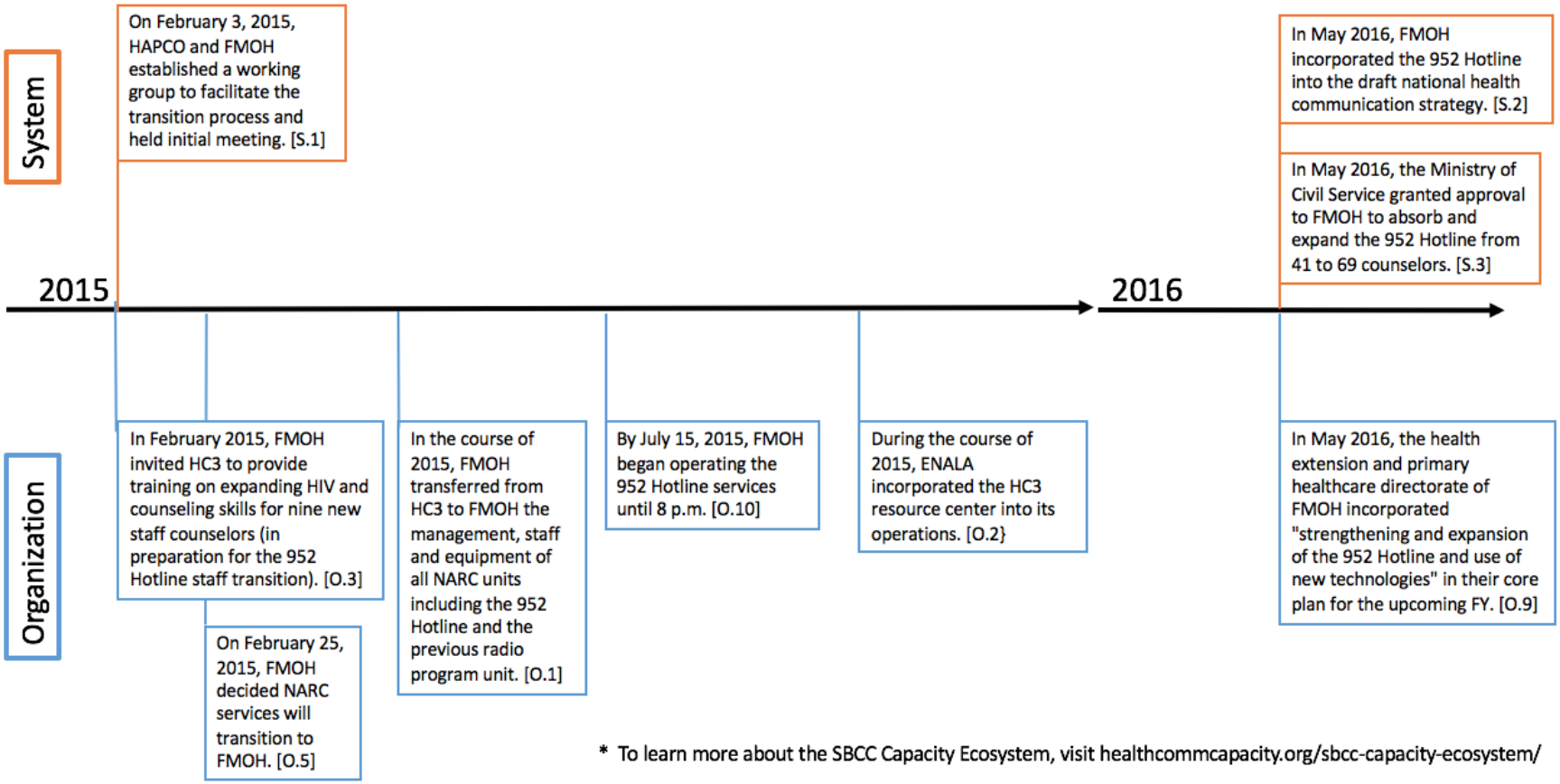
Third, FMOH, HAPCO and other HC3 actors demonstrated an increased effort to coordinate and strategically collaborate to improve the quality of SBCC produced in Ethiopia

To improve coordination between SBCC professionals working in Ethiopia, FMOH requested national-level strategies on health communication and SBCC for MARPs. This request also prompted the revitalization of the SBCC TWG as a platform for strategy development and regular technical exchange (S.4). This change also related to FMOH's decision to co-sponsor the inaugural SBCC Summit held in February 2016 in Addis Ababa, Ethiopia (O.24). By providing a space for SBCC experts to hold academic discussions and showcase SBCC innovations to Ethiopia professionals, FMOH provided a clear expression of the desire for high-quality, collaborative and coordinated SBCC in Ethiopia.

At the university level, AAU demonstrated a change in its ability to produce quality SBCC. During the project, HC3 recognized a need to bolster the research method capacity among SBCC practitioners in Ethiopia. As a result, in October 2015, HC3 conducted training on qualitative research methods for SBCC attended by one AAU professor, among other Ethiopia Public Health Institute (EPHI) staff. The following February (2016), AAU conducted a training on qualitative research methods for SBCC for students at AAU following requests for similar trainings (O.24). This change afforded budding SBCC professionals and students an opportunity to grow as SBCC professionals.

Health adjacent organizations also experienced changes: In February 2016, the FMHACA hotline adopted new practices used by the 952 Health Hotline (a NARC service), such as the use of a new data-capturing tool and the use of pseudonyms in place of real names (O.21). The FMHACA hotline also started to conduct debriefings and improve the amenities available to counselors (O.21), which allowed FHMACA to elevate the overall quality of their hotline and services provided to callers.

Figure 5: Key Milestones in the NARC Services Transition in Ethiopia, by SBCC Ecosystem* Level



* To learn more about the SBCC Capacity Ecosystem, visit healthcommcapacity.org/sbcc-capacity-ecosystem/

Question 2: To what extent did HC3 Ethiopia's outcomes since March 2014 exceed or fall short of the HC3 project objectives?

The evaluation team linked the outcomes to HC3 project IRs to map correspondence between project aims and the final project results (see **Table 5**). By design of the evaluation, all outcomes mapped to at least one Ethiopia IR. Yet the process of identifying these linkages helped the evaluation team assess to in which focus areas the project succeeded most.

The table below shows the links between harvested outcomes and project IRs. It is important to note that, typically, the numbering of IRs corresponds to the order of importance. For the purposes of HC3 Ethiopia, this meant that, at the country level, IR 1 was more important than IR 2, followed by IR 3. The results from this evaluation similarly indicated that the number of outcomes corresponded to those levels of importance. Almost half of the 37 outcomes (n=17) corresponded to Ethiopia IR 1. IR 1 outcomes largely related to continuing capacity strengthening efforts, expanding training opportunities and establishing university partnerships. The majority of outcomes associated with the NARC transition also fell under Ethiopia IR 1. This was due to the fact that the transition process afforded FMOH an opportunity to demonstrate increased technical leadership in the area of SBCC. Ethiopia IR 1 and IR 2 reflected the largest proportion of projects related to the project intervention. Not surprisingly, the fewest number of outcomes (n=5) corresponded to Ethiopia IR 3.

