

**Saving Mothers Giving Life**  
**Monitoring and Evaluation Plan**

**CSH Project**

**July 2012**

## **1. Background**

Zambia as a nation has made extensive progress in recent years towards achieving the Millennium Development Goals. The Zambian health system continues to improve and access to services is increasing. However, a number of health issues persist. One critical issue is maternal mortality. Zambia's maternal mortality ratio of 591/100, 000 live births<sup>1</sup> ranks among the highest in the world. This mortality is attributable to a number of complex and interwoven factors. Low contraceptive use in Zambia has resulted in high fertility trends over the years, with a current average fertility rate per woman of 6.3<sup>2</sup>. Only about half of pregnant women initiate antenatal care by 5.1 months of gestation,<sup>3</sup> preventing the opportunity for early detection of danger signs and adequate management of maternal complications. Half (52%) of all births occur at home, with rural areas recording much higher rates of home births than urban areas (66.5% as compared to 15.7%). But even when a woman delivers in a facility, utilization of postpartum care services is extremely low. Nationwide, more than half (51%) of women do not receive any postnatal care.<sup>4</sup> Further, neonatal mortality, while reducing slowly overall, is growing as a proportion of child mortality and is closely aligned with maternal mortality.

To directly address these challenges, the Government of the Republic of Zambia (GRZ) together with the United States Government committed to focus intensive resources, attention, coordination and evaluation on four districts in 2012 to bring together resources and efforts of a wide variety of partners, resulting in significant and immediate mortality reduction. This endeavor, termed Saving Mothers Giving Life (SMGL), has a goal of 50% reduction in maternal mortality in the four intervention districts in one year by “strengthening delivery skills of health professionals, increasing delivery in health facilities, mobilizing communities to increase birth preparedness and complication readiness, and strengthening health facilities to provide quality obstetric and newborn care for normal and complicated deliveries.”<sup>5</sup>

In order to accomplish this goal, the implementing partners for SMGL are specifically emphasizing a set of critical interventions 24 hours immediately before and after delivery. From the demand-creation perspective, there are two critical behaviors that have been identified within this period: (1) pregnant women seek delivery in a facility and (2) pregnant women complete all required post-partum follow-up care (within 6 hours, 6 days and 6 weeks after delivery. As a key partner in the SMGL initiative (that includes- Boston University, Jhpiego, CIDARZ, ZPCT II, ZISSP and EGPAF), the Communications Support for Health (CSH) project will take responsibility for promoting these behaviors and addressing current barriers to their practice. CSH proposes to use a variety of effective communication channels including mass media, social media and interpersonal communication and will coordinate closely with partners responsible for social mobilization and community action to ensure streamlined messages.

## **2. Overlap with CSH's Safe Motherhood Campaign**

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<sup>1</sup> Zambia Demographic and Health Survey, 2007

<sup>2</sup> World Bank Development Indicators, 2009

<sup>3</sup> Zambia Demographic and Health Survey, 2007

<sup>4</sup> Zambia Demographic and Health Survey, 2007

<sup>5</sup> Saving Mothers' Lives Zambia Operational Plan, Sept 2011

CSH has developed and launched a national Safe Motherhood campaign in March 2012. The objectives of this national effort are very similar to the objectives of the focused SMGL initiative, and many of the products and activities planned for the broader campaign will be implemented as part of CSH's contribution to SMGL. SMGL is using the same activities that have been developed for Mothers' Alive, but that we are incorporating all of the activities/interventions that are part of Mothers' Alive into the 4 SMGL districts. Thus, the implementation is expected to be intensive and done in collaboration with the other SMGL partners.

### **3. Audience groups**

The primary target audiences for the proposed activities include pregnant women, their partners, traditional birth attendants/traditional healers, SMAGs, neighborhood health committees, health workers and chiefs. Each of these groups will be considered "primary" because their influence on the ultimate behavior in question is enormous.

Secondary beneficiaries will include extended family members, women of child-bearing age who are not currently pregnant, and teenage girls. No activities will be directed specifically at these secondary groups, but they will benefit from exposure to mass media messages and participation in community forums.

