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COMMUNICATIONS SUPPORT FOR HEALTH (CSH) PROGRAM

QUARTERLY REPORT

July to September 2014

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Contents

Acronyms	3
EXECUTIVE SUMMARY	5
1. PROJECT ACCOMPLISHMENTS	6
A. IR 1: National Health Communications Campaigns Strengthened.....	6
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.....	16
E. Gender Considerations.....	17
2. OPERATIONS AND ADMINISTRATION	18
3. FINANCIAL REPORTING: July – September 2014.....	20
ANNEX A: Summary of CSH Indicators, Baselines, and Progress to Date	22

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.* Full-scale implementation of the integrated *Stop Malaria* and Nutrition campaign continued through support to 3 CBOs to implement community activities in 5 districts through monthly household visits and group meetings with caregivers of children less than two years of age using the CSH products to generate discussion.
- *Mothers Alive campaign.* As part of SMGL Phase 2, the CSH-led Change Champion initiative continued with orientation and training of 72 community leaders in Choma, Pemba, and Zimba districts. Additionally, screening of the documentary *Journey to Becoming a Parent* kicked off in 50 communities in the same area reaching almost 7,000 people. Existing Change Champions in Senanga district participated in a follow-up mentorship visit.
- *Safe Love campaign.* The intensive implementation of the *Safe Love* campaign, including all media and support of 5 civil society organizations, concluded this quarter with only a few media products remaining on national and community broadcasters. CSH also continued to work directly in all 10 provinces on dissemination of integrated family planning and HIV messages with a focus on reaching adolescents in higher institutions of learning and pupils in grades 10-12. All provincial capitals and peri-urban towns were visited and a total of 5,685 pupils, students, and lecturers/teachers were reached.
- *Safe Love campaign outcome evaluation.* During this quarter CSH finalized data collection and began data analysis for the *Safe Love* outcome evaluation. A preliminary report is expected by November 2014.
- *Translation of Your Health Matters TV programs.* CSH has supported MOH and MCDMCH to produce and air 11 YHM TV programs. These programs have been transcribed and translated into seven local languages and reformatted into radio programs. GRZ will place these programs on community and national radio stations, provincial mobile hospital units and will be screened in health facility waiting rooms.
- *Integrating BCP content into curriculum of Lusaka Apex Medical University (LAMU).* LAMU finalized the integration of the CSH BCP content into the University's core curriculum. Course content was piloted on a number of students selected from all courses of the University. Based on the results of the pilot, content was finalized, integrated, and packaged into a unified course which will form a LAMU version of BCC which will be taught as a course and examined at the end of the semester. Furthermore, the University also intends to run the BCC course as short stand-alone course under the Center for Continuing Professional Development.

Plans for Next Quarter

- Conclude all campaign evaluation studies and package results for widespread learning.
- Create website/library where all CSH materials and products will be publicly accessible.
- Facilitate a review workshop to ensure all the transcribed and translated YHM materials are of good quality and put in place a dissemination and distribution plan before handing over the programs to GRZ.
- Support MOH/MCDMCH to air the last YHM TV program on adolescent reproductive health.
- Support MCDMCH to validate the Reproductive Health Maternal Newborn, Child Health and Nutrition communication and advocacy strategy, develop a distribution plan, and print.
- Facilitate capacity assessments for the MCDMCH and NMCC.

- Support the finalization of the BCP curriculum for the Zambia Institute of Mass Communications Trust (ZAMCOM).
- Identify and document success stories/lessons learned on gender integration in CSH communications activities.

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

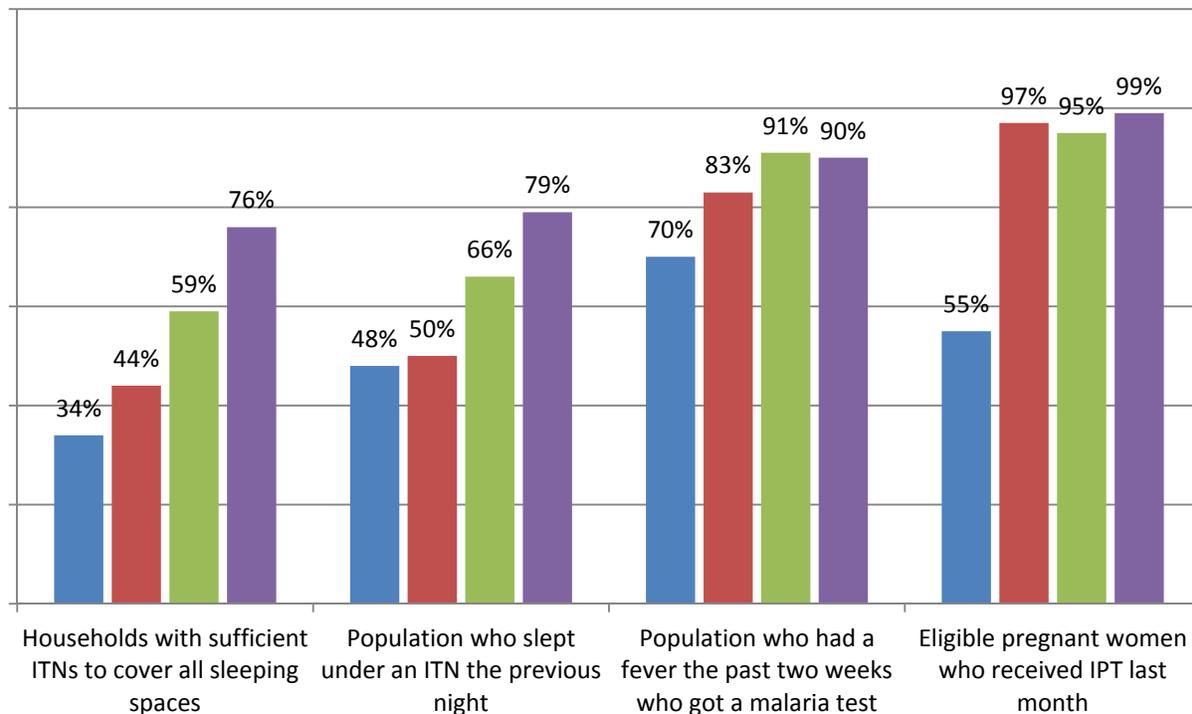
During the quarter under review, CSH continued supporting local community based organizations (CSOs) to managing both the *STOP Malaria* and the *First 1000 Most Critical Days Campaigns*. This was done through the extension of contracts for March Zambia to continue implementing activities and, specifically, to distribute the child feeding bowl in Western Province (Mongu and Kaoma) and conduct Group Focused Consultations (GFC) in Luapula Province (Samfya) through September 2014. Another extension was completed for Kasama Christian Community Care (KCCC) to continue activity implementation in Northern Province (Kasama & Mpulungu), through August 2014. As in previous quarters, the CSOs conducted various activities including household visits, data collection, and monthly household counseling visits (using the CSH-developed counseling cards) on malaria, MNCH, and nutrition-related issues.

