



USAID | **ZAMBIA**
FROM THE AMERICAN PEOPLE

ENHANCING THE CAPACITY TO INFLUENCE BEHAVIORS

Communications Support for Health (CSH) Project
Final Report

DECEMBER 12, 2014

This publication was produced for review by the United States Agency for International Development. It was prepared by Chemonics International Inc.

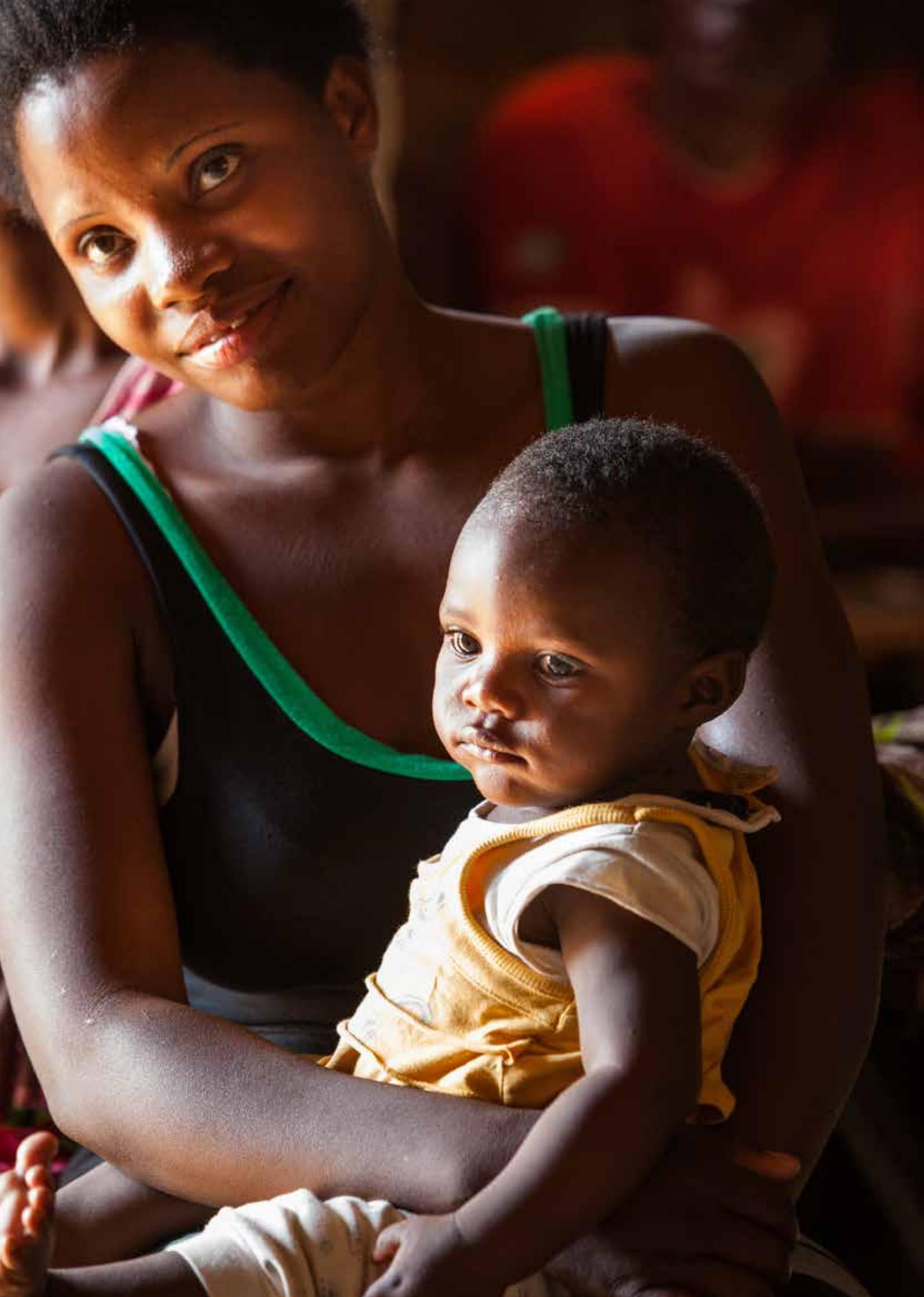


ENHANCING THE CAPACITY TO INFLUENCE BEHAVIORS

Communications Support for Health: Final Report

USAID Contract No. GHS-I-007-00004-00 Task Order I-05-07-0000

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 LIST.....	v
EXECUTIVE SUMMARY	vii
BUILDING THE CAPACITY TO CATALYZE CHANGE.....	i
ENGAGING ZAMBIANS TO PREVENT THE SPREAD OF HIV	ii
MATERNAL HEALTH	23
NUTRITION AND MALARIA.....	35
LESSONS LEARNED	49
RECOMMENDATIONS	59
OPERATIONS AND ADMINISTRATION.....	60

LEFT: Beatrice and her daughter Blessings regularly attend safe motherhood discussion sessions in their community outside Lusaka. These sessions empowered Beatrice with the knowledge necessary to prevent any health issues for her and her daughter — she was born in a facility with no complications.

© JOHN HEALEY

INSIDE FRONT COVER: Emanuel and his wife Choolwe attended an informational discussion session as part of CSH’s maternal health campaign where they learned the importance of communication and planning for pregnancy.

© JOHN HEALEY

FRONT COVER: With help from CSH’s Safe Motherhood Campaign, Zambian women are able to have healthier pregnancies and deliveries, leading to stronger, healthier children.

© CSH ZAMBIA

BACK COVER: As a result of CSH’s work, Zambian couples throughout the country are making safer choices every day.

© CSH ZAMBIA



CSH engaged community members to implement many of its programs, like David who is a Safe Love Club facilitator for secondary school aged boys.

ACRONYMS LIST

BCP	Behavior-centered programming
CSH	Communications Support for Health
CSO	Civil society organization
ITN	Insecticide-treated net
MCDMCH	Ministry of Community Development, Mother and Child Health
MCP	Multiple concurrent sexual partners
NAC	National AIDS Council
NGO	Non-governmental organization
NMCC	National Malaria Control Centre
PEPFAR	President's Emergency Plan for AIDS Relief
SMAG	Safe Motherhood Action Groups
SMGL	Saving Mothers Giving Life
TWG	Technical working group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
VMMC	Voluntary medical male circumcision



CSH employed a variety of culturally relevant communication channels to deliver its life-saving messages, including community based dramatic plays.

EXECUTIVE SUMMARY

HIGH-IMPACT HEALTH COMMUNICATIONS

The quality of life in Zambia has improved considerably in the 50 years since its independence. With a stable political landscape and a growing economy, the country has a strong foundation for national development. Zambia's health sector, however, still faces daunting challenges: high levels of HIV infection, child stunting, maternal deaths, and malaria-related illness persist. While many factors contribute to these statistics, at the forefront is an interwoven set of complex cultural dynamics that drive many Zambians to routinely practice risky behaviors that lead to adverse health outcomes.

In response, USAID, with funding from the President's Emergency Plan for AIDS Relief (PEPFAR) and in partnership with the government of Zambia,

launched the multi-component Communications Support for Health (CSH) project in December 2010. Implemented by Chemonics International, in partnership with the Manoff Group, ICF International, and vital Zambian stakeholders, the project worked to strengthen and enhance Zambia's institutional capacity to influence key behaviors through health communication campaigns. Through these campaigns, CSH helped the Zambian government drive populations away from unhealthy behaviors and foster healthier communities empowered with the necessary tools and knowledge to ensure their own long-term well-being.

This report details CSH's efforts to strengthen local institutional capacity to implement effective national health communications campaigns and catalyze population-level behavioral



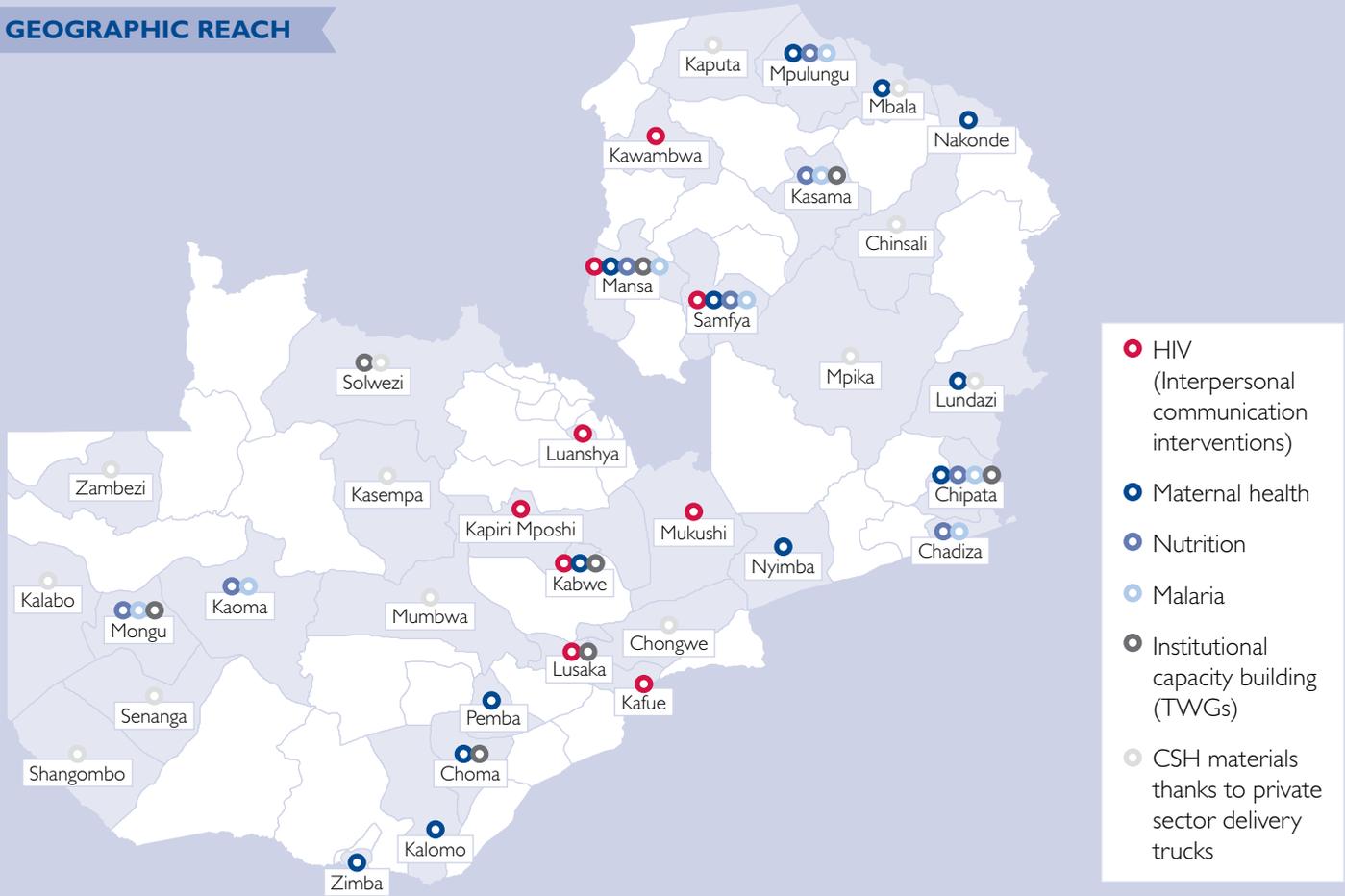
CSH programs contributed to quantifiable decreases in fever prevalence among children in target districts.

shifts across five areas: HIV/AIDS, malaria, maternal and child health, nutrition, and family planning. Working with the Zambian government, CSH helped increase the utilization of evidence-based approaches to communications, honed the abilities of CSOs and non-governmental institutions to support a more robust national health sector, and intensified coordination among individual USAID project health communication campaigns to boost individual campaign achievements.

CSH introduced and institutionalized an approach called behavior-centered programming (BCP) to ensure

evidence-driven, quality communication efforts became the norm in the country's health sector. In its four and a half years, more than 500 individual health professionals from 32 government and civil society entities participated in the comprehensive training workshops. The sharpened skills they gained help achieve real and meaningful life-changing outcomes, including a 10-percentage-point increase in those who correctly and consistently use condoms, a 10-percent increase in the regular use of insecticide-treated nets (ITNs) to prevent malaria, and 40,000 child caregivers reached with child nutrition interventions.

CSH GEOGRAPHIC REACH



CSH encouraged proper breastfeeding practices to prevent child stunting due to illness.



Terms of Reference for National & Provincial Health Promotion (IEC/BCC) Technical Working Groups

CSH lead the creation of enhanced terms of reference for national and sub-national technical working groups, allowing them to better use communication to influence healthy behaviors across the nation.

