



**USAID** | **ZAMBIA**  
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# COMMUNICATIONS SUPPORT FOR HEALTH (CSH) PROGRAM

QUARTERLY REPORT

January to March 2014

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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

As the Communications Support for Health (CSH) project progressed in its final year, implementation of campaign activities continued and increased to achieve life of project targets. The major accomplishments for the quarter under review are as follows:

- *Integrated Stop Malaria and 1,000 Most Critical Days Nutrition campaign.* Implementation of the *Stop Malaria* and Nutrition campaign continued with a successful review of phase one of the Champion Community initiative through 5 Civil Society Organizations working in 8 districts. The CSH team reoriented these CSOs in the use of products such as counseling cards, malaria education documentaries, the malaria board game, and the question and answer booklets. The team also trained the CSOs on the integration of this existing work with the nutrition program, including how to refer mothers or caretakers of children under 2 from household visits to group sessions, and how to use the set of nutrition products to conduct these group sessions. In all, 6,500 copies of the CSH-developed growth reminder tool, 10,000 menu planning games and placemats were distributed to the CSOs and development of the feeding bowl progressed in the creation of a prototype and initial mold. Supportive supervision and mentorship monitoring was introduced to the CSOs and District officers to further support the program and start to build local ownership for program implementation.
- *Mothers Alive campaign.* The *Mothers Alive* campaign continued implementation of the Change Champion program, including scale-up of orientation meetings for Change Champions, and identifying and training community leaders to promote safe motherhood. During the quarter under review, CSH conducted an orientation of Change Champions in Kasempa, North-Western Province, and 22 participants attended the orientation, including the two Chiefs: senior Chiefs Kasempa and Ingwe.
- *Safe Love campaign.* Implementation of the *Safe Love* campaign continued during the quarter with several steps taken towards preparation of the campaign's impact evaluation. CSH re-aired seasons one and two of Love Games seasons as well as 17 *Safe Love* Public Service Announcements (PSAs) on the ZNBC, MUVI, and Chipata television stations. The CSH team also widely distributed Love Games DVDs to interested stakeholders such as SFH as well as the CSOs implementing *Safe Love* at the community level. In addition, radio products such as *Life at the Turn Off* aired on 28 national and community radio stations.
- *Safe Love campaign impact evaluation.* In preparation for the upcoming *Safe Love* impact evaluation, CSH continued to refine the methodology and approach of the evaluation. CSH formed a steering committee of representatives from the Government of the Republic of Zambia (GRZ) and USAID to guide the evaluation throughout 2014 and to assist in the development of the evaluation survey tool. CSH awarded a contract to conduct the field component of data collection to the University of Zambia's (UNZA) Institute of Economic and Social Research (INESOR).
- *Formative Research in Action.* The North-Western Provincial GRZ research team finished conducting their formative research study on maternal nutrition and drafted the final report. A provincial team from the Eastern Province that was trained by CSH was selected to conduct the second round of the formative research in action activity.
- *National IEC/BCC Technical Working Groups (TWGs).* CSH continued to support the GRZ in capacity strengthening initiatives. The national TWGs based at the National Malaria Control Centre (NMCC), the National HIV/AIDS/STI/TB Council (NAC), and the Ministry of Community Development and Maternal and Child Health (MCDMCH) held quarterly meetings to review information education communications (IEC) and behavior change communications (BCC) materials submitted for approval by partner organizations. During these meetings the

MCDMCH TWG nominated a new chair and vice chair to lead the meetings, as MOH had held the position of chair and secretariat until the realignment of Ministries to create MCDMCH.

- The new chairs were appointed from partner organizations UNICEF and the Society for Family Health. CSH supported the Zambian Ministry of Health (MOH) and NAC in decentralizing functions of the national IEC/BCC TWGs by forming and training IEC/BCC-supporting staff at the provincial level on their Terms of Reference (TORs) and guidelines for pretesting and evaluating IEC/BCC materials produced by partners in their respective provinces. TWGs were formed in all 10 provinces of Zambia.
- *Private Sector Engagement.* A notable point of achievement, CSH received the Africa Magic Best TV drama award for *Love Games*. CSH promoted the recognition with a media blitz of live interviews on radio and TV and announcements/articles in local newspapers. The tour culminated in a press briefing in partnership with MultiChoice Zambia. CSH also continued to contact USAID missions in Africa to assist in reaching out to national broadcasters. As a result, ZNBC in Zimbabwe has expressed interest in airing the show. CSH signed an agreement with Zuku Entertainment for the airing of *Love Games* in Kenya, Tanzania, and Uganda. Additionally, *Love Games* Season 1 began on the Namibian Broadcasting Corporation in January and Africa Magic (DSTV/M-Net) in Kenya will soon begin airing Season 2. As the global audience continued to grow, CSH drafted and distributed a letter to formally announce the holding of the *Love Games* copyright by Chemonics, as delegated by USAID.
- *BCC programmes for local institutions of higher learning.* Efforts continued to integrate CSH's behavior centered programming (BCP) approach to BCC in the curricula of four local institutions of higher learning CSH entered into a contractual agreement with Lusaka Apex Medical University with the intention of integrating CSH-developed BCP content into the university's existing Bachelor of Medicine and Surgery, Bachelor of Science in Nursing, Bachelor of Pharmacy, and Bachelor of Science in Environmental Health curricula. In addition, the project continued working with Zambia Institute of Mass Communication (ZAMCOM) to develop a BCC curriculum that integrates CSH's BCP content. This work with ZAMCOM resulted into the development of a draft curriculum which is scheduled for piloting in mid-May 2014.
- *Partner Coordination.* CSH continued to coordinate activities with other U.S. Government (USG) partners on BCC programs in order to prepare for the final coordination meeting scheduled for mid-June. This meeting will serve to report on all coordination activities implemented within the USG partner projects and identify best practices around coordination for sharing with USAID and GRZ. *Gender Considerations.* CSH made strides in implementing recommendations of its gender analysis and strategy conducted in 2013. The gender chapter for the Community Facilitators' training curriculum was developed, finalized. During orientation meetings with CSOs implementing the *1,000 Most Critical Days* and *Stop Malaria* campaigns, a discussion was included on the gender opportunities and constraints in implementing the campaigns in communities. CSH placed emphasis on ensuring that CSOs were able to identify gender constraints and knew methods to eliminate them. CSH also trained CSOs to ensure that there is gender balance among community malaria agents (CMAs) and nutrition promoters who are implementing the Champion Community program as part of the STOP Malaria and 1000 Most Critical Days campaigns. During the orientation of provincial TWG members, a discussion was included on issues of gender sensitive IEC/BCC materials and how to guide partners on the need for gender sensitive materials that are appropriate to the specific culture and traditions of each province.

