



USAID | **ZAMBIA**
FROM THE AMERICAN PEOPLE

COMMUNICATIONS SUPPORT FOR HEALTH (CSH) PROGRAM

QUARTERLY REPORT

JANUARY-MARCH 2012

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Acronyms

BCC	Behavior change communication
BCP	Behavior-centered programming
CHAMP	Comprehensive HIV AIDS Management Program
CSH	Communications Support for Health
CSO	Civil Society Organization
GRZ	Government of the Republic of Zambia
HCRC	Health Communication Resource Center
IEC	Information, education, and communication
IR	Intermediate result
IT	information technology
ITN	Insecticide-treated net
M&E	Monitoring and evaluation
MDG	Millennium Development Goals
MOH	Ministry of Health
MNCH	Maternal, newborn, and child health
NAC	National HIV/AIDS/STI/TB Council
NGO	Nongovernmental organization
NMCC	National Malaria Control Centre
PMI	President's Malaria Initiative
PMTCT	Prevention of mother-to-child transmission
PSA	Public service announcement
SAF	Strategic activities fund
SHARe	Supporting the HIV/AIDS Response in Zambia
SMAG	Safe motherhood action group
SMGL	Saving Mothers Giving Life
STI	Sexually transmitted infection
TB	Tuberculosis
UNZA	University of Zambia
VCT	Voluntary counseling and testing
ZISSP	Zambia Integrated Systems Strengthening Program

EXECUTIVE SUMMARY

This quarter, CSH made significant progress on its three major campaigns by producing radio spots on malaria in English and local languages, launching the *Safe Love* radio drama series *Life at the Turnoff*, and developing the safe motherhood campaign strategy and products. The project also continued building Zambian government and NGO/civil society capacity. CSH assisted the government with provincial and district-level rollout of training in behavior-centered programming (BCP), and worked with five local organizations to train 243 community facilitators, who have already reached 12,000 community members with *Safe Love* messages.

CHAMP and Afya Mzuri each continued making progress under their CSH grants. Afya Mzuri staff are now testing the Dziwani Health Communication Resource Center's (HCRC) Web portal and expanding the collection of materials to cover thematic areas in addition to HIV and AIDS. CHAMP recruited additional Talkline staff and procured hardware to expand the Talkline's capacity to receive calls from MTN.

Our quarterly report includes a narrative on major achievements, and bullets for major accomplishments and quarterly plans by PIR. Products and outputs are also summarized in tables by PIR. Financial reporting and progress toward goals established in our performance monitoring plan are included at the end of this report.

Major Accomplishments

- For *STOP Malaria*, produced a documentary on malaria (in English), three radio skits in English, and 10,000 Question & Answer booklets for health workers.
- For *Safe Love* campaign, produced two issues of *Live Today* and finalized episodes 1-13 of *Life at the Turnoff*; produced radio and TV PSAs on PMTCT; and established a relationship with the University of Zambia for youth activities.
- For Safe Motherhood, produced a trailer for the upcoming *Champion Chiefs* documentary.
- Trained 146 participants from 6 provinces trained in BCP and developed 46 district plans to support implementation of BCC activities.
- Distributed national HIV/AIDS and malaria communication strategies.
- Trained 243 CSO community facilitators and established 886 CSO community groups, reaching 12,000 people with *Safe Love* messages.
- Supported Dziwani HCRC and 990 Talkline, including training for Talkline counselors and a prototype online portal for Afya Mzuri.

Planned Activities not Undertaken

- Launch of *Your Health Matters* TV program.
- Launch of expanded HCRC and 990 Talkline.
- Roll out of *STOP Malaria* campaign activities.

Plans for Next Quarter

- Launch national safe motherhood campaign.
- Begin rolling out *STOP Malaria* in Northern Province.
- Launch *Safe Love* PMTCT mini-campaign, expand youth and other mini campaign activities, produce *Safe Love* TV series, and continue to air *Life at the Turnoff*.

- Engage CSOs to support community-level implementation of the *STOP Malaria, Safe Love, and safe motherhood* campaigns.
- Support the joint launch of Dziwani HCRC and 990 Talkline at the end of June.
- Finalize the U.S. government IEC/BCC M&E coordination framework.
- Train remaining health promotion officers and NAC provincial staff members in BCP, and support the last four provinces to conduct BCP rollout trainings.
- Hand over the campaign tracking database to MOH, NAC and NMCC by June 2012, and develop CSH’s performance-based management system.

1. PROJECT ACCOMPLISHMENTS

A. Intermediate Result (IR) 1: National Health Communications Campaigns Strengthened

A1. Major Tasks under Sub-IR 1.1: Integrated Malaria, MNCH, and Nutrition Campaigns Expanded

Integrated malaria, MNCH, and nutrition campaign. *STOP Malaria* was suspended for much of the first quarter, following USAID’s request to evaluate and re-program spending against the President’s Malaria Initiative (PMI) funding stream. In response, CSH re-conceptualized the campaign, defined a slightly scaled-back list of communication products, developed a strategic plan for the nutrition component, and coordinated rollout activities with the Zambia Integrated Systems Strengthening Program (ZISSP).

Once activities were approved, CSH pre-tested existing *STOP Malaria* campaign products, including three 5-minute skits on malaria prevention, testing, and treatment, a malaria campaign fact sheet, radio public service announcements (PSAs), and bumper stickers. In addition, the CSH team worked with the National Malaria Control Centre (NMCC) to plan *STOP Malaria* activities in Kasama, in Zambia’s Northern Province, for World Malaria Day (25 April).

