



# HEALTH COMMUNICATION PARTNERSHIP ZAMBIA



# Life of Project Report 2004 – 2009



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# ACRONYMS

ART	Antiretroviral Therapy
BCC	Behavior Change Communication
CBO	Community-based Organization
CHIC	Community Health Information Cards
DATF	District AIDS Task Force
DHMT	District Health Management Team
DPO	District Program Officer
GRZ	Government of the Republic of Zambia
HEART	Helping Each other Act Responsibly Together
IEC	Information, Education and Communication
IGA	Income-generating Activity
ITN	Insecticide-treated Net
JHUCCP	Johns Hopkins University Center for Communication Programs
MATF	District Malaria Task Force
MCH	Maternal and Child Health
MCP	Multiple Concurrent Partnerships
MOH	Ministry of Health
NAC	National AIDS Council
NATAAZ	National Theatre and Arts Association of Zambia
NHC	Neighborhood Health Committee
NMCC	National Malaria Control Centre
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
RHC	Rural Health Centre
TBA	Traditional Birth Attendant
UCI	Universal Child Immunization
UNZA	University of Zambia
ZCHC	Zambia Creative HEART Contest
ZDHS	Zambia Demographic and Health Survey



**HEALTH COMMUNICATION PARTNERSHIP ZAMBIA**  
**LIFE OF PROJECT REPORT**  
**2004 – 2009**

# INTRODUCTION

An expectant mother in Mansa at an antenatal clinic watches a video that teaches her how to protect the health of her unborn child. A Neighborhood Health Committee in Siavonga raises goats and opens a tuck shop; proceeds from both are used to provide food, clothing, and medical services for orphans in the community. A group of students in Chongwe perform a short play that questions why certain household duties are tied to gender for a crowd of hundreds of their peers, parents, community leaders and government officials as part of the annual *Creative HEART Contest*. These are some of the scenes in which Health Communication Partnership Zambia has played a catalytic role -- by producing the video, giving technical support to the Neighborhood Health Committee, sponsoring the contest, and training counselors.

Health Communication Partnership Zambia is an innovative project that was invited to Zambia five years ago with the ambitious mandate of stimulating individuals, households and communities to take positive action for health. Though the scope of HCP is national, the program was challenged to focus on the most underserved and hardest to reach districts in all nine provinces. Their unique approach allowed communities to address health priorities most important to them, whether reproductive, maternal and child health, malaria or HIV – and to develop integrated approaches to address them.

Health Communication Partnership's interventions are based on the premise that individuals, households, and communities can improve their health using their resources and creativity; that communities know best what their health problems are and how to solve them, and that local solutions are lasting ones. HCP interventions move individuals, families and communities to undertake behaviour change that optimizes their wellbeing.

All of the HCP strategies are based on promoting critical thinking as the foundation for collective action. Critical thinking is purposeful

*Information has been left in each one of us. Even if you (HCP) leave, you are still here in our hearts. Thank you to your American people, Mr. Ambassador. We have really appreciated the help of HCP. You can tell them we are now okay to do the work HCP has helped us with in the community.*

**Gilbert Chilufya, Mpika NHC**

*We were expecting facilitators to teach us, but as the workshop progressed, we were empowered to freely discuss our own issues. This has really affirmed that we also have the knowledge to solve our problems in our communities.*

**Paul Mambilima, HCC Chairperson, Mansa**



# INTRODUCTION

*In Shivuma, we did not understand how we could solve our own problems as groups and communities on how to mobilize and follow up on health issues raised. [In the past], we waited for the health staff to do everything without realizing that as Neighborhood Health Committees we had a role to play in making sure the community [could] achieve the intended goals. We thank HCP for helping us discover that we can fill up the identified gaps.*

**Enedy Kaineki, Kasono NHC member in Kasempa District**

and reflective judgment about what to do in response to health issues of importance to the community. It involves skilled and active interpretation of pressing problems.

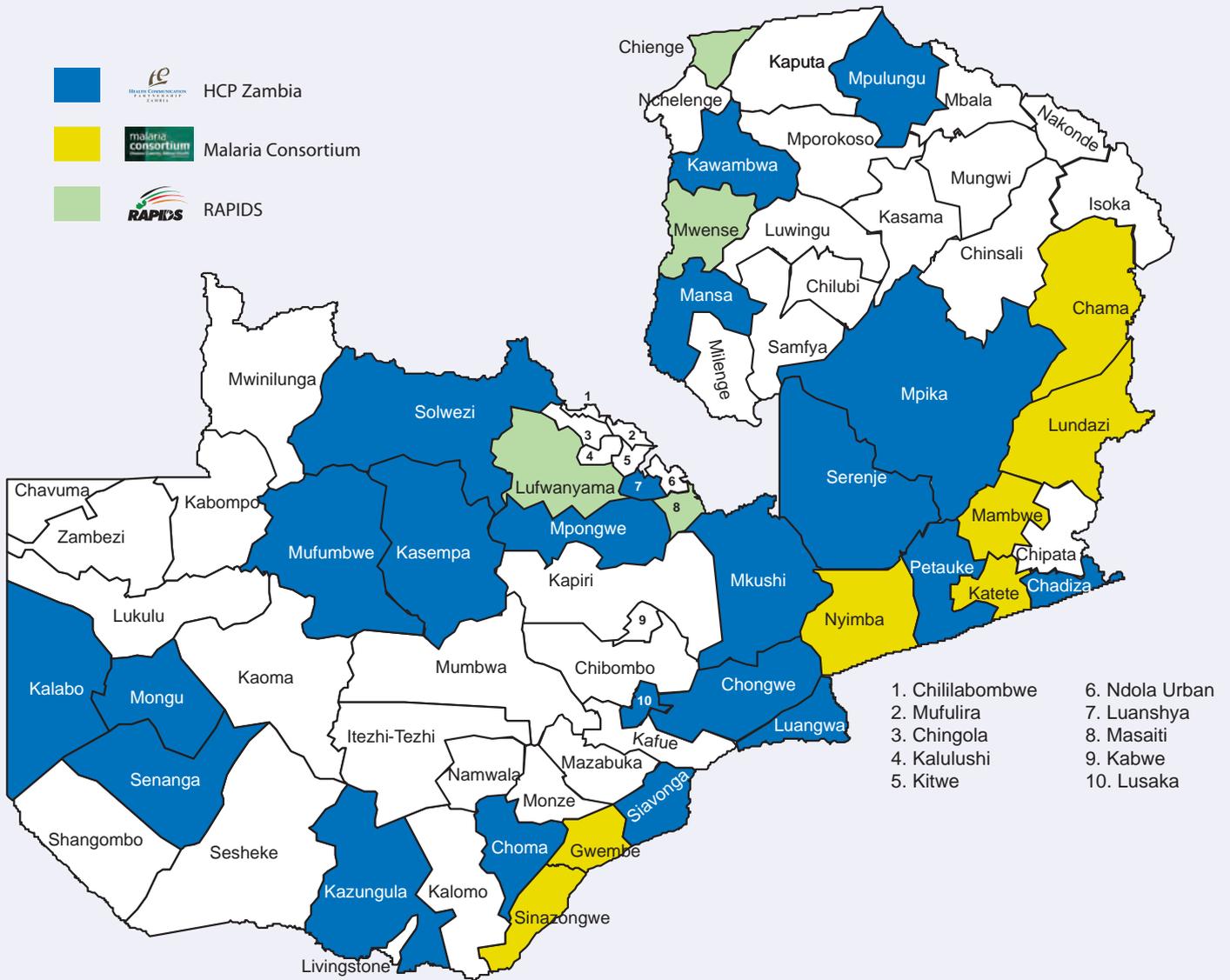
Working with communities, HCP field staff served as facilitators and catalysts rather than implementers. Whether working at a community level with an NHC or working with leaders or youth or a drama group giving a performance, HCP's goal is to catalyze discussion and dialogue. HCP continually asks participating communities their opinion, to help them develop confidence in their ability to think through a problem and solve it. Communities analyze and prioritize the key health issues they wish to address—without depending on outside direction or resources.

In its five-year framework, large mass media and multi-media efforts were produced such as the *Rhythm of Life* music and arts festival and health fair and *One Love, Kwasila!*, Zambia's first national multimedia campaign addressing multiple and concurrent sexual partnerships. HCP helped the Ministry of Health and partners launch a national mass media campaign for family planning. Videos and TV spots on circumcision, HIV prevention, family planning and reproductive health; animated short films about malaria and pediatric HIV; radio programs for college students, Neighborhood Health Committees, and the general public were made. Phone-in talk lines were re-opened. A Monopoly-based game to educate youth on HIV was created,

**Percentage of men and women exposed to selected health messages**

<b>% exposed to messages about:</b>	<b>Men in HCP Districts</b>	<b>Women in HCP Districts</b>
HIV/AIDS	90.8%	85.3%
Malaria	86.2%	77.1%
Family Planning	76.9%	66.2%
Maternal Health	73.1%	61.8%
Child Health	76.7%	67.3%

# INTRODUCTION



# INTRODUCTION

## IMPACT

HCP had significant reach in all 22 districts where the project was implemented.

In 1800 communities, 1341 action plans were developed, and 1063 communities completed at least one activity from their action plan.

Community capacity was significantly strengthened in intervention districts as measured by indicators such as social cohesion, individual efficacy, collective efficacy, conflict management, and leadership.

Strong partnerships enabled message harmonization, consistently applied community approaches and stronger campaign reach.

## FACTS

Total staff: 75

Budget: 31 million

Duration: 5 years

Cooperative Agreements: Johns Hopkins University

Offices: 23

Subcontractors: Save the Children, HIV/AIDS Alliance

along with flipcharts for health providers to use with caregivers of children living with HIV and another for men on sexual and reproductive health issues; posters to educate the deaf about HIV and other health issues. Additionally, members of the press were trained in new and emerging health issues and how to report better on health.

HCP's vision was to support communities to improve their lives well beyond 2009, when our support ended. As the project draws to a close, the tangible results of their actions are evident. Individuals are seeking services and taking protective actions, such as sleeping under insecticide-treated bed nets, going for antenatal visits, ensuring that children are fully vaccinated, knowing one's HIV status, or seeking prompt treatment for a child's fever. HCP's efforts have penetrated to a deeper level, resulting in men and women engaging in mutually respectful relationships and sharing responsibility for the health of their family. And individuals, families and communities are demanding access to essential health services.

The HCP Zambia program interventions support activities in the following technical areas as prioritized by the Ministry of Health:

1. Child Health
2. HIV and AIDS
3. Malaria
4. Maternal Health
5. Reproductive Health

HCP was launched in October 2004 and completed implementation in December 2009. The HCP partnership includes the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, Save the Children and the International HIV/AIDS Alliance. HCP collaborates with the Ministry of Health, the National AIDS Council, the Provincial Health Offices (PHOs), the District Health Offices (DHOs), other allied ministries and public institutions, local and international NGOs, and community-based organizations (CBOs).

## The HCP Approach

The design of HCP Zambia is based on four interlinking and mutually supportive strategic approaches:

1. Community mobilization;
2. Working with leaders—those people who influence the behaviour of others;
3. Working with youth to develop resiliency and the capacity to make positive life choices;
4. Developing strategic, harmonized communication materials to support the Ministry of Health and USAID Zambia as well as our work in communities, with leaders and with youth.

Through the first strategic approach, community mobilization, HCP moved communities to identify, plan and implement activities addressing priority health and social needs. This approach supported communities by building skills and confidence. Participation across age and gender was a priority, so those most affected by health problems helped to find the solutions.

The second strategic approach mobilized those people who influence the behavior of others: national and local leadership including religious leaders, traditional leaders and de facto leaders. With training and support, these leaders became positive role models whose influence promoted behavior change in their communities.

The third strategic approach focused on youth, helping them to become resilient and able to make positive life choices, envision a future and contribute to improved health within their families and communities.

Finally, supporting each of these approaches, the fourth strategic approach supported the development of materials and coordinated the harmonization of messages in support of the government of Zambia and USAID Zambia's health priorities. High-quality materials, based on formative, evidence-based research, in the form of booklets, posters, manuals, handbooks,

*USAID has appreciated the opportunity to work with HCP to foster individual and collective action for health. HCP's work with communities in identifying their own needs and addressing those challenges has contributed to improvements in people's health status across Zambia.*

**Han Kang, USAID**

# INTRODUCTION

HSSP worked with HCP on the *Men's Health Kit*, the *Family Planning Counseling Kit* and the *Maternal, Newborn and Child Health Communication Strategy* among others.

*As the organization responsible for Behaviour Change Communications for other NGOs, HCP had an open and generous approach to the work. Leadership in the project was an asset in addition to their technical skills.*

**Melinda Ojermark, HSSP Chief of Party**

badges, CDs, cassettes, radio programmes, videos and magazines were developed and distributed to the 22 districts where HCP worked and even further through partner NGOs and other stakeholders.

Throughout the development of these communication interventions HCP has been committed to a comprehensive development process, starting with audience-centered formative research and including as many stakeholders as possible—to develop the concept, review draft materials and often to be a part of pre-testing. While it can be a slow process, the result is products that are widely appreciated and used. HCP has achieved international recognition and awards for many of these materials.

Each of the four strategic approaches strengthens the others, spreading the reach of HCP's programs. The combination of these four strategies has proven transformative in many places. The achievements of thousands of individuals in the 1803 communities that HCP has been privileged to work with, has been inspiring.

This report summarizes HCP's activities and accomplishments during its five years, outlined by the program's four strategic approaches.