Because of contractual issues with Caritas (described in previous quarterly reports), CSH also directly managed implementation of activities for these campaigns in Eastern Province (Chipata & Chadiza) through visits to implementing local CBOs in Chadiza and directly working with Community Malaria Agents (CMAs) and NPs in Chipata, in collaboration with health center staff. Activities included the distribution of the feeding bowls to mothers, supervising household visits, conducting group discussions for mothers, as well as data cleaning.

All of these activities, with the exception of Champion Community celebrations in Eastern Province, concluded during the quarter and the contracts with all the CSOs were officially closed and paid out. Although results from an external evaluation on behavior changes resulting from these efforts are still being analyzed, the final numbers from the community monitoring system indicate a strong finish in 7 of 8 districts. The data from Mansa district appears to have some inconsistencies and indicates a fluctuating outcome, especially relating to bednet utilization. Although the data below includes Mansa district for now, in the next quarter, CSH will undergo one further DQA of Mansa in order to be confident in those final numbers.

STOP Malaria Key Outcome Indicators

■ Baseline-May 2013 ■ Jul-13 ■ Mar-14 ■ 14-Jun



Additionally, CSH led an operations research study for *The First 1,000 Most Critical Days* campaign, assessing the target audience's participation in the communication activities and utilization of the campaign products, the perceived effectiveness of the campaign on the target audience's knowledge and behaviors related to nutrition and hygiene, and feasibility for scaling-up the campaign. Findings from the study highlighted that program implementers and the main beneficiaries (mothers of children 0-2 years) overall had a good understanding of and exposure to the majority of the campaign products and demonstrated good understanding of the main concepts/messages in the campaign. Beneficiaries reported positive changes in their knowledge and behaviors related to breastfeeding, complementary feeding, and hygiene practices. There was overwhelming support for continuing and expanding the program to other areas of the country.

Lastly, CSH also conducted an efficacy study in Samfya on the child feeding bowl. While results from the month-long field work are still under analysis, preliminary results indicate the bowl greatly improves a mother or caregiver's ability to understand and measure not just how much food is offered to the child, but how much the child actually consumes. Further, it appears that many of the children are attaching to the bowl and enthusiastically greeting the sight of it as a time for eating.

Throughout this quarter, CSH collaborated extremely closely with NFNC and other key nutrition partners, including UNICEF, the USAID-funded Mawa project, Boston University's ZCHARD, and Care to plan distribution and coverage of all CSH products and activities throughout the country. Specifically, 2,500 child feeding bowls were donated to Mawa to use in its field work, 300 complete sets of materials were given to ZCHARD to use in a study on the impact mothers groups and household screening have on stunting and cognitive development, digital files were shared with UNICEF for possible inclusion in its

MDGI program, and the remaining bulk of printed materials were allocated to NFNC for national distribution. SUNFund also included reprinting costs in their planning for 2015 and 2016.

STOP Malaria and First 1000 Most Critical Days Products and Outputs (IR 1.1)
<ul style="list-style-type: none"> Supported 3 CSOs to implement community activities in 5 districts
<ul style="list-style-type: none"> Directly implemented community activities in 2 districts
<ul style="list-style-type: none"> Distributed the child feeding bowl in all 8 districts
<ul style="list-style-type: none"> <i>The First 1,000 Most Critical Days</i> campaign operations research study conducted and final report completed and disseminated.
<ul style="list-style-type: none"> Completed all field work for STOP Malaria cross-sectional survey with comparison group and began analysis of findings
<ul style="list-style-type: none"> Completed field work for efficacy study of child feeding bowl

Challenges

There were no major challenges experienced during this quarter especially after CSH decided to directly guide the implementation in Eastern Province.