CSH also developed a detailed plan for rolling out campaign products through CSO partners and ZISSP, at national, provincial, and district levels (see the table below). The plan includes mass media, a provincial and district road-show involving local leaders and youth, and a community engagement strategy called *Champion Communities*. Beginning next quarter, ZISSP will lead the *Champion Communities* initiative, in coordination with CSH and using CSH’s communication tools.

STOP Malaria Products and Outputs (IR 1.1)	
Completed this Quarter (pre-tested and produced)	To Be Completed Next Quarter
<ul style="list-style-type: none"> • Radio skits: three 5-minutes skits in English and local languages • Radio spots: 3 versions, 60 seconds each, in English and local languages • TV documentary: 15-minute documentary describing malaria and how to prevent, diagnose, treat, and recover from it (English only) • “Ask Me About Malaria” aprons and Q&A booklets for health workers (10,000) • Stickers: 5 versions with prevention/treatment messages (10,000) 	<ul style="list-style-type: none"> • Theater for Community Action (script developed in English will be translated into local languages) • Malaria Quiz (packaged game of questions/answers, including score sheet and playing pieces, to be used by primary school children and teachers; 500 copies to be produced) • Wall paintings in each province/target district

Challenges and Solutions

Although CSH's extensive collaboration with ZISSP on malaria activities is an excellent opportunity for both projects to leverage one another's strengths, the process of establishing effective coordination mechanisms initially slowed progress. We have since then established regular meetings with ZISSP to facilitate productive discussion around progress of shared activities, provide updates on where we each are in our activities, and discuss any challenges.

Plans for Next Quarter

- Complete the production of all *STOP Malaria* products, and begin rolling out activities in Northern Province in June.
- Implement *STOP Malaria* activities as part of the national World Malaria Day commemoration in Kasama on 25 April.

A2. Major Tasks under Sub-IR 1.2: Comprehensive HIV Prevention Campaigns Expanded

The *Safe Love* campaign continued to gain traction this quarter with support to partners, production of print and radio products, development of mini-campaigns, and a rapid monitoring survey:

- Launched *Safe Love* in Southern and Eastern provinces through a weeklong series of events, outreach activities, and festivities in each area.
- Supported NAC to carry out campaign activities during the *Nc'wala* traditional ceremony in Eastern Province (distribution of materials, counseling, school debates, community drama performances, discussion of episodes from the *Life at the Turnoff* radio series, engagement with local leaders and organizations, and a large public event to promote the campaign).
- Introduced *Life at the Turnoff* in Southern Province during the *Safe Love* launch in Livingstone (9 February). Since then, the series has aired twice a week nationally and on Southern and Eastern Province community radio stations. The drama will continue to air for the next six months, with additional community radio stations continuously added.
- Completed an initial review of the first set of scripts for season 1 (episodes 1-13) of the *Safe Love* TV drama series. We will begin filming next quarter, pending USAID approval.
- Produced and distributed two new issues of *Live Today* in Zambian newspapers: Issue 2 focused on condom use, and Issue 3 focused on voluntary counseling and testing (VCT).
- Worked with partners and stakeholders to initiate *Safe Love* "mini-campaigns," including the PMTCT mini-campaign in early April and a 3-day, youth-focused event at the University of Zambia (UNZA) around Valentine's Day (13-15 February). CSH also held planning meetings with Zambia-led Prevention Initiative, UNICEF, and other partners to discuss collaboration on the alcohol mini-campaign.
- In March, CSH's monitoring and evaluation (M&E) team conducted a rapid survey to monitor the target population's exposure to and attitudes toward the *Safe Love* campaign. We have completed data collection and expect to share the results next quarter.

Safe Love Products and Outputs (IR 1.2)

- *Live Today* newspaper insert (issues 2 and 3)
- Episodes 1-13 of *Life at the Turnoff* finalized; scripts for episodes 14-26 received
- Radio PSA on male involvement in PMTCT produced
- Scripts for 6 TV PSAs received; 1 TV PSA on PMTCT recorded and produced
- Two PMTCT flyers produced (topics: HIV in pregnancy; postpartum care of the baby)
- Contract finalized for agency to develop second-generation *Safe Love* print products
- Relationship established with UNZA HIV/AIDS Response Office; 3 days of activities targeting youth around Valentine's Day
- Relationship/mode of collaboration established with partners
- Dataset for the rapid assessment survey completed

Challenges and Solutions

Members of the organizing committee for the *Safe Love* launch in Eastern Province were also on the organizing committee for the *Nc'wala* traditional ceremony. When meeting times conflicted, many members chose to attend meetings for the traditional ceremony rather than the *Safe Love* meetings. For future events, we will integrate events more fully with the traditional ceremony, minimizing separate activities (thus minimizing overlaps in our stakeholders' schedules).

The scope and quantity of products in the *Safe Love* campaign require a large amount of time to review properly. As a result, some deadlines for reviewing scripts and other products have been delayed, as CSH staff balance campaign activities and essential quality-control processes for campaign products. CSH continues to improve on planning and organizing, and is working to establish and document a clear review process (including when and how USAID is involved) to help ensure products are ready on-schedule at the highest possible level of quality.

