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# COMMUNICATIONS SUPPORT FOR HEALTH (CSH) PROGRAM

QUARTERLY REPORT

October to December 2013

**Contract No. GHS-I-007-00004-00; Order No. GHS-I-05-07-00004**

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## Acronyms

BCC	Behavior change communication
BCP	Behavior-centered programming
CHAMP	Comprehensive HIV AIDS Management Program
CMA	Community Malaria Agent
CSO	Civil Society Organization
GRZ	Government of the Republic of Zambia
HCRC	Health Communication Resource Center
IEC	Information, education, and communication
IPTP	Intermittent Preventative Treatment of Malaria in Pregnant Women
IR	Intermediate result
ITN	Insecticide-treated net
M&E	Monitoring and evaluation
MCDMCH	Ministry of Community Development, Mother and Child Health
MDG	Millennium Development Goals
MOH	Ministry of Health
MNCH	Maternal, Newborn, and Child Health
NAC	National HIV/AIDS/STI/TB Council
NFNC	National Food and Nutrition Commission
NGO	Non-governmental Organization
NMCC	National Malaria Control Centre
PABX	Private Automatic Branch Exchange
PMI	President's Malaria Initiative
PMTCT	Prevention of Mother-to-Child Transmission
PPP	Public-Private Partnerships
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
SWOT	Strengths, weaknesses, opportunities, threats
TB	Tuberculosis
ToR	Terms of Reference

UNZA	University of Zambia
VCT	Voluntary counseling and testing
VMMC	Voluntary Medical Male Circumcision
ZISSP	Zambia Integrated Systems Strengthening Program

## EXECUTIVE SUMMARY

### Major Accomplishments

The salient accomplishments for the period under review are but not limited to the following:

- *STOP Malaria Campaign/1,000 Days Nutrition Campaign.* The Champion Communities initiative under the *STOP Malaria* campaign continued this quarter in the eight target districts (Kaoma and Mongu, Western Province; Mpulungu and Kasama, Northern Province; Mansa and Samfya, Luapula Province; and Chipata and Chadiza, Eastern Province). Implemented through five sub-contracted Civil Society Organizations (CSOs), this initiative relies heavily on community participation and measuring progress towards targets. Additionally, CSH worked closely with each CSO, both through site-visits and field-based orientations as well as through daily remote contact, to carefully plan Phase 2 of campaign implementation, which will include the addition of group-based nutrition work to the program. As part of this, during the quarter, each CSO reflected on challenges faced when implementing Champion Communities, re-oriented the Community Malaria Agents on their tasks, and recruited and trained 20 nutrition promoters per district.
- *Love Games and Love Games Live.* Season 2 of *Love Games* and *Love Games Live* concluded on ZNBC and MUVI TV in early November, with a 60-minute *Love Games Live* finale that included cast interviews, prizes awarded to fans with compelling stories about how *Love Games* has affected them, and final thoughts from the *Love Games Live* hosts, Chi and Kazyia. At the same time, the show began airing on the Africa Magic cable television channel throughout Africa; several national broadcasters, including that of Namibia and Nigeria, began airing the series as well. In addition, radio programming continued to air on 12 community radio stations covering the most high-risk areas, chosen by the National Technical Working Group for Male Circumcision. This programming included *Life at the Turnoff* in English and local languages, 17 different radio announcements and PSAs, and VMMC radio call-in shows.
- *Safe Love Campaign impact evaluation.* In preparation for the upcoming *Safe Love* impact evaluation, CSH continued to refine the methodology and approach, formed a steering committee of representatives from the GRZ and CSH counterpart organizations to guide the evaluation throughout 2014, and began work to define intermediate and behavioral outcomes that will be measured.
- *Formative Research in Action.* North-Western province conducted formative research on maternal nutrition in November 2013. The research progressed well and the field data collection was completed in December. Data transcription and analysis will be conducted starting in January 2014. CSH also identified Eastern Province to conduct the second round of the formative research in action activity.
- *CHAMP 990 Talkline.* During the reporting period, the 990 Talkline serviced a total of 11,984 calls. In addition, 18 counselors under the 990 Talkline service received refresher training.
- *Your Health Matters (YHM) TV program.* CSH continued to support MOH and MCDMCH to produce and air their monthly 25-minute *Your Health Matters: Let's Talk* programs. Two programs featuring gender and gender based violence and health facility delivery were produced and aired during the quarter. The program on GBV was repeated several times during the 16 days of gender activism. ZNBC continues to re-air some of these programs free of charge.
- Through the project's partnership with the University of Zambia's Institute of Economic and Social Research (INESOR), CSH's behavior centered programming approach to IEC/BCC was successfully integrated into the university's mainstream curriculum as a senate-recognized course called Strategic Communication for Health and Development (code numbered MCS 9070) at diploma and degree levels. This development means CSH's proven approach is now accessible to more Zambians. The course can be taken as an elective course by UNZA students in the School of Humanities and Social Sciences (HSS), as well as students of UNZA affiliated colleges and

universities. The introduction of this course represents a unique academic-NGO partnership, and a commitment to sustaining evidence-based behavior change programming in Zambia. So far, twenty-seven students are taking the course.

### **Plans for Next Quarter**

- Monitor implementation of the joint malaria/ nutrition program through a joint field visit with government, Civil society organization and CSH.
- Continue airing malaria PSAs and skits on community radio stations in 8 target districts.
- Continue airing radio products on all 12 current community radio stations and increase number of stations to 30.
- Continue community activities under *Safe Love* through CSOs.
- Award contract to a local research organization and launch the *Safe Love* impact evaluation.
- Roll out the formative research in action activity for Eastern Province. *(Note, this is not part of any campaign, but the broader capacity building activities of the project. Following training on formative research, the province selects a topic, develops/submits a research protocol to CSH, and then is funded to carry out the research and data analysis with support from CSH. The topic chosen by Eastern Province is maternal nutrition; results will be used by Eastern Province in its own programming, but will not directly influence the 1000 days campaign, unless the findings are dramatically different from CSH's own formative research on nutrition on which the campaign was based. The objective of this activity is less the research findings and more the process of conducting the research).*
- Continue supporting MOH/MCDMCH to produce and air the extended YHM TV program. The next 3 programs for next quarter will be on childhood immunizations, diarrhea, and family planning.
- Support GNC in the review and revision process of the nurses and midwives' BCC component of their curricular, and continue providing support to ZAMCOM in the process of developing the BCC course for in-service training for journalists.
- Support additional MOH-led training in monitoring and evaluation for BCC programs.
- In collaboration with GRZ counterparts, develop a sustainability plan that outlines a detailed handover from March 2014 through the end of the project.

## **1. PROJECT ACCOMPLISHMENTS**

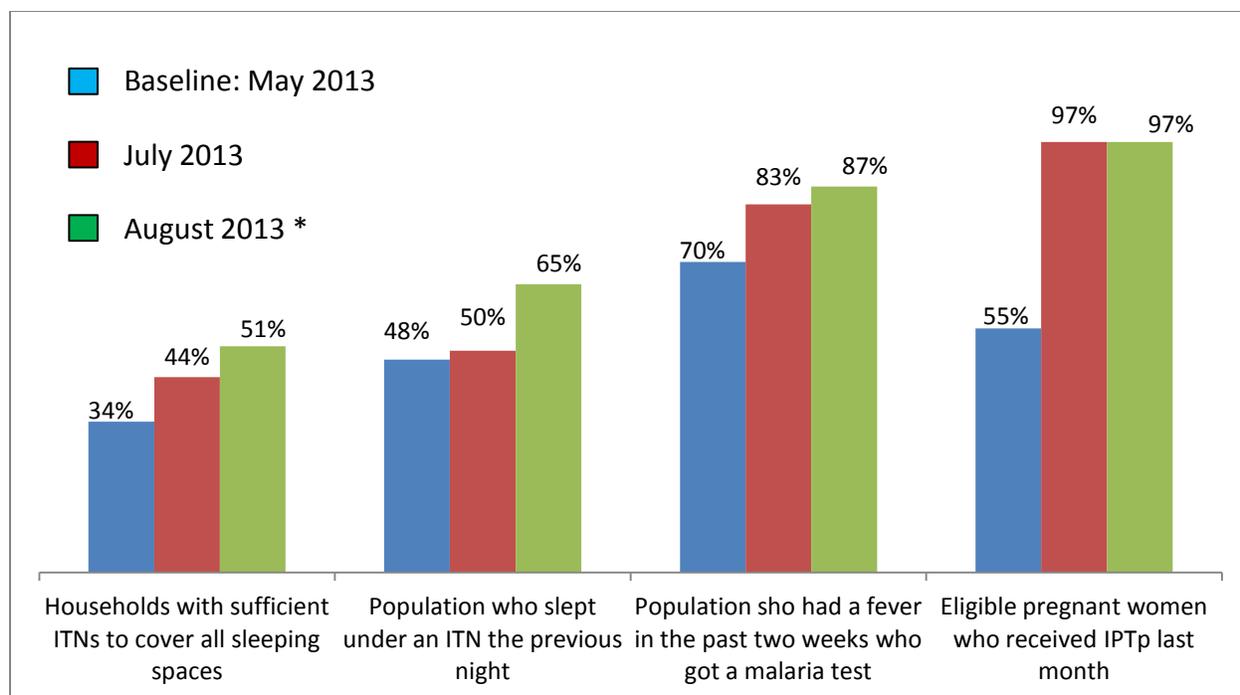
### **A. IR 1: National Health Communications Campaigns Strengthened**