Plans for Next Quarter

- Conclude 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
- Finalize plans with NFNC and SUNFund for materials distribution and reprinting for all 14 Phase 1 districts
- Disseminate results from *STOP Malaria* evaluation and the child feeding bowl efficacy study

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

This quarter marked the final one for large-scale implementation of the *Safe Love* campaign. In addition to continuing support to 5 CSOs through the end of July to implement community-level work integrating family planning and HIV messages, CSH continued airing its key media products throughout the quarter. The products included *Love Games* Seasons 1 and 2 on ZNBC, MUVI TV, and Chipata TV, and *Life at the Turn Off* in both English and all four local languages.

Additionally, CSH began the process of handing over its bank of *Safe Love* materials, including distribution of copies of *Love Games* and 1,500 copies of *Love Games* discussion guides to NAC, MCDMCH, SFH, Zambart, CIDRZ, ZISSP, Afya Mzuri, ZHECT, ZPTCT II, and members of the TWG in 4 provincial towns (Livingstone, Mongu, Choma and Chipata).

CSH also continued to provide technical support to MCDMCH and partners in the planning and launching of the national VMMC campaign for August 2014. During the period under review CSH led local production of a VMMC radio call-in show in 4 districts on community radio as selected by the TWG. The programs were recorded the first week of August and then re-aired throughout the month. We also aired locally produced VMMC radio PSAs 120 times on the 4 stations.

CSH continued to share VMMC print materials and distributed VMMC information booklets to MCDMCH and implementing partners. Further, soft copies of the VMMC flipchart and information booklets originally produced by SFH were re-shared with all implementing partners to use during August.

Following an assessment of the success of the family planning/HIV integration events at Freshview Cinemas in Lusaka, the CSH HIV team decided to take a similar program to all 10 provincial capitals. In partnerships with the subnational TWGs, CSH staged screenings of *Love Games* and *Journey to Becoming a Parent* followed by discussions with adolescents and young adults. The objectives of these activities include:

- Encourage all adolescents who are still in school to delay their sexual debut and reflect on knowing their HIV status by going for counseling and testing.
- Encourage adolescents to talk to their friends/partners about the dangers of engaging in unprotected sexual activities including risk of HIV infection and unplanned pregnancies.
- Encourage students in institutions of high learning to seek family planning services, including promoting couples testing and counseling.
- Disseminate the HIV prevention and family planning messages including “dual protection” offered by condoms specifically to adolescents.

In total, across all 10 provinces, 4668 students participated in this activity.

In addition, during the period under review CSH completed the data collection and entry, and began the analysis for the *Safe Love* outcome evaluation. Key results from the evaluation will be disseminated in November.

Safe Love Products and Outputs (IR 1.2)
<ul style="list-style-type: none"> • Continued airing of some media products on few national community broadcasters.
<ul style="list-style-type: none"> • Reached 5,685 pupils, students, teachers and lectures with family planning/HIV integration messages.
<ul style="list-style-type: none"> • Printed 1,500 <i>Love Games</i> discussion for season two and distributed to GRZ and partners.
<ul style="list-style-type: none"> • Completed data collection for <i>Safe Love</i> outcome evaluation.

Challenges and Solutions

- Airing of *Love Games* on National TV – ZNBC was disturbed by the World cup games. This was resolved by rescheduling the programs forward and ZNBC will continue airing in the next quarter to cover up for slots that were missed.

Plans for Next Quarter

- Continue airing *Love Games* to cover what was scheduled during the period under review.
- Close all activities under the *Safe Love* campaign.
- Disseminate *Safe Love* outcome evaluation results to GRZ and implementing partners.

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

Mothers Alive and SMGL. This quarter, CSH continued to focus on ensuring sustainability of its Mothers Alive work as well to kick off work under SMGL Phase 2. To this end, CSH participated in regular weekly meetings to finalize inclusion of the birth plan in the national SMAG training manual, and participated in regular meetings with the General Nursing Council (GNC) to orient them on the variety of materials in the campaign. Eventually, the GNC officially adopted the birth plan and the family planning methods tool and has included them in their activity plan, a key component of the nurses and midwives training curriculum.

Preparations for SMGL Phase 2 had long been underway to ensure a smooth execution of the activities once

the incremental funding from USAID arrived. As soon as CSH received the funding, implementation began in earnest. While it will continue throughout the last quarter of the project, during this period, CSH was able to train more than 50 leaders as Change Champions in Choma, Zimba, and Pemba and begin screening *Journey to Becoming a Parent* in communities in those same districts, using the recently trained Change Champions as facilitators for the discussions. 50 communities and a total of 6,285 people were reached during the screenings.

Additionally, CSH concluded its implementation of Mothers Alive activities in its other 8 focus districts with a final mentorship visit with 25 leaders in Senanga.

During the period, the team also conducted a detailed audit of the distribution of the birth plan. Because ongoing printing of such a tool is frequently a major issue to its continued use, CSH printed a large number of birth plans, more than 2,000,000 in total. However, on an annual basis, there are only approximately 600,000 live births expected in Zambia as a whole, meaning there should be a sufficient stock in country to distribute birth plans to every pregnant woman for several years. Since CSH focused its efforts on only a few districts, as well, this ratio is even greater. In 2014, we estimate to have reached 103,788 women out of 146,583 births in our 8 target districts, a coverage rate of more than 70%.