Plans for Next Quarter

- Launch the PMTCT mini-campaign on 4 April.
- Expand youth activities with a series of countrywide events similar to the Valentine's Day activities at UNZA, and finalize launch dates for the gender and alcohol mini-campaigns.
- Continue to air *Life at the Turnoff* on national and community radio stations in at least four provinces, and complete review of TV drama scripts and begin to film episodes.
- NAC will independently launch *Safe Love* in Western Province during the *Kuomboka* ceremony.
- Support National VCT Day on 30 June.

CSH will finalize the campaign rapid survey report and share it with the *Safe Love* design team to inform future campaign programming.

A3. Major Tasks under Sub-IR 1.3: Evidenced-Based Multi-channel Health Communications Campaigns Increased

Safe motherhood campaign. This quarter, CSH finalized the communication strategy for the safe motherhood campaign, held stakeholders workshops to develop product prototypes, contracted two design agencies, and produced a name, slogan, and logo for the campaign. In preparation for the launch on 18 April, we produced and pre-tested key products (posters, a pictorial birth plan, and a trailer for the *Champion Chiefs* documentary) with community members and stakeholders.

CSH hosted a team from the University of Chicago (the National Opinion Research Council), which is designing an impact evaluation for the campaign. We are discussing potential evaluation designs with GRZ, and will present options to USAID and select an approach next quarter.

Saving Mothers Giving Life (SMGL) initiative. This quarter, SMGL's efforts grew dramatically. CSH participated in regular meetings with implementing partners and delegations from the United States. CSH held the first of several visits in each of the four focus districts (Kalomo, Mansa, Lundazi, and Nyimba) to plan communications and demand-creation activities in each district and establish relationships with community radio partners, district health management teams, and clinic staff. CSH has advertised for a coordinator and M&E officer to oversee field activities for SMGL, to be hired next quarter.

Nutrition campaign. In preparation for the *1,000 Days* nutrition campaign, CSH held a stakeholders meeting to review and finalize the draft concept paper, which was then circulated to partners. CSH met with consultants from the U.K. Department for International Development (DFID), working with the National Food and Nutrition Commission to develop a strategic framework to reduce stunting in Zambia. CSH will ensure that the *1,000 Days* campaign compliments the communication elements of this national framework. We have already drafted the protocol for formative research for this campaign.

Routine activities. CSH participated in extensive planning for next quarter's Integrated Child Health Week and Vaccination/Measles Campaign. We will produce print and radio programming materials to support the campaign.

Safe Motherhood, SMGL, and Nutrition Products and Outputs (IR 1.3)

- Safe motherhood campaign strategy, logo, name, and tagline
- Safe motherhood *Champion Chiefs* documentary trailer; birth plan
- SMGL initiative work plan
- Nutrition campaign concept paper and formative research protocol

Challenges and Solutions

One challenge under the safe motherhood campaign development was to determine what kinds of communication job aides/tools were appropriate for the safe motherhood action groups (SMAGs). ZISSP has developed its own training tools for SMAGs to use in their districts, and there is implicit expectation that CSH will lend printing support for these tools. However, CSH's research indicates that a slightly different kind of product will be most helpful to the SMAGs. The tools developed by ZISSP are oriented toward problem-solving rather than preventive behaviors. They teach SMAGs what to do in certain emergency and routine situations, but messages are not based on staying healthy; rather, they emphasize actions to take when a problem arises. CSH's team instead feels that effective communication should focus on "stay healthy" messages to mothers, families, and SMAGs. As training tools, the materials are sufficient; as communication tools, they are lacking.

CSH has been working with the GRZ and ZISSP to assess this challenge. The short-term resolution is for ZISSP to continue using its current tools in the SMGL focus districts. On 16-17 April, stakeholders working in maternal health in Zambia (including GRZ, ZISSP, and CSH) will meet to determine how to revise these tools.

Additionally, it has taken longer than anticipated to obtain approval of the subcontracts for the two creative agencies producing the bulk of the products for the safe motherhood campaign. Part of the reason for this delay is that both subcontracts are valued at more than \$1 million and, therefore, require extensive review. We expect to finalize the subcontracts next quarter.

Plans for Next Quarter

- National launch for the safe motherhood campaign.
- Formative research to inform the design of the *1,000 Days* nutrition campaign.
- Roll out SMGL initiative; hire SMGL coordinator and M&E officer.

B. IR 2: GRZ Use of Evidence-Based Health Communications Approaches Increased

B1. Major Tasks under Sub-IR 2.1: M&E Frameworks for IEC/BCC Interventions Strengthened

National HIV/AIDS M&E framework strengthened. CSH supported the revision of NAC's activity reporting forms, aligning them to the current *National HIV/AIDS M&E Plan 2011-2015* and including adequate behavior change communication (BCC) indicators.

National HIV/AIDS M&E theme group. CSH coordinated the quarterly meeting for NAC's National HIV/AIDS Theme Group and provided technical support in the development of the protocol for the National HIV/AIDS Joint Annual Program Review for 2011.

Campaign tracking database. CSH developed a draft campaign-tracking database and pre-tested it with the MOH, NAC, and NMCC. CSH will transfer ownership of the database to these institutions by June 2012 and assist to customize it for their own data and reporting needs. The database will allow the GRZ to track individual and national-level campaigns, including all related activities.

CSO reporting instruments. CSH developed a draft instruction manual for all project data collection tools. The manual will help standardize data collection within CSH and among CSH-supported implementing partners.

Plans for Next Quarter

- Support the finalization of the *National Malaria M&E Plan for 2011-2015*.
- Participate in quarterly M&E theme group meetings at NAC.
- Orient GRZ staff on the campaign tracking database and install at MOH, NAC and NMCC by June 2012.
- Participate in the national Joint Annual Program Review on HIV/AIDS.