#### **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**

The Champion Communities initiative continued this quarter in the eight target districts (Kaoma and Mongu, Western Province; Mpulungu and Kasama, Northern Province; Mansa and Samfya, Luapula Province; Chipata and Chadiza, Eastern Province). Implemented through five sub-contracted Civil Society Organizations (CSOs), this initiative relies heavily on community participation and measuring progress towards targets. Activities consist of monthly household visits during which counseling on key behaviors (e.g. sleeping under an insecticide-treated bednet, getting tested for malaria when symptomatic, going for early ANC and receiving IPTp as appropriate, and consistent nutrition/feeding for the sick child). Data collection on how the household is doing in relation to those key behaviors also takes place. After these visits, data is aggregated by CSO and presented back to the community using a community tracking tool so that the community can make its own programmatic adjustments depending

on how it is doing. This quarter, the team received and cleaned aggregate data for each district and results continue to be excellent (see graph on next page). Furthermore, 30 communities reached Champion Community status this quarter (bringing the total to 37 out of 131 eligible communities), meaning they have achieved their own individual targets for each of the behaviors, and can now move onto being example sites for other communities.



*\*Note the August 2013 data, while collected by the CSOs in the previous quarter, was not reported and analyzed by CSH until the current quarter*

Additionally, CSH worked closely with each CSO, both through site-visits, field-based orientations, and through daily remote contact to carefully plan Phase II of campaign implementation, which will include the addition of group-based nutrition work to the program. As part of this, during the quarter, each CSO reflected on challenges faced when implementing Champion Communities, re-oriented the Community Malaria Agents (CMA) on their tasks, and recruited and trained 20 nutrition promoters per district. Each CSO except CARITAS in Eastern Province also held combined trainings for the CMAs and NPs to create linkages between the two activities. The CMAs will now expand their household counseling to include using the growth reminder tool with individual mothers and caretakers and will refer those individuals to the group sessions with the NPs. This way, the household visit reinforces what is learned in the group work and vice versa.

#### **STOP Malaria Products and Outputs (IR 1.1)**

- Five CSOs continued implementation of *Champion Communities* in eight districts
- Implementation of 131 community action plans against community set benchmarks
- 30 communities declared champions
- Site visits, orientations and plans set for Phase II including nutrition work

#### **Challenges and Solutions**

The main tasks planned this quarter were to review the program to begin documenting its process as a means to seamlessly hand it over to GRZ as well as to engage the same CSOs implementing in communities in a Phase II that incorporates nutrition work. The biggest challenge faced by the program this quarter was how to seamlessly integrate this nutrition work into the already functioning malaria program without disrupting progress. This challenge was mitigated by careful planning together with each CSO, allowing them time to make adjustments and help craft the scope of work for Phase II.

The review was complete and all CSOs were re-engaged with the exception of PANOS. PANOS faced many challenges in their management of the contract and its activities in Eastern Province from Lusaka. Accordingly, this CSO was replaced with an organization called CARITAS. Establishing a contract/relationship with a new CSO, CARITAS, has taken more time than anticipated, despite their extensive experience in both the technical and geographic area. This is primarily due to the fact that CARITAS also works with the USAID-funded MAWA project. Accordingly, special care was needed to ensure there was no duplication of work in selecting areas of implementation. While this resulted in a well integrated program in Eastern Province, it did delay implementation and we were unable to get the organization fully operational, implementing nutrition activities, within the intended period. CARITAS schedule will be adjusted accordingly and the CARITAS contract will just last slightly longer than the others. We are confident, however, that these delays will be overcome entirely in the next quarter and Phase II work will be underway with all CSOs. Although the integration of nutrition into the program was a challenge in its scope and importance, the relationships already built with the CSOs facilitated a fairly smooth expansion overall and most of the work is underway already. We do not anticipate this causing any major delays in achieving program targets.

### **Plans for Next Quarter**

- Conduct field-based supervision visits to the CMAs and an additional data quality assessment visit to each CSO
- Continue airing malaria PSAs and skits on community radio stations in 8 target districts

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

The *Safe Love* campaign was also operating at full capacity this quarter, based on an intensive implementation plan.

*Love Games and Love Games Live.* Season 2 of *Love Games* and *Love Games Live* concluded on ZNBC and MUVI TV in early November, with a 60-minute *Love Games Live* finale with cast interviews, prizes awarded to fans with compelling stories about how *Love Games* has affected them, and final thoughts from the *Love Games Live* hosts, Chi and Kazya. At the same time, the show began airing on the Africa Magic cable television channel broadcast not only in Zambia but throughout Africa. Several national broadcasters, including that of Namibia and Nigeria, began airing the series as well. Reruns of the entire 26-episode series will begin on the Zambian broadcasters next quarter.

Social media also continued to be active during the quarter, supporting the Zambia-based finale and the launch of the series on the cable network. Data from the *Love Games* Facebook page shows that the total reach of individuals between Oct 1<sup>st</sup> and December 31<sup>st</sup> 2013 spiked at 20,507. Page likes on various posts reached a high of 10,102 likes from the fan base. Complementing the social media is the Safe Love .Org static website. This quarter, it was updated to include blogs and episodes of all shows in season one and two and revamped to act as a resource where viewers can go for more information on topics discussed on the show.

*Radio.* During this quarter, radio programming, including *Life at the Turnoff* in English and local languages, 17 different radio announcements/PSAs, and VMMC radio call-in shows and PSAs, continued to air in frequent rotation on 12 community radio stations covering the most high-risk areas, chosen by the National Technical Working Group for Male Circumcision. These activities were targeted as such in support of the December campaign month for VMMC; starting early next quarter, broadcast will resume on all 30 community radio stations.

*Print.* CSH has developed a brief discussion guide that highlights the main issues from each episode of *Love Games* and offers some questions that can be asked of a group. These questions, unlike those

produced for a mass-media product like *Love Games Live*, offer the opportunity to foster a rich conversation about topics and themes covered by the series. The guides will be printed next quarter. Additionally, information booklets, originally produced by Society for Family Health (SFH) on male circumcision—one for females and one for males—were reviewed, polished and accepted by the TWG during this quarter. These, too, will be printed early next quarter. These products will also be made available on the safe love website.

*CSOs.* CSH subcontracts with five CSOs working in seven districts (SAfAIDS, PRIDE, Latkings, Luanshya Support Group, and ASDF) continued throughout the quarter, and were extended until March of 2014 to ensure seamless implementation and achieve life of project IPC targets next quarter. It is likely that these contracts will be further modified next quarter to include detailed activities for family planning/HIV integration. It was not possible to finalize these details by the end of the quarter, as this requires a lengthy and thoughtful budgeting, negotiation, and planning process. During the period, 74,990 people were reached with HIV prevention messages, bringing our total life of project number to 263,998 out of a target of 310,000.

Additionally, CSH continued to work with the CSOs to collect phone numbers of those interested in learning about male circumcision via text messaging. Over two thousand (2,468) phone numbers were collected during the quarter and four batches of SMS messages were sent.

*Outreach and Events.* During this period, CSH supported NAC in celebration of World AIDS Day in Kitwe. Several *Love Games* episodes featuring HIV testing (the theme of this year’s celebration) were shown and discussed in areas surrounding Kitwe leading up to the actual day.

*Safe Love Campaign impact evaluation.* In preparation for the upcoming *Safe Love* impact evaluation, CSH continued to refine the methodology and approach, formed a steering committee of representatives from the GRZ and other CSH counterpart organizations to guide the evaluation throughout 2014, and began to define intermediate and behavioral outcomes that will be measured.

<b>Safe Love Products and Outputs (IR 1.2)</b>
<ul style="list-style-type: none"> <li>Completed airing all <i>Love Games</i> and <i>Love Games Live</i> episodes on Zambian national broadcasters and began airing on DSTV/Africa Magic.</li> </ul>
<ul style="list-style-type: none"> <li>Continued strong presence on radio with a variety of programming, including VMMC call-in shows in support of the VMMC national campaigns. A total of 242,986<sup>1</sup> men were circumcised between January – December.</li> </ul>
<ul style="list-style-type: none"> <li>Reached 74,990 people with HIV prevention messages through a network of Civil Society Organizations working in 9 districts.</li> </ul>

## Challenges and Solutions

The detailed plans for this quarter as described in the previous quarterly report included:

- Complete broadcast of *Love Games* and *Love Games Live* Season 2.
- Sustain intensive implementation period of *Safe Love* campaign.
- Continue community activities under *Safe Love* through CSOs, including continuing to grow database of phone numbers for VMMC mobile messaging initiative.
- Continue supporting *Safe Love* campaign through social media.