Table 5: HC3 Ethiopia outcomes harvested, summarized according to HC3 Global and HC3 Ethiopia IRs

HC3 Global IRs	Outcome Classification	n
Core IR 1: Increasing capacity of indigenous organizations to design, implement, manage and evaluate evidence-based health communication interventions	The outcome represents progress of local structures and organizations being able to take the lead in responding to their community's needs. Examples include: • Partner organization designed, implemented, managed or evaluated an SBCC project in an improved fashion or by integrating best practices; • Partner organization used SBCC framework; and • Partner organization trained media professionals on SBCC topic.	21
Core IR 2: Establishing proven systems for professional development in SBCC	The outcome reflects a new opportunity for exchange of technical information and collaboration or an opportunity for professional development of SBCC professionals. Examples include: • Partner organization decided to co-host a conference or summit; and • Partner organization sponsored a Springboard event.	6
Neither Core IR	The outcome does not contribute to either of the two Core IRs. Examples include: • A partner organization requested or invited HC3 to provide technical assistance or support; and • A population demonstrated a demand for SBCC services.	10

HC3 Ethiopia IRs	Outcome Classification	n
Ethiopia IR 1: Increasing capacity of the GOE, especially FMOH and HAPCO, to provide technical and operational leadership in SBCC through strengthened coordination, strategic design and evaluation, and knowledge management	The outcome represents progress of FMOH or HAPCO being able to take the lead in responding to their community's needs. For example, FMOH designed, implemented, managed or evaluated an SBCC project in an improved fashion or by integrating best practices. FMOH may have: • Used an SBCC strategy; • Integrated a new SBCC infrastructure or service into its work; • Incorporated an SBCC project into its budgets or operational plans; • Took technical lead in SBCC training; and • Trained media professionals on SBCC topic.	17
Ethiopia IR 2: Increasing capacity to change behavior on the part of professionals and institutions in SBCC in Ethiopia	The outcome aims to improve the capacity of SBCC professionals who are not part of the GOE, specifically FMOH. Examples include: • A non-GOE partner planned an event that aims to improve the capacity of professionals and institutions beyond GOE; • A non-GOE partner designed, implemented, managed or evaluated an SBCC project in an improved fashion or by integrating best practices related to its SBCC work; and • A non-GOE partner trained SBCC professionals on an SBCC topic.	15
Ethiopia IR 3: Contributing to increased practice of key HIV preventive behaviors among high-priority audiences (in conjunction with other USAID prevention partners)	The outcome involves providing communication services to a population. An example would be: • Population demonstrates a demand for SBCC services.	5

Note: Some outcomes related to more than one IR.

IR 1: Increasing capacity of HAPCO to provide technical leadership in SBCC in Ethiopia through strengthened coordination, strategic design and knowledge management

Outcomes that contributed to the institutionalization of SBCC practices through the transition of NARC services supplied the greatest number of outcomes (n=12) contributing to increased capacity among HAPCO (and FMOH). HC3 Ethiopia strived to ensure that the transition process would lead to sustained ownership by FMOH, GOE and other governmental entities impacted by the NARC services. This IR also highlights a common way in which HC3 Ethiopia influenced partner capacity and garnered support for the transition of NARC services—advocacy. By the end of the HC3 project, GOE provided technical leadership in SBCC in Ethiopia through 1) strengthened coordination, and 2) strategic design and knowledge management.

Strengthened Coordination: A prime example of increased coordination within GOE was the NARC transition. HC3 Ethiopia achieved this goal largely through continuous system-wide advocacy for the transition of NARC services. HC3 found that combining advocacy with active leadership often helped

expedite governmental support and/or buy-in for multiple outcomes. Following HC3's effort—which included developing a business proposal and sustainability strategy—numerous partners across sectors coordinated to support FMOH's decision to transition the NARC services to GOE. FMOH and HAPCO were central to the formation of a technical group to assist with the transfer of NARC services. Following the transition, FMOH managed the 952 Health Hotline, radio studio and the HC3 Ethiopia resource center (all NARC services). As part of the integration of these services into FMOH, they remained under the auspices of the Ethiopian federal government structures. This structure provided opportunities for increased coordination, as well as financial support from MOCS.

Other FMOH entities demonstrated increased coordination across various government units. For example, the Health Communication Case team worked closely with FMOH and HAPCO to ensure the integration of SBCC services into future FMOH core planning through a strategic and comprehensive strategy (O.9).

Strategic Design and Knowledge Management: FMOH demonstrated increased technical leadership as a result of HC3 activities, namely FMOH's development and approval of the NHCS (O.12). This served as a noteworthy example of a way in which an HC3 partner increased its ability to provide technical leadership in the design (and coordination) of SBCC in Ethiopia. In addition to bolstering national-level resources, this strategy enabled FMOH and country actors to better identify health communication priorities and coordinate efforts at the start of SBCC programming. This important outcome represented a major shift in the ability to standardize and coordinate SBCC efforts and strategically design SBCC programming within Ethiopian health systems. The strategy also provided a consistent reference to guide future SBCC work in Ethiopia.

As an additional example of streamlined knowledge management, FMOH and HAPCO trained their own staff (O.18, O.19) as well as media professionals (O.22) during the HC3 Ethiopia project in order to strengthen key skills—including media journalism and interpersonal communication—critical for high-quality SBCC. This followed an identification of a knowledge gap, as well as a series of knowledge assessments conducted by HC3 Ethiopia.

IR 2: Increasing capacity of behavior change professionals and institutions in Ethiopia

An additional 15 outcomes highlighted HC3 Ethiopia's progress toward increased capacity of behavior change professionals (IR 2). A large proportion of IR 2 outcomes most directly involved HC3's work with Springboard, SBCC Summit activities and other requests and opportunities for knowledge exchange and collaboration. Generally, HC3 responded to requests from FMOH and other local partners to provide support for improving SBCC capacity. Almost one-quarter of all outcomes (n=9) collected were requests for technical assistance. For example, in February 2015, FMOH invited HC3 to provide training on expanding HIV and counseling skills for nine new staff counselors—in preparation for the 952 Health Hotline staff transition (O.3). Although the evaluation team considered outcomes capturing unsolicited requests for technical assistance as "softer" than other outcomes harvested, these outcomes were nonetheless important in the Ethiopian context. The evaluation team felt that the importance of requests reflected the following: 1) FMOH's nuanced understanding of the importance and need for strategic health communication; 2) FMOH's recognition of the capacity and unique skills set of the HC3 team; and 3) FMOH's desire to further the development of staff and expand the health communication capacity of the Ethiopia health system.

Progress toward Ethiopia's second IR also centered on HC3 Ethiopia work to influence other beneficiaries. For example, two outcomes in particular captured changes in technical leadership

stemming from a qualitative research methods training led by AAU (O.24). AAU organized a training that aimed to strengthen the individual capacity of FMOH SBCC professionals and invited NGO partners. Similarly, the AAU qualitative researcher subsequently led additional qualitative analysis trainings for the department after attending an HC3-led training on the same topic. In other examples, media professionals improved reporting on HIV/AIDS issues, highlighting how HC3 inspired action in societal actors beyond FMOH (I.4). Also, unspecified multilateral and NGO partners also progressed in terms of their capacity to do better SBCC following publication of national-level guidance, such as the MARPs SBCC framework, aided these groups in crafting their HIV/AIDS response (O.15).

