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COMMUNICATIONS SUPPORT FOR HEALTH (CSH) PROJECT

QUARTERLY REPORT

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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
PPP	Public-Private Partnerships
PSA	Public service announcement
PSE	Private Sector Engagement
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 focused on product development and activity monitoring. The technical team developed a series of products, including flyers, posters, radio and TV scripts, to support the project's three national campaigns, namely the *Safe Love* campaign, *STOP Malaria* campaign, and newly launched *Mothers Alive* campaign. The CSH M &E team finalized the concept paper and formative research strategy for the upcoming *1,000 days* nutrition campaign and assessed the impact of the project's oldest campaign, *Safe Love*, through a rapid survey.

The grants and M&E team continued to support and monitor the progress of Civil Society Organizations (CSOs) implementing community *Safe Love* activities, and assisted CHAMP and Afya Mzuri in their progress towards launching newly expanded services.

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

- Supported World Malaria Day with community outreach activities including a very successful primary school quiz.
- Supported VCT Day with community outreach activities which resulted in 176 males getting circumcised.
- Launched *Safe Love* PMTCT mini-campaign and finalized additional *Safe Love* materials (PMTCT and VCT flyers) including draft scripts of all 26 episodes of the TV drama series.
- Conducted *Safe Love* rapid survey that found exposure to the *Safe Love* radio and TV announcements/programs to be 30.3 percent and 63.8 percent, respectively and the most common recalled messages/topics to be multiple concurrent partnerships, risk of HIV, and condom use.
- Launched *Mothers Alive* campaign and began development of campaign materials (flyers, posters, *Change Champion* documentary).
- Began implementation of SMGL activities, including distribution of birth plan.
- Conducted M&E training needs assessment to inform development of the formative research curriculum for provincial and district level GRZ staff.
- Distributed and disseminated *National Malaria Communication Strategy* (2011-2014) in eight provinces targeting MOH partners and district malaria focal point persons.
- Completed BCP training for provincial officers.
- Installed draft campaign tracking database at NAC and MOH for them to review internally and provide feedback.

Plans for Next Quarter

- Roll-out *STOP Malaria* campaign into three provinces.
- Select *STOP Malaria* CSOs and produce additional campaign materials (primary school game, drama scripts, radio scripts).
- Launch *Safe Love* alcohol mini-campaign, engage second round of CSOs to implement campaign activities, and finalize second generation *Safe Love* campaign materials (flyers, billboards, posters, radio and TV spots).
- Engage CSOs to implement *Mothers Alive* campaign activities.
- Support the GRZ to commemorate Child Health Week and World Breastfeeding Week.
- Hold first provincial level M&E training for GRZ staff.

- Launch newly expanded Dziwani knowledge center for health and CHAMP 990 Talkline.
- Launch the Zambia Health Alliance CSO and hold a malaria PPP meeting.
- Initiate development of a new IEC/BCC course based on research recommendations.
- Administer the capacity assessment index at NMCC and NAC.
- Audit all *Safe Love* CSOs.

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

STOP Malaria campaign:

Following a brief suspension of campaign activities due to funding reallocation in early 2012, activities resumed this quarter starting with a series of events in Kasama, coinciding with commemoration of World Malaria Day on April 25. The CSH team spent over a week in the area conducting outreach activities, including discussion and community drama addressing campaign topics, nutrition demonstrations, and a school quiz tournament (involving ten schools). Over 1,000 people attended the World Malaria Day commemoration where partners exhibited and provided various services including bed net distribution, rapid diagnostic testing for malaria, nutrition demonstrations and education as well as games (including a sack race) and music.

During this quarter, CSH and partners also prepared for the continued roll-out of the *STOP Malaria* campaign in four “phase 1” provinces: Northern, Western, Eastern and Luapula. The team finalized materials, and engaged in extensive coordination and planning between CSH, NMCC, ZISSP and provincial MOH offices and partners. Potential CSOs were identified to implement community-based interpersonal communication activities for the campaign through a program called *Champion Communities*. CSH staff visited each of these CSOs to assess their capacity for implementation. The appraisals took place in Kasama, Mansa, Chipata and Mongu districts. The selection process and award of contracts will be completed in the next quarter.

STOP Malaria Products and Outputs (IR 1.1)

- Malaria documentary to be used as part of *STOP Malaria* campaign.
- 20 walls branded in Kasama, the provincial capital of Northern Province with *STOP Malaria* messages.
- 2,000 *STOP Malaria Question and Answer Booklets* for health workers and community health volunteers.

Challenges and Solutions

The implementation of malaria activities were scaled down due to insufficient funding until mid-April 2012. However, activities have since resumed.

Plans for Next Quarter

- Roll out *STOP Malaria* campaign in Luapula, Northern and Eastern Provinces.
- Translate, pre-test and produce three *STOP Malaria* radio skits on ‘Use of ITNs’, ‘Malaria in Pregnancy’ and ‘Testing and Treatment for Malaria’ in three Zambian languages (Bemba, Nyanja, and Lozi).
- Translate, pre-test and produce ready to use *STOP Malaria* community drama script in three Zambian languages (Bemba, Nyanja and Lozi).

- Produce and pre-test *STOP Malaria* game/quiz for primary schools.
- Brand additional walls with campaign messages in Mansa and Samfya in Luapula Province, Chipata and Chadiza in Eastern Province, Kaoma in Western province, and Mpulungu in Northern Province.
- Hold coordination meetings and begin preparations for SADC Malaria Week.