# INTRODUCTION



*There has never been any organization or NGO working in Serenje District which had come up to this remote community to bring developmental assistance, for the improvement of the health standards in Mupula area. For this on behalf of the community we want to thank HCP.*

**Cephas Chibuye, a DHMT staff and HCP team during DHMT partnership review at Siayumbu PHCU in Siavonga**

# STRATEGIC APPROACH 1 — COMMUNITY MOBILIZATION

## ACTIVITIES OF THE NEIGHBORHOOD HEALTH COMMITTEES:

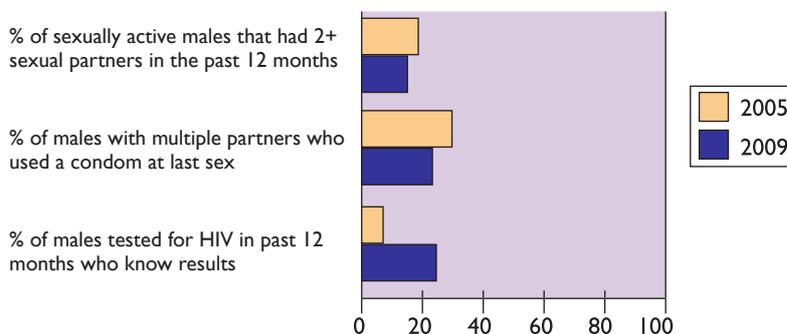
- Diarrhea
- Malaria
- HIV and AIDS
- Child health
- Water and sanitation
- Bilharzia
- Tuberculosis
- Nutrition
- Basic access to health services

### ***Strengthening community capacity to identify, plan and implement activities to address priority health and social needs.***

People do not change their behavior based on information alone; it is a combination of having the information as well as having the confidence to make positive choices, collectively and individually, that changes communities. Community mobilization was the backbone of HCP interventions. HCP aimed to improve the ability of targeted communities to better access and manage existing and new resources available to them to effect positive behavior change at the individual, household and community level.

With HCP's guidance, communities prioritized the changes needed to respond to the immediate health threats that confront families and households, as well as ensure sustainability. To achieve this, HCP worked to reinforce district and community systems and structures (CBOs, NHCs, traditional, religious, and de facto local leaders, youth groups and affected individuals such as people living with HIV and AIDS).

Changes in HIV protective behaviors among men between 2005 and 2009



Sources: 2005 and 2009 HCP Endline Surveys

# STRATEGIC APPROACH 1 — COMMUNITY MOBILIZATION

## District Selection

In consultation with the Ministry of Health, criteria were developed for the selection of districts in which HCP was to work. These criteria included:

- Underserved, hard-to-reach districts
- District population density
- Presence or absence of other service provision partners
- Past and present USAID and other cooperating partners
- Demonstration of commitment/interest
- Health indicators and the program's ability to make an impact
- Availability of an enabling environment – in particular existing government and other social structures

Based on these criteria and further consultations with provincial and district stakeholders (including Provincial Health Directorate, the District Health Management Teams (DHMTs), District Administrators, Provincial Ministers, Permanent Secretaries, etc.), 22 predominantly rural and disadvantaged districts were selected.

## Accomplishments

### Community Capacity Building

HCP conducted trainings at health center and community level for 1,803 communities in 22 HCP districts in participatory planning and partnership, leadership skills, conflict resolution, financial management, proposal writing, participatory methodologies, strategic planning, gender, and monitoring and evaluation. 7,179 community members were trained during the life of the project.

NHC and DHO members were oriented to the revised *Simplified Guide to Participatory Planning and Partnerships* and *Health Care within the Community* booklets. The orientation provided participants with skills on how to mobilize communities around health concerns and other social issues. HCP mentored the progress of action plan implementation through visits to individual NHC groups.

In the final year, 120 communities were given financial assistance to sustain community activities for better health. To qualify, communities developed proposals detailing how material support would address a local issue and the degree to which there would be substantial community participation and in-kind contribution. Activities funded included construction of health posts and universal child immunization shelters, income generation for orphans and vulnerable children and people living with HIV, water well protection, construction of maternity annexes, procurement of community bicycle ambulances, construction of bridges to improve access to health services, insecticide-treated mosquito nets for malaria prevention, and audio visual equipment for information communication campaigns.

# STRATEGIC APPROACH 1 — COMMUNITY MOBILIZATION

## SUCCESS STORY

### Men Making a Difference in Mansa: Complementary Efforts of Two Partners

Dan and Mirriam Chipeleka went to the Chembe Health Centre in Mansa district in Luapula Province for PMTCT counseling and antenatal care. Dan learned about the importance of men escorting their wives to antenatal care visits from the HCP's community-based programs. In particular he wanted to learn more about PMTCT and be tested for HIV along with his wife who was pregnant with their fifth child. "Coming to the health facility with my wife will help us know of our HIV status and thereafter plan our future together," said Dan.

The 2005 community mobilization trainings which HCP conducted in Chembe led to the creation of five *Safe Motherhood Action Groups* to address maternal and reproductive health issues. A key component of the program was to promote men's involvement in supporting their pregnant wives and escorting them to antenatal care visits that included HIV testing and PMTCT counseling.

As a result, couples such as Dan and Miriam have benefited from HCP's effective community mobilization, with men engaged in HIV prevention throughout Mansa district.



Dan and Mirriam Chipeleka receiving PMTCT counseling by Christopher Mwansa at Chembe Health Centre.

# STRATEGIC APPROACH 1 — COMMUNITY MOBILIZATION

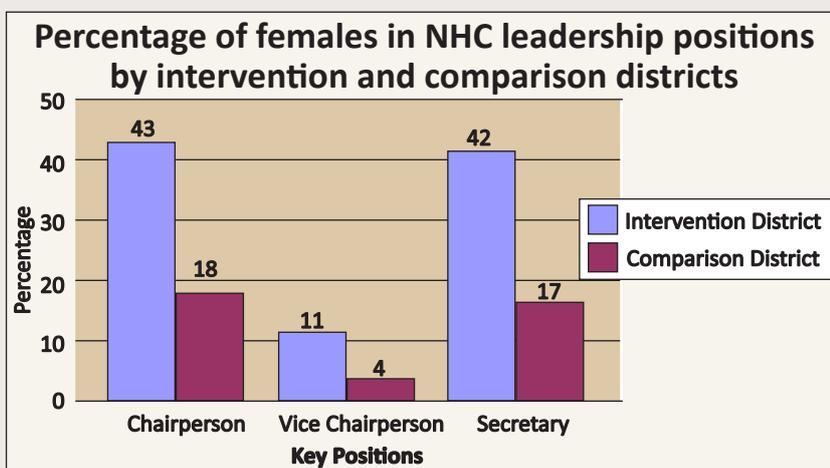
## Community Assessments

With the goal of helping communities gain a deeper understanding of themselves, participatory community assessments looked at community structures, networking between organizations, issues of collective action and capacity development needs. The assessments also included a gender analysis which investigated the division of labour between men and women; their roles and participation patterns in the community mobilization cycle; differences in men's and women's access to and control over resources and benefits; and the constraints and opportunities for the promotion of gender equality.

## Gender

To increase gender awareness, HCP facilitated workshops where men and women work together to achieve common and community goals. Trainings identified and reached consensus on male dominance, gender-based violence, lack of self-confidence, access to economic opportunities by women, and the absence of male involvement in reproductive health matters. Participants generated a plan on how to address the identified issues, followed up by District Program Officers during supportive visits.

Results of the community assessments revealed that community leadership roles were dominated by men in the NHCs, CBOs



## COMMUNITY CAPACITY INDICATORS

### Social Cohesion

- Community members help neighbours
- Community members able to discuss problems

### Individual Efficacy

- My contribution can help
- I can participate

### Collective Efficacy

- Community problem solving
- Committed to same collective goals

### Conflict Management

- Quick resolution to conflict
- Getting involved to resolve issue

### Leadership

- Women leaders
- Leaders lead by example

### Effective Leadership

- Setting goals and objectives for community activities
- Developing a plan for community activities

# STRATEGIC APPROACH 1 — COMMUNITY MOBILIZATION

## Experiences were shared between communities about:

- involvement of traditional leadership in community health programs
- resource mobilization
- how to run a nutrition program for children under five
- construction of mothers' shelters
- income generating activities

and NGOs. This was addressed by a number of remedial measures. Examples include:

- Inviting women to every community activity spearheaded by HCP in which they would have been previously left out and requesting an equal number of men and women.
- Integrating gender discussion in capacity building trainings
- Encouraging women's groups to apply for grants offered by the American Embassy
- Raising awareness in communities on stereotyped terminologies such as chairman, manpower, etc.

## Exchange Visits

Exchange visits are a cost-effective way to improve programs and leadership across districts, a platform for sharing successes and challenges among NHCs and CBOs, and a simple way to improve the quality of various initiatives. They can also revive inactive NHCs who might have lost motivation.

Most meetings took place in one day. During discussions, NHCs shared their experiences, starting with action plans, leadership structures, record keeping practices, resource mobilization ventures, and successes and failures. Following presentations from NHC leaders of the hosting community, the visiting community looked at various community-initiated projects in support of orphans, widows, PLHAs, and others.

## Radio Programs

Earlier research had shown that written materials were an ineffective way to reach rural populations with a low level of literacy. Recognizing the power of radio programming for educating these populations, HCP developed two serial (26 episodes each) radio programs - one targeting persons living with HIV and their caregivers and the other a distance learning programme for NHCs and CBOs on a variety of health issues and community concerns.

Listening groups were either developed or strengthened, sometimes tapping on already existing groups for radio

# STRATEGIC APPROACH 1 — COMMUNITY MOBILIZATION

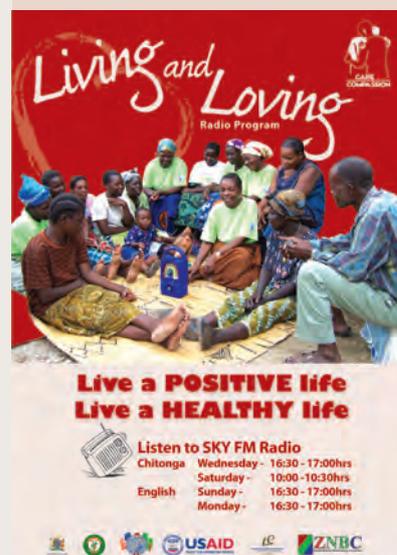
programs on agriculture or basic education. In the first years of the program, battery radios were provided. Early in year four, 330 Freeplay (wind up) radios were distributed to active listening groups. In areas where there was no radio reception, recorded tapes of the episodes were distributed to the listening groups. Listening guides for both *Living and Loving* and *Action for Health with Sister Evelina* (described below) were developed and distributed to facilitate discussion after each episode of the program.

## Living and Loving

*Living and Loving* reaches persons living with HIV with information on how to live a positive lifestyle, and reaches caregivers with information that will equip them to care for people who are chronically ill due to AIDS. The 26 episodes cover topics including: *Knowing Your Status, Positive Living, How to Care for Someone Taking ARVs, Dealing with Stigma and Family Support* among many others.

At the start of the project, a design workshop for a PLHA and their caregivers radio program was held with 35 participants from government institutions, NGOs and the Network of People Living with HIV/AIDS (NZP+), resulting in a design document detailing the format, partners, audiences, broadcast languages, number of programs and process for producing the program.

*Living and Loving* was aired on the Zambia National Broadcasting Corporation (channels 1 and 2) and local radio stations with programs in English, Lozi, Kaonde and Tonga, and later Bemba and Nyanja. Free repeat airing of *Living and Loving* radio programs by community radio stations is a great partnership achievement and a positive indicator that local institutions are assuming responsibility to own and sustain this type of community program.



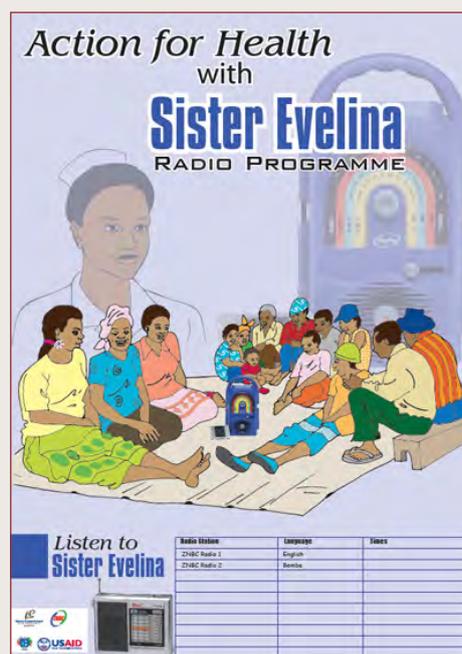
# STRATEGIC APPROACH 1 — COMMUNITY MOBILIZATION

## Some of the organizations and individuals that employed the services of the drama groups across HCP districts:

- District AIDS Task Forces
- Southern Water and Sewerage Company
- The Anti-Corruption Commission
- Christian Children’s Fund
- Oxfam
- Chitulika and Chilonga high schools
- Her Royal Highness, Chieftainess Malembo
- Zambia Prevention Care and Treatment
- Comprehensive HIV AIDS
- Society for Family Health – New Start Center

## Action for Health with Sister Evelina

*Action for Health with Sister Evelina* shares experiences and best practices from people across Zambia – health staff, NHCs, CBOs, and community members. Broadcasted weekly, 26 episodes have been written primarily for NHCs, but can also be used by CBOs and community members. Each program is 30 minutes long and explores an important health topic. In every episode, the fictional village of Chibala helps to illuminate the theme for the show. The program also features success stories from NHCs, CBOs, community members, and health center staff from around Zambia, encouraging collective community action for better health.



The program was aired on local radio stations and ZNBC in English and five local languages (Bemba, Nyanja, Tonga, Kaonde, and Lozi). Real life testimonials were recorded in local languages by individuals speaking about their personal experiences.