B2. Major Tasks under Sub-IR 2.2: GRZ Capacity to Conduct Formative Research to Develop National Health Communications Campaigns Improved

Formative research training rollout. CSH conducted formative research training for national-level GRZ staff (19-21 January). Four GRZ staff learned the basics of managing formative research.

Rapid survey to assess Your Health Matters. In January, CSH conducted a rapid survey to assess viewership, attitudes, content, and scope for the *Your Health Matters* TV program. Findings from this household survey — with a sample size of 1,300 households in Northwestern, Copperbelt,

Eastern, and Lusaka provinces — indicated that the percentage of people who continue to watch the show was low (40 percent) compared to those who have ever watched the show (more than 70 percent). The study also highlighted gaps in the content of the program and the way it is presented. CSH and GRZ will use the findings to enhance *Your Health Matters*.

Formative Research Products and Outputs (IR 2.2)

- Trained four GRZ staff in the management of formative research
- *Your Health Matters* rapid survey report

Plans for Next Quarter

- CSH will proceed with rolling out the formative research training to provincial-level GRZ staff. This training will build the capacity of these GRZ staff members to manage formative research activities that will inform planned communication interventions in their locations.
- Develop the Performance-Based Management System (PBMS), an online management tool for CSH.

C. IR 3: Local Capacity to Support Sustained Implementation of IEC/BCC Activities Strengthened

C1. Major Tasks under Sub-IR 3.1: Capacity of HCRC and Talkline to Manage Information on IEC/BCC Interventions Improved

CHAMP 990 Talkline. CSH provided financial and technical support to CHAMP to expand the 990 Talkline. On 9 February, CSH convened a consensus-building meeting with CHAMP, McCann, and Danya to discuss progress being made on CHAMP's information technology (IT) platform upgrades and implementation of the marketing strategy, and to agree on new timelines to scale up activities. CSH also supported the recruitment of Talkline staff, hardware procurement to expand the Talkline's capacity to receive calls from MTN, and preparations for the CHAMP/Afya Mzuri joint launch.

Afya Mzuri Dziwani Health Communication Resource Centre (HCRC). CSH continued to support the expansion of the Dziwani HCRC, finalizing the short-term marketing plan and creative concepts, engaging provincial and district-level partners to house satellite Dziwani sites, and signing a service-level agreement with MTN to install a fiber-optic Internet and wireless LAN network. Danya has developed a Web portal for Dziwani HCRC; Afya Mzuri staff are testing the portal interface and providing feedback. Afya Mzuri assessed partners to identify satellite service points in Western, Copperbelt, and Southern provinces, established contact with partners producing communication materials, and expanded the collection of materials to cover thematic areas in addition to HIV/AIDS.

Subcontracts for IT and marketing services to grantees. CSH engaged Danya International to provide IT support services to CHAMP and Afya Mzuri, and subcontracted McCann Healthcare for marketing support services to the two local institutions. This quarter, McCann revised the marketing strategy based on feedback from CSH, Afya Mzuri, and CHAMP, while Danya continued to develop the HCRC's web portal and CHAMP's IT infrastructure plan.

Talkline, Dziwani HCRC, and Grantee Support and Products (IR 3.1)

- Short-term marketing strategies for Dziwani and 990 Talkline, including creative concepts

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- Monthly progress reports from grantees
 - Prototype online portal for Afya Mzuri
 - Newly recruited 990 Talkline counselors trained in telephone handling and HIV/AIDS
-

Challenges and Solutions

Delays in IT procurement have hindered implementation for grantees and sub-grantees. CSH and its grantees and sub-grantees will revise timelines to account for the procurement process.

Plans for Next Quarter

- Recruit a consultant to develop an integrated 990 Talkline counselors' training manual and reference materials to include other health areas (malaria, reproductive health/family planning, MNCH, and nutrition).
- Continue to monitor and provide technical support to grantees and subcontractors through monthly activity reports and feedback.
- Support meetings to review/revise timelines to expedite activities that are behind schedule.
- Hold a joint launch for Dziwani HCRC and 990 Talkline at the end of June.

C2. Major Tasks under Sub-IR 3.2: Capacity of MOH, NAC and NMCC to Manage IEC/BCC Interventions Improved

Guidelines for IEC/BCC materials development. During the National Health Promotion IEC/BCC Technical Working Group (TWG) meeting held on 20 December, 2011, CSH received input on the draft BCC guidelines for pre-testing health promotion materials. The guidelines include: a pretesting guide, an observation guide for pre-testing, and a communication materials review guide.

National IEC/BCC Technical Working Groups. CSH actively involved the National Health Promotion TWG at every stage of planning and development of materials for the safe motherhood campaign, including the birth plan and the *Champion Chiefs* trailer.

Training of trainers for behavior-centered programming (BCP). CSH provided mentorship and coaching to GRZ and ZISSP facilitators (who were previously trained as trainers by CSH) during the provincial-level BCP rollout training sessions. Between January and March, CSH supported six provincial-level training sessions, with 146 participants from 46 districts. Participants included GRZ staff from the MOH, NMCC, NAC, NGOs, and CSOs, as well as religious leaders.

