



Year 1 PERFORMANCE REPORT

Reporting Period:	August 1 2009 - Sep 30, 2010
Submitted by:	Partnership for integrated Social Marketing – PRISM
Program title:	PRISM
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Task 1: Increase the supply and diversity of health products and services to distribute and deliver through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.

1.1 Increase the supply and diversity of child health products and services to distribute and deliver through the private sector, in conjunction with the public sector, for the prevention and control of early childhood diseases as well as delivery of integrated health services.

1.1.1 Expanded access to and targeted distribution of Clorin:

In Year 1 of the PRISM project, SFH-PRISM and partners distributed enough Clorin to treat 2,285,494,176liters of water. Substantial efforts were made to focus Clorin distribution on underserved communities - in rural areas, HIV-affected households and during cholera outbreaks.

SFH-PRISM (in collaboration with PRISM partner CARE International) expanded rural access to Clorin by training 1,153 Community Volunteers, to sell and distribute Clorin to underserved rural communities in Luapula and Northern Provinces. The communities were also trained to understand the severity of childhood diarrheal diseases and their prevention, as well as the importance of correct dosing and consistent use of Clorin.

During the seasonal cholera outbreak in Year 1, SFH-PRISM worked in collaboration with the Government of Zambia's multi-sectoral National Epidemic Preparedness Prevention Control & Management Committee (chaired by the Minister of Health) to distribute Clorin to cholera affected areas/communities in Lusaka, Copperbelt, Southern and Luapula provinces. In addition to donating 48,000 bottles of Clorin to the MOH, SFH-PRISM was directly involved in distributing the product to the worst affected areas in Lusaka district, where 145,140 bottles were distributed door-to-door in flooded and cholera hit townships of Misisi, Kanyama, Matero and Garden. About 300 Neighborhood Health Committee members were trained to teach people in these communities the correct and consistent use/dosing of the Clorin.

The severe flooding and cholera outbreak experienced in December 2009- March 2010 caused unusually high demand for Clorin which resulted exhaustion of funds budgeted for Clorin production at the height of greatest need. Fortunately USAID granted a waiver and additional funds were made immediately available, and Clorin production continued.

The SFH-PRISM program to distribute Clorin to people living with HIV/AIDS through the Home Based Care program was delayed due to late awarding of the STEPS-OVC contract. The program started soon after the contract was awarded (late in PRISM Year 1) and 51,864 bottles were distributed before 30th September 2010.

1.1.2 Child Survival Situation Analysis:

In an effort to explore new CH products, SFH-PRISM conducted a Child Survival Situation Analysis with assistance from PSI’s Child Survival team, to inform expansion of the PRISM Child Survival program in Years 2-5. Some of the findings and recommendations from Analysis have been submitted to USAID for their review and possible approval, as SFH-PRISM proposes to include social marketing of one or two new CH products in year 2.

1.2 Increase the supply and diversity of integrated reproductive health products and services to distribute and deliver through the private sector, in conjunction with the public sector.

1.2.1 SafePlan Oral Contraceptives:



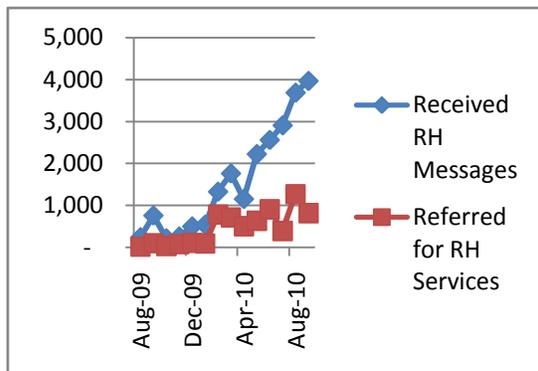
2,376,768 cycles of Safeplan oral contraceptives were distributed during year 1 through 272 commercial outlets (registered pharmacies and clinics): DHMT clinics and trained Community Volunteers.

Rural access to Safeplan was improved by training Community Volunteers to distribute and promote Safeplan to rural communities in Northern and Luapula provinces, with support from Care International. 899 Community Volunteers were trained in year 1 for this purpose.

SafePlan packaging was re-branded, re-positioned and re-launched targeting the younger Zambian woman with unmet family spacing needs. The official re-launch ceremony in Kanyama/Lusaka, was well attended by MOH, USAID and partner representatives.

