



USAID | **ZAMBIA**
FROM THE AMERICAN PEOPLE

COMMUNICATIONS SUPPORT FOR HEALTH PROGRAM (CSH)

**FIRST QUARTERLY REPORT
YEAR 1/OCTOBER 2010**

October 2010

This publication was produced for review by the United States Agency for International Development. It was prepared by Chemonics International. The Communications Support for Health Program is funded by USAID's Indefinite Quantity Technical Assistance and Support Contract, Task Order GHS-I-05-07-00004, Contract No. GHS-I-007-00004-00 implemented by Chemonics International in association with ICF MACRO and the Manoff Group.

CONTENTS

EXECUTIVE SUMMARY 2

PROJECT ACCOMPLISHMENTS 3

**PIR 1. NATIONAL HEALTH COMMUNICATIONS CAMPAIGNS
 STRENGTHENED PROJECT ACCOMPLISHMENTS 4**

**PIR 2. GRZ USE OF EVIDENCE-BASED HEALTH COMMUNICATIONS
 APPROACHES INCREASED 5**

**PIR 3. LOCAL CAPACITY TO SUPPORT SUSTAINED IMPLEMENTATION
 OF IEC/BCC ACTIVITIES STRENGTHENED 5**

**PIR 4. IEC/BCC ACTIVITIES INSTITUTIONALIZED IN HEALTH
 SYSTEM EXPANDED 6**

OPERATIONS AND ADMINISTRATION 7

ORGANIZATIONAL CHART 8

FINANCIAL REPORTING 9

EXECUTIVE SUMMARY

The Communications Support for Health Program (CSH), through rapid and effective mobilization, has made significant progress toward targets developed as part of the project's initial five-month work plan. Following contract award in July of 2010, project staff was quickly mobilized. With the exception of two positions, both of which will be filled next quarter, CSH was fully staffed within 6 weeks of contract award. CSH Chief of Party, Anne Fiedler arrived to post before the end of August. The project occupied temporary office space but, by close of the first quarter, had established and was in the process of occupying permanent office space.

One of the main objectives of CSH's first quarter was to establish close working relationships with all partners. Working closely with USAID, the project developed a five-month work plan with the understanding that CSH would, together with Government of Zambia (GRZ) and other partners, develop a 2011 work plan that more closely aligns to GRZ plans and strategies. To this end, CSH conducted a series of assessments and action plans intended to inform the 2011 work plan and beyond.

The information yielded from these assessments has already been shared with GRZ and civil society partners and draft memoranda of understanding (MOUs) outlining CSH and GRZ engagement have been drafted. A key component of these MOUs is the placement of BCC advisors in the Ministry of Health (MOH), National HIV/STD/TB Council (NAC) and the National Malaria Control Center (NMCC), which is well underway, with CSH specialists already participating in IEC/BCC planning.

CSH has made significant progress toward meeting its ambitious deliverables schedule where possible, and communicating clearly with USAID where prohibitive challenges have emerged. CSH developed a Communications Plan, a Post-Award Branding Implementation Plan and Marking Plan, and a manual to govern Special Activity Funds (SAF) all of which have been submitted to USAID. At the end of the quarter, CSH was finalizing a series of important assessments of GRZ partners and civil society partners to better understand how CSH technical assistance should be focused. These assessments will be submitted to USAID next quarter and used to inform the upcoming work planning scheduled for November 15-17.

Coordination is central to CSH's objectives. In the first quarter, CSH met with key USAID partners to discuss how CSH can provide technical assistance. CSH has quickly assumed the role of communication hub and has begun providing input into USAID campaigns such as the *One Love Kwabila II* Campaign and is reviewing partner work plans to identify communication overlap and opportunities. CSH is also planning a joint launch of programs together with Zambia Institutional Strengthening Support Program (ZISSP), ZPI, and Steps –OVC the follow-on to RAPIDS.

Despite these many achievements, the project's first quarter has not been without challenges. The pace of work has been demanding and the project will need to ensure that GRZ priorities and perspectives are accounted for. The planned work planning session which will include all CSH partners will be an important opportunity to ensure this happens.