National communication strategies. CSH supported the GRZ to finalize and print 2,500 copies of the *2011-2015 National HIV/AIDS Communication and Advocacy Strategy* and 10,000 copies of the *2011-2015 National Malaria Communication Strategy*. Both strategies were launched and distributed to partners in February (HIV/AIDS on 15 February; malaria on 21 February) during ceremonies attended by GRZ, U.S. government representatives, and partner organizations.

Redesign of NAC newsletter and fact sheets. CSH supported the process of redesigning and retooling the NAC quarterly newsletter, which was finalized in February and will go into production next quarter.

Your Health Matters. Following a rapid assessment of *Your Health Matters*, CSH shared preliminary results with the MOH Director of Research and Public Health and at a stakeholders design workshop

(29-30 March). During the workshop, GRZ staff from MOH and NAC, provincial health promotion officers, national partners, and creative agencies drafted a new strategy for the TV program.

IEC/BCC Management Support and Products (IR 3.2)

- BCP training: 146 participants from 6 provinces trained; 46 district plans to support implementation of BCC activities developed
- National HIV/AIDS and malaria communication and advocacy strategies launched and printed (2,500 copies of the HIV/AIDS strategy; 10,000 copies of the malaria strategy)
- Redesigned NAC newsletter and fact sheet templates
- *Your Health Matters* rapid survey report, new draft program strategy, and roadmap

Challenges and Solutions

Because other GRZ activities required their support in Western, Northern, and Muchinga provinces, health promotion officers and NAC staff did not participate in the BCP training. Their absence from this CSH-supported training leaves a gap in the GRZ's ability to lead BCC activities at provincial and district levels in these areas. In addition, MOH and NMCC health promotion officers' participation in provincial-level training has been limited because their staff prioritizes activities that provide better incentives than CSH offers.

To fill training gaps, CSH will invite those who missed this quarter's sessions to participate in provincial training sessions next quarter. We will continue to discuss the issue of allowances with the GRZ, with the goal of reaching a solution that will ensure the GRZ fully participates in CSH's work.

Plans for Next Quarter

- Submit the BCC guidelines to the National Health Promotion TWG for validation; print, distribute, and disseminate BCC guidelines.
- Train members of the National Health Promotion TWG and sub-groups in the BCP approach to malaria and HIV/AIDS programming.
- Support the last four provinces (Lusaka, Central, Copperbelt, and Northern) to conduct BCP rollout training and invite health promotion officers and NAC provincial staff members who missed previous trainings.
- Support production of the redesigned NAC newsletter and fact sheets.
- Hold a stakeholders meeting to finalize the draft communication strategy for *Your Health Matters*, and contract with media houses to produce the program.
- Support the GRZ to disseminate HIV/AIDS and malaria communication strategies at the provincial level.

C3. Major Tasks under Sub-IR 3.3: Private Sector Participation Increased

CSH provided financial and technical support to five CSOs this quarter: Action for Social Development Foundation (Mansa), Luanshya Support Group (Luanshya), Latkings Outreach Programme (Lusaka), SAFAIDS (Lufwanyama, Mkushi, Kabwe, and Lusaka), and Pride Community Health Organization (Kafue). In January, CSH held an orientation to introduce the CSOs to BCP and orient them to the *Safe Love* campaign, including how to use *Safe Love* products in the community; make the CSOs M&E systems operational by training focal point-persons in data collection and reporting using the CSOs' reporting tools; and introduce the draft CSO Training Curriculum Guide for Community Facilitators.

In February, the five CSOs held training sessions for 243 community facilitators (135 from SAfAIDS and about 50 from each of the other CSOs). By March, their facilitators had formed 886 community groups, reaching more than 12,000 people in all. These community facilitators will hold discussions on *Safe Love* focus areas (PMTCT, multiple and concurrent partners, and condom use) and use campaign products as visual/discussion aids.

Private Sector Participation Support and Products (IR 3.3)

- Monthly CSO progress reports highlighting deliverables achieved
- 243 CSO community facilitators trained and 886 CSO community groups established

Plans for Next Quarter

- Conduct field monitoring and mentorship visits to CSOs.
- Engage CSOs to support community-level implementation of the national *STOP Malaria*, *Safe Love*, and safe motherhood campaigns.

C4. Major Tasks under Sub-IR 3.4: IEC/BCC Capacity Building Program for Local Institutions Strengthened

Assessment of local training institutions. A CSH consultant is reviewing IEC/BCC courses currently offered at institutions of higher learning across Zambia. We have completed data collection at institutions in Lusaka and begun collecting data in the rest of the country. Next quarter, results of the assessment will inform the design of short-courses in IEC/BCC to be offered at the institutions.

IEC/BCC Capacity Building Products and Outputs (IR 3.4)

- Research protocol
- Data collection tools

Challenges and Solutions

The time taken by MOH to grant approval to conduct research delayed the data collection process. For future research activities, CSH will expedite the review and approval process by sharing research protocols with the Ministry at the same time they are submitted for ethical review.

Plans for Next Quarter

- Hold stakeholder meeting to share and review findings of IEC/BCC course assessment.
- Engage a consultant to design short course(s) in IEC/BCC based on assessment findings.

D. IR 4: Coordination of IEC/BCC Activities between U.S. Government Projects Increased

Major Tasks under Sub-IR 4.1: IEC and BCC Planning between U.S. Government Bilateral Programs Increased

CSH continued to support other U.S. government-sponsored IEC/BCC activities, for example, ZISSP's development of a community communication framework and SMAGs strategy. At the quarterly coordination meeting on 27 March at the Zambia Prevention, Care and Treatment II project, partners shared their 2012 work plans, discussed progress this year, and areas of

collaboration. Partners reiterated the need to invite Afya Mzuri to the next partners meeting, given Dziwani HCRC's status as a central distribution hub for IEC/BCC materials.