### **4. Communication Objectives**

From an analysis and synthesis of the research findings, CSH determined that the most critical barriers to delivery in a facility and accessing post-partum follow up care can be described by the following:

- Fear of process of ANC (HIV test) and facility delivery
- Disbelief that facility delivery is necessarily safer
- Lack of social support/involvement of families, leaders, etc.
- Transportation/access issues
- Perception of lack of quality in clinics
- Attitude of health workers towards mothers/families
- Lack of preparation/birth planning

In order to address these barriers and enable the key behaviors of focus, CSH will:

- Convince women of importance /reasoning for facility delivery and post-partum care
- Demystify what happens during facility delivery and postpartum and what services women are entitled to
- Increase awareness of steps to birth planning
- Increase involvement of men in supporting women to seek necessary care and deliver in a facility
- Motivate "community change champions" to support women in care during pregnancy and facility delivery
- Improve attitudes and quality of interpersonal communication by providers

### **5. Activities**

To effectively deliver these communications objectives in the four intervention districts, CSH, in partnership with the MOH and other organizations, will implement a maximum “package” of interventions. The proposed activities include:

- Development of an easy-to-use toolkit for SMAGs to support mothers and mothers-to-be on all safe motherhood behaviors from birth planning, antenatal care, delivery in a facility, post partum care and family planning. This tool-kit includes a set of counseling cards that CSH will work closely with ZISSP and MOH on producing, a picture-based birth plan, and a “safe mother” recognition certificate to give to mothers who complete facility delivery and all post-partum follow-ups. These materials will be adapted from existing ones where possible.
- Development of a set of print materials for use with men to help them realize their role in pregnancy and delivery
- Creation of Change Champions program including production of a documentary featuring the success stories of 4 “champion chiefs” in Zambia on issues of Safe Motherhood and packets of activity suggestions and talking points for use in mobilizing leaders to become champions. This will be disseminated via mass media channels and through partners doing social mobilization with leaders. CSH will also facilitate a media tour by the 4 champion chiefs to interact in public forums with local leaders.
- Creation of a “quick-counseling” checklist for use by a health worker during antenatal care to remind him/her of the various issues that need to be covered with the pregnant woman and/or her family at each stage of pregnancy.
- Creation of posters to serve as reminder materials in waiting areas on why facility delivery and necessary post-partum care are so critical
- Creation of “Journey to Becoming a Parent” TV and radio documentary to be used via mass media channels as well as in waiting areas where possible. Materials will also be used/shown via partners conducting community activities.
- Creation of a set of radio PSAs/reminder spots to highlight messages disseminated via other channels. These will include district-specific messages recorded in local languages featuring local leaders and will convey local information (such as hours of clinics, which clinic handles emergencies, etc...)
- Creation of a set of billboards to serve as reminders to messages disseminated via other channels.

## **6. M&E Framework for Safe Motherhood Campaign**

The monitoring and evaluation (M&E) plan for the Saving Mothers Giving Life Campaign is based upon the goal and objectives of the campaign and the strategies and activities designed in order to achieve them. This framework serves as the foundation for the M&E plan, as it outlines specifically how the activities and strategies of the campaign will lead to changes in knowledge, attitudes and ultimately to changes in behavior.

The Saving Mothers Giving Life Project monitoring and evaluation component feeds into the Communication Support for Health monitoring and evaluation system. The monitoring and evaluation (M&E) system is intended to provide relevant and up-to-date information to all project stakeholders so that they can understand how the project is performing on a regular basis, evaluate the efforts of the project, and determine ways to continuously improve the project. The

key element of the M&E system is the effective gathering, sharing and learning from information as it evolves.

## **7. Monitoring and evaluation Plan**

The monitoring and evaluation plan contains indicators at the input, process, output and outcome levels. The monitoring plan specifies target performance levels, and progress against these benchmarks will be tracked on a regular basis. CSH will ensure data quality by training data collectors, precisely defining all indicators to make sure that data meets quality standards of validity, reliability, timeliness, precision and integrity. As part of its project supervision activities, CSH will also conduct data spot checks, paper trail audits, and other quality control measures to ensure the quality of its monitoring data. Similarly, CSH will ensure high quality data management through proper compilation, organization and storage of monitoring data.