1.2.2 Injectable Contraceptives:

24,660 vials of MyChoice injectables were sold and distributed in year 1.



1.2.3 Integrating RH product/service delivery:

Reproductive health products and services were integrated with child health as well as HIV services in year 1. Not only were Safeplan and Injectable contraceptives promoted to women seeking child health services, but RH services also were integrated into 2 SFH-PRISM sites offering CT and MC services (YWCA/Lusaka & Obote/Livingstone.) In year 1, 21,121 CT clients received RH counseling, 6,467 of which were referred to partner organizations for RH services.

SFH-PRISM expanded 'medical detailing' capacity by adding additional detailers and refocusing them on demand creation efforts (all detailers were trained in Education Through Listening (ETL) techniques, they participated in the DELTA marketing training for re-branding and re-positioning SafePlan, and have been highly involved in training and monitoring community-based distributors.)

1.3 Increase the supply and diversity of products and services to prevent and manage HIV infection and STIs for distribution and delivery through the private sector, in conjunction with the public sector.

1.3.0 Condom Social Marketing:

SFH-PRISM continued to market male and female condoms in hair salons, barbershops, grocery shops, bars, brothels, nightclubs nationwide - as well as in rural communities through Community Volunteers in the Northern and Luapula provinces.

A DELTA condom marketing planning exercise for condoms revisited the target groups, positioning and branding for Maximum Classic, Scented and Trust condom brands. As a result the Maximum packaging was revised, and Maximum will be publicly re-launched at the beginning of Year 2. (See Section 2.2.3)

1.3.1 Counseling and Testing (CT):

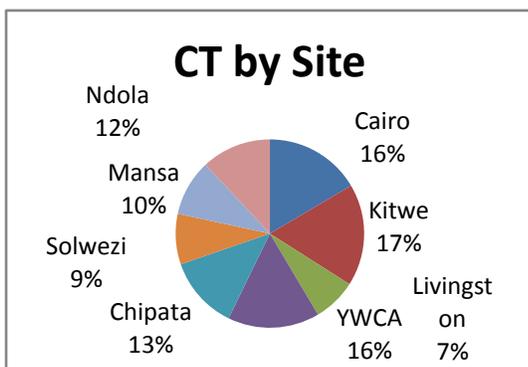


In Year one of the PRISM project (August 2009 to September 2010) 169,955 clients received CT through the SFH-PRISM New Start (NS) network, 65% (110,825) of these for the first time; 77% (131,586) of all clients were seen through mobile activities; 3% (4,899) of clients opted out of testing, following pre-test counseling; 13.4% (22,789) of clients came as couples (from 5% previously recorded). 8 static New Start sites and accompanying mobile teams were re-established under PRISM in year 1.

On average, 25% of clients who tested positive for HIV received post-test support through the Horizon network¹.

In September, 2010, SFH began to assess the feasibility of expanding NS CT services to Western province - results have identified potential for expansion for CT services through a new site there.

Targeted CT:



All NS Site Managers and Outreach/ Horizon Coordinators attended a retreat/ training in Lusaka (April 15-16, 2010), following which all 8 NS sites developed action plans to generate increased demand for CT among couples and MARPs.

In May 2010, SFH-PRISM started outreach CT work in prisons. Regular CT was conducted among inmates and prisons staff in Lusaka and Livingstone prisons, and continues in Year2.

¹ This number is based on data from May, 2010 to September, 2010.

² These numbers are based on data from January 2010 to September 2010

In February and June 2010, SFH-PRISM aired the 'Get Tested Together, Get Tested Today' mass media campaign. The mass media spots were accompanied by IPC mobilization efforts with traditional leaders (chiefs and headmen), religious leaders and others. Proportion of people coming for CT as couples rose from average 5% during fiscal year 2009 to 15% during fiscal year 2010.



Counselor Training:

41 counselors were trained in TB symptomatic screening.

12 health service providers (MC and RH) were trained as STI Trainers Of Trainers with support from international PRISM partner IntraHealth.

65 NS counselors were trained in STI symptoms & referral – DAPP Ndola (14), Kitwe NS & MC (27), Luapula Foundation Mansa (14) and Mwami Adventist Chipata (10.)

253 counselors completed couples counseling & refresher CT trainings.

Collaboration with partners:

NS CT teams supported special events organized by GrassRoots Soccer, Annual Intercompany Relay, Alchemy HR Solutions, TEVETA, CARMMA and SHARE – by providing outreach on-site CT services at their events on request.