IR 3: Contributing to increased or sustained practice of key HIV preventive behaviors among core populations to sustain the gains in HIV prevention

IR 3 was not directly related to capacity strengthening or the progress of local organizations being able to take the lead in responding to their community's needs. Instead, it focused on the implementation of SBCC projects and the practice of relevant population-level HIV preventative behaviors. Despite the fact that HC3 Ethiopia did not focus as acutely on interventions for core populations, five outcomes did reflect movement within this IR, including suggested potential gains in HIV based on the demand for the 952 Health Hotline (I.1, I.2, O.10) and the NARC library services (O.17). The remaining outcome posited an increased appreciation and incorporation of SBCC by dozens of governmental, multilateral and NGO partners in their HIV work (O.15). Although these outcomes suggested demand for SBCC services, it was beyond the scope of this evaluation to determine whether population-wide behavior change occurred during the HC3 Ethiopia project.

The Outcome Harvesting evaluation team identified one negative outcome (I.2) related to IR 3. Specifically, from April 1, 2014 to March 31, 2015, up to 173,000 callers failed to connect with the 952 Health Hotline (hang-up calls). This outcome occurred during the 952 Health Hotline's transition period from HC3 Ethiopia to FMOH. These hang-up calls came as HC3 intentionally downsized the 952 Health Hotline to prepare for the equipment transition. As the transition date approached, there were fewer staff members able to monitor the phone lines. In addition, during the physical transition, the hotline was offline for a short period of time (and all calls were unanswered). Following the transition, call-in rates slowly climbed, but it is possible that these missed calls led individuals to believe that the hotline no longer existed. This outcome demonstrates the demand for the 952 Health Hotline counseling services as it reflects a large volume of calls. However, due to a limited number of staff available at the time to answer those incoming calls, core populations were unable to reach the 952 call line, and HC3 fell short of its targets during that period.

Question 3: How sustainable are the outcomes measured through Outcome Harvesting?

Of the 37 harvested outcomes, the evaluation team identified 12 sustainable outcomes, evenly split between practice and policy. The evaluation team defined sustainable changes as those that involved either policy-level changes or shifts in practices lasting six months or more. Eight of the sustainable outcomes involved actions implemented by FMOH. When considered according to programmatic area, seven sustainable outcomes addressed the NARC transition, four involved the health communication programmatic strategy category and one related to changes in the training of 952 Health Hotline operators.

Organizing sustainable outcomes by IR provided a deeper understanding of the way in which HC3 Ethiopia achieved what it set out to do at the start of the project by emphasizing areas of sustainable SBCC change. More than two-thirds of the sustainable outcomes linked to Ethiopia IR 1. Ethiopia IR 2 and IR 3 evenly reflected the remaining outcomes and described shifts in existing practices among FMOH, HAPCO and FMHACA.

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 evaluation team harvested only two sustainable system-level outcomes, compared to 10 at the organization-level. Achieving successful system-level policy changes presented a more resource-intensive pathway, often requiring a longer timeline as additional coordination and prolonged discussions with multiple stakeholders was needed to spur action. The system-level outcomes harvested under HC3 Ethiopia followed a similar pathway as the outcomes reflected key milestones in the transfer of the 952 Health Hotline services (S.2 and S.3). For example, In May 2016, MOCS granted approval to FMOH to absorb the 952 Health Hotline and expand it from 41 to 69 counselors (S.3). Both of the sustainable system-level outcomes heavily impacted the hotline service by providing a means for its sustained continuation. Furthermore, with additional staff, the hotline strengthened its ability to reach (and potentially impact) a larger segment of MARP. FMOH institutionalization of the hotline also provided additional opportunities for future expansion of the hotline to other health topics.

As stated above, the majority of sustainable outcomes captured organization-level changes. These 10 outcomes included a mix of six practice-related and four policy-related outcomes. The practice outcomes supported enhanced SBCC, including extended hours of hotline operation (O.10), improved coordination and planning of SBCC activities (O.14), direct application of a newly developed SBCC framework for an HIV prevention campaign (O.15) and the adoption of new practices and streamlined work flows (O.21). As for policy, the outcomes reflected an increased commitment to ownership, including a mandate to transition ownership of NARC services (O.5) and put in place measures to ensure that the government would be able to support the services moving forward (O.9). This level also included FMOH's efforts to develop a strategic plan based on NHCS (O.12).

Another specific change in practice included operating 952 Health Hotline services in its new government location until 8:00 p.m. (O.10). This practice was noteworthy in that the civil servant employees traditionally stopped work at 5:00 p.m. A few months later, FMOH installed NARC radio equipment (O.1) and hired additional counselors to cover the hotline for additional hours (S.3). The following year, FMOH's Health Extension and Primary Healthcare Directorate incorporated the 952 Health Hotline into its annual work plan (S.2). FMOH was not the only institution influenced. The practices of FMHACA, media professionals, ENALA and dozens of governmental, multilateral and NGO partners also changed. These outcomes reflected the probability that NARC services would continue to function at high capacity under the direction of FMOH.

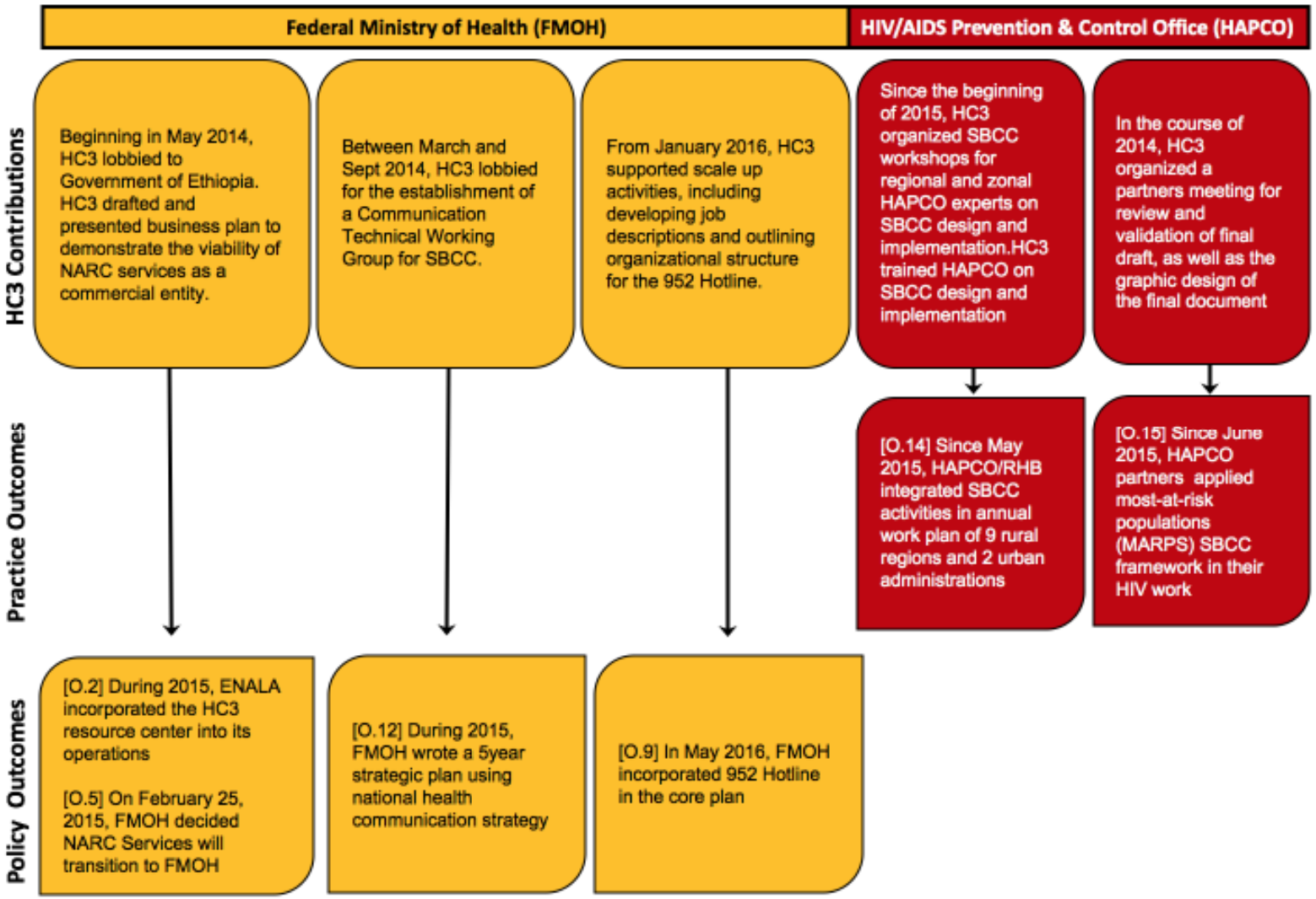
All policy changes occurred with FMOH or within the federal government, such as MOCS. With the exception of the development of the five-year national strategic communication plan (O.12), these

