



USAID | **ZAMBIA**
FROM THE AMERICAN PEOPLE

COMMUNICATIONS SUPPORT FOR HEALTH (CSH) PROGRAM

QUARTERLY REPORT

April to June 2014

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

This publication was produced for review by the United States Agency for International Development. It was prepared by Chemonics International. The Communications Support for Health Program is funded by USAID's Indefinite Quantity Technical Assistance and Support Contract, Task Order GHS-I-05-07-00004, Contract No. GHS-I-007-00004-00 implemented by Chemonics International in association with ICF International and the Manoff Group.

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Contents

Acronyms	3
EXECUTIVE SUMMARY	5
1. PROJECT ACCOMPLISHMENTS	7
A. IR 1: National Health Communications Campaigns Strengthened	7
B. IR 2: GRZ Use of Evidence-Based Health Communications Approaches Increased	11
C. IR 3: Local Capacity to Support Sustained Implementation of IEC/BCC Activities Strengthened	12
D. IR 4: Coordination of IEC/BCC Activities between U.S. Government Projects Increased	17
E. Gender Considerations	17
2. OPERATIONS AND ADMINISTRATION	18
3. FINANCIAL REPORTING: April – June 2014	16
ANNEX A: Summary of CSH Indicators, Baselines, and Progress to Date	20

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

Below is a summary of salient accomplishments that CSH achieved during the reporting period. Implementation of campaign activities and capacity building activities have continued and scaled up as the project progresses towards closure in December 2014:

- *Integrated Stop Malaria and 1,000 Most Critical Days Nutrition campaign.* Implementation of the integrated *Stop Malaria* and Nutrition campaign continued with full-scale implementation in all 8 districts by five Civil Society Organizations. In total, 9,600 households are participating across the districts. The CSOs are conducting monthly household visits with all community members and bi-monthly group meetings with caregivers of children under two years of age using the CSH-produced materials distributed last quarter. Implementation was concluded in Kasama and Mansa at the end of this quarter, while, based on performance, March Zambia and Group Focused Consultations will be extended throughout the next quarter. Caritas, operating in Eastern Province will continue work through July.
- *Mothers Alive campaign.* The *Mothers Alive* campaign continued implementation of the Change Champion program, including orientation for 25 leaders in Nakonde and 25 in Chinsali as part of Safe Motherhood Week. Screening of the *Journey to Becoming a Parent* documentary series also took place this quarter in 202 communities in the four SMGL districts. Total individuals reached across all four districts was 28,582.
- *Safe Love campaign.* Implementation of the *Safe Love* campaign continued during the quarter with all media aired on national and community broadcasters. With four television stations and 28 total radio stations, the project emphasized maximum coverage. Five Civil Society Organizations also continued to implement community programming, focusing on integration of family planning and HIV. Activities under this umbrella reached 52,166 people in 12 districts during this quarter.
- *Safe Love campaign outcome evaluation.* CSH also finalized the protocol and began data collection for the *Safe Love* outcome evaluation this quarter. With a final sample of 4,117, the data collection process will take nearly two months, with results expected by mid-October.
- *Formative Research in Action.* This quarter, CSH concluded the support to the GRZ North Western provincial office by supporting the dissemination of formative research in action results on the study entitled: *Maternal Nutrition during Pregnancy*. The dissemination was successful and CSH will document lessons learned from this capacity building initiative. CSH also continued to provide technical support to the GRZ Eastern provincial team to finalize the development of the study protocol and tools, and to apply for ethics clearance to conduct formative research for a study entitled: “*HIV risk factors and HIV prevention opportunities during the N’cwala traditional ceremony.*”
- *National IEC/BCC Technical Working Groups (TWGs).* CSH continued to support GRZ in capacity strengthening initiatives. National Technical Working Groups based at NAC and MCDMCH held their quarterly meetings and reviewed IEC/BCC materials submitted for approval from partner organizations. During the period under review CSH supported GRZ to conduct one refresher training in BCP for the provincial and district staff from Southern, Central, Lusaka, western and Eastern Provinces. This training was held in May. Nineteen (19) participants attended the refresher. In addition two (2) new trainings in BCP were held in April and June and a total of 39 participants attended the training. Total participants trained in BCP this quarter were 58, 14 females and 44 males
- *Private Sector Engagement.* This quarter CSH continued to prioritize the distribution of *Love Games*, expanding the reach and depth of our audience. We negotiated with three new distributors during this time period, inking one partnership, in addition to finalizing files and supporting paperwork for Season 2 to air on Africa Magic. We signed an agreement with the online

distributor YoriYori TV and responded to inquiries from ONYX, a Paris-based company that caters to francophone Africa, and VoxAfrica, a distributor who operates in the UK, Europe, and Africa.

- *BCC programs for local institutions of higher learning.* CSH's work with local institutions recorded a number of successes. Lusaka Apex Medical University (LAMU) conducted a review of curricula for the institution's existing courses for the Bachelor of Medicine and Surgery, Bachelor of Science in Nursing, Bachelor of Pharmacy, and Bachelor of Science in Environmental Health curricula, and integrated CSH's BCP content into these courses. The pilot of the integrated content is currently underway, a critical step before the integrated curricula can be finalized. During the same period, the Zambia Institute of Mass Communication Trust (ZAMCOM) finalized the adaptation of CSH's BCP program into the institution's pioneer post-graduate diploma in Behavior Change Communication for Development (BCCD). The institution has now packaged the necessary training materials, which include the course training manual, PowerPoint slides, course handouts, and references in readiness for the pilot course. CSH has also provided tools for all institutions to evaluate their courses.