1.3.2 Male Circumcision:

In Year 1 of the PRISM project, SFH-PRISM and its partners have performed 38,631 MCs; 13,135 MCs are directly attributable to USAID funding. 35% of these MCs were performed at SFH-PRISM static sites. One new integrated MC service delivery site was established in year 1: Obote Road MC Centre in Livingstone offers MC, CT and RH services.

SFH and its partners trained 137 MC service providers through JHPIEGO, with additional funding from the Bill and Melinda Gates Foundation.

In the spirit of the U.S. Global Health Initiative's (GHI) goal to increase impact through strategic coordination and integration, SFH-PRISM participated in several MOH meetings (TWG, sub-committee) related to MC ; hosted a CDC/PEPFAR team visit and participated in a Partnership Project meeting in Swaziland. The CDC/PEPFAR team was positive regarding SFH's MC results to date and encouraged rapid scale up and consideration of adoption of MOVE principles to maximize impact on the epidemic.

In May, 2010, due to improvements in the monitoring, reporting and evaluation of Adverse Events (AEs), the number of AEs reported increased, but remained far below acceptable levels based on WHO guidelines. AEs occurring after MCs done during outreach/mobile MC were referred to static sites and attended to or referred elsewhere. In all cases, clients made a full-recovery.

Through Year 1 SFH-PRISM worked to improve the quality and availability of MC services to its target populations. Partnerships with five private clinics in and around Lusaka have been established. SFH is collaborating with the Corridors of Hope II project to provide MC at COH sites as well.

Training and capacity building exercises in infection prevention, Neonatal MC (NMC), STI syndromic management, and clinical skills training, were held for MC service providers. SFH-PRISM performed its first four NMCs at Mtendere clinic in June.

MC Counseling TOT was held (facilitated by the PSI HIV Technical Advisor), for 18 participants including partner representatives - the MOH (5), FHI (1), MSI (2), CIDRZ (1), CHAMP (1), ZHECT (1) and SFH (7.) The TOT resulted in the creation of a national MC counseling training package (Site Resource Manual, Facilitator's Manual & Participant Workbook) which the MOH plans to adopt.

SFH actively participated in MC TWG meetings as well as Task Team meetings (created to support planning efforts leading up to national MC month in October.)

1.4 Increase the supply and diversity of products and services to prevent and control malaria for distribution and delivery through the private sector, in conjunction with the public sector.

1.4.0 ITN Distribution:

370,000 ITNs were distributed to DHMTs for routine distribution during antenatal care, in conjunction with the MOH's Malaria in Pregnancy program. During July 2010 Child Health Week, SFH-PRISM distributed ITNs to every government facility in endemic districts in Western Province.

SFH-PRISM provides routine distribution of ITNs to all 72 DHMTs, pending sufficient commodity supplies.

392 outreach workers were trained to promote correct and consistent ITN use.

Task 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and malaria and to build an informed, sustainable consumer base.

2.1 Prevention of Childhood Illnesses & Malaria:

SFH-PRISM implemented Clorin school programs in five Provinces: Lusaka, Northern, Copperbelt, Eastern, and Luapula. SFH Communication Assistants (CAs) worked with 20 schools to facilitate discussions with students and teachers using a peer to peer model. Children were taught the importance of treating water with Clorin, hand washing and practicing other hygiene behaviors to prevent diarrheal diseases. 'Hygiene Clubs' have been formed at all the schools to continue the work.

SFH-PRISM integrated safe water and hygiene messages (about Clorin and its correct use) into the story-line scripting, production and programming of the very popular local language TV soap opera *BANJA* –screened twice daily on MUVI TV and viewed by many people in high, medium and low income brackets.

The Malaria 1-2-3 campaign was aired in all major local languages throughout the country.

2.2.1 Creating Informed Demand for MC:

SFH-PRISM utilized a variety of interpersonal, mid-media (MVU), print and community-level communications to create informed demand for MC. Activities included drama performances, activities and special events with ZPCTII, MSI, CIDRZ, and GrassRoots Soccer and community mobilization efforts.

An MOU was signed with CHAMP to formalize plans to integrate MC counseling and promotion into a free national hotline, provided MC service providers to help answer hotline calls related to MC, and trained 12 CHAMP hotline operators in key messages and referral systems for MC.