### **Plans for Next Quarter**

- Continue with on-site supervision and mentorship of CMAs
- Conduct data quality assessments
- Continue airing PSAs on community radio stations

- Continue re-airing of *Love Games* and *Love Games Live* Seasons 1 and 2
- Continue intensive re-airing of 17 TV PSAs and radio spots
- Continue airing radio products on all 12 current community radio stations and increase number of stations to 30
- Continue preparations for and implement the *Safe Love* impact evaluation.: Finalize the survey questionnaire, submit for Institutional Review Board approval, and work with INESOR to prepare logistics and start data collection
- Continue airing the nutrition radio program in all the 8 districts where the program is being implemented
- Make a last print out of the growth reminder cards, menu placemats and menu games for the CSOs and for the government
- Prepare for the nutrition operations research on the distribution and utilization of the nutrition products. Preparations will include developing the research protocol, application for ethics approval, and development of research instruments.
- Make award for Eastern Province to conduct formative research in action for a BCC campaign based on provincial needs
- Disseminate results of North-Western Province formative research in action activity to GRZ and USAID, with representatives from MOH, NAC, MCDMCH, and NMCC.
- Partner with Fresh View Cinemas on *Love Games* event(s) targeting university students with family planning messages; seek additional private sector support to cover the discounted screening room rental
- Convene the final USG partners' IEC/BCC coordination meeting to share experiences and best practices in IEC/BCC programming
- Conduct a reflection workshop for BCCLs participants and document best practices and success stories
- Cost past and current private sector partnerships to capture the extent of the engagement over the life of the project.
- Plan and conduct refresher training for GRZ participants in BCP
- Continue supporting Lusaka Apex Medical University, ZAMCOM and GNC to complete the process of reviewing and integrating the CSH BCP approach into their curricular
- Continue providing support to MOH/MCDMCH to produce and air the last 3 programmes on YHM let's talk TV series.

# 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

Throughout this quarter, CSH continued to support local CSOs through contracts to implement the Champion Community initiative for the integrated *Stop Malaria and 1,000 most critical days* campaign in eight 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 counseling visits (using the CSH-developed counseling cards) on malaria and MNCH-related issues. Specifically, during this quarter, CSH finalized the work begun last quarter with CARITAS (our CSO in Eastern Province) and the USAID-funded MAWA project to ensure that CARITAS work for CSH did not overlap with the work it was doing on behalf of MAWA in the same areas.

Once all contracts were signed and work was underway, CSH conducted supervisory site visits to each CSO to work directly with the group of nutrition promoters and community malaria agents implementing the work on the frontline. These visits introduced each CSO to a thorough and structured supportive supervision mechanism for working with the volunteers and provided a refresher training to the community volunteers on effective interpersonal communication skills and the use of all of the available communication products. National, provincial and district GRZ staff were part of each site visit as a first step in transferring them ownership and responsibility of management and supervision of this work. Similar visits are planned for each quarter of this year and GRZ staff will take on increasing responsibility.

Furthermore, CSH continued airing malaria PSAs on community radio stations in all eight target districts and began airing the *Bushes that Grow* radio series in English on national radio. This series was also translated during this quarter and will begin airing on community radio in the 8 target districts next quarter.

<b>STOP Malaria and First 1000 Most Critical Days Products and Outputs (IR 1.1)</b>
<ul style="list-style-type: none"><li>• Trained five CSOs on the implementation of Champion Community Initiative and use of products in eight districts</li></ul>
<ul style="list-style-type: none"><li>• Engaged the GRZ in the beginning of handover process of the champion community initiative through on the job process in eight districts</li></ul>
<ul style="list-style-type: none"><li>• Conducted site monitoring and mentorship visits for CMAs in eight districts</li></ul>
<ul style="list-style-type: none"><li>• Translated <i>Bushes that Grow</i> radio series (13 parts) into Bemba, Lozi and Nyanja and began airing English version on national radio</li></ul>

#### Challenges

The primary challenges involved the handover process of the Champion Community initiative to the GRZ. Because of the results this initiative has been able to demonstrate in terms of actual behavior change, it has been well received by GRZ staff. GRZ staff have been eager to participate in site visits and demonstrate enthusiasm for taking on a large role in supervision and management of the program. However, the handover process will require continued reengagement of GRZ at all levels, beginning with the national level. For example, without prioritization of the initiative by the national GRZ, provincial and district level GRZ officials may find it difficult to include the initiative in their district plans.

Additionally, most of the GRZ counterparts, especially the national NMCC office, are aware of upcoming USAID procurements focusing on Malaria and want their planning to align with that procurement. Even though they believe in Champion Communities, if it is not a part of the community prevention aspects of a new project, they feel they would be unable to continue to support it as a separate initiative. To assist with advocacy efforts to include the approach in all future work, the GRZ representatives in our 8 target districts have requested for CSH to package the initiative with its successes in the form of a presentation that could be used as an advocacy tool during the handover process.

### **Plans for Next Quarter**

- Continue with on-site supervision and mentorship of CMAs and NPs
- Conduct data quality assessments
- Continue airing PSAs on community radio stations
- Continue advocacy and dissemination efforts to ensure sustained funding for Champion Communities approach
- Continue monitoring of Champion Communities
- Prepare for the STOP Malaria evaluation

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

The *Safe Love* campaign continued to operate at scale this quarter due to the continuation of an intensive implementation plan.

CSH advanced the *Safe Love* campaign evaluation process by applying for and obtaining international ethics approval from ICF International's institutional review board (IRB); contracting the local research institution, INESOR; developing the evaluation questionnaire; and finalizing the evaluation plan. Other preparatory activities in progress include applying for ethics approval from the local IRB and preparation of field data collection logistics.

CSH re-aired *Love Games* Seasons 1 and 2 on ZNBC, MUVI TV, and Chipata TV with an emphasis on saturation of the marketplace. The series has steadily been gaining momentum, with increasing press coverage and mentions on social media, as well as winning the Africa Magic Viewers Choice Award. Additionally, CSH started airing 17 *Safe Love* PSAs on ZNBC TV and MUVI TV and continue airing *Life at the Turn Off* and radio PSAs on 28 national and community radio stations. These are being broadcast in both English and all 7 local languages. Again, the emphasis in creating the media schedule is on maximum exposure. As such, CSH has attempted to broadcast with sufficient frequency at varying times a day, during main news and at other times of peak viewership/listenership, to reach anyone who regularly listens to the radio or watches television.

CSH was also a partner in the launch of the national VMMC campaign for April 2014, which kicked off at the end of the quarter (late March) with a renewed focus on traditional leadership. The kick-off activities in March, were hosted by Chief Cooma's chieftom in Choma district in Southern Province and included work by the entire group of partners and stakeholders implementing VMMC in Zambia. CSH, in particular, worked with Chief Cooma (also known as Chief Singani) to record and air a radio program on Sky FM, which used a CSH discussion guide to talk about VMMC in a locally-appropriate context. The recorded program will be aired biweekly throughout April.