SECTION 1. PROJECT BACKGROUND

The Communications Support for Health (CSH) Program supports the Government of Republic of Zambia (GRZ) and key local stakeholders in civil society and the private sector to implement health communications activities. In order to achieve its mission, the program collaborates with the Ministry of Health (MoH), National HIV/Aids/STIs/TB Council (NAC), National Malaria Coordinating Committee (NMCC), and civil society and private sector stakeholders. With these partners, CSH is providing technical assistance to build Zambian capacity to design, implement and monitor evidence-based behavior and social change campaigns. The effective management of these campaigns and, more importantly, a sustainable capacity to develop them should result in health behavior modifications that contribute to improved health in Zambia.

It is expected that the technical assistance provided by CSH to local counterparts will translate to increased reach and effectiveness of counterparts' health communications activities, and result in measurable reductions in risky health behaviors and increased demand for and use of health care services among targeted populations. This will ultimately translate into a positive contribution towards the achievement of the Millennium Development Goals (MDGs).

SECTION 2. PROJECT ACCOMPLISHMENTS

I. Startup Activities

CSH commenced operations in mid July, 2010 following award. Chemonics and partners Macro IFC and the Manoff Group, deployed a Home Office mobilization team in August. By mid August, with the exception of two positions, professional project staff were hired and had received a project orientation. At USAID's guidance, CSH convened a work-planning workshop and developed a five month work plan for the period August- December 2010. This work plan and the first draft of the PMEP plan which were submitted to USAID on 30th August 2010.

II. Key Achievements

CSH has made significant progress in establishing relations with GRZ, USAID and civil society partners. COP, Anne Fiedler has met with key personnel from the three GRZ institutions as well as envisaged civil society partners. CSH effectively utilized short-term technical expertise in the project's first two months to submit the following deliverables to USAID this quarter:

- Draft PMEP – Refined based on USAID feedback and resubmitted
- Draft Five Month Work plan- Refined based on USAID feedback and resubmitted
- Draft SAF Manual- Submitted
- Draft Communications Plan Being refined based on USAID feedback

In the subsections below, we present key achievements and share progress as they relate to the project four intermediate result areas. Many of CSH's key achievements in Quarter 1 In September, CSH initiated a number of important assessments designed to gauge GRZ IEC/BCC capacity and the state of current IEC/BCC interventions in Zambia. These assessments were undertaken concurrently at MOH, NAC and NMCC and are relevant to multiple project result areas (PIRs). As we review our progress by PIRs below, we make reference to the following assessments, which were initiated in September (Q1), but finalized in October (Q2):

- Review of Current IEC/BCC Campaigns
- Review of Current IEC/BCC Approaches, Messages and Materials
- IEC/BCC Capacity Assessment for MOH, NAC and NMCC

A. Project Intermediate Result (PIR) 1: National health communications campaigns strengthened

The first PIR for the Project is: National health communications campaigns strengthened. CSH will provide direct support to the MOH, NAC, and NMCC in implementation and evaluation of national health communications campaigns. This will include providing support to the World Aids Day, Child Health week and indoor residual spraying campaigns. CSH will also work closely with GRZ in the design and development of campaign strategies and materials for activities and campaigns such as, *One Love Kwasila II*. CSH is providing direct support to local partners with emphasis on sustainability and the transfer of skills and knowledge. Under this PIR, there are three corresponding KRAs that directly support this PIR. Below, we share our progress by Key Result Area.

Key Result Area 1.1: Integrated malaria and MNCH campaigns expanded

CSH initiated formal introductions of the program with key representatives at the MOH and NMCC. This included a series of workshop-style meetings with key personnel of MOH and NMCC to familiarize them with the key objectives of CSH, and to lay out a longer-term strategy for project support. CSH also developed a draft memorandum of understanding between the program and MOH, using a template provided by MOH. In September, CSH developed a series of assessment tools designed, among other things, to provide information on the integration of malaria and MNCH in IEC/BCC campaigns. During September, scopes of work were developed, and consultants engaged to conduct the assessments.

Key Result Area 1.2: Comprehensive HIV prevention campaigns expanded

Similar to KRA 1.1, the program engaged NAC initially by conducting workshop-style meetings to familiarize NAC staff with the objectives of CSH to identify immediate areas of support that the project can provide. CSH has hired and will soon be placing an embedded IEC/BCC specialist at NAC. The project has actively participated in the World AIDS Day event preparations with a special focus on the development of relevant IEC/BCC messages for the event. CSH developed scopes of work and assessment tools, and engaged consultants to review existing NAC IEC/BCC campaigns, messages, material and approaches. In addition, CSH conducted an assessment to review NAC capacity to manage IEC/BCC interventions.