BUILDING THE CAPACITY TO CATALYZE CHANGE

EMPOWERING INSTITUTIONS TO SAVE LIVES

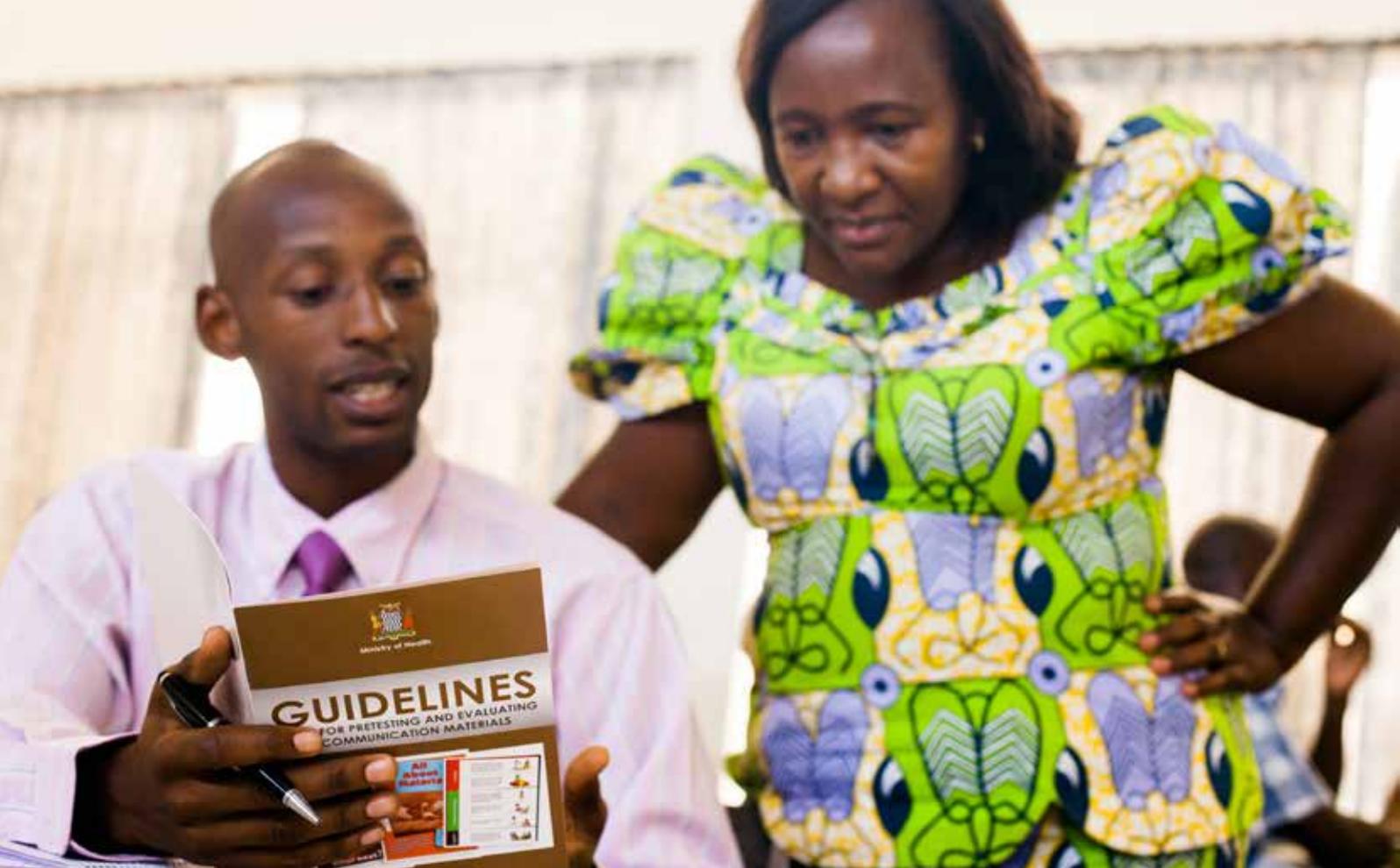
CSH strengthened Zambian institutional capacity to use communications as a tool to influence behavior, which resulted in population-level behavior changes that were quantifiable, sustainable, and supported the country's development goals. This enhanced capacity decreased the Zambian government's reliance on foreign aid in addressing health outcomes.

CONTEXT AND CHALLENGES

At its inception in 2010, CSH performed several baseline capacity index assessments of the Zambian health system to determine its ability to use an evidence-driven

process to create, implement, and monitor health communications activities. These assessments illustrated large capacity gaps in several areas, including:

- Technical working groups (TWGs), health communications units within relevant government ministries and agencies, were traditionally unorganized, had little reach at the subnational level, and did not employ coherent, standardized guidelines.
- Curricula for health workers across the nation lacked components on behavior-centered and evidence-based approaches to health communications. This helped create a health-sector workforce ill-equipped to use communications as a tool to influence behavior.



CSH facilitated the creation of communication materials pre-testing guidelines for the TWGs, which lead to increases in production and quality of national health messaging.

These gaps limited the health sector's response to the nation's ongoing health challenges to expensive and complicated biomedical interventions, even though many of these challenges could have been better addressed with sustained preventive behaviors, such as condom use, sleeping under ITNs, and seeking care in a timely fashion.

CSH's capacity assessments also concluded that enhancing the foundational capacity of local community-level actors to drive these changes was the key to making any successful changes in behavior sustainable, empowering the sector to influence behavior without heavily relying on international aid or outside partners.

APPROACH

CSH took a holistic approach to fill gaps and strengthen the capacity of Zambian institutions to influence behavior through communications, focusing on building the capacity of key stakeholders at every level of the health system.

CSH project staff worked with local government counterparts to develop, implement, and monitor four successful health communication campaigns built on evidence-based and behavior-centered approaches (detailed in chapters 2 through 4).

In addition, CSH collaborated with key Zambian health system stakeholders to develop

**“ Are lives being saved?
The answer is YES.
Second, do we attribute
this to the success of
the [CSH] project?
Again the answer is
YES. ”**

**JOSEPH KASONDE,
MINISTER OF HEALTH,
GOVERNMENT OF THE
REPUBLIC OF ZAMBIA**

a standardized process for behavior change communication — behavior-centered programming — as well as guidelines, training toolkits, and communications strategies. Using these tools, CSH successfully created an enhanced operational framework within the national health system for the design, management, and monitoring of health communication campaigns. These toolkits and guidelines were also used to train government staff, re-invigorate existing TWGs, and create new subnational-level groups focused on provincial implementation of communication campaigns. This information and toolkit suite was then disseminated across the health sector through intensive communications training courses for government and civil society health workers.

CSH also strengthened two local non-governmental organizations (NGOs) through sub-grant financing to expand organizational capacity and comprehensive technical support to enhance staff capacities to use communications to influence behavior.

Rounding out the approach, CSH worked with four local institutions of higher learning to adapt the behavior-centered programming approach into a course module for credit towards graduation, allowing for the creation of future generations of more adept health workers.

KEY ACTIVITIES AND RESULTS

Strengthening the System

Hands on success. To address the myriad health challenges facing Zambia, CSH partnered with Zambian government stakeholders to create, implement, and monitor four health communication campaigns designed to catalyze behavioral shifts to improve health outcomes. These campaigns achieved extensive behavior change success across several areas (detailed in chapters 2 through 4).

Campaign successes, such as measurable increases in the number of people who consistently and correctly wear condoms and sleep under ITNs, were achieved through intensive bilateral partnerships with several key features: collaborative design and review sessions for campaign messaging; embedded ministerial staff working on campaign implementation concurrently from the National AIDS Council (NAC), the Ministry of Community Development, Mother and Child Health (MCDMCH), the National Malaria Control Centre (NMCC), and CSH offices; and joint monitoring and evaluation efforts, ending with the fully transparent and widespread dissemination of campaign results and best practices through stakeholder dissemination meetings.

This collaboration on each step in the campaign process not only resulted in full government ownership of each campaign achievement, but also deepened the capacity of the health sector to use communications to influence behavior through hands-on experience, guided by the local and international communications expertise of CSH project staff.

Strengthening national-level and creating subnational-level TWGs. Prior to CSH interventions, three national-level TWGs existed in a limited form. They had no defined operational terms of reference and lacked the capacity to efficiently pretest communication materials, effectively manage communication campaigns, or properly monitor campaign results. On the subnational level, there were no TWGs at all.

To fill this gap, CSH, in collaboration with key government stakeholders, drafted efficient and clearly defined terms of reference, focusing the TWGs on the use of an evidence-driven approach to behavior change and creating a foundational framework for their improved operation. In addition, guideline toolkits were drafted on how to conduct formative research for communications campaigns, behavior-centered approaches to programming, effective review and pretesting of communications materials, and proper monitoring and evaluation principles for communications campaigns.

These toolkits strengthened the ability of the TWGs to create and monitor effective communications campaigns. Moreover, these documents and processes led to the formation of highly functional, regularly meeting TWGs in all 10 provinces, which were able to support national health communications campaigns. For example, one TWG was able to effectively pre-test 80 versions of a local language translation of a government-sponsored health television series, ensuring that no errors existed prior to public dissemination.

Bolstering national strategies. CSH's baseline capacity assessments concluded that existing national health communication strategies were outdated and inefficient. These documents served as the framework for the creation, implementation, and monitoring of all national health communications campaigns; strengthening them was essential to improving the effectiveness of national campaigns.

Partnering with key government stakeholders and the newly revamped TWGs, CSH led the redesign of enhanced national communication strategies for HIV/AIDS, malaria, voluntary medical male circumcision (VMMC), reproductive health, and maternal, newborn, and child health and nutrition. The adoption of these augmented strategies laid the foundation for the successes and behavior-changes documented in this report.



Embedded staff working concurrently out of the CSH and various ministerial offices enhanced the Zambian government workforce's ability to implement communication campaigns.

Strengthening the Individual

Enabling government and civil society staff. To hone the capacity of individual staff members within the Zambian health sector, CSH implemented a series of training courses for government and civil-society workers on the behavior-centered programming approach. Utilizing the newly created and government-owned training toolkits, these week-long courses were staged for staff from the Ministry of Health, MCDMCH, NMCC, NAC, and Ministry of Chiefs and Traditional Affairs. The training sessions armed health-sector workers who were not directly part of the TWGs or campaign implementation

with the knowledge, skills, and competencies to effectively implement the health communication campaigns described in this report.

Enhancing the framework of local NGOs. CSH supported two local health communication NGOs through financial sub-grants and comprehensive technical support: the 990 Talkline, a national 24-hour toll-free talk line for health related counseling, and Afya Mzuri, a health communication resource center and library for health communication materials.

Financial support provided to the 990 Talkline allowed the organization to expand its technology base, enabling it to

accept an average of 10,000 more calls per month. In addition, CSH diversified call counselor training materials to cover more than just HIV, adding maternal health, malaria, VMMC, and family planning.

Afya Mzuri and CSH partnered to re-brand the NGOs' marketing campaigns and public image to position it as an important resource for health professionals. CSH also brought Afya Mzuri online, digitizing its extensive resource library and hosting it on the Internet to expand its reach beyond those who were able to physically visit its offices.

Empowering future generations. To ensure that health-sector staff in Zambia continue to be well-equipped to effectively use communications as a tool to influence behavior, CSH partnered with four institutions of higher learning to integrate its BCP approach into for-credit course modules. The Institute of Economic and Social Research at the University of Zambia, Zambia Mass Communications Trust, the General Nursing Council, and Lusaka Apex Medical University all created health communications courses based on the same health communications guidelines adopted by the national TWGs.

Two of the most influential sources for health information in Zambia are medical providers and journalists. The new courses produced graduates in these fields who were equipped

with the tools and knowledge necessary to effectively influence behavior through communications. These courses created a more adept workforce for the Zambian health sector, improving institutional capacity and increasing health campaign effectiveness.

IMPACT

CSH empowered 528 government and civil-society staff members as well as 32 national and subnational institutions with the tools and knowledge necessary to use effective communications to enact changes in population-level health trends across the nation. The empowerment of local staff and institutions to become the owners and implementers of effective behavior-change communications ensured that campaign successes achieved during the life of the CSH project were not only lasting, but will become the foundation on which future behavior-change campaigns can be built.

LESSONS LEARNED

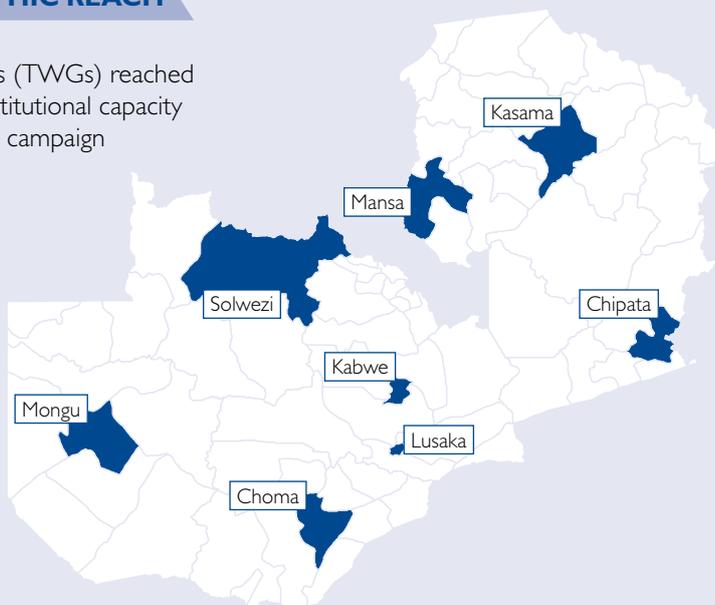
Capacity building for the Zambian government should be ongoing and aimed at both the individual and institutional levels. Government staff are routinely shifted between positions and ministries. This high staff turnover rate can lead to debilitating capacity vacuums within governmental institutions. Therefore, it is vital to maintain an ongoing schedule of capacity building efforts, on both the individual and system levels, to mitigate the negative effects of such turnover.

Involve stakeholders at every stage to foster acceptability and ownership. Involving key stakeholders in the Zambian health sector in every step of the capacity-building process fosters a true sense of ownership. Those able to continue the efforts over years have witnessed the value of strengthened capacity firsthand. It creates a health sector that is dedicated to continually improving institutional and individual capacities and empowered to do so.