The First 1,000 Most Critical Days Campaign. As described above, implementation of this campaign continued in the quarter under review through all five CSOs who carried out the community-based aspects of the 1,000 Days program in eight target districts. The nutrition promoters engaged by CSOs held bi-monthly meetings with groups of mothers in communities to talk about child nutrition issues using communications products such as the growth reminder tool, menu planning game, the menu placemat, and the child feeding bowl (new this quarter).

English and local language translations of a 13-episode radio drama series called *Bushes that Grow* were also aired on national and targeted community radio stations as well as played during group meetings with mothers/caregivers. A final supervision visit was made to Chipata and Chadiza districts 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 initiative and the corresponding products was conducted using Mongu and Samfya as research sites. Because of time and the lack of feasibility in creating a control group, this study measured reported behavior change, rather than actual behavior change. Findings were overwhelmingly positive, and results will be used to provide additional evidence to NFNC on the continued use of these products.

Collection of data for the child feeding bowl effectiveness study was conducted in Samfya district and data is being cleaned and entered. The study aimed to test whether or not the graduated child feeding bowl improved the amount of food a child consumed at each meal. Specifically, the study compared the mean meal volume for children between 9-17 months of age whose mothers received either a graduated bowl, versus a standard bowl, versus that of children whose mothers do not receive a bowl at all and are only counseled.

Following a national validation meeting where the products were formally adopted, CSH also continued to support NFNC by reprinting the suite of communications materials (menu placemats, menu game, growth reminder cards, food cards, and pouches for the food cards) and working with NFNC to create a distribution plan to all 14 Phase 1 districts.

Mothers Alive and SMGL and 1000 Most Critical Days Products and Outputs (IR 1.3)

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| <ul style="list-style-type: none">• Supported MCDMCH to orient and train 50 new <i>Change Champions</i> in Choma, Pemba, and Zimba districts and to conduct a mentorship visit in Senanga. |
|--|

<ul style="list-style-type: none"> Reached 6,285 people in 50 communities during mass screening of <i>Journey to Becoming a Parent</i> in Choma, Pemba, and Zimba districts.
<ul style="list-style-type: none"> Completed data collection and disseminated report on the ‘<i>Perceived effectiveness of 1000 days program and the corresponding products.</i>’
<ul style="list-style-type: none"> Completed data collection for the child feeding bowl effectiveness study in two districts.
<ul style="list-style-type: none"> 5,006 child feeding bowls were distributed to the five CSOs.
<ul style="list-style-type: none"> Five CSOs continued implementation of <i>Champion Communities</i> in eight districts for <i>The First 1,000 Most Critical Days</i> campaign.

Challenges and Solutions

There were delays within NFC and MoH to adopt and start implementing the distribution for the nutrition products. CSH resolved this through continued dialogue and further partnered with Manzi valley to distribute the products to districts where they reach. Further details on this are provided in Section C2. below.

Plans for Next Quarter

- Continue with orientation and training of newly identified change champions in, Samfya/Lunga and Kabwe districts.
- Continue screening of *Journey to Becoming a Parent* series in targeted districts.
- Continue with distribution of Mothers Alive and SMGL products in new districts.
- Dissemination of results of child feeding bowl study to GRZ and partners.
- Continue supporting NFNC to distribute child-feeding bowl in all phase one sites.
- Conduct assessment of Change Champions implementation of Mothers Alive and SMGL activities.

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 finalized the assessment report of formative research support provided to North Western province. Additionally, CSH supported the province in revising their report on maternal nutrition based on feedback from the dissemination meeting of the results held in May.

Secondly, the CSH team drafted a technical assistance guide to be used by GRZ to implement Formative Research in Action in the future. Although the GRZ worked closely with CSH throughout this process, this guide was a critical document in closing the loop and will be shared widely in the following quarter.

Formative Research Products and Outputs (IR 2.1 and 2.2)
<ul style="list-style-type: none"> Provided support to the North-Western provincial team to revise their research report to incorporate feedback from the dissemination meeting.
<ul style="list-style-type: none"> Finalized the assessment report on Formative Research in Action.

Challenges and Solutions

During this quarter, CSH decided to cease its efforts to implement its originally planned Formative Research in Action activity in Eastern Province. The challenges that prevented the successful implementation of this activity were largely due to the inability of the provincial team in Eastern Province to allocate time and

implement the different tasks of this activity amidst other competing demands within the established timeline and before the end of the CSH contract.

Plans for Next Quarter

- CSH will disseminate the technical assistance guide for GRZ use.

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

Behavior Centered Programming Training. During the reporting period, CSH supported the General Nursing Council to conduct an in-service training session on Behaviour Centered Programming (BCP) for practicing nurses at Ndola Central Hospital. The training session brought together twenty-one (19 female, 2 male) nurse managers in charge of various nursing departments in the hospital.

CSH, in collaboration with experts from The Manoff Group, started the process of reviewing and revising the BCP toolkit based on feedback from participants and trainers gathered during two BCP refresher trainings held in April and July respectively. CSH conducted an evaluation of the BCP trainings, which primarily included interviews with participants.

Your Health Matters (YHM) TV program. CSH continued to support the MOH and MCDMCH in producing and airing their monthly 25-minute *Your Health Matters: Let's Talk* programs. The final program, featuring adolescent reproductive health was produced during the reporting period and will be aired at the beginning of the 4th quarter. This will mark the end of the production and airing of *YHM Let's Talk* in English and TV format.