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

Safe Love campaign:

This quarter, CSH expanded the focus of the *Safe Love* campaign to include the promotion of prevention of mother to child transmission (PMTCT) services in addition to condom use and reduction of multiple sexual partners. This PMTCT ‘mini-campaign’ was launched on April 4, 2012 with the unveiling of a TV PSA, two radio adverts and two flyers. These products were the result of extensive input from MOH, NAC and partners such as EGPAF, JHPIEGO, PANOS and others.

The fourth issue of Live Today had a print run of 90,000 copies and was inserted in *The Post* and *Daily Mail* newspapers on July 2, 2012, and educated readers about the prevention of mother to child transmission of HIV (PMTCT).

Additionally, CSH continued to develop second generation *Safe Love* products, which include: the TV drama series, a new set of radio PSAs, new print materials, and a set of materials appropriate for use in communities including laminated posters. The project also maintained its relationship with the University of Zambia and began reaching out to other potential schools of higher learning such as Evelyn Hone College in Lusaka. Lastly, CSH worked with several partners, including ZPI and STEPS OVC, to plan for the upcoming *Safe Love* alcohol mini-campaign.

In April, the M&E team conducted a rapid survey of the *Safe Love* campaign to monitor levels of exposure to the various campaign products, including recall of TV and radio messages. The survey had a sample size of 152 households. Exposure to the *Safe Love* radio and TV announcements/programs were found to be 30.3 percent and 63.8 percent, respectively. The most commonly recalled messages/topics from the various components of the campaign were multiple concurrent partnerships, risk of HIV, and condom use. The report on the results of the survey, which included recommendations on how to improve the campaign, was disseminated to campaign’s stakeholders, including NAC and USAID.

The M&E team also developed a draft comprehensive *Safe Love* impact evaluation plan. The evaluation of the campaign is planned for June 2013 to assess the impact of *Safe Love* on the target audience’s knowledge, beliefs/attitudes, self-efficacy, interpersonal communication, intentions, and behaviors related to multiple sexual partner concurrency and condom use.

Following the completion of all 26 episodes of *Life at the Turnoff* in English, production started of the series into the seven official local languages. CSH pre-tested the first three episodes of the series with listeners in North-Western, Eastern, Northern, and Southern Provinces. The findings of the pretest revealed that the messages in the radio drama were easy to comprehend among the target audience and held to the original script.

Voluntary Counseling and Testing Day:

CSH supported NAC’s national commemoration of World Voluntary Counseling and Testing (VCT) Day in Muchinga Province. CSH provided direct support to the provincial NAC office.

CSH staff worked with the Muchinga Provincial Health Officer, who had previously attended the CSH Behavior Centered Programming training, to plan a set of community based activities leading up to the day. These included drama, outreach talks, and a series of school debates, which were notably successful. Working in partnership with Marie Stopes, one such debate facilitated by the province through CSH, took on the topic of male circumcision. The efforts of CSH, through this and other channels during the course of the week, resulted in 176 males in the area getting circumcised.

Safe Love Products and Outputs (IR 1.2)

- 2 radio adverts, 2 flyers and 1 TV PSA for *Safe Love* PMTCT mini-campaign.
- Recordings of all 26 episodes of *Life at the Turnoff* in English and 13 episodes translated into 7 local languages. Continued airing the series 4 times per week on national radio stations and 3 community radio stations.
- Draft discussion guide for the radio drama series.
- Fourth issue of *Live Today*, focusing on PMTCT.
- *Safe Love* VCT flyer.
- First draft scripts of all 26 episodes of TV drama series and complete casting and production schedule.
- 5 new TV PSAs on condom use, faithfulness, the risks of multiple concurrent partnerships, and HIV testing.
- Supported FAZ and SAFAIDS to conduct outreach activities during the Zambia-Ghana football match in Ndola.
- Community drama, outreach talks, school debate, and 500 T-shirts in support of VCT Day.

Challenges and Solutions

The participation of NAC in reviewing products is an ongoing challenge, due to the time constraints faced by NAC staff to be able to review in a timely manner. CSH has attempted to establish a clear review process and engage NAC earlier, even as products are in rough draft stages. Additionally, internally, the project has formed designated teams and team captains for each product to facilitate quicker review and accountability for timelines.

There was some contention with NAC over preparation for VCT Day as CSH was unable to support activities in line with NAC expectations. CSH embedded staff, as well as CSH management, held a number of meetings with NAC staff to discuss issues and in the end, the event went off successfully with all parties satisfied.

Plans for Next Quarter

- Complete production and begin dissemination/use of all remaining planned *Safe Love* materials.
- Develop *Safe Love* alcohol mini-campaign starting with a stakeholders meeting to establish direction of campaign, followed by production of materials including the *Alcohol and You* booklet produced under the USAID Health Communication Partnership Project.
- Engage additional CSOs to support implementation of national health campaigns at the community level.
- Issue a Request for Proposals (RFP) for the HIV implementing CSOs for new contracts.
- Contract 20 community radio stations to air all CSH radio products throughout the next quarter.
- Print and disseminate radio drama series discussion guide.
- Finalize scripts and begin production of TV drama series.
- Develop concept for live discussion forum to be held on TV after each episode of the TV drama series.