Plans for Next Quarter

- Roll-out child feeding bowl in 8 districts under CSH program and in all 14 NFNC Phase 1 districts for the *First 1,000 Most Critical Days Campaign*
- Finalize work in remaining districts under the *STOP Malaria* and *First 1,000 Most Critical Days Campaign*
- Continue airing all campaign media products on national and local level
- Continue implementation of sustainability plan and activities for each campaign
- Scale-up work in new SMGL districts pending additional funding to CSH
- Finalize Change Champions program activities in Kasempa and Senanga districts
- Conduct mini-survey of activities undertaken by leaders post-Change Champions orientations
- Start data collection for the child-feeding bowl effectiveness study in partnership with NFNC and March in Mongu District.
- Conduct the second BCP refresher training with BCP graduates in order to refresh skills, provide additional support to areas participants want more training on, and get feedback on the training. Ultimately this effort will lead to a revised BCP curriculum.

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). As in previous quarters, the CSOs conducted a variety of activities including data collection and monthly household counseling visits (using the CSH-developed counseling cards) on malaria, MNCH, and nutrition-related issues. Specifically, during this quarter, CSH conducted final supportive supervision visits and data quality assessments with each CSO focusing on handover to government and sustainability of the program.

Province	District	Number of Champion Communities Declared
Western	Mongu	6
	Kaoma	16
Northern	Mpulungu	2
	Kasama	2
Eastern	Chipata	2
	Chadiza	4
Luapula	Samfya	3
	Mansa	2
Total number of Champion Communities		37

As illustrated in the table above, results for this program continue to be extremely promising. There are a total of 135 communities participating in the champion community initiative and of those, 37 were declared champion communities by June 2014. To verify the trends we are observing, CSH also began work on an evaluation using a cross-sectional survey with a comparison group. This evaluation protocol will be finalized and implemented during the next quarter.

Furthermore, CSH continued airing malaria PSAs and the *Bushes that Grow* radio series in English and local languages on community radio stations in all eight target districts as well as national radio. In total, the radio series was aired 208 times on 7 local stations and 26 times on national radio, and the malaria spots aired a total of 360 times on the same 7 local stations.

STOP Malaria and First 1000 Most Critical Days Products and Outputs (IR 1.1)
<ul style="list-style-type: none"> Supported 5 CSOs to implement community activities in 8 districts
<ul style="list-style-type: none"> Broadcast media products 594 times on local and national radio
<ul style="list-style-type: none"> Conducted quarterly site monitoring and mentorship visits for CMAs in eight districts to emphasize government hand-over

Challenges

There were two primary challenges experienced in this area during the period under review. The first was continued delays in receiving the procured child feeding bowl. When this product was initially considered, the vendor told CSH it was approximately a six-week process from ordering the mold from China to receiving and installing the mold in Zambia. Instead, it has taken nearly 9 months. The mold was finally received just before the end of the quarter, however, and bowls will be produced early in the next. CSH has also managed to reallocate some funds to cover extensions of some of the CSO contracts beyond the initial close date of 30 June, 2014, to be able to support roll-out of the bowl.

The second challenge is with Caritas in Eastern Province. As noted above, data from Eastern Province is not included in our presented results because Caritas has failed to report it. CSH has held numerous meetings and had nearly daily communication with Caritas, including fielding teams to conduct on-site visits with the organization two different times, and yet the data has still not been produced. Caritas claims that they don't have the capacity to do the necessary data entry; our teams on the ground found other management issues. As a result, CSH began the process of terminating its contract with Caritas and will manage implementation in the last three months in Eastern Province in a more direct way, through frequent site visits to support the local community based organizations who have been working on the program since the beginning.

Plans for Next Quarter

- Extend March Zambia and GFC contracts through September
- Continue with on-site supervision and mentorship of CMAs and NPs, especially focusing on roll-out of the child feeding bowl
- Conduct final data quality assessments and cleaning
- Continue airing PSAs and Bushes that Grow on community radio stations
- Conduct *Stop Malaria* evaluation
- Conduct *First 1,000 Most Critical Days* operations research on the perceived effectiveness of the communications products.

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

CSH continued airing all media products, including *Love Games* Seasons 1 and 2 on ZNBC, MUVI TV, and Chipata TV, and *Life at the Turn Off* and radio PSAs on 28 national and community radio stations. These are being broadcast in both English and all seven local languages. As in the previous quarter, the intensive implementation media plan that guided work this quarter emphasized 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 with a continued emphasis on maximizing coverage in all possible areas. We also concluded airing of 17 *Safe Love* PSAs on ZNBC TV and MUVI TV. In total:

- *Love Games* was aired 60 times
- The *Safe Love* TV PSAs were aired 105 times
- *Life at the Turnoff* was aired 479 times
- The *Safe Love* radio PSAs were aired 148 times

CSH was also a partner in the launch of the national VMMC campaign for April 2014. As in the past, we led local production of a VMMC radio-call in show in 12 districts on community radio. The programs were recorded the first week of April and then re-aired throughout the month. We also aired locally recorded VMMC radio PSAs 366 times on the 12 stations.

CSH also reprinted and distributed VMMC information booklets to the CSOs implementing the *Safe Love Campaign*, with 7,500 targeted to men and 7,500 to women. These were originally produced by SFH and were being used by all service-delivery partners (as well as CSH’s CSOs) in demand creation activities in communities.

CSH also continued to work on family planning and HIV integration programming both through our five CSOs working in 12 districts (Lusaka, Kafue, Kabwe, Kapiri Mposhi, Mkushi, Luanshya, Lufwanyama, Kitwe, Mansa, Samfya, Mwansabombwe and Kawambwa) and through screenings and discussions around Lusaka targeting youth. The CSOs have been continuing to support *Safe Love* clubs and through direct engagement and outreach, have managed to communicate with 52,166 people this quarter on the FP/HIV integration objectives, which include:

- Encourage all women considering having a family to know their HIV status before getting pregnant to be able to plan both conceiving and her pregnancy in the healthiest way possible
- Encourage all HIV+ women to carefully plan both conceiving and being pregnant with a health care provider
- Encourage all HIV+ women already pregnant to use family planning immediately after they give birth
- Emphasize the importance of male support in making family planning decisions, especially in the context of HIV, including promoting couples testing and counseling.
- Promote the “dual protection” of HIV prevention and family planning offered by condoms specifically to adolescents

Contracts with all five CSOs implementing this work ended on the last day of this quarter. Final DQA visits and wrap-up activities will take place early next quarter, with a particular emphasis on discussing program sustainability and NAC involvement.