However, at the continued request of GRZ, CSH engaged a consulting firm Verve 101 to transcribe and translate the 12 programs into seven local languages and reformat the TV programs into radio. The programs will be used by community and national radio stations, provincial mobile hospital units, and will also be screened in health facility waiting rooms. CSH will support GRZ to develop a dissemination and distribution plan in the next quarter to ensure that the reformatted and translated programs are widely utilized.

National Communication Strategies. During the period under review, CSH engaged a short term consultant to work with officers at MCDMCH to collect information and finalize the incomplete sections of the Reproductive Health Maternal Newborn, Child Health, and Nutrition Communication and Advocacy Strategy. Experts from Manoff and CSH staff worked with the consultant to revise and complete the draft strategy.

BCC and National IEC/BCC Technical Working Groups. CSH conducted a follow up focus group discussion with leaders of the NAC TWG to complete the project's final annual BCC capacity assessment.

CHAMP 990 Talkline. In the period under review, CHAMP was awarded a two month follow-on grant (1st August - 30th September) to continue supporting the expanded health communication resources of the 990 Talkline and the 990 Web Portal. Through this Phase IV grant, CHAMP did not only continue expanded Talkline services, but also followed up on commitments made by various private sector

partners engaged during the resource mobilization stakeholder meeting, including actively participating in the CSH-led capacity building assessment, and managing the audit of Phase II and Phase III grants received under CSH. Additionally, CHAMP continued marketing the 990 Talkline through the CHAMP Community Learning Centres (CLC) by engaging the general public in one-on-one discussions, group sensitization discussions on the benefits of accessing the 990 Talkline and its resources, and through display of various banners and distribution of flyers. Through this Phase IV grant, CHAMP actively participated in the CSH-led endline survey, which assessed the impact of the capacity building interventions implemented by CSH throughout the period of this partnership.

Afya Mzuri Dziwani Knowledge Centre for Health. CSH also awarded a follow-on grant to continue supporting the operations of the Dziwani Communications Resource Center as the grantee shifts from a predominantly non-governmental organization to a social enterprise providing knowledge management services and behavior change communications short courses. This shift, aimed at diversifying their funding sources, is key for the organization to achieve greater long-term sustainability, a goal encouraged by CSH and its scope of work.

CSH also conducted the capacity assessment of Afya Mzuri, which included an in-depth interview with key personnel at the organization and a review of Afya Mzuri’s annual activity reports.

TWG, Talkline, Dziwani HCRC, Grantee, and IEC/BCC Management Products and Outputs (IR 3.1)
<ul style="list-style-type: none"> • One, 25-minute <i>Your Health Matters: Let’s Talk</i> TV programs on Adolescent Reproductive Health produced.
<ul style="list-style-type: none"> • 11 YHM TV programs translated into 7 local languages and reformatted into radio.
<ul style="list-style-type: none"> • 21 (19 females and 2 males) nurse managers trained in BCP approach.
<ul style="list-style-type: none"> • Distributed 790 TWG TORs, 870 BCC guidelines for evaluating and pretesting IEC/BCC materials, 91 Voluntary Medical Male Circumcision Communication strategies, 61 BCP training manuals, 50 BCP toolkit CDs, and 46 HIV community facilitators’ training manuals to GRZ, Afya Mzuri, and implementing partners.
<ul style="list-style-type: none"> • Conducted a follow up discussion for the NAC TWG capacity assessment.
<ul style="list-style-type: none"> • Conducted the capacity assessment for CHAMP and Afya Mzuri.
<ul style="list-style-type: none"> • Conducted evaluation of the BCP training.

Challenges and Solutions

CSH continued to face challenges in conducting capacity assessments for NMCC and MCDMCH largely due to unavailability of the targeted GRZ officers. To address this challenge, CSH will use the opportunity during a workshop planned for early next quarter to review and validate YHM programs to also conduct capacity assessments for NMCC and MCDMCH as the same individuals will be present.

Key personnel at Afya Mzuri and CHAMP, who had extensive institutional knowledge about the work conducted with support from grants awarded through the CSH project, were no longer with the organizations during the time in which the capacity assessments were completed. CSH was, however, still able to conduct a sufficient quantity and quality of interviews with remaining employees of each organization to finalize the capacity assessments.

Plans for Next Quarter

- Support MOH/MCDMCH to air the last YHM TV program on adolescent reproductive health.

- Support a review workshop to ensure all the transcribed and translated materials are of good quality and put in place a dissemination and distribution plan before handing over the programs to GRZ.
- Support MCDMCH to validate the Reproductive Health Maternal Newborn, Child Health and Nutrition Communication and Advocacy Strategy, develop a distribution plan, and print.
- Facilitate capacity assessments for the MCDMCH and NMCC.
- Finalize the revision of the BCP toolkit and handover the manual to GRZ.
- Finalize the capacity assessment report for the NAC TWG.
- Conduct the capacity assessment with the NMCC and MOH TWGs during the next TWG meeting, and produce a report.
- Finalize the capacity assessment reports for CHAMP and Afya Mzuri.
- Finalize BCP training evaluation report.