outcomes all centered on gradual changes that allowed for the institutionalization of NARC services, including approval of the transition to FMOH (O.5) and the incorporation of NARC services into the drafted NHCS (O.12).

As an organization-level example, HC3 lobbied for the transfer and engaged in negotiations with multiple partners: FMOH, HAPCO, EPHI, USAID, Zewditu Hospital, Addis Ababa HAPCO, Addis Ababa Health Bureau, St. Paul Hospital Millennium College and the Ministry of Children, Youth and Women. These efforts led to the outcome that during 2015, FMOH transferred the management, staff and equipment of all NARC units from HC3 to FMOH, including the 952 Health Hotline and the previous radio program unit (O.1). This outcome illustrated initial steps on a path to decreased dependence on external funding for SBCC services (i.e., 952 Health Hotline and radio program). In addition, incorporation of the hotline into the civil service/government infrastructure contributed toward sustainable support for the only psychosocial support services (952 Health Hotline) available in Ethiopia.

The sustainable outcomes that the team harvested showcase shifts in practices within FMOH, newly implemented policies related to NARC services and system-level coordination for improved SBCC or for strategies related to SBCC. A cursory glance of the outcomes suggested that HC3 Ethiopia's two most common approaches to sustainable change were through: (1) the institutionalization of NARC services by GOE and (2) the co-development of strategies, tools and guiding documents. Another close review of the contributions across several notable sustainable outcomes (see **Figure 6**), underscored the need for advocacy, co-development of SBCC strategy and training. HC3's contributions to multiple sustainable outcomes suggested that HC3 Ethiopia effectively influenced lasting improvements for SBCC institutions and professionals.

Figure 6: HC3 Ethiopia Contributions to Noteworthy Sustainable Outcomes



Note: This figure displays a select number of notable outcomes and is not a comprehensive list. Outcome number noted in brackets

Discussion

The SBCC capacity strengthening efforts of HC3 Ethiopia yielded a diverse set of outcomes over the course of the relatively short two-year project. The outcomes represented multiple HC3 Ethiopia strategies, including: providing technical support and guidance, taking on a leadership role, advocating for policy change or improved practices, offering financial support or resources and providing SBCC services.

The harvested outcomes confirmed that HC3 Ethiopia influenced changes among its partner organizations. The practice of quality SBCC improved throughout Ethiopia, especially among FMOH and HAPCO as they took on new leadership roles. This shift was linked to HC3's advocacy, technical support and/or guidance through trainings, workshops or model implementation. In addition, HC3 Ethiopia's systemwide advocacy influenced organizational policy, as was the case when HC3 Ethiopia lobbied with numerous partners across sectors to contribute to FMOH's decision to manage NARC services.

Toward the end of the project, HC3 Ethiopia further explored opportunities to reflect on and assess the larger outcomes of the project. During this time, HC3 also made strides to secure the sustainability of key processes and systems developed and transited during the project's lifetime. The fruits of these efforts manifested in three overarching and meaningful ways.

First, HC3 activities resulted in increased validity and credibility of SBCC within local implementing agencies and government partners in Ethiopia. CCP had previously worked with HAPCO on HIV/AIDS projects for MARPs. However, under HC3, FMOH and other implementing partners started to incorporate SBCC into their programming and training. This shift resulted in a broadening of the use of SBCC to address health issues and populations. One clear example of this shift was the expansion of the SBCC package within the training curriculum of Ethiopia HEWs. Previously, HEWs received limited training on SBCC as it was not a large component of their work. Following the expansion of SBCC content within the HEW training package, FMOH mandated that HEWs spend 50 percent of their time focused on SBCC programming at the household and community level. This significant expansion highlights the increased levels of confidence in SBCC as a tool for health behavior change.

The transition of NARC services represented another example of increased support for SBCC resulting from HC3's efforts. Prior to HC3, all NARC services were housed under HAPCO and operated by CCP (support through foreign donations). During HC3, NARC services were fully transitioned to multiple offices within GOE, including FMOH and ENALA. HC3 worked to outline a sustainable vision and later advocated for the political support necessary to facilitate a smooth transition. As a result, FMOH decided to adopt and expand the use of these services to technical topics beyond HIV (i.e., reproductive health, maternal health, tuberculosis, nutrition, etc.).

Second, HC3 activities contributed to the professionalization of SBCC in Ethiopia through continuous promotion and advocacy for SBCC and the profession. HC3 activities addressed major challenges related to the practice of SBCC in Ethiopia, including the shortage of SBCC professionals, misunderstandings of the practice, gaps in SBCC standards and quality, and the lack of a standardized SBCC curriculum. Within the GOE, HC3 organized trainings for SBCC practitioners on SBCC planning, design, implementation and monitoring and evaluation. As part of the hotline transition, HC3 advocated for the GOE to create new SBCC civil service positions and extend hotline service hours in order to expand its capacity to provide counseling to incoming callers. Long-term, HC3 Ethiopia worked with FMOH and HAPCO staff to identify core skills and competencies necessary for high-quality SBCC within these organizations.

At the university level, HC3 Ethiopia initiated the *MERI* (Leader) internship program, a training and job placement program designed to facilitate skills-building for recent university graduates and entry-level SBCC professionals. Through a series of workshops, the *MERI* internship program worked to address gaps in critical competencies. Further, *MERI* developed linkages between local universities and the larger SBCC community by placing students at local SBCC implementing agencies for six months. Despite the fact that this university work was not verified through outcome harvesting, HC3 Ethiopia's efforts paved the way for the development of a consortium of university partners. This consortium expressed a desire to continue the work of the *MERI* internship program, as well as identify additional mechanisms for capacity building (e.g., new courses, regular trainings and SBCC conferences). This consortium, formed post-HC3, allowed universities to actively address gaps in SBCC and elevate the SBCC profession in Ethiopia.

The harvested outcomes also highlighted numerous ways in which FMOH, HAPCO and other local actors gained capacity to support platforms for multi-sectoral collaboration and technical exchange within the Ethiopian SBCC professional community (i.e., TWG, Springboard and the SBCC Summit). FMOH took the lead in coordinating an international SBCC summit that was the first of its kind. HAPCO organized and trained media professionals on SBCC and health journalism in order to improve coverage of pressing health issues, such as HIV throughout the country. After launching Springboard, more than 200 Ethiopian SBCC professionals joined a virtual SBCC community—further strengthening a burgeoning in-person SBCC community.