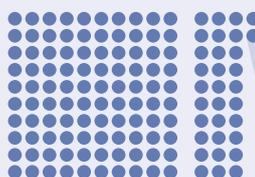
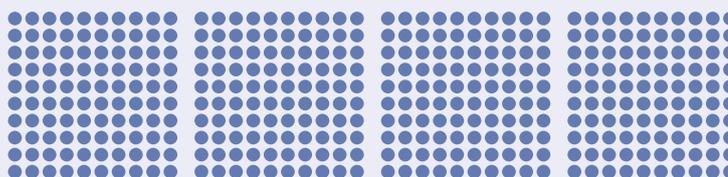
Lack of health promotion at the subnational level weakens capacity-building efforts. The Zambian health sector is a top-down chain of national and subnational institutions. Building the capacity of only the top links in the chain, however, limits the entire chain's potential. It is necessary, therefore, to ensure capacity-building efforts are applied on both the national and subnational levels. This allows subnational TWGs to work in concert with national TWGs when creating, managing, and monitoring health communications.

GEOGRAPHIC REACH

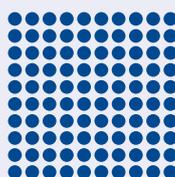
■ Districts (TWGs) reached with institutional capacity building campaign



CHANGE CHAMPIONS



532 Health Sector staff trained in behavior-centered programming.



142 staff members from 10 national and subnational level technical working groups (health communication promotion units) equipped with guidelines, terms of reference, and toolkits necessary to use communication to influence health behavior.



4 institutes of higher learning adopted the behavior-centered programming approach for course credit counting towards graduation.

SNAPSHOT ENABLING A BETTER TOMORROW



© CHEMONICS / PHOTOGRAPHER NAME

PRIDE M&E staffer tracks the organization's activities and impact.

The CSH project, (a USAID and PEPFAR initiative in conjunction with the government of Zambia), implemented the "Safe Love:Think.Talk.Act" campaign, which asks people to think critically about behaviors that can put them at risk of HIV, talk more openly with friends and family about sexual relationships and condom use, and act to protect themselves and others from HIV infection. The messages of the Safe Love campaign reach community and household levels via CSO partner activities.

Pride Community Health Organization in Kafue District, a CSO partner within the Safe Love campaign, created a database management system that tracked and linked information, showing who was reached, where they were, with what messages they were reached, and when the activity took place. Those details were summarized into easy-to-use charts and graphs, allowing the CSO to better track their work in relation to demand creation for services.

Jack Habbabuka, Pride's data-entry clerk described the system: "It has enabled me to aggregate all the 25 facilitators who are working in the four wards where the Safe Love campaign is being implemented, tracking where and how they are working, and making it easy for me to inform program staff on the progress at the click of a button. Previously, we were compiling manually and taking a lot of time to recount and verify who had been reached."

These practices go above and beyond those contractually required through CSH and the Safe Love campaign. This allows the CSO to operate more efficiently and coordinate its efforts with other local health organizations, clinics, and service providers.

During a field visit to Pride Community Health Organization by Che- monics International's Vice President for Southern Africa Melissa Logan, she remarked, "The foundation of any international development ven- ture is monitoring and evaluation. Being able to track our successes and failures is the cornerstone of our work, allowing us to fix our mistakes and build on our accomplishments to create a better world."

Students at a Zambian university participating in the CSH behavior-centered approach to communications course teach their peers about the dangers of HIV.





Safe Love Clubs create a safe place for sensitive issues relating to the spread of HIV, such as the use of female condoms, to be openly discussed.

ENGAGING ZAMBIANS TO PREVENT THE SPREAD OF HIV

CONTEXT AND CHALLENGES

Zambia currently has the seventh highest HIV infection rate in the world, with 14 percent of its entire population and 20 percent of its urban residents infected. While the state of HIV has improved immensely in recent years, due to the scaling up of biomedical interventions and anti-retroviral programs, unacceptably high infection rates persist, due in large part to the continued routine and widespread practice of risky behaviors, including low, inconsistent, and improper condom use; high prevalence of multiple concurrent sexual partnerships (MCP) in certain populations; low uptake of prevention of mother-to-child transmission services; and low rates of VMMC. As long as these behaviors continue to be widespread, so will HIV transmission.

Communications play a vital role in triggering behavior change, yet HIV-related communications in Zambia have historically been static, unengaging, and lacking in cultural relevancy. As a result, it was often disregarded. To build a solid foundation from which to change these risky behaviors, CSH conducted several baseline evaluations of Zambian health practices and their corresponding behavioral patterns. These evaluations revealed the key drivers of the HIV crisis in Zambia, as well as the barriers to their change. Low risk perceptions related to risky behavior leads to the routine practice of the HIV-driving behaviors.

APPROACH

In response, CSH implemented the Safe Love campaign, which combined world-class mass media and community-based interpersonal communication



A young couple receives individual counseling on the importance of regular condom use from a Safe Love club facilitator.

channels to deliver and reinforce messages targeted at preventing new HIV infections. These messages were designed to motivate Zambians to think about their behavior and the associated risks, talk about them with their friends and loved ones, and then act to stop or mitigate those risky behaviors. The campaign utilized an “educational-entertainment” format for message design; behavior change messages and cues were woven into culturally relevant stories and delivered in engaging dramatic representations in print and on radio and television. This entertainment-focused education minimized message deterioration due to lack of interest by the public. The population identified with the characters and conflicts portrayed in these programs, seeing their own lives in the

drama. In addition, interpersonal communication complemented this effort and provided a forum to contextualize and personalize messages delivered by mass media.

To ensure maximum campaign reach, the Safe Love campaign targeted all major demographic groups of the Zambian population through every major media outlet in the country — print, radio, and television. The interpersonal activities were implemented through a network of CSOs working in a total of 12 districts.

In addition to routine monitoring to measure the exposure and perceived effects of the campaign, a detailed evaluation of the Safe Love campaign was carried out to measure the results of this

“The government is committed to ensuring that we provide quality health and free anti-retroviral drugs. But in order to make a real difference in the fight against HIV, we need to change our behaviors first; because we cannot stop HIV just through government policy alone.”

**DR. JABBIN MULWANDA,
NATIONAL AIDS
COUNCIL, ZAMBIA**

innovative approach. This evaluation examined what changed and how, through a rigorous, quantitative, and ongoing survey structure that had never before been used in Zambia. This evaluation attributed behavior changes or lack thereof to corresponding campaign channels, detailing what worked, what did not work, and why.

The various campaign components worked together to achieve a focused goal: to trigger sustained shifts away from the behaviors that drive the HIV crisis in Zambia, thus preventing new infections and improving the outlook for Zambia’s health sector.

KEY ACTIVITIES AND OUTPUTS

Mass Media

Using entertainment to spark change. To deliver messages that trigger behavioral shifts to minimize the drivers of HIV, CSH produced two mass media products: *Love Games*, a 26-episode television drama targeted at urban populations, and *Life at the Turnoff*, a 26-episode radio drama aimed at reaching rural populations. Both employed an educational-entertainment design to deliver campaign messages. The storylines of the dramas were built around modern dating and sexual relationships in Zambia — the characters, choices, and situations portrayed in the show were based directly on the daily lives of real Zambians.

This helped draw people into storylines, allowing them to connect with and relate to the characters and situations, and even see echoes of themselves and their friends in the dramas. Woven into the dramas were messages relating to the dangers of MCP, the importance of condoms, and how to prevent the transmission of HIV from mother to child. By embedding these messages into a culturally relevant and engaging product, CSH ensured these messages did not get lost in the static. As a result, Zambians could see themselves and the very same choices they make every day play out on screen, for better or worse, and become motivated to change their behavior in line with the campaign goals as a result of the behavioral cause and effect portrayed. Both *Love Games* and *Life at the Turnoff* aired weekly on national and local broadcast channels, making them available every single radio and television set in Zambia.

Love Games was filmed on location throughout Lusaka and employed the highest set of production values ever for a Zambian television series. In order to ensure that risky behavior was not glorified, *Love Games* was also accompanied by a fifteen-minute after show segment called *Love Games Live* where celebrity hosts recapped that week’s episode and reinforced the health messages presented. This commentary expanded upon the health themes and messages of each episode, ensuring that viewers began to consider the

“When I watch Love Games, I see Hamoonga having many women, just as I do, and I see the problems it causes him. It makes me want to have only one woman.”

J. PHIRI,
LOVE GAMES VIEWER
AND CSH BENEFICIARY

implications of the behaviors and choices of the characters, even well before the story revealed such consequences. This high quality product set against a relatable and familiar backdrop created a massive fan base for the show.

Furthermore, CSH engaged the private sector to leverage their immense resources to build on the popularity of Love Games and expand it to a global audience. Several regional and continental broadcast partners, including M-Net, Africa’s largest satellite television provider, aired *Love Games* at no cost to CSH, thus expanding the reach of the project’s life-saving messages to more than 3 million households across the entire continent of Africa for virtually no additional expense. This immense popularity became the foundation for behavioral change as discussed below; viewers across Zambia identified directly with the storyline and as a result were motivated to change their own behaviors in line with the campaign goals.

Rural populations were targeted through the *Life at the Turnoff* radio series. The storyline followed the lives of Zambians from two neighboring villages in rural Zambia, portraying the modern relationship struggles of those who live outside Zambia’s urban centers. This program was broadcast on all major radio outlets, making it accessible to every single radio set in Zambia. *Life at the Turnoff* was written in the same style as *Love Games*, using a relatable and

relevant backdrop to the story. It presented behavioral change cues to prevent HIV infection in a meaningful and culturally relevant manner.

Advertising safe sex. Rounding out the mass-media approach, the Safe Love campaign employed a far-reaching advertisement campaign to supplement *Love Games* and *Life at the Turnoff*. CSH designed a suite of billboard, print, radio, and television advertisements to deliver and reinforce Safe Love campaign messages targeted to trigger behavioral shifts. These advertisements employed a uniform design, allowing for massive campaign branding and message recall. All of these advertisements were constantly present in Zambians’ daily lives throughout the project lifespan, working in conjunction with the other campaign channels to constantly reinforce the Safe Love messages.

Interpersonal Communication And Community Engagement

Reinforcing and enhancing messages. At the community level, CSH formed and supported a network of hundreds of “Safe Love Clubs” to deliver and enhance Safe Love campaign messages through interpersonal communication methods. Utilizing Safe Love media products, these clubs provided a forum for almost a half-million people to discuss the drivers of the HIV crisis in Zambia in small groups and one-on-one. These clubs consisted of peer



Safe Love Club facilitators used the entire suite of CSH produced materials to motivate participants to mitigate the behaviors that spread HIV. Here a facilitator discusses MCP with a small group.

groups and were segregated by gender and age, providing a safe environment where people felt free and open to discuss sensitive issues. CSH designed a Safe Love Club Facilitator's Guide and provided training workshops to the CSOs implementing the clubs on CSH standard behavior change programming methods. This enhanced capacity allowed the Safe Love Clubs to discuss the issues as they specifically related to club members and to consider their own lives and risks. This, in turn, enhanced the mass media messages and triggered sustained behavioral shifts in line with campaign goals.

RESULTS

The Safe Love campaign reached every single district in Zambia and more than 3 million households worldwide. In Zambia, the campaign achieved immense population exposure rates: 87 percent of Zambians were exposed to any media channel, 69 percent were exposed to Safe Love via television, and 75 percent were exposed to the campaign via radio. This translated into measurable shifts in behavior for those highly exposed to a campaign, including a 14-percentage-point increase in condom acquisition in past 6 months, a 10-percentage-point increase in correct and consistent



Love Games was met with international acclaim for its innovative combination of high production values and effective messaging.

“ CSH has also greatly contributed to improvement in building the capacity of our staff to design and implement community based campaigns. ”

**TAMARA,
SAfAIDS**

condom use, a 19-percentage-point increase in condom negotiation, an 18-percentage-point increase in discussions with friends about MCPs increasing the risk of HIV transmission, a 21-percentage-point increase in intention to get circumcised in the next 6 months, and a 23-percentage-point increase in encouraging friends and family to go for circumcision.

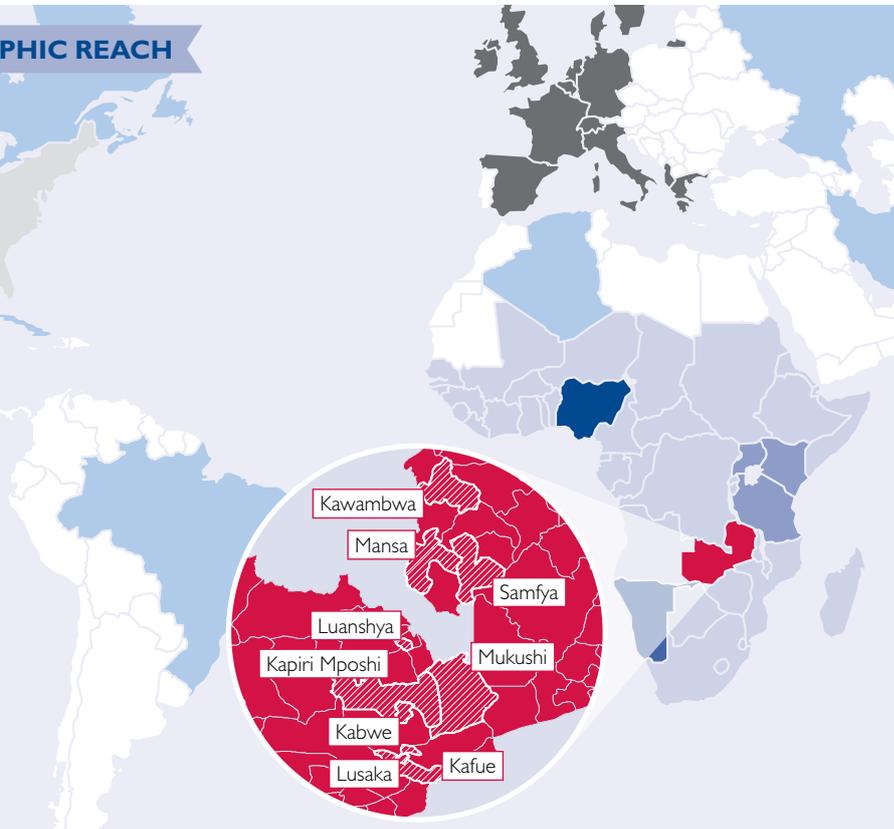
LESSONS LEARNED

Consistent radio exposure is lacking, even in rural Zambia. The evaluations undertaken as part of the Safe Love campaign revealed that regular consumption of radio programming is intermittent amongst Zambians. While many families have radios, regular weekly listening is almost impossible due to the on-the-ground reality of rural Zambian life. Sometimes families go weeks without batteries for their radio or they may loan it to a family

member for some period of time. Thus, it is recommended that radio programming be short, have a high rotation rate, and feature stand-alone messaging (no need for context outside of the advertisement or program). Short jingles and advertisements are more effective radio messages than the long and drawn out drama series, as most Zambians will not be able to listen to every episode of the drama and will therefore not receive the entire benefit.