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

This quarter saw more partnerships and negotiations on the distribution of *Love Games*, expanding the reach and depth of our audience. We signed an agreement with VoxAfrica for the airing of the show in the UK and Europe, a new television market for us. VoxAfrica is also keen to air in French-speaking Europe if we supply them with the dubbed version. Related, this quarter we drafted both a Licensing Agreement and a Memorandum of Understanding for signature by ONYX, a Paris-based company that caters to francophone Africa. In exchange for an 18-month period of exclusive rights to broadcast *Love Games* on television in francophone Africa, ONYX will translate and dub all 26 episodes of *Love Games* into French. Issues with episode video files prevented the partnership from taking off this quarter; we hope to begin the process next quarter. During the reporting period, we also submitted the remaining Season 2 paperwork requirements to M-Net in Kenya, meaning the program should air on DStv/Africa Magic by the end of the calendar year.

As mentioned in the discussion of activities under the *First 1000 Most Critical Days* campaign, the child feeding bowl came to life this quarter with the first manufacturing run as well as meetings to explore a role for the private sector. This would involve a mechanism whereby a bowl (or perhaps two) sold in a store would trigger a bonus bowl donated and distributed to a young mother accessing maternal health services beyond Zambia's line of rail. The plan is to facilitate a partnership between NFNC and a retailer, such as Shoprite, to get the bowls on the shelf for Zambian customers. Packaging would share messages from the national nutrition campaign and the in-store display would explain to shoppers how the purchase of this new product would ensure that a second bowl was donated to a mother through antenatal services. Such a concept is new to Zambia but, even so, it was well received when introduced in meetings this quarter with Shoprite, COMACO (a local organization dedicated to organic food products and wildlife conservation) and representatives from the World Food Programme and Feed the Future. Most importantly, NFNC is very much behind the idea and submitted a letter to Shoprite to assure them as much.

This quarter we also planned to collaborate with NFNC on where and when to distribute the remaining nutritional materials—with the aim of setting aside a good number for delivery by the private sector. The beverage company Manzi Valley, for example, is on standby, ready to assist. Next quarter we anticipate using their transport network to send CSH nutrition items to Luapula and Northern provinces. Also this quarter CSH malaria materials were shared during public-private partnership meetings in Central, Copperbelt, Luapula, and Southern Provinces, facilitated by the Zambia Health Alliance.

Finally, this quarter CSH began an assessment of our private sector engagement strategy and contributions. The assessment aims to quantify the private sector contributions to the key CSH/GRZ campaigns, mainly

Safe Love, STOP Malaria, and Mothers Alive; to document the process used; and to capture lessons learned on how best to engage the private sector. As part of the assessment, CSH is conducting interviews with key representatives from the main companies that have contributed to CSH-supported BCC campaigns.

Highlights of this quarter’s private sector engagement include:

- *VoxAfrica* – Agreement signed for the broadcast of *Love Games* in the UK and Europe. If we supply them with the French dubbed version they can also air in French-speaking Europe.
- *ONYX* – Agreement and Memorandum of Understanding drafted for *Love Games* to be broadcast in francophone Africa with 18 months exclusivity in exchange for the dubbing of all 26 episodes into French. *ONYX* is also keen to distribute the show in North America on their partner outlets.
- *Nutrition Feeding Bowl* – Meetings with Shoprite, COMACO (maker of *It’s Wild* food in Zambia, among other products), World Food Programme, and Feed the Future about a retail component that would benefit recipients through bowl donations beyond urban centers.

Private Sector Participation Support and Products (IR 3.3)
<ul style="list-style-type: none"> • Signed an agreement with <i>VoxAfrica</i> for the airing of <i>Love Games</i> in the UK and Europe.
<ul style="list-style-type: none"> • Licensing Agreement and MOU drafted with <i>ONYX</i> for all <i>Love Games</i> episodes to be dubbed in French and broadcast throughout francophone Africa.

Challenges and Solutions

- Additional and revised paperwork requests from M-Net (DStv/Africa Magic) delayed the airing of *Love Games* Season 2. Submission of final materials took place this quarter so we anticipate that the program will air on Africa Magic soon.
- Missing separated track files from Media365 delayed the translation of *Love Games* into French as well as plans for the dubbed version to be broadcast in francophone Africa.
- There continued to be file delivery issues to Wananchi/Zuku Channel, a distributor we signed an agreement with in the previous quarter. Our IT team was eventually able to sort it out.
- Due to inconsistent episode lengths *VoxAfrica* might be unable to air *Love Games* in a preferred primetime slot; their advert obligations have strict timing. If there is no way round this challenge the show will air at a later time.
- Delays with NFNC on materials distribution resulted in no private sector transport support this quarter. We expect it to take place early in the next quarter.

Plans for Next Quarter

- Complete packaging and continue to push for a retail component of the child feeding bowl with Shoprite and partners.
- Facilitate the no-cost delivery of CSH nutrition materials using a business’ transport network.
- Finalize the Licensing Agreement and Memorandum of Understanding with *ONYX* for the translation, dubbing, and broadcast of *Love Games* in francophone Africa.
- Complete costing of the project’s private sector engagement, both direct support and in-kind contributions.
- Complete assessment of private sector engagement.

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

Local Training Institutions. Lusaka Apex Medical University (LAMU) finalized the integration of the CSH BCP content into the university mainstream curriculum. Course content was piloted on a number of students

selected from all courses of the University. Based on the results of the pilot, agreed content was integrated and packaged into a unified course which would form a LAMU version of BCC, which will be taught as a course and examined at the end of the semester. Furthermore, the University also intends to run the BCC course as short stand-alone course under the Center for Continuing Professional Development.