<sup>1</sup> This figure was announced by the National Technical working group on Voluntary Medical Male Circumcision at a meeting held at the Ministry of Community Development Mother and Child Health on 16<sup>th</sup> January 2014.

- Develop an online *Safe Love* club by leveraging the online and Facebook fans of *Love Games* and extending access to *Safe Love* resources using an online platform.
- Finalize campaign evaluation plans and protocol

As of the close of this quarter, all of these plans were achieved with the exception of the final two bullets. The online Safe Love Club concept was not part of the original CSH work plan for 2013, it was something the HIV technical team wanted to explore based on the excitement and engagement with the campaign on Facebook. However, an actual online club required more intensive moderation and administration than was possible with CSH human resources. In the end, CSH staff determined that the online presence and continued promotion of the Safe Love shows and messages via Facebook was sufficient.

As discussed, work on the campaign evaluation plans and protocols continued in earnest during the quarter, but were not finalized due to ongoing discussions and valuable technical debate on the best approach to sampling and focus.

In support of the first bullet above—the Safe Love community-based activities, CSH teams conducted site visits to each CSO to perform both technical supervision and a Data Quality Assessment. During these visits, it was noted that many of the CSOs are underreporting the people reached through IPC; as their contracts with CSH mandate a certain level, they have not been recording people reached beyond those targets. CSH worked with CSO M&E staff to review data collection protocols and tools to ensure that all the work is captured.

### **Plans for Next Quarter**

- Begin re-airing of *Love Games* and *Love Games Live* Seasons 1 and 2
- Begin intensive month of airing of 17 TV PSAs
- Continue airing radio products on all 12 current community radio stations and increase number of stations to 30
- Continue community activities under *Safe Love* through CSOs, including continuing to grow database of phone numbers for VMMC mobile messaging initiative
- Begin working on HIV/Family Planning integration activities through the CSOs, including training *Safe Love Club* facilitators in FP/HIV
- Award contract to a local research organization and launch the *Safe Love* impact evaluation
- Complete the questionnaire, submit for Institutional Review Board approval, and work with the local research organization to prepare logistics for data collection

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

*Mothers Alive and SMGL.* During this quarter, the Mothers Alive campaign team completed work on the translations of the *Journey to Becoming a Parent* series into seven local languages, and finalized and consolidated all comments and edits required to complete two outstanding brochures (adolescent family planning and family planning methods). The series began airing in English on MUVI TV and ZNBC and will continue airing in English and all local languages next quarter. The two brochures will also be printed next quarter (as the print shops close at the end of the year) and distributed to GRZ and civil society partners. For the existing materials, CSH worked extensively to continue distribution of materials throughout the country. 320 brochures, 1,156 posters, 200 Keeping Mothers Alive/Change Champion DVDs, and 774,000 copies of the birthplan were distributed to the Zambia Defense Force (Zambia Army, Zambia Air Force, and Zambia National Service), ZPCT II, UNFPA, SAfAIDS, and District Health

Management Teams in Mbala, Nakonde, Kasempa, and Lusaka. This brings coverage of the campaign materials to 72 districts of Zambia.

In addition, CSH continued implementation of the Change Champion program, identifying and training leaders to promote safe motherhood. This quarter, CSH conducted an assessment/site visit of Kasempa district to lay the groundwork for the program there, including ensuring buy-in and support from all relevant GRZ stakeholders, conducting a first orientation for 28 Change Champions in Mbala and 25 in Nakonde, and traveling back to Mansa to implement a week-long mentorship visit with 22 previously trained Change Champions in that district. The program continues to be well-received, with one of the existing leaders in Mansa reporting during the mentorship week that he had trained 104 indunas on his own; many others also spoke of their success in talking about safe motherhood and the need for all families to ensure mothers deliver their babies in hospitals and access all ante- and post-natal care.

An evaluation of the Saving Mothers Giving Life (SMGL) program in the four implementation districts was completed this past quarter. The evaluation used a mixed methods approach, including a rapid household survey complimented by a qualitative assessment using in-depth interviews with Change Champions, Chiefs and District Maternal and Child Health Coordinators. The results from the survey demonstrated that over 70 percent of women received a birthplan and found it helpful in staying healthy throughout pregnancy and childbirth. Moreover, the majority of respondents who were exposed to the birth plan indicated that they used the birth plan to learn about danger signs during pregnancy, delivery, and postpartum. Other commonly reported uses included preparing logistics, saving money, and learning about facility-based delivery (see table below illustrating these findings).

**How Respondents Used the Birth Plan (n=108)**

Use	%
Learning about danger signs	50.9
Preparing logistics	48.2
Saving money	43.5
Learning about facility-based delivery	40.7
Learning about how to care for a baby	21.3
Learning about services provided at ANC visits	13.9
Eating healthy	10.2
Learning about partner/family involvement	2.8
Exercising/resting during pregnancy	1.9

*The First 1,000 Most Critical Days Campaign.* All of the print and radio products for this campaign were completed this quarter, including pre-testing and printing. These products include a 13-episode radio series in English and local languages; a placemat and menu-planning game (both of which help emphasize food diversity and consumption of high-nutrient rich foods); and a child growth reminder tool to help mothers remember and track all critical information contributing to child growth, including food/feeding, hygiene, and health. Print products were distributed to key implementing partners including Project RAIN in Mumbwa, USAID’s MAWA project in Eastern Province, and the network of CSOs implementing the community aspects of the program in conjunction with the *STOP Malaria* campaign. The radio program, pending final approval from USAID, should start airing next quarter.

As discussed under IR 1.1, the CSH team worked extensively with the five CSOs implementing *STOP Malaria* in eight districts to craft a feasible, effective scope of work to integrate nutrition programming

into their activities. Although the specific details do vary by CSO, this scope includes recruitment and training of community-based “nutrition promoters.” These promoters, working with the CMAs, will identify and recruit mothers/care-givers of children under two to participate in group-based nutrition education sessions using the CSH-produced products. CSH developed a simple training/implementation guide for these nutrition promoters to follow in executing their sessions and conducted orientations with each CSO on the whole program. Next quarter, CSH will travel again to each CSO to provide on-the-job supportive supervision directly to the nutrition promoters.

During this quarter, activities under NFNC were minimal, but CSH did continue to ensure the *First 1,000 Most Critical Days* campaign is exactly in step with the GRZ program. To this end, CSH staff attended several workshops held by CARE, who was selected by DFID to administer the SUN funding mechanism available to the GRZ for implementation of the program. In this way, the CSH work found a formal place in the workplan under communications for the entire program. Furthermore, discussions began between CSH and CARE about potentially sharing the CSH BCC advisor for nutrition to guarantee continuity between the foundation CSH is laying and the wider program. These discussions will likely be finalized next quarter.

<b>Safe Motherhood, SMGL, and Nutrition Products and Outputs (IR 1.3)</b>
<ul style="list-style-type: none"> <li>Completed <i>Journey to Becoming a Parent</i> series translations.</li> </ul>
<ul style="list-style-type: none"> <li>Change Champion orientations completed for Mbala and Nakonde (total 53 trained); and mentorship visit completed for 22 leaders in Mansa.</li> </ul>
<ul style="list-style-type: none"> <li>Distribution of thousands of Mothers Alive products to partners across Zambia, including the Zambian Armed Forces, ZPCT II and district staff</li> </ul>
<ul style="list-style-type: none"> <li><i>The First 1,000 Most Critical Days</i> campaign products in final draft form.</li> </ul>

### **Challenges and Solutions**

Implementation of the *STOP Malaria/First 1,000 Most Critical Days* campaigns has still been challenging in Eastern Province, as detailed in Section 1.1. Last quarter, CSH decided to replace PANOS, a CSO working from Lusaka, with CARITAS, an NGO based in Chipata. This relationship is moving forward, but has been slow, due to CARITAS becoming familiar with CSH contractual requirements, budget templates, and the technical aspects of the implementation. However, the quality of CARITAS’s work and their capacity to manage local CBOs implementing in villages in Chipata and Chadiza is not in question and CSH expects a contract signed and implementation to be fully under way by early next quarter.

Other plans put forth for this quarter included:

- Continue expansion of *Change Champions* program in four new districts.
- Continue mentorship of *Change Champions* in Mansa districts.
- Contract CSOs to implement community-programming for *First 1000 Most Critical Days*.
- Conduct orientation of CSOs on campaign and campaign products.
- Complete development/printing for all *First 1,000 Most Critical Days* key products including growth reminder card, menu-planning game, radio series, and child feeding bowl.

All have been implemented as planned.