Multi-channel media campaigns are expensive, but are a worthwhile investment. The Safe Love campaign had incredibly high recall and exposure rates, due in part to the blanketing of almost every media outlet and channel in Zambia. While this was expensive to maintain, the exposure numbers and corresponding behavior change data is indicative that the expense was not a waste, but rather, an investment in a healthier Zambia.

GEOGRAPHIC REACH



Broadcast Partnerships

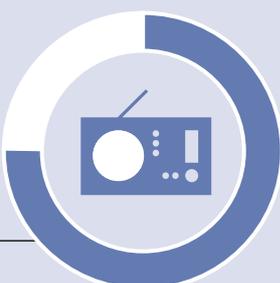
- Aired on Zamtel-Zambia (\$51,500 in-kind value)
- ▨ Interpersonal communication interventions in Zambia
- Aired on TVC-Nigeria (\$29,100 in-kind value)
- Aired on NBC-Namibia
- Aired on Zuku Entertainment-Kenya, Tanzania, and Uganda (\$19,500 in-kind value)
- Aired on DSTV/Africa Magic (\$26,000 in-kind value), and distributed by Yori-Yori
- Aired on Vox Africa (\$197,600 in-kind value)
- Viewed on Reel African (a premium channel on Hulu) *Averaging over 15,000 views an episode*
- Viewed on YouTube *Averaging over 45,000 views an episode*

EXPOSURE RATE

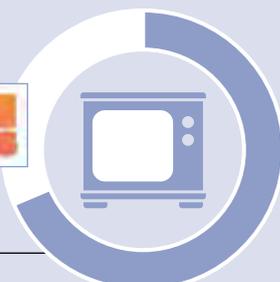
86.8%
any media channel



75.4%
radio



68.8%
TV



BEHAVIORAL IMPACT

14 percentage point improvement in purchasing or obtaining a condom in past 6 months in those highly exposed to campaign



10 percentage point improvement in correct and consistent condom use among those highly exposed to campaign



19 percentage point improvement in condom negotiation in those highly exposed



18 percentage point improvement in discussing with friends about MCPs increasing the risk of HIV transmission



21 percentage point improvement in intention to get circumcised in next 6 months in highly exposed



23 percentage point improvement in people encouraging friends and family to go for circumcision in those highly exposed



SNAPSHOT COMMUNITY EDUCATION



© ABDON YEZARTIS

*Participants pack into a schoolroom in Lundazi District to watch the *Journey to Becoming a Parent* documentary and participate in discussion sessions.*

“Some of my friends were unable to finish school because of an unplanned pregnancy; I don’t want to see that happen”, said Janet Phiri, a University of Zambia student who attended a campus screening of CSH video products. “I came tonight because it is important for us youths to know about family planning, something we can’t learn about at school or church.”

Janet is one of over 40,000 who participated in the interactive community screenings of CSH’s *Journey to Becoming a Parent* documentary and *Love Games* television drama, highlighting the importance of and best methods for family planning and its integration with regular HIV prevention practices.

Reaching 80 districts across the nation, CSH partnered with CSOs and provincial TWGs to bring the videos to peer groups within secondary schools and communities. By limiting attendance of the screenings to peer groups of similar age and sex, the screenings fostered intensive two-way discussions on the integration of family planning practices with routine HIV prevention methods. Guided by trained health workers, these discussions enabled participants to learn about the immense physical dangers and economic burdens associated with an unplanned pregnancy, to discuss the various ways in which to prevent one from ever occurring, and to dispel commonly held myths and fears relating to family planning.

The discussion sessions after each screening created a meaningful dialogue among community members, local leaders, and health workers; paving the way for Janet and her peers to prevent unplanned pregnancies from occurring in the future by empowering them with the necessary knowledge and calling them to action.

SNAPSHOT EMPOWERING WOMEN



Rose at her shop.

© CSH ZAMBIA

In Zambia over 460,000 women are currently infected with HIV. A key driver of this infection rate is the routine practice of transactional sex with MCPs. Many impoverished women routinely engage in sex with MCPs, in return for money and goods to support their families, which they could not obtain otherwise as they are unable to find reliable employment.

Latkings Outreach Program, a CSO partner, facilitated a Safe Love Club in Misisi Township that is taking a unique approach to battling HIV transmission and infection rates among impoverished women by combining economic empowerment with the Safe Love campaign.

The Safe Love Club in Misisi addresses the township's HIV problem in two ways. The club encourages members to think about HIV and their personal risks, talk more openly about the virus and why it continues to spread, and act to change each member's behaviors to protect themselves and others. The Misisi Safe Love Club also teaches members small business skills which they then use to knit various products with Safe Love messages on them for sale in the local markets; creating an income source for member women so they do not have to rely on transactional sex for economic survival.

A club member, Rose Mutale, who was in a habit of having multiple partners in return for food and money, testified that "since joining the Safe Love Club, we have gained [business] knowledge and skills that have [allowed us to] change our dangerous behaviors and uplifted our lives."



Thanks to the counseling he received through Safe Love club, Moses went for VMMC and is not afraid to talk openly about it with his peers — even convincing some of them to get circumcised.



CSH created meaningful dialogue between partners when planning for pregnancy, the first step in ensuring no problems arise.



MATERNAL HEALTH

CONTEXT AND CHALLENGES

At the inception of the CSH project in 2010, Zambia had nearly 2,000 maternal and 17,000 neonatal deaths each year with 146 out of every 1,000 babies being born to teenage mothers. In addition, a skilled birth attendant attended only 46 percent of all births. According to intensive community-level behavioral surveys and formative research conducted by CSH, several key factors contribute to these staggering figures: low utilization of facility-based family planning services, lack of financial and logistical planning for pregnancies, late initiation of antenatal care and low completion of all antenatal visits, a high prevalence of home delivery, and incomplete postpartum care measures. Cultural practices related to pregnancy and birth help drive these factors: Women traditionally deliver at home with no trained assistance,

antenatal, or postpartum care, and therefore perceive little value in seeking pregnancy and birth-related care. In addition, for women who do seek care, many rural health facilities in Zambia have a limited and inconsistent commodity stock for family planning and lack trained delivery attendants. Further compounding this problem, most of Zambia's population lives far from appropriate health facilities and male partners often do not support allocating resources to seek care that is often perceived as unnecessary or of poor quality.

APPROACH

As CSH was developing its national strategy to address this situation, USAID introduced the Saving Mothers Giving Life (SMGL) initiative, aimed at increasing the quality and availability of maternal health services, as well as expanding communities' utilization of these services through demand



Dorcas delivered all three of her children at home, yet after attending a Change Champion lead session on the dangers of home birth, she vowed to go to the health center next time.

creation. SMGL worked in four districts in Phase 1 and expanded into seven new districts under Phase 2. With its aim of ensuring that no pregnancy is unplanned and no woman dies while giving life, the project brought together a large consortium of international donors and experts in family planning, maternal health, systems strengthening, and behavior change.

CSH's approach in the eleven SMGL target districts, as well as an additional four remote and under-served districts chosen by the MCDMCH, was named the Mothers Alive campaign. The campaign was built on local government ownership and community empowerment, which laid the foundation for the continued and sustainable improvement of maternal

health. Mothers Alive focused on increasing demand for and uptake of facility-based maternal health services to prevent death and complications related to pregnancy and birth. This was achieved first through training traditional and local leaders to become Change Champions for safe motherhood. This entailed a week-long orientation session on health issues related to pregnancy and childbirth and how they, as leaders, could make a difference. Once trained, CSH worked through these leaders to facilitate community dialogue about pregnancy care planning, male involvement in the process, the acceptability of family planning, and other sensitive topics. This was supported by an innovative set of communications products such as a picture-based Pregnancy Care Planner tool.

SPEAKING ABOUT THE BIRTHPLAN:

**“ I didn’t know all this;
I just used to help
women to deliver, but
now we can say our
mind is clear with all
important things that
we have learned. ”**

**SMAG MEMBER,
LUNDAZI DISTRICT**

KEY ACTIVITIES AND OUTPUTS

Communication product enables safer pregnancy. In response to the widespread lack of adequate logistical and financial planning during pregnancy, CSH worked with government partners to create the easy-to-use visual Pregnancy Care Planner, a comprehensive tool providing information and reminding a woman of key steps to take each month during pregnancy to ensure a healthy term and delivery. Using pictures and simple words, the pregnancy care planner transcends literacy and language barriers. Key information detailed in the Pregnancy Care Planner include antenatal clinic visits, saving money for the costs associated with the birth, planning transport to a health facility for delivery, and healthy eating practices.

Over two million of these Pregnancy Care Planners were distributed across 15 target districts in Zambia through a network of local government and programmatic partners. Pregnancy care planners were provided to pregnant women in small groups or one-on-one counseling sessions by Safe Motherhood Action Groups (SMAGs), clinic and health facility staff, and specially trained local leaders. These sessions enabled women to take the planner home and use it without oversight as a daily reminder tool throughout their entire pregnancy term and birth to ensure no complications arise and any that do are quickly addressed.

In the 15 target districts, these planners reached 70 percent of pregnant women and of those, 49 percent spoke with their partner about planning for the pregnancy and delivery process. A CSH operations research study found that saving money was the highest cited behavior as a result of the planner’s use, followed by sleeping under an ITN and eating a healthy diet. This level of pregnancy planning and partner communication was unseen in Zambia prior to the Mothers Alive campaign and laid the foundation for prevention of maternal and newborn deaths. In addition, the pregnancy care planner was formally adopted as part of the training manual for SMAG members and the General Nursing Council, ensuring its sustained use for years to come.

Local traditional leaders spark healthy behavior shifts. Zambia is a nation deeply entrenched in traditional culture, where local village chiefs and headmen are revered and respected leaders of the community. To capitalize on this influence, CSH engaged 350 chiefs and headmen through its Change Champion approach within the Mothers Alive campaign. These selected traditional and local political leaders were trained in CSH’s behavior-centered communications approach through intensive weeklong workshops held in their district capitals. These workshops equipped the leaders with the necessary tools and knowledge to effect sustainable change with little reliance on any outside aid. Once training

“The MCDMCH commends CSH for engaging the communities in which they work on every level.”

**ELIZABETH CHAFWA,
LUNDAZI DISTRICT**

was completed, the leaders were named Change Champions and sent back to their communities to find their own local solutions to the problems confronting their people, utilizing the CSH training as their foundation.

A CSH survey of the program revealed that all of the 350 trained Change Champions implemented regular community discussions with pregnant women and their partners on the importance of the healthy motherhood behavior practices illustrated by the pregnancy care planner. Additionally, each Change Champion created or strengthened local SMAGs.

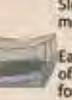
Forty-nine percent of the trained Change Champions initiated the construction of maternity shelters at their respective community health facilities and 54 percent facilitated the acquisition of ambulances and other types of emergency transport to bring delivering mothers in from the far corners of the community to give birth at a health facility with a trained attendant present. One chief in Nyimba district even went so far as to create a translated version of the CSH safe motherhood resource materials in her community's own local language, so her constituents could read about healthy motherhood in their native tongue.

Change Champions spearheaded innovative and community-specific outreach programs with no additional direction from CSH or other partners. During orientation and training, CSH used a video that featured four

prominent leaders in Zambia talking about the importance of traditional leadership in these issues and what can be and has been done. This video preempted many challenges faced by the Change Champions, such as the lack of resources, by using real examples to create a sense of competition amongst traditional leaders. As one featured chief said, “No one has to pay you to talk.” By creating this healthy competition and using peers to motivate safe motherhood activities, these Change Champions become the true owners of maternal health improvement in their communities.

Community family planning discussions. One of the key activities CSH encouraged Change Champions to participate in was facilitating community-wide discussions on family planning issues, specifically, proper child spacing, the prevention of unplanned pregnancies, and the prevention of pregnancy in teenage girls. The forum for these discussions was a series of community screenings of the CSH-produced documentary *Journey to Becoming a Parent*.