## Percentage of men and women exposed to selected health messages

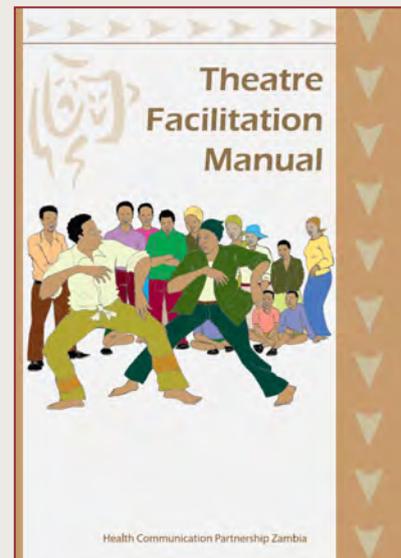
HCP Media	Men in HCP Districts	Women in HCP Districts
Seen a health-related drama performance	44.1%	41.6%
Listened to <i>Sister Evelina</i> radio program	62.3%	52.4%
Listened to <i>Your Health Matters</i> program	51.1%	42.2%
Heard or seen <i>One Love Kwasila</i> slogan	27.3%	20.3%

# STRATEGIC APPROACH 1 — COMMUNITY MOBILIZATION

## Development of Community/Folk Theater for Health Promotion

While Zambia has a rich history in community theatre, there was little expertise in 2004 for using theatre as a catalyst for discussion about issues like HIV. Drama can be a useful tool in social mobilization and dissemination of health messages - water and sanitation, cholera, child health, malaria, child abuse, and wife battering.

In response to this gap, HCP, with the help of Arepp: Theatre for Life from South Africa, trained master trainers who would, in turn, train rural theatre groups in messaging and post-drama discussion facilitation. These groups entertained and educated around a variety of health issues guided by community need. The unique approach included using open-ended scripts and facilitated discussions after the play, inviting the community to debate the issue. The approach asks questions instead of providing



# STRATEGIC APPROACH 1 — COMMUNITY MOBILIZATION

Over the course of five years, the drama groups reached out to approximately 400,000 community members with messages on:

- PMTCT
- VCT
- Maternal health
- HIV/AIDS
- Malaria
- Diarrhea
- Childhood diseases
- Tuberculosis
- Reproductive health
- Family planning
- STIs
- Water and sanitation
- Cholera
- Conflict resolution
- Community apathy
- Child abuse
- Wife battering
- Early marriages

solutions. This method was still another way to reinforce the development of critical thinking skills in communities which lead to greater individual and collective efficacy through promoting the community's developing its own solutions for local issues. Through HCP's district and provincial offices, these groups linked with other projects, utilizing local resources and funding for maximum impact.

Drama toolkits developed by RAPIDS and HCP were distributed to groups in all 22 districts supported by HCP. Each district received between 20-40 kits depending on the number of active drama groups.

## Family Planning and Reproductive Health

HCP facilitated the formation of safe motherhood action groups and promoted male involvement in family planning and antenatal care.



*We are grateful for the Birth Plan cards because it will help us a lot to encourage expectant mothers to plan with their spouses to avoid complications and to plan for the unborn child in terms of transport, clothes and other requirements.*

**Safe Motherhood  
Group Chairlady, Ndoba  
Community**

# STRATEGIC APPROACH 1 — COMMUNITY MOBILIZATION

To date, 103 *Safe Motherhood Action Groups* have been formed and strengthened. Activities for these groups include sharing information on maternal health, the distribution of birth plans, outreach activities on child health such as encouraging mothers to take their children to under five clinics, inviting expectant mothers to make use of the trained traditional birth attendants (tTBAs) in their communities for safe and clean deliveries and referrals, and the inclusion of males in family planning.

## Malaria

Behaviour change communication workshops helped health centre staff and malaria task forces identify negative behaviour patterns that hinder the uptake of malaria interventions, reviewed planning, implementing and monitoring and evaluation, and oriented participants on the malaria behaviour change communication toolkit.

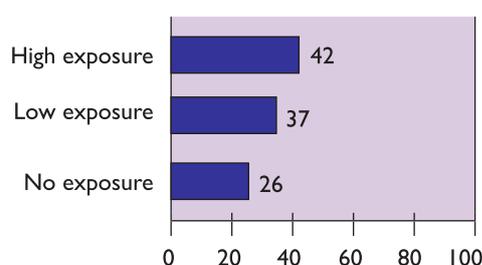
Community support funding for malaria behavior change communication was carried out for 31 districts. The target groups for the community support funds were NHCs, CBOs, women's groups, and malaria task forces to mobilize and enhance community participation and involvement in locally initiated and managed malaria BCC activities.

Additionally, information, education and communication materials such as posters, flyers and notices to reduce malaria transmission were distributed to 31 districts, and funded behaviour change communication activities for World Malaria Day were monitored.

## Malaria Task Force (MATF)

The idea of a malaria task force is based on the assumption that the public sector stands to benefit from the human and material resources of the broader community to achieve its goals.

Percent of children under 5 who slept under an ITN the previous night, by exposure to malaria messages



Source: 2009 HCP Endline Survey

## STRATEGIC APPROACH 1 — COMMUNITY MOBILIZATION



*We thank HCP for initiating the formation of the MATF and bringing stakeholders together. Ministry of Health cannot fight malaria alone but, with the input from the partners, we can reduce malaria cases by a big margin.*

**Dr. R. R. Mwanza, District Director of Health, Mkushi**

# STRATEGIC APPROACH 1 — COMMUNITY MOBILIZATION

The objectives for all malaria task forces are uniform: to involve stakeholders in the coordination, planning, implementation, advocacy, monitoring and evaluation, in collaboration with the District Health Offices, to reduce the incidence of malaria.

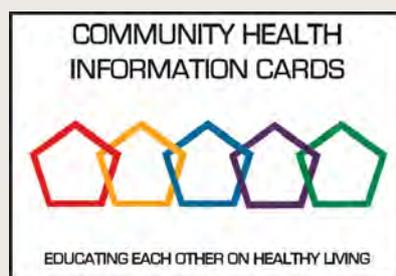
Malaria task forces have been responsible for a wide range of preventive activities: setting up mobile rapid diagnostic test units to reach distant villages; raising awareness with commemorative days; organizing parades and performances to celebrate the launch of indoor residual spraying in a district.

All 22 HCP districts and nine non-HCP districts received technical support for the development of malaria task forces (MATFs) and all the districts covered appreciated the MATF performance assessment tools.

## Community Health Information Cards (CHIC)

### Educating Each other on Healthy Living

Community Health Information Cards provide community volunteers with a comprehensive set of tools for discussing health topics with their communities. The large A3-sized cards are divided into five separate flip charts, each focusing on a different health topic: HIV and AIDS, Malaria, Child Health, Reproductive Health, and Community Concerns. The side facing the presenter has a detailed outline of how to discuss a particular topic and key points to cover, while the side facing the audience shows an illustration. This gives all parties a simple way to understand the health issues discussed and allows for easy participation.



Created in the final year of the project, 3,500 sets were printed and distributed to NHCs and CBOs in all 22 districts where HCP works.

*I find the CHIC material easy to use because as I am talking to community members I also refer to the booklets for facts. This has created a lot of confidence in me. I thank HCP for providing the information kits.*

**Denny Miswalo of Chanfuko Upper NHC, Mkushi**

# STRATEGIC APPROACH 1 — COMMUNITY MOBILIZATION

## Zambulances

A Zambulance is a bicycle-driven ambulance with a covered platform used to bring people to the clinic who cannot walk, particularly pregnant women. 144 Zambulances were procured this year to supplement the efforts being made by isolated communities at a distance from health centers to improve maternal and child health. With Zambulances, pregnant women can be transported for ante and postnatal checkups and other preventative services, in addition to other medical emergencies.



***Traditional, de facto, and faith-based leaders (and organizations) adopt key evidence-based strategies for improving health and social outcomes in Zambia.***

This strategic approach targets leaders at all levels – youth opinion leaders, traditional leaders, faith-based leaders, and local community leaders such as teachers or persons leading initiation rites, or pre-marriage counseling. While some of these activities began with a national launch, the focus of this strategy is on people who are key influencers of values and behavior.

### **Accomplishments**

#### **Care and Compassion Movement**

The *Care and Compassion Movement* engaged religious leaders to promote community support for people living with HIV and AIDS (PLHAs), reducing stigma and discrimination. It began with a psychosocial counseling certificate course run by the Zambia Counseling Council for 271 religious leaders, to improve their ability to support their congregants and act as a role models to reduce stigma and discrimination. Radio and TV spots were developed featuring persons living with HIV, pastors, and imams.

To support activities, a *Care & Compassion Toolkit* was developed which included posters, call to action brochures, ‘compassion’ badges, an *HIV and AIDS Fact Book*, a sermon guide, and the HCP videos *Tikambe* and *Mwana Wanga*. The process brought together key leaders and facilitated discussions around issues of HIV.

‘It’s not over ’til God says so,’ the Care and Compassion theme song, was composed by 13 Zambian musicians who came together as the “Voices of Hope”. Translated in seven Zambian languages, the song gives messages of hope for the infected and affected as well as encouragement to the general population to provide care and support. The song launched the movement and was a popular addition to the programs of community radio stations.



# STRATEGIC APPROACH 2 — LEADERSHIP



*Bernard Mwepu (right), a psychosocial counselor trained by HCP*

Radio spots were broadcasted on ZNBC and community radio stations in English plus seven Zambian languages, with TV spots on ZNBC. 1,000 posters, 12,000 badges, 500 CDs, and 150 toolkits were distributed to religious leaders.

Trained psychosocial counselors reached their congregants with behavior change messages including VCT, ART, condom use and positive living through sermons, couples and individual counseling sessions. The number of people reached over five years was 341,872. Quarterly leadership meetings in years four and five along with bicycles given to some counselors by HCP contributed to greater outreach.

### **Associate Counselors – Counseling and Testing**

In year three of the project, 215 committed community members, already active in home-based care, were trained mainly through the DHMT as associate counselors. Following training, they were assigned to work with the rural health center to provide much needed counseling support for HIV counseling and testing services.

Associate counselors were instrumental during commemorations of the June 30th National VCT Day and the December 1st World AIDS Day when counseling services were accessed by those in attendance. They facilitated awareness-raising activities in other health areas including *Child Health Week* and the *Measles Campaign* where they disseminated messages to the communities about the importance of taking children for health services.

Moving towards sustainability, all HCP-trained counselors have been attached to other organizations and institutions, so that they can continue supporting health service delivery after HCP closed down. Zambia Prevention Care and Treatment (ZPCT) and Africare in Mpika took on counselors, as did the District Health Office (DHO) in Serenje, among many others.

*HCP has taken the best approach by explaining to the headmen the importance of them being in the forefront of spearheading health programs unlike other programs who go to the villages and start writing names of orphans without the headman's involvement. This is the greatest reason why headmen have not been supporting such health programs because they never understood them. To me what HCP is doing is a true testimony and an indicator of positive change.*

**Headman of Kanaisi Village in Choma, after the meeting for local leadership at Bwana Mkubwa RHC**

*I am proud of the knowledge I have in counseling because of the training I acquired from HCP, and I will remain using the counseling knowledge on HIV/AIDS and the related ailments for the improvement of my congregants and the general public. I only wish HCP was still going to be around for the next two or more years.*

**Reverend Mukangasa, a psychosocial counselor of the Baptist Church, Serenje**

# STRATEGIC APPROACH 2 — LEADERSHIP

## SUCCESS STORY

### Retaining the *Ifimbusas*

In Luanshya, the marriage counselors, “ifimbusa”, who in the past were known to promote negative sexual behaviors such as the use of sexual enhancing herbs including those for dry sex, now advocate against those harmful practices. HCP conducted education sessions on HIV/AIDS and the importance of seeking early antenatal care. They also distributed IEC materials in the community on family planning, child health and malaria materials.

The HCP District Program Officer contacted traditional healers and untrained TBAs practicing or promoting risky behaviors, providing them with technical information and updates on HIV/AIDS, malaria in pregnancy, and child nutrition to enable them to promote healthier behaviors.

## Uniformed Services Peer Leaders

HCP conducted peer leader training in all provinces for 272 prisons, police, Zambia Revenue Authority, Immigration and ZAWA. HCP Zambia also produced a Zambia Uniformed Services HIV/AIDS Peer Leadership Manual and, together with the Society for Family Health, posters for this audience. Uniformed services peer leaders reached a total of 38,883 over the five years of the project through counseling of peers and group activities in five HCP districts.

## Barotse Royal Establishment Against HIV and AIDS

In 2005, the Barotse Royal Establishment contacted the HCP Provincial Team Leader in Mongu and asked for assistance in developing a campaign against HIV and AIDS. Together with the Western province Health Directorate and SHARe, HCP facilitated a three day strategy design workshop at Limulunga, the traditional capital of Western province involving 38 chiefs and Indunas. The goal of the Barotse Royal Establishment Against AIDS campaign was to undertake effective education for the prevention and management of HIV/AIDS, malaria and other preventable health problems.



## Other Local Leadership

HCP has also worked to identify and to support other forms of leadership, e.g. individuals who have an influence on peoples' behavior. These include PLHA who openly discuss their status and encourage others to seek testing services, NHC/CBO leaders who have gone a step further to mobilize communities for better health through donating their own resources, and health center staff who have been consistent in mobilizing communities despite the chronic manpower shortage at health centers.