### ***M&E Performance Indicators***

The M&E system for the Saving Mothers Giving Life Campaign consists of a set of indicators for tracking inputs, campaign processes and outputs, and intermediate and long-term outcomes. Outcome indicators will measure changes in knowledge, attitudes, beliefs, intentions and lastly, behavior. Due to the short period within which the campaign is being implemented, CSH will not conduct a baseline survey. However an endline household survey will be conducted in communities where the SMGL campaign has been implemented. It is expected that the endline survey will be conducted in May/June 2013.

The endline survey will measure exposure to the campaign, as well as the key outcome indicators of interest. To measure the impact (e.g. magnitude of the effect) of the campaign (e.g. magnitude of the effect), those exposed to the campaign will be compared with those who have not been exposed to the campaign. The main outcome indicators that will be measured during the endline survey include:

- Proportion of pregnant women who delivered in a health facility
- Proportion of pregnant women who have created a birth plan
- Proportion of pregnant women who believe that a facility-based delivery is safer than a home delivery
- Proportion of male partners of pregnant women who know that they have a role in pregnancy and childbirth
- Proportion of pregnant women who can identify at least three danger signs in pregnancy and labour
- Proportion of pregnant women who know how many postnatal care visits to the clinic they should plan for after birth

### ***Output Indicators***

Output indicators will be used to measure whether campaign activities are implemented as planned and whether the campaign is reaching the target audiences. The output indicators include:

- # of safe motherhood radio spots aired
- # of times Change Champion/Champion Chief TV documentary is aired

- # of times “Journey to Becoming A Parent” documentary is aired
- # of times SMGL film shows are conducted
- # of materials distributed and/or placed/mounted
- # of mothers receiving “Safe Motherhood” recognition certificates
- # of people trained under the SMGL campaign
- # of people reached with film shows
- Percent of audience who recall (spontaneously and aided/prompted) seeing or hearing about the Safe Mothers Giving Life (SMGL) campaign
- Percent of audience who spontaneously recall a specific component/characteristic of the SMGL campaign
- Percent of audience who spontaneously recall hearing or seeing a specific health message from the SMGL campaign

### ***Input and process indicators***

Input indicators will measure the amount of resources that are put into implementing and carrying out the campaign interventions, including the human, financial and material resources. Process indicators will measure the basic processes (e.g. campaign was developed based on formative research) used for implementing the campaign. The process indicators include:

- Number of districts reached with specific activities
- Number of communication channels used
- Campaign developed based on existing evidence and/or formative research
- Campaign developed according to minimum GRZ standards/guidelines
- Campaign reviewed by the IEC/BCC Technical Working Group
- Campaign received private sector support

## **8. Data Collection and Dissemination Plan**

Data will be disaggregated by sex and other relevant criteria wherever possible. Data will be collected using a number of data collection tools developed by CSH, which include both paper based and electronic forms. Data will be collected for the indicators according to the frequency outlined in the M&E framework. This data will be reviewed and analyzed by the CSH M&E team on a quarterly basis and shared with the CSH technical team. Data will be reported according to CSH/donor reporting requirements. An effective feedback mechanism will be built into the processes of data collection and reporting.

### ***Data Collection Tools***

The following data collection forms/tools will be used to collect data for monitoring and evaluating the Saving Mothers Giving Life Campaign:

- IEC/BCC Materials Production and Distribution Monitoring form: This form will be used to track the production and distribution of the various materials/products produced for the Saving Mothers Giving Life Campaign, including products distributed to other partners working in collaboration with CSH.
- Training form: This form will track people trained.
- Events tracking form: This will be used track night film shows
- Household Survey Questionnaires: The survey questionnaire will be used to monitor the percent of the population exposed to SMGL Campaign with changes in knowledge, attitudes, beliefs and behaviours.