Further, the youth-targeted events held in Lusaka include two screening events at Freshview Cinemas, hosted by Chi and Lulu of *Love Games Live*. These events resulted in lively discussion and were attended by 201 university students.

Although the university program will continue next quarter, the numbers reached so far already exceed the targets for these activities as proposed to USAID. These targets were conservatively estimated, as it is difficult to predict attendance at public events, but through careful marketing and engagement of the right people, we have been successful in meeting USAID targets.

CSH also finalized the protocol and began data collection for the *Safe Love* outcome evaluation this quarter. With a final sample of 4,117, the data collection process will take nearly 2 months, with results and a draft report expected by mid-October.

Safe Love Products and Outputs (IR 1.2)
• Continued airing of all media products at scale throughout the country
• Reached 52,166 people with family planning/HIV integration messaging
• Began data collection for Safe Love Impact evaluation

Challenges and Solutions

The *Safe Love* outcome evaluation data collection was delayed in starting due to an unforeseen budgetary constraint on the INESOR subcontract which necessitated seeking for approval from USAID for additional funds to execute the survey. In addition although not very significant there was a delay in

processing logistics on the part of the subcontractor in terms of hire of field vehicles and processing of per diems for the field teams. These affected the initial timeline that was put together for commencement of data collection. However, even after commencement in Lusaka, the data collection was faced with a low response rate largely due to non-availability of respondents in their households despite repeated visits by enumerators during the data collection exercise. The design of the evaluation entailed meeting respondents in their households and not elsewhere. This was particularly the case with male respondents who were difficult to find at home because they were either out at work or elsewhere during the day.

In order to increase the response rate, enumerators also visited households over weekends and worked during evenings in order to capture respondents. However, this yielded little improvement. The data collection team thereby decided to proceed to other districts outside Lusaka and commence data collection in rural areas as a way of expediting the data collection process. The response rate was better in rural areas although a few other unique challenges were experienced, particularly long distances of travel in mapping of clusters and listing of households. While ultimately, all sampled households will be captured, these challenges have delayed the evaluation timeline by just under one month.

Plans for Next Quarter

- Continue final quarter of broadcast for all media products
- Continue implementing HIV-FP integration activities through colleges and universities across the country
- Continue work on *Safe Love* outcome evaluation, conclude data collection and start data entry and analysis.

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 focused intensively on sustainability of the program, including holding numerous meetings with GRZ on handover of products and continuation of the program. CSH staff also participated in regular weekly meetings to ensure inclusion of the birthplan in the national SMAG training manual, and began to coordinate with the Director of Planning and his team on a distribution plan via MCDMCH and Manzi Valley.

CSH staff also continued implementation of the Change Champion program, through orientation sessions in Nakonde and Senanga as part of the *Mothers Alive* campaign, and in Chinsali on behalf of MCDMCH as part of Safe Motherhood Week. Overall, 75 new leaders were trained, and mentorships with each district will be conducted next quarter.

Following the success seen last quarter, the screenings of *Journey to Become a Parent* continued this quarter in Mansa and Kalomo as part of SMGL. 100 identified communities were reached and more than 28,582 community members have been reached so far through the mass screenings with the right information on safe motherhood. A trained Change Champion was used at each of these screenings to facilitate discussion and CSH also ensured MCDMCH participation and leadership at the kick-off events and throughout the month. 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, all five CSOs continued work on implementing the community-based aspects of the 1,000 Days program in eight target districts. Using communications products such as the growth reminder tool, menu planning game, and a menu placemat, nutrition promoters held bi-monthly meetings with groups of

mothers in communities to talk about these complex child nutrition issues. English and local language translations of a 13 episode radio drama series called *Bushes that Grow* were also aired as described above. Supportive supervision site visits were made to each of the CSOs during this quarter to continue transitioning ownership of the program to GRZ staff and to ensure quality data.

An operations research study on the perceived effectiveness of this program and the corresponding products was also planned during the quarter. Designed to measure reported behavior change, rather than actual behavior change, CSH will use the results of this survey to provide additional evidence to NFNC on the continued use of these products.

CSH also continued to support NFNC and CARE Zambia through its shared BCC and Advocacy Advisor position. During this quarter, this staff member led a validation meeting of CSH products by the NFNC and SUN Fund stakeholders as well as led supervision of the final SUN Communication and Advocacy strategy.

1000 Most Critical Days Products and Outputs (IR 1.3)
<ul style="list-style-type: none"> • Training of 75 Change Champions in Nakonde, Senanga, and Chinsali (on behalf of MCDMCH)
<ul style="list-style-type: none"> • Mass screening of Journey to Becoming a Parent concluded in 100 communities in Mansa and Kalomo
<ul style="list-style-type: none"> • Child Feeding Bowl mold received in country
<ul style="list-style-type: none"> • Five CSOs continued implementation of <i>Champion Communities</i> in eight districts

Challenges and Solutions

The primary challenges in implementation of activities under this section are in the procurement of the child feeding bowl and the work of Caritas in Eastern Province, both described in detail in the *Stop Malaria* section above. Beyond that, most of the activities are continuing exactly as planned. CSH looks forward to beginning work on *Mothers Alive* in the new SMGL districts next quarter when additional funding arrives.