## STRATEGIC APPROACH 2 — LEADERSHIP



*Luangwa district's headman Linga, 63, explains how local leadership is involved in NHC activities and the achievements scored, while third from left is a Ward Councilor followed by headman Chuzu, and on his left, holding his chin, is senior headman Mwavi.*

# STRATEGIC APPROACH 3 — YOUTH

## As a result of the Zambia Creative HEART contest in Chongwe

- Access to voluntary counseling and testing services by pupils in Chongwe schools has increased
- Pupils promote the importance of antenatal and male involvement in reproductive health issues through drama and other arts
- Incidence of child sexual abuse was curbed when the community took affirmative action
- Communication between pupils in Chongwe schools and their parents has improved



**Youth make positive life choices and contribute to improved health within their families and communities.**

## Approach

Developing a more resilient generation of youth with the ability to make positive life choices was the focus of this strategy. Knowing that positive adult relationships are a foundation for the development of resilience, activities were designed to include mentoring relationships. Fun, provocative, experiential exercises developed critical thinking skills and confidence. Youth were empowered with the necessary information and skills to practice positive reproductive health behaviors, facilitate the development of respectful, gender equitable relationships between young men and women, transforming them into leaders who mobilize their peers, and increase their use of available reproductive health services.



HCP made efforts to ensure equal participation between sexes in all youth programs. This was largely achieved through inviting an equal number of females and males to activities such as workshops, sports events, consultative meetings and contests.

## Accomplishments

Building on the well known HEART (Helping Each other Act Responsibly Together) brand which was established in 2000, activities were strategically developed targeting both in and out of school rural youth and, through the multi-media HEART campaign, to urban youth.

## Zambia Creative HEART Contest

The Zambia Creative HEART Contest targeted rural communities to engage youth in addressing the health challenges they face, to model positive adult-youth

communication, and to develop resiliency and self-efficacy through positive learning and creative experiences. The specific goals of the contests were:

- To build stronger adult-child relationships by encouraging better communication around HIV and AIDS, reproductive health, and other sensitive or community issues;
- To improve self-esteem, assertiveness, and critical thinking skills;
- To promote delayed sexual debut;
- To encourage critical thinking about all health and social issues affecting themselves, their families and communities;
- To foster critical thinking about traditional practices that negatively impact HIV prevention and other health issues as well as gender roles;
- To reflect on how to maintain healthy relationships with members of the opposite sex; and
- To perceive personal HIV risk.

Over the course of the project, 67 district contests were held and reached 384,088 youths.

The first step was the development of a Youth Advisory group committee. The role of the committee was to orient the teachers and parents in the participating zones. The committee also spearheaded the monitoring of the zonal contests including data collection and message gate-keeping, and oversaw logistics such as prizes, food and beverages.

Parents, teachers, and pupils were given an opportunity to contribute contest themes that reflected the pupils' communities, in addition to the ones in the booklet. As a result, other health issues (malaria, cholera, diarrhea), issues of child abuse, defilement cases, and harmful traditional beliefs and practices that increase the risk of contracting HIV were addressed through drama, debate, poetry, and songs. Prizes were awarded to first, second, and third place winners. As stakeholder participation increased, so did donations of prizes, transportation of pupils, provision of meals, venues and boarding space.

### HOW WE DID IT

#### Creating New Materials

Sometimes, the idea for a new project came as a result of a specific request from the Ministry of Health. Sometimes it evolved from conversations with a variety of colleagues—wouldn't it be great if we had a handbook for people who have just found out they are positive?...or a film promoting ART adherence? ...or materials on fertility choices for people who are HIV+, or a simple book for child caretakers on important aspects of child health?

STRATEGIC APPROACH 3 — YOUTH



*A youth from Chongwe performs in the Creative HEART Contest.*

## HEART Life Skills Toolkit

The *HEART Life Skills Toolkit* was developed in response to the need for an age appropriate, user-friendly, entertaining activity which openly addresses the complexity of pressures on youth and, through tested interventions, increases awareness of and self-confidence in dealing with them. The toolkit is a compilation of experiential learning activities enhancing the capacity of youth to adopt healthy sexual lifestyles, allowing them to achieve their life goals and dreams. Its four components include: the user's manual; narrow bridges; card characters; and images and stories of persons living with HIV and AIDS.

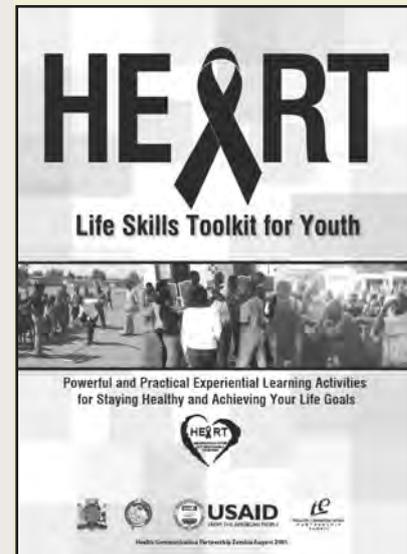
As an experiential learning tool, it promotes open discussion and better understanding of relationships and behaviors that put young people at risk of HIV, sexually transmitted infections and unwanted pregnancies. The toolkit promotes the development of self-esteem through the strengthening of negotiation, assertiveness, and critical decision-making skills. It is targeted at all youth, regardless of religious background or ethnicity, school status, or geographical location.

As a way to facilitate their outreach and a gesture of appreciation for their volunteer work, 220 bicycles were distributed in 18 HCP districts to *HEART Life Skills* facilitators. The facilitators also received special *HEART Life Skills* Toolkit bags and T-shirts. The distribution of bicycles, T-shirts and bags to *HEART Life Skills* facilitators has been a successful motivator for these youth.

*HEART Life Skills* facilitators in 19 HCP districts reached 264,366 peers with messages on HIV prevention and stigma reduction.

## HEART Mass Media Campaign

In 2008, the Center for Communication Programs (JHUCCP) received funding from the United Kingdom's Department for International Development (DFID) and the United Nations Population Fund (UNFPA) to develop a mass media HIV prevention campaign to promote abstinence and condom use among Zambian youth and to develop a male circumcision



# STRATEGIC APPROACH 3 — YOUTH



*Nyambe Lungowe leads an activity from the HEART Life Skills Toolkit for Youth*

## STRATEGIC APPROACH 3 — YOUTH

magazine for Zambian men. HCP partnered on this campaign with Africa Directions and the Zambia Centre for Communication Programs (ZCCP).

The HEART mass media campaign, spear-headed by a Youth Advisory Group comprised of youth from varying socioeconomic backgrounds from across Zambia, promotes safer sex through primary and secondary abstinence as well as correct and consistent condom use to prevent HIV among youth.

Originally implemented in 2000, the HEART mass media campaign demonstrated that with youth and mass media interventions, knowledge and behavior can be influenced and changed. Posters and comic books from the HEART campaign are distributed through youth organizations and health centers.

Four TV spots and eight radio spots promoting abstinence and condom use among youth were produced and pre-tested with target audiences. The spots were also vetted with stakeholders, the Ministry of Health and National AIDS Council. In addition, four types of comic books and four posters carrying similar messages to the TV and radio spots were designed and printed.

In total, 5,000 comic books and 4,000 posters were distributed through youth organizations and health centers. Radio and TV spots were translated and aired and print materials were distributed. A launch concert for the campaign was organized by Africa Directions on September 26, 2009 at the National Sports Development Council. The deputy Minister of Sport, Youth and Child Development presided over the event, which was covered by MUVI TV and ZNBC as well as local radio stations and newspapers.



*While HCP is known for big media events such as the Rhythm of Life concert, their work in the community work is as important, just not as visible. HCP's work in Luapula province with traditional leaders encouraged men to accompany women to antenatal services, resulted in up to 70% of female patients who came to the clinic with their partners.*

**Catherine Thompson, Zambia Prevention Care and Treatment Partnership (ZPCT) Chief of Party**

ZPCT (FHI) partnered with HCP to create a variety of health materials, to implement HIV clinical services, and to work collaboratively at the community level.

STRATEGIC APPROACH 3 — YOUTH

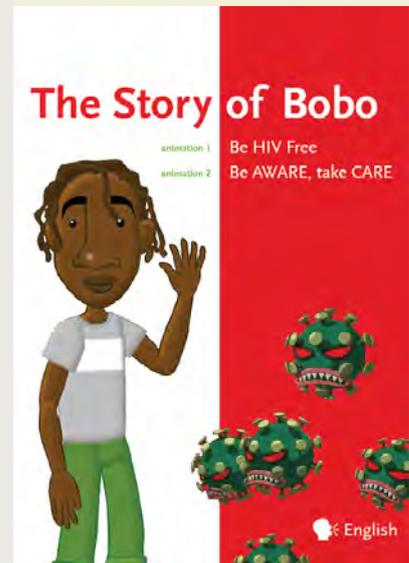


*Children watch a drama performance.*

## The Story of Bobo

The Story of Bobo is an animated film that educates young people on HIV, ART, and the importance of adherence. The first story, Be HIV Free, tells how the HIV virus works inside the body. The second story, Be AWARE, Take CARE, shows what happens inside your body when you do not take your ARV medication on time.

Developed originally by a Dutch company, Bobo was adapted to seven Zambian languages in addition to English and aired on ZNBC for TV. 1,700 DVDs were also distributed to health centers and NGOs.



## STRATEGIC APPROACH 4 — MESSAGE HARMONIZATION



**Behavior change communication strategies and activities are prioritized, coordinated and harmonized in support of GRZ and USAID Zambia-identified health priorities.**

HCP works to harmonize and prioritize health communication messages so that those shared through a variety of communication channels are consistent and support community led dialogue and problem solving.

### Accomplishments

#### Rhythm Of Life Music and Arts Festival And Health Fair

*Rhythm of Life* was Zambia's first combined music and arts festival and health fair. The Ministry of Health was a key partner in the day-long celebration. *Rhythm of Life* was designed to bring free preventive health care information, counseling, testing and referral services on a range of health issues to Zambians in both traditional and entertaining ways such as music, drama, film, dance and art. HCP worked with a range of partners in the field of public health, the National Arts Council, as well as a variety of performing artists to make this possible.

Legendary Zimbabwean musician Oliver Mtukudzi headlined the day's concert alongside popular Zambian artists such as Mampi, Danny, Sakala Brothers, Angela Nyirenda, Maiko Zulu and Mozegater.

Over 12,000 people who were drawn in by the musical superstars, could not help but become part of the day's true theme: preventive health care. In addition to a wealth of information about preventing HIV and malaria, as well as VCT services, health activities included male circumcision counseling and referral, blood pressure and weight checks, and health quizzes with prizes. The event was absolutely free to the public so as to not exclude anyone from accessing the services or enjoying the day.

*Rhythm of Life* included a health-themed art exhibit curated by renowned artist Mulenga Chafilwa that showcased the work of talented Zambian sculptors and visual artists. An all-day

## STRATEGIC APPROACH 4 — MESSAGE HARMONIZATION



*I personally felt proud to be a Zambian on Saturday. The feedback received so far has been overwhelming...making it an annual event would be a very good strategy for informing our Lusaka community and beyond – as seen on national TV broadcast – through music and art of key health issues.*

**Lillian Mphuka, Health Promotion Unit at the Ministry of Health**

*You have seen a lot of people here. They have rushed to listen to the music, but at the end of the day they go home knowing something. This means somebody out there has been protected.*

**Angela Nyirenda, the Queen of Makewene music in Zambia**

## STRATEGIC APPROACH 4 — MESSAGE HARMONIZATION

health-themed art competition for children was judged by a panel of prominent Zambian artists. The prizes for this competition were handed out by the guests of honor during the official part of the day. Prizes for a journalist competition organized by HCP, called *Health in the Headlines*, were also given out after the art prizes. Immediately after the prize-giving ceremony, the festival's theme song, called Rhythm of Life, was performed by all the artistes, including Oliver Mtukudzi. Crowds clapped and danced along to the infectious beat and catchy lyrics that also had key messages about health seamlessly included in them.

### Journalist Competition and Training

Since its inception in 2004, HCP worked closely with community radio stations and other journalist partners. New and emerging health issues as well as some other important, not-so-new issues need more attention from the press to bring them into public view. This year, HCP solicited applications from print, television and radio journalists, including community radio stations, from around the country for a three-day health and media skills training program. A panel of media experts selected the top 40 participants based on their interest and track record in health reporting as well as samples of work that they submitted. The selected journalists were invited to the media training workshop, the goals of which were:

- To orient radio, print, and TV journalists to the following health issues:
  - Male Circumcision
  - Multiple and Concurrent Sexual Partners
  - Pediatric HIV and AIDS
  - Family Planning
  - Malaria
- To outline tips and elements of good health reporting, including the use of human interest stories to help explain and highlight key health issues
- Share samples of 'quality reporting' in print, radio, and television
- To announce the *Health in the Headlines* competition and the guidelines for entry

Entries in each of the competition categories were reviewed and judged by an independent panel of judges. The winners of the radio and print category prizes were announced at the Rhythm of Life music festival and awarded by the US Ambassador and the Deputy Minister of Health during the live ZNBC coverage of the event.

Many of the articles received reflected elements of the training and new information journalists had received. Increasing the 'noise' around these key health issues is an important part of the process of bringing greater attention to them. The general standard of media reporting continues to be a challenge. While there are small (but important) improvements in the quality and quantity of health reporting, it still falls far short of what would be ideal for health dialogue and increasing public awareness around key health issues.

# STRATEGIC APPROACH 4 — MESSAGE HARMONIZATION

## Afya Mzuri

### Dziwani Knowledge Centre for Health

Afya Mzuri, a local NGO, was selected as the clearinghouse for HCP materials beyond the life of the project. Before, there was no such facility resulting in institutional memory loss and duplication of efforts when new projects came in place. In connection with this and to enhance the capacity of Afya Mzuri's resource centre, HCP provided technical assistance to build Afya Mzuri's electronic information management and database systems to log, track and manage simple and complex information that can be accessed by all registered users for free. The resource center that has been newly named Dziwani Knowledge Centre for Health was formally launched on October 21, 2009. The database has the ability to be searched online by members in a future phase of this project (beyond HCP).