Finally, HC3 laid the groundwork for future SBCC programming in Ethiopia. HC3 Ethiopia activities brought together a range of organizations working in SBCC through the TWG, strategy development sessions, training sessions and the inaugural SBCC Summit. HC3's contributions helped foster a more sustainable environment for exchange between SBCC professionals as well as for the development of better SBCC programming. The sustained impact of these outcomes continues post-HC3, indicated by the expansion of initial activities and outcomes listed below:

- The TWG has continued to build the network and discuss pertinent SBCC topics (S.4).
- The previously completed NHCS was subsequently approved by FMOH (O.12.) FMOH later initiated development of accompanying guidelines for consistent operationalization and widespread use.
- FMOH, after approving the MARPs strategy produced under HC3, later requested guidelines for implementing partners referencing the MARPs strategy (O.15).
- FMOH adopted the idea of an SBCC Summit and called for a national-level summit (scheduled for September 2017). FMOH tailored the themes and goals of the forthcoming national-level summit for the Ethiopia SBCC agenda (O.24).
- FMOH has expanded the 952 Health Hotline to additional health areas and provided further training for hotline staff (O.9).
- HEWs have continued their involvement in SBCC programming within rural Ethiopian communities (O.19).
- FMOH and its partners have an increased understanding of SBCC and a demonstrated interest in its application to multiple health areas in an integrated fashion. The approved NHCS and recently developed reproductive, maternal, newborn and child health harmonization guides originated from work completed under HC3 (S.4).

Limitations

It is important to note three limitations of the Outcome Harvesting evaluation conducted in Ethiopia. First, this was the first time HC3 conducted an Outcome Harvesting evaluation, resulting in a clear learning curve for both the evaluation and program teams. As a result, both the evaluation and project teams were new to the methodology and found it necessary to make course corrections to the methodology to ensure that the results met HC3's standards for measuring capacity strengthening. This approach may have resulted in gaps in the documentation and/or missed outcomes.

Second, as it is easier to remember events closer to the evaluation—as opposed to those events that occurred further in the past—recall bias may have affected the verification of outcomes by external sources. External sources often had less day-to-day interaction with HC3 Ethiopia. To reduce the likelihood of bias, the Outcome Harvesting evaluation and HC3 Ethiopia project teams frequently referenced project reports and documentation during the evaluation period.

Third, the HC3 Ethiopia project timeframe was relatively short—two years. This may have shortchanged outcomes given that capacity strengthening requires substantial time, resources and relationship-building before outcomes materialize from project activities. This limitation was especially relevant for outcomes linked to activities from the final half of 2015 and early 2016.

CONCLUSION

In summary, this Outcome Harvesting evaluation showcased multiple ways in which HC3 Ethiopia successfully met project goals outlined by USAID. Through HC3 Ethiopia, USAID strategically focused investments on strengthening the SBCC capacity across the GOE and multiple SBCC organizations. Overall results included increased recognition by HC3 partner organizations (e.g., FMOH, HAPCO) about the value of SBCC, sustained interest in applying SBCC to new health areas and an increased commitment to professionalization of SBCC in Ethiopia. HC3 also laid the groundwork for future opportunities to produce high-quality SBCC—most notably through the transition of NARC services, technical assistance to FMOH and HAPCO, training FMOH staff and close coordination with universities. HC3 efforts contributed to sustainable improvement in SBCC capacity, as suggested through a constellation of sustainable outcomes.

Outcome Harvesting provided a window into understanding the ways in which investments in national SBCC leadership and local organizations can lead to important and sustainable improvements in SBCC capacity. In addition, the evaluation process also allowed CCP to demonstrate the continuing impact of medium- to long-term donor investments in SBCC as HC3 continued to generate important returns to both the government and non-governmental sectors.

Annex 1: Ethiopia Outcome Harvesting Evaluation Methodology

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

Step 1: Design – May 2016

The evaluation team participated in an interactive Outcome Harvesting workshop held May 23-25, 2016 in Baltimore. The workshop was led by an external expert in Outcome Harvesting. During this workshop, the evaluation team drafted an evaluation design and began discussing plans for an in-country workshop. To ensure that the evaluation served the information needs of intended users, the evaluation team invited both USAID stakeholders and the HC3 Ethiopia Project Team Lead/Senior Program Officer II to provide feedback on the initial evaluation design. The evaluation team incorporated their feedback into the final evaluation design.

Step 2: Review of Documentation and Drafting Outcomes – May to June 2016

Starting in late May 2016, the evaluation team identified potential outcomes and drafted accompanying descriptions. The evaluation team extracted details from existing program documentation to describe each potential outcome, its importance, HC3 Ethiopia's contribution to the outcome and other actors (or factors) that might have contributed to the outcome. This review also helped to identify where more detail was needed from the Ethiopia-based staff for certain potential outcomes. Throughout this step and the next one, the evaluation team sought to clarify outcome language and identify both positive and negative outcomes.

Step 3: Engagement of Sources – June 2016

Members of the evaluation team traveled to Ethiopia for a weeklong Outcome Harvesting workshop and several days of key informant interviews. A primary focus of these activities was to introduce the Outcome Harvesting evaluation methodology to the HC3 Ethiopia staff in person and harvest all outcomes based on discussions with internal and external sources. During the field visit, the evaluation team required both internal and external sources to confirm the validity of outcomes, an adaptation of Outcome Harvesting methodology. HC3 adapted this step in order to reduce perceived bias and strengthen the rigor and credibility of the evaluation findings. Internal sources included key HC3 Ethiopia staff members who were knowledgeable about the project, motivated to share what they know, willing to document their knowledge and available to devote several days to the task.

The workshop began with a daylong orientation of the Outcome Harvesting methodology for all HC3 Ethiopia staff members. On the second day, the evaluation team worked with the participating HC3 Ethiopia staff to review the preliminary outcomes drafted by Baltimore HC3 staff and brainstorm additional outcomes. For the remainder of the workshop, the HC3 Ethiopia and Baltimore staff members assessed and revised outcomes to ensure that all outcomes met certain criteria. In addition, the HC3 Ethiopia and Baltimore staffs collected at least one source of verification internal to the HC3 Ethiopia project—such as annual and quarterly project reports, strategy documents, email exchanges and work plans—for each outcome.

For all outcomes, a source of written or audiovisual information external to HC3 Ethiopia—such as email exchanges, report or policy documentation from FMOH or HAPCO, video or photos—had to support or confirm the outcome. For approximately one-quarter of the FMOH and HAPCO outcomes, no hard copy sources were available to provide verification. For these outcomes, HC3 Ethiopia staff arranged meetings with key informants at FMOH and HAPCO to verify each outcome and HC3's contribution. The Outcome Harvesting expert led the verification discussions with external sources. After these discussions, a member of the evaluation team incorporated additions or modifications to the outcomes.

Step 4: Verification – June to September 2016:

After reviewing the outcomes harvested during the in-country workshop, the evaluation team identified a smaller subset of outcomes missing external sources of validation—thus, not able to be validated in the previous step. For this subset, either a member of the evaluation team or the external expert contacted external key informants, knowledgeable about but not involved in achieving the outcome. The HC3 Ethiopia staff provided the contact information for the individuals who could verify outcomes.