In addition, CSH has continued to work with the CSOs implementing *Safe Love* to collect phone numbers of men interested in information on VMMC. To date, we have collected over 3,000 mobile numbers and, during this quarter, sent out two more batches of SMS promoting VMMC. In addition, CSH reprinted

VMMC information booklets: 7,500 targeted to men and 7,500 to women. These were originally produced by SFH and will be used by all service-delivery partners (as well as CSH’s CSOs) in demand creation activities in communities.

CSH contracts with Action for Social Development Foundation, Pride Community Health Organization, Latkings Outreach Programme, SAFAIDS, and Luanshya Support Group continued this quarter. These CSOs were working in ten districts of Kawambwa, Mwansabombwe, Mansa, Samfya, Mkushi, Kapiri Mposhi, Kabwe, Luanshya, Lusaka and Kafue throughout the quarter to ensure implementation and achievement of life of project Interpersonal Communications (IPC) targets. Throughout this period, 99,813 people were reached through the Safe Love Clubs and subsequent outreach with HIV prevention messages, bringing the total number reached to 363,811 and achievement of the 310,000 life of project target.

The third phase of CSO engagement, HIV-family planning (FP) integration, also commenced this quarter with an orientation of CSO program staff and finalization of the specific scopes of work/sets of activities each CSO will conduct throughout the next quarter. CSH has re-edited some of its existing HIV and Mothers Alive video products into a 30-minute “integration” packaging, highlighting the key messages of integration that need to be communicated, including the dual protection against HIV and pregnancy offered by condoms, the critical importance of testing/known your status before pregnancy and careful family planning for people living with HIV.

Some of the specific activities that the CSOs will implement include training of existing facilitators to continue small group discussions as well as hold community-wide screenings of the integration materials described above. The CSOs have slightly expanded their scope with this additional work and will now be operating in 12 districts under this HIV-FP initiative, namely; Lusaka, Kafue, Kabwe, Kapiri Mposhi, Mkushi, Luanshya, Lufwanyama, Kitwe, Mansa, Samfya, Mwansabombwe and Kawambwa.

As another component of our work on HIV-FP integration, CSH partnered with University of Zambia to conduct activities targeting a youth audience. On Valentine’s Day, activities included the screening of edited version of *Love Games* and the *Journey to Becoming a Parent* at UNZA itself. As part of the program, a number of service providers were invited to the event to conduct voluntary counseling and testing (VCT), provide FP services, and distribute information materials about HIV, FP, cervical cancer, and VMMC. This event reached over 3000 people throughout the day. On March 21, 2014, CSH and UNZA co-hosted a cultural night, which included a fashion parade and other social mobilization entertainment and reached nearly 1000 people. Testimonials from youth affected by HIV in some way were shared at the two UNZA events. Most students were knowledgeable about HIV issues, but were not as knowledgeable on FP issues and many said they appreciated information on the subjects from their peers.

<b>Safe Love Products and Outputs (IR 1.2)</b>
<ul style="list-style-type: none"> <li>Started airing re-runs of Love Games on ZNBC, MUVI TV, and Chipata TV. Continued airing episodes on DSTV/Africa Magic and other national stations in Namibia and Nigeria</li> </ul>
<ul style="list-style-type: none"> <li>Continued strong presence of radio mass media messages on 28 national and community stations with a variety of programming, such as VMMC call-in shows in support of the VMMC national campaign</li> </ul>
<ul style="list-style-type: none"> <li>Reprinted VMMC information booklets: 7,500 targeted to men and 7,500 to women</li> </ul>
<ul style="list-style-type: none"> <li>Reached 99,815 people with abstinence/being faithful HIV-prevention messages through a network of CSOs working in nine districts</li> </ul>
<ul style="list-style-type: none"> <li>Engaged the five CSOs in HIV-FP integration for a further three months.</li> </ul>

## Challenges and Solutions

Some community radio stations air the *Life at the Turn Off* radio program around 20:00 hours, making it difficult for the *Safe Love Club* members to utilize the radio programs for their IPC discussions. This is a difficult challenge for CSH to mitigate, as programming at these radio stations is often a bit haphazard. We have encouraged CSOs to purchase radios and have provided them with copies of all the materials so that they do not have to depend on the live broadcast for hearing the material.

There was also an observed disconnect between demand creation and service provision for VMMC, VCT, and condom distribution. This challenge is one pervasive at the national level and has little to do with CSH. Although coordination at the national level among partners is strong, in many districts, coordination seems non-existent. CSH had initially envisioned using our SMS program to bridge a gap between demand creation and service provision—the SMS could alert interested parties of where and when services are available. However, it has been nearly impossible to obtain the information on where and when services are available with any kind of advance or systematized notice. This has meant that while CSH has continued to send messages with information about VMMC, we have not been able to link that information to service delivery. We continue to work at national and grassroots level on improving this coordination. IDInsight has received a small grant to focus exclusively on a similar SMS system in Lusaka district and CSH has maintained close contact with them in order to piggy back on what they are learning. Further, the CSOs, who are better positioned to push the process at district level, have been advised to actively participate in TWGs groups at the provincial and district levels so that they can be part of the planning process to increase service provision to match demand, and especially during months like the national campaign months, when services are better planned, we hope to be able to make progress in this area.

## Plans for Next Quarter

- Continue re-airing of *Love Games* and *Love Games Live* Seasons 1 and 2
- Continue intensive re-airing of 17 TV PSAs and radio spots
- 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 growing the database of phone numbers for VMMC mobile messaging initiative
- Continue working on HIV-FP integration activities through the CSOs, including training *Safe Love Club* facilitators in HIV-FP and colleges and universities like UNZA
- Continue participating in the demand creation activities using IPC through five CSOs
- Continue outcome monitoring and reporting of *Safe Love* clubs.
- Continue preparations and launch the *Safe Love* impact evaluation: finalise the questionnaire, and work with INESOR to conduct field data collection.

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

*Mothers Alive and SMGL.* This quarter, the CSH team received final copies of all remaining/outstanding communications materials including the FP methods counseling tool, the adolescent reproductive health brochure, and the *Journey to Becoming a Parent* documentary in all 7 local languages. These were distributed to GRZ, and other implementing partners such as the Zambia Prevention Initiative (ZPI), the Zambia Integrated Systems Strengthening Program (ZISSP), the UNFPA Society for Family Health, JSI, Pride, SAfAIDS, Kasempa, Mbala, Luwingu, Chinsali, and ZCHARD.