The documentary consisted of five acts: adolescent sexual health, child spacing and family planning methods, the importance of antenatal care, facility delivery, and life for a new family immediately postpartum. Change Champions and SMAG members utilized screenings of this documentary to spark meaningful discussions relating to the importance of

		YOUR PREGNANCY CARE PLANNER										USAID U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT		CSH	
		1	2	3	4	5	6	7	8	9	10	AFTER DELIVERY			
EDUCATION	 <ul style="list-style-type: none"> Identify due date <input type="checkbox"/> Learn what to expect while pregnant <input type="checkbox"/> 	<ul style="list-style-type: none"> Learn about danger signs (See back page) <input type="checkbox"/> Start learning about breastfeeding <input type="checkbox"/> 	 <ul style="list-style-type: none"> Learn about signs of labour <input type="checkbox"/> Mucous mixed with light blood <input type="checkbox"/> Abdominal pains <input type="checkbox"/> Water breaking <input type="checkbox"/> Prepare for breastfeeding <input type="checkbox"/> 	 <ul style="list-style-type: none"> Breastfeed when baby wants <input type="checkbox"/> Rest <input type="checkbox"/> Wash hands regularly <input type="checkbox"/> Learn about family planning <input type="checkbox"/> Learn about follow-up visits to clinic <input type="checkbox"/> 											
SOCIAL SUPPORT	 <ul style="list-style-type: none"> Discuss this pregnancy plan with family <input type="checkbox"/> Ask husband / family for help with chores <input type="checkbox"/> 	 <ul style="list-style-type: none"> Review pregnancy plan with family <input type="checkbox"/> Ask husband and family to keep helping with chores <input type="checkbox"/> 	 <p>Decide:</p> <ul style="list-style-type: none"> Who will go to the clinic with me? <input type="checkbox"/> Who will care for my other children? <input type="checkbox"/> Where will I stay near the clinic? <input type="checkbox"/> 	 <ul style="list-style-type: none"> Seek support for breastfeeding from family <input type="checkbox"/> Discuss family planning options <input type="checkbox"/> 											
LOGISTICS	 <ul style="list-style-type: none"> Save money for transport and supplies <input type="checkbox"/> 	 <ul style="list-style-type: none"> Keep saving money <input type="checkbox"/> Gather materials & supplies together <input type="checkbox"/> 	 <ul style="list-style-type: none"> Keep saving money <input type="checkbox"/> Plan / choose type of transport: <input type="checkbox"/> 	 <ul style="list-style-type: none"> Organize: <ul style="list-style-type: none"> Transport home <input type="checkbox"/> Transport back to clinic for review <input type="checkbox"/> 											
NUTRITION & CARE	 <ul style="list-style-type: none"> Sleep under treated mosquito net <input type="checkbox"/> Eat an extra small portion of vegetables or animal food or a snack of fruit <input type="checkbox"/> Take daily iron & folic acid tablets <input type="checkbox"/> 	 <ul style="list-style-type: none"> Sleep under treated mosquito net <input type="checkbox"/> Eat an extra small portion of vegetables or animal food or a snack of fruit <input type="checkbox"/> Take daily iron & folic acid tablets <input type="checkbox"/> 	 <ul style="list-style-type: none"> Sleep under treated mosquito net <input type="checkbox"/> Eat an extra small portion of vegetables or animal food or a snack of fruit <input type="checkbox"/> Take daily iron & folic acid tablets <input type="checkbox"/> 	 <ul style="list-style-type: none"> Sleep under treated mosquito net <input type="checkbox"/> Eat an extra small portion of vegetables or animal food or a snack of fruit <input type="checkbox"/> Drink lots of water or non-alcoholic local drinks <input type="checkbox"/> 											
MEDICAL	 <p>Antenatal care visit 1:</p> <ul style="list-style-type: none"> Weight <input type="checkbox"/> Blood pressure <input type="checkbox"/> 1st HIV test <input type="checkbox"/> HB test <input type="checkbox"/> Get Misoprostol from clinic <input type="checkbox"/> Take malaria prevention medication <input type="checkbox"/> Take deworming medicine <input type="checkbox"/> 	 <p>Antenatal care visit 2:</p> <ul style="list-style-type: none"> Weight <input type="checkbox"/> Blood pressure <input type="checkbox"/> Blood sugar test <input type="checkbox"/> Take malaria prevention medication <input type="checkbox"/> 	 <p>Antenatal Care visit 3</p> <ul style="list-style-type: none"> Weight <input type="checkbox"/> Blood pressure <input type="checkbox"/> 2nd HIV test <input type="checkbox"/> Take malaria prevention medication <input type="checkbox"/> <p>Go to mothers' shelter <input type="checkbox"/></p>	 <p>Post delivery visits:</p> <p>Mother:</p> <ul style="list-style-type: none"> 6-48 hours <input type="checkbox"/> 6 days <input type="checkbox"/> 6 weeks <input type="checkbox"/> <p>Baby:</p> <ul style="list-style-type: none"> Six week check <input type="checkbox"/> Monthly growth monitoring <input type="checkbox"/> Immunization <input type="checkbox"/> 											

CSH's innovative pregnancy care planner allows pregnant women and their partners to easily track their behaviors.

family planning in ensuring the mother and child's health. Conducted in 50 communities in each of the target districts and reaching nearly 50,000 people in extremely rural and underserved areas, these sessions prompted vociferous discussion on difficult issues that are often times ignored. It also provided a powerful platform for Change Champions to make their voices and encouragement heard.

These activities were supported by an additional set of communications products, including a set of unique posters, a brochure for adolescents on sexual issues facing their age group and an easy to read counseling tool on family planning methods. These materials were widely distributed

and used in discussion groups after the documentary was screened.

Leveraging partner strengths. Within SMGL districts, the Mothers Alive campaign activities created increased demand for maternal health services, while SMGL program partners simultaneously increased their availability and quality. CSH encouraged pregnant women and their partners to seek proper facility-based care through community engagement, while other USAID projects increased the availability and enhanced the quality of this care through systems strengthening activities. This leveraging of partner strengths towards the achievement of a common goal allowed for



CSH created a suite of communication materials for counseling by Change Champions and SMAGs.

immense development impact. SMGL Phase I districts enjoyed a 35 percent decrease in maternal mortality, as a direct result of CSH coordination with the consortium of partners.

LESSONS LEARNED

Engaging and empowering traditional leaders is vital for wide-spread community adoption of sustained behavior change. Traditional practices remain deeply entrenched in rural communities, where the majority of Zambians reside and maternal deaths occur. These communities' local leaders (chiefs and village headmen) have massive and unparalleled influence over the routine behavioral practices of their constituents; they are the true gatekeepers of the community. Empowering them to influence healthy behaviors and engaging them to enforce the permanent adoption of these behaviors is a prerequisite for any

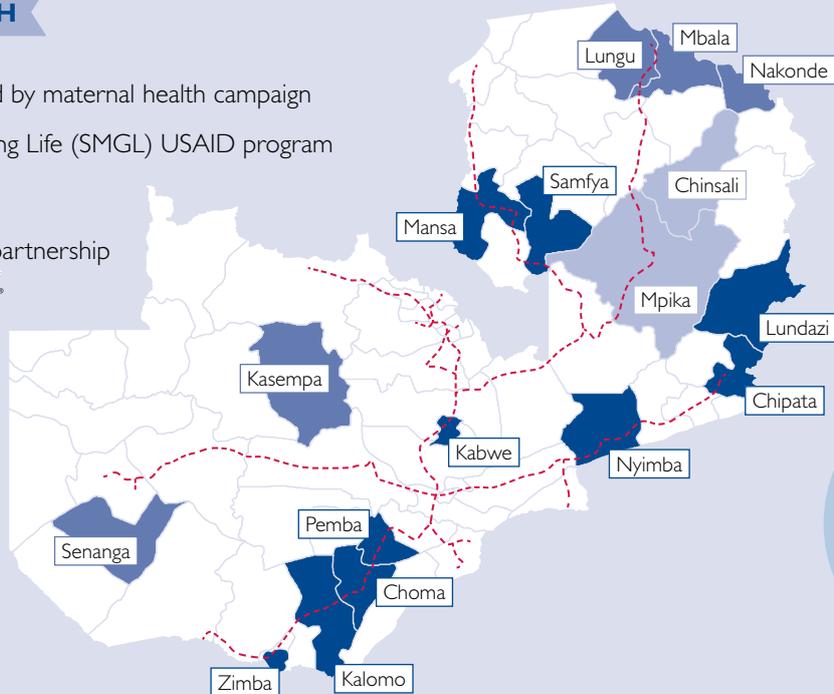
behavior change program in rural Zambia to be successful.

Improving the availability and quality of maternal health services is critical for increasing demand for and uptake of these services. A widespread lack of confidence in maternal health services at local health facilities creates a sense of apathy within the community. Pregnant women and their partners do not perceive any added value from attempting to access limited and intermittent facility-based services. By working together with a large consortium of bilateral donors and projects that are directed by the local government towards a unified goal of increased quality and availability of maternal health services, we can ensure that this community-wide apathy towards maternal health services changes, increasing demand for and uptake of these improved services.

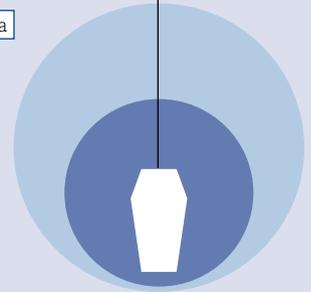
GEOGRAPHIC REACH

Zambia districts targeted by maternal health campaign

- Saving Mothers Giving Life (SMGL) USAID program
- Non-SMGL
- Expansion through partnership with **MANZIVALLEY**.
- ManziValley delivery routes



CSH contributed to the achievement of a **35% decrease** in maternal mortality rates in SMGL districts.



DISTRIBUTION

Over **2 million** birthplans distributed across all 15 districts



84,000 birthplans distributed to Northern Province through partnership with Manzi Valley Bottled Water Company (\$1,800 in-kind value)

BIRTHPLANS

70% of pregnant women were exposed to the birthplan in the 15 districts



49% of that 70% talked with their partner about the information on the birthplan

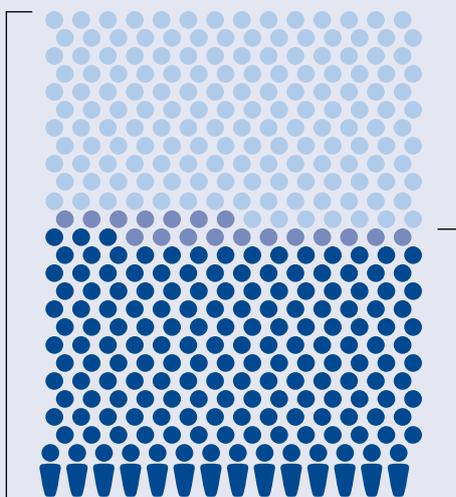


CHANGE CHAMPIONS

350 local leaders trained as Change Champions across all 15 districts.

100% of Change Champions organized regular community "safe motherhood" talks.

54% helped obtain emergency transport systems (ambulance, bike and cart, etc.) for delivering mothers to be transported to health facilities from remote corners of districts.



49% built maternal waiting shelters at the local health facility.

SNAPSHOT

Private Sector Manzi



© CHEMONICS / PHOTOGRAPHER NAME

CSH partnered with the water-bottling company Natural Valley to expand the influence of its Mothers Alive campaign, bringing thousands of birth plans, lifesaving information for young mothers, to two additional districts totaling 42 health clinics. Marketing Director Nkechi Simpson with one of the company's many trucks.

Development projects, including the USAID and PEPFAR supported CSH, are often not designed to reach an entire country. Instead, key areas are identified for implementation. This approach allows for finite resources to have deep impact, but that impact is limited to those living in the target areas.

At the same time, the local government requests that successful materials and initiatives be expanded to reach more Zambians. To address these gaps and requests, CSH turned to the private sector.

Natural Valley is a local company with a long history, their biggest brand is Manzi Valley water. "Zambians are familiar with the Manzi Valley label on water bottles," says Nkechi Simpson, the company's Director of Marketing. "It's become a symbol of consistent, refreshing quality. We have grown over the years and now are able through our fleet of trucks and distributors to touch even the most remote areas of this country."

CSH tapped the company's extensive distribution network to deliver birth plans, part of its Mothers Alive campaign, to areas beyond the project's mandate and budget. This addressed the greater need and government's request to expand a popular product.

"We are very grateful for these birth plans," says Stephen Silombe, Maternal and Child Health Coordinator for Mpika District. "They will serve as an important reminder to our pregnant mothers at each stage of their pregnancy."

To date 84,000 individual copies have been delivered this way in Northern Province. With onward distribution the plans will reach 25 health facilities in Mpika District and 17 in neighboring Chinsali District.

But what's in it for the company? "We understand the importance of health information and we also know the cost of doing business," explains Mrs. Simpson. "Transport is very expensive in landlocked Africa. This innovative partnership was an opportunity to marry our comparative advantage with the need to reach more mothers. We are proud to be a part of this approach and hope it will continue for some time."

SNAPSHOT

Model Change Champion



© CHEMONICS / PHOTOGRAPHER NAME

Mansa area Chief Chisunka, a Change Champion, uses his traditional leadership role to coordinate and integrate health interventions across his chiefdom. This synergy improves effectiveness and saves lives. CSH-trained Change Champion achieves zero maternal deaths

In the Mansa district chiefdom of Chief Chisunka, 2013 was a good year: no woman died while giving birth. Chief Chisunka is a Change Champion trained by CSH who uses his traditional leadership position as a platform for promoting key behaviors to prevent maternal and infant deaths.

This success was made possible through the coordination of previously isolated efforts in HIV counseling and testing, family planning, and maternal health interventions. By advocating cooperation between all the health intervention groups active in his area, Change Champion Chief Chisunka has created a synergy that enhances and expands the success of and demand for each individual intervention.