IEC/BCC Capacity Building Products and Outputs (IR 3.4)
<ul style="list-style-type: none"> • Integrated BCC curriculum for Lusaka Apex Medical University. • End of project report on BCP integration project for LAMU completed.

Plans for Next Quarter

Support the finalization of the BCC curriculum for the Zambia Institute of Mass Communications Trust (ZAMCOM).

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

National M&E Framework for the Ministry of Community Development and Maternal and Child Health (MCDMCH). CSH continued to provide support to MCDMCH in the development of a draft Communication and Advocacy Strategy for Reproductive Health, Maternal, Newborn and Child Health, and Nutrition. In the next quarter, CSH will work to finalize and incorporate an M&E Framework into the strategy.

M&E Frameworks for IEC/BCC Interventions Strengthened Outputs and Products (IR 3.4)
<ul style="list-style-type: none"> • MCDMCH Communication and Advocacy Strategy for Reproductive Health, Maternal, Newborn and Child Health, and Nutrition drafted.

Challenges and Solutions

- Finalization of this activity depends on finalization of the strategy document, which had been delayed because of internal MCDMCH politics in deciding exactly what the document should entail and what it would be used for. Since great progress was made in finalizing the strategy this quarter, the CSH team is confident that the corresponding M&E framework will also be concluded next quarter.

Plans for Next Quarter

- Conclude work on the M&E framework for the MCDMCH Communication and Advocacy Strategy for Reproductive Health, Maternal, Newborn and Child Health, and Nutrition

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

On 22 July, CSH facilitated the final quarterly meeting with other USAID projects working on health related projects. At that meeting partner projects reviewed progress made on coordination efforts by partners on IEC/BCC in the context of the M&E framework for coordination and also reviewed two draft success stories on coordination presented by CSH. Based on the feedback on the draft success stories, CSH revised them and they are currently with the CSH communications officer for finalization.

Beyond the formal meetings to ensure coordination amongst projects, CSH also continued to work hand-in-hand with other USAID-funded programs and other donors on distributing materials and carrying out

campaign activities. This includes distribution of the child feeding bowls to the Mawa project, sharing of the entire package of nutrition materials with Boston University/ZCHARD for a research study, sharing all digital files for nutrition and maternal health materials with UNICEF for inclusion in the EU-funded MDGI program, working with ZISSP on finalization of the national Safe Motherhood Action Group training manual, working with the General Nursing Council to ensure inclusion of key maternal health materials in their training materials for nurses and midwives, and sharing our Change Champions approach to working with traditional leaders with JICA (who themselves have begun training chiefs and other leaders in Kabwe and other districts around the country). CSH has also continued to be a key partner on SMGL, sharing our materials and strategies widely with other implementing agencies who can cover the gap CSH will leave at the end of our project.

To showcase the coordination and collective work over the last four and a half years, CSH is participating in joint closeout event planning with the Zambia Integrated Systems Strengthening Project (ZISSP) and the Zambia Led Prevention Initiative (ZPI). Although the date is still under consideration, it will be sometime in mid- to late-November.

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” completed.• Success story on “Partner Coordination Improves Effectiveness and Efficiency” completed.

Plans for Next Quarter

- Finalize the success stories and upload on PBMS.
- Participate in a joint project closeout event with ZISSP and ZPI.

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

Identify and document success stories/lessons learned on gender integration in CSH communications activities.

2. OPERATIONS AND ADMINISTRATION

Strategic Activity Fund (SAF). CSH continued to support and monitor the Verve 101 contract which was signed to repackage the YHM TV program into a radio program and disseminate the radio program to 10 community radio stations. The contract also included services to translate YHM into seven local languages.

CSH also continued to support and monitor the completion of data collection and cleaning for the *Safe Love* outcome evaluation through local research organization, INESOR.

All CSO contracts that were engaged for the implementation of the *Safe Love* Campaign were brought to a conclusion during the quarter. For the integrated nutrition and malaria campaign, three CSO subcontracts were extended during the quarter to distribute and test the child feeding bowls in communities: March Zambia, GFC, and KCCC.

Grant Management. During the period under review, CSH extended grant agreements with CHAMP and Afya Mzuri, and continued to provide technical support in the implementation of these agreements.

Staff. Six staff members separated from Chemonics following the end of their employment contracts within this quarter. The remainder of staff were given amendments to their employment contracts to extend them until December 12, 2014.

General. During the quarter CSH submitted the final disposition plan to USAID in preparation for project close out. USAID provided feedback and an indication that a large majority of the CSH inventory should be earmarked for storage to be used by the follow-on project. Additional details will be provided in the following quarter.

Plans for Next Quarter

- As project nears closeout, continue to monitor the implementation of current vendor and CSO subcontracts and grants, and close out subcontracts and grants as they finish.
- Finalize disposition plan in partnership with USAID, and dispose of property to selected recipients.