The materials distributed included the following: birth plans (130,000), posters (50), Change Champion Bags (53), Change Champions Guide (54), Keeping Mothers Alive DVD (50) English and (50) Bemba, Journey to Becoming a Parent DVDs (25), Family Planning Methods counseling tool (3,000), Adolescent Health brochure (13,050), and chitenges (2,950).

In addition, CSH continued implementation of the Change Champion program through identifying and training leaders to promote safe motherhood. CSH conducted an orientation of Change Champions in Kasempa and 22 participants attended the orientation, including the two Chiefs; senior Chief Kasempa and Ingwe. In Mbala, 25 change champions attended the mentorship program. Senior Chief Sokolo and chiefs Mpande and Nondo were among the participants who attended the mentorship program. Twenty three of the 25 oriented Change Champions reported that they had started a program to conduct community meetings and health facility education talks to educate families on the importance of safe motherhood services.

The screenings of *Journey to Become a Parent* were conducted in both Lundazi and Nyimba districts as part of SMGL. 100 identified communities were reached and more than 11,000 community members have been reached so far through the mass screenings with the right information on safe motherhood. CSH also participated in both national and provincial SMGL Partners' meetings to share field experiences, as well as other key partners' meetings on Family Planning Scale-Up and integration of Family Planning and HIV interventions.

*The First 1,000 Most Critical Days Campaign.* As described in the section discussing the STOP Malaria campaign, each CSO began work on implementing the community-based aspects of the 1000 Days program in 8 target districts. This work was added onto the existing Champion Community program previously focusing on malaria. As part of this, the CSOs trained cadres of community-based volunteers (over 100) known as nutrition promoters (NPs) to conduct group sessions with mothers. The NPs have started holding bi-weekly group sessions in communities for pregnant women and mothers of children under two. During these meetings they use all of the nutrition products, which include the growth reminder card, menu placemats and menu game and have since begun distributing these products to the mothers in attendance. The NPs are also using the nutrition radio program during the group sessions with the mothers to discuss the 13 episodes around the 1000 days program. Additionally, CSH has finished the translation of these episodes in three local languages – Lozi, Bemba and Nyanja.

Additionally, the community volunteers previously focusing on malaria, called community malaria agents (CMAs), have expanded their household counseling sessions to include use of the growth reminder tool with individual mothers and caretakers and refer those individuals with children less than two years to the group sessions with the NPs.

As also previously described, the CSH team also conducted monitoring and supportive visits to the CSOs implementing the *Stop Malaria/1,000 Most Critical Days* program. Six site visits were conducted to engage GRZ partners such as select members of the District Malaria Task Forces. The provincial and district nutrition officers in the six implementing districts conducted an on-the-job approach to facilitate their active participation in the management and full ownership of the *Stop Malaria* and the *1,000 Most Critical Days* Campaigns. With this approach, CSH has formally begun to transition supervisory responsibilities to the GRZ.

Beyond the work of the CSOs, CSH continued to support NFNC and other stakeholders in implementation of 1000 days programming around the country. Both the USAID-funded MAWA project as well as the DFID-funded Project RAIN have received 5000 copies of the nutrition products and have integrated them into their own programming. CSH has also finalized a relationship with CARE Zambia to transition its BCC advisor for maternal health and nutrition to support communication for the broader

1000 Days program as part of the SUN-Fund. This role ensures that the work CSH is doing will continue beyond CSH. Activities have so far included building on CSH’s communication strategy for the 1000 Days to encompass advocacy and activities for all line ministries, collecting feedback on use of CSH products for slight revisions, and continued engagement for approvals on the child feeding bowl prototype.

<b>1000 Most Critical Days Products and Outputs (IR 1.3)</b>
• Training and mentorship of 50 Change Champions in Kasempa and Mbala conducted
• Mass screening of Journey to Becoming a Parent kicked off in 100 communities in Eastern Province
• All print products received and distributed and all radio products translated and aired
• Child Feeding Bowl prototype complete/approved
• Five CSOs continued implementation of <i>Champion Communities</i> in eight districts

### **Challenges and Solutions**

Receipt of the child feeding bowl continues to be a slight challenge as production in China is taking longer than originally projected by the vendor. CSH has worked as quickly as possible to respond to all queries and requests for approval of drawings and prototypes, but the process has still dragged. The final mold is expected in country the first week of May and the 10,000 bowls CSH plans to produce will be ready approximately a week after. A bowl distribution plan is under development in consultation with CSOs and the District to ensure a smooth roll out once the bowls are produced.

While our work has continued in the original 4 districts, CSH has also not planned to do any work in the new districts chosen for Phase 2 of Saving Mothers Giving Life due to the fact that these districts weren’t selected at the time of CSH’s workplanning nor does CSH currently have funding to do so. However, since other partners are moving ahead, CSH has been focusing on trying to ensure the package of interventions CSH contributed to SMGL is well-documented, well-understood by partners and that partners are willing to take up the activities as part of their own plans. At the end of the quarter, CSH also developed a short proposal to potentially obtain additional funds which would allow it to at least initiate activities in the new districts, with an eye for transferring them to partners and GRZ directly as CSH winds down.

### **Plans for Next Quarter**

- Conduct field-based supervision visits to the CMA and NPs as well as an additional data quality assessment visit to each CSO
- Continue airing the nutrition radio program in all eight districts of program implementation
- Reproduce the growth reminder cards, menu placemats, and menu games for the CSOs and for the GRZ based on input from the partners currently using the materials
- Make preparations for bowl distribution
- Conduct nutrition operations research on the distribution and utilization of the nutrition products
- Continue airing malaria PSAs on community radio stations in eight target districts
- Conduct Change Champion training in Senanga and mentorship in Nakonde
- Begin work in new SMGL districts (pending funding)
- Continue screening of Journey to Becoming a Parent in 100 communities in Kalomo and Mansa

## **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 finalized their study on maternal nutrition and the CSH Research and M&E team reviewed the draft report and provided feedback to the North-Western province team. CSH worked with the provincial GRZ research team to finalise the research report and plans to hold a dissemination meeting in April in Lusaka where various stakeholders including MOH, NAC, and USAID will be invited to participate.

The second round of the formative research in action is planned to be conducted in Eastern province and preparation of the research proposal is underway. The award to Eastern province is planned for April.

Further, CSH conducted a formative research training workshop for members of the three IEC/BCC technical working groups that receive technical support from CSH. Although the LOP target for trainings in formative research for GRZ officers was already achieved in 2013, the GRZ requested that CSH train members of technical working groups as a step towards sustainability, as some individuals that had been trained from the various GRZ institutions had migrated to other jobs. Therefore, during the quarter, CSH trained 11 members of the IEC/BCC technical working groups, representing NAC, MCDMCH, and NMCC.