The independent external expert posed a series of questions by email to the external key informants, asking them to what extent they agreed or disagreed with the description of the outcome, description of HC3's contribution to the outcome, as well as possible actors and factors that contributed to the specific outcome. The consultant did not modify outcomes during this stage of the evaluation; he only sought to assess the agreement of external key informants with the accuracy of the drafted outcomes. If internal and external sources could not corroborate an outcome, the evaluation team eliminated that outcome.

During this process, HC3 Ethiopia lost two outcomes related to the *MERI* and Jimma University internship programs as they were not verified by external key informants. In the case of the *MERI* internship program, the independent consultant reached out to five interns to verify the outcome. Three of the five interns responded with varying levels of agreement on the outcome description and outcome significance.

To verify the second outcome, a CCP student intern, under the supervision of the external consultant, interviewed Lakew Abebe, a professor at Jimma University. Abebe only partially agreed with this outcome, citing an error in the description. Thus, HC3 Ethiopia did not accept the outcome.

Step 5: Analysis and Interpretation – June 2016 to February 2017

In June 2016, members of the evaluation team facilitated a preliminary analysis session with the HC3 Ethiopia team. One integral component of this analysis included a discussion of the finalized set of outcomes within the context of the guiding evaluation questions. This session provided insights from HC3 Ethiopia that later informed the more in-depth analysis conducted by the evaluation team. The deeper analysis that occurred in Baltimore included 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 HC3 Global/HC3 Ethiopia IRs, programmatic areas as well as emergent themes. 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 a change in policy. Given that the Outcome Harvesting evaluation occurred at the end of the HC3 Ethiopia project, the determination of sustainability extended only as far as the project's end. In other words, determining whether an outcome achieved sustainability beyond 2016 was beyond the scope of the current evaluation.

Annex 2. Complete List of HC3 Ethiopia Outcomes

ID#	Description of Outcome	IR	Importance of the Outcome	Contribution to the Outcome	Others who Contributed	Verification (Internal/ External)
NARC SERVICES						
I.1	From April 1, 2014 to March 31, 2016, 204,543 callers connected with the 952 Hotline.	n/a; 3	Demonstrates the demand for personalized psychosocial counseling services and basic information on HIV/AIDS.	Since March 1, 2014, HC3 managed the 952 Hotline, which provided counseling, information and referral services to core populations.	Ethiopia Telecom	Internal HC3 reports / External Routine reporting and/or minutes
I.2	From April 1, 2014 to March 31, 2015, up to 173,000 callers failed to connect with the 952 Hotline (hang-up calls).	n/a; 3	Demonstrates the demand for the 952 Hotline counseling services. Reflects large volume of calls and limited number of staff available to answer those incoming calls.	Since March 2014, HC3 intentionally downsized the 952 Hotline counselors to prepare for transition of the 952 Hotline to FMOH.	USAID	Internal HC3 reports / External Routine reporting and/or minutes
I.3	From April 1, 2014 to March 26, 2016, 64,283 users accessed NARC library.	n/a: 3	Demonstrates the demand for a research library and access to resources on health.	Since March 1, 2014, HC3 took over NARC library and its management.	HAPCO; other local institutions	Internal HC3 reports / External Routine reporting
TRAINING						
I.4	From April 2016, print, radio and television media professionals began covering (without payment) the HIV/AIDS issue using the SBCC principles.	1;2	Demonstrates that the Government of Ethiopia wanted to revitalize the HIV conversation to create dialogue in the community.	In October 2015 and February 2016, HC3 contributed indirectly through its inspiration and support for the SBCC training of the media.	HAPCO	**Internal** HC3 staff / **External** HC3 identified key informant (HAPCO)

SPRINGBOARD						
I.5	As of June 2016, almost 200 individuals working on SBCC in Ethiopia have registered on the Ethiopia affinity group on Springboard platform.	2;2	Demonstrates sustainable skill-building opportunities to a growing network of SBCC professionals. Also, provides forum to share and discuss innovative ideas and best practices among SBCC institutions and professionals.	In December 2014, HC3 conducted the full launch of the Springboard platform in Ethiopia and since then promotes the Springboard platform during trainings and meetings (i.e., Inaugural SBCC Summit).	not aware	**Internal** HC3 reports / **External** Springboard Ethiopia Group Page
O	**Organization-Level Outcomes**					
NARC SERVICES						
O.1	During 2015, FMOH transferred the management, staff and equipment of all NARC units from HC3 to FMOH, including the 952 Hotline and the previous radio program unit.	n/a; 1	Demonstrates potential for decreased dependence on external funding. Incorporation into the civil service/ government infrastructure allows for increased sustainability and potential expansion to other health areas of the only psychosocial support services (952 Hotline and the radio) available in Ethiopia.	Beginning in May 2014, HC3 lobbied for the transfer through negotiations with FMOH, HAPCO, EPHI, USAID, Zewditu Hospital, Addis Ababa HAPCO, Addis Ababa Health Bureau, St. Paul Hospital Millenium College and Ministry of Children, Youth and Women. HC3 also presented a business plan/prospectus (prepared with MSH) to demonstrate the viability of the 952 Hotline and the previous radio program unit as a commercial entity.	Zewditu Hospital; USAID	**Internal** HC3 reports / **External** Photos; official documentation (MOU); TWG minutes

O.2	During the course of 2015, the Ethiopian National Archives and Library Agency (ENALA) incorporated the HC3 resource center into its operations.	2;1	Demonstrates that ENALA owns and operates the library, resulting in decreased dependence on external funding. Incorporation into own operations, which allows for increased sustainability and potential expansion of resource center to other health sectors. The resource center contains health resources produced in country and research materials.	Beginning in May 2014, HC3 lobbied for the transfer as well through negotiations with FMOH, HAPCO, USAID, Addis Ababa HAPCO, Addis Ababa Health Bureau, Ministry of Culture and Tourism. Presented NARC package as business plan/ prospectus (prepared with Mangement Sciences for Health) to demonstrate the viability of the library as a commercial entity.	USAID	**Internal** HC3 reports / **External** Photos; official documentation (MOU); TWG minutes
O.3	In February 2015, FMOH invited HC3 to provide training on expanding HIV and counseling skills for nine new staff counselors—in preparation for the 952 Hotline staff transition.	n/a;2	Demonstrates commitment to expand services into the FMOH systems.	HC3 team offered technical support if FMOH was willing to carry out training.	not aware	**Internal** HC3 staff / **External** HC3 identified key informant interview (FMOH)
O.4	On February 25, 2015, the FMOH encouraged a search to identify a host entity for NARC Services within the GOE.	n/a;1	Demonstrates a preference to keep NARC services within the government rather than establish a social enterprise.	In June 2014, HC3 discussed prospectus for NARC services with FMOH officials.	USAID	**Internal** HC3 reports / **External** TWG meeting minutes
O.5	On February 25, 2015, FMOH decided NARC services will transition to FMOH.	n/a;1	Demonstrates a preference to keep NARC services within GOE rather than establish a social enterprise.	Since June 2014, HC3 presented results to FMOH on search to identify a host entity for NARC services within the government of Ethiopia.	USAID	**Internal** HC3 staff / **External** TWG meeting minutes