### **Plans for Next Quarter**

- Complete expansion of *Change Champions* program (to 8 districts) with assessment and orientation in Senanga
- Continue airing *Mothers Alive* radio programs in English and local languages on national and

community radio

- Continue airing television products on national (ZNBC, MUVI) and regional (Chipata TV and North-Western TV) television stations
- Finalize plans with MCDMCH to support materials distribution throughout the country via the health system
- Finalize plans and begin activities to integrate HIV and Family Planning, including screening *Journey to Becoming a Parent*, followed by facilitated discussions
- Receive feeding bowl prototype and, once approved, place order for 10,000 feeding bowls. Delivery of the full order is expected prior to the end of next quarter.
- Begin airing *Bushes that Grow* radio series on national and community radio stations as part of the *First 1,000 Most Critical Days* campaign
- Support implementation of *First 1,000 Most Critical Days* at community level through the network of CSOs with site-visits to provide supportive supervision directly to nutrition promoters

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

### **B1. Major Tasks under Sub-IR 2.1 and 2.2: GRZ Capacity to Conduct Formative Research to Develop National Health Communications Campaigns Improved**

*Formative Research in Action.* North-Western province conducted the formative research in action study activity on maternal nutrition starting in November 2013. The research progressed well and by December the field data collection had been completed. Data transcription and analysis will be conducted starting in January 2014. CSH had also identified Eastern Province as a site to conduct its second round of formative research in action as part of its capacity building in research. A call for proposals will be developed and released in January 2014.

<b>Formative Research Products and Outputs (IR 2.1 and 2.2)</b>
<ul style="list-style-type: none"><li>• Ethical approval obtained for research from local and international Institutional Review Board</li><li>• North Western province formative research in action data collected</li></ul>



### **Challenges and Solutions**

Due to other provincial health related activities, the research team for North-Western province was not entirely available to commence data collection until October 2013.

### **Plans for Next Quarter**

- Continue providing remote and on-site technical assistance to GRZ provincial staff to collect, transcribe, and analyze data.
- Commence formative research in action activity with Eastern Province.
- Develop award for Eastern Province to conduct a formative research in action for a BCC campaign based on provincial needs.

## **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.* CSH continued to support the GRZ in capacity strengthening initiatives. The national Technical Working Groups based at NMCC and NAC held quarterly meetings to review their 2013 work plans, plan for 2014, and review some IEC/BCC materials submitted for approval from partner organizations. However, the technical working group based at MCDMCH was unable to hold their Quarter 4 meeting due to the non-availability of most of the members to form a quorum for the meeting. Training in behavior centered programming was conducted for technical working group members from MCDMCH and National malaria control center. A total of 18 participants were trained (12 from MCDMCH and 6 from NMCC TWG). New TWG members from NMCC were oriented on the functions and operations of the TWG.

*Your Health Matters (YHM) TV program.* CSH continued to support MOH and MCDMCH to produce and air their monthly 25-minute *Your Health Matters: Let's Talk* programs. Two programs featuring gender and gender based violence, and Health Facility Delivery were produced and aired during the quarter. The program on GBV was repeated several times during the 16 days of gender activism. ZNBC continues to re-air some of these programs free of charge.

*CHAMP 990 Talkline.* During the reporting period, the 990 Talkline serviced a total of 11,984 calls. In addition, 18 counselors under the 990 Talkline service received refresher training. The training focused on the following: review of counseling skills in order for counselors to help the callers to tell their story; addressed gaps in information for all counselors to be well informed and be able to give correct information; adherence to telephone counseling guidelines; management of stress and burnout; SMS counseling to ensure that the counselors were multi skilled in voice call and SMS counseling; and quality control strategies. To enhance the 990 Talkline service, the online referral database of health facilities was updated. A total of 928 health facilities across the country are now listed in the 990 Talkline referral database.

*Afya Mzuri Dziwani Knowledge Centre for Health.* CSH continued to provide technical and financial support to Afya Mzuri to implement the expansion program for Dziwani Knowledge Center for Health. Specific achievements for the quarter under review include:

- Classified, abstracted and catalogued 197 IEC/BCC materials for the reference library.
- Conducted a technical support visit to the Livingstone satellite service point at which staff were trained in IEC/BCC dissemination strategies.
- Recorded 1,228 physical visits and 5,500 online visits to Dziwani HCRC website.
- Distributed 156,600 IEC materials (brochures, magazines, pamphlets, posters and training guides) and 48,976 male and 21,200 female condoms through the Dziwani HCRC.
- Conducted thirteen on-site learning sessions under the Dziwani youth initiative reaching a total of 218 youths (126 males, 92 females) with information through small group discussions. Topics discussed included: effects of multiple concurrent partnerships, parent/child communication, peer pressure in young females, positive living, STIs, stigma and discrimination, risky behaviors, care for people living with HIV, PMTCT and prevention of STIs.
- Finalized the Dziwani business plan and the Dziwani IEC/BCC distribution and dissemination plan.

*National Communication Strategies.* MCDMCH requested support from CSH to review and revise their Maternal Newborn, Child Health and Nutrition (MNCHN) communication strategy. However, no progress was made in the last quarter due to the non-availability of key MCDMCH staff to support the

process. A meeting was held with the Director of Planning and he appointed a focal person to spearhead this process towards completion within first quarter of 2014.

*Civil Society Organizations.* CSH continued to support local CSOs through contracts to implement the Champion Community initiative for the *STOP Malaria* Campaign in 8 districts (Kaoma and Mongu, Western Province; Mpulungu and Kasama, Northern Province; Mansa and Samfya, Luapula Province; Chipata and Chadiza, Eastern Province). The CSOs conducted a variety of activities including data collection, and monthly household visits/counseling (using the CSH-developed counseling cards) on malaria and MNCH-related issues. Another landmark activity was the integration of the Nutrition and *STOP Malaria* Campaigns which culminated in the issuance of second phase contracts to four CSOs. All CSOs were given an orientation to establish a common understanding of activities regarding the integrated Nutrition and *STOP Malaria* Campaign, and to equip participants with the necessary tools for implementation.

Under the *Safe Love* Campaign, four contracts pertaining to the following CSOs were concluded: Pride Community Health Organization, Latkings Outreach Programme, SAfAIDS, and Luanshya Support Group. At the end of the quarter, these four CSOs were working on their plans for modifications to extend their contracts for another four months. CSH also provided supportive supervision to the Action for Social Development Foundation, the Luanshya Support Group, and SAfAIDS partner CSOs in Mkushi, Kapiri Mposhi and Kabwe – namely The Salvation Army, Youth Vision and NZP+. One of the key findings was the underreporting by CSOs for the number of club members reached with IPC messages. In all the areas where the CSH team carried out verification of the number of people reached, the CSH team discovered the majority of community facilitators only reported the statutory two people as indicated in the contract; however, in reality these community facilitators reached out to an average of eight people per member in a month.

*Capacity Building in M&E for BCC campaigns.* In October 2013, the Ministry of Health trained 23 provincial health officers and data managers in monitoring and evaluation with CSH technical support and training materials. As a step towards sustainability and GRZ ownership, the Ministry of Health funded the training and planned to extend the training to other provincial health officers and data managers during the next quarter.

<b>TWG, Talkline, Dziwani HCRC, Grantee, and IEC/BCC Management Products and Outputs (IR 3.1)</b>
<ul style="list-style-type: none"> <li>• New TWG members of the MCDMCH and NMCC were oriented on their TORs and guidelines for evaluating and pretesting IEC/BCC materials.</li> </ul>
<ul style="list-style-type: none"> <li>• 18 TWG members from MCDMCH and NMCC trained in the BCP approach.</li> </ul>
<ul style="list-style-type: none"> <li>• Two (2) 25 minutes <i>Your Health Matters: Let's Talk</i> TV programs produced and aired on ZNBC.</li> </ul>
<ul style="list-style-type: none"> <li>• 218 youths (126 males, 92 females) reached with information on various health topics through the Dziwani Youth initiative small group discussions.</li> </ul>
<ul style="list-style-type: none"> <li>• 18 counselors received refresher training on 990 Talkline counseling.</li> </ul>
<ul style="list-style-type: none"> <li>• Dziwani business plan.</li> </ul>
<ul style="list-style-type: none"> <li>• Dziwani IEC/BCC materials dissemination and distribution plan.</li> </ul>
<ul style="list-style-type: none"> <li>• Four (4) CSOs oriented on the <i>STOP Malaria</i> and Nutrition/<i>1,000 Most Critical Days</i> campaign.</li> </ul>
<ul style="list-style-type: none"> <li>• MOH trained 23 GRZ staff in M&amp;E for BCC campaigns.</li> </ul>

## **Challenges and Solutions**

The process of developing a revised MNCHN communication strategy stalled due to competing priorities of the MCDMCH staff. The Director of Planning has appointed a specific focal person staff from MCDMCH to coordinate this process to avoid further delays.