<b>Formative Research Products and Outputs (IR 2.1 and 2.2)</b>
<ul style="list-style-type: none"><li>• North-Western province formative research in action final draft report</li></ul>
<ul style="list-style-type: none"><li>• Eastern province formative research in action first draft proposal</li></ul>
<ul style="list-style-type: none"><li>• Training of members of IEC/BCC technical working groups in formative research</li></ul>

## **Challenges and Solutions**

The Eastern province formative research in action activity was supposed to have been launched in early March, but was pushed back to April due to a delay by the Eastern province team in finalizing the research proposal. The CSH team is providing technical assistance in reviewing literature on the research topic. The CSH team has continued to meet with the Eastern province team in a bid to finalize their research proposal.

## **Plans for Next Quarter**

- Make award for Eastern Province to conduct a research study as part of the formative research in action activity.
- Continue providing remote and on-site technical assistance to Eastern Province GRZ provincial staff to finalize their research protocol and submit for IRB approval, and collect, transcribe, and analyze the data.
- Hold a dissemination meeting to share the results of North Western province formative research study on maternal nutrition.

## **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 and MCDMCH held their quarterly meetings and reviewed IEC/BCC materials submitted for approval from

partner organizations. During this last quarter meeting, the MCDMCH technical working nominated a new chair and vice chair to lead the meetings. These were appointed from partner organizations of UNICEF and SFH. CSH supported MOH and NAC in decentralizing functions of the national IEC/BCC TWGs by forming and orienting IEC/BCC staff at provincial level on their TORs and guidelines for pretesting and evaluating IEC/BCC materials produced by partners in their respective provinces. TWGs were formed in all 10 provinces of Zambia and 127 individuals in the TWGs from GRZ and media were reached.

*Your Health Matters (YHM) TV program;* CSH continued to support MOH and MCDMCH in producing and airing their monthly 25-minute *Your Health Matters: Let's Talk* programs. Two programs featuring diarrhea/ hygiene and immunizations were produced and aired during the reporting period.

*CHAMP 990 Talkline;* During the reporting period, the 990 Talkline serviced a total of 16,121 calls. Talkline counselors were given support through a support meeting where they were oriented to the upgraded Talkline application which they use to capture call data. In addition, CHAMP continued monitoring the quality of the service through the “mystery caller” technique. This is a technique where one of the counselors makes a call to a fellow counselor without revealing themselves and go through the counseling process as if they were an actual client. From the interaction, the mystery caller is able to identify whether the counseling technique and approach is of good quality or not. During technical review meetings, counselors provide feedback on identified gaps so that the quality of service is improved.

*Afya Mzuri Dziwani Knowledge Centre for Health;* Being the final quarter of implementation under the Phase II grant, the sub-grant scaled down on activities as focus shifted to the transitioning process in view of CSH project close-out. To support that transition phase, CSH approved a 2 month No Cost Extension of the Phase II grant up to end of May 2014 and is also negotiating with the institution to support them through August with additional funding. The following tasks were completed:

- Conducted a technical support visits to the Chipata, Mongu, and Kafue satellite service points during which staff were trained in IEC/BCC dissemination strategies.
- Two on-site learning sessions targeting youths and adolescents were conducted during the quarter. During these learning sessions, various health topics are discussed. During the quarter under review, 12 people were reached through the sessions (11 males, 1 female) with information on sexual reproductive health and family planning.

*National Communication Strategies;* During the period under review, CSH continued to engage MCDMCH on the process of completing the revised MNCH communications strategy. Due to the Ministry’s other competing activities, this activity was moved to take place in April of the next quarter.

*Capacity Building in M&E for BCC campaigns;* There were no trainings in M&E planned during the reporting period.

<b>TWG, Talkline, Dziwani HCRC, Grantee, and IEC/BCC Management Products and Outputs (IR 3.1)</b>
<ul style="list-style-type: none"> <li>• 10 provincial TWGs were oriented on their TORs and guidelines for evaluating and pretesting IEC/BCC materials produced by partners in their provinces. TORS for the provincial TWGs were developed and distributed.</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>
16,121 calls serviced by the 990 Health Talkline

## **Challenges and Solutions**

There were no challenges to report during the quarter.

### Plans for Next Quarter

- Continue supporting MOH/MCDMCH to produce and air the extended YHM TV program. The next 2 programs for next quarter will be on Family Planning and Malaria.
- Support MOH to hold a quarterly technical review meeting on the *Your Health Matters: Let's Talk* program and discuss the M&E plan for the program
- 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.
- Support MCDMCH, MOH, NAC, and NMCC to hold quarterly TWG meetings to review and approve materials from partners.
- 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.
- 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.
- Conduct capacity assessments for CHAMP and Afya Mzuri (Note, these assessments are a little different in that they are tailored for each of the grantees and bench mark the initial assessments conducted in 2010 focus on assessing capacities built by CSH for each of the grantees overtime. The assessments are scheduled for July for Afya Mzuri and June for CHAMP after end of contract extensions for each).
- Provide technical assistance to MOH in conducting a second M&E training workshop for BCC campaigns.

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

One of the high points for private sector engagement this quarter, and indeed for the entire project, was receiving the Africa Magic Best TV drama award for *Love Games*. In Zambia we promoted the recognition with a media blitz of live interviews on radio and TV and announcements/articles in local newspapers culminating in a press briefing in partnership with MultiChoice Zambia.

We also continued to contact USAID missions on the continent to assist in reaching out to national broadcasters. ZBC in Zimbabwe has expressed an interest in airing the show. We signed an agreement with Zuku Entertainment, part of the Wananchi group, for the airing of *Love Games* in Kenya, Tanzania and Uganda.

*Love Games* Season 1 began on the Namibian Broadcasting Corporation in January and we delivered copies of Season 2 to Africa Magic (DStv/M-Net) in Kenya. As the global audience continued to grow we drafted and distributed a letter to formally announce the holding of the *Love Games* copyright by Chemonics, as delegated by USAID. This was to ensure consistent language, branding and recognition on all platforms. To demonstrate the show's worldwide reach we prepared a *Love Games* distribution map for the CSH open house in February. Finally at the end of the this quarter, we secured the participation of high profile cast members for a quarter two student event at the Fresh View Cinemas.

During this quarter we realized a transport partnership that had been proposed for some time. Natural Valley, a national water company with an extensive distribution network, delivered one ton of birth plans

to Mpika District. The plans were then distributed to 25 health facilities, and neighboring Chinsali District organized to collect plans to distribute to 17 health facilities in their area. This transport partnership, responding to a request from GRZ and resulting in no cost to the project, involved the coordination of business, government and partners (ZISSP in Mpika). In all, 84,000 individual birth plans were delivered over two separate shipments. Natural Valley also donated water to the CSH open house.