Plans for Next Quarter

- Continue supporting 3 CSOs in 5 districts to implement activities as part of the *First 1,000 Most Critical Days* campaign (the other two contracts will naturally expire June 30, 2014)
- Continue airing the nutrition radio program in all eight districts of program implementation
- Distribute child-feeding bowl
- Finalize and share operations research on the distribution and utilization of the nutrition products
- Conduct Change Champion mentorships in Senanga and Kasempa
- Begin work in new SMGL districts (pending funding)

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. This quarter, CSH concluded the support to the GRZ North Western provincial office by supporting the dissemination of formative research in action results on a study entitled: *Maternal Nutrition during Pregnancy*. The dissemination was conducted successfully.

Secondly

Formative Research Products and Outputs (IR 2.1 and 2.2)

- Provided support to the North-Western provincial team to disseminate formative research findings
- Provided technical assistance to second province (Eastern province) to conduct formative research

Challenges and Solutions

The challenge with the successful implementation of this activity is the inability of the provincial team to allocate time and implement the different tasks of this activity amidst other competing demands. Given the time lapse and expected challenges in completing this task by October according to the timeline we have established, CSH is considering exploring other modalities of linking the provincial research team to other funding sources to execute the research. However, a concrete decision of moving forward with the Eastern province will be made by end of July.

Plans for Next Quarter

- CSH will provide support to the North-Western provincial team to address comments provided during the dissemination and support the revision of the report through the provision of technical assistance.
- In addition, CSH is developing an assessment report that involved a focused group discussion with the provincial team on experiences and lessons learnt from the research. CSH will make a decision regarding the feasibility of proceeding with the implementation of the formative research in action activity for Eastern province given the delays experienced in the implementation by the selected provincial staff.

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

BCC and National IEC/BCC Technical Working Groups. CSH continued to support the GRZ in capacity strengthening initiatives. The national Technical Working Groups based at NAC and MCDMCH held their quarterly meetings and reviewed IEC/BCC materials submitted for approval from partner organizations. CSH did administer a capacity building assessment with the TWG based at NAC to assess and document capacities built with CSH support overtime. A report on this assessment will be available in July.

During the period under review, CSH supported the GRZ in conducting one refresher training in BCP for the provincial and district staff from Southern, Central, Lusaka, Western, and Eastern Provinces. This training was held in May. Nineteen participants attended the refresher. In addition, two new trainings in BCP were held in April and June, and a total of 39 participants attended the training. 58 total participants were trained in BCP this quarter, of which 14 were female and 44 were male.

CSH had planned to support a quarterly meeting for the NMCC IEC/BCC Technical Working Group. This activity was not undertaken due to the fact that the planned timing of the meeting coincided with two workshops organized by the NMCC. CSH actively participated in the two workshops instead. The first workshop reviewed and developed existing materials to support the ongoing mass distribution of ITNs countrywide. At this workshop, materials developed with CSH support were adapted with slight changes. Among these were malaria counseling cards, radio spots, and the *Stop Malaria* brochure. At the second

workshop, the TWG reviewed the vision for the malaria strategic plan and developed draft personalized messages for all key malaria interventions. Materials from MACEPA to support the mass drug administration exercise in southern province were also reviewed. These included two community brochures and a job aid for community health workers.

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 Youth, HIV, Alcohol and Drug Abuse, and Family Planning were produced and aired during the reporting period. CSH worked with MOH to identify and engage a consulting firm to translate the 12 programs into the seven local languages and reformat the TV programs into radio.

National Communication Strategies. During the period under review, CSH continued to engage MCDMCH on the process of completing the revision of the RMNCHN communications strategy. A three-day workshop was held where Ministry staff members and partners worked on the strategy and finalized the situation assessment and behavioral analysis. CSH has engaged a local consultant to compile the different chapters, edit, and format the document for final review.

In the first two years of the project, CSH supported GRZ to review and revise three communication strategies: HIV/AIDS, Voluntary Medical Male Circumcision (VMMC), and Malaria. During the period under review, CSH supported MOH and MCDMCH in carrying out onsite supervision and checking on both the reach and use of national communication strategies for malaria, HIV/AIDS, and VMMC. The activities were carried out in Central, Copperbelt, Muchinga, and North-Western Provinces. This exercise was also used to pretest a field monitoring tool which CSH has developed for use by GRZ, which will be used to guide supervisory visits of IEC/BCC activities/campaigns.

CHAMP 990 Talkline. In the period under review, CHAMP implemented a three month sub-grant for the continued enhancement of the 990 Talkline service. From April to June, the 990 Talkline serviced an average of 7,001 calls per month providing telephone counseling services on various health problems. Further, CHAMP continued to improve the 990 Talkline webpage through regular updates of the information. CHAMP also updated its online referral database which gives information on service providers. CHAMP is currently undertaking ongoing work to add coordinates to health facilities using Geographical Information System (GIS) from the Centers for Disease Control and Prevention (CDC) to this database.

Afya Mzuri Dziwani Knowledge Centre for Health. During the period under review, Afya Mzuri was implementing a no-cost extension of the Phase II grant to support the enhancement of the Dziwani Health Communications Resource Centre (HCRC). The focus of the no-cost extension was to enable Afya Mzuri to work on and finalize the end-of-project report as well as to initiate the transitioning process as CSH support concludes, specifically putting in place draft plans and strategies, which will be implemented under the follow-on grant.