### **Plans for Next Quarter**

- Continue supporting MOH/MCDMCH to produce and air the extended YHM TV program. The next 3 programs for next quarter will be on Childhood Immunizations, Diarrhea and Family Planning.
- Support training of new members of the provincial staff for MCDMCH in the Behavior Centered Programming Approach.
- Support MCDMCH to continue the development of the MNCHN communication strategy.
- Continue to support MCDMCH in holding the quarterly National Health Promotion Technical Working Group meeting.
- Finalize and issue modified contracts to the CSOs implementing the *Safe Love* Campaign and the integrated Nutrition and *STOP Malaria* Campaign.
- Conduct supportive supervision to all the CSOs and address issues of under reporting.
- Provide orientation for CSOs implementing the *Safe Love* Campaign on the added component of Family Planning.
- Support MCDMCH, NAC and NMCC national technical working groups to support capacity strengthening activities of the sub national BCC committees in IEC/BCC materials review, and the coordination and implementation of BCC activities, including national events.
- Reprint TORs and guidelines for TWGs and BCP toolkits.
- Conduct first BCP refresher training for GRZ staff.
- Continue providing technical and financial support to CHAMP and Afya Mzuri for implementation of the expanded services.
- Support additional MOH training in monitoring and evaluation for BCC programs.
- In collaboration with GRZ counterparts, develop a sustainability plan that outlines a detailed handover from March 2014 through the end of the project.

### **C2. Major Tasks under Sub-IR 3.2: Private Sector Participation Increased**

*Love Games* was central to CSH's private sector collaborations this quarter. The telecom firm Zamtel, sponsors of Season 2, continued to promote the show on their radio programs and social media, and we liaised with them on branding for the one-hour *Love Games Live* finale. The weekly Love Test continued with winners receiving prizes, including shirts from Zamtel. This quarter we also created ringtones from the show's theme song, making them available for free download on the *Safe Love* website. We ensured the full reactivation of our national *Safe Love* short-code to enable viewing and responding to messages received on that platform.

In November, *Love Games* launched in a primetime slot on Africa Magic, reaching an estimated three million households in 48 countries across the continent. The show also began on the Continental Broadcasting Service in Nigeria, a cable and satellite TV provider. For both outlets, we provided promotional materials (e.g. trailers, cast photos, poster), even adapting them to reflect local broadcast times. Episodes and promotional materials were also supplied to Namibia this quarter; *Love Games* is scheduled to begin on the Namibian Broadcasting Corporation in January.

Additionally, in partnership with the Zambia Health Alliance, the Fighting Malaria in Schools initiative was launched in seven schools in Solwezi district. The PSE directorate created a presentation and knowledge assessment for the teacher training, and the CSH team facilitated reprinting of the supporting

materials, including the CSH malaria board game, by First Quantum Minerals. The CSH team also helped the Alliance determine the selection criteria for their sponsored Corporate Social Responsibility (CSR) awards at an annual business gala. The winners were Mopani Copper Mines (HIV/AIDS), Zambian Breweries (Malaria) and ZESCO (Health and Wellness).

Finally, this quarter we drafted a documentation plan for telling the CSH story and prioritized success stories and other showcasing documents. By quarter’s end we had drafted five campaign spotlights, four product profiles, and three success stories, and finalized four others which had been drafted previously.

Highlights of this quarter’s private sector partnerships include:

- *Zamtel* - Zamtel sponsorship and promotion of Season 2 continued through to the *Love Games Live* one-hour finale.
- *Africa Magic and CBS Nigeria* - The distribution of *Love Games* beyond Zambia continued with agreements resulting in the airing of Season 1 on both Africa Magic (DSTV/MultiChoice reaching 48 countries) and the Continental Broadcasting Service in Nigeria.
- *First Quantum Minerals* - As part of the Fighting Malaria in Schools initiative, FQM paid for the reprinting of 35 sets of the CSH malaria board; they were distributed to seven schools in Solwezi District, North Western Province.

Private Sector Participation Support and Products (IR 3.3)
<ul style="list-style-type: none"> <li>• Zamtel branding remained in place for the conclusion of <i>Love Games</i> and <i>Love Games Live</i> and the company continued to promote the show each week on their sponsored radio programmes. Zamtel also supplied t-shirts for winners of the weekly <i>Love Test</i>.</li> </ul>
<ul style="list-style-type: none"> <li>• <i>Love Games</i> distribution continued with Season 1 <i>beginning</i> to air continent-wide on Africa Magic and on CBS in Nigeria.</li> </ul>
<ul style="list-style-type: none"> <li>• First Quantum Minerals paid for the reprinting of the CSH malaria board game.</li> </ul>

### Challenges and Solutions

- The *Safe Love* short code (7233) continued to be problematic; the CSH team could view incoming messages but were unable to respond to them. Continued appeals finally worked which then meant the team had access to view and respond to messages—important as traffic increased towards the conclusion of *Love Games*.
- Delays in payment by Zamtel to ZNBC resulted in a minor delay (one week) of airing the final episode of Season 2. Once CSH was made aware of the situation, the team facilitated its resolution and the show was aired.
- Personnel changes at The Africa Channel (SKY-UK) resulted in no movement on a draft agreement for *Love Games* despite an earlier commitment. CSH hopes to have something in place next quarter.

### Plans for Next Quarter

- Continue to contact regional USAID missions about distribution of *Love Games* to national broadcasters.
- Secure private sector support for the re-broadcast of *Love Games* on ZNBC.
- Pursue a *Love Games* distribution agreement with the Africa Channel on SKY-UK.
- Continue to determine and document private sector support to date, including in-kind support contributions (bus companies, radio, etc.) to *Safe Love* and other campaigns.
- Obtain viewership data from *Love Games* distributors in Nigeria, Namibia, etc.

- Expand the VMMC SMS platform from more than just health messaging: as was originally intended also have it serve as a resource to alert potential clients to when the service is available in their area.
- Prepare packages of CSH materials (poster samples, DVD of electronic products) for businesses to use in their workplaces, including health facilities, and to encourage reprinting with their company logo. CSH, in partnership with the Zambia Health Alliance, will provide printed copies of these materials to interested businesses as possible, but more often, electronic files will be furnished so the company may add its logo and reprint for its staff. Distribution and use of these products will then be up to the company itself.
- Tap private sector network(s) for the distribution of CSH materials to see if it's a viable partnership going forward.
- Draft protocol for introducing malaria testing in the schools initiative, and plan Phase II launch event to recognize all contributing partners including CSH.

### **C3. Major Tasks under Sub-IR 3.3: IEC/BCC Capacity Building Program for Local Institutions Strengthened**

#### *Local Training Institutions*

Unlike the HCP project's similar course, CSH's behavior centered programming approach to IEC/BCC has been successfully integrated into the University of Zambia's mainstream curriculum as a senate-recognized course called Strategic Communication for Health and Development code numbered MCS 9070 at diploma and degree levels. This achievement was made in partnership with the University of Zambia's Institute of Economic and Social Research (INESOR). Because of the approach CSH took, this course and therefore CSH's perspective on effective BCC programming, will continue beyond the project with no more input from CSH.

This means CSH's proven approach is now accessible to more Zambians; the course can be taken as an elective course by UNZA students in the school of Humanities and Social Sciences (HSS) as well as students of UNZA affiliated colleges and universities. The introduction of this course represents a unique academic-NGO partnership, and a commitment to sustaining evidence-based behavior change programming in Zambia. So far, 27 students are taking the course.

Further, the project initiated discussions with Lusaka Apex Medical University (LAMU) on the potential to integrate the CSH BCP content into the University curriculum for public health studies.

<b>IEC/BCC Capacity Building Products and Outputs (IR 3.4)</b>
• Full integration of CSH BCP course content into University of Zambia mainstream curriculum.
• Twenty seven 3rd and 4th year UNZA students currently taking the integrated course,
• Training manual and other course materials sent to the printers for printing.
• Request for proposals sent to Lusaka Apex Medical University (LAMU).

#### **Plans for Next Quarter**

- Support GNC in the review and revision process of the nurses and midwives' BCC component of their curriculum.
- Continue providing support to ZAMCOM in the process of developing the BCC course for in-service training for journalists.
- Continue working with Lusaka Apex Medical University to develop strategies for integration of the BCP approach into their Public Health Courses.

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

*National M&E Framework for IEC/BCC.* Following completion of the joint mid-term review (JMTR) of the 2011-2015 National HIV/AIDS Strategic Framework, CSH provided support to NAC in revising the national HIV/AIDS strategic framework (NASF) through the participation of Research M&E Director, Kevin Chilemu in stakeholder meetings.

##### **M&E Frameworks for IEC/BCC Interventions Strengthened Outputs and Products (IR 3.4)**

- TA provided in revising the NASF through participation in stakeholder meetings.

#### **Challenges and Solutions**

During this quarter, MCDMCH was still establishing the health promotion unit as required by GRZ policy and regulation for a new ministry. Therefore, CSH had yet to provide support for the developments of a BCC/IEC M&E framework for the health promotion unit.