IEC/BCC Coordination Products and Outputs (IR 4.1)

- U.S. government partner coordination meeting report
- Areas of collaboration identified
- Technical assistance to ZISSP in developing community communication framework and SMAGs strategy

Challenges and Solutions

Although all partners agree on the date of each meeting at least three months in advance, attendance by all partners at scheduled meetings continues to be a challenge. CSH will appeal to all concerned U.S. government partner organizations' management to secure their commitment and participation.

Plans for Next Quarter

- Plan and hold U.S. government partners IEC/BCC coordination meeting.
- Finalize the U.S. government partners IEC/BCC M&E coordination framework.

2. OPERATIONS AND ADMINISTRATION

A. Strategic Activities Fund

CSH signed contracts (together, representing more than \$1.25 million) with the following print and electronic media houses:

- *Syran Business*: Reproduction of BCP materials
- *DAPEG*: Reproduction of *Safe Love* campaign materials
- *ZNBC*: Airing *Safe Love* TV advertisements during the Africa Cup of Nations soccer tournament broadcast

In addition, CSH awarded contracts (totaling \$221,000) for *Safe Love* and safe motherhood campaign launches, and awarded \$400,000 to CSOs implementing *Safe Love*/HIV prevention activities at the community level in the provinces.

The SAF team completed pre-award assessments for five CSOs to implement HIV-prevention activities, and identified three other potential CSOs to be engaged in the next quarter. For the five CSOs with existing contracts, we continued to monitor their implementation of planned activities. We also continued providing support to grantees CHAMP and Afya Mzuri.

B. Recruitment and Training

CSH identified and interviewed candidates for an M&E Specialist and a Grants Manager, and recruited a new driver to fill a vacancy that arose this quarter. CSH also procured the vehicle for SMGL activities.

CSH participated in a half-day Non-Federal Auditor training session from the USAID Office of the Inspector General.

C. Plans for Next Quarter

- Award three short-term contracts to CSOs for *Safe Love* campaign activities.
- Finalize the hiring process for the M&E Specialist, Grants Manager, Civil Society Specialist, SMGL Coordinator, SMGL M&E Officer, and Public Sector Engagement Director.
- Finalize contracts with advertising agencies, Nabuzoka and Goman, for the safe motherhood campaign materials.
- Monitor and continue providing support to CSOs and the two sub-grantees.

ANNEX: Summary of CSH Indicators, Baselines, and Progress to Date

Indicators	Disaggregation	Baseline: Aug 2010	Year 1: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period: (Jan 2012- Mar 2012)	Notes
IR 1: National Health Communication Campaigns Strengthened						
Sub IR 1.1 Integrated malaria, MNCH, and nutrition campaigns expanded						
1.1.1 National Integrated Malaria, MNCH and nutrition campaign implemented with CSH support	N/A	Non existent	Formative Research completed	N/A	N/A	The campaign was launched in November 2011. Phase one of the implementation was halted due to funding constraints, however, this has now been resolved. The rapid survey planned for the first quarter will be pushed back to the beginning of the third quarter due to the halting of activities.
				Campaign strategy completed	Campaign strategy completed	
				Campaign Materials produced	Campaign Materials produced	
				Campaign launched	Campaign launched	
				Phase 1 implemented	Phase 1 implemented	
				Campaign monitoring implemented	Not completed	
				Phase 2 implemented	Not completed	
Sub IR 1.2 Comprehensive HIV prevention campaigns expanded						
1.2.1 National comprehensive HIV campaign implemented with CSH support	N/A	Non existent	Formative Research completed			The campaign has been implemented since June 2011. A rapid survey to measure the reach/exposure of the campaign was conducted in March 2012.
			Campaign strategy completed			

Indicators	Disaggregation	Baseline: Aug 2010	Year 1: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period: (Jan 2012- Mar 2012)	Notes
			Campaign Materials produced			
			Campaign launched			
				Phase 1 implemented	Phase 1 implemented	
				Campaign monitoring implemented	Campaign monitoring implemented	
				Phase 2 implemented	Not completed	
1.2.2 # of the targeted population reached with individual and/or small-group level (HIV) preventive interventions (supported by CSH) that are based on evidence and/or meet the minimum standards required	Total (a + b)	0	0	58,000	15,205	CSH engaged 6 CSOs to disseminate HIV prevention messages: (ASDF, SAFAIDS, Latkins, Pride Community, Luanshya Support Group, and CHAMP). A&/AB messages: <ul style="list-style-type: none"> • ASDF - 1,010 • SAFAIDS - 93 • Latkins - 2,274 • Pride - 1,227 • CHAMP - 304 Total # of youths reached through A&/AB: 4,908 OP messages: <ul style="list-style-type: none"> • ASDF - 1,372 • SAFAIDS - 3,957
	(a) abstinence and/or being faithful	0	0	20,300	4,908	
	Male all	0	0	10,300	1,804	
	Female all	0	0	10,000	3,104	
	Male (10-14)	0	0		1,316	
	Female (10-14)	0	0		1,348	
	Male (15+)	0	0		488	
	Female (15+)	0	0		1,756	
(b) Other prevention (OP)	0	0	37,700	10,297		