- Finish production of all ‘second generation’ *Safe Love* products.
- Support Evelyn Hone College student HIV awareness club incorporate Miss Safe Love category into the Miss Evelyn Hone beauty pageant.

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

Mothers Alive Campaign:

On April 18, 2012, CSH launched its *Mothers Alive* campaign, a comprehensive safe motherhood communications campaign that uses a wide variety of channels to promote family planning, early and complete antenatal care, facility delivery and adequate post-partum care. The campaign’s target audiences range from adolescents to women in their later reproductive years, as well as families and women’s partners. The campaign is also targeting health workers through a set of tools to facilitate counseling at clinic level around safe motherhood issues. After the launch of the campaign, CSH disseminated a picture-based birth plan in the four SMGL focus districts (see below for details on SMGL). Other products developed include the *Change Champions* documentary, posters, brochures, radio adverts, and promotional items.

Saving Mothers Giving Life (SMGL):

This quarter CSH accomplished the following interventions in the four targeted SMGL districts:

- Attended all the scheduled monthly SMGL partners meetings to share field experiences and find possible solutions to challenges encountered during the quarter.
- Attended the District SMGL partners meeting in Mansa on 20 June, 2012 facilitated by the CDC, and accompanied the team for assessment of 6 EmONC delivery centers.
- Oriented health staff, SMAGs, community leaders and other implementing partners on new revised birth plan to further assist pregnant mothers in coming up with their own individual birth plans.
- Distributed 145 packs (145,000 sheets) of new revised picture birth plans in all four districts.
- Developed SMGL Project M&E Framework for integrated activities and shared with CDC team.

1,000 Days Nutrition campaign:

In preparation for the 1,000 days nutrition campaign, CSH held planning meetings with MOH and NFNC. CSH anticipates that the project’s communications efforts under this campaign will serve as the primary communications arm for the larger 1,000 days GRZ program.

CSH facilitated several stakeholders meetings this quarter to continue discussions with partners (both GRZ and NGO) on the most salient nutrition issues and how to address them through communication. Information from these meetings was used to finalize the campaign concept paper and inform the content and methodology of the formative research. The formative research will be carried forward in the next quarter.

Routine activities:

Child Health Week

CSH is currently supporting MOH plan for this year’s Child Health Week scheduled for September (postponed from June by GRZ). The theme for this year is measles vaccination. CSH will support the week of activities with a new documentary about measles and the benefits of vaccination. The documentary will be aired on national television and through mobile video unites, such as ZANIS (especially in areas of high measles incidence).

Breastfeeding Week

CSH is providing support to MOH for World Breastfeeding Week to be held the first week of August 2012. Following consultations with NFNC and stakeholders, it was decided to forego a central launch event and instead focus all support on provincial level activities and plans. Currently, each province is preparing an action plan to submit to CSH describing the activities to be undertaken during the week. Moving forward, CSH will determine the best funding mechanism to support these provinces and their activities.

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

- Launched *Mothers Alive* campaign.
- Draft script for documentary featuring *Change Champion* chiefs and an accompanying how-to guide, 5 posters, brochures and other print products, and 7 radio adverts.
- 40 influential community leaders (inclusive of 4 chiefs, 1 in each district) identified to be trained as *Change Champions* in August 2012 to spearhead safe motherhood outreach activities in their respective communities.
- 5 chiefs in the 4 targeted districts identified and prepared for the radio spot interview in their respective local languages. Interview will be aired on community radio stations to sensitize communities and families to support pregnant mothers to have access to health facility services.
- SMGL Project M&E Framework for integrated activities.
- *1,000 days* nutrition campaign concept paper.
- Draft measles documentary for Child Health Week.

Challenges and Solutions

As with the *Safe Love* campaign, the sheer amount of products being developed as part of the *Mothers Alive* campaign has resulted in some delays in internal reviews and subsequent production of materials. To resolve this issue, we have created internal teams and team captains to ensure accountability and continued focus on each material required.

Coordination of *SMGL* in the districts has been going well, though, the level of coordination required by the program with the many partners involved is extensive and requires a huge amount of time. In response, CSH has hired an *SMGL* coordinator and M&E coordinator which has greatly improved coordination and implementation.

World Breastfeeding Week encountered delays due to the consistently late start of preparatory meetings despite reminders for NFNC to start early from partners.

Plans for Next Quarter

- Visit *SMGL* districts to train *Change Champion* leaders, train and orient health center staff and *SMAGs* on products, and physically ensure that all materials are available and in use in the districts.
- Conduct an operations research study on the picture-based birth plan to understand how it might be improved before being adopted by MOH as a national tool.
- Finalize production of all *Mothers Alive* campaign products and begin dissemination in all provinces via mass media and provincial health offices as well as a media tour featuring the four *Change Champions* from the documentary.
- Conduct formative research for nutrition campaign.
- Compile a strategic document for *1,000 days* specifying phase 1 and 2 activities.
- Give support to the provinces during the World Breastfeeding Week as a kick off for the *1,000 days* campaign.
- Support World Breastfeeding Week through: printing of posters and banners; airing of spots; holding TV panel discussion; and providing support to provincial launches in 10 districts.

- Finalize and air the measles documentary on TV and in provinces where measles is a big problem (both in English and local languages) during the Child Health Week.