#### **Plans for Next Quarter**

- Continue to provide technical support revising the NASF.
- Revisit MCDMCH health promotion unit and liaise with the unit to develop a BCC/IEC M&E plan

#### **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**

During the quarter, CSH facilitated the Quarter 4 IEC/BCC coordination meeting for USG partner projects. The objectives of the meeting were to share progress on the implementation of IEC/BCC activities undertaken during the quarter; to share results on the implementation of the monitoring and evaluation framework for partner coordination on IEC/BCC; and to share lessons learnt on implementation of gender mainstreaming strategies in their projects.

The main highlight of the meeting was the dissemination of the provisions of the Anti-Gender Based Violence Act of 2011 among USG projects which was done by the Zambia-led HIV Prevention Project (ZPI). In addition, the ZPCT II project also shared their project's work on gender, including the development of a comprehensive Gender Based Violence (GBV) training tool kit which included a set of flip charts, training manual, and cue cards. Using the toolkit, ZPCT II has conducted Training of Trainers sessions as well as training of community volunteers.

A meeting was also held with SHARe II to discuss possible collaboration on materials development for the chiefs program under SHARe II and the CSH Champion Chiefs under the Mothers Alive Campaign. A follow-up meeting will be held in the next quarter to agree on concrete steps and roles and responsibilities.

In addition to these efforts at coordination planning among our partners, CSH also continued to work extensively with a variety of USG-funded programs. The Feed-the-Future funded program MAWA, operating in Eastern Province is a major collaborator on the 1000 Days campaign, both with finalization and review of materials, pretesting materials in their project sites in Eastern Province, and ongoing use of CSH materials within their program. The relationship between CSH and ZISSP has also continued this

quarter, with continued use of the community-focused products from the Mothers Alive campaign as part of the SMAG program implemented by ZISSP, in-depth discussions held on how ZISSP might leverage the network of CSOs implementing the STOP Malaria campaign to further ZISSP's community-based malaria work in IRS promotion, and ongoing work on ensuring the CSH-developed communications products are part of ZISSP's IYCN counselor training package. CSH also continues to work through a wide array of USG-funded partners to disseminate Mothers Alive print products including Project Concern International, ZPI, ZPCT II, SFH, SHARE II, and CIDRZ. And, lastly, CSH and SFH have closely coordinated on the reproduction of a set of booklets on information for VMMC. SFH produced the original booklets and worked closely with the CSH team to revise and update the information; the booklets will be reprinted by CSH in the next quarter.

#### IEC/BCC Coordination Products and Outputs (IR 4.1)

- Meeting report.

#### Plans for Next Quarter

- Convene quarterly USG partners IEC/BCC coordination meeting to share experiences and best practices in IEC/BCC and plans for the following quarter in order to identify opportunities for collaboration and IEC/BCC information and resources sharing.
- Share results of the monitoring and evaluation framework and identify best practices for sharing with GRZ and USAID. Partners will complete the monitoring and evaluation framework with information on thematic areas of collaboration, how the activity was implemented, what made the activity a success, and which USG partners participated and what were their roles and responsibilities.
- Request flip charts on gender from ZPCT II for use by the CSOs implementing HIV prevention activities at community level.
- Continue to collaborate with the MAWA project on the use of nutrition products and implementation of nutrition programming in Eastern Province; continue to work with PCI, ZISSP, ZPCT II, SFH, ZPI and many others in implementation of the Mothers Alive campaign across the country; and support Read to Succeed program with materials on adolescent family planning to use in their work on HIV/Family Planning integration in schools.

## E. Gender Considerations

CSH continued implementing its gender strategy through the following activities:

*Integration in partner trainings.* During orientation of the four CSOs contracted to implement the *STOP Malaria* and the *1,000 Most Critical Days* Campaigns, a session on gender was delivered. The objective was to provide information to CSOs on the gender constraints and positive opportunities for men and women within their communities that would affect the implementation of the program, and strategies for addressing gender constraints. During the TWG BCP training, the CSH gender strategy and its application were shared with the participants.

*Your Health Matters.* A 25 minute TV program on Gender Based Violence was produced and aired on ZNBC. The program highlighted testimonials from GBV survivors, services available for GBV victims and a panel discussion that addressed myths and misconceptions and provided information on the causes of GBV in Zambia.

*16 Days of Activism against GBV.* CSH worked in collaboration with Ministry of Community Development Mother and Child Health to sensitize communities in 5 provinces on the dangers of GBV through the YHM TV program. This opportunity was also used to disseminate some information and IEC

materials to women groups on Family Planning and Safe Motherhood. 1,000 flyers on family planning, 500 birthplans, 10 GBV DVDs and 10 *Journey to Becoming a Parent* DVDs were distributed. In addition, all the five CSOs implementing the *Safe Love* Campaign at community level in Luapula, Copperbelt, Central, Lusaka, and Northern provinces participated in the district activities during the 16 days of activism against GBV. CSOs also facilitated discussions on GBV using the *Safe Love* discussion guide within their clubs.

### **Plans for Next Quarter**

- Continue integrating gender in all CSH activities especially campaigns and trainings. This activity is following the thorough review of the gender aspects of CSH programming done in mid-2013 and the subsequent gender strategy which was developed accordingly.
- Develop an addendum on gender for the community facilitators manual and orient CSOs on how to use the materials
- Work on a documentary and success story on CSH activities during the 16 Days of Activism against GBV

## 2. OPERATIONS AND ADMINISTRATION

*Strategic Activity Fund (SAF).* CSH awarded contracts worth over \$113,200 to twelve (12) Community radio stations for airing *Life at the Turnoff* and VMMC programs in local languages. Other contracts awarded include one to a plastic manufacture for the production of the nutrition feeding bowl, and to printing companies for the production of print materials for the *1,000 Days* Nutrition campaign, and materials for the VMMC campaign.

There were no modifications to existing contracts during the quarter and these continued to be closely monitored to ensure deliverables were on schedule.

*Grant Management.* During the period under review, CSH continued to provide technical support to grantees CHAMP and Afya Mzuri in the implementation of their third grant agreements, issued earlier in the year. The team provided support to Afya Mzuri in finalizing the business and sustainability plan, and worked with them to explore of expanding their efforts to the wide business community to solicit possible future support.

During the period, CSH also facilitated reimbursements to the five (5) CSOs implementing *STOP Malaria* Campaign and to the other five (5) implementing the *Safe Love* Campaign. The team finalized discussions with the CSOs implementing *STOP Malaria* Campaign, who have since identified activities that can be incorporated in their programs to support the *1,000 Days* Nutrition campaign to be implemented in the coming quarter. Further discussions were held with the CSOs implementing HIV activities on potentially extending their contracts – which were due to expire at the end of the year – into next quarter to support the increasing scope of the HIV program.

*Recruitment.* There were no new recruits during the quarter under review. Saving Mothers, Giving Lives Monitoring and Evaluation Officer, Alexander Nkosi departed the project on November 26<sup>th</sup>, 2013. We decided not to find a replacement for Alex and to delegate his responsibilities to other members of the remaining Research, Monitoring, and Evaluation Team.

*Other achievements.* The CSH team compiled and submitted the PEPFAR expenditure analysis through the USAID PROMIS system, and continued to review and input data into the DevResults Performance Based Management System (PBMS).

### Plans for Next Quarter

- Monitor the implementation of current vendor subcontracts.
- Provide support to CHAMP and Afya Mzuri through coordinating and scheduling routine technical and information sharing meetings.
- Provide technical assistance to the Eastern Province Health Office on Formative Research in action.
- Monitor implementation of CSO subcontracts and current grantee contracts.
- Prepare for 2013 year-end audits and Field Office Accounting (FACT) annual compliance visit.
- In collaboration with GRZ counterparts, develop a sustainability plan that outlines a detailed handover from March 2014 through the end of the project.
- Prepare and submit a project demobilization plan outlining the timeline and focus of technical activities during the final year of implementation, a management plan for grants and subcontracts, a staffing/personnel plan, and details of the administrative closeout process.





