



HEALTH COMMUNICATION
PARTNERSHIP
ZAMBIA



ANNUAL REPORT

1 October 2004 - 30 September 2005

*Johns Hopkins University Center for Communication Programs, Save the Children, International HIV/AIDS Alliance
Academy for Educational Development, Tulane University*

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Acronyms

AB	Abstinence and Be Faithful
AIDS	Acquired Immunodeficiency Syndrome
AED	Academy for Educational Development
ART	Antiretroviral Therapy
ARV	Anti-retroviral
BCC	Behavior Change Communication
BNSA	Baha'i National Spiritual Assembly
CHAMP	Comprehensive HIV/AIDS Management Programme
CIDRZ	Center for Infectious Disease Research in Zambia
CBO	Community-Based Organization
CBoH	Central Board of Health
CCZ	Christian Council of Zambia
CHEP	Copperbelt Health Education Project
CHWSE	Community Health with Sister Evelyn
CHW	Child Health Week
CRAIDS	Community Response to HIV/AIDS
DATF	District AIDS Task Force
DC	District Commissioner
DHMT	District Health Management Team
DDCC	District Development Coordinating Committee
DPO	District Program Officer
EFZ	Evangelical Fellowship of Zambia
FGD	Focus Group Discussions
FP	Family Planning
GRZ	Government Republic of Zambia
HC	Health Centre
HCC	Health Centre Committee
HCP	Health Communication Partnership
HEART	Helping Each other Act Responsibly Together
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
ICZ	Islamic Council of Zambia
ICOZ	Independent Churches of Zambia
ITN	Insecticide Treated Net
JHU	Johns Hopkins University
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MOU	Memorandum of Understanding
MTCT	Mother to Child Transmission (of HIV)
NATAAZ	National Theatre and Arts Association of Zambia
NGO	Non Governmental Organization
NHC	Neighbourhood Health Committee
NZP+	Network of People Living with HIV/AIDS
PLHA	People Living with HIV/AIDS
PTL	Provincial Team Leader
PSI	Population Services International
RHC	Rural Health Centre

SFH	Society for Family Health
SADC	Southern African Development Community
STI	Sexually Transmitted Infection
TA	Technical Assistance
TALC	Treatment Advocacy and Literacy Committee
TOT	Training of Trainers
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WAD	World AIDS Day
YAO	Youth Activists Organisation
ZAMSIF	Zambia Social Investment Fund
ZCCP	Zambia Center for Communication Programs
ZCC	Zambia Counseling Council
ZCHC	Zambia Creative HEART Contest
ZEC	Zambia Episcopal Conference
ZIHP	Zambia Integrated Health Programme
ZINGO	Zambia Interfaith Networking Group on HIV/AIDS
ZNBC	Zambia National Broadcasting Corporation

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

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

HCP activities focus on reducing high-risk behaviour and strengthening individual and collective action for health by strengthening community-based systems and networks, mobilizing leadership (religious, traditional, *de facto*) and youth, and promoting the change of harmful social and gender norms.

This report is the presentation of HCP's activities and accomplishments during its first year and covers the period from 1 October 2004 to 30 September 2005. It follows the logic of the expected outcomes as outlined in the program's four strategic approaches. For each strategic approach, the approach is described in detail followed by the presentation of the accomplishments, challenges and modifications to the program. The tables provide more detailed but summarized information.

Strategic Approach I – Community Mobilization

Community capacity to identify, plan and implement activities to address priority health and social needs is strengthened.

Approach

Community mobilization is the backbone of HCP interventions. Within this mandate, HCP aims to strengthen the capacity 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. To do this, communities are assisted in developing a collective vision of a healthy community. This will help them identify and prioritize the necessary changes that will be needed to improve their health and quality of life and to both effectively respond to the immediate health threats that confront families and households, as well as build collective community efficacy to ensure on-going sustainability. HCP therefore works to strengthen and help build the capacity of 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 [PLHAs]).

During the year under review, HCP's activities and support for this strategic approach included:

- Project start-up and staff capacity building
- Training and technical assistance to community groups
- Peer education and outreach for uniformed personnel
- Mass media programs focusing on community mobilization