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

B1. Major Tasks under Sub-IR 2.1: GRZ capacity to conduct formative research to develop health campaigns improved

Conduct Formative Research training Workshop:

In order to roll out the formative research trainings to the sub national level, CSH decided to conduct a training needs assessment at the provincial level. The training needs assessment was conducted in four provinces including, Lusaka, Southern, Copperbelt and Central provinces. The assessment was conducted in order to inform the design of the formative research curriculum for provincial and district level GRZ staff. The assessment targeted both MOH and NAC personnel, specifically, provincial data management specialists, Provincial AIDS Coordinating Advisors (PACAs) and their M&E officer counterparts, respectively. Following the assessment, a revised training curriculum has been developed and the first provincial level training is scheduled for next quarter (August 2012).

Formative Research in Action:

To help build the capacity of MOH provincial level staff to conduct formative research, CSH plans to implement a new initiative, called *Formative Research in Action*, which will targets staff at the provincial level. This initiative will use a blended approach that combines in-classroom learning and on-the-job mentoring to increase knowledge and improve formative research skills. The initiative will consist of three phases: a provincial needs assessment, group training, and ongoing technical assistance.

Immediately following the formative research training, provinces will have an opportunity to apply for CSH technical assistance in developing and implementing their own formative research study. The technical assistance will entail providing remote and on-site assistance to GRZ provincial staff as they write their research plan, conduct fieldwork, analyze results, and present their findings.

The concept note for the *Formative Research in Action* initiative was developed during the quarter.

Formative Research Products and Outputs (IR 2.1 and 2.2)

- Final formative research assessment report.
- Revised formative research training curriculum.
- Completed *Formative Research in Action* concept note.

Challenges and Solutions

None

Plans for Next Quarter

- Carry out provincial formative research training.
- Call for formative research technical assistance proposals from the provinces.

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

C1. Major Tasks under Sub-IR 3.1: Local Capacity to Support Sustained Implementation of IEC/BCC Activities Strengthened

National IEC/BCC Technical Working Groups:

This quarter, CSH supported the National Technical Working Group (TWG) at MOH to convene meetings to provide input into the following activities:

- a) Review of the rapid assessment report on the current *Your Health Matters* program and the development of the draft communication strategy for the revised *Your Health Matters* TV program.
- b) Desk review to develop the national health promotion policy.
- c) District and community BCC guidelines.
- d) Finalized guidelines for IEC/BCC materials development.

CSH also collaborated with the Malaria TWG at NMCC to prepare for the commemoration of the 2012 World Malaria Day. The TWG provided technical input into the IEC/BCC materials, interpretation of the theme and provided technical support to the host province as they prepared for the commemoration. In addition, selected members of the TWG participated in the dissemination of the *National Malaria Communication Strategy* at provincial level.

CHAMP 990 Talkline

CSH continued to provide technical and financial support to the expansion of the CHAMP 990 Talkline. Key achievements include designing of the Web Portal, recruitment and orientation of telephone counselors, and development of the short term marketing plan. CSH engaged a consultant to develop a new and expanded 990 training curriculum to train Talkline counselors. The training curriculum will cover the following new thematic areas: nutrition, mother and neonatal child health, family planning, and malaria.

Afya Mzuri Dziwani Health Communication Resource Centre

During the quarter under review, CSH continued to provide support to the expansion of the Dziwani Health Communication Resource Center (HCRC). Technical support was provided by finalizing the short-term marketing plan, developing the creative concepts for the marketing of the expanded HCRC, and engaging partners to house satellite HCRC sites in various provinces and districts. Other achievements included the signing of a service level agreement with MTN to install the fibre-optic internet and wireless LAN network, and the continued collection of materials to cover other health thematic areas apart from HIV and AIDS. A no-cost extension modification for Afya Mzuri was approved to allow for the launch of the expanded Dziwani HCRC, completion of installation of IT equipment, finalization of the web portal and training of Afya Mzuri staff on the web portal. The no cost extension will expire on 31 August, 2012.

Subcontractors for IT and marketing services to grantees

Danya International: Danya International, the IT sub-contractor, completed numerous activities this quarter including the installation of a server, user PC and peripheral devices, WLAN, and upgraded the ISP (MTN) at Dziwani HCRC. They were unable to move forward with plans at CHAMP due to delays in the IT procurement process.

McCann Worldwide: McCann Worldwide developed and finalized the short term Dziwani marketing campaign and creative concepts for the new Afya Mzuri corporate image.

Your Health Matters TV program

CSH, in collaboration with, MOH developed a strategy to redesign the *Your Health Matters* TV program.

National Health Promotion Policy

This quarter, CSH supported MOH to conduct a desk review, draft a report, and develop data collection tools for collecting primary data to supplement the desk review in order to develop a national health promotion policy. The policy will guide all partners involved in health promotion activities.

Behavior-Centered Programming Training:

In order to build the Behavior-Centered Programming (BCP) capacity of MOH, NAC, and NMCC, CSH, in collaboration with MOH, rolled out a BCP training to all the provinces and districts across Zambia. The final three trainings were conducted between April 30 and May 5, 2012.