This quarter, we also liaised with the manufacturer of the nutrition feeding bowl mold, approving drawings to facilitate the production of a prototype. We received the prototype in early March, verified the measured amounts and instructed the vendor to proceed with mold production.

Highlights of this quarter’s private sector partnerships include:

- *Africa Magic – Love Games* Season 1 completed on Africa Magic (DSTV/MultiChoice reaching 48 countries); show received the Best TV Drama award. Partnered with MultiChoice Zambia for a press briefing.
- *CBS / NBC –* Season 1 completed on the Continental Broadcasting Service in Nigeria and begun on the Namibian Broadcasting Company.
- *Zuku Entertainment –* Agreement signed for the airing of *Love Games* in Kenya, Tanzania and Uganda
- *Natural Valley –* Bottling company completed a no-cost delivery of 84,000 CSH birth plans to Mpika District for distribution to health facilities there and in Chinsali District.

<b>Private Sector Participation Support and Products (IR 3.3)</b>
<ul style="list-style-type: none"> <li>• Africa Magic completed the airing of <i>Love Games</i> Season 1 and their viewers honored the show with the Best TV drama award. MultiChoice hosted a press briefing to publicize the award.</li> </ul>
<ul style="list-style-type: none"> <li>• <i>Love Games</i> continued airing on CBS in Nigeria and began on NBC in Namibia. We signed an agreement with Zuku Entertainment for airing the show in Kenya, Tanzania and Uganda.</li> </ul>
<ul style="list-style-type: none"> <li>• We tapped the national distribution transport of Natural Valley, a Zambian water bottling company, for a no-cost delivery of 84,000 birth plans to Mpika.</li> </ul>

### **Challenges and Solutions**

- The Africa Magic award was a huge win for the project but the acceptance speech by Media365 failed to acknowledge the financial backing by USAID and PEPFAR, and the technical oversight from CSH and Chemonics. This missed opportunity triggered a media blitz that resulted in radio and TV interviews and culminated in a press briefing in partnership with MultiChoice Zambia. The press conferences also featured the Minister of Information and the USAID Mission Director, who both expressed their excitement for being a part of such a large win.
- We were unable to secure private sector support for the re-airing of *Love Games* on ZNBC, largely because there was no reduction in the broadcast rates. Companies said they would consider if it was a significant reduction, reflecting that it had already aired once, but no discount was forthcoming from ZNBC. ZNBC is a parastatal organization and, as the major Zambian national broadcaster, the schedule is packed so they have no incentive for giving discounts.
- Delays in receiving the prototype of the nutrition feeding bowl pushed the timeline for introducing that key product of the *1,000 Most Critical Days* campaign, but this will have no impact on achievement of PMEP targets as those are not tied to the products and the rest of the nutrition activities are well under-way.

### **Plans for Next Quarter**

- Partner with Fresh View Cinemas on *Love Games* event(s) targeting university students with family planning messages; seek additional private sector support to cover the discounted screening room rental.
- Cost past and current private sector partnerships to capture the extent of the engagement over the life of the project.
- Approach airlines (South African Airways, Ethiopian Airways, Emirates) again about adding *Love Games* to their in-flight entertainment options.
- Continue to approach national broadcasters; secure an agreement with ZBC in Zimbabwe.
- Pursue business support for the *1,000 Most Critical Days* nutrition campaign, particularly production of the feeding bowl beyond the initial run.
- Explore additional transport partnerships for the birth plans, and sponsors to support its re-printing.
- Continue to send VMMC SMS messages, particularly during campaign months; secure private sector support to make the service more sustainable.
- Partner with the Zambia Health Alliance on the distribution of packages of CSH print and electronic health materials for business.

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

*Local Training Institutions.* In the quarter under review, CSH continued efforts to integrate the project’s BCP approach to BCC in the curricula of four local institutions of higher learning. There, a contractual agreement was made with Lusaka Apex Medical University aimed at integrating the BCP content into the university’s to integrate into the university’s existing Bachelor of Medicine and Surgery, Bachelor of Science in Nursing, Bachelor of Pharmacy and Bachelor of Science in Environmental Health curricula. In addition, the project also continued working with ZAMCOM to develop a BCC curriculum that integrates the BCP content. This work with ZAMCOM resulted into the development of a draft curriculum which is scheduled for piloting in mid- May.

In addition, CSH continued to collaborate with the General Nursing Council on the integration of the BCP approach into the council’s in-service programs for practicing nurses. Focus of this collaboration in the quarter was mainly on planning for the implementation of the first in-service training session for nurses at the University Teaching Hospital.

<b>IEC/BCC Capacity Building Products and Outputs (IR 3.4)</b>
<ul style="list-style-type: none"> <li>• Signed contract with Lusaka Apex medical University to integrate BCP into University curriculum</li> </ul>
<ul style="list-style-type: none"> <li>• Developed draft BCC curriculum that incorporates CSH’s BCP approach for ZAMCOM</li> </ul>

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

- Continue supporting GNC in the implementation of the BCP training sessions for practicing nurses
- Support ZAMCOM to finalize the BCC curriculum for in-service training for journalists, including the pilot process.
- Continue working with Lusaka Apex Medical University to develop strategies for integration of the BCP approach into their Public Health Courses.
- Develop a tool for institutions implementing the BCP training sessions to evaluate the training curriculum and delivery.

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

*National M&E Framework for IEC/BCC*; As part of continuing support for GRZ's efforts in strengthening evidence based approaches and collaboration on capacity building activities, CSH participates in GRZ research, monitoring and evaluation activities with an aim to strengthen national M&E frameworks. During the quarter, CSH was requested by MOH to participate in a review of the Health Management Information System by participating in on site field visits in Muchinga and Northern provinces. The visits included providing TA to GRZ sub-national officers who had participated in an M&E training workshop conducted by MOH with TA and training materials support from CSH in November 2013. This support was provided through the participation of Research M&E Director, Kevin Chilemu.

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

- TA provided to MOH M&E and Policy department through participation in field monitoring visits in Muchinga and Northern provinces.

#### **Challenges and Solutions**

There were no challenges experienced in this quarter.

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

- Provide support to MCDMCH Health promotion unit to develop an 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's coordination work with other USG projects included extensive work on distribution and use of 1000 days, Mothers Alive and Safe Love products to nearly all other USG partners as described in each campaign section above. Further, we have held a number of ongoing discussions with ZISSP over potential collaboration on research evaluating the impact of our mutual maternal health work involving ZISSP-trained Safe Motherhood Action Groups using tools like the birthplan. CSH also supported ZISSP in planning and training the BCC committees in 26 selected provinces of Zambia. The BCC committee TORs was adapted from the provincial TWGs TORs to ensure synergy and collaboration between the two committees

Additionally, the CSH team focused on preparing for the final coordination meeting scheduled for mid-June at which a report on all coordination activities implemented within the USG partner projects coordination framework will be presented for review and final approval.