At Chisunka's urging, the United Nations Population Fund (UNFPA) and Plan International have trained 40 community members in safe motherhood behaviors, creating SMAGs, with the Zambia Integrated Systems Strengthening Project providing bicycles for SMAG members to use in reaching pregnant women. SMAGs hold workshops using the CSH-created birth plan to ensure pregnant women and their families are doing what it takes to maintain the health of the mother and child from pregnancy through delivery and beyond. Several of these SMAG members, and Chief Chisunka himself, have also been trained to be Voluntary Counseling and Testing and Family Planning providers by the Zambia government and UNFPA.

From the perspective of the chiefdom, services are now aligned and combined, messages make sense and are mutually reinforced, and donor priorities are harmonized. Chief Chisunka even lobbied for and received an ambulance from Plan to help ensure his subjects who are a great distance from any health facility still receive the urgent care they need. "Through coordinating these efforts and maintaining a strict code of healthy conduct," says Chief Chisunka, "I ensure that no mother dies in birth. That is what it means to be a Change Champion."

The Chief credits CSH and the Change Champion program for not only motivating him to act for change, but also for providing him with the knowledge and tools necessary to do so. By taking the initiative and maximizing the integration of the maternal health efforts from the different projects, Chief Chisunka is a true Change Champion.



CSH played a vital role in the success of the SMGL program, including the strengthening of existing SMAGs and creation of new ones.



Becoming a P...

AS

HELP

USA

SAID
THE AMERICAN PEOPLE

CW



NUTRITION AND MALARIA

CONTEXT AND CHALLENGES

Malaria and child stunting (low height for age due to poor nutrition) are major challenges for Zambia's continued development. In 2014, Zambia was named the most undernourished country in Africa by the United Nations Food and Agriculture Organization, with 40 percent of Zambian children stunted. Additionally, over 8,000 people die every year from malaria-related illness, 50 percent of whom are children under five years old. These issues are interconnected: malaria and chronic illness contribute to stunting, while malnourished children are more susceptible to complications from malaria. Stunting, in addition to being a serious health problem, is also correlated with diminished intellectual development, which ultimately limits the country's

potential for economic growth. To determine the full context of behaviors contributing to these issues in Zambia, CSH performed extensive formative research and baseline behavioral surveys. This research linked the prevalence of malaria and child stunting with entrenched, routine community behaviors driven by complex sets of cultural norms and beliefs.

For instance, the research revealed that the community traditionally viewed malaria as a normal and unavoidable part of life. This view created a lack of urgency in using preventative measures, like sleeping under an ITN, which is the most effective way to prevent malaria. CSH research also showed that, while very few families are food insecure, many do not consider locally available foods as appropriate for their young children and as such, children

LEFT: CSH encouraged the consumption of locally available fruits and high-vitamin content vegetables, like Mary's papaya tree, the fruit of which she used to sell before learning its importance.



A USAID and Zambian government delegation celebrate the achievement of community goals in Mongu, Western Province.

are not fed an appropriately diverse diet. Further, while many mothers do breastfeed, the quality and duration of exclusive breastfeeding is still an issue.

APPROACH

Community mobilization. Built upon the CSH-enhanced national communications strategies for malaria and child nutrition, including the international First 1,000 Most Critical Days framework, CSH utilized a community-driven approach that focused on empowering community members to become change agents and shifting community norms to decrease the adverse health impact of malaria-related illness and child stunting. To do this, CSH drew from internationally accepted best practices of participatory development and community mobilization, and partnered

with local CSOs and community leaders to create a program called Champion Communities. This approach used monthly household data gathering, one-on-one counseling, and community meetings and mothers groups to set and measure progress against collective goals for behavior change against key malaria and nutrition indicators, including ITN use, malaria testing at first sign of fever and appropriate treatment, antenatal care and prophylactic treatment for malaria in pregnancy, and appropriate nutrition for sick and recovering children. Once goals were achieved, successful communities were named champions and their success was celebrated. This community data was also shared with Zambian government partners and CSH on a quarterly basis and used for programmatic monitoring and decision-making.

“ We really appreciate the development and distribution of these products- they will help us implement the 1000 Days Program successfully. ”

**EUSTINA BESA,
NATIONAL FOOD AND
NUTRITION COUNCIL,
ZAMBIA**

These activities were supported using a suite of innovative CSH and TWG designed communications products and materials, including a growth reminder card to help families remember critical information necessary to ensuring their child’s health and growth, a child feeding bowl to help families measure and monitor the quantity of food their child eats, a place mat and menu planning game to promote dietary diversity, including critical animal-source proteins, counseling cards for malaria, and board games for both nutrition and malaria.

National policy and advocacy: the First 1,000 Most Critical Days Campaign. In addition to the community activities CSH implemented, the project also directly supported the government of Zambia with the development of its national communications and advocacy work that will be rolled-out in 14 Phase 1 districts in the next three years as part of the United Kingdom Department for International Development-funded First 1,000 Most Critical Days program. CSH helped all 14 districts create action plans and worked closely with CARE International, the manager of the program, to carefully design the communications objectives and necessary materials, which integrated all of CSH’s key products. These materials and strategies form a foundation of work that will live on in Zambia for years to come.

KEY ACTIVITIES AND IMPACT

Locally specific solutions. The participatory approach used by CSH allowed for extensive local adaptation and community specific solutions. For example, communities in the Western Province of Zambia are traditionally fishing communities and frequently use mosquito nets for catching fish. To address this situation, each participating community in the program reflected on its own context and challenges and created its own action plan, allowing messages to be tailored to its own individual situation. This not only resulted in immediate ownership and increased effectiveness, but was also a key strategy for ensuring sustainable and permanent shifts in behavior.

Deploying community agents to spark change. CSH fostered wide-spread community acceptance, participation, and ownership in the malaria and child nutrition campaigns by utilizing community members as action agents for campaign implementation and message delivery. These action agents leveraged their close ties and social networks within the community to lead behavioral shifts in line with the campaign goals. To integrate messages and expand campaign reach, many of the agents were deployed as both malaria and nutrition agents. Empowering individuals to develop their own communities ensures that campaign successes

are sustainable, as these action agents will continue to monitor behavior and catalyze change even after the campaigns end.

Prior to deployment within the community, the agents for both campaigns participated in extensive training sessions based on CSH-developed guidelines for the behavior-centered approach to communications, as well as similar guidelines on monitoring and evaluation. These guidelines were the same as those used to train government health workers. Agents were supervised through an extensive, supportive oversight program with district government staff playing key roles in ensuring the program ran as planned. Overall, by building these individuals' capacity to use communications as a tool to drive positive behavior shifts, CSH empowered the Zambian people to sustainably improve their own health.

Using data as a tool for behavior change. The Champion Communities approach is entirely predicated on data. As a starting point, each community conducted a self-administered baseline survey to understand exactly where it fell in relationship to a number of key issues: the number of households with sufficient ITNs to cover all sleeping spaces, the number of community members who slept under an ITN the previous night, the number of community members with fevers in the past two weeks who got tested for malaria, and the number of eligible pregnant women who got intermittent preventive treatment

of malaria for pregnant women in the last month. Once these figures were determined, CSH and its implementing CSO partners worked together with the communities as a whole to identify and set realistic goals for sustainable behavioral shifts to address the drivers of malaria related illness identified in the surveys. Each month, community agents visited every household to both administer a short survey and provide on-the-spot counseling for behaviors still presenting a challenge. Data was then aggregated and presented to communities using a "community tracking tool." Communities then utilized this data to make decisions on activities. For example, in communities struggling with ITN use, many created net-hanging days or held debates on the importance of using ITNs each and every night. Furthermore, monthly household visits served as a way to reinforce the new norms being introduced. This continuous use of data proved to be an extremely powerful communications tool, in and of itself.

Communities who reached or exceeded their goals in the allotted time frame were declared champion communities and celebrations were held in their honor. Bringing together local leadership, with support from the district and provincial level health offices as well as the implementing CSOs and CSH, these celebrations served to solidify the changes within the community and share the successes with nearby



A group of students plays the CSH STOP malaria board game.

areas. Celebrations also helped reinforce the importance of the shifts they had made in their daily lives to ensure long-term adoption of these changes.

Tools for growth. To aid the community agents in their work, CSH designed a suite of communications tools for teaching and reinforcing the key practices being promoted. As mentioned, these tools were formally adopted by the government to be used in all nutrition-related work under the First 1,000 Most Critical Days program as well as by the World Food Program and UNICEF for their respective nutrition programs in Zambia. The materials went through a rigorous TWG approval process before adoption, allowing national level groups to have full ownership of the messages.

The tools included a particularly innovative number of products to help promote the complicated and

age-specific nutrition practices. First, CSH introduced a visual growth reminder tool: a pictorial card that details the ideal feeding practices for a child. The card is organized by age range and visually depicts what kinds of food, what quantity, and how often to feed children. The card also provides information on proper feeding during illness, as well as other general child health and hygiene practices. The pictorial card serves as a quick reminder tool for caregivers, clearly referencing and reinforcing healthy feeding and hygiene practices.

In addition, CSH developed a healthy menu place mat and planning game. These interactive products illustrate what foods are most nutritious for children, highlighting the importance of the daily intake of fruits, high-nutrient content vegetables, and protein sources for children under two years old. The place mat and game present information in a hands-on



Home-based monitoring allowed communities to address their own specific needs.

manner that provides caregivers with an engaging learning experience that effectively reinforces the product messages on healthy food choices.

Rounding out the suite of products is the child feeding bowl — a graduated plastic bowl with demarcations for the proper measurements of food quantity in accordance with World Health Organization standards according to the child's age: six to nine months, nine to 12 months, and 12 to 24 months. This bowl was given to child caregivers by community nutrition agents as an easy reference and measurement tool when feeding children, allowing caregivers to ensure that children eat the minimum quantity needed to help prevent stunting.

When combined, these products create a robust set of behavioral reminders, which better enable caregivers to provide their children with the adequate type and amount of food, preventing stunting and undernourishment.

Community impact. In total, CSH worked with five CSOs to implement the Champion Communities approach in 131 communities across eight districts. The project reached more than 40,000 people, including almost 10,000 children under the age of five. Using both the monthly household self-reported data and a more rigorous evaluation using a cross-sectional survey with a comparison group selected from the same health center catchment areas as our intervention communities, it is clear that the program has had a tremendous effect.

Although community self-reported data has inherent limitations, the reported trends were incredibly positive. Compared to the baseline, communities reported a 48 percent increase in households with adequate ITNs for each sleeping space, allowing more household members to be protected from mosquitos that spread malaria each night.

While some of this is due to ongoing mass net distribution campaigns, CSH communities in areas without distribution also reported increases in net ownership. CSH communities also saw a 35-percent increase in people who slept under an ITN the previous night and participating communities reported a 31 percent increase in malaria testing for those with a fever, directly increasing the number of people getting treated for malaria. Finally, communities reported a 50 percent increase in pregnant women who received prophylaxis for malaria at appropriate times, a critical factor in helping prevent maternal and neonatal deaths.

The data from the evaluation confirms that the program had a significant effect. More household members in intervention areas slept under a bed net the night prior to the survey than did household members in comparison areas, 58.7 percent versus 49.7 percent, respectively. Notably, fever prevalence among household members in the two weeks prior to the survey was significantly lower in intervention areas (11.4 percent) than in comparison areas (15.0 percent). Moreover, for children under 5 years of age, care seeking was 80 percent in comparison areas, but more than 97 percent in intervention areas.

In addition, the communications products were widely appreciated and perceived as incredibly helpful to families trying to practice new behaviors.

LESSONS LEARNED

Community owned and implemented campaigns are effective.

Because the campaign goals are decided by the community, based on their own specific needs, community members become the true campaign owners and are motivated to do the work needed to achieve success. Traditionally, communities are not given the opportunity to design and implement development programs based on their own needs and contexts, this creates a sense of apathy leading to limited program success. By empowering communities to be the true owners of the programs, we can ensure elevated program success levels.

Establishing a data feedback loop is essential. Tracking program progress and informing the community where and how they can improve is paramount to the program's success. A data feedback loop allows the community to make informed decisions about the best way forward in addressing gaps and ensures community accountability for program successes and failures.

Strategic reminder tools are vital in addressing complex health issues that are rooted in daily behavior norms. Changing these norms takes sustained effort. Once the desired behavior has been learned, daily reinforcement is necessary to ensure that behavior shifts. Quick-reference products like the growth reminder tool fill this role, ensuring daily reminders of desired behavior practices are simple and effective.



Pamela started sleeping under an ITN every night after learning the danger malaria poses to her pregnant body.

SNAPSHOT

Community Malaria Counseling



Jonas and fellow community malaria agents in Mongu District with their communities tracking scorecard

© CHEMONICS / PHOTOGRAPHER NAME

Malaria related illnesses afflict almost every household in Zambia. While many factors contribute to malaria prevalence, one of the key drivers is the inconsistent use of an ITN every night.

The USAID and PEPFAR-funded CSH project increased the consistency with which households slept under ITNs within target communities through regular inter-personal counseling tied to frequent monitoring and feedback.

Community malaria counseling agents went door to door in their communities each week to counsel households on the many ways they can prevent malaria and decrease its impact. At the conclusion of each visit, the agents collected data on every household's behavior the past week; shedding light on which households were consistently adopting which healthy behaviors. This weekly feedback highlighted the gaps, showcasing where additional support from the counselors was needed.