Indicators	Disaggregation	Baseline: Aug 2010	Year 1: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period: (Jan 2012- Mar 2012)	Notes
	Male all	0	0	19,000	8,379	<ul style="list-style-type: none"> • Pride - 1,324 • LSG - 1,264 • CHAMP - 2,380 Total # of people reached with OP messages: 10,297 Total OP (4,908 + 10,297) = 15,205
	Female all	0	0	18,700	1,918	
	Male (10-14)	0	0		0	
	Female (10-14)	0	0		0	
	Male (15+)	0	0		8,379	
	Female (15+)	0	0		1,918	
1.2.3 % of targeted population reached by channel (radio, TV, or SMS), with CSH support	Radio	0	33%	50%	0	The rapid survey results for the <i>Safe Love</i> campaign are currently being analysed.
	TV	0	87%	90%	0	
	SMS	0	0%	TBD	0	
Sub IR 1.3 Evidence-based multi-channel health communication campaigns increased						
1.3.1 Annual number of BCC campaigns implemented in Zambia with CSH support that used 2 or more channels	Total	0	9	15	2	The HIV and malaria campaigns implemented were <i>Safe Love</i> and <i>STOP Malaria</i> . The safe motherhood campaign will be launched next quarter.
	HIV	0	3	6	1	
	MCH	0	1	3	1	
	Malaria	0	3	4	0	
	Nutrition	0	1	1	0	
	Other	0	1	1	0	

Indicators	Disaggregation	Baseline: Aug 2010	Year 1: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period: (Jan 2012- Mar 2012)	Notes
1.3.2 Annual number of BCC campaigns implemented in Zambia with CSH support that used evidence from research to develop the campaign	Total	0	1	9	2	Two campaigns, <i>Safe Love</i> and <i>STOP Malaria</i> , were implemented using evidence from research.
	HIV	0	1	5	1	
	MCH	0	0	1	1	
	Malaria	0	0	2	0	
	Nutrition	0	0	1	0	
IR 2: GRZ use of evidence based health communications approaches increased						
Sub IR 2.1: Capacity of HCRC to manage and disseminate information on IEC/BCC interventions increased						
(Please note: Indicators for sub IR 2.1 are included under sub IR 3.1.)						
Sub IR 2.2: GRZ capacity to conduct formative research to develop national health communication campaigns improved						
2.2.1 Annual # of GRZ staff trained with CSH support in conducting formative research to inform the development of IEC/BCC campaigns	Total	0	7	15	4	Only national level GRZ staff were trained; no sub-national level GRZ staff were trained. During this quarter, CSH spent time tailoring the training curriculum to be used at the sub-national level. Training for the sub-national level will be conducted in next quarter.
	National	0	7	5	4	
	Sub-national	0	0	10	0	
2.2.2 Annual # of IEC/BCC campaigns for which formative research activities were conducted with support from CSH	Total	0	2	13	1	A formative research study for the safe motherhood campaign was conducted.
	HIV	0	1	5	0	
	MCH	0	1	5	1	
	Malaria	0	0	2	0	
	Nutrition	0	0	1	0	

Indicators	Disaggregation	Baseline: Aug 2010	Year 1: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period: (Jan 2012- Mar 2012)	Notes
Sub IR 2.3 GRZ capacity to use evidence from existing research to develop health communication campaigns improved (Please note: Indicators for sub IR 2.3 will be measured by the indicators under IR 2.2 since use of existing research is part of formative research.)						
IR 3: Local capacity to support sustained implementation of IEC/BCC activities strengthened						
Sub IR 3.1 Local capacity to support sustained implementation of IEC/BCC activities strengthened						
3.1.1 Annual % of national IEC/BCC campaigns that have been reviewed by the IEC/BCC Technical Working Group (TWG) using standard guidelines	N/A	0	0	100%	0	No campaign review meeting by the national TWG was held during this period.
3.1.2 Annual # of formal meetings of the TWG to review IEC/BCC campaigns	N/A	0	2	4	0	There was no formal meeting between January and March, 2012.
3.1.3 Annual # of GRZ staff trained in IEC/BCC with CSH support	Total	0	18	25	105	GRZ staff from 46 districts were trained during six BCP trainings. CSH's original plan were to train 25 staff from the national headquarters. However, this number increased to include provincial level staff as well as per request from GRZ.
	National	0	18	5	0	
	Sub-national	0	0	20	105	
3.1.4 National IEC/BCC tools developed and annually reviewed	National tools finalized	Non existent	2	3	0	In 2011, CSH developed draft national IEC/BCC guidelines that are awaiting validation and approval by GRZ. These include: a pretesting guide, an observation guide for pre-

Indicators	Disaggregation	Baseline: Aug 2010	Year 1: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period: (Jan 2012- Mar 2012)	Notes
	National tools drafted	Non existent	1	1	4	testing and a communication materials review guide. CSH is also currently supporting the development of the <i>National Male Circumcision Communication and Advocacy Strategy</i> .
3.1.5 HCRC has materials that cover HIV, malaria, MNCH, FP/RH, and nutrition	N/A	HIV materials only	HIV materials	HIV materials	HIV materials	HCRC collected materials on HIV, MNCH, and nutrition from various organizations. Efforts are being made to collect materials in other thematic areas such as malaria, nutrition, and family planning.
				Malaria Materials	Malaria Materials	
				MNCH materials	MNCH materials	
				Family Planning materials	Non existent	
				Nutrition materials	Non existent	
3.1.6 Average # of HCRC visitors per month in one year	Total Visits	572	490	1000	214	<p>The numbers of HCRC visitors per month were:</p> <ul style="list-style-type: none"> • 204 in January • 228 in February • 210 in March <p>There were no online visitors as the web portal for the HCRC is currently under development. It is expected that online visits will be possible next quarter.</p>
	Physical visits:	572	490	600	214	
	Online visits:	0	0	400	0	