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

- Meeting report.

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

- Conduct a capacity assessment with the National Health Promotion, HIV/AIDS, and Malaria IEC/BCC TWGs in order to determine the effect of CSH's support in improving the functioning of the TWGs and building capacity to fulfill their Terms of Reference.

- Convene the final USG partners IEC/BCC coordination meeting to share experiences and best practices in IEC/BCC
- 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.

## **E. Gender Considerations**

CSH continued to implement recommendations of the gender analysis and strategy conducted in 2013. The gender chapter for the Community Facilitators' training curriculum was developed, finalized and distributed to all CSOs implementing the HIV prevention, *Safe Love* campaign at community level.

In the *Safe Love* evaluation design, the sampling methodology includes stratification by men and women in addition to rural and urban strata. The design also involves gender paired data collection where females will conduct interviews with female respondents and vice versa. Analysis of the findings and measurements of exposure will also yield results that are gender specific.

During orientation meetings with CSOs implementing the *1,000 Most Critical Days* and *Stop Malaria* campaigns, a discussion was included on the gender opportunities and constraints in implementing the campaigns at the community level. Emphasis was placed on identifying the gender constraints and how to mitigate them and also ensuring that there is a gender balance among community malaria agents and nutrition promoters.

During the orientation of provincial TWGs members, a discussion was included on issues of gender sensitive IEC/BCC materials and how to guide partners on the need for gender sensitive materials appropriate to the specific culture and traditions of each province.

### **Plans for Next Quarter**

- Continue integrating gender in all CSH activities especially campaigns and trainings.
- Distribute the Gender addendum to the CSO training manual to all CSOs implementing the *Safe Love* campaign at the community level.

## 2. OPERATIONS AND ADMINISTRATION

*Strategic Activity Fund (SAF).* CSH signed and awarded contracts worth over \$530,000 during the quarter. The contracts were awarded to media houses comprising radio stations both at the national and community levels, and ZNBC. These contracts are for airing of *Life at the Turn Off*, malaria skits, *Mothers Alive* campaign products, *Bushes that Grow* nutrition radio series, and the *Love Games* series on ZNBC. These contracts also include screenings of the *Mothers Alive* documentary in Eastern Province.

The contract modifications for two subcontracts were concluded in the quarter: the Goman subcontract for the production of radio, TV and print materials for *Mothers Alive*, and the Nabuzoka subcontract also for the production of radio, TV and print materials for *Mothers Alive* campaign. The modification included amending some deliverables and aligning these deliverables to new due dates and respective payment schedules.

*Grant Management.* During the period under review, CSH continued to provide technical support to two sub grantees, CHAMP and Afya Mzuri, in the implementation of their grant agreements. Discussions are ongoing for further grant support beyond the expiry of the existing Phase III grant. CSH provided technical support and facilitated reimbursements to the five (5) CSOs implementing *STOP Malaria* Campaign and to the other five (5) implementing the *Safe Love* Campaign to enable them meet their contractual obligations.

*Recruitment.* There were no new recruits during the quarter under review.

*General.* CSH developed a sustainability plan that outlined a detailed handover to GRZ from March 2014 through the end of the project. CSH also prepared and submitted 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.

### 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.



[REDACTED]

[REDACTED]

**Projected Expenditures for April 2014 to June 2014**

	<b>Current Obligation (Mod11 included)</b>	Expenditures Through Mar 2014	Projected Expenditures Apr 2014	Projected Expenditures May 2014	Projected Expenditures June 2014	Projected LOP Expenditures through June 2014	Projected Funds Remaining as of 06/30/2014	Burn Rate (average of last 3 months)	Obligated Pipeline (in months)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 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: 59.1% NAC: 74% NMCC: 61% (2013 result)	MOH/MCDMCH: 59.1 NAC: 74% NMCC: TBD	The NMCC capacity assessment was not conducted in Jan – Mar period due to unavailability of NMCC staff for the assessment. The NMCC staff required to participate in the assessment indicated that they would only be available in the next quarter in May after the World Malaria Day event.
<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> </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.

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
		<ul style="list-style-type: none"> <li>Type of CSH support</li> </ul>				
<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 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>	100%	100%	100%	Targets and results based on all 12 campaigns implemented with CSH support (refer to 0.2 for list of campaigns)
<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)	25%	25%	In 2013, CSH conducted a performance evaluation of the SMGL initiative, part of the Mothers Alive campaign. Evaluation of the Safe Love campaign, the Stop Malaria campaign and an assessment of the nutrition campaign are all 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</b>	Output	N/A	Formative research completed	Formative research completed Campaign strategy	Formative research completed Campaign strategy	All milestones met and completion of the campaign evaluation
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INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
CSH support			Campaign strategy completed Campaign launched and implemented Campaign monitored and evaluated	completed Campaign launched and implemented Campaign monitored and evaluation initiated	completed Campaign launched and implemented Campaign monitored and evaluation initiated	underway. The evaluation will be completed by August 2014 after a comprehensive review of the outcome of the Stop Malaria campaign.

### Sub IR 1.2 Comprehensive HIV Prevention campaigns expanded

1.2.1 National comprehensive HIV campaign implemented with CSH support	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 and outcome evaluation currently underway. The evaluation results will be disseminated by November, 2014.
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	Output; PEPFAR	Abstinence/Being Faithful				
		Total A/AB	130,000	104,418	16,608	
		Other Prevention				
		Total OP	180,000	259,393	83,205	
		TOTAL	310,000	363, 811	99,813	LOP target achieved and exceeded by 53,811. This achievement is due to the scale-up of IPC outreach activities conducted by the HIV campaign implementing CSOs in their respective communities.
1.2.3 Exposure: Percent of	Output;	Radio	Overall: 50%	First Survey (2012	8.2%	Final results will be

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
targeted population reached by channel (radio, TV, or SMS) developed with CSH support	PEPFAR		(Urban: 50%; Rural: 50%)	<b>results)</b> Urban: 37% Rural: 22% Overall: 29.6%  <b>Second Survey (2013 results)</b> Urban: 10.3% Rural: 5.5% Overall: 8.2%	(Urban: 10.3%; Rural: 5.5%)	available after the Safe Love outcome evaluation is concluded that will include measures of exposure via TV and radio channels.
	TV		Overall: 65% (Urban: 80%; Rural: 50%)	<b>First Survey (2012 results)</b> Urban: 79% Rural: 49% Overall: 63.8%  <b>Second Survey (2013 results)</b> Urban: 70.6% Rural: 24.3% Overall: 57.4%	57.4% (Urban: 70.6%; Rural: 24.3%)	As above

### 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	<i>Disaggregated by:</i> <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: 4	LOP target achieved. All 12 campaigns implemented in Zambia with CSH used TV and radio channels.  3 non-routine and 1 routine campaign implemented during January and March 2014.
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	<i>Disaggregated by:</i> <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.