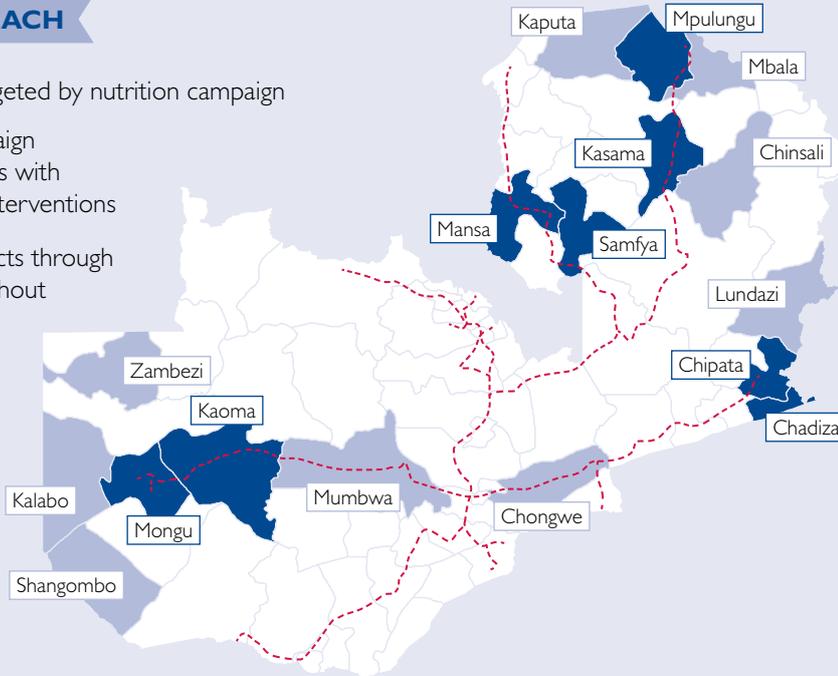
"Using the score-cards to track ourselves helped to show where we were struggling, so we could spend more time with those behaviors" Jonas Mweendu, one such community malaria agent from Mongu District says. Adding that "the scorecards showed us many people with fevers went for malaria testing and treatment, but they did not regularly sleep under ITNs." The illustration of these gaps allowed Jonas to streamline his limited counseling time with each family; shifting his focus from malaria testing, to sleeping under ITNs every night.

The feedback loop implemented by CSH led to a 10 percent increase in regular ITN use compared to communities without a CSH presence. This increased ITN use led to a four percent reduction in under-five fever cases in these communities.

GEOGRAPHIC REACH

Zambia districts targeted by nutrition campaign

- Nutrition campaign targeted districts with interpersonal interventions
- Expanded districts through Manzi Valley without interpersonal interventions
- **MANZIVALLEY** delivery routes



40,000 total population covered



7,536 under five children reached

DISTRIBUTION



54,000 growth reminder tools distributed throughout Zambia through partnership with Manzi Valley Bottled Water Company (\$3,500 in-kind value).

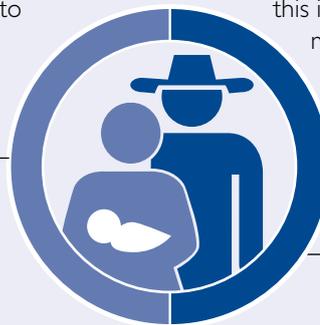
Manzi Valley Bottled Water Company delivered the growth reminder tools to National Food and Nutrition Council staff for distribution.



BEHAVIORAL IMPACT

“ I exclusively breastfed, unlike my first pregnancy, I make sure I pay attention to breastfeeding the baby. Before I used to just sling the child over my shoulder to breastfeed. ”

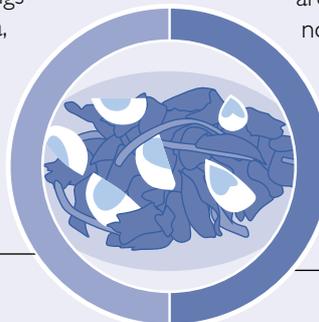
— Mother of child aged 0–5 months, from Musaila



“ I make sure that firstly she [mother of child] does not leave the baby when she is travelling or leave the house, this is so that the child doesn't miss any breast feeds, she needs to be fed 8–12 times like we were taught. ”

— Father, from Chinweshiba

“ In the past we did not know that we could feed our children on locally produced foods. We thought that getting food from Shoprite was the best or other things such as infant formula, but now we know that we have the right foods where we live. Examples are vegetables like kalembula. ”



“ I learnt how to mix foods. Let's say I have two eggs and we are six at home, these eggs will not be enough, but I can mix the eggs with the sweet potato leaves and everyone at home will be able to have the three stars in their meal. ”

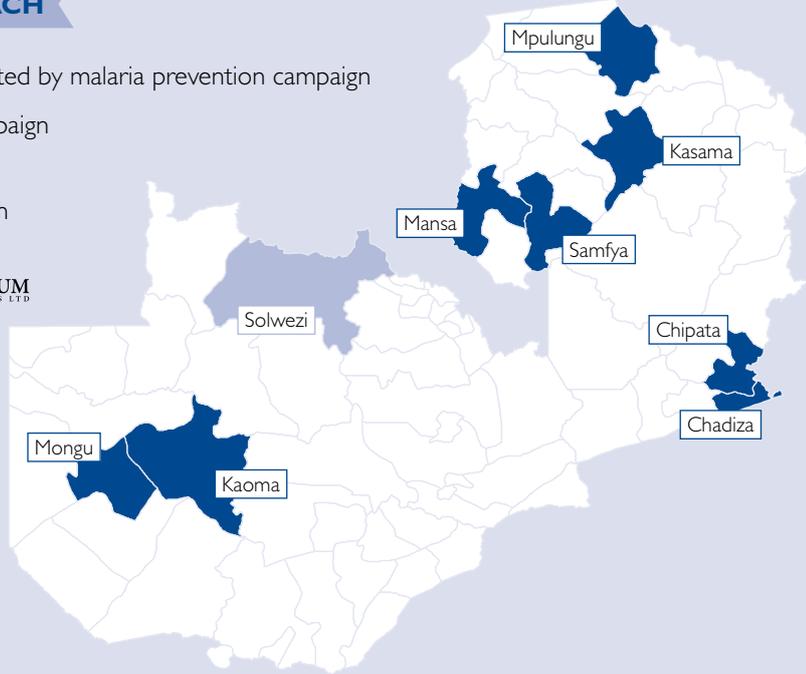
—Mother of child aged 12–23 months, Musaila

GEOGRAPHIC REACH

Zambia districts targeted by malaria prevention campaign

■ Stop Malaria campaign targeted districts

■ Expansion through partnership with



40,000 total population covered



7,536 under five children reached

DISTRIBUTION



50 games printed by First Quantum Minerals and distributed through their school outreach programs in the Northwestern Province (\$3,800 in-kind value).



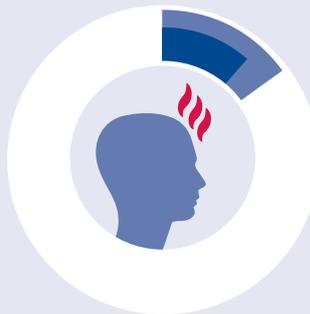
BEHAVIORAL IMPACT

■ Campaign areas

■ Non campaign areas



More household members in campaign areas slept under a bed net the night prior to the survey than did household members in comparison non campaign areas (**58.7 percent** versus **49.7 percent**, respectively).



Fever prevalence amongst household members in the two weeks prior to the survey was significantly lower in campaign areas (**11.4 percent**) compared to comparison non campaign areas (**15.0 percent**).



For children under 5 years of age, care seeking was slightly more than **80 percent** in comparison non campaign areas, but **97.1 percent** in campaign areas.



The child feeding bowl provides an easy way for caregivers to ensure their child is receiving the proper quantity of food.





Chimunya is still too young to have a boyfriend, but thanks to her participation in a Safe Love Club, she knows that when she does have one, they will use condoms if they have sex.

LESSONS LEARNED

As described in this report, the CSH project employed its expertise in behavior-change communications to achieve population-level improvements across Zambia in four health areas: HIV & AIDS, maternal health, malaria, and nutrition. By working in partnership with the Zambian government and building institutional and individual capacity for behavior-centered programming, CSH provided technical support and funding for activities that significantly increased preventive behaviors and care-seeking that can be sustained and expanded well beyond the project's conclusion. This success, and the challenges faced while achieving it, yielded some critical lessons.

I. EXPAND DEFINITION OF CAPACITY BUILDING

CSH strengthened capacity at multiple levels of the health system, using a variety of measures to consistently reinforce its behavior-centered approach. These measures included training hundreds of officials from all levels of government and working with the University of Zambia, the General Nursing

Council, and Lusaka Apex Medical University to include training on social and behavior change in their curricula. While training has the power to build individual capacity, however, it leaves little established in terms of sustainable systems. Currently, health promotion and social and behavior change communications (SBCC) are relatively minor aspects of the public health system, without a substantial budget or widespread belief in their importance in keeping Zambians healthy. As such, building a system to support the long-term capacity of Zambia to design and implement effective health communications campaigns must include advocacy within the government and health training institutions to reposition health communications from a seemingly unimportant secondary function to a critical component of primary health care. This advocacy starts with the use of careful measurement and data generated from SBCC programs to illustrate the impact well-designed and executed programs can have not only on behavior change, but also cost-savings to the government.

2. UNDERSTAND THE CONTEXT AND ADAPT THE APPROACH AS NEEDED

Formative research is only the first step. In each campaign, CSH conducted formative research. These studies revealed the diverse cultural and socioeconomic context and drivers of the issues CSH sought to address. Understanding the full context, including the social norms, motivators, and barriers that drove positive and negative behaviors, allowed CSH to craft social and behavior change strategies and design behavior enabling tools that resonate culturally and achieve greater results. However, this step is fairly standard in SBCC programming; the success of CSH hinged on going beyond the research itself to successfully interpret the research results and create a program to respond to the context and target behaviors.

For example, CSH's formative research on issues surrounding malaria-prevention and treatment behaviors indicated that the vast majority of the population in rural Zambia believed malaria is a common part of life, not something wanted, but neither something that can be avoided. Knowledge about the use of mosquito nets as a means of preventing malaria was also high, but utilization was not. Care-seeking when symptoms of malaria present was also limited. Fundamentally, it seemed periodic suffering (and even death) from malaria was seen as a normal part of life.

Based on these results, CSH realized that a message-driven campaign would never work. The project needed an approach that could create the kind of dialogue that would allow community members to re-define the problem of malaria and to engage in a meaningful solution. Using best practices of participatory community development, STOP Malaria Champion Communities was born. This process led and measured communities on a journey of social change and it worked, resulting in the improved behaviors described in the malaria chapter of this report. But it only worked because the program itself matched the research.

CSH used this careful matching of program and research throughout its campaigns. Safe Love, targeting private, harder-to-discuss sexual behaviors, used a media-driven strategy to present a reflection of reality to the target audience, allowing individuals and small groups to consider their own behavior through discussion of the fictional characters seen in the media. Mothers Alive responded to the lack of male involvement, a key barrier to healthy maternal and reproductive health behaviors, by engaging a voice influential to men, that of a traditional leader. For CSH, although these campaigns do represent a wide array of methods, platforms, and channels of communication, ranging from mass media to one-on-one interpersonal communications, it wasn't the combination that worked so well,



Nursing students receiving training in the CSH created behavior centered programming course as part of their studies.

but rather the careful application of method, platform, and channel to both the audience and the problem at hand.

Similarly, CSH found through formative research that feeding quantity was an issue contributing to the high rates of stunting in Zambia. As such, one component of the project's community-based nutrition program was the introduction of a graduated feeding bowl, indicating the appropriate quantity to feed children of a certain age at each meal. CSH was able to conduct an analysis of the efficacy of this bowl with a small sample of families and found that this kind of bowl did not improve feeding quantity as planned. However, a different, wider-mouth bowl with plain sides (without indications of appropriate quantity for each age-stage) did improve quantity. This is likely due in part to the fact that the specific diet fed to children in Zambia—a combination of nshima and relish—is easier for families

to serve out of a wider, flatter vessel. This experience further demonstrated, this time through operations research, the necessity of adapting good ideas to match the reality on the ground.

The role of mass media. When carefully integrated into a strategy that responds to research, mass media can play a critical role in achieving behavior change. Obviously, the most important factor in determining the scope and use of any media is the target audience group's use and potential exposure to that media channel. Although studies find that ownership and semi-regular use of television, radio, and mobile phones is high in Zambia, ensuring exposure of a particular audience to a specific program or message is actually quite difficult and expensive. Many people's access to media depends on the availability of electricity or batteries and thus frequently fluctuates. Further, none of the media outlets in Zambia are able to accurately track peak times for viewership



Women share their experiences in Safe Love Clubs.

or listenership, making appropriate media planning difficult. This situation results in the need to invest a significant amount of money to simply ensure exposure.

Because of this requirement to entry in the media space, it is critical that mass media not become the default communication channel, but rather remain a specific, strategic choice. CSH decided that because of the socially entrenched nature of the target behaviors in the STOP Malaria and Mothers Alive campaigns, mass media would be used as a very sparing complement to community mobilization work. The behaviors targeted by the First 1,000 Most Critical Days campaign were complex and

multi-faceted — improving the “quality” of a child’s diet is not a simple message. To unpack these ideas, CSH produced a radio drama series, but only aired it in places where it could be complemented by extensive community work to help ensure communities had a chance to adapt the messages to the specific local context, to support mothers and families in trying new practices and to clarify issues if confusion lingered.