TWG, Talkline, Dziwani HCRC, Grantee, and IEC/BCC Management Products and Outputs (IR 3.1)
<ul style="list-style-type: none"> • Two 25-minute <i>Your Health Matters: Let's Talk</i> TV programs produced and aired on ZNBC
<ul style="list-style-type: none"> • An average of 7,001 calls serviced per month by the 990 Health Talkline
<ul style="list-style-type: none"> • Distributed VMMC information booklets via the CSOs: 7,500 targeted to men and 7,500 to women
<ul style="list-style-type: none"> • Engaged the five CSOs in HIV-FP integration for a further three months
<ul style="list-style-type: none"> • Monitored the implementation by the CSOs of the HIV – FP integration at the community level
<ul style="list-style-type: none"> • 58 GRZ participants trained in BCP

Challenges and Solutions

Holding a separate quarterly meeting for the NMCC IEC/BCC TWG proved challenging during the quarter under review. This was because NMCC used the planned time to hold two workshops as highlighted above. In view of this, it has been difficult to schedule a time to administer the capacity assessment with NMCC and the MCDMCH TWG largely due to unavailability of the targeted GRZ officers. In addition, CSH has also been making repeated efforts to administer the BCP capacity assessment index but similarly, unavailability of the targeted NMCC officers has remained a challenge. CSH took advantage of the two workshops to support functions of the TWG such as review of IEC/BCC materials.

CSH is still working on establishing a fixed date for these capacity assessments and is hopeful they will be completed in the next quarter.

Plans for Next Quarter

- Continue supporting MOH/MCDMCH to produce and air the extended YHM TV program. The last program that will be aired in the next quarter will be Adolescent Reproductive health
- Continue working with a local vendor to reformat the *Your Health Matters: Let's Talk* programs into radio and translate it into the seven local language and conduct an exposure assessment of the YHM program.
- Support MCDMCH to continue the development of the MNCHN communication strategy
- Support GRZ to conduct the second BCP refresher training for GRZ staff for the remaining five provinces (Northern, Muchinga, Luapula, North-Western and Copperbelt)
- 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
- Conduct TWG and BCP capacity assessments for the MCDMCH and NMCC, respectively.
- Follow up on final reports with the CSOs implementing the HIV –FP integration and others implementing the integrated Stop Malaria and Nutrition campaigns whose contracts expired at the end of last quarter
- Continue providing technical and capacity building support to three CSOs namely MARCH Zambia, Groups Focused Consultations, and Kasama Christian Community Care who have been granted contracts' extensions/modifications to implement the integrated *Stop Malaria* and Nutrition campaign at the community levels in Western, Luapula and Northern Provinces respectively
- Distribute remaining training toolkits, guidelines and TWG TORs to GRZ institutions and Afya Mzuri for storage and future use

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

This quarter, CSH continued to prioritize the distribution of *Love Games*, expanding the reach and depth of our audience. We negotiated with three new distributors during this time period, inking one partnership, in addition to finalizing files and supporting paperwork for Season 2 to air on Africa Magic. We signed an agreement with the online distributor YoriYori TV and responded to inquiries from ONYX, a Paris-based company that caters to francophone Africa, and VoxAfrica, a distributor who operates in the UK, Europe and Africa. In early Q3 we hope to have a partnership in place for ONYX to translate *Love Games* into French and engage broadcasters in francophone Africa for airing there. CSH has already reached out to USAID missions across Africa to introduce them to the series and gain support for local

broadcast, but many responded with a request for the material in French. As soon as the translation process is concluded by ONYX, CSH will again reach out to these missions. We also plan to sign an agreement with VoxAfrica for English speaking outlets in the UK and Europe.

CSH continued our relationship with Fresh View Cinemas this quarter with two family planning events. Fresh View gave us a discount, on room rental and refreshments, for screenings at its Manda Hill and Levy Junction locations. University students watched select *Love Games* clips followed by candid discussions facilitated by cast members and CSH personnel.

Two other PSE related items during this period include the arrival of the feeding bowl mold in-country. Local production will begin early in Q3. Second, the PSE unit, on a Zambia Health Alliance trip to Solwezi to review First Quantum Minerals health investments, identified clinics and other places for CSH materials. In partnership with the Health Alliance we are liaising with FQM and other companies on the re-printing and distribution health communication materials at both worksites and employee communities.

Highlights of this quarter’s private sector partnerships include:

- *YoriYori TV* – Agreement signed for the broadcast of *Love Games* on another online platform. Negotiated with other distributors, including two with francophone markets.
- *Fresh View Cinemas* – Received a discount and held two *Love Games* screening events on family planning with university students

Private Sector Participation Support and Products (IR 3.2)
<ul style="list-style-type: none"> • Signed an agreement for the airing of <i>Love Games</i> on YoriYori TV, an online platform. Negotiated with other distributors and drafted additional agreements.
<ul style="list-style-type: none"> • Fresh View Cinemas provided a discount for two family planning screening events, targeting university students, at their two Lusaka locations.

Challenges and Solutions

- Due to a few technical hiccups with file formats and file delivery there were delays with *Love Games* distribution to vendors. Our IT team worked to arrange for FTP delivery and to change file format per vendor requirements.
- In a related matter, M-Net (DStv/Africa Magic) requested new paperwork before they can proceed with the airing of Season 2. We are working with Media365 to supply them with all necessary details.