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: 88% (2014 result)	MOH/MCDMCH: 59.1 NAC: 74% NMCC: 88%	LOP target reached for NAC and NMCC.
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%	100% (6 out of 6 planned campaigns for 2014)	Targets are based on the approx. 12 routine and non-routine campaigns. However, only 6 were planned to be supported by CSH in 2014. The campaigns implemented in 2014 include: <ol style="list-style-type: none"> 1. Safe Love 2. Stop Malaria 3. Mothers Alive 4. Nutrition 5. VCT Day 6. 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. routine national events • GRZ entity (MOH, NMCC, NAC, 	100%	100% annually	100% (6 out of 6 planned campaigns for 2014)) Targets are based on the approx. 12 routine and non-routine campaigns. However, only 6 were planned to be supported by CSH in 2014. The

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
		<p>MCDMCH) that leads the campaign</p> <ul style="list-style-type: none"> Externally packaged campaigns and GRZ-developed campaigns Type of CSH support 				<p>campaigns implemented in 2014 include:</p> <ol style="list-style-type: none"> Safe Love Stop Malaria Mothers Alive Nutrition VCT Day World Malaria Week
0.5 Percent of national IEC/BCC campaigns implemented that were evaluated	Output	<p><i>Disaggregated by:</i></p> <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)	17%	17%	<p>LOP target will be achieved the next quarter: Evaluation of the Safe Love campaign and Stop Malaria are underway and will be completed in 2014. Mothers Alive and nutrition studies complete.</p>

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	<p>Formative research completed Campaign strategy completed Campaign launched and implemented Campaign monitored and evaluated</p>	<p>Formative research completed Campaign strategy completed Campaign launched and implemented Campaign monitored and evaluation initiated</p>	<p>Formative research completed Campaign strategy completed Campaign launched and implemented Campaign monitored and evaluation initiated</p>	<p>All but the last milestone, campaign evaluation, have been met. The evaluation is on-going and will be completed in the next quarter.</p>
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INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
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 but the last milestone (campaign evaluated) has been met. The evaluation is on-going and will be completed in the next quarter.
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	158,396	88,455	The target has been exceeded after correcting the numbers from SAFAIDS for the AB indicator which was underreported previously.
		Other Prevention				
		Total OP	180,000	312,149	193,082	
		TOTAL	310,000	470,545	281,537	LOP target achieved.
1.2.3 Exposure: Percent of targeted population reached by channel (radio, TV) developed with CSH support	Output; PEPFAR	Radio	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% Overall: 8.2%	Overall: 75.4% Urban: 78.8% Rural: 64.0%	LOP target achieved.

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
		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%	Overall: 68.7% Urban: 72.2% Rural: 46.7%	LOP target for overall exposure coverage achieved; however, the LOP targets for urban and rural populations were slightly lower than the target.

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 annually 2011-2013, 6 for 2014	Total: 6 out of 6 planned campaigns	Targets are based on the approx. 12 routine and non-routine campaigns. However, only 6 were planned to be supported by CSH in 2014. The campaigns implemented in 2014 include: <ol style="list-style-type: none"> Safe Love Stop Malaria Mothers Alive Nutrition VCT Day World Malaria Week
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"> 1. Safe Love 2. Stop Malaria 3. Mothers Alive 4. 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	9 between January – September 2014	Target based on 12 campaigns CSH supports. The 9 campaigns reviewed in the reporting period include: <ol style="list-style-type: none"> 1. Safe Love 2. Stop Malaria 3. Mothers Alive 4. Nutrition 5. World Malaria Day 6. VMMC 7. VCT day 8. CARMA 9. Child health week
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	13 annually	4	LOP target exceeded: one additional TWG meeting for NAC was supported based on a special request from NAC.
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 	Total: 250	Total: 369	113	LOP target exceeded. An additional training was conducted for the

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
		<ul style="list-style-type: none"> Sex of trainees Entity (MOH, NMCC, NAC, MCDMCH) of employment of trainees National vs. sub-national level of work of the trainees 			(64 females and 49 males)	General Nursing Council of Zambia.
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 development of the Reproductive Health Maternal Newborn, Child Health and Nutrition Communication (RMNCHN) Strategy for MCDMCH and the BCC Field Monitoring Tools will be developed and reviewed in the next quarter. On track to achieve LOP target by end of 2014.
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.
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 	1,200	1,377	1,592	LOP target achieved. This result is as of September 2014.

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
		Age and sex of physical visitors				
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 of September 2014)
3.1.8 Annual number of Talkline workers who successfully completed a training program in other health topics including malaria, MNCH, FP/RH, and nutrition	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 nutrition	19 workers	0	There are no trainings planned in 2014.
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	LOP target not achieved by 3. No additional trainings are planned for 2014.
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.

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
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"> 1. First Quantum Minerals 2. Manzi Valley 3. Total Fuel Company 4. Africa Magic 5. Zamtel 6. Freshview Cinemas Quantification of PSE will be conducted in the next 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	LOP target achieved. 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

INDICATOR	TYPE	DISAGGREGATION	LOP TARGET	LOP ACHIEVEMENT YTD	ACHIEVEMENT IN 2014 YTD	NOTES
						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.
3.4.2 IEC/BCC M&E Framework for the Health Promotion Unit of MCDMCH developed	Output		IEC/BCC M&E Framework developed and implemented	Not completed but initial steps commenced.	Not yet developed pending development of health promotion communication plan	An M&E framework will be incorporated in into the RMNCHN Communication Strategy in the next quarter. On track to meet the LOP target.
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	<i>Disaggregated by:</i> • 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	2	LOP target met. One meeting was held in this quarter

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 finalized. As an entry point, CSH administered the BCC capacity index assessment as a 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 technical assistance 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.