With Safe Love, as discussed above, the project determined that investment in media were an appropriate way to change individual risk perception, to address gender norms around sexual behaviors and condom use, and to illustrate the risk of sexual networks. The nature of these issues and the extensive amount of messaging on them in the last 20 years meant the project needed to do something different to cut through the noise, reignite discussion, and ultimately impact behavior. By creating engaging characters and compelling storylines and ensuring appropriate media frequency to guarantee exposure, CSH was able to do this, as is evidenced by the results presented in the HIV chapter of this report. However, because the media targeted a wide audience and was not tied to any specific health service site, these results cannot be connected to any shift in HIV incidence. Because the epidemiology of HIV in Zambia as a whole seems to be shifting to more urban and concentrated segments of specific

populations, generalized mass media might have the potential to change behavior in the general population, as Safe Love did, but that behavior change might actually have no impact on HIV rates. Because of this, one key lesson CSH learned is that media must be tied to implementation on the ground in specific sites. Only in this way can the activity be connected to changes in the epidemic and, ultimately, the expense justified.

The role of social media and mobile technology. Like mass media, CSH found that social media and mobile technology can play a strong role in behavior change, but only where appropriate and strategic. The use of mobile technology is seen as the future of SBCC programming, a direction well-supported by the success of the MAMA program and others like it. In Zambia, the penetration of mobile technology, especially Internet-enabled phones and computers, is still somewhat limited. The latest Demographic and Health Survey confirms growing access to mobile phones, but there is still limited information on how individuals use those phones. CSH research revealed that many Zambians in rural areas share phones, service is not consistently available in homes and might require hiking short distances to capture a signal, and texting or SMS is not widely used because of literacy issues. These factors meant that both “push” messaging via mobile phones and more complex interactive voice-recording-type systems were not appropriate, even as they are becoming global

best practices. Instead, CSH used mobile technology in ways that strategically supported its objectives. For example, to close the knowledge-action gap around voluntary medical male circumcision (VMMC), CSH set up an opt-in program where interested potential clients could sign up to be notified when VMMC services were available in their area. This kind of program was inexpensive, easy to implement and achieved its purpose.

3. COMMUNITY ENGAGEMENT CAN WORK AND CAN BE MEASURED

Development practitioners have long put forth theories and examples of how to engage communities in their own development, from participating in formative research to conducting community mapping. However, the parameters of these programs are frequently vague, with measures of success hard to define. Yet, meaningful engagement of communities is critical because: 1) people have the right to develop themselves, to set their own priorities and to monitor their progress; 2) ensuring community support and buy-in increases the likelihood progress will be sustained; and 3) local knowledge and resources necessarily become the foundation of the work decreasing the need for as much external support.

As described, CSH implemented community programming as part

of all four of its major campaign activities. However, the activities implemented as part of STOP Malaria, Mothers Alive, and the First 1,000 Most Critical Days were driven by community voices and leadership and, even though they were implemented as a part of a communications project, were interwoven with broader community development goals. The key factors leading to success in three of these areas were:

- Engaging influential voices
- Making the issue local/ using community data and information to provoke discussion
- Offering specific activities and support to frame the conversation
- Highlighting positive role models
- Offering social proof that positive outcomes can be achieved/stimulating healthy competition

In all three of these campaigns, programming strategy was carefully thought through by CSH and government partners, but each community had extensive flexibility to develop its own program within specific parameters. Local civil society organizations were engaged and trained on facilitating community-wide discussion and debate and data, setting and measuring progress against specific behavioral goals, was central to the process. The results

presented earlier in this report as an outcome of these efforts demonstrate the success.

Safe Love took a different community approach and one much less entwined with community development. CSH engaged a number of civil society organizations to set up Safe Love Clubs, small groups, segmented by audience type, to process and discuss the key messages and issues of the wider campaign. Traditional leadership was engaged and supported this process via radio. Although this approach undoubtedly contributed to the HIV-related behavior change results presented earlier in this report, because these programs were not intrinsically a part of the community using existing community resources, the opportunity for sustainability beyond CSH is likely limited. In the future, the lessons learned about how to rigorously engage communities should be applied to all sectors.

4. WORLD-CLASS QUALITY IS IMPORTANT, BUT NOT ALWAYS NECESSARY

CSH took great pride in the gold-standard quality of its materials. Nearly all print, television, and radio productions were consistently well-designed, creative, fresh, and innovative. *Love Games*, the 26-episode television drama series, won numerous awards and enjoyed an extremely high profile and distribution around the world,



Child caregivers participating in a training session on child nutrition using CSH-created materials.

in large part because of its quality. However, one key lesson to take from CSH is that not all materials require the same intensive level of production. For example, although clean, clear, appropriate materials without typos or mistakes should be a minimum standard, the extra mile that resulted in a production such as *Love Games* might not always be necessary. Within the Safe Love campaign, for example, a series of locally-produced, unpolished radio call-in shows featuring influential local leaders and community members had an enormous and universal effect on all determinants of VMMC, including intention. CSH provided a template, a set of questions and support to local radio stations and government officials in how to conduct the radio shows, but left the actual production to the local teams. Because of this, the finished product were sometimes messy, the sound not perfect, the story not always completely linear. Yet, these products worked to achieve the campaign objectives for VMMC as well as or better

than *Love Games*. While our evaluation methods do not allow for an exact comparison of what exactly worked within the call-in shows versus *Love Games* or other media, it is certainly worth noting that any choice of media requires a thorough cost-benefit analysis. Perfect materials should not necessarily be the goal, especially if it inhibits local flexibility and participation.

5. PRINT MATERIALS DON'T REQUIRE TRANSLATION

One question that routinely surfaced during the course of CSH implementation was on the need to translate print materials into local languages. The logistics of materials distribution is an inherent challenge for any communications project in Zambia and translating print materials into seven local languages would only have further complicated this process. Further, translation frequently would have resulted in the need to redesign materials, taking time away from implementation. Because of this,



CSH staff members discuss reproductive health issues with a local couple.

CSH conducted a desk review on the benefit of print translation and found that previous research in Zambia indicates most people who can read their local language can read English. CSH therefore made a decision not to translate any print material, although all radio and TV were translated, when possible.

To compensate for this decision, the project used picture-based messages as much as possible and introduced more complex materials, such as the Pregnancy Care Planner and the Growth Reminder Tool, via health workers who could explain the material to a community member. Additionally, CSH made design files available to partners working in specific areas of the country who wanted to translate materials themselves, as the benefit of translation can extend beyond comprehension to engendering a feeling of ownership.

Although translation would never be *inappropriate*, CSH operations research on the use of these materials supported this decision, with users of key Mothers Alive and First 1,000 Most Critical Days, reporting that the pictures on the material were sufficient to facilitate their use.

6. COMMUNICATIONS PROJECTS CAN BE SUCCESSFULLY MEASURED

In the field of SBCC, the subject of measurement is frequently discussed, with many stating that behavior change is hard to measure because it is so entwined with hard-to-measure cultural factors, is frequently self-reported, or takes a long time to change. Although without extremely rigorous methodologies and large samples, attribution for behavior change is hard to assign, CSH

proved that behavior change is not hard to measure. Using a variety of techniques, including propensity score matching and cross-sectional surveys with comparison group that do allow for comparison and attribution, CSH monitored its work and measured its results proving that it can, and should, be done.

7. PRIVATE SECTOR CONTRIBUTION MUST OUTWEIGH THE COST

Engaging the private sector allowed CSH campaigns to reach over 3 million people on the African continent with its mass media content — many times more than the original project scope. Within Zambia, private sector partners enabled CSH to improve the cost effectiveness of delivering CSH campaigns materials, increase the frequency of messaging, and expand access to products and tools within targeted communities and beyond. All told, the monetary and in-kind contribution of the private sector to CSH efforts totaled \$678,886.

Quantifying this contribution is critical because the effort of engaging the private sector also has a cost. Ensuring that the contribution is greater than the effort to secure it, in terms of human or other capital, is critical. CSH was able to do that because the project approached the private sector in a way that made business sense, not as charitable benefactors, but rather, as business partners willing to invest in the project to gain

an increased return. Moreover, private sector interest to partner with CSH campaigns was high because campaigns were highly valued and had a high production value.

8. SUSTAINABILITY AND HANDOVER STRATEGIES ARE NOT END-OF-PROJECT STRATEGIES

Embed all project work within government strategies, plans and budget allocations. Zambian government buy-in and ownership of the CSH project allowed staff to operate with the support needed to reach and exceed program goals. Growing this working relationship took time and effort. CSH had to adapt to government policies and operating procedures in order to embed CSH work into government strategies, plans, and budgets. Advocating for behavior change outside of the groups and people mandated with health promotion was also important. Without government support and ownership, none of the achievements in this report would have been possible.

Institutionalize the CSH approach to ensure sustainability. CSH's legacy is the inclusion of capacity building and campaign strategies into national and institutional strategies and planning. CSH worked in partnership with the government of Zambia and institutional colleagues so others could carry forward all campaigns and capacity building strategies after CSH ended.

Drama activities support community dialogue around Safe Love Campaign themes.



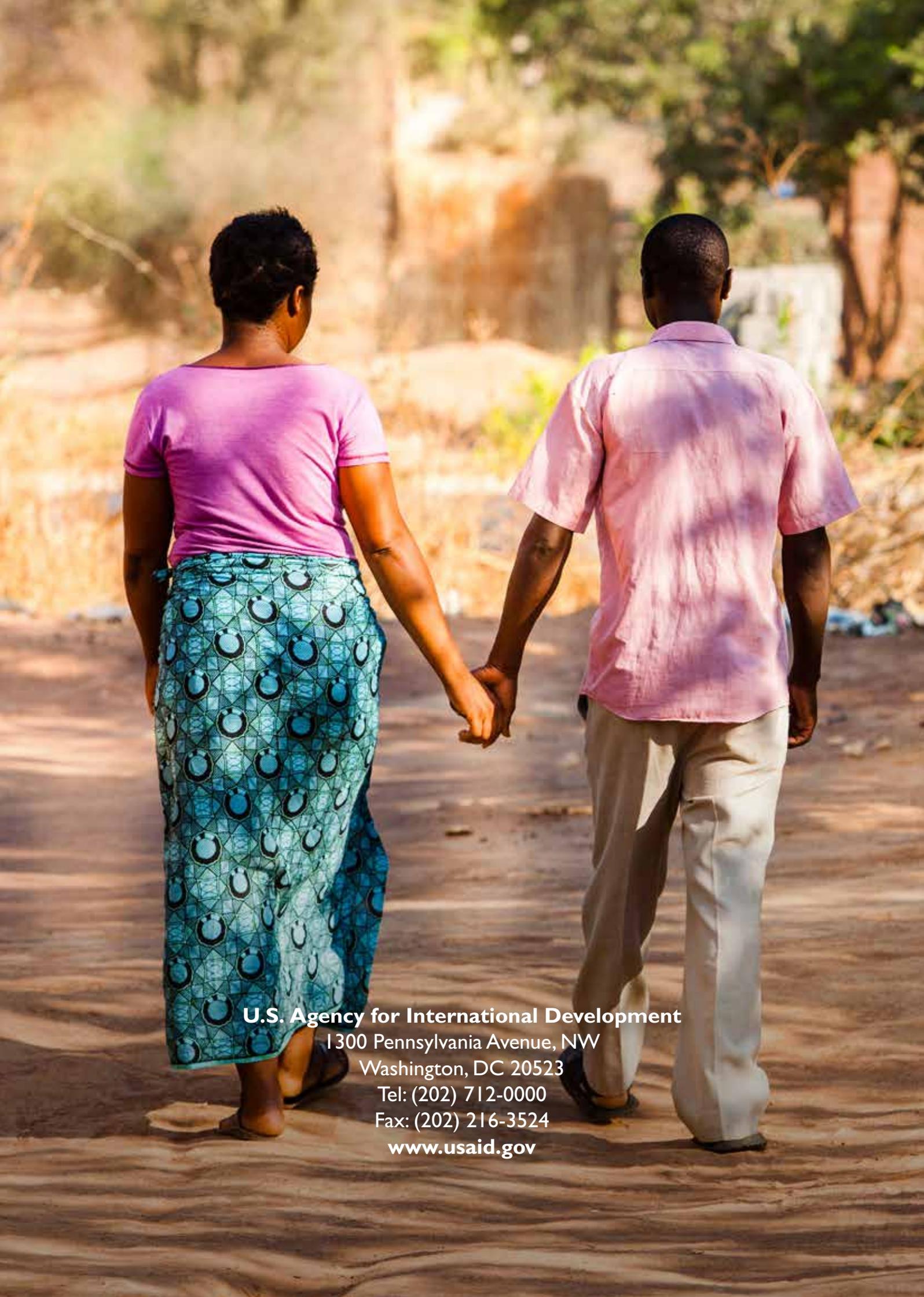
RECOMMENDATIONS

1. Allow flexibility in programming (channel, geographic scope, audience segmentation) to ensure program design matches research context
2. Leverage community resources, including leadership, for sustainability and effectiveness
3. Use mass media sparingly, considering expense of exposure as a first hurdle
4. Match programming to health service delivery site to correlate behavior change results with health impact
5. Expand concept of capacity building for health communications to include advocacy and systems building
6. Identify strategic private-sector partners who can meaningfully expand scope and reach of work
7. Conduct a cost-benefit analysis of expense versus potential impact to help tailor materials to specific purpose and audience
8. Truly national programs are impossible without spending significant amounts of money on media; target programs based on epidemiology and do more work in fewer areas, rather than trying to do a little in many





A Change Champion discussing with mothers how to ensure a safe pregnancy and delivery.



U.S. Agency for International Development
1300 Pennsylvania Avenue, NW
Washington, DC 20523
Tel: (202) 712-0000
Fax: (202) 216-3524
www.usaid.gov