National communication strategies:

During the quarter, CSH supported the GRZ to distribute and disseminate the *National Malaria Communication Strategy* (2011-2014) in eight provinces targeting MOH partners and district malaria focal point persons. The strategy will be used by all implementing partners as they plan, implement, monitor and evaluate all malaria communication activities countrywide. The document also provides guidance on the approaches and guiding principles regarding communication on malaria programs.

Redesign of NAC newsletter and fact sheets:

The NAC newsletter was finally re-designed and is currently under technical review.

TWG, Talkline, Dziwani HCRC, Grantee, and IEC/BCC Management Products and Outputs (IR 3.1)

- *Your Health Matters* program communication strategy.
- Dziwani server, user PC and peripheral devices, WLAN and upgraded ISP.
- Web-enabled portal for the HCRC.
- Dziwani short term marketing plan.
- TWG approved guidelines for IEC/BCC materials development.
- Desk review report and tools for primary data collection for development of National Health Promotion Policy.
- Draft NAC newsletter and fact sheets.
- Three BCP provincial trainings.

Challenges and Solutions

During the various TWG meetings this past quarter, CSH noted that there was still overall poor attendance and low BCC capacity amongst members. In response, CSH is planning a BCP training for all TWG members next quarter.

The overall expansion of the 990 Talkline is behind schedule due to a multitude of factors, including the delay of IT procurement and the restructuring of the marketing strategy timeline and approach. CSH is considering a no-cost extension for CHAMP, as happened with Afya Mzuri, to enable the completion of activities lagging behind.

Plans for Next Quarter

- Print national health promotion TWG Terms of Reference and selection criteria, and identify and orient new members of National IEC/BCC TWG.
- Continue supporting MOH to redesign and produce *Your Health Matters* program.
- Support the development of the *Health Promotion Policy*.
- Complete the distribution and dissemination of the *Malaria Communication and Advocacy Strategy* in Lusaka and Central provinces.
- Support launch of the expanded Dziwani HCRC and 990 Talkline.
- Provide support to CHAMP for the development of the business plan that will include sustainability of the expanded 990 Talkline.
- Initiate no-cost extension negotiations for CHAMP to accommodate launch, installation of IT equipment and training for call center staff.
- Initiate closeout procedures for both Afya Mzuri and CHAMP for phase 1.
- Review Afya Mzuri and CHAMP phase 2 proposals.

C2. Major Tasks under Sub-IR 3.2: Private Sector Participation in IEC/BCC Programming and Capacity Building Activities Increased

The CSH Private Sector Engagement (PSE) Director met with government and partners to introduce the new CSH PSE position. The PSE Director also met with companies to share CSH's renewed commitment to PSE, to learn CSH priorities of businesses, and look for opportunities to partner in the promotion and implementation of CSH campaigns. Furthermore, the Director drafted registration and marketing materials for a new Zambia CSO dedicated to linking businesses and health: Zambia Public Private Health Alliance (ZPPHA).

Private Sector Participation Support and Products (IR 3.2)

- Draft registration and marketing materials for ZPPHA

Challenges and Solutions

None so far as activities are just starting.

Plans for Next Quarter

- Organize and facilitate malaria Private-Public Partnership meeting planned for next quarter.
- Together with MOH, launch Zambia Health Alliance CSO and enroll private sector members.
- Finalize CSH materials for PSE.
- Secure business commitments in support of CSH campaigns.
- Map Zambia private sector landscape, including company details and CSR priorities.
- Develop PSE database and ensure PSE is a part of the MOH campaign tracking database.
- Design school malaria campaign supported by First Quantum Minerals Ltd.

C4. Major Tasks under Sub-IR 3.3: IEC/BCC Capacity Building Program for Local Institutions Strengthened

Assessment of BCC Courses in local training institutions:

CSH engaged consultants to conduct a rapid assessment of IEC/BCC courses being offered in institutions of higher learning. Using key informant interviews, a literature review, and a quantitative survey, the assessment covered a total of 17 health institutions from nine districts in five provinces. CSH has since provided feedback on a draft report and will receive the final in the following quarter.

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

- Draft report on rapid assessment of IEC/BCC course in institutions of higher learning.

Challenges and Solutions

None.

Plans for Next Quarter

- Hold a stakeholder validation meeting to review findings of the assessment and recommendations for the development of short courses in IEC/BCC.
- Finalize and disseminate the report on the rapid assessment of IEC/BCC courses in institutions of higher learning.
- Engage a consultant to design a short IEC/BCC course curriculum based on the findings of the assessment.

C4. Major Tasks under Sub-IR 3.4: M&E Framework for IEC/BCC Interventions Strengthened

IEC/BCC Campaign Tracking Database Strengthened:

CSH has developed a campaign tracking database aimed at improving the capacity of GRZ institutions to track and monitor the implementation of IEC/BCC interventions. During the quarter, CSH installed the draft database at NAC and MOH for them to review internally, as well as provided an orientation to the database. A roadmap was developed outlining the steps for finalizing the database. The steps include further orientation and training, incorporation of GRZ's feedback into the final version of the database, pilot testing the database and working with GRZ to set up the necessary systems to support the database, including data collection, use and dissemination.