Plans for Next Quarter

- Finalize and sign *Love Games* broadcast agreements with two distributors, VoxAfrica and ONYX, the latter to include dubbed translation of all 26 episodes into French.
- Pursue business support for the *First 1,000 Days* nutrition campaign, including transport assistance with the distribution of materials.
- Building on the partnership from Q1, liaise with MCDMCH and Manzi Valley on the delivery of birth plans to new districts.
- Collect *Love Games* data on reach and numbers through its range of distributors and package for visual presentation.
- 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 April to June, CSH’s work with local institutions recorded a number of successes. Lusaka Apex Medical University (LAMU) conducted a review of curricula for the institution’s existing courses in Bachelor of Medicine and Surgery, Bachelor of Science in Nursing, Bachelor of Pharmacy and Bachelor of Science in Environmental Health curricula and integrated CSH’s BCP content into these courses. The pilot of the integrated content is currently underway, a critical step before the integrated curricula can be finalized. During the same period, the Zambia Institute of Mass Communication Trust (ZAMCOM) finalized the adaptation of CSH’s BCP program into the institution’s pioneer post-graduate diploma in Behavior Change Communication for Development (BCCD). The institution has now packaged the necessary training materials which include the course training manual, PowerPoint slides, course handouts, and references in readiness for the pilot course. ZAMCOM is currently recruiting trainees for the pilot course which has been scheduled for August. INESOR completed the printing of the final training manuals for the strategic communication for health and development course as an official publication with an ISB number. Finally, the General Nursing Council (GNC) rolled out the BCP training under its in-service training program. Two training sessions targeting practicing nurses were conducted in conjunction with the University Teaching Hospital and Livingstone General Hospital. A total of 16 nurses from UTH received training in BCP in April while 20 nurses were trained at Livingstone General Hospital in June. These training sessions provided GNC’s BCP facilitators with a platform to further enhance their skills and confidence to train others.

IEC/BCC Capacity Building Products and Outputs (IR 3.4)
<ul style="list-style-type: none"> • Implementation plan for the integration of BCP into existing courses under Lusaka Apex Medical University
<ul style="list-style-type: none"> • Draft course curricula in Bachelor of Medicine and Surgery, Bachelor of Science in Nursing, Bachelor of Pharmacy and Bachelor of Science in Environmental Health curricula integrating the BCP approach
<ul style="list-style-type: none"> • Final prints of the official publications of the adapted Strategic Communication for Health and development Course at UNZA

Plans for Next Quarter

- Continue supporting GNC in the implementation of the BCP training sessions for practicing nurses
- Support ZAMCOM to pretest the adapted curriculum for journalists.
- Continue working with Lusaka Apex Medical University to pretest the new course curricula and finalize for the different health programs.

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

National M&E Framework for IEC/BCC. There were no specific M&E framework activities supported by CSH during the quarter.

M&E Frameworks for IEC/BCC Interventions Strengthened Outputs and Products (IR 3.4)
<ul style="list-style-type: none"> • None

Challenges and Solutions

The CSH M&E team had planned to support MCDMCH in developing an M&E framework based on the

health promotions strategic document. However, the health promotion unit has not yet developed the strategy hence subsequent delays in developing the M&E framework. The development of the strategy and M&E plan are consecutive in nature, respectively. However, CSH has engaged a consultant to finalize the strategy with the health promotion team and as such, the framework is on target to be completed in the next quarter.

Plans for Next Quarter

- Work with the MCDMCH health promotion unit in developing an M&E plan for health promotion related activities based on the health promotion's unit strategic document

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. Governments Bilateral Programs Increased

During the quarter, CSH continued to distribute IEC/BCC materials and products to other USG partners as described in each campaign section above. We also documented some success stories on the coordinated efforts of USG partners.

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 was expected to be presented however the meeting was postponed to July 2014.

IEC/BCC Coordination Products and Outputs (IR 4.1)
<ul style="list-style-type: none">• Success story on “Coordinated support to GRZ efforts to eliminate Malaria”• Success story on “Partner Coordination Improves Effectiveness and Efficiency”

Plans for Next Quarter

- Conduct the final quarterly IEC/BCC coordination meeting which was rescheduled from June 19 to 22 July because most of the members had very busy schedules at the time.

E. Gender Considerations

CSH continued to integrate gender in all BCP trainings and communication activities conducted during the period under review.

Plans for Next Quarter

- Continue integrating gender in all upcoming CSH activities particularly ensuring that all campaigns are gender responsive and include interventions particularly targeted at men and women in special ways. For example, the HIV/FP integration will deliver empowering messages for women to have increased access to information about family planning and HIV preventive messages for pregnant women.

2. OPERATIONS AND ADMINISTRATION

Strategic Activity Fund (SAF). CSH signed and awarded a contract to Verve 101 worth over \$73,000 during the quarter. The contract is to repackage YHM TV program into radio program and disseminate on 10 community radio stations as well as translate YHM into seven local languages

Three contract modifications for CSO subcontracts were commenced in the quarter; the purpose for the modification included amending some deliverables and aligning these deliverables to new due dates and respective payment schedules.

CSH also provided technical support and facilitated reimbursements to the five (5) CSOs implementing the *STOP Malaria* Campaign and to the other five (5) implementing the *Safe Love* Campaign to enable them meet their contractual obligations.

Grant Management. During the period under review, CSH continued to provide technical support to the two sub grantees CHAMP and Afya Mzuri in the implementation of their grant agreements and further discussions are ongoing for further grant support beyond the expiry of the existing phase three grants.

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

General. During the quarter CSH finalized and submitted the 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.
- Monitor implementation of CSO subcontracts and current grantee contracts.
- Finalize the contract modifications for three CSO ear marked for extension

3. FINANCIAL REPORTING: April – June 2014

As of June 30, 2014.

Projected Expenditures as of April 2014

	Current Obligation (Mod11 included)	Expenditures Through Mar 2014	Projected Expenditures Apr 2014	Projected Expenditures May 2014	Projected Expenditures June 2014	Projected LOP Expenditures through June 2014
████	████	████	████	████	████	████
████	████	████	████	████	████	████
████	████	████	████	████	████	████
████	████	████	████	████	████	████
████	████	████	████	████	████	████
████	████	████	████	████	████	████
████	████	████	████	████	████	████
████	████	████	████	████	████	████

Actual Expenditures as of June 30, 2014

	Current Obligation (includes Mod 11)	Expenditures Through Mar 2014	Actual Expenditures Apr 2014	Actual Expenditures May 2014	Actual Expenditures Jun 2014	Actual Cumulative Expenditures through Jun 2014	Funds Remaining as of 31/06/2013
████	████	████	████	████	████	████	████
████	████	████	████	████	████	████	████
████	████	████	████	████	████	████	████
████	████	████	████	████	████	████	████
████	████	████	████	████	████	████	████
████	████	████	████	████	████	████	████
████	████	████	████	████	████	████	████
████	████	████	████	████	████	████	████