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

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2013 YTD	NOTES
<b>Capacity of GRZ to manage effective IEC/BCC activities</b>						
<b>0.1 GRZ annual score on IEC/BCC management capacity index</b>	Output	Disaggregated by; GRZ Entity (MOH, NMCC, NAC, MCDMCH)	LOP target: 70% each	MOH/MCDMCH: 54% NAC: 62% NMCC: 61%	MOH/MCDMCH: N/A NAC: 62% NMCC: 61%	The MOH/MCDMCH capacity assessment was delayed to next quarter due to non-availability of GRZ staff for the assessment.
<b>0.2 Percent of national IEC/BCC campaigns implemented annually that are developed according to minimum GRZ standards/guidelines</b>	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> <li>Program area</li> <li>New, long-term campaigns vs. routine national events</li> <li>GRZ entity (MOH, NAC, NMCC, MCDMCH)</li> <li>Type of CSH support</li> </ul>	100%	100%	100%	Targets are based on the approx. 12 routine and non-routine campaigns; <ol style="list-style-type: none"> <li>Safe Love</li> <li>Stop Malaria</li> <li>Mothers Alive</li> <li>Nutrition</li> <li>VCT Day</li> <li>World AIDS Day</li> <li>SADC Malaria week</li> <li>World Malaria Week</li> <li>Safe Motherhood week</li> <li>World Breastfeeding week</li> <li>Child Health week</li> <li>World Health week</li> </ol>
<b>0.3 Percent of national non-routine IEC/BCC campaigns implemented annually that were developed based on formative research</b>	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> <li>Program area</li> <li>GRZ entity (MOH, NAC, NMCC, MCDMCH)</li> <li>Type of CSH support</li> </ul>	100% (HIV, Malaria, MCH, Nutrition)	100% (HIV, Malaria, MCH, Nutrition)	100% (HIV, Malaria, MCH, Nutrition)	All four campaigns (HIV, Malaria, MCH, Nutrition) were developed and implemented based on formative research.
<b>0.4 Percent of national IEC/BCC campaigns implemented that were monitored</b>	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> <li>Program area</li> <li>New, long-term campaigns vs. routine national</li> </ul>	100%	100%	100%	Targets and results based on all 12 campaigns implemented with CSH support (refer to 0.2 for list of campaigns)

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2013 YTD	NOTES
		<ul style="list-style-type: none"> <li>events</li> <li>GRZ entity (MOH, NMCC, NAC, MCDMCH) that leads the campaign</li> <li>Externally packaged campaigns and GRZ-developed campaigns</li> <li>Type of CSH support</li> </ul>				
<b>0.5 Percent of national IEC/BCC campaigns implemented that were evaluated</b>	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> <li>Program area</li> <li>New, long-term campaigns vs. routine national events</li> <li>GRZ entity (MOH, NMCC, NAC, MCDMCH) that leads the campaign</li> <li>Externally packaged campaigns and GRZ-developed campaigns</li> <li>Type of CSH support</li> </ul>	33% (4 non-routine campaigns. Denominator: 12)	8%	8%	Evaluation of the SMGL campaign in the four pilot districts was completed during this quarter. Preparations for the evaluations of Safe Love and Stop Malaria are underway and will be completed in 2014.

## IR 1: National Health Communication Campaigns Strengthened

### Sub IR 1.1 Integrated malaria, MNCH, and nutrition campaigns expanded

<b>1.1.1 National integrated malaria, MNCH, and nutrition campaign implemented with CSH support</b>	Output	N/A	Formative research completed Campaign strategy completed Campaign launched and implemented Campaign monitored and	Formative research completed Campaign strategy completed Campaign launched and implemented Campaign monitored and evaluation initiated	Formative research completed Campaign strategy completed Campaign launched and implemented Campaign monitored and evaluation initiated	All milestones met except completion of the campaign evaluation. The evaluation will be completed in 2014.
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INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2013 YTD	NOTES
			evaluated			
<b>Sub IR 1.2 Comprehensive HIV Prevention campaigns expanded</b>						
<b>1.2.1 National comprehensive HIV campaign implemented with CSH support</b>	Output	N/A	Formative research completed Campaign strategy completed Campaign launched and implemented Campaign monitored and evaluated	Formative research completed Campaign strategy completed Campaign launched and implemented Campaign monitored and evaluation initiated	Formative research completed Campaign strategy completed Campaign launched and implemented Campaign monitored and evaluation initiated	All milestones met except completion of campaign evaluation. The evaluation will be completed in 2014.
<b>1.2.2 Number 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</b>	Output; PEPFAR	Abstinence/Being Faithful				
		Total A/AB	130,000	87,810	28,813	
		Other Prevention				
		Total OP	180,000	176,188	104,130	
		TOTAL	310,000	263,998	132,943	Indicator is on track to meet LOP target by mid-2014.
<b>1.2.3 Exposure: Percent of targeted population reached by channel (radio, TV, or SMS) developed with CSH support</b>	Output; PEPFAR	Radio	Overall: 50% (Urban: 50%; Rural: 50%)	<b>First Survey</b> Urban: 37% Rural: 22% Overall: 29.6%  <b>Second Survey</b> Urban: 10.3% Rural: 5.5% Overall: 8.2%	8.2% (Urban: 10.3%; Rural: 5.5%)	Final results will be available after the Safe Love impact evaluation that will include measures of exposure via TV and radio channels
		TV	Overall: 65% (Urban: 80%; Rural: 50%)	<b>First Survey</b> Urban: 79% Rural: 49% Overall: 63.8%	57.4% (Urban: 70.6%; Rural: 24.3%)	As above

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2013 YTD	NOTES
				Second Survey Urban: 70.6% Rural: 24.3% Overall: 57.4%		

### 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 two or more channels	Output	Disaggregated by: <ul style="list-style-type: none"> <li>Program area</li> <li>Number of channels</li> <li>GRZ entity (MOH, NAC, NMCC, MCDMCH) that leads the campaign</li> </ul>	12 campaigns annually	Total: 12	Total: 12	LOP target achieved. All 12 campaigns implemented in Zambia with CSH used TV and radio channels
1.3.2 Annual number of non-routine BCC campaigns implemented in Zambia with CSH support that used evidence from research to develop campaigns	Output	Disaggregated by: <ul style="list-style-type: none"> <li>Program area</li> <li>Number of channels</li> </ul> GRZ entity (MOH, NAC, NMCC, MCDMCH) that leads the campaign	Total: 4	Total: 4 (HIV, Malaria, MCH, Nutrition)	4	LOP target achieved. All the four non-routine campaigns were implemented based on evidence generated from formative research.
1.3.3 Percent of audience who recall hearing or seeing a specific USG-supported campaign message	Output	Disaggregated by: <ul style="list-style-type: none"> <li>Health thematic area (FP/RH, MCH, Nutrition)</li> </ul> Source of exposure (TV/radio)		78.3%	78.3%	In 2013, an evaluation of the SMGL initiative was conducted and target audience exposure assessed for FP/RH messages.

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

### Sub IR 2.1 Capacity of HCRC to manage and disseminate information in IEC/BCC interventions improved

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 health communication campaigns improved

2.2.1 Annual number of GRZ staff trained with CSH support in conducting formative research to inform the development of IEC/BCC campaigns	Output	Disaggregated by: <ul style="list-style-type: none"> <li>CSH support</li> <li>Sex of trainees</li> <li>Entity (MOH, NMCC, NAC, MCDMCH) of employment of trainees</li> </ul>	Total: 50	Total: 50	Total: 23	LOP target achieved.
2.2.2 Annual number of non-	Output	Disaggregated by:	Total: 4	Total: 4	Total: 4	The non-routine

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2013 YTD	NOTES
routine IEC/BCC campaigns for which formative research activities were conducted with support from CSH		<ul style="list-style-type: none"> <li>Program area</li> <li>Number of channels</li> <li>GRZ entity (MOH, NMCC, NAC, MCDMCH)</li> </ul> Type of CSH support				campaigns counted include; <ol style="list-style-type: none"> <li>Safe Love</li> <li>Stop Malaria</li> <li>Mothers Alive</li> <li>Nutrition</li> </ol>
<b>IR 3: Local Capacity to Support Sustained Implementation of IEC/BCC Activities Strengthened</b>						
<b>Sub IR 3.1 Local capacity of MOH, NAC, and NMCC to manage IEC/BCC intervention improved</b>						
3.1.1 Annual number of national IEC/BCC campaigns that have been reviewed by the IEC/BCC Technical Working Group and/or partners working in IEC/BCC	Output	<i>Partners working in IEC/BCC:</i> Includes GRZ counterparts working in IEC/BCC in the MOH, NAC, NMCC and MCDMCH or USAID implementing partners who are working in the area of IEC/BCC.	12 Annually	12 Annually	12 Annually	Target based on 12 campaigns CSH supports
3.1.2 Annual number of formal meetings of the IEC/BCC TWG to review IEC/BCC campaigns	Output	<ul style="list-style-type: none"> <li>NAC TWG,</li> <li>NMCC TWG,</li> <li>MCDMCH/MOH TWG,</li> </ul>	12 Annually 50 Cumulative	35 Cumulative	11	The MOH and MCDMCH TWGs have been merged because the membership of the groups is the same. The MCDMCH TWG did not have their Oct-Dec 2013 quarterly meeting, thus only resulting in 11 of 12 meetings this past year. . The MCDMCH meeting was postponed to mid-January 2014.
3.1.3 Annual number of GRZ staff trained in IEC/BCC with CSH support	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> <li>Subject of training</li> <li>Type of CSH support</li> <li>Sex of trainees</li> <li>Entity (MOH, NMCC, NAC, MCDMCH) of employment of trainees</li> <li>National vs. sub-national level of work of the trainees</li> </ul>	Total: 250	Total: 276	70	LOP target exceeded. An additional training was conducted between Oct-Dec 2013 for newly employed GRZ officers.