Indicators	Disaggregation	Baseline: Aug 2010	Year 1: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period: (Jan 2012- Mar 2012)	Notes
3.1.7 Annual # of IEC/BCC materials distributed by HCRC	N/A	524,657	357,566	600,000	6,280	This number was achieved in March. No materials were distributed in January and February as the HCRC was still developing a detailed distribution plan.
3.1.8 Annual # of Talkline workers who successfully completed a training program in other health topics including malaria, MNCH, FP/RH, and nutrition	N/A	0	0	12	0	During this period, CHAMP initiated the development of a counselors' training curriculum.
3.1.9 Average # of Talkline callers per month in one year	Total Volume	5,818	7,213	10,000	10,655	<p>The total volume of talkline callers per month were:</p> <ul style="list-style-type: none"> • January - 12,470 • February - 7,994 • March - 10,698 <p>The # of serviced calls from the total volume:</p> <ul style="list-style-type: none"> • January - 2,944 • February - 2,035 • March - 2,752
	Serviced	1,632	1,920	2,000	2,577	
3.1.10 Annual # of GRZ staff trained in monitoring and evaluation with CSH support	Total	0	0	25	0	The activity is awaiting the development of the M&E training curriculum. An assessment of GRZ M&E trainings needs will be conducted in April 2012. Results will be shared in the third quarter.
	National	0	0	5	0	
	Sub-national	0	0	20	0	

Indicators	Disaggregation	Baseline: Aug 2010	Year 1: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period: (Jan 2012- Mar 2012)	Notes
Sub IR 3.2 Private sector participation in IEC/BCC programming and capacity building activities increased						
3.2.1 Annual # of national IEC/BCC campaigns supported by CSH that have private sector support	N/A	0	2	8	0	There were no campaigns during this period that were supported by the private sector.
Sub IR 3.3 IEC/BCC capacity building program for local institutions strengthened						
3.3.1 Annual # of selected local academic institutions that offer IEC/BCC-related coursework that uses curricula developed with CSH support	N/A	0	0	1	0	A rapid survey to assess existing IEC/BCC courses to inform the development of the new curriculum is currently underway. Data collection was postponed due to delay in MOH approval of this study.
3.3.2 Annual # of CSOs receiving grants from CSH to implement BCC outreach activities that support campaigns	N/A	0	2	12	5	Five (5) CSOs received grants from CSH: <ol style="list-style-type: none"> 1. SAFAIDS 2. Latkins 3. AFSDf 4. Pride Community 5. Luanshya Support Group <p>These CSOs are supporting outreach activities under the <i>Safe Love</i> campaign.</p>
Sub IR 3.4 M&E frameworks for IEC/BCC intervention strengthened						

Indicators	Disaggregation	Baseline: Aug 2010	Year 1: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period: (Jan 2012- Mar 2012)	Notes
3.4.1 National HIV and Malaria M&E Frameworks (2011–2015) include IEC/BCC indicators	N/A	HIV and Malaria Frameworks did not include IEC/BCC indicators	National HIV M&E Plan developed & include IEC/BCC indicators Draft M&E Tools (NARF) developed	National HIV M&E Plan include IEC/BCC indicators	National HIV M&E Plan includes IEC/BCC indicators NARF developed & includes IEC/BCC indicators	IEC/BCC indicators were included in: <ol style="list-style-type: none"> 1. <i>National HIV/AIDS M&E Plan 2011-2015</i> 2. NAC HIV Activity Reporting Form (NARF) for above plan. 3. <i>National Malaria M&E Plan 2011-2014</i> is currently being developed.
			Draft national Malaria M&E Plan developed	National Malaria M&E Plan include IEC/BCC indicators	Draft plan does not include IEC/BCC indicators	
3.4.2 Develop an IEC/BCC M&E Framework for the Health Promotion Unit of MOH	N/A	Non existent	Action plan for developing framework completed	IEC/BCC Framework for MOH developed	Under development	The framework is under development based on the action plan developed in 2011. Results will be shared in the third quarter.
3.4.3 GRZ IEC/BCC campaign tracking system database used	N/A	Non existent	Non existent	Campaign tracking data base developed	Draft campaign tracking data base developed	The draft database has been developed and is being populated and pretested. Once complete, the database will be installed at MOH, NAC and NMCC
IR 4: Coordination of IEC/BCC activities between USG projects increased						
Sub IR 4.1 IEC and BCC planning between USG programs increased						

Indicators	Disaggregation	Baseline: Aug 2010	Year 1: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period: (Jan 2012- Mar 2012)	Notes
4.1.1 USG partner framework for IEC/BCC coordination developed and annually reviewed	N/A	Non existent	Completed consolidated plan Action plan for future coordination developed	USG Partner Framework developed and reviewed annually	USG Partner Framework developed and reviewed	The first quarterly meeting was held in March to review progress towards the partner framework developed in January 2012. NB: The framework consolidates individual work plans of USG partners IEC/BCC activities.
4.1.2 Annual # of USG partner meetings for coordinating IEC/BCC activities	N/A	0	4	4	1	A quarterly meeting was held in March 2012.