Variance between Projected and Actual Expenditures for Quarter 1 2014

	Variance between Projected and Actuals Apr 2014	Variance between Projected and Actuals May 2014	Variance between Projected and Actuals Jun 2014	Variance between Projected and Actuals Cumulative Apr- Jun 2014
████	████	████	████	████
████	████	████	████	████
████	████	████	████	████
████	████	████	████	████
████	████	████	████	████
████	████	████	████	████
████	████	████	████	████
████	████	████	████	████

[Redacted text block]

[Redacted text block]

[Redacted text block]

Projected Expenditures for April 2014 to June 2014

	Current Obligation (Mod11 included)	Expenditures Through Jun 2014	Projected Expenditures Jul 2014	Projected Expenditures Aug 2014	Projected Expenditures Sep 2014	Projected LOP Expenditures through June 2014	Projected Funds Remaining as of 09/30/2014	Burn Rate (average of last 6 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]
[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
Capacity of GRZ to manage effective IEC/BCC activities						
0.1 GRZ annual score on IEC/BCC management capacity index	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: Not yet done	The NMCC capacity assessment is still pending despite repeated attempts by the M&E team to convene a meeting with NMCC representatives targeted to participate in the assessment. Except NMCC, the assessments for NAC, MOH/MCDMCH are the endline.
0.2 Percent of national IEC/BCC campaigns implemented annually that are developed according to minimum GRZ standards/guidelines	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> Program area New, long-term campaigns vs. routine national events GRZ entity (MOH, NAC, NMCC, MCDMCH) Type of CSH support 	100%	100%	50%	Targets are based on the approx. 12 routine and non-routine campaigns. However, only 6 were implemented by June 2014; <ol style="list-style-type: none"> Safe Love Stop Malaria Mothers Alive Nutrition VCT Day World Malaria Week
0.3 Percent of national non-routine IEC/BCC campaigns implemented annually that were developed based on formative research	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> Program area GRZ entity (MOH, NAC, NMCC, MCDMCH) Type of CSH support 	100% (HIV, Malaria, MCH, Nutrition)	100% annually (HIV, Malaria, MCH, Nutrition)	100% (HIV, Malaria, MCH, Nutrition)	All four campaigns (HIV, Malaria, MCH, Nutrition) were developed and implemented based on formative research.
0.4 Percent of national IEC/BCC campaigns implemented that were monitored	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> Program area New, long-term campaigns vs. 	100%	100% annually	50%	Targets and results based on all 12 campaigns implemented with CSH support (refer to 0.2 for

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
		routine national events <ul style="list-style-type: none"> GRZ entity (MOH, NMCC, NAC, MCDMCH) that leads the campaign Externally packaged campaigns and GRZ-developed campaigns Type of CSH support 				list of campaigns that were tracked by June 2014)
0.5 Percent of national IEC/BCC campaigns implemented that were evaluated	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> Program area New, long-term campaigns vs. routine national events GRZ entity (MOH, NMCC, NAC, MCDMCH) that leads the campaign Externally packaged campaigns and GRZ-developed campaigns Type of CSH support 	33% (4 non-routine campaigns. Denominator: 12)	25%	25%	Evaluation of the Safe Love campaign and Stop Malaria are underway and will be completed in 2014. The nutrition operations research will be counted in the next quarter, and will ensure reach of the LOP target.

IR 1: National Health Communication Campaigns Strengthened

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

1.1.1 National integrated malaria, MNCH, and nutrition campaign implemented with CSH support	Output	N/A	Formative research completed Campaign strategy completed Campaign launched and implemented Campaign	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 completion of the campaign evaluation underway. The qualitative component that validates the ongoing outcome results will be conducted in August 2014. The study protocol has been
---	--------	-----	--	---	---	---

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
			monitored and evaluated			developed and application for local and international IRB approval made.

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.
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	108,298	20,488	Safe Love clubs have continued to implement outreach activities, therefore we hope to meet this sub-target before project closure.
		Other Prevention				
		Total OP	180,000	311,559	135,371	
		TOTAL	310,000	419,857	155,859	LOP target achieved.
1.2.3 Exposure: Percent of targeted population reached by channel (radio, TV, or SMS) developed with CSH support	Output; PEPFAR	Radio	Overall: 50% (Urban: 50%; Rural: 50%)	First Survey (2012 results) Urban: 37% Rural: 22% Overall: 29.6% Second Survey (2013 results) Urban: 10.3% Rural: 5.5%	Not available	Final results will be available after the Safe Love outcome evaluation is concluded that will include measures of exposure via TV and radio channels.

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
				Overall: 8.2%		
		TV	Overall: 65% (Urban: 80%; Rural: 50%)	First Survey (2012 results) Urban: 79% Rural: 49% Overall: 63.8% Second Survey (2013 results) Urban: 70.6% Rural: 24.3% Overall: 57.4%	Not available	As indicated 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"> Program area Number of channels GRZ entity (MOH, NAC, NMCC, MCDMCH) that leads the campaign 	12 campaigns annually	Total: 12	Total: 6	LOP target achieved. All 12 campaigns implemented in Zambia with CSH used TV and radio channels. 4 major campaigns (Safe love, STOP Malaria, Mothers Alive and Nutrition) and 2 routine campaigns (World Malaria and VCT day) implemented by June 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"> Program area Number of channels 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.