## 9. SMGL Monitoring and Evaluation Framework

Indicators	Disaggregation	Data Source	Frequency of Data Collection	Institution Responsible	Baseline	Endline Target (targets based on implementation of campaign through May 2013)						
<b>Impact Level</b>												
Maternal mortality ratio	N/A	Survey report	Baseline and endline	CDC	TBD	TBD						
<b>Outcome Level</b>												
Proportion of pregnant women who delivered in a health facility	Disaggregated by: • District	Facility records	Quarterly	SMGL Partners	TBD	TBD						
Proportion of pregnant women exposed to the SMGL campaign who have created a birth plan	Disaggregated by: • District	Household Survey	Endline	CSH	0%	50% of pregnant women exposed to the campaign						
Proportion of pregnant women exposed to the SMGL campaign who believe that a facility-based delivery is safer than a home delivery	Disaggregated by: • District	Household Survey	Endline	CSH	N/A	A difference of 10% between those exposed to the campaign and those not exposed						
Proportion of male partners of pregnant women exposed to the SMGL campaign who know that they have a role in pregnancy and childbirth	Disaggregated by: • District	Household Survey	Endline	CSH	N/A	A difference of 10% between those exposed to the campaign and those not exposed						
Proportion of pregnant women exposed to the SMGL campaign who can identify at least three danger signs in pregnancy and labour	Disaggregated by: • District	Household Survey	Endline	CSH	N/A	A difference of 10% between those exposed to the campaign and those not exposed						
Proportion of pregnant women exposed to the campaign who know how many PNC visits to the clinic they should plan for after birth	Disaggregated by: • District	Household Survey	Endline	CSH	N/A	A difference of 10% between those exposed to the campaign and those not exposed						
<b>Output level – Monitoring Implementation</b>												
# of safe motherhood radio spots aired	Disaggregated by: • Version of radio spot • Radio channel	Radio mass media plans and/or media monitoring reports	Monthly	CSH	0/week	Station	1*	2*	3*	4*	5*	Total
						Radio 4	135	135	135	-	-	405
						Radio 1	135	135	135	90	61	556
						Sky Fm	116	110	105	-	11	342
						Breeze	114	105	105	-	10	334
						Luapula	114	105	105	-	-	324
						Yangeni	-	-	-	90	-	90
						Petauke	-	-	-	90	-	90
Chik	-	-	-	90	-	90						

Indicators	Disaggregation	Data Source	Frequency of Data Collection	Institution Responsible	Baseline	Endline Target (targets based on implementation of campaign through May 2013)
						aya
						Total 614 590 585 360 82 2231
# of times Change Champion/ Champion Chief TV documentary is aired	Disaggregated by: Channel	Television mass media plans and/or media monitoring reports	Monthly	CSH	0/week	<b>ZNBC 1 Station:</b> -English-3 -Local language-21 <b>ZNBC 2 Station:</b> -English-3 <b>Muvi TV Station:</b> -English 3
# of times “Journey to Becoming A Parent” documentary is aired	Disaggregated by: • Type of media (TV/radio) • Media channel • Episode of documentary	Television mass media plans and/or media monitoring reports	Monthly	CSH	0/week	TBD
# of times SMGL film shows are conducted	Disaggregated : • Type of film show aired • District	CSO activity reports	Monthly	CSH/ZISSP	0/month	Change champion 40 times (10 per district)
# of materials distributed and/or placed/mounted	Disaggregated by: • Type of material (flyers, print materials, posters, billboards, chitenge, counselling materials, toolkits)	CSH activity reports	Monthly	CSH	0	<b>BIRTH PLANS</b> 51,192 <b>BP FLIP CHARTS</b> 1500 <b>LAMINATED BPs</b> 400 <b>POSTERS</b> -Family planning-250 -Male involvement-250 -ANC-250 -Facility deliveries-250 -Six steps to safe motherhood-250 <b>BROCHURES</b> -Family planning-100 -Six steps to safe motherhood-250 -Male involve. In family planning-250 -Men’s role in safe motherhood-250
# of mothers receiving “Safe Motherhood” recognition certificates	Disaggregated by: • District	CSO activity reports	Monthly	CSH/ZISSP	0/month	Total: 51,192
# of people trained under the SMGL campaign	Disaggregated by: • District • Sex • Type of training • Group trained	CSH activity reports	Monthly	CSH	0	Change Champions-40 people (10 per district)