Plans for next quarter

CSH will finalize and submit the assessments on Campaigns, Messages, approaches materials and BCC institutional capacities of MOH, NAC and NMCC. CSH will also hold a partner workshop to disseminate and discuss assessment findings and, thereafter, develop a BCC capacity building action plan. CSH will provide technical and, where guided by USAID, material to support GRZ in IEC/BCC activities such as Child Health Week campaign, indoor residual spraying campaign, “One love Kwasila” campaign and World Aids Day.

B. Project Intermediate Result (PIR) 2: GRZ use of evidence-based health communications approaches increased

The second PIR for the Program is: GRZ use of evidence based health communication approaches increased. Working closely with GRZ counterparts, CSH will develop appropriate communications approaches and materials for health communications campaigns. This will include using existing evidence and conducting formative research to design, pre-test, and produce evidence-based IEC/BCC approaches and materials. It will also include establishing a national health communications resource center (HCRC) to warehouse and manage the distribution of IEC/BCC materials as well as expansion of the 990 Talkline at CHAMP. Under this PIR, there are three corresponding KRAs that directly support this PIR.

Key Result Area 2.1: Capacity of HCRC to manage information on IEC/BCC interventions improved

CSH developed an assessment tool to identify and review potential health communication resource centers (HCRC) sites at Dziwani Afya Mzuri, NAC and MOH. Consultants were engaged to conduct the assessment with a view to determining the capacities of the various HCRCs to expand. The assessment also considers the possibility of connecting the various HCRCs. The assessment was conducted to better inform the Project and partners as to critical steps (activities) to be taken in support of a national HCRC. Specific activities and interventions for the support of the HCRC will be reflected in the next 12 month Project work plan for calendar year 2011, based on the assessment findings.

Challenges and Solutions

There are divergent views on how best to expand the HCRC and what this expansion means. When developing plans for HCRC expansion, special attention will be given to consensus building.

Plans for next quarter

Share assessment findings with GRZ, Dziwani and other stakeholders. Articulate possible options and build consensus among groups as to how to move forward with national HCRC. Develop an action plan to expand the selected resource center based on discussions.

C. Project Intermediate Result (PIR) 3: Local Capacity to Support Sustained Implementation of IEC/BCC Activities Strengthened

To strengthen local capacity to support sustained implementation of IEC/BCC activities, CSH has undertaken a number of initiatives. This includes placing an IEC/BCC Specialist in the MOH, NAC, and NMCC, supporting review and revision of national strategies and plans, providing assistance in the coordination of the national IEC/BCC working group, and identifying organizations to participate in capacity-building activities. Under this PIR, there are four KRAs:

Key Result Area 3.1: Capacity of MOH and NMCC to manage IEC/BCC interventions improved

CSH initiated discussions with the GRZ on the placement of program specialists at MOH, NMCC, and NAC. Significant progress toward this objective has been made. Following numerous discussions, partners have agreed with this approach. CSH developed scopes of work with GRZ partners and recruited the staff. Although the specialists will not physically relocate until MOU's have been signed, they are already, with GRZ encouragement, participating in IEC/BCC planning and programming at their corresponding institution. For example, the NAC specialist was an active participant in the finalization of the NAC 2011 – 2015

National Strategic framework. The MOH and NMCC specialists were unable to contribute as strategies for their institutions had already been finalized, however, they are providing technical input in technical working groups activities.

Key Result Area 3.3: IEC/BCC capacity building program for local institutions strengthened

In this quarter, CSH held introductory meetings with local institutions such as ZCCP, ZHECT to familiarize them with the Program and to explore ways CSH can collaborate with them. In addition, CSH developed SOWs and assessment tools and engaged consultants to carry out a situational BCC capacity assessment for MOH, NAC and NMCC.

Challenges and Solutions

MOH raised concerns over the title of “Advisor” for the program staff placed at MOH and suggested that a more suitable title ‘Specialist’ be used. It was resolved that the officer be referred to as “specialist.” Also, CSH staff did not participate in the annual work planning for NMCC and MOH as this took place before the program began. However CSH has obtained the 2011/2014 work plans for both institutions.