SFH-PRISM coordinated with the MOH and other partners to develop a national MC logo and supporting mass media campaign, based on MC TRaC and other research findings. The logo and other campaign materials were pre-tested with the target group.



This logo is now used by the MOH and a variety of implementing partners in MC to identify sites offering safe MC services and has been integrated as the center-piece of the into the national multi-media MC campaign. TV spots, radio spots, newspaper articles and radio/TV appearances were implemented at the beginning of year 2.

2.2.3 Increasing Condom awareness and demand Maximum Rebranding:



During year 1, SFH used the DELTA marketing analysis tool to develop a Total Market Approach to SFH's condom distribution and update the branding/positioning for all condom brands, including Maximum and Trust Studded Condoms. With this analysis, SFH developed a plan to increase the percent of adults reporting consistent condom use and increase the sales and distribution of all branded and generic condoms. The Maximum Classic packaging was updated accordingly (including pre-testing with priority target groups.)

The updated branding/positioning will be launched at a public event on World AIDS Day 2010 (which falls in year 2). New point of sale materials, consistent with the updated branding, have been developed.

Care FC Radio Program:

The "Diva in Me" **Care** female condom radio program (recorded and produced in-house in the SFH-PRISM multi-media studio) started airing in July 2010. The program featured local celebrities, religious leaders, health practitioners and others, discussing the female condom.

Community distribution of condoms:

920 community change agents (CBDs and Behaviour Change Promoters) were trained to promote/distribute condoms in the communities

2.2.4: Interpersonal Communications:

84,819 were reached with HIV messages through interpersonal one on one and small group sessions. 38,636 people were reached through community outreach with HIV/AIDS AB messaging. In partnership with OSC, SFH-PRISM developed and implemented standard operating procedures for IPC activities.

During year 1 of PRISM, training was given to PRISM partners' staff in participatory IPC techniques, known as "Education Through Listening" (ETL) – with support from PRISM international partner Overseas Strategic Communications (OSC). SFH-PRISM CAs and Medical Detailers; Community Volunteers trained by CARE International; and ZHECT BCPs were trained in ETL -to listen more and talk less; to use open-ended questions, to acknowledge positive behavior and encourage participants to reflect upon how their own behaviors impact their health. Facilitation guides and other IPC materials will be revised for better consistency with ETL approaches, and enhanced impact on the adoption of preventive behaviors.

SFH-PRISM partner ZHECT held a workshop for traditional marriage counselors to integrate HIV prevention into traditional marriage counseling practices.

SFH-PRISM procured 1 new MVU which is being used to raise awareness in communities about a range of health issues and behaviors e.g. by airing short films/music videos to stimulate community-level discussion and motivate uptake of a range of healthy behaviors including CT, MC and correct ITN use.

Task 3: Develop the ability of a commercial/private sector entity to produce and market at least one currently social marketed health product or service in a sustainable manner.

3.1.1 Commercializing Activities



A condoms total market assessment was initiated in year 1 (and will be completed in year 2) to ensure that subsidized products, such as Maximum Classic Condoms, are marketed using a total market approach.

Condom distribution has relied more on a "push" orientation – which included SFH uplifting products from wholesalers to retailers to help distribution. SFH-PRISM started implementing a more efficient and cost effective "pull" system where consumer demand draws product through the distribution channel. Uplifting activities will completely cease in Year 2.

Task 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GRZ, other United States Government (USG), and non-USG partners.

4.1 Integration of Service delivery and activities:

SFH-PRISM consults with the MOH Directors and other senior officials on a continuous basis. These interactions occur both organically (as need arises) as well as more formally through regular participation in official MOH forums and events, including Technical Working Group meetings.

At Provincial and District levels, SFH-PRISM teams are part of planning meetings, Provincial/District AIDS Task Force activities, and special national and local events such as Child Health Weeks.

SFH is using MOH's HMIS system to monitor key indicators like sales and brands.

M & E, Research

SFH strengthened Research, M&E capacity in year 1 by recruiting additional staff, training 10 people in research techniques, conducting internal Data Quality Assurance exercises and implementing improved feedback mechanisms.

The "2010 Baseline HIV/AIDS TRaC Study: *Male Circumcision study among Male Zambians aged 16-35 years*" was conducted and completed in the period under review. Preliminary results were presented at a dissemination meeting attended by SFH staff, USAID, MOH, and partner NGOs (Population Council, Jhpiego, MSI). The findings of this study will continue to be shared at various forums.