Capacity Assessment Index:

CSH administered its first annual M&E institutional assessment to measure GRZ capacities to plan, implement and monitor and evaluate BCC interventions. The assessment index tool provides an overall score (out of 100) based on the different capacity areas assessed. In May, the CSH M&E team administered the capacity assessment index with MOH's Health Promotion Unit. The Unit scored 54% on the assessment index tool. A narrative report was written and shared with the Unit. Plans are underway to develop an action plan based on findings of the assessment, including further capacity building in BCC and M&E of BCC programs, and support with developing and installing a database to monitor BCC campaigns. NAC and NMCC have yet to take part in the assessment due to difficulties in establishing a meeting time with key contacts.

National HIV/AIDS M&E framework for IEC/BCC strengthened

CSH provided support to NAC in reviewing and rolling out the National HIV/AIDS M&E Framework. CSH serves as an active member of the M&E theme group which comprises GRZ, cooperating partners and non-governmental organizations. During the M&E theme group's quarterly meeting in June 2012, the National HIV/AIDS M&E framework was discussed and plans for rolling out the plan to sub-national levels were made.

Plans for Next Quarter

- Undertake data quality audits for the five CSOs supporting the *Safe Love* campaign and sub-grantees supported by CSH. The CSOs supporting the *Safe Love* campaign completed their six months contracts and will be seeking to renew or be awarded new contracts. As

part of the process of considering the renewal of contracts, the M&E Unit will conduct a thorough data quality audit to ascertain to what extent the CSOs attained their set targets and to also conduct data verification to ensure the validity and reliability of the data reported during the duration of their contracts. The data audit will be extended to the sub-grantees, CHAMP and Afya Mzuri which are still operational. This will also serve as a preparatory step in the upcoming mid-term project evaluation.

- Train selected malaria CSOs in the project M&E system. The CSOs that were appraised and selected will be trained on the malaria campaign activities and their monitoring requirements specific to the campaign.
- Continue to gather and prepare data for the mid-term project evaluation that will commence in September 2012.
- Administer the capacity assessment index at NMCC and NAC.
- Continue to manage and regularly update the PBMS.

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, in collaboration with ZISSP, facilitated a quarterly USG partners' coordination meeting. The main highlights of the meeting were a presentation on expanded services offered by the Dziwani HCRC and a presentation made by CSH on the findings of the *Safe Love* rapid assessment survey.

IEC/BCC Coordination Products and Outputs (IR 4.1)

- Quarterly USG partners' coordination meeting
- *Safe Love* rapid assessment survey report presented and distributed to partners

Challenges and Solutions

As previously reported, there continues to be low attendance amongst USG partners at the coordination meetings. CSH management plans to engage management from other USG partners in a discussion to emphasize the importance of attending coordination meetings.

Plans for Next Quarter

- Hold USG partner's IEC/BCC coordination quarterly meeting.
- Finalize USG IEC/BCC M&E coordination framework.
- Draft integrated IEC/BCC partner work plans for the remaining six months of 2012 (July-December)

2. OPERATIONS AND ADMINISTRATION

Strategic Activity Fund (SAF):

During the quarter, CSH signed and awarded two major contracts worth US\$2,790,680 to Goman Advertising Limited and Nabuzoka Ltd., both print and electronic media houses. The two contracts are for the development and production of national TV and radio documentaries and other media products in support of the *Mothers Alive* campaign. Other contracts worth over US\$340,000 were also signed to support routine activities including those for the reproduction of Behavior Change Programming (BCP) training materials, the reproduction of *Safe Love* campaign materials, to ZNBC for airing of nutrition radio spots, provincial activities for World Malaria Day and VCT Day. An additional US\$350,000 was awarded for community level *Safe Love* campaign activities undertaken by CSOs in the various provinces.

The SAF team completed the pre-award assessments for the eight CSOs identified to support the implementation of community level *STOP Malaria*. Four were selected to start implementation in the next quarter. The team also continued to monitor the implementation of the planned activities by the five (5) HIV CSOs that already have running contracts.

During the quarter, CSH continued providing support to the two grantees CHAMP and Afya Mzuri. A no-cost extension modification for Afya Mzuri was approved to allow for the completion of the installation of IT equipment and the launch of the expanded Dziwani HCRC.

Recruitment

CSH finalized the recruitment of the SMGL coordinator, SMGL M&E Officer, Grants Manager, and Director Private Sector engagement to fill the vacancies that arose during the quarter.

General

During the quarter, the Performance Based Management System (PBMS) was developed and installed. The M&E Specialist who is responsible for managing the system was also trained. A demonstration of how the system works was later made to USAID who provided feedback and recommendations.

Plans for Next Quarter

- Continue providing technical support to CSOs with running contracts.
- Engage and award four short term contracts to *STOP Malaria* CSOs.
- Support launch of the expanded Dziwani HCRC and 990 Talkline.
- Commence no cost extension negotiations for CHAMP to accommodate launch, installation of IT equipment and training for call center staff.
- Commence closeout procedures for both Afya Mzuri and CHAMP.
- Review and recruit for any other vacant positions that may arise during the period.
- Review Afya Mzuri and CHAMP phase 2 proposals.