Plans for the next quarter

CSH will hold a workshop to disseminate and discuss assessment findings and develop a capacity building action plan to address IEC/BCC issues raised by the assessment. CSH will review the plan to ensure it addresses additional appropriate issues prioritized by the GRZ. The assessments will feed into the development of an integrated action plan that will also include engagement of the private sector and civil society groups. Following finalization of the MOUs, the IEC/BCC specialists will be placed at their respective GRZ institutions.

E. Project Intermediate Result (PIR) 4: IEC/BCC activities institutionalized in health system expanded

The fourth PIR under this Project is: IEC/BCC activities institutionalized in health system expanded. CSH will work closely with GRZ and USAID partners such as ZISSP, ZPCT II, PRISM, DELIVER, CHAMP, STEPS- OVC and others that may come online at later dates to incorporate IEC/BCC activities into the health system. This will involve developing with USAID programs an integrated plan of action for IEC/BCC activities, and producing IEC/BCC materials for the use of the GRZ. Under this PIR, there are two KRAs that directly support this PIR.

Key Result Area 4.1: Dissemination of IEC/BCC resources increased

CSH identified USAID partners involved in BCC activities. As a follow up to this, CSH held a one-day meeting of the identified partners to share current and planned IEC/BCC activities. At the end of the workshop, partners agreed to share each others’ work plans. CSH is reviewing work plans to initially identify areas of overlap or collaboration.

Plans for next quarter

CSH will conduct a planning workshop with USAID BCC partner to develop an integrated plan of action for IEC/BCC, to build consensus and identify areas for collaboration. CSH will also develop and share preferred processes for CSH engagement so that partners seeking CSH input will know how CSH can provide maximum support to health communication activities.

SECTION 3. OPERATIONS AND ADMINISTRATION

In its first quarter, the Communications Support for Health Program (CSH) mobilized rapidly in the areas of administration, finance, personnel and logistics, enabling the project team to engage immediately in the project's technical work and begin working on the ambitious list of deliverables. CSH is pleased to report its achievements under this section, as follows:

- Initial meetings with USAID/Zambia including the COTR, Alternate COTR, EXO and members of the finance and contracting teams, to discuss and obtain guidance on a number of administrative and contractual items. This included the initial work planning meeting with USAID and partners on August 31, 2010 as well as a post-award debrief meeting at USAID on September 1, 2010, as well as several independent meetings with the COTR and EXO.
- Hiring of 22 long-term administrative and technical professional staff including all key personnel (Chief of Party, Deputy Chief of Party, Technical Director and Finance/Administration Director), as well as six support staff which includes four drivers, a receptionist and administrative assistant. *Our updated organizational chart is included on the following page.*
- Active recruitment and identification of candidates for two open professional positions on the team including HIV/AIDS Specialist and Research & Design Officer (please note that we intend to have these candidates hired within two months).
- Identification and leasing of suitable permanent office space to house the entire CSH team including a large conference room space and several small meeting rooms. It is anticipated that office make-ready will be complete by mid-November.
- Completion of the CSH Field Office Policies and Procedures Manual which provides guidance and details on office protocol, workplace practice, personnel and hiring, and personnel administration. This manual has been distributed to all members of the team.
- With support from and coordination with the USAID COTR and EXO, establishment of a VAT-exempt payment system through LPO's issued by USAID Mission, to ensure that the project does not pay any VAT up-front on expenses incurred in Zambia.
- Initiation of project registration in Zambia under the name Chemonics International Inc. which enables Chemonics to register with tax authorities in-country (ZRA, Worker's Compensation and NAPSA).
- Procurement of four project vehicles, as well as necessary office furniture and equipment required for all professional and support staff.
- Meeting with RSO at US Embassy for introductory security briefing and preparation of initial draft emergency action plan (EAP) required by Chemonics for all projects detailing emergency procedures and responses.

Plans for next quarter

CSH looks forward to moving into its permanent office space imminently and finalizing recruitment of the remaining open positions, as noted above, which will enable the project to operationalize completely. To ensure compliance, Chemonics will also conduct a review of systems, processes and procedures as part of our planned STTA in November. Operations staff will provide logistical support to the proposed work planning session and envisaged project launch for November

SECTION 4. ORGANIZATIONAL CHART

Communications Support for Health (CSH) Program Organizational Chart