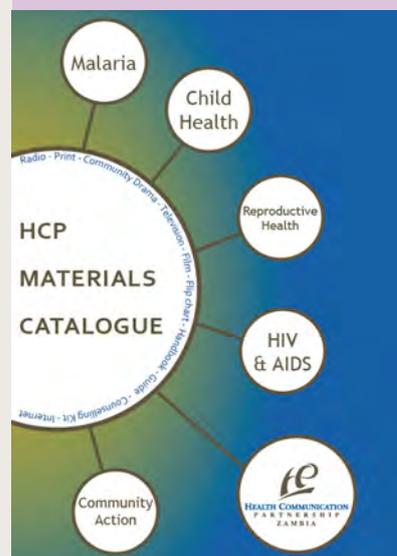


### HCP Materials Catalog

All materials produced by HCP between September 2004 and December 2009 are presented in a catalogue that provides an overview of the material, its audience, purpose, distribution, and partners involved in production. The high quality, accurate communication materials produced by HCP were developed through strategic design, research, pre-testing and input from key stakeholders as well as the intended audience. While they have been largely disseminated through the HCP Zambia project, they can be reprinted, disseminated, or re-broadcast through the Afya Mzuri Resource Centre ([resourcecentre@afyamzuri.org.zm](mailto:resourcecentre@afyamzuri.org.zm)), a partner NGO with whom the soft and hard copies of the materials will reside after the project closes.

*HCP has been unusually responsive and flexible as a partner that supports our efforts. After listening to what Afya Mzuri needed, HCP was able to find a direction that would meet both organizations' goals.*

**Alison Cooke Matutu,**  
Afya Mzuri Executive Director



# STRATEGIC APPROACH 4 — MESSAGE HARMONIZATION

## Research and Dissemination Day for Close of Project

The preliminary findings of the HCP endline survey and the highlights of all the interventions HCP has done over the past five years were disseminated in a presentation and exhibition at the Taj Pamodzi Hotel on September 2, 2009. This half-day dissemination was attended by about 250 people representing the government of Zambia, US government partners, donor agencies, implementing partners, partner NGOs, HCP field staff and others.

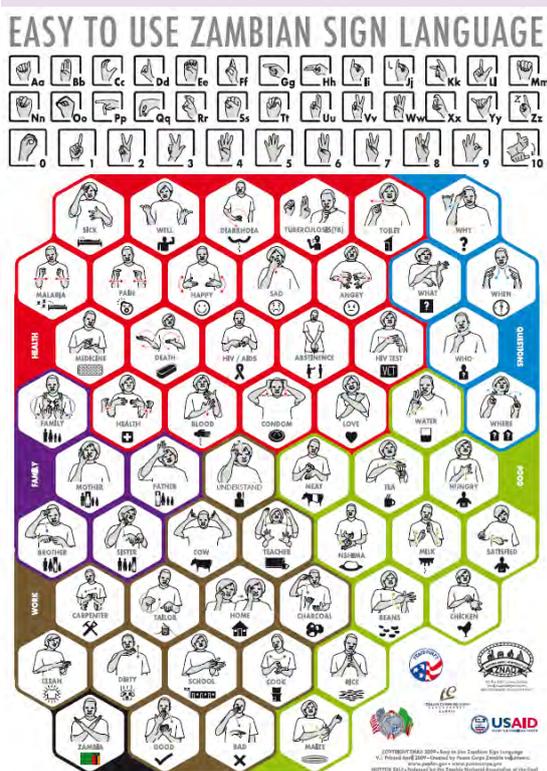
## Two new courses at UNZA on Behaviour Change Communications

To improve institutional capacity in Zambia for better strategic health communication, HCP Zambia, along with the regional AfriComNet initiative, has collaborated with the School of Humanities and the Institute of Economic and Social Research at UNZA to initiate two short courses that will be based on a regionally developed and pre-tested curriculum, adapted for Zambia.

One course was *Using DHS Data for Health Programming* and another *Strategic Communication for Health*. A memorandum of understanding between UNZA and AfriComNet is currently being negotiated and will be signed soon. It is hoped that these two courses will be offered annually both to students and to mid-career professionals in Zambia as well as the region. The course fee of two million kwacha per student will cover the costs of the courses, making them sustainable.

## Sign Language Poster for the Deaf

In conjunction with the Zambia Association of People Living with Disabilities (ZAPLD) and the US Peace Corps, HCP developed and printed a sign language poster tailored to Zambian health needs. 5,000 posters were distributed through ZAPLD and the US Peace Corps.



# STRATEGIC APPROACH 4 — MESSAGE HARMONIZATION

## Campus Talkpoint Radio show with Evelyn Hone College and UNZA

University-going students have been a neglected population in public health programming. Partnering with Evelyn Hone College's Hone FM radio station and the University of Zambia's UNZA Radio, HCP embarked on a 16-part, 30-minute, weekly, radio program called *Campus Talk Point*. This innovative show was designed to answer common health questions asked by university students.

Topics included HIV prevention, male circumcision, multiple and concurrent sexual partnerships, malaria, mental health, depression, stress, family planning/reproductive health, etc. Programs include expert interviews on the topics as well as opinion pieces and vox pops from students on the relevant issues.

Students participated through SMS, email and write in questions (drop boxes are located on UNZA and Evelyn Hone campuses) each week. These questions are answered in the following week's episode. Each episode consists of vox pops and human interest stories from college students related to the topic of the show as well as an expert panel who answer the questions. Listeners who submit questions through 'drop boxes', email, and SMS are entered into a weekly prize draw. University students helped conceptualize the show and are working on the production as a practical lesson in media and health communication.

## Your Health Matters

Your Health Matters is a popular prime time TV show, integrated into the news, that addresses a range of health issues. HCP produced 13 episodes of ten minutes each on a variety of topics including male circumcision, multiple and concurrent partnerships, family planning, pediatric HIV, and malaria.



**Starts airing on 12 May 2009**

Tune in to:	
 <b>Unza Radio</b> 91.5 FM	09:00 – 09:30 Tuesdays 12:30 – 13:00 Fridays
 <b>Hone FM</b> 94.2 FM	13:30 – 14:00 Tuesdays 10:00 – 10:30 Saturdays 14:00 – 14:30 Sundays

**Texting lines: 0975-23 17 18  
0969-32 13 61**      **Email: [campustalkpoint@gmail.com](mailto:campustalkpoint@gmail.com)**

# STRATEGIC APPROACH 4 — MESSAGE HARMONIZATION



# STRATEGIC APPROACH 4 — MESSAGE HARMONIZATION

## Maternal, Newborn, and Child Health

### Maternal, Newborn, and Child Health Communication Strategy

The *Maternal, Newborn and Child Health Communication Strategy* was developed with support and technical assistance from HCP. This document serves as a blue-print for communication interventions and materials in these health areas, paving the way to more consistent and correct information as well as coordinated approaches that are technically sound and relevant.

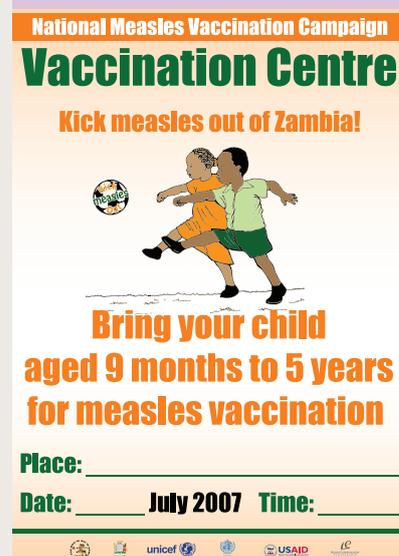
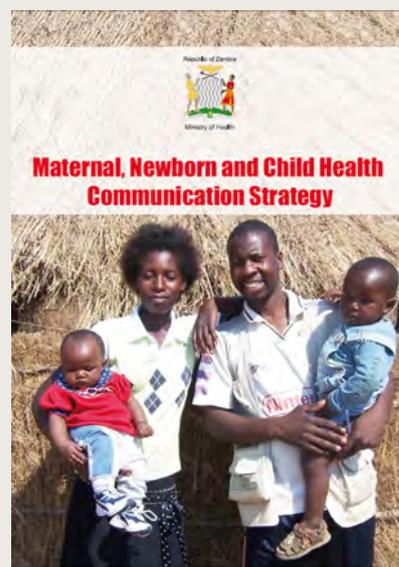
### Child Health Week

HCP provided support in the planning and implementation of Child Health Weeks, a bi-annual activity, which included interventions enhancing survival of children less than five years old. Child Health Week activities that received support included vitamin A supplementation, growth monitoring and promotion, immunizations, de-worming, maternal-neonatal tetanus, re-treatment of ITNs, antenatal care, and community health education.

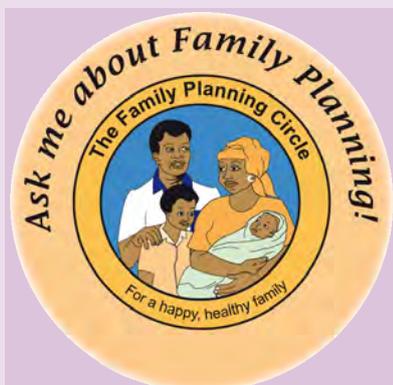
HCP supported the Child Health Week activities through the provision of technical and logistical support to the District Health Management Teams in HCP districts and provided transportation of materials and supervisory staff to the hard-to-reach health centers. HCP facilitated the development and updating of child health radio and television spots in seven local languages and English on behalf of the Ministry of Health with UNICEF paying for the air time. HCP also provided CDs for the Child Health Week jingles as part of the social mobilization process in districts with community radio stations.

### National Measles Campaign

The National Measles Campaign was planned to coincide with Child Health Week with an added focus on measles immunization to achieve universal coverage and subsequent eradication of measles in Zambia. HCP helped the Ministry of Health to translate the slogan “Kick Measles out of Zambia” into radio, print and television materials that urged caregivers to take children for immunization.



# STRATEGIC APPROACH 4 — MESSAGE HARMONIZATION



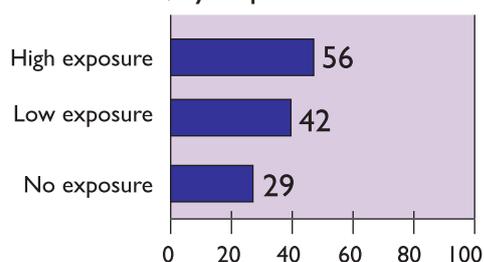
## Integrated Reproductive Health

### National Family Planning Campaign

This campaign for TV, radio, and print included three spots set in a rural environment, where fertility rates tend to be much higher. *Everyone's Choice* targeted married women and focuses on the benefits of family planning while addressing common misconceptions. *Be a Man* targeted married men and focuses on the benefits of family planning and the fact that men should support their wives in this effort. *Are you ready for it?* targeted younger married couples and models how a young woman can approach a provider and her husband to get more information and support for family planning, respectively. The spots were supported by posters, take home materials for clients distributed by health facilities, and *Ask me about family planning!* buttons for health providers that display the national family planning logo.

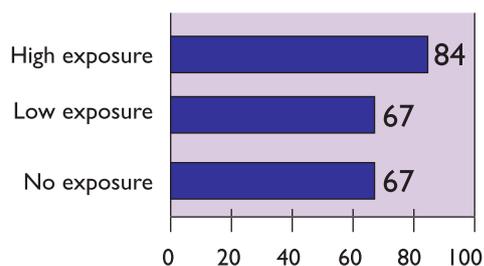
TV and radio spots are in English plus seven Zambian languages. 5,000 of each of four posters were distributed to health facilities, and 12,000 badges were distributed to service providers.

Percent of women reporting talking to their spouse about FP in the past few months, by exposure to FP messages



Source: 2009 HCP Endline Survey

Percent of women who gave birth in the past five years who delivered at health facility, by exposure to maternal health messages



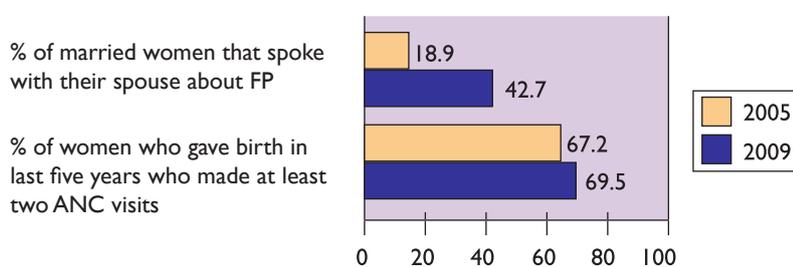
Source: 2009 HCP Endline Survey

## Family Planning Counseling Kit

### Family Planning Policies and Guidelines

HCP Zambia played a key role in the production of both the Family Planning Counseling Kit as well as the Family Planning Policies and Guidelines. In the final year of the project, HCP Zambia supported the printing of 2,000 copies of the counseling kit and re-printing 2,500 copies of the policies and guidelines.

Changes in family planning and maternal health behaviors between 2005 and 2009



Sources: 2005 and 2009 HCP Endline Surveys

## Malaria

### National Malaria Communication Campaign

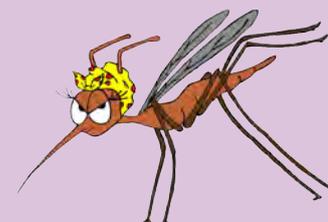
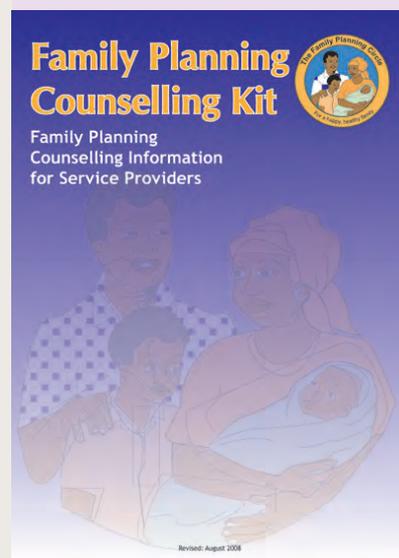
Four animated malaria short films featuring Annie the anopheles mosquito in English plus seven Zambian languages were produced by the National Malaria Control Centre, in partnership with the Malaria Control and Evaluation Project (MACEPA). The short films were aired on ZNBC and private broadcasters.