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

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Jan - Mar	Apr- Jun	
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	N/A	The <i>STOP Malaria</i> campaign was launched and material production commenced in quarter 1. Currently the pretesting of various campaign products is ongoing. During the quarter CSH revised the STOP malaria M&E plan to incorporate the <i>Change Champions</i> initiative. A rapid survey to monitor exposure to the campaign is planned for fall 2012.
				Campaign strategy completed	Campaign strategy completed	N/A	
				Campaign Materials produced	Campaign Materials produced	N/A	
				Campaign launched	Campaign launched	N/A	
				Phase 1 implemented	Phase 1 implemented	N/A	
				Campaign monitoring implemented	M&E plan developed	Revised M&E plan	
				Phase 2 implemented	Not completed	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	N/A	N/A	N/A	
			Campaign strategy completed	N/A	N/A	N/A	

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Jan - Mar	Apr- Jun	
			Campaign Materials produced	N/A	N/A	N/A	
			Campaign launched	N/A	N/A	N/A	
				Phase 1 implemented	Phase 1 implemented	N/A	
				Campaign monitoring implemented	Campaign monitoring implemented	Campaign monitoring implemented	
				Phase 2 implemented	Not completed	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	58,900	15,205	102,445	CSH engaged 5 CSOs to disseminate HIV prevention messages: ASDF, SAFAIDS, Latkins, Pride Community, and Luanshya Support Group. In addition, CSH engaged the Talkline under (CHAMP) providing counseling services on various health themes including HIV. A&/AB messages: <ul style="list-style-type: none"> • ASDF – 6,590 • SAfAIDS – 22,544* • Latkins – 1,995 • Pride – 4,771 • LSG – 4,446 *SAfAIDS trained 4,050 community facilitators who reached 22,544 individuals with A&/AB and 41,866 individuals with OP messages. During the
	(a) abstinence and/or being faithful	0	0	20,300	4,908	40,346	
	Male all	0	0	10,300	1,804	15,659	
	Female all	0	0	10,000	3,104	24,687	
	Male (10-14)	0	0		1,316	182	
	Female (10-14)	0	0		1,348	471	
	Male (15+)	0	0		488	15,477	
	Female (15+)	0	0		1,756	24,216	
	(b) Other prevention (OP)	0	0	37,700	10,297	62,099	
Male all	0	0	19,000	8,379	26,745		

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
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	Female all	0	0	18,700	1,918	35,354	quarter, a total 64,410 individuals were reached by SAFAIDS alone. Total # of youths reached through A&/AB: 40,346 OP messages: <ul style="list-style-type: none"> • ASDF – 6,058 • SAFAIDS – 41,866 • Pride – 4,771 • LSG – 4,418 • Latkins – 1,995 • CHAMP – 2,991 Total # of people reached with OP messages: 62,099 Total OP (a + b) = 102,445
	Male (10-14)	0	0		0	0	
	Female (10-14)	0	0		0	0	
	Male (15+)	0	0		8,379	26,745	
	Female (15+)	0	0		1,918	35,354	
1.2.3 % of targeted population reached by channel (radio, TV, or SMS), with CSH support (PEPFAR indicator)	Radio	0	33%	50%	0	30.3%	Results derived from the <i>Safe Love</i> campaign rapid assessment survey which was conducted to measure exposure to the campaign. Results used as proxy because values are not representative at the national level. Dissemination of health messages via SMS has not yet started.
	TV	0	87%	90%	0	58.6%	
	SMS	0	0%	TBD	0	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	Total	0	9	10	2	6	The campaigns implemented during the quarter include: <i>Safe Love</i> , <i>Mothers Alive</i> , and <i>STOP Malaria</i> .
	HIV	0	3	3	1	2	

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Jan - Mar	Apr- Jun	
used 2 or more channels	MCH	0	1	3	1	1	Routine campaigns included; World Malaria Day and VCT Day
	Malaria	0	3	3	0	2	
	Nutrition	0	1	1	0	0	
	Other	0	1	0	0	1	
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	6	2	3	The campaigns implemented during the quarter include: <i>Safe Love, Mothers Alive</i> and <i>STOP Malaria</i> campaigns.
	HIV	0	1	3	1	1	
	MCH	0	0	1	1	1	
	Malaria	0	0	1	0	1	
	Nutrition	0	0	1	0	0	
1.3.3 Percent of audience who recall hearing or seeing a specific USG- supported campaign message (New: USG Indicator 3.1.7.2-1)	FPRH						Rapid assessments were not conducted during the reporting period to determine exposure for the respective campaigns. This is because they had just been launched or were still being developed during the quarter.
	Radio	0	0	30%	TBD	TBD	
	TV	0	0	15%	TBD	TBD	
	MCH						
	Radio	0	0	30%	TBD	TBD	
	TV	0	0	15%	TBD	TBD	
	Nutrition						
	Radio	0	0	TDB	TBD	TBD	
	TV	0	0	TBD	TBD	TBD	

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Jan - Mar	Apr- Jun	
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	0	No trainings in formative research were conducted during the reporting period. An assessment of the training needs at the provincial and district levels was undertaken to tailor the trainings appropriately.
	National	0	7	5	4	0	
	Sub-national	0	0	10	0	0	
2.2.2 Annual # of IEC/BCC campaigns for which formative research activities were conducted with support from CSH	Total	0	2	4	1	0	Formative research was not conducted for any of the outlined campaigns during the reporting period. A formative research study for the nutrition campaign is planned to be conducted next quarter.
	HIV	0	1	2	0	0	
	MCH	0	1	1	1	0	
	Malaria	0	0	0	0	0	
	Nutrition	0	0	1	0	0	
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	25%	0	66%	One TWG meeting was held between April and June 2012. 2 out of 3 X 100% campaigns (<i>Safe Love</i> and <i>STOP Malaria</i> campaigns) were reviewed by TWG using standard guidelines.