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2013 YTD	NOTES
<b>3.1.4 National IEC/BCC tools developed and annually reviewed</b>	Output	N/A	10 tools	9 tools	2 tools developed: 1. 990 Counseling Manual 2. Love games discussion guides for season 1	Indicator on track for meeting LOP target.
<b>3.1.5 HCRC has materials that cover HIV, malaria, MNCH, FP/RH, and nutrition</b>	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> <li>Health topic area</li> <li>Type of material</li> <li>Material available onsite at HCRC vs. on HCRC website</li> </ul>	Materials for all health topics available at HCRC onsite and online	Materials for all health topics available at HCRC onsite and online	HIV, malaria, MNCH, FP/RH, and nutrition materials available	LOP target achieved. Materials on these health topics continue to be available at HCRC onsite and online although the quantities are continuously reducing as reflected in the comments under indicator 3.1.7.
<b>3.1.6 Average number of HCRC visitors per month in one year</b>	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> <li>People who visit HCRC and people who access HCRC website</li> <li>New and returning physical visitors</li> </ul> Age and sex of physical visitors	1,200	1,763	1,763	LOP target achieved. The average number of visitors per year to date continues to exceed the LOP target.
<b>3.1.7 Annual number of IEC/BCC materials distributed by the HCRC</b>	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> <li>Health topic area</li> <li>Type of material</li> </ul>	LOP target: 500,000	Total: 535,888	Total: 247,215	LOP target exceeded. 2013 target also exceeded (247,215 against 100,000)
<b>3.1.8 Annual number of Talkline workers who successfully completed a training program in other health topics including malaria, MNCH, FP/RH, and nutrition</b>	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> <li>Subject of training</li> <li>Sex of trainees</li> </ul>	20 workers total trained in all of the following topics: Malaria, MNCH, FP/RH, and nutrition	19 workers	18 workers	18 counselors of the 19 took a refresher training course.
<b>3.1.9 Average number of Talkline callers per month in</b>	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> <li>Sex of caller</li> </ul>	Serviced calls: 5,000 per month	Serviced calls: 5,712 per month	Serviced calls: 5,712 per month	LOP target exceeded.

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2013 YTD	NOTES
one year		<ul style="list-style-type: none"> <li>Reason for calling</li> <li>District</li> <li>Topic of call</li> </ul>	Total volume: 16,000 per month	Total volume: 25,363 per month	Total volume: 25,363 per month	
<b>3.1.10 Annual number of GRZ staff trained in monitoring and evaluation with CSH support</b>	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> <li>Type of CSH support</li> <li>Sex of trainees</li> <li>Entity (MOH, NMCC, NAC, MCDMCH) of employment of trainees</li> <li>National vs. sub-national level of work of the trainees</li> </ul>	Total: 65	Total: 62	Total: 43	On track to meet LOP target. The 2013 target was exceeded by 23. In October 2013 MOH led an M&E training with CSH technical and material support for 23 GRZ officers.
<b>Sub IR 3.2 Private sector participation in IEC/BCC programming and capacity building activities increased</b>						
<b>3.2.1 Annual number of national IEC/BCC campaigns supported by CSH that have private sector support</b>	Output	N/A	LOP target: 4	1	2	<ol style="list-style-type: none"> <li>Safe Love campaign</li> <li>Stop Malaria campaign</li> </ol>
<b>3.2.2 Annual number of private sector institutions that provide support to national IEC/BCC campaigns supported by CSH</b>	Output	N/A	LOP target: 6	6	3	First Quantum reprinted the CSH board game, and additional partnership negotiations are underway with Manzi Valley who has agreed to distribute tens of thousands of birth plans to rural areas at no cost
<b>Sub IR 3.3 IEC/BCC capacity building program for local institutions strengthened</b>						
<b>3.3.1 Annual number of selected academic institutions that offer IEC/BCC-related coursework that use the curricula developed with CSH support</b>	Output		LOP target: 4	1	1	INESOR integrated the BCP course into the training curriculum. Discussions with other institutions including the General Nursing Council and Zambia Communications (Journalist institution) are on-going to integrate the BCP curriculum in their

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2013 YTD	NOTES
						training curricula.
<b>3.3.2 Annual number of CSOs receiving grants from CSH to implement BCC outreach activities that support campaigns</b>	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> <li>• Health topic area of outreach activities</li> <li>• Type of BCC outreach activities</li> <li>• Province</li> </ul> Type of CSO	12	12	12	The CSOs include; <ol style="list-style-type: none"> <li>1. SAfAIDS</li> <li>2. Latkings</li> <li>3. PRIDE</li> <li>4. Luanshya Support Group</li> <li>5. Action for Social Development</li> <li>6. Luapula Families in Distress</li> <li>7. March Zambia</li> <li>8. PANOS</li> <li>9. Kasama Christian Community Care</li> <li>10. Group Focused and Consultations</li> <li>11. CHAMP</li> <li>12. Afya Mzuri</li> </ol>
<b>Sub IR 3.4 M&amp;E framework for IEC/BCC intervention implemented</b>						
<b>3.4.1 National HIV and Malaria M&amp;E Framework (2011-2015) includes IEC/BCC indicators</b>	Output		National HIV and Malaria M&E plans include IEC/BCC indicators	National HIV and Malaria M&E plans include IEC/BCC indicators	National HIV M&E plan includes IEC/BCC indicators	LOP target achieved. This past quarter CSH provided technical support to NAC and NMCC in developing and reviewing their M&E plans.
<b>3.4.2 IEC/BCC M&amp;E Framework for the Health Promotion Unit of MCDMCH developed</b>	Output		IEC/BCC M&E Framework developed and implemented	Not completed but initial steps commenced.	Not completed	The Health promotion Unit at MCDMCH had not yet been established during the quarter. CSH will meet with MCDMCH to carry out a BCC assessment and plans to develop an M&E plan in the next quarter.
<b>IR 4: Coordination of IEC/BCC Activities Between USAID Projects Increased</b>						
<b>Sub IR 4.1 IEC/BCC planning between USAID programs increased</b>						
<b>4.1.1 USG Partner Framework for IEC/BCC coordination</b>	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> <li>• Type of activity</li> </ul>	USG partner framework	USG partner framework	USG partner framework	The framework was developed and has been

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developed and reviewed annually			developed and annually reviewed	developed and reviewed	reviewed	reviewed. In addition an M&E framework has been developed to track the implementation of the overall USG coordination framework.
4.1.2 Annual number of USG partner meetings for coordinating IEC/BCC activities	Output		14 (4 per year for first 3 years, 2 planned in 2014)	12	4	The indicator is on track in meeting the LOP target.

## EXPLANATORY NOTE FOR INDICATORS THAT MAY DRAW ATTENTION FROM THERE PERFORMANCE

### *Indicator 0.1; - GRZ annual score on IEC/BCC management capacity index*

- To date, CSH has conducted assessments with NAC (twice), MOH/MCDMCH (twice) and NMCC (once). Unavailability of targeted GRZ officers has been the reason for delays in conducting all of the assessments. Assessment results for MOH/MCDMCH and NAC are under analysis and will be shown in the next quarterly report. Nonetheless, the indicator is on track in meeting the LOP target of 70% for each institution.

### *Indicator 0.5 Percent of national IEC/BCC campaigns implemented that were evaluated*

- Evaluation of the Safe Love campaign was delayed to March 2014, however preparatory work such as determining the research question domains commenced during the reporting period. The evaluation is expected to be completed by October 2014. The Stop Malaria campaign has an ongoing outcome evaluating strategy that will be completed in 2014. Ten outcome indicators relating to preventive and curative behaviors are tracked on a monthly basis. We are on track to meet the targets associated with this indicator. The SMGL campaign was evaluated in the previous quarter. The Nutrition campaign was launched late in 2013 and due to time constraints, the campaign impact will not be evaluated. Instead, an operations research will be conducted to measure the effectiveness of a selected campaign's key product. Therefore, this indicator is on track to meet the LOP target.

### *Indicator 3.2.2 Annual number of private sector institutions that provide support to national IEC/BCC campaigns supported by CSH*

- This indicator is track. There are a number of potential private companies, with whom we have initiated promising negotiations for partnership. For example, First Quantum reprinted the CSH board game, and it appears Manzi Valley will soon be distributing tens of thousands of birth plans to rural areas throughout the country.

### *Indicator 3.4.2 IEC/BCC M&E Framework for the Health Promotion Unit of MCDMCH developed*

- Establishment of the Health Promotion Unit of MCDMCH has been rather slow. However, as an entry point, CSH will administer the BCC capacity index assessment as an entry point for progressing towards support for developing an M&E plan for the Health promotion unit. CSH envisions developing the M&E plan by April 2014.