Accomplishments

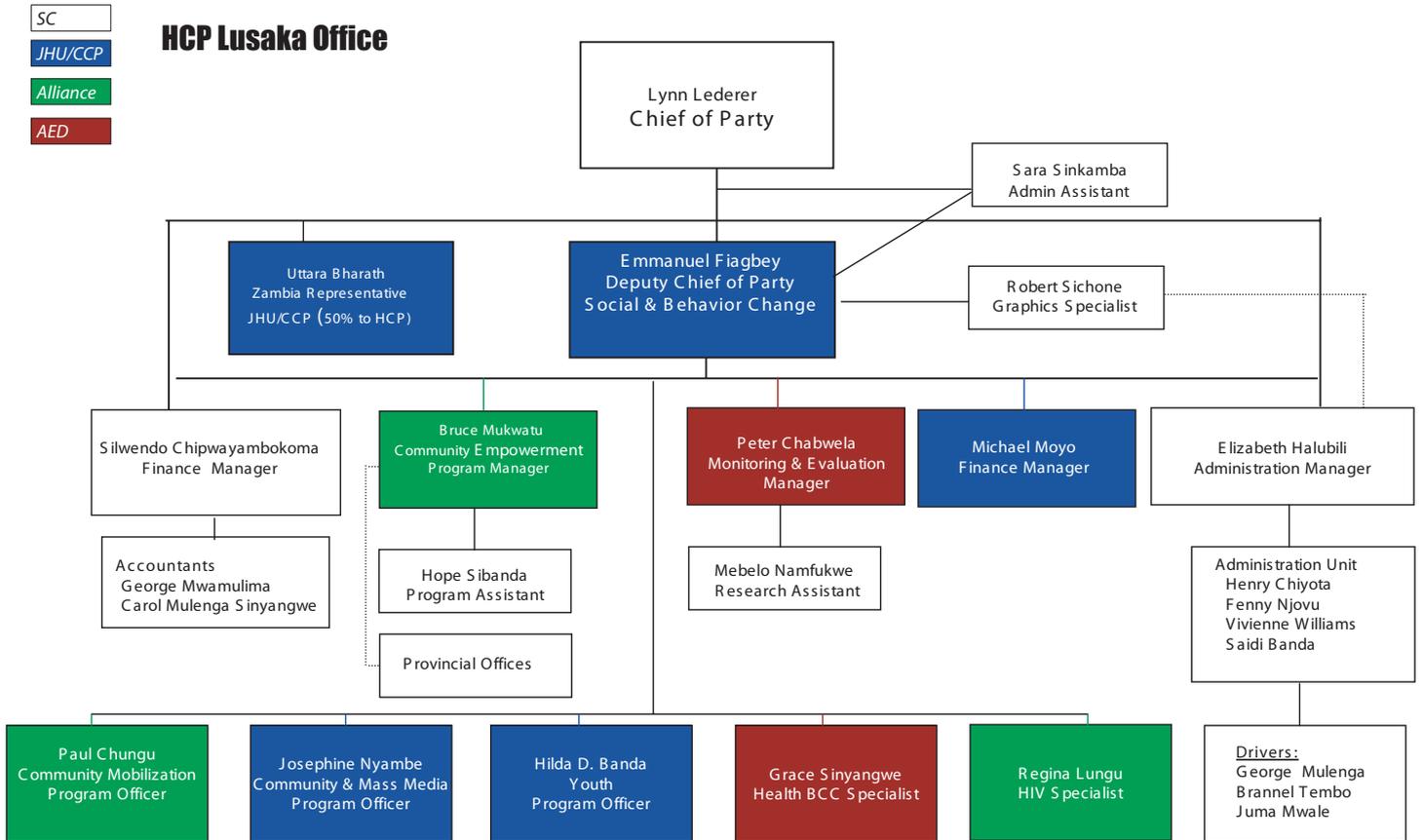
Office Set-up and Staff Development

In order to lay the foundation for effective community mobilization, initial efforts were directed towards project set up activities. These included hiring of staff, procurement of program equipment and the establishment of field offices. *Program Officers* were hired at a national level to provide appropriate technical support. *Provincial Team Leaders* (PTLs) were hired to oversee community mobilization activities in the province and *District Program Officers* were hired to oversee the community mobilization process at the district and community level. Administrative staff was also hired at both the national and provincial level.

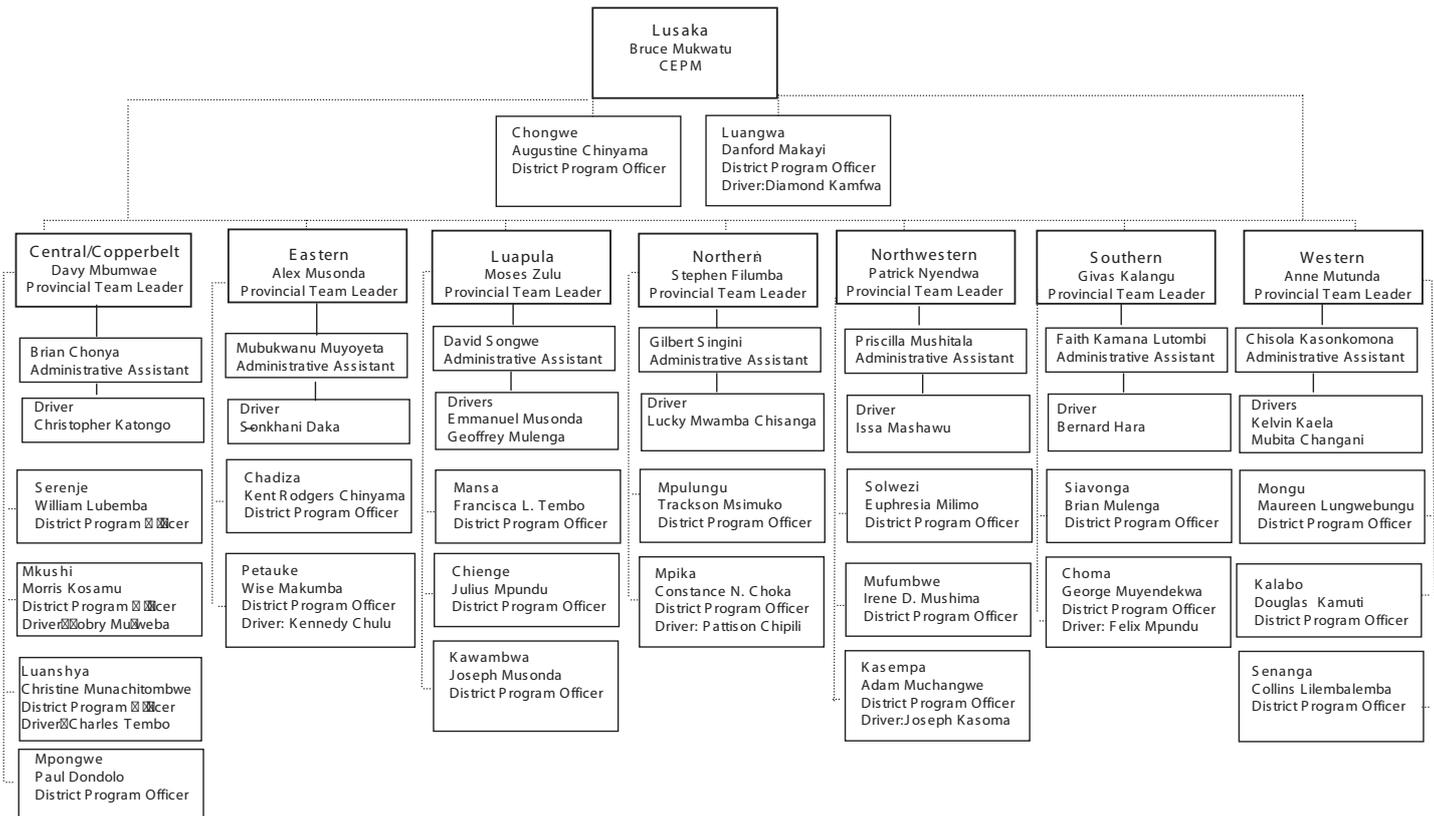
The process of office set-up also saw the official introduction of the HCP program to national, provincial, district and community stakeholders including government officials, non-governmental organizations, government departments at the district level and traditional leaders. This process laid the foundation for future partnerships with the stakeholders. For example, using the Office of the District Commissioner as an entry point for HCP at district level has ensured maximum support from the various government departments.

The process of preliminary partnership building resulted in HCP being offered free district office accommodation (*and exemptions from paying electricity and water bills*) by the DHMTs, other Government departments and NGOs such as Harvest Help in Siavonga. Out of the 21 HCP district offices, only 11 are paying rent.

Organigram



HCP Provincial Offices



HCP Retreat

A start up workshop was held in October 2004 including local and international HCP staff where staff were oriented to the HCP Zambia award, a common vision on desired achievements for the next five years was established, lessons from the past were shared, practical issues related to project start up were reviewed and the year one work plan was developed.