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Jan - Mar	Apr- Jun	
3.1.2 Annual # of formal meetings of the TWG to review IEC/BCC campaigns	N/A	0	2	4	0	1	One TWG meeting was held in June 2012.
3.1.3 Annual # of GRZ staff trained in IEC/BCC with CSH support	Total	0	18	140	105	91	Sub-national trainings took place in: <ul style="list-style-type: none"> • Chisamba -32 • Kabwe -30 • Solwezi -29
	National	0	18	35	0	0	
	Sub-national	0	0	105	105	105	
3.1.4 National IEC/BCC tools developed and annually reviewed	National tools finalized	Non existent	2	3	0	4	Tools: Guidelines, communication strategies, TORs for TWG, Training Manuals, etc.
	National tools drafted	Non existent	1	1	4	0	
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	HIV materials	
				Malaria Materials	Malaria Materials	Malaria Materials	
				MNCH materials	MNCH materials	MNCH materials	
				Family Planning materials	Non existent	Family Planning materials	
				Nutrition materials	Non existent	Nutrition materials	
3.1.6 Average # of HCRC visitors per month in one year	Total Visits	572	490	700	560	298	The numbers of HCRC visitors per month were: <ul style="list-style-type: none"> • 340 in April • 259 in May • 296 in June
	Physical visits:	572	490	600	560	298	

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Jan - Mar	Apr- Jun	
	Online visits:	0	0	100	0	0	The reported numbers in the quarter were lower possibly due to the infrastructure expansion occurring at the HCRC.
3.1.7 Annual # of IEC/BCC materials distributed by HCRC	N/A	524,657	357,566	500,000	33,617	30,370	The low numbers of materials distributed is attributed to the delays in the HCRC developing a detailed distribution plan, as more materials were being mobilized.
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	0	The Talkline has not yet added MNCH, nutrition, FP/RH, or malaria to the database since the IT platform is still being expanded and counselors have not yet undergone formal training in these additional service areas.
3.1.9 Average # of Talkline callers per month in one year	Total Volume	5,818	7,213	10,000	10,655	12,066	<p>The total volume of Talkline callers per month were:</p> <ul style="list-style-type: none"> • April – 12,446 • May - 13,123 • June – 10,629 <p>The # of serviced calls from the total volume:</p> <ul style="list-style-type: none"> • April – 3,134 • May – 3,208 • June – 2,783
	Serviced	1,632	1,920	2,000	2,577	3,042	
3.1.10 Annual # of GRZ staff trained in monitoring	Total	0	0	25	0	0	A national M&E training needs assessment was completed

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Jan - Mar	Apr- Jun	
and evaluation with CSH support	National	0	0	5	0	0	during this reporting period and the first training is expected to be conducted in the next quarter.
	Sub-national	0	0	20	0	0	
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	3	0	0	Private Sector Engagement Director was recruited during the reporting period. Plans to engage the private sector are underway.
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	0	The rapid assessment of learning institutions offering IEC/BCC related course work was completed during the quarter. Plans to engage a consultant to develop the curriculum with CSH support will follow the completion of the assessment.
3.3.2 Annual # of CSOs receiving grants from CSH to implement BCC outreach activities that support campaigns	N/A	0	2	12	5	5*	Five CSOs received contract awards from CSH: <ol style="list-style-type: none"> 1. SAFAIDS 2. Latkins 3. AFSDF 4. Pride Community 5. Luanshya Support Group The contracts came to an end at 30 June, 2012. *Note: Two organisations receive grants from CSH i.e. CHAMP and Afya Mzuri

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Jan - Mar	Apr- Jun	
Sub IR 3.4 M&E frameworks for IEC/BCC intervention strengthened							
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	National HIV M&E Plan include IEC/BCC indicators	National HIV M&E Plan includes IEC/BCC indicators	National HIV M&E Plan includes IEC/BCC indicators	IEC/BCC indicators were included in: 1. National HIV/AIDS M&E Plan 2011-2015 2. A new data collection form developed called Stakeholder HIV Activity Reporting Form (SARF) for the National HIV/AIDS M&E Plan 2011-2015. 3. National Malaria M&E Plan 2011-2014
			Draft M&E Tools (NARF) developed		NARF developed & includes IEC/BCC indicators	NARF developed & includes IEC/BCC indicators	
			Draft national Malaria M&E Plan developed	National Malaria M&E Plan include IEC/BCC indicators	Draft plan includes IEC/BCC indicators	Finalised plan includes 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	Action plan under development	Development initiated	The results of the annual BCC capacity assessment index will be used to inform the development of the IEC/BCC M&E Framework for the Health Promotion Unit of MOH
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	Draft campaign tracking data base developed and installed at MOH and NAC	The draft database has been developed and is being populated and pre-tested. CSH is awaiting feedback from MOH and NAC to finalize the database. Installation at NMCC is still outstanding but planned for July 2012.
IR 4: Coordination of IEC/BCC activities between USG projects increased							

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Jan - Mar	Apr- Jun	
Sub IR 4.1 IEC and BCC planning between USG programs increased							
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	USG Partner Framework developed and reviewed	A quarterly meeting was held in June 2012 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	1	One USG partner meeting was held during the quarter.