O.6	In November 2015, the FMOH Health Communication Case team conducted an assessment of the possible expansion of health areas covered by the 952 Hotline service and re-establishment of the hotline.	1;1	Demonstrates commitment to integrate services into the FMOH systems.	HC3 team offered technical support if FMOH was willing to carry out assessment.	not aware	**Internal** HC3 reports / **External** Official documentation **(**FMOH report)
O.7	In March 2016, FMOH invited HC3 to provide additional health-related job training for 27 staff transitioning off the 952 Hotline.	n/a;2	Demonstrates commitment to welfare of senior counselors.	In early 2016, HC3 team offered technical support if FMOH was willing to carry out training.	not aware	**Internal** HC3 staff / **External** FMOH approved strategy/plan
O.8	In May 2016, FMOH invited HC3 to give additional training and technical support for staff working on developing radio diary programs for SBCC.	1;1	Demonstrates identified gap in capacity to develop radio programming.	From August 2015, HC3 presented the NARC package to FMOH and recommended materials relevant to radio show development.	USAID	**Internal** HC3 staff / **External** FMOH approved strategy/plan
O.9	In May 2016, the health extension and primary healthcare directorate of FMOH incorporated "strengthening and expansion of the 952 Hotline and use of new technologies" in their core plan for the upcoming fiscal year.	1;1	Demonstrates that the FMOH has budgeted for this service beginning July 2016. Demonstrates commitment to integrate SBCC services into the FMOH systems.	From January 2016, HC3 supported development of the scale-up proposal, including job descriptions and organizational structure for the 952 Hotline.	USAID	**Internal** HC3 staff / **External** FMOH approved strategy/plan
O.10	By July 15, 2015, FMOH began operating the 952 Hotline services until 8 p.m.	n/a; 1,3	Demonstrates a management change for FMOH because the normal working ends at 5 p.m. and from this date FMOH will cover the cost of the 952 Hotline operations.	From July 1, 2015, HC3 presented the case to FMOH for extending workday hours for the 952 Hotline counselors, describing how it would fit civil service criteria of 8-hour workday. HC3 also assisted with expenses related to transition of services (staff salaries, moving expenses, etc.)	USAID	**Internal** HC3 staff / **External** HC3 identified key informant (FMOH)

O.11	By September 23, 2015, FMOH installed NARC radio equipment and set up studios.	1;1	Demonstrates potential for radio programming (such as the 952 Hotline).	August 2015, HC3 presented NARC package and recommended materials relevant to radio show development.	USAID	**Internal** HC3 staff / **External** HC3 identified key informant (FMOH)
STRATEGY						
O.12	During 2015, FMOH developed a five-year strategic plan based on the draft national health communication strategy.	1;1	Demonstrates mechanism to establish standardization of SBCC efforts within Ethiopian health systems.	Between March and September 2014, HC3 lobbied for the establishment of a Communication TWG and offered support for it to develop a comprehensive strategy and strategic plan for FMOH.	Communication TWG	**Internal** HC3 reports / **External** HC3 identified key informant (FMOH)
O.13	On March 3, 2015, FMOH invited HC3 to provide assistance with developing guidelines for a communication package for level-four health extension workers (HEWs).	1;2	Demonstrates that FMOH recognizes the need to improve training and professional capacity of HEWs. The package will upgrade qualifications, needs and knowledge of the Level 3 HEWs.	On August 30, 2014, HC3 conducted a workshop on Leadership in Strategic Health Communication (LSHC). LSHC focuses on the importance of strategic communication for social change and provides an overview of SBCC campaigns. FMOH staff participated.	JSI (John Snow International) L10k Project (Last 10 Kilometers); Urban Health Extension Program; Pathfinder IFHP (Integrated Family Health Program)	**Internal** HC3 staff / **External** FMOH letter of invitation
O.14	Since May 2015, regional and zonal HAPCO/Regional Health Bureau (RHB) experts have been planning different SBCC communication activities to be integrated in annual workplans of nine rural regions and two urban administrations.	1;2	Demonstrates how SBCC was strategically integrated and strengthened within HAPCO core plan.	Since the beginning of 2015, HC3 organized SBCC workshops for regional and zonal HAPCO experts on SBCC design and implementation.	HAPCO	**Internal** HC3 reports / **External** FMOH approved report/strategy

O.15	Since June 2015, dozens of governmental, multilateral and NGO HAPCO partners have applied the most-at-risk populations (MARPs) SBCC framework in their HIV work.	1;3	Demonstrates that after having contributed to the development of a relevant health policy, these interested partners are able to implement a high-quality strategy for HIV work related to MARPs in Ethiopia.	In the course of 2014, the HC3 team participated in a collaborative process of strategy development with these partners on MARPs SBCC framework strategy. Specifically, HC3 was involved with the development of content and graphic design of the final document. HC3 also organized a partners' meeting for review and validation of final draft.	JSI, PSI, World Learning, UN Agencies, GOE, FMOH, JHU, Path.	**Internal** HC3 staff / **External** Campaign /materials; approved strategy/plan
O.16	In early 2016, FMOH invited the USAID Communication for Health Project to support update of Family Health Card.	1;2	Demonstrates widespread recognition of need for newer health initiatives (as well as messages) to be reflected in FHC. FMOH accepts that Family Health Card needs revisions to better impact the health of rural Ethiopian families.	In early 2015, HC3 co-facilitated training of master trainers and took a leadership role in sessions on Interpersonal Communicatoin (IPC), community conversation and facilitation skills, training health development groups on negotation skills, use of the family health card.	not aware	**Internal** HC3 staff / **External** HC3 identified key informant (FMOH)
O.17	Since 2016, FMOH began providing orientation on an updated Health Communication package to 11 Regional Health Bureaus and 850 Woreda health offices, and to Level 4 HEWs.	1;2	Demonstrates that FMOH recognizes need to improve training and professional capacity of HEWs. Upgrades qualifications, needs and knowledge of the Level 3 HEWs.	March 10-15, 2015, HC3 participated in the development of the new health communication package for Level 4 HEWs.	not aware	**Internal** HC3 reports / **External** HC3 identified key informant (FMOH)

TRAINING						
O.18	In November 2014, FMOH invited HC3 to facilitate the communication component of integrated refresher training for master trainers from different regions of Ethiopia.	1;1	Demonstrates that FMOH recognizes the importance of SBCC and provided an opportunity to strengthen partnerships between FMOH and HC3.	On August 30, 2014, HC3 conducted the workshop Leadership in Strategic Health Communication (LSHC). LSHC focuses on the importance of strategic communication for social change and provides an overview of SBCC campaigns. FMOH staff participated.	not aware	**Internal** HC3 reports / **External** FMOH letter of invitation
O.19	From December 2014, FMOH master trainers facilitated integrated refresher training for all 29,000 of 34,000 HEWs in agrarian regions—which covers approximately 80 percent of Ethiopia's geographical area.	1;2	Demonstrates potential reach: 80 percent of Ethiopian households will receive key health messages from HEWs with enhanced communication skills.	In December 4-13, 2014, HC3 co-facilitated master training, with a leadership role in sessions on IPC, community conversation and facilitation skills, training health development groups on negotiation skills, use of the family health card. The master trainers then rolled out the program across the country.	FMOH Primary Health Care Unit & Health Extension Directorate	**Internal** HC3 staff / **External** HC3 identified key informant (FMOH)
O.20	In August 2015, Food, Medicine and Healthcare Administration and Control Authority (FMHACA) requested that HC3 provide training on telephone counseling skills.	1;1	Demonstrates FMHACA identified gaps in skills and management of current system. Demonstrated FMHACA commitment to improve skills of counselors, enhance management of the 952 Hotline and improve the quality of counseling provided to callers.	In 2014, HC3 hosted FMHACA visit to the 952 Hotline and discussed details on hotline management.	FMHACA staff was new to hotline and needed additional training on counseling; MSH organized FMHACA visit to 952 Hotline. Staff was new to hotline and needed additional training on counseling; MSH organized FMHACA visit to 952 Hotline.	**Internal** HC3 staff / **External** HC3 identified key informant (FMHACA)