## HIV/AIDS

### Edukator game

The Edukator board game addresses issues around HIV and AIDS. Targeting youth of 11 years and older, it presents information in a fun and entertaining way, making it easy to play even in cultures where reading ability is low.

2,500 games have been distributed to youth peer educators.



# STRATEGIC APPROACH 4 — MESSAGE HARMONIZATION

## SUCCESS STORY

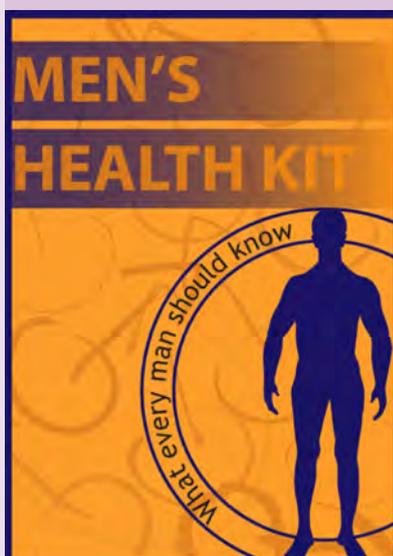
### Men's Health Kit: A Hit with Providers

Historically, public health programs have largely ignored men as a distinct target group with unique needs for health information and services.

Emerging evidence showing reduced rates of HIV among circumcised men creates a unique opportunity to give men's health issues the attention they deserve.

HCP seized this opportunity to develop a simple, well-illustrated Men's Health Kit integrating a broad range of men's health (and relevant women's and children's health) issues. The *Men's Health Kit* was designed to be used by health providers in a variety of settings, including work places, and when counseling men in a health center.

With pictures and diagrams,



## Male Circumcision

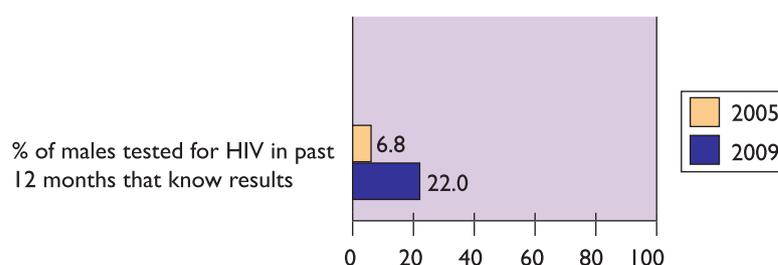
### Men's Health Kit

This illustrated counseling tool for health providers integrates a broad range of men's health issues, along with those relevant to women's and family health, while maintaining a focus on male sexual and reproductive health and men's participation in family health. Some of the topics covered include male circumcision, family planning, multiple and concurrent partnerships, alcohol abuse, domestic violence, malaria and maternal and child health. The counseling kit is comprised of a reference manual and a flip chart. The reference manual is designed for use by the health provider when he is in need of further information. The flip chart is designed for use by both provider and client during a consultation.

13,500 sets of the *Men's Health Kit* have been produced. The Health Promotion Unit at MOH has heaped praise on the Men's Health Kit and wants to work with HCP to develop a half-day orientation package for health workers to be tacked onto existing MOH trainings. MOH will also distribute remaining copies of the Men's Health Kit to health posts, district hospitals, tertiary hospitals and general hospitals.

In Kasempa, Butemwe Kimbaila from central NHC in Kankolonkolo said, "At last a document that is able to talk about male health has been made available to us. Most of the materials focus on female health, but this document has so much information on the male aspect."

Changes in in HIV protective behaviors among men between 2005 and 2009



Sources: 2005 and 2009 HCP Endline Surveys

## STRATEGIC APPROACH 4 — MESSAGE HARMONIZATION

### Men's Health: Understanding Male Circumcision

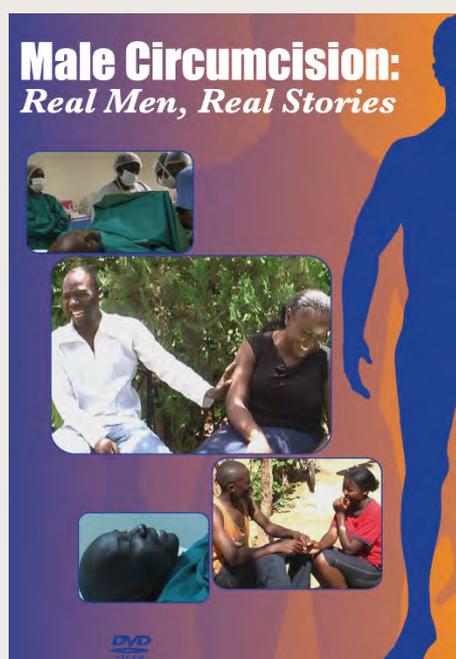
This book provides detailed information about the benefits and risks of male circumcision in the context of HIV prevention, in a simple and well-illustrated format. The booklet was designed to assist men in making an informed decision about whether or not to be circumcised, while emphasizing the continued importance of comprehensive HIV prevention, including abstinence, partner limitation, and correct and consistent condom use.

In English with key words translated, 10,000 copies were distributed through UNFPA, DFID, and ZCCP.

### Male Circumcision: Real Men, Real Stories

*Male Circumcision: Real Men, Real Stories* is a documentary that chronicles the experiences of two Zambian men from different socio-economic backgrounds as they seek counseling and undergo male circumcision for HIV prevention. The film combines documentary footage with strategic re-enactments and interviews with men and their partners. The protagonists discuss their motivations for seeking male circumcision, their concerns leading up to the procedure, their experience with the service and their quality of life following male circumcision.

The film conveys the benefits and risks of male circumcision and the importance of comprehensive prevention while addressing common myths and misconceptions about male circumcision. 150 videos in English, plus seven Zambian languages, were distributed to health facilities and partner NGOs as well as ZANIS Mobile Video Units.



the kit explains topics such as domestic violence, circumcision, family planning, alcohol abuse, impotence, and nutrition. Features like “What is wrong with being a sugar daddy?” address local issues with directness, accurate information, and sensitivity.

Providers have responded with enthusiasm, saying they had not encountered anything like it before. They noted that the tagline, “What every man should know,” effectively roused people’s curiosity.

Josephine Miyato is a nurse counselor at the Comprehensive HIV and AIDS Management Programme (CHAMP) that runs the 990 HIV Talkline. “At CHAMP, we made copies of the kit for all our counselors. Last week I counseled two men from Central province using the Men’s Health Kit and this week they came to Lusaka to be circumcised. It’s really working!”

# STRATEGIC APPROACH 4 — MESSAGE HARMONIZATION

Phakeni Makowane      Bob Nkossa      Lloyd Kalipinde

ARE YOU A PLAYER  
OR ARE YOU GETTING PLAYED?

# Club Risky Business

**ZNBC**  
MONDAY 19:45  
WEDNESDAY 19:45  
FRIDAY 19:45

**MUVI**  
TUESDAY 21:30  
SATURDAY 19:00

**onelove**  
kwasila!

Logos for USAID, DFID, UNFPA, and other partners are visible at the bottom.

## SUCCESS STORY

### One Love. Kwasila! / Club Risky Business

This television miniseries tells the story of MCP in an entertaining and educational way. The drama follows three male protagonists as they navigate their sexual networks and discover the risks therein. Through the lives of long-time friends David, Sachi and Charlie Lucky and their interactions with Sam, the proprietor of their local pub, the drama examines why an age-old tradition has suddenly become life-threatening.

The series explores the complex social, economic, cultural and gender dynamics surrounding MCP, the risk posed by sexual networks, and the idea that one relationship can be fulfilling. Each episode combines evidence-based narrative with relevant health messages, thinking points and calls to action.

Club Risky Business has developed a popular following and is provoking discussions around risk reduction in homes, bars and work places across the country. In an effort to maintain this dialogue at a national level, *One Love. Kwasila!* produced a 10-week live talk show segment on ZNBC's *Mid Morning Show* as well as a call-in radio program on Radio Phoenix. This provided a platform for eminent Zambians and public health professionals to discuss the campaign's message in the context of HIV prevention.

Multiple concurrent partnerships have also been addressed in *Your Health Matters* – a long-running and well known prime-time show on ZNBC.

# STRATEGIC APPROACH 4 — MESSAGE HARMONIZATION

## Pediatric HIV and AIDS

### Pediatric ART flipchart

The Ministry of Health and key partners working with children and HIV identified the gaps in communication that exist, creating barriers to children testing, accessing ARV treatment, as well as adhering to this treatment and living positively. One gap was the need for a teaching tool which would help counselors and health workers.



This flipchart was developed collaboratively by HCP and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). HCP has printed 10,000 copies of this teaching tool that has been officially endorsed by the Ministry of Health. These flipcharts are being distributed to ART sites around the country (private and public) through CIDRZ, EGPAF, ZPCT, CARE and Afya Mzuri. With this well-illustrated counseling tool, more caregivers of children living with HIV are expected to be reached with correct and consistent information that is necessary for the well-being of the children.

## Multiple, Concurrent Sexual Partnerships (MCP)

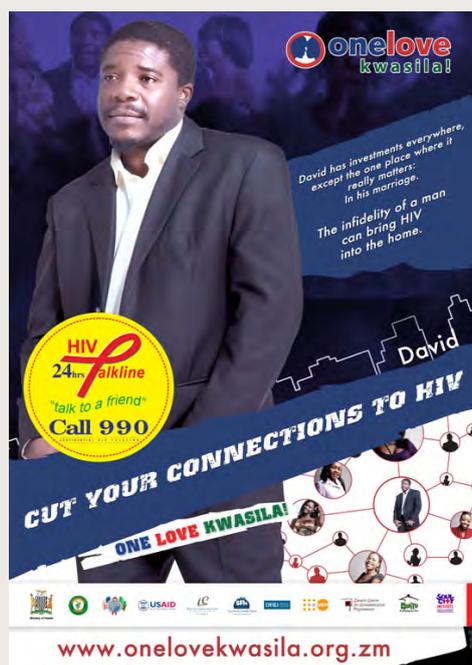
### One Love. Kwasila! / Club Risky Business

Zambia's first national multimedia campaign addressing multiple and concurrent sexual partnerships (MCP) has generated an impressive following among Zambians.

*Club Risky Business*: The 10-part entertainment-education TV series at the heart of the campaign has a popular fan following. HCP Zambia's endline survey conducted in July, 2009 found impressive exposure to the campaign. One thousand DVDs and accompanying discussion guides have been produced. Various partners, government agencies and private corporations have expressed eagerness to use Club Risky Business as a tool in their HIV prevention programs. Club Risky Business has also been screened at international meetings, which has generated interest in adapting the film or the story in other African countries. The show was also presented to staff at USAID headquarters in Washington, DC.

Other elements of the multi-media campaign included:

- A Facebook fan page (with more than 2,500 fans)
- Animerts: Animated TV spots aired alongside *Club Risky Business*
- Radio spots based on the animated TV spots
- The campaign website ([www.onelovekwasila.org.zm](http://www.onelovekwasila.org.zm))
- Talk shows: Nine weekly 10-minute segments on ZNBC's popular Mid-Morning Show
- SMS competition & campaign (75,000 responses)



## STRATEGIC APPROACH 4 — MESSAGE HARMONIZATION

- Buses were branded in Lusaka, Livingstone, Kitwe and Ndola with temporary vinyl stickers. 44 inter-city buses, 157 intra-city buses and 36 bus stops in Lusaka and 55 intra-city buses in Kitwe were successfully branded.
- Music video: a campaign theme song and music video were produced featuring popular Zambian musicians Slap Dee, Ruff Kid, P Jay and Choklet.

### Impact

The Health Communication Partnership Zambia's Endline Survey (conducted in July, 2009) found impressive exposure to the campaign during its first four weeks. Forty-nine percent of urban television viewers recalled the campaign slogan (*One Love. Kwasila!*), while 32 percent had seen or heard of the *Club Risky Business* television show. This survey did not include Lusaka.

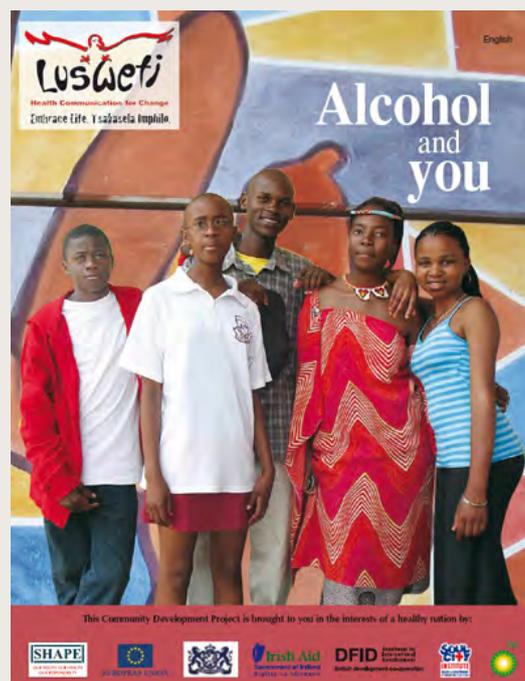
### Alcohol and HIV

#### Alcohol Film and Booklet

Following the research conducted in 2007 by HCP on alcohol as it relates to risky sexual behavior, results were disseminated in 2008 in Chongwe district where the research was done. The reception among district stakeholders was overwhelmingly receptive. Inspired by this, the results were further disseminated in the 21 HCP districts in 2009 with an the objective of using this formative research to provoke discussion about the issue at a local level, leading to appropriate and effective interventions. One of the emerging needs was for tools that would help communities continue the discussion. A film was requested as well as print materials.