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

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
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"> CSH support Sex of trainees Entity (MOH, NMCC, NAC, MCDMCH) of employment of trainees 	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"> Program area Number of channels GRZ entity (MOH, NMCC, NAC, MCDMCH) Type of CSH support	Total: 4	Total: 4	Total: 4	The non-routine campaigns counted include; <ol style="list-style-type: none"> Safe Love Stop Malaria Mothers Alive Nutrition
IR 3: Local Capacity to Support Sustained Implementation of IEC/BCC Activities Strengthened						
Sub IR 3.1 Local capacity of MOH, NAC, and NMCC to manage IEC/BCC intervention improved						
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"> Safe Love Stop Malaria Mothers Alive Nutrition World Malaria Day
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"> NAC TWG, NMCC TWG, MCDMCH/MOH TWG, 	12 Annually	12 annually	3	3 meetings were held by June 2014 by the NAC TWG and MCDMCH/MOH TWG.
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"> Subject of training Type of CSH support Sex of trainees Entity (MOH, NMCC, NAC, MCDMCH) of employment of 	Total: 250	Total: 350	94 (47 females and 47 males)	LOP target exceeded. Additional trainings technically supported at institutions of higher learning including ZAMCOM and GNC

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
		trainees <ul style="list-style-type: none"> National vs. sub-national level of work of the trainees 				
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. The National Malaria Communications Strategy for 2015 will be developed with CSH support in the following quarter, reaching our target of 10 tools.
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"> Health topic area Type of material Material available onsite at HCRC vs. on HCRC website 	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 especially as sub-contracts with CSH draw to a close.
3.1.6 Average number of HCRC visitors per month in one year	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> People who visit HCRC and people who access HCRC website New and returning physical visitors Age and sex of physical visitors	1,200	1,763	2,456	LOP target achieved. This result is as at March 2014 which was the end of implementation of CSH supported activities.
3.1.7 Annual number of IEC/BCC materials distributed by the HCRC	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> Health topic area Type of material 	LOP target: 500,000	Total: 535,888	Total: 15,265	LOP target exceeded. (As above, this result is as at March 2014)
3.1.8 Annual number of Talkline workers who successfully completed a training program in other health topics including	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> Subject of training Sex of trainees 	20 workers total trained in all of the following topics: Malaria, MNCH, FP/RH, and	19 workers	0	There are no trainings planned in 2014.

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
malaria, MNCH, FP/RH, and nutrition			nutrition			
3.1.9 Average number of Talkline callers per month in one year	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> Sex of caller Reason for calling District Topic of call 	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: 7,001 per month Total volume: 23,538 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"> Type of CSH support Sex of trainees Entity (MOH, NMCC, NAC, MCDMCH) of employment of trainees National vs. sub-national level of work of the trainees 	Total: 65	Total: 62	Total: 0	A second round of training for new GRZ officers was planned to be held between April and June 2014 but was not held. It has now become unclear if MOH is still planning on holding the second M&E training supported by CSH.
Sub IR 3.2 Private sector participation in IEC/BCC programming and capacity building activities increased						
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	<ol style="list-style-type: none"> Safe Love campaign Stop Malaria campaign Mothers Alive campaign Support for the nutrition campaign will be counted in the next quarter after implementation.
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	LOP target achieved. Companies providing support include; <ol style="list-style-type: none"> First Quantum minerals Manzi Valley Total fuel company Africa Magic Zamtel Freshview Cinemas Quantification of PSE will be conducted in the next

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
						quarter.
Sub IR 3.3 IEC/BCC capacity building program for local institutions strengthened						
3.3.1 Annual number of selected academic institutions that offer IEC/BCC-related coursework that use the curricula developed with CSH support	Output		4	4	4	LOP target achieved. Institutions that have integrated the BCP curriculum in their training curricula are; <ol style="list-style-type: none"> 1. INESOR/UNZA 2. General Nursing Council of Zambia 3. ZAMCOM 4. Lusaka Apex university
3.3.2 Annual number of CSOs receiving grants from CSH to implement BCC outreach activities that support campaigns	Output	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Health topic area of outreach activities • Type of BCC outreach activities • Province Type of CSO	12	12	12	The CSOs include; <ol style="list-style-type: none"> 1. SAfAIDS 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
Sub IR 3.4 M&E framework for IEC/BCC intervention implemented						
3.4.1 National HIV and Malaria M&E Framework (2011-2015) includes IEC/BCC indicators	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
3.4.2 IEC/BCC M&E Framework for the Health Promotion Unit of MCDMCH	Output		IEC/BCC M&E Framework developed and	Not completed but initial steps commenced.	Not yet developed pending development of	CSH met with MCDMCH to carry out a BCC capacity assessment as an entry

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
developed			implemented		health promotion communication plan	point for future TA including development of an M&E plan. It is also expected that the M&E plan will be based on the health promotions health communication strategy which has not yet been developed. CSH will meet with the health promotion unit to complete this activity next quarter.

IR 4: Coordination of IEC/BCC Activities Between USAID Projects Increased

Sub IR 4.1 IEC/BCC planning between USAID programs increased

4.1.1 USG Partner Framework for IEC/BCC coordination developed and reviewed annually	Output	Disaggregated by: <ul style="list-style-type: none"> Type of activity 	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 was developed in 2013 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)	14	1	LOP target met. Although the last meeting scheduled for June was postponed to next July 22 nd . At the time of submitting this quarterly report, the meeting had been held on July 22 nd .

EXPLANATORY NOTE FOR INDICATORS THAT MAY DRAW ATTENTION FROM THEIR PERFORMANCE

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 now been finalised. As an entry point, CSH administered the BCC capacity index assessment as means of identifying the need for a BCC M&E plan and gaining the buy-in of the management of the health promotion unit. It is further expected that the health promotion unit will develop a communication strategy but this has not been finalized. The M&E plan is supposed to be based on this strategy. CSH M&E staff will follow up and aim to provide TA by convening the health promotion unit in starting to develop 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.