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
<b>IR 2: GRZ Use of Evidence-Based Health Communications Approaches Increased</b>						
<b>Sub IR 2.1 Capacity of HCRC to manage and disseminate information in IEC/BCC interventions improved</b>						
Please note: Indicators for Sub IR 2.1 are included under Sub IR 3.1						
<b>Sub IR 2.2 GRZ capacity to conduct formative research to develop health communication campaigns improved</b>						
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	<i>Disaggregated by:</i> <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: 61	Total: 11	LOP target achieved and exceeded by 11. CSH trained an additional 11 members of the IEC/BCC TWGs in March 2014.
2.2.2 Annual number of non-routine IEC/BCC campaigns for which formative research activities were conducted with support from CSH	Output	<i>Disaggregated by:</i> <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	Total: 4	Total: 4	Total: 4	The non-routine 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	5 between January – March 2014	Target based on 12 campaigns CSH supports. The 5 campaigns reviewed in the reporting period include; <ol style="list-style-type: none"> <li>Safe Love</li> <li>Stop Malaria</li> <li>Mothers Alive</li> <li>Nutrition</li> <li>World Malaria Day</li> </ol>
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	12 annually	3	In total 3 meetings were held between January and March 2014.
3.1.3 Annual number of GRZ	Output	<i>Disaggregated by:</i>	Total: 250	Total: 276	0	LOP target exceeded. No

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
staff trained in IEC/BCC with CSH support		<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>				trainings conducted during January – March period.
3.1.4 National IEC/BCC tools developed and annually reviewed	Output	N/A	10 tools	9 tools	0	No tools were developed during the reporting period, however the project is on track for meeting indicator's LOP target.
3.1.5 HCRC has materials that cover HIV, malaria, MNCH, FP/RH, and nutrition	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.
3.1.6 Average number of HCRC visitors per month in one year	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 (2013 result)	2,456	LOP target achieved. The average number of visitors per year to date continues to exceed the LOP target.
3.1.7 Annual number of IEC/BCC materials distributed by the HCRC	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: 15,265	LOP target exceeded. 2013 target also exceeded (247,215 against 100,000)
3.1.8 Annual number of Talkline workers who	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> <li>Subject of training</li> </ul>	20 workers total trained in all of	19 workers	0	There was no training planned in 2014.

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
successfully completed a training program in other health topics including malaria, MNCH, FP/RH, and nutrition		<ul style="list-style-type: none"> <li>Sex of trainees</li> </ul>	the following topics: Malaria, MNCH, FP/RH, and nutrition			However, 18 counselors of the 19 took a refresher training course in 2013.
3.1.9 Average number of Talkline callers per month in one year	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> <li>Sex of caller</li> <li>Reason for calling</li> <li>District</li> <li>Topic of call</li> </ul>	Serviced calls: 5,000 per month Total volume: 16,000 per month	Serviced calls: 7,399 per month Total volume: 23,520 per month	Serviced calls: 7,399 per month Total volume: 23,520 per month	LOP target exceeded.
3.1.10 Annual number of GRZ staff trained in monitoring and evaluation with CSH support	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: 0	On track to meet LOP target. In October 2013 MOH funded an M&E training with CSH technical and material support for 23 GRZ officers. A second round of training for new GRZ officers is planned for the next quarter (April – June 2014).
<b>Sub IR 3.2 Private sector participation in IEC/BCC programming and capacity building activities increased</b>						
3.2.1 Annual number of national IEC/BCC campaigns supported by CSH that have private sector support	Output	N/A	LOP target: 4	3	3	1. Safe Love campaign 2. Stop Malaria campaign 3. Mothers Alive campaign
3.2.2 Annual number of private sector institutions that provide support to national IEC/BCC campaigns supported by CSH	Output	N/A	6	6	6	Companies providing support include; <ol style="list-style-type: none"> <li>1. First Quantum minerals</li> <li>2. Manzi Valley</li> <li>3. Total fuel company</li> <li>4. Africa Magic</li> <li>5. Zantel</li> <li>6. Freshview Cinemas</li> </ol>
<b>Sub IR 3.3 IEC/BCC capacity building program for local institutions strengthened</b>						
3.3.1 Annual number of selected academic institutions that offer IEC/BCC-related	Output		4	4	4	LOP target achieved. Institutions that have integrated the BCP

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
coursework that use the curricula developed with CSH support						curriculum in their training curricula are; 1. INESOR/UNZA 2. General Nursing Council of Zambia 3. ZAMCOM 4. Lusaka Apex university
<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; 1. SAF/AIDS 2. Latkings 3. PRIDE 4. Luanshya Support Group 5. Action for Social Development 6. Luapula Families in Distress 7. March Zambia 8. CARITAS 9. Kasama Christian Community Care 10. Group Focused and Consultations 11. CHAMP 12. Afya Mzuri
<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 MOH in reviews of the HMIS through field site visits
<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.	N/A	CSH met with MCDMCH to carry out a BCC capacity assessment as an entry point for future TA including development of an M&E plan in the next quarter starting in April 2014.

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
<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>						
4.1.1 USG Partner Framework for IEC/BCC coordination developed and reviewed annually	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> <li>Type of activity</li> </ul>	USG partner framework developed and annually reviewed	USG partner framework developed and reviewed	USG partner framework reviewed	The framework was developed and has been 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	1	The indicator is on track in meeting the LOP target.

## EXPLANATORY NOTE FOR INDICATORS THAT MAY DRAW ATTENTION FROM THEIR 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 with NMCC.

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

- The preparations for the evaluation of the Safe Love campaign are currently underway. The evaluation protocol and the final draft of the questionnaire have been finalized. The training of enumerators and supervisors will be conducted in April with field data collection expected to commence in early May. The final report and results are expected to be disseminated to the Safe Love evaluation steering committee in October 2014 with broader dissemination shortly thereafter. The evaluation of the Stop Malaria campaign is ongoing and is expected to be completed by August 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 a study of the products and approach of the campaign will be conducted in June/July of 2014 to assess effectiveness and perceived behavior change by the mothers participating in the program and using the products . *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 administered the BCC capacity index assessment as an entry point for progressing towards support for developing an M&E plan for the Health Promotion Unit a MCDMCH. CSH envisions developing the M&E plan by August 2014 depending largely on the availability of the Health Promotion Unit in participating in the development of the M&E plan.