Indicators	Disaggregation	Data Source	Frequency of Data Collection	Institution Responsible	Baseline	Endline Target (targets based on implementation of campaign through May 2013)
<b>Output level – Monitoring Reach</b>						
# of people reached with film shows	Disaggregated by: • District • Sex	CSO activity reports	Monthly	CSH/ZISSP	0	2000 (50 people per film show by 40 shows)
Percent of audience who recall (spontaneously and aided/prompted) seeing or hearing about the Safe Mothers Giving Life (SMGL) campaign**	Disaggregated by: • Spontaneously vs. aided/prompted • Sex • District • Channel (TV, radio)	Household rapid survey	Endline	CSH	0%	TV-22% Radio-51%
Percent of audience who spontaneously recall a specific component/characteristic of the SMGL campaign**	Disaggregated by: • Sex • District • Channel (TV, radio)	Household rapid survey	Endline	CSH	0%	TV-16% Radio-38%
Percent of audience who spontaneously recall hearing or seeing a specific health message from the SMGL campaign**	Disaggregated by: • Sex • District • Channel (TV, radio)	Household rapid survey	Endline	CSH	0%	TV-16% Radio-38%
<b>Campaign Processes</b>						
Health topic and sub-topics of campaign	N/A	SMGL campaign strategy and implementation plan	Once	CSH	Safe motherhood: delivery care and post-partum care	Safe motherhood: delivery care and post-partum care
Target audience(s) of campaign	N/A	SMGL implementation plan, campaign activity reports	Once	CSH	Primary: pregnant women and their partners, TBAs, traditional healers, SMAGs, neighbourhood health committees, health workers and chiefs. Secondary: extended family members, women of child-bearing age (not pregnant) and teenage girls.	Primary: pregnant women and their partners, TBAs, traditional healers, SMAGs, neighbourhood health committees, health workers and chiefs. Secondary: extended family members, women of child-bearing age (not pregnant) and teenage girls.
Number of communication channels used by campaign [CSH PMP Indicator 1.3.1]	Disaggregated by: • Type of communication	SMGL campaign activity	Quarterly	CSH	0 channels	TBD

Indicators	Disaggregation	Data Source	Frequency of Data Collection	Institution Responsible	Baseline	Endline Target (targets based on implementation of campaign through May 2013)
	n channel	reports				
Campaign developed based on existing evidence and/or formative research [CSH PMEP Indicator 1.3.2]	N/A	Campaign strategy and implementation plan, formative research report	Once	CSH	Yes	Campaign was developed based on existing evidence and/or formative research
Campaign developed according to GRZ minimum standards/guidelines [CSH Indicator 0.2]	N/A	Campaign strategy and implementation plan, GRZ minimum standards/guidelines	Once	CSH	Yes	Campaign was developed according to GRZ minimum standards/guidelines
Campaign reviewed by the IEC/BCC Technical Working Group (TWG) [CSH PMEP Indicator 3.1.1]	N/A	IEC/ BCC TWG reports or meeting minutes	Once	CSH	Yes	Campaign was reviewed by the IEC/BCC Technical Working Group
<b>Campaign Inputs</b>						
Total financial resources spent on mass media activities (TV, Radio)	Disaggregated by: • TV/Radio	CSH financial reports	Annual	CSH	\$0	TBD
Total financial resources spent on materials production	N/A	CSH financial reports	Annual	CSH	\$0	TBD
Total financial resources spent on IPC activities (individual, small-group, family and community-based activities)	N/A	CSH financial reports	Annual	CSH	\$0	TBD

Notes:

\* Under the endline targets for the number of safe motherhood radio spots aired per week, the numbers refer to the different versions of the spots:

1=Family Planning

2=Safe motherhood message

3=Messages targeting men

4=District specific messages

5=Messages in local languages

\*\* Targets for these indicators are based on a 2010 Media Reach and Use Survey in Zambia, carried out by the Inter Media Survey Institute. The survey provides national-level estimates for use of television and radio by place of residence. Targets for general exposure are based on 80% of the total of the population who use the media channel, while targets for spontaneous recall of specific components/messages of the campaign are based on 60% of the total population who use the media channel.

Appendix: CSH – SMGL at a glance