In response, HCP worked with SHARPZ, a Zambian NGO that tackles alcohol and drug-related substance abuse, to develop a comprehensive harm-reduction strategy. This included the development of a short film (30-minutes) that provokes discussion around alcohol and risky behavior. Additionally, HCP and SHARPZ worked with ZCCP to adapt a regionally-developed (by Soul City) booklet called *Alcohol and You* to the Zambian context. The text for both the film and the adaptation of the booklet were completed but film production and printing were not completed under this project.

It is hoped that a future project will be able to carry to completion the effort invested so far and that mechanisms are put in place to ensure that follow-on projects build on this initiative.



# STRATEGIC APPROACH 4 — MESSAGE HARMONIZATION

## HIV Talkline

### 990 Talkline/CHAMP

The free CHAMP 990 counseling talkline has not had much publicity in recent months from television, radio or print promotion. In response, HCP helped raise the profile of the 990 talkline at the Agricultural Show in August 2009. 8,000 copies of six types of brochures on a range of issues including VCT, PMTCT, prevention and others were printed, along with 15,000 copies of four types of posters promoting their services. Banners, display materials and other promotional materials have also been developed. All of these were distributed nationwide in September. Additionally the following materials were distributed and aired:

- 990-circle for vehicle tax discs
- Bumper stickers
- Radio spot in English + 7 Zambian languages
- TV spot in English



Airtime for the TV and radio spots will be paid for through the arrangement HCP has with ZNBC (basic + value added time) through the end of November.

# LEARNINGS OVER THE COURSE OF THE PROJECT

Each HCP activity was designed to promote and reinforce desired positive behaviors. From year one, however, we learned that not all of our assumptions were realistically grounded. HCP Zambia was fortunate to have regularly scheduled meetings to reflect on what was working well, where there were issues and what should be changed. Our Associate Award allowed us the flexibility to adapt existing programs, put fewer human and financial resources into those which were not having the desired results and add new programs in response to opportunities and a changing external environment. The following were some of HCP Zambia's important learnings:

## Uniformed Services Peer Leaders

HCP conducted peer leader training in all provinces for 272 prisons, police, ZRA, Immigration and ZAWA. HCP Zambia also produced a Zambia Uniformed Services HIV/AIDS Peer Leadership Manual and, together with the Society for Family Health, posters for this audience.

**Assumption:** The assumption was that peers would want to talk to their comrades about HIV and AIDS and that they would be particularly effective in promoting testing and positive living.

We had high numbers of attrition of those trained for the following reasons:

- Some trainees were not the appropriate candidates (having been delegated by actual nominees in some cases) or motivated
- Peer leaders felt that they needed resources from HCP to promote positive messages
- Many were transferred from locations where they were trained
- Lack of material and moral support from their supervisors (who were not trained)
- Lack of time
- Overlap with another USG-funded project in Central and Copperbelt provinces which provided material incentives
- The services themselves establishing HIV/AIDS departments, making the HCP activity a parallel/redundant activity

**Adjustment:** As a result of this experience, HCP did not invest further in refresher training for uniformed services but continued to provide technical support where possible to those uniformed personnel who were committed and involved in work with their communities.

## Psychosocial Counselors

HCP provided certificate-based psychosocial counselor training to 486 faith-based leaders in 21 districts in all nine provinces. In addition, through the Care and Compassion movement, a variety of materials were produced to assist these leaders to reach out to their congregations and communities with positive and supportive messages about HIV and AIDS.

**Assumption:** Faith-based leaders were targeted as their values and behaviors strongly

# LEARNINGS OVER THE COURSE OF THE PROJECT

influenced their congregations and community. The assumption was that these men and women would want to use this training to better serve their congregations and the community at large.

We had high numbers of attrition of the psychosocial counselors as many trained psychosocial counselors considered counseling or advocacy for a reduction of stigma or development of home-based care groups to be outside of their responsibilities and something which HCP should pay them to do through incentives of one sort or another.

**Adjustment:** Rather than conducting a refresher training for the psychosocial counselors, HCP invested in training associate counselors, choosing those who were already active within the community and affiliating them officially with the closest health center. An associate counselor training, being entirely experiential, did not need a higher level of literacy as the psychosocial training did, where the certificate was based on both written and practical exams. This proved effective as the associate counselors were motivated to begin with and highly appreciated by the health centers in their own communities.

## Zambia Creative HEART Contests

Targeting in-school youth, this activity was designed to support the development of a resilient generation of youth with the ability to make positive life choices. Knowing that positive adult relationships are a foundation for the development of resilience, activities were designed to include mentoring relationships. To promote critical thinking skills as a foundation for developing confidence and capacity for choice, the contest was meant to encourage youth to select social and health issues which were important to them and research them (with facilitative support from mentors). Presenting the issue in front of an audience using drama, dance, music or debate would strengthen self-confidence leading to greater degrees of self-efficacy.

**Assumption:** The assumption was that the strategic design would lead to the desired outcomes.

In fact the contests themselves were appreciated and had many positive outcomes—particularly in very rural school zones where pupils had never had such opportunities. In one district, adults (civil servants) had a similar contest, debating mandatory HIV testing. All kinds of community members came together to support these contests, providing transportation, prizes, food, etc. and in some cases, carrying them out with no financial support from HCP.

However, what we learned was that mentors were not mentors but coaches (to win or do well in the contest), pupils were not investigating and learning more about an issue of importance to them but choosing an issue which they knew the most about and presenting it through a medium which they were most comfortable with—again with the goal to win. Certainly pupils

# LEARNINGS OVER THE COURSE OF THE PROJECT

developed a lot of self-confidence through these contests but some of the objectives of the design of the activity were not achieved. We also learned that this activity was most appreciated by the schools in the zones furthest from the district center.

**Adjustments:** Given that the greatest cost for the activity was in the transportation of groups to the district center and, given that the zones around the district center were less interested in the activity (as they generally had a variety of other opportunities), we focused on having the Creative HEART Contests only at a zonal level. Over the life of the project, increasing (and successful) effort was made to have community stakeholders take on the costs of the activity from transportation to food for the participant and their teachers, to prizes. In a number of communities during years four and five contests were held at no cost to HCP.

## Barotse Royal Establishment

In 2005, the Barotse Royal Establishment (BRE) contacted the HCP Provincial Team Leader in Mongu and asked if HCP could work with them to develop a campaign against HIV and AIDS. Together with the Western province Health Directorate and SHARe, HCP facilitated a three day strategy design workshop at Limulunga, the traditional capital of Western province involving 38 chiefs and Indunas.

**Assumption:** It was assumed that investing in and facilitating a workshop with key BRE leaders and developing an action plan (which was printed and distributed) would be the necessary catalyst for the BRE to take positive action on HIV issues (encouraging knowing your status, accessing PMTCT, reduction of stigma, development of home-based care, etc.).

In fact, the BRE never implemented the plan developed, stating that they needed outside funding to do it and that they needed HCP to help them access outside funding. In fact, most of the plan was not dependent on outside resources.

With all other communities, HCP required significant in-kind contributions (vegetables, charcoal, labor) for a workshop to demonstrate community commitment. For this one, we covered all expenses, though the BRE has substantially more resources available to it than the communities we work with. In retrospect this was a weak foundation to start from.

**Adjustment:** HCP continued to provide encouragement and some technical assistance to the BRE through the HCP provincial team leader. It did not provide any additional funding.

**Research, monitoring and evaluation were key activities under HCP. They played the pivotal role of informing programming on its strengths and challenges. To facilitate monitoring and evaluation, key indicators were identified and prioritized in agreement with the Ministry of Health and USAID.**

## Research

HCP implemented evidence-based interventions. Formative, process and evaluation studies were carried out to answer priority questions in order to inform programming at all stages. Various studies using both qualitative and quantitative approaches were conducted to generate primary as well as secondary data. In general, HCP-supported research was used for:

- informing HCP strategies and programming
- identification and development of research indicators and tools
- development of print and electronic materials used to inform and educate individuals and communities on various health issues
- informing national priority health strategies/policies (e.g. on family planning, malaria and HIV and AIDS)
- sharing of key findings with key partners at all levels

### **Some of the key studies conducted include:**

Two qualitative studies were carried out using *Participatory Ethnographic Evaluation and Research* (PEER), an innovative methodology used to explore complex social issues. These were Concurrent Sexual Partnerships in Zambia and Alcohol Consumption and Risk Disinhibition studies.

#### **▪ Concurrent Sexual Partnerships in Zambia**

The objective of this study was to examine the correlates and determinants of concurrent sexual partnerships in Zambia. The findings led to the development of the *One Love. Kwasila!* campaign in collaboration with Zambia Centre for Communication Programmes and Society for Family Health. Key elements of this campaign include a 10-part TV mini-series entitled *Club Risky Business*, a radio talk show, a TV talk show, a website, an SMS contest, and print materials including posters on buses, a *One Love. Kwasila!* newsletter and newspaper insert.

#### **▪ Alcohol Consumption and Risk Disinhibition**

The objectives were to examine factors that influence alcohol consumption, alcohol-induced disinhibition, and the effects on sexual risk-taking. This led to the development of a concept for a film addressing gender violence and other alcohol-related problems perceived by the community. District task forces were also formed to address some of the issues using local resources such as reinforcement of council by-laws on alcohol licensing and trading.

# RESEARCH, MONITORING AND EVALUATION

## ▪ **Male Circumcision Desk Review**

In collaboration with Jhpiego, this study was carried out to identify barriers to behavior change, skills to be strengthened, research gaps and activities and services for implementation in Zambia. The findings contributed to the development of a video – *Male Circumcision: Real men, Real Stories* a documentary that chronicles the experiences of two Zambian men from different socioeconomic backgrounds as they seek counseling and undergo male circumcision for HIV prevention.

## ▪ **Family Planning and HIV Integration Study**

This study examined the social, cultural, economic and health/medical factors that influence a woman's or a couple's decision to become pregnant in the midst of a generalized HIV epidemic in Zambia. Following the study, HCP produced the video *Our Family, Our Choice* a documentary-style video, which examines fertility options and decision-making for couples who are HIV positive. The video is supported by a facilitators' discussion guide and client booklet.

## ▪ **Measuring Community Capacity Phase I and Phase II**

Phase I of the *Measuring Community Capacity Study* was conducted in year 4. The goal of Phase I was to identify, through a literature review, and develop, through participatory field research, quantitative and qualitative community capacity indicators.

During Phase 2 of the study (in year 5), HCP tested and validated the indicators which were identified in Phase I. These indicators were used in the end-line survey.

## ▪ **ART Video Research**

The objective of the ART video research was to investigate issues that affect people living with HIV/AIDS, caregivers of PLHA and facility-based ART providers in relation to knowledge of, access and adherence to ART. Results from this study led to development of a video – *Road to Hope* – whose goal was to educate the general public on ART. This video won a Silver World Medal at the 2007 New York Festivals International Film & Video Awards Gala.

## ▪ **Helping Each other Act Responsibly Together (HEART) Study**

This study assessed young people's knowledge, attitudes and behaviors with regards to their sexual and reproductive health, gender relations between young men and women, and factors that influence young people's access to health-related information and services. The findings of the study informed the production of print materials promoting abstinence, delayed sexual debut, adult-youth communication, HIV testing, positive living and positive role modeling for youth.

## ▪ **Case Studies Documentation**

Case studies were conducted to identify lessons learned, success stories and challenges. Six case studies were documented and shared widely at the end-of-project dissemination meeting.

## ▪ IEC Snap Survey

This survey assessed the impact and gaps in IEC materials at the health facility level. It was identified that there was need for additional IEC materials on malaria, family planning, STIs, tuberculosis, diarrhea, water and sanitation, maternal health, nutrition, and reproductive health.

## Monitoring

Monitoring of progress towards achievement of targets was an integral activity carried out throughout the life of HCP. Planned activities were measured against actual achievements using specific indicators.

Routine monitoring involved:

- Tracking of various district and community-level activities carried out by individuals and groups trained by HCP using district monthly monitoring and aggregation forms. Some of the activities tracked included trainings, drama performances, counseling, and youth facilitation sessions.
- Creation and maintenance of HCP database to facilitate management and analysis of data and generation of quarterly, semi-annual and annual reports
- Annual data consistency checks through supervisory visits and spot checks
- Updating key partners at district and community levels including district health management teams, NGOs, and neighborhood health committees

## Evaluation

Three major surveys were planned in order to assess the impact of the programme interventions on individuals' and community's knowledge, attitudes, and behavior for positive health practices. These were the baseline, mid-term and end-line surveys. The baseline and the end-line surveys were carried out in 2005 and 2009 respectively. The mid-term survey did not take place due to the appreciation of the kwacha and time constraints.

## HCP Zambia Evaluation: Summary of Preliminary Highlights from Endline Survey

### Objective

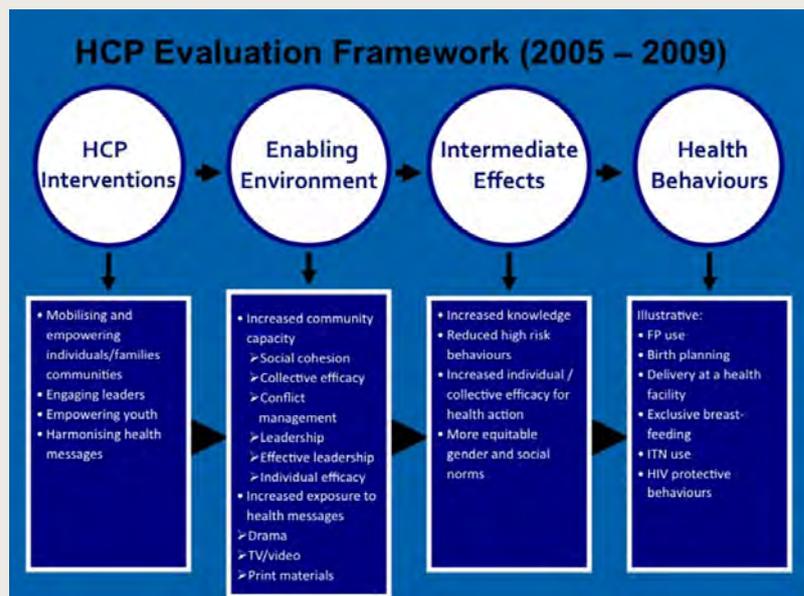
To evaluate the impact of HCP Zambia on individual and community attitudes, efficacy, norms and health behaviors.

### Methodology

The evaluation adopted various approaches including tracking Community Action Plan progress and achievements, documenting success stories and fielding a population-based quantitative survey.

The HCP Baseline Survey (n=3,000) was conducted in 2005, while the Endline Survey (n=4,000) was conducted in 2009. A probability sample was used. One male and one female respondent from each sample household were surveyed. Eighty percent sample coverage was achieved. The survey population was stratified by “intervention” and “comparison” districts and by urban and rural residence. “Intervention” districts refer to areas where HCP implemented intensive community mobilization programs to complement the mass media programs that were accessible to the entire country.

Figure 1



An innovative approach to measuring community perceptions of improved capacity was developed. Community-generated capacity indicators were identified, tested and validated. This validated index was first used in the HCP Endline survey. The analysis was guided by the HCP Evaluation Framework (Figure 1) and all findings were adjusted for key background variables.

## Challenges

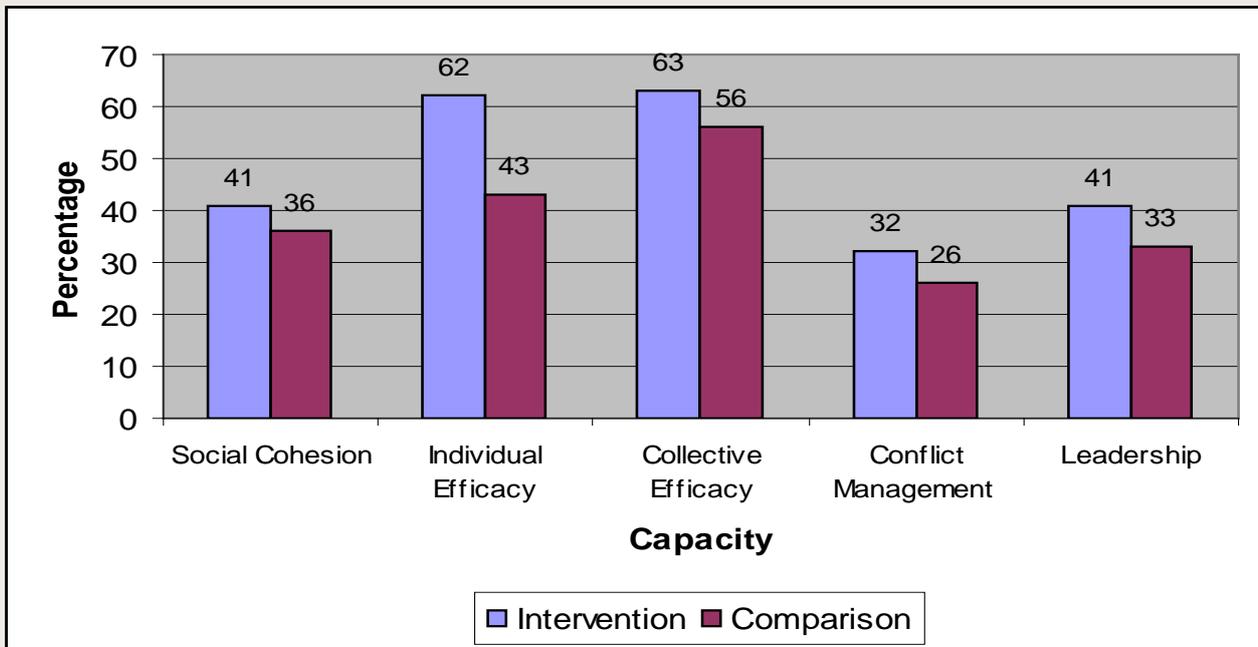
It has been challenging to distill the impact of HCP Zambia’s programs in an environment where there have been many health inputs from diverse sources. Moreover, due to the nature of HCP Zambia’s programs, there was significant “leakage” of messages and tools between “intervention” and “comparison” districts due to the nature of mass media (which covered the entire country) and use of HCP tools and materials by other organizations in their programs across the country.

## Key Findings

### Community Capacity

Overall results of the HCP End of Project Evaluation Survey show that HCP-Zambia significantly achieved the objective of strengthening community capacities. All five indicators for measuring community capacity in the HCP End of Project Evaluation Survey were significantly higher in HCP intervention districts than in the comparison districts (Figure 2). For example, individual efficacy stood at 62% in the intervention districts compared to 43% in the comparison districts.

Figure 2: Proportion of reported community capacities in intervention and comparison districts



# RESEARCH, MONITORING AND EVALUATION

## Exposure

Exposure to HCP's community level interventions (including drama, Community Health Information Cards, and leadership dialogue) as well as mass media (radio, TV, print and video) was measured. Exposure was found to be similar in "intervention" and "comparison" communities because of diffusion of messages between the intervention and comparison districts. However, the level of exposure to health messages was consistently higher in HCP project areas compared to comparison districts. Messages on HIV and AIDS stood at 68.4% and 75.2% in the comparison and HCP project areas, respectively. Mass media reached approximately 80-90% of potential radio audiences.

At community level, the most effective way of communicating health messages was through drama performances. Community level messaging on all health issues stood at 44.1% and 49.3% between the comparison and HCP project areas respectively. Results from the End of Project evaluation have also shown that drama performances, as well radio messages, on malaria and HIV and AIDS were more popular than other performances on child illnesses, family planning and maternal health. For example, general radio exposure to malaria messages stood at 58.9% and 64.6% between the comparison and HCP project areas, respectively, while those on child illnesses stood at 14% and 16.1% respectively.

It is important to note that the baseline survey had no questions on exposure to health messages; hence a baseline-endline comparison is not possible.

## Gender

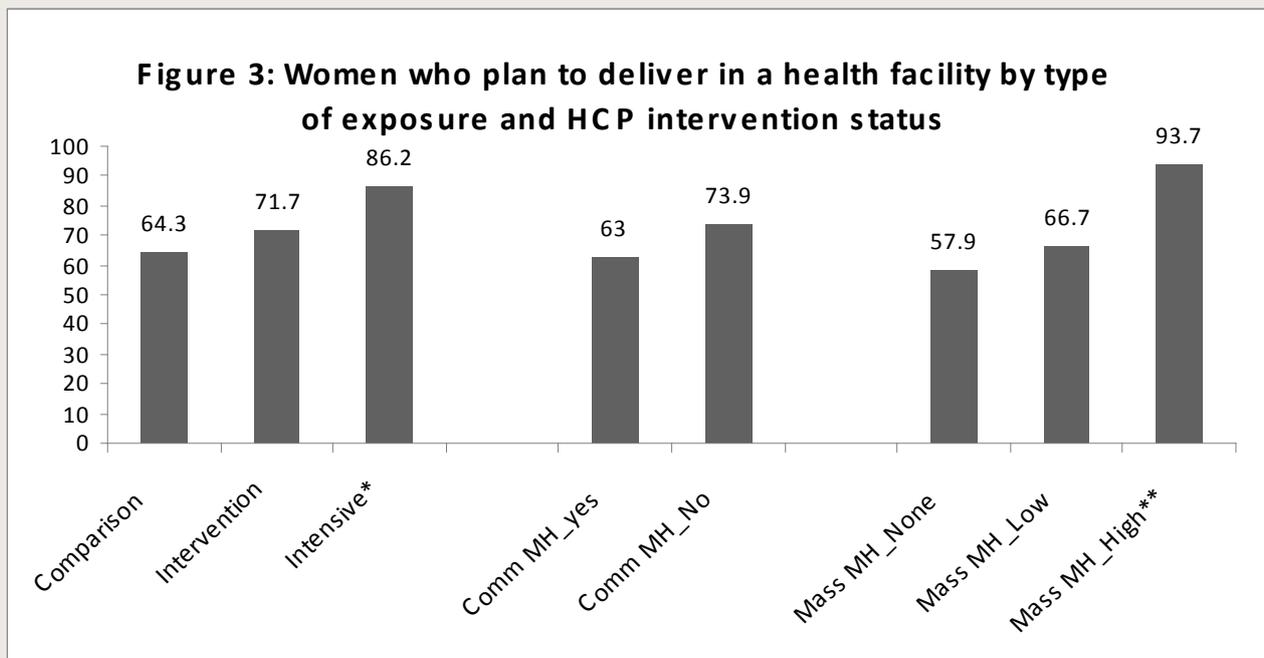
Gender equity is a key cross-cutting theme in HCP programs. A key outcome of HCP's community-based interventions was a higher level of female participation and leadership within NHCs in intervention districts as opposed to comparison districts. For instance, 43% of NHCs in intervention districts were chaired by women as opposed to only 18% in comparison districts and 73% of NHCs in intervention districts reported having 50% or more female members as opposed to only 54% in comparison districts.

## Health Behavior Changes

HCP Zambia's evaluation framework (Figure 1) illustrates how HCP interventions create an enabling environment which leads to intermediate effects and ultimately positive health behaviors. Generally, improvements have been observed in health behaviors in both the intervention and comparison districts, except in the case of family planning and child immunization indicators. Results have also revealed positive correlations between exposure to health messages and favorable health practices and attitudes. Several pathways to behavior change were identified through analysis of endline survey data. For example, Figure 3 shows the proportion of women who came up with birth plans before delivery. It is clearly shown

that women are more likely to come up with a birth plan if they have been exposed to health messages on safe motherhood. In fact, figure 3 clearly displays significantly higher percentages of women with birth plans in intervention districts than in the comparison districts. Furthermore, the proportion of women with birth plans was significantly higher among those who were highly exposed to maternal health messages through mass media. By expectation, women who have developed birth plans as a result of exposure to maternal messages on safe motherhood are more likely to confidently deliver at a health facility with assistance from skilled birth attendants.

Furthermore, survey findings show that those with high levels of exposure to HCP interventions tended to have more favorable attitudes towards people living with HIV and were also far more likely to have been tested for HIV in the last 12 months and know their results as compared to those unexposed.



## Conclusions

- HCP interventions had significant reach.
- HCP interventions were significantly correlated (through intermediate outcomes) to behavior change.
- Key pathways to behavior change (e.g. attitudes and efficacy) were successfully identified and can inform future programs.
- Community – generated capacity indicators to measure community mobilization outcomes were tested and validated.
- Community capacity was significantly strengthened in intervention districts.

## APPENDIX — LIST OF PARTNERS

National Theatre and Arts Association of Zambia (NATAAZ)  
Africa Directions (AD)  
Youth Activist Organisation (YAO)  
Youth Alive  
Young Women's Christian Association (YWCA)  
Society for Family Health (SFH)  
Harvest Help  
Africare  
DYMISH  
Home-based care institutions  
Zambia Prevention Care and Treatment Partnership (ZPCT)  
UNFPA  
Keeper Zambia Foundation (KZF)  
NZP+  
Moment of Hope Counselling  
Solwezi District Business Association  
HIV/AIDS Network (TAHAN)  
Copperbelt Health Education Project (CHEP)  
Mpatamato HBC  
Kapupulu HBC  
TAHAN  
Peace Corps  
Student Partnership World Wide (SPW)  
United Nations Volunteers (UNV)  
Ministry of Community Development  
The Immigration Department  
Zambia Police Service  
Zambia Prisons Service  
Office of the District Commissioner  
Office of the Provincial Permanent Secretary  
Provincial Education Offices  
Provincial Youth Development Offices  
District Education Offices  
Zambia Information Service  
Ministry of Education (HQ)  
Ministry of Health (HQ)  
Ministry of Youth, Sport, and Child Development ((HQ)  
National AIDS Council (NAC)  
Zambia Revenue Authority (ZRA)  
Zambia Wildlife Authority (ZAWA)

## APPENDIX — LIST OF PARTNERS

Provincial Health Offices (PHO)  
District Health Management Teams (DHMT)  
Municipal Council and the District Councils  
CRAIDS  
District AIDS Task Forces (DATF)  
District Development Coordinating Committee (DDCC)  
National Malaria Control Centre  
Food and Nutrition Commission  
Governmental /Quasi-Governmental  
Non-Governmental  
RAPIDS  
SHARe  
HSSP  
CHANGES2,  
EQUIP2  
CRS  
PACT  
Jhpiego  
PCI  
CIDRZ  
Corridors of Hope  
World Vision  
Christian Aid  
FARM  
Kara Counselling  
CHAMP  
Afya Mzuri  
TALC  
CHAZ  
Zambia Counselling Council  
White Ribbon Alliance  
UNICEF  
WHO  
Adolescent Reproductive Health Advocates (ARHA)  
ZINGO





2004-2009



HEALTH COMMUNICATION  
PARTNERSHIP  
ZAMBIA



JOHNS HOPKINS  
BLOOMBERG  
SCHOOL of PUBLIC HEALTH

*Center for Communication Programs*

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