District Selection

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

- Underserved, hard-to-reach districts
- District population density
- Presence or absence of other partners (in particular, service provision partners)
- Past and present USAID and other cooperating partner investment (ZIHP demonstration districts not eligible)
- 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 the Provincial Health Directorate, the District Health Management Teams (DHMTs), District Administrators, Provincial Ministers, Permanent Secretaries, etc.), twenty-one predominantly rural and underserved districts were selected. Further consultations with the DHMTs resulted in the selection of 105 health centre catchment areas covering 977 communities.

Training of Facilitators

Three workshops were also held to prepare field staff for the task of community mobilization. These resulted in HCP provincial and district staff, and key members of NGOs from HCP districts being oriented to community mobilization strategies and culminated in the development of quarterly district and provincial work plans. An all-staff workshop was held at the end of year one to reflect on and discuss community mobilization issues, challenges, and successes.

Community Assessments

With the rationale of developing a deeper understanding of the communities where HCP works, community assessments were held to profile community structures, networking between organizations, issues of collective action and to assess the capacity development needs of community groups. These assessments were conducted in at least 20% of health centre catchment areas in each of the 21 HCP districts. Apart from investigating the above issues, the assessments also included a gender analysis during the problem analysis exercise which investigated among others the division of labour between men and women; their roles and participation patterns in the community mobilization cycle; the differences in men's and women's access to and control over resources and benefits; the needs that men and women have and the constraints and opportunities for the promotion of gender equality.



Community Assessment - Luanshya

Capacity Building Trainings

Based on the needs identified from the results of the community assessments, capacity building trainings were initiated with members of community groups which included NHCs, CBOs and NGOs and with the active participation of the health centre personnel. As of September 30th, 334 community members had received training in leadership skills, conflict resolution, financial management, proposal writing, participatory methodologies, strategic planning and project implementation, monitoring and evaluation. The participants were appreciative of the training that they had received as well as the approach employed,

"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"
HCC Chairperson - Paul Mambilima (Mansa district).

Preliminary results of the community assessments have also revealed that community leadership roles were dominated by men including in NHCs, CBOs and NGOs in which committees are dominated by men. This incongruity is being addressed by a number of remedial measures. Examples include:

- Specifically inviting women to every community activity spearheaded by HCP in which they would have been previously left out and even requesting an equal number of men and women.
- Gender being an integral part of the capacity building trainings and it is becoming common for those trained to pledge that they will seriously consider incorporating women into community activities as was the case in Mukungule, Mpika district despite being opposed to women's involvement at the start of the workshop.
- The DPOs in Lusaka province encouraged women's groups to apply for grants offered by the American embassy.
- The capacity building training organized by HCP in Chongwe stressed the participation of women from CBOs and specifically representatives of women's groups.
- In Eastern Province, the field staff are using community meetings to sensitize the communities against using stereotyped terminologies such as chairman, manpower, etc. as this alienates women from leadership roles.

- In Serenje where the trend has been that women are visibly absent in the district committees including the DATF and the DDCC, the Office of the District Commissioner and the HCP DPO have embarked on a strategy that will integrate women into district committees and leadership.
- In Luapula, women were encouraged to assume leadership roles during the trainings including writing on flip charts, leading group work and presenting during the plenary exercise and giving recaps of the previous day.
- The participants' identification of women as the marginalized members of society in a capacity building workshop in Luapula..

PARTNERSHIPS

Apart from partnerships developed during project start up, examples of strong bonds created at district level include:

- HCP's participation in District Committee meetings including the annual planning meetings for the DHMT in which HCP-supported activities have been drafted into the *District Health Plan*.
- At the district level, HCP has membership seats on committees such as the DDCC and the DATF.
- HCP being asked to participate in the planning meetings for the *Youth Day* celebrations and to serve as the secretariat.
- Health Centre staff have been instrumental in organizing community members for HCP supported community activities.
- Venues for the *Community Assessments* and *Capacity Building* workshops have been given free of charge by the Ministry of Health, the Ministry of Education and other NGOs.
- Members of other organizations are taking part as resource persons for the *Capacity Building* workshops. For example, Peace Corps volunteers worked in collaboration with HCP in Mpika by co-facilitating the trainings.
- HCP has often been invited to take part in the activities of other organizations.
- Some HCP staff worked in collaboration with CRAIDS in appraising CBO applications for funding from CRAIDS.

A list of organizations that have worked with HCP in one way or another is attached in Appendix 1.

Partnerships were also strengthened between community-based organizations as demonstrated in the Mumena Chiefdom:

"Kyawama abye byotwapwila pamo nekwitununga pamo muma oganayizesion, mambo kala ma oganayizesion ajinga eimena pabunke pano lelo Safe Motherhood Action group neba Neighbourhood Health Committee batatula kwingijila pamo na tubungwe tonse tuji mu kino kijiji kya ba Mumena". **Mr. Steven K. Soneka of Mumena RHC catchment**

(It is good that we have met in this manner as organizations because before this, the organizations worked independently. This time the Safe Motherhood Action Groups together with the Neighborhood Health Committees have started working together in collaboration with the other CBOs found in the Mumena Chiefdom)

EMERGENCY PLAN

Peer Education and Outreach

During this reporting period, HCP planned to conduct *Peer Leadership* trainings for uniformed personnel and transport workers [taxi and minibus drivers] and develop and distribute copies of the peer leadership curriculum for uniformed services.

A *Training of Trainers* workshop for uniformed personnel was held in which a core team of 31 uniformed

personnel from the Zambia Police, Prisons Department, Zambia Revenue Authority and the Immigration Department were trained as agents for rolling out HIV/AIDS programs in each of their services. This was followed by provincial workshops which resulted in 272 men and women in uniform trained as *Peer Leaders*. These individuals have since started reaching out to their peers, spouses and children through individual and group meetings.

One notable feature during the trainings of uniformed personnel was the many imbalances in terms of sex representation i.e. in all the trainings the representation of male participants surpassed that of females. HCP tried to address this gender gap by encouraging the authorities that recommended participants for the workshops to consider increasing the number of female participants. This is an issue that is still being discussed and has been compounded by the virtue of men dominating the uniformed services both in numbers and authority.



Demonstrating Correct Condom Use

The *Peer Leadership* guide and condom promotion materials have been finalized for printing. The condom promotion materials as well as support posters for the program were produced in collaboration with the *Society for Family Health* (SFH).

Radio Distance Education for PLHAs

A design workshop for the PLHA 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.

This was followed by a *Writers' Production Workshop* which equipped producers and artists with skills and information on the format, tone, target and topics to be covered in the program. A partners' meeting was also held to identify potential partners who could contribute to the program either through the provision of resources or technical assistance.

In order to equip radio presenters with the necessary skills for delivering the PLHA program, a radio interviewing skills workshop was held with 18 presenters from community radio stations across the country to enhance

their interviewing skills to capture quality testimonials.



Radio Script Writing Workshop

dB Studios was selected from five bidders to produce the radio program. Seven programs have since been produced in English and translated into Tonga and Lozi with the participation of the Ministry of Health and stakeholder NGOs including NZP+. All the programs were designed in such a way that the presenters are male and female. Two of the programs were pre-tested in Western and Southern provinces with the recommended changes being incorporated into the programs.

Development of Community/Folk Theatre for Health Promotion

While Zambia has a rich history in community theatre, very little capacity exists for community theatre groups to use theatre as a catalyst for discussion of serious issues like HIV. To this end, HCP embarked on a strategy to train master trainers who would, in turn, train rural theatre groups in effective messaging, and post-drama discussion facilitation. These groups would entertain while educating around issues of HIV and AIDS. Through HCP's district and provincial offices, these groups will also be linked to other projects, local resources and funding so that their skills can be maximally used.

Starting with a needs assessment of a sampling of Zambian theatre groups, 50 potential *Master Trainers* were identified from 160 applicants through a rigorous selection process that included assessment by a panel of four judges of a written essay, language skills and HIV knowledge. Training was provided by the South African group *Arepp: Theatre for Life* in theatre techniques while HCP staff covered HIV/AIDS technical issues.

Though trained specifically in HIV/AIDS messaging, these groups would also be used to help communities with any of their priority health issues. One such non-HIV/AIDS priority area is gender which was an integral part of the training. The status of women, the empowerment of women, the involvement of men in health issues as well as the greater vulnerability of women (biologically and socially) to HIV were discussed at length as well as how these would be addressed through positive modeling and subtly incorporated into the scripts even if they were not the main messages.

In terms of partnerships, *NATAAZ* and *CBoH* were identified as partners from the onset. The Health Promotion

Officer from CBoH during the official opening of the workshop gave his commitment to linking the trained theatre groups to the district and provincial focal persons for health promotion.

OTHER HEALTH

Distance Learning and Community Action

Community Health with Sister Evelina (CHWSE), a 15-minute radio program designed to provide Neighborhood Health Committees (14,400 across Zambia) and communities with information to support efforts to carry out health promotion activities, continued to be broadcast with HCP support.

During the reporting period, HCP produced and aired 26 programs on ZNBC radio 1 and 2. These programs were broadcast twice weekly in each of the eight major languages including English. The programs were centered on the following topics:

- Safe motherhood
- Rural family planning
- Long term and permanent birth control
- Male involvement in family health
- Malaria in pregnancy
- Anemia in pregnancy
- Nutrition in pregnancy
- Birth with a skilled attendant
- Incest & rape
- Literacy
- Gender-based violence
- Leadership skills

In order to maximize reach, *CHWSE* was aired either at the beginning or at the end of a popular radio program when the listeners are either waiting for their favorite program or they have just listened to it thereby maximizing the reach of information that is important for the prevention and control of diseases.

Challenges

- Peer leaders thinking that they could not conduct outreach activities until they had received certificates from HCP
- Lack of VCT and ART facilities in certain districts making demand creation for these services problematic
- Demand by other uniformed personnel such as guards and wildlife officers for the peer leadership program.
- Participants expecting to be paid a sitting allowance during HCP-organized meetings
- Translation of capacity building materials from English into the local language
- ZCCP did not complete the KWATU radio discussion program hence HCP could not produce the discussion guide
- Attrition rates for the trained *Peer Leaders* are high due to frequent transfers to other stations. Immigration officers in particular often had daily work schedules which prevented them from engaging in peer education activities.
- Getting PLHA testimonies in the right local language on the subject needed. (Testimonies in English are not problematic.)
- Despite a rigorous selection process, some of those trained as master community theatre trainers were not up to standard.

Modifications

- Use of focal point NGOs to support community mobilization was dropped at the suggestion of *USAID*.
- The inclusion of wildlife police in *Peer Leadership* trainings (in Northern and Western provinces).
- Transport workers peer education was dropped as HCP was not working in those communities and it doesn't contribute to supporting district community mobilization efforts.
- The initial 50 participants of the *Community Theater* training were short-listed to 20 who will participate in further skill development before doing training of local drama groups.

Strategic Approach 2 – Leadership

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

Approach

This strategic approach targets leaders at all levels – faith-based leaders, traditional leaders, local community leaders such as teachers or persons leading initiation rites, or pre-marriage counseling. While there will be a national level launch of these efforts, the focus of this strategy will be determining and subsequently targeting key leaders (and influencers of opinion) at an individual community level.

During this first year, most of the strategy's effort was focused on working with faith-based leaders and organizations in support of their national and local response to HIV/AIDS. For this program, HCP partnered with ZINGO in the implementation of the following activities:

- Training for religious leaders on how to communicate with their members on health issues, providing counseling when appropriate
- Production and distribution of IEC materials for counseling around sensitive issues
- Mass media through radio and television spots utilizing clergy providing leadership around HIV prevention and care and encouragement of others to do the same
- Religious leaders spearheading a *Care and Compassion Movement* through the use of religious teachings promoting caring and compassion.

Accomplishments

EMERGENCY PLAN

Couples Counseling Training for Spiritual Leaders

HCP in collaboration with ZINGO and the Zambia Counseling Council (ZCC) carried out a training program for religious leaders in psycho-social counseling to develop their skills in providing pre- and post- HIV test counseling to couples and other members of their congregations as part of overall pastoral care.

District trainings took place for selected religious leaders from all 21 HCP districts and covered the following topics:

- a) HIV/AIDS and related issues
- b) Counseling practice and theory
- c) Human development
- d) Professional and ethical issues in counseling
- e) Counselling for special situations
- f) Training and facilitation
- g) Field practicum

A total of 271 religious leaders participated in the trainings representing six church mother bodies including the Islamic Council of Zambia (ICZ), the Baha'i National Spiritual Assembly (BNSA), the Christian Council of Zambia (CCZ), Evangelical Fellowship of Zambia (EFZ), Zambia Episcopal Conference (ZEC) and the Independent Churches of Zambia (ICOZ).

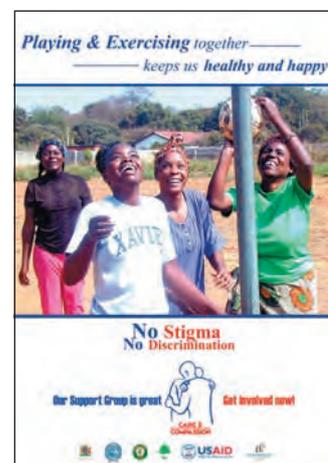
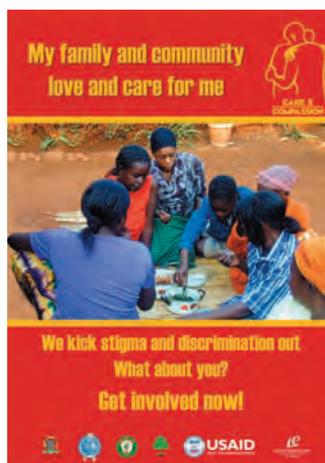
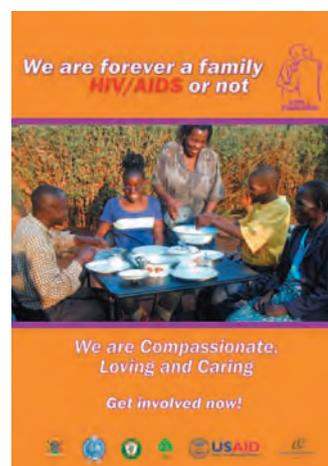
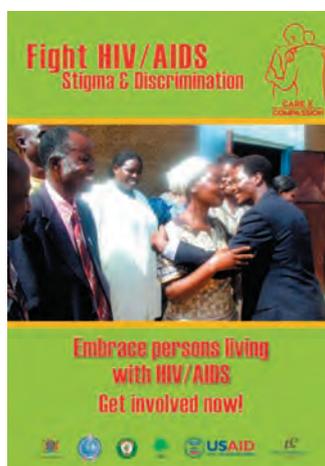
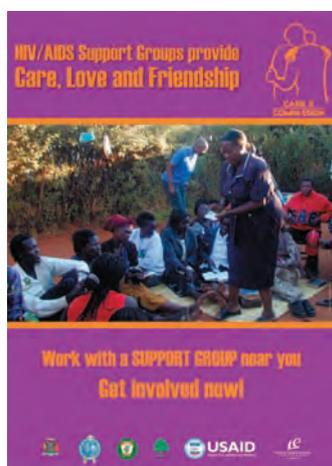
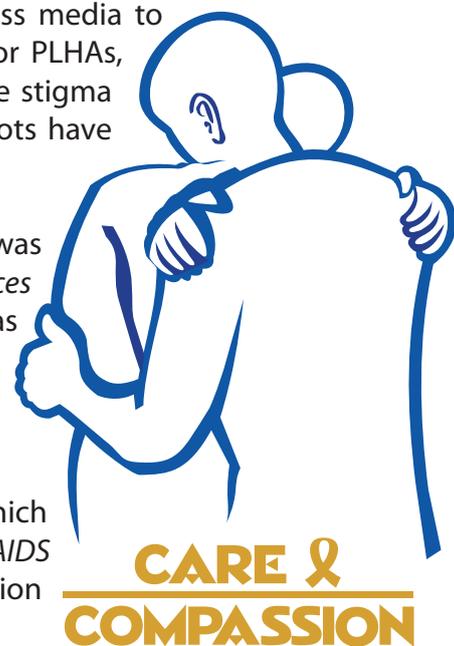
Since their training, these religious leaders have worked with their congregations and communities to create awareness about HIV prevention, the importance of VCT, HIV status disclosure, positive living, stigma reduction and the importance of providing care and support to PLHAs. They are doing this through sermons, couples' meetings and individual counseling sessions. Through these efforts, the trained religious leaders have reported reaching approximately 36,571. Additional results are reports of increased demand for VCT services in these districts.

Care and Compassion Movement

The *Care and Compassion Movement* uses religious leaders through mass media to inspire individuals and communities to be compassionate and caring for PLHAs, as well as to motivate other religious leaders to join the effort to reduce stigma against PLHAs in their congregations. To that end, four radio and TV spots have been developed featuring PLHAs, pastors and imams.

"It's not over until God says so", the *Care and Compassion* theme song, was composed by 13 Zambian musicians who came together as the "Voices of Hope". This song is sung in seven major Zambian languages and has messages of hope for the infected and affected as well as encouragement to the general population to provide care and support to those infected and affected by HIV/AIDS.

In collaboration with ZINGO, a *Care and Compassion* kit was designed which includes posters, call to action brochures, "compassion" badges, an *HIV/AIDS Fact Book*, a sermon guide, the anti-stigma video *Tikambe* with a discussion guide and the PMTCT videos *Mwana Wanga* with discussion guides.



Challenges

- The dominance of male participants in the trainings with minimal participation of female religious leaders. However, what has been observed so far is that when it comes to sensitization activities, the participation of men overwhelms that of women.
- Mixing of participants with varying levels of educational backgrounds ranging from grade nine to master's degree made it difficult for trainers to present the content in a way which was appropriate and understandable for all.
- A number of participants for the psycho-social counseling training either dropped out or failed the examinations. As noted above, the educational level of some prevented them from comprehending the course materials.
- Some of those trained expected HCP to pay them for counseling sessions.
- Some of the religious leaders felt that they could not conduct outreach activities until they had received their certificate from the ZCC.
- The non-participation of the Hindu Association of Zambia (due to Hindu populations in the districts usually being limited to one or two families) and the low participation of the Islamic Council of Zambia and the Baha'i National Spiritual Assembly members, both due again to very limited populations of those faiths in the districts where HCP is working.

Modifications

- Future activities will have to be planned in such a way that they broaden eligibility to include women's groups' leaders so as to increase women's participation.
- Conducting some of the trainings in the local language with simplified training materials
- Further orientation of DPOs and PTLs on promoting the inclusion of all faith groupings in their districts
- Psycho-social counseling trainings for the districts of Chienge, Kalabo and Mufumbwe were done in Lusaka to economize on both resources and time.

Strategic Approach 3 – Youth

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



Approach

HCP efforts in this strategy are focused on developing a more *resilient* generation of youth with the ability to make positive life choices. In order to achieve this, youth are empowered with the necessary information and skills that enable them to practice positive reproductive health behaviors; facilitate the development of respectful, gender equitable relationships between young men and women; transform them into a cadre of leaders who are actively engaged in mobilizing their peers; and increase their utilization of available reproductive health services. During this first year, activities to support this approach included:

- Contests through which young people used their creative talents to express and understand HIV/AIDS in Zambia
- Life skills training focusing on promoting open discussions and better understanding of situations that put young people at risk of infection
- Netball and soccer games used to develop life skills for HIV prevention, accessing VCT and planning for one's future
- Mass media to help youth develop a new sense of direction, realizing the need to protect themselves from STIs and HIV

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

Accomplishments

HEART Life Skills Toolkit

The *Treasuring the Gift* manual (originally described in the HCP work plan) was reviewed with different stakeholders including religious organizations and it was ultimately decided that it would not be an effective tool for the younger, rural and potentially out-of-school youth targeted through this project.

A needs assessment workshop involving various youth organizations and ZINGO led to the development of the *HEART Life Skills Toolkit*. This toolkit was pre-tested with a cross section of youth development organizations, generating suggestions for changes which were incorporated into the final product.



Demonstrating Life Skills

Twenty-one youth peer leaders were trained as *Master Trainers*; one from each HCP district. Downstream trainings for peer leaders at a district level began at the close of the first year and should be completed by the end of November 2005.

HEART Sports

A design workshop for *HEART Sports* was held with ten youth and sports development organizations taking part. This resulted in the development of a draft HEART Sports program. Decisions regarding which NGO will be implementing this activity will be made as appropriate according to which communities request this activity.

HEART Waves

HEART Waves activities began with focus group discussions with in- and out-of-school young people in the rural areas to understand their attitudes and behavior on issues regarding their sexuality and their interaction with parents and other adults in sharing information about their sexuality. These discussions were conducted in 36 sites in 18 HCP districts.

Using the findings of these discussions, a strategy design workshop was held to develop *HEART Waves* messages. Key messages were developed and the material types to be adopted were identified. The following were identified as the primary audience for the campaign:

- a. Youths not yet sexually active
- b. Sexually active youths wanting to return to abstinence
- c. Youth in partnerships separated by distance and time
- d. Parents of youth and other adults working with youth

Theme messages around abstinence, delayed sexual debut, youth-adult communication, HIV testing and living positively were developed for each audience segment while community and national radio and print materials were identified as the most suitable channels for the campaign.

Creative HEART

The Zambia Creative HEART Contest (ZCHC) seeks to promote youth access to health information, particularly information about HIV/AIDS. In this activity, youth in nine districts incorporated HIV/AIDS prevention messages into songs, dances, dramas, artwork, poems and debates, and competed at the school, zonal, and district levels. The program provided a unique opportunity for young people to explore their own thoughts and ideas related to HIV/AIDS, develop their opinions based on information they received from adults in the community, and expose the wider community to important HIV/AIDS and life skills messages.

The specific aims of the ZCHC were to:

- Encourage adult-child communication about HIV/AIDS.
- Build self-esteem, assertiveness, and critical thinking skills.
- Promote delayed sexual debut.
- Promote critical thinking about traditional practices that impinge on HIV prevention.
- Encourage youths to reflect on how to maintain healthy relationships with members of the opposite sex.
- Help youths perceive personal HIV risk.

By the close of the contest, 479 teachers were trained in nine districts, 7,643 pupils participated in six channels, and 23,229 school youth, parents, and teachers were reached by the event.

Contest Organization

ZCHC was launched in May of 2005. As part of this launch, teachers were oriented to contest logistics, and guide booklets and entry forms were distributed. One district from each of the nine provinces took part in this event (see *Table 1*). Zonal competitions were held in June. First-place winners from the zonal level then advanced to the district contests, which took place July.

Table 1. Districts participating in ZCHC.

	Province	District
1.	Lusaka	Chongwe
2.	Central	Serenje
3.	Copperbelt	Luanshya
4.	Luapula	Mansa
5.	Southern	Choma
6.	Eastern	Petauke
7.	Northern	Mpulungu
8.	Northwestern	Mufumbwe
9.	Western	Kalabo

All school-going youth 10-24 years of age were eligible to participate in the contest. Pupils could enter into only one of the six channels: drama, debate, dance, music, poetry, or visual art. Time limits and maximum group sizes were established for each channel during the design workshop for this activity. Each channel was further divided into three age groups, 10-14, 15-19, and 20-24, so that pupils were competing with others of a similar age. To encourage adult-child communication, each pupil was required to consult three key adults when preparing his or her entry. Such adults could be teachers, health providers, religious leaders, parents, or other trusted adults. All youth were expected to list the names of these three key adults on their entry forms.

A set of judging criteria for each channel was agreed upon in the design workshop. Judging forms were developed based on these criteria, and judges were trained in the use of the forms. Prizes were awarded to all first, second, and third place winners. Prizes included: dictionaries, Student's Companions, High Marks in the Big Fours, exercise books, mathematical sets, colored pencils, and badges. All first, second, and third place winners were also given a certificate, signed by both the Chief of Party, and a local representative from the Ministry of Education.

In order to maximize exposure to the messages delivered, contest event days were made open to in- and out-of-school youth of all ages, parents, community members, NGOs, local leaders, and all other interested parties.



Creative HEART Contestants

Collaborating Partners

ZCHC was designed by HCP and implemented in partnership with the Ministry of Education, Ministry of Health, Ministry of Youth, Sport, and Child Development, the National Theatre and Arts Association of Zambia, and the Zambia Center for Communication Programs. In addition to this already impressive list of collaborators, over 50 other individuals, organizations, ministries, and businesses were identified by HCP field staff as having contributed to the successful implementation of the Zambia Creative HEART Contest.

The program provided a unique opportunity for young people to explore their own thoughts and ideas related to HIV/AIDS, develop their opinions based on information received from adults in the community and expose the wider community to important HIV/AIDS and life skills messages.

The program was well received by pupils, teachers, parents and community leaders.

“ZCHC should continue and not stop here. It is the best way of educating each other as youth and the best way to tell our parents that they need to open up, i.e., to discuss with us the issue of HIV/AIDS.” – **Mpulungu High School Pupil**

“My child had almost stopped school, but the coming of the program boosted my child’s morale...He was among pupils who won at [the] zonal contest to proceed to the district contest, and since then I have seen some change in my child’s behavior. He has stopped playing with bad friends and now he is focused on school and knowing more about HIV/AIDS. So as a parent I feel the program should continue because it is helping us to mature our children amidst the deadly disease HIV/AIDS.” – **Precious Mwendabai, Parent (Choma District)**

“HCP is a real NGO for its thinking about the remote areas and the marginalized people. Since I was transferred to this school it is my first time to see an NGO come to us with a huge and important program like this.” – **School Manager, Mumphanshya Basic School, Chimusanya Zone, Chongwe District**

Another huge success of the program was the involvement of the collaborating partners whose assistance ranged from free venues, transport, fuel, food preparation, security, musical entertainment. Fifty-seven (57) private and governmental organisations closely worked with HCP to implement the Creative HEART activities.

Challenges

- High expectations from HCP partners in terms of subsistence allowances for stakeholders who want to be paid for taking part in HCP-supported activities.
- Critical areas were omitted in the budgeting for this activity. For example, not all participants who were scheduled to attend the district contest were able to do so because of a lack of resources for travel. Transportation of mentors to the contests was also not budgeted for.
- In some cases, identified mentors lacked adequate information in health related issues.

Modifications

- Peace Corps volunteers or appointed individuals could assist in the implementation and monitoring of the zonal competitions.

Strategic Approach 4 – Message Harmonization

Behaviour Change Communication strategies and activities are prioritized, coordinated and harmonized in support of GRZ and USAID Zambia identified health priorities.

Approach

HCP works to harmonize and prioritize health communication messages so that health messages shared through a variety of communication channels are both *consistent* and *supportive* of community led dialogue and problem solving to effect lasting behavior change. The following approaches were employed to effect BCC coordination and harmonization.

- Support to existing country wide commemorations
- Production and distribution of IEC materials and inter-personal counseling tools and job aids
- Technical support and collaboration with service delivery partners
- Support to GRZ's efforts to harmonize priority health messages including support to existing BCC task forces
- Mass media interventions

Accomplishments

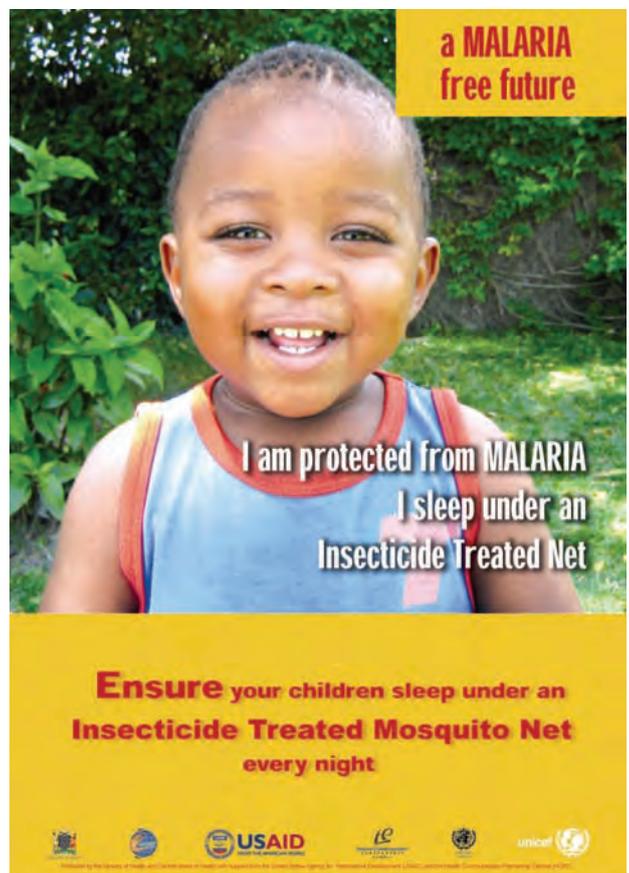
Enhancing Child Health Weeks

HCP provided support in the planning and implementation of *Child Health Weeks*, a bi-annual activity, which includes interventions aimed at enhancing survival of children under five years. *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 also supported *Child Health Week* activities through the provision of technical and logistical support to the District Health Management Teams in HCP districts and providing transportation of CHW materials and supervisory staff to the hard-to-reach health centers.

On a national level HCP facilitated the printing of 56,000 posters on vitamin A supplementation, growth monitoring and promotion, immunizations, de-worming, maternal-neonatal tetanus, re-treatment of ITNs, antenatal care, and community health education while HCP's Provincial Team Leaders and District Program Officers facilitated the distribution of these materials in all provinces and in the 21 HCP districts.

HCP also produced and aired four child health TV and radio spots on vitamin A supplementation, growth monitoring and promotion, immunizations, de-worming, maternal-neonatal tetanus, re-treatment of ITNs,



antenatal care, and community health education in English and 7 local languages.

One area of concern is that taking care of the family health needs is perceived as a woman's role as evidenced by the few men who bring their children for vaccinations during the *Child Health Week* as well the few men who escort their partners to the antenatal clinics. In order to address this, HCPZ has adopted a deliberate strategy of including men taking their children to the health center on its CHW posters and TV spots.

Support to National Communication Strategies/Message Harmonization

During this reporting year, HCP worked very closely with a number of partners in trying to harmonize health messages. HCP was represented on the following committees:

- 10 planning meetings for the *Zambia White Ribbon Alliance* for safe motherhood
- 8 meetings with partners to review the *Family Planning Guidelines* (including responsibility for producing a print ready final copy)
- Provided TA to the technical working groups (safe motherhood, family planning, PMTCT, ART, food and nutrition, malaria)
- Convened 6 meetings with partners to discuss and review IEC materials including the development of job aids

Inter-personal Communication Job Aids

HCP worked with partners to finalize the maternity counseling kit to be used by health care providers as a counseling aid. Three safe motherhood job aids focusing on antenatal care for health providers were also identified and drafted. Three draft fact sheets on VCT, ART, care and support for parliamentarians were also developed with HCP's technical input.

Better Health Campaign



Building on the reputation and the already established audience of the ZIHP supported Better Health Campaign's *Your Health Matters* (weekly television and radio spots in English and 7 local languages) continued to be aired with HCP support.

In the year under review, 52 episodes of the program were produced and broadcast on national television (ZNBC) and national radio stations (ZNBC Radio 1 and 2) on the following topics:

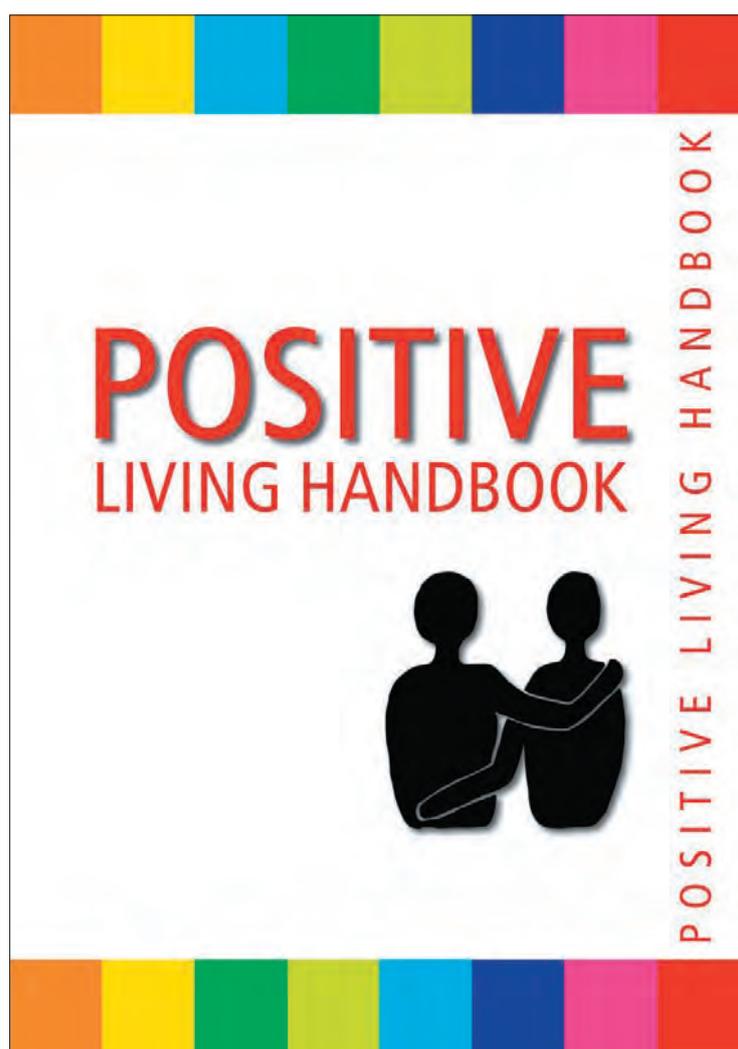
October	Breast cancer
November	HIV/AIDS
December	Child health
January	Water and sanitation
February	Tuberculosis
March	Family planning
April	Malaria
May	ART
June	Safe motherhood
July	ART
August	Family planning-Depo-Provera
September	Safe motherhood

Your Health Matters is aired at prime viewing time in the middle of the main *NEWS*, the very time when most people are watching. The program has received immense support from the government and the general public as evidenced by the number of letters received from the general public including Malawi and Zimbabwe.

Expanded Treatment and Care

The parameters for treatment and care are changing with the increased availability of HIV tests and ARV treatment. During this reporting year, ARVs have started to be offered free at some of the government health institutions. In addition to palliative, psychological and social care, the need emerges for a solid understanding of the complexities around ARV treatment and how to communicate about all that it implies. This need exists for health care and home-based care providers as well as the families and communities of those on treatment. Due to this urgency, there has also been a lack of coordination in the messages and information between various parties providing ART services. Harmonizing these messages was also seen as a critical need. HCP's role involved:

- a. Message harmonization around treatment and care through convening and facilitation of one smaller and two, very inclusive meetings of partners and stakeholders in ART. Emerging from this were a matrix of partners, their focus areas and materials they have produced as well as an outline and a mandate for developing a national ART strategy
- b. The development and printing of 45,000 copies of the *"Positive Living Handbook"*
- c. Installing 100 TVs and VCRs in clinics where there ART is offered (or about to be offered)
- d. Developing a concept and conducting research for a waiting room video on treatment and care



Support to National Days

Independence Day (24 October 2004)

HCP organized a concert at Manda Hill attended by about 3,500 people. Messages around HIV/AIDS prevention and VCT were shared. On site CVT was organized and provided by Kara Counseling.

World AIDS Day (1 December 2004)

HCP supported the Luanshya District AIDS Task Force (DATF) in implementing the 2004 World AIDS Day activities. Two football matches and one netball match were held as part of the WAD commemorations. A concert was also held in which HIV/AIDS abstinence messages were disseminated to over 500 youths.

In addition, HCP provided support to the National AIDS Council with the production of 1,000 World AIDS Day toolkits and 100,000 leaflets which were distributed to all districts.

World Health Day, SADC Malaria Week and Africa Malaria Day

HCP provided significant support to the planning, materials development and implementation of the SADC Malaria Week which was launched in early November in Mongu (Western province). Both World Health Day and Africa Malaria Day fell in the month of April 2005. HCP took on significant roles in the organization of the two events including technical assistance for the development of materials which were distributed on the two occasions. This included the printing and distribution of 300 T-shirts bearing the messages: "Our nation's wealth are healthy mothers and children" (front) and "Let's work together to save mothers' and children's lives" (back).

HIV Talkline

Launched in December 2003 in response to the need for accurate information, education and professional counseling, the **HIV Talkline** continues to offer 24-hour toll-free confidential service to all provinces, including some of the remotest districts. The service is available on all Zamtel lines and on the Cell-Z mobile phone network within Lusaka. One of the **HIV Talkline's** major drives is to mobilize callers to access VCT so that they know their status. Treatment literacy is another major area of focus for the talkline. Counselors communicate to callers in English as well as local languages including Lozi, Tonga, Bemba, Nyanja, and Tumbuka.



HCP Zambia provides partial support to CHAMP for **HIV Talkline** operational costs with a particular focus on counselor training and monitoring and evaluation of **HIV Talkline** services. These services include:

- Providing information to callers on all topics related to HIV/AIDS
- Counseling callers in relation to HIV-related issues
- Referring callers to appropriate facilities for access to HIV-related services

Activities

The following activities were conducted during the period under review:

- Recruitment of a *Counseling and Testing Services Manager*, who directly supervises the activities of the **HIV Talkline**
- Recruitment of four full-time *Nurse Counselors*

- All new **HIV Talkline** staff underwent a CHAMP *Peer Educators* course and a *Training of Trainers* course with a focus on up-to-date information about treatment, VCT and ART sites, STIs (and where to refer for treatment), stigma and discrimination, and opportunistic infections.
A living positively model is presented through CHAMP's *Hierarchy* which promotes nutrition as the foundation of the treatment required for PLWAs, followed by safer sex practices, positive living, monitoring of disease status, prevention and treatment of opportunistic infections, and with ART at the peak of the triangle.
- All new **HIV Talkline** staff, in addition to three existing **HIV Talkline** staff undertook a course in *Telephone Counseling* to equip them with telephone skills to manage clients in stress and to maintain confidentiality.
- Ongoing review of counseling skills and crisis management is undertaken to ensure that