O.21	After February 24, 2016, FMHACA adopted new practices for Health Regulatory Information Center (HRIC) 952 Hotline, such as a data capturing tool, pseudonyms, debriefings, logistics and amenities to increase comfort levels of the counselors.	1;1	Demonstrates need for improved management and organizational approaches integrated into the hotline systems and practices to improve the quality of the 952 Hotline and staff morale (reduce burnout).	February 22-24, 2016, HC3 provided training on hotline management and telephone counseling skills to 10 FHMACA Hotline staff.	MSH	**Internal** HC3 staff / **Substantiation* (FMHACA- accepted)**
O.22	From March 28-31 2016, HAPCO trained 48 media professionals in both public and private sectors on message development on HIV/AIDS.	1;2	Demonstrates that the Government of Ethiopia wanted to revitalize the HIV conversation to create dialogue in the community.	In addition to the early 2015 SBCC workshops for regional and zonal HAPCO experts on SBCC design and implementation, HC3 offered to provide both technical and financial support if HAPCO would launch the media training.	not aware	**Internal** HC3 staff / **External** HC3 identified key informant **(**HAPCO)
SBCC SUMMIT						
O.23	In June 2015, FMOH agreed to co-host the SBCC Summit in Ethiopia.	2;2	Demonstrates elevated importance of SBCC in Ethiopia.	In November 2014, HC3 expressed interest in hosting conference. In June 2015, HC3 presented an SBCC Summit proposal to State Minister of Health (The State Minister was Dr Kesetebirhan (Kesete) Admasu at the time of this harvest).	SBCC Summit International Steering Committee	**Internal** HC3 reports / **External** FMOH letter of invitation
UNIVERSITY						
O.24	In February 2016, the Addis Ababa University (AAU) Behavioral Science and Health Education Department within the School of Public Health trained 16 individuals from AAU and NGOs—Save the Children, Family Guidance Association, Population Council—on qualitative research methods for SBCC.	1;1	Demonstrates interest as since February 2016 training, AAU received additional request for similar trainings from AAU Anthropology Department as well as EPHA (Ethiopian Public Health Association).	In October 2015, HC3 provided training on qualitative research methods to 25 participants, including one person from AAU (Mulugeta Tamire).	AAU; JHSPH in Baltimore, MD, USA.	**Internal** HC3 staff / **External** HC3 identified key informant (AAU)

S	System-Level Outcomes					
NARC SERVICES						
S.1	On February 3, 2015, FMOH and HAPCO established a working group to facilitate the transition process and held initial meeting.	1;1	Demonstrates a step toward transparency and proper documentation of the transition process.	From March 2014, HC3 lobbied for formation of a technical working group to assist with the transfer of NARC services. HC3 offered to serve as secretary of the group, suggested stakeholders among members of the technical working group and offered financial support to assist with maintenance issues and other transfer costs.	USAID	**Internal** HC3 reports / **External** FMOH approved strategy/plan
S.2	In May 2016, FMOH incorporated the 952 Hotline into the draft national health communication strategy.	1;1	Demonstrated that FMOH has budgeted for this service beginning July 2016. Demonstrates commitment to integrate SBCC services into the FMOH systems.	Since January 2016, HC3 supported development of the scale-up proposal, including job descriptions and organizational structure for the 952 Hotline.	Communication Technical Working Group; USAID	**Internal** HC3 staff / **External** FMOH approved strategy/plan
S.3	In May 2016, the Ministry of Civil Service (MOCS) granted approval to the FMOH to absorb and expand the 952 Hotline from 41 to 69 counselors.	1;1	Demonstrates that FMOH has budgeted for this service (beginning in July 2016). Demonstrates also a commitment to integrate SBCC services into the FMOH systems.	Since January 2016, HC3 supported development of the scale-up proposal, including job descriptions and organizational structure for the 952 Hotline.	USAID	**Internal** HC3 staff / **External** FMOH approved strategy/plan

STRATEGY						
S.4	In September 2014, FMOH invited HC3 (as the secretariat of the Communication Technical Working Group) to provide technical support in the development of a national health communication strategy.	1;1	Demonstrates mechanism to establish standardization of SBCC efforts within the Ethiopian health systems.	Between March and September 2014, HC3 lobbied to establish a Communication TWG and offered support to FMOH for the development of a comprehensive strategy and strategic plan.	Communication TWG	**Internal** HC3 reports / **External** Approved strategy/plan
SPRINGBOARD						
S.5	Since 2015, FHI 360, HAPCO and FMOH sponsored one Springboard face-to-face events to exchange SBCC technical information and experiential learning. They were attended by up to 80 Ethiopian SBCC professionals.	2;2	Demonstrates sustainable skill-building opportunities to a growing network of SBCC professionals. Also, provides forum to share and discuss innovative ideas and best practices among SBCC institutions and professionals. Similar opportunities are nonexistent for Ethiopian SBCC professionals due to limited internet connectivity in Ethiopia outside Ethiopian capital and limited promotion (and therefore participation) among regional SBCC professionals based outside of Addis.	In August 2014, HC3 conducted the first soft launch of the Springboard platform in Ethiopia for 20 participants that modeled the events for the other three actors. HC3 also offered capacity-building support for the other events.	not aware	**Internal** HC3 reports / **External** HC3 identified key informant (FMOH)

S.6	Since March 2015, FHI 360, HAPCO, and FMOH hosted face-to-face communities of practice meetings with an estimated 80 members of the Ethiopian Health Communication Springboard group.	2;2	Demonstrates sustainable skill-building opportunities to a growing network of SBCC professionals. Also, provides forum to share and discuss innovative ideas and best practices among SBCC institutions and professionals. Similar meetings are nonexistent for Ethiopian SBCC professionals.	In September 2014, HC3 hosted an initial face-to-face community of practice meeting for Ethiopia SBCC professionals.	not aware	**Internal** HC3 staff / **External** Photos
SBCC SUMMIT						
S.7	In October 2015, FMOH established a National Steering Committee composed of different international organizations and relevant government offices to support implementation of the SBCC Summit.	2;2	Demonstrates assurance that SBCC Summit will be realized. Local organizations will be provided an opportunity to participate and showcase work during SBCC Summit.	In November 2014, HC3 expressed interest in hosting conference. In June 2015, HC3 presented the SBCC Summit proposal to the State Minister of Health. (The State Minister was Dr Kesetebirhan (Kesete) Admasu at the time of this harvest).	SBCC Summit International Steering Committee; FMOH; invited local organizations	**Internal** HC3 reports / **External** FMOH letter of invitation
UNIVERSITY						
S.8	In September 2015, the Ethiopia Higher Education Partnership Forum (EHEP) requested that HC3 support its efforts to address HIV and sexual and reproductive health program needs at universities.	n/a;2	Demonstrates that HAPCO and partners are working to support the university community to prevent HIV and related problems among the students.	Since March 2014, HC3 continued to build on CCP's previous reputation for expertise and skill in SBCC and training.	HAPCO; EHEP	**Internal** HC3 reports / **External** HC3 identified key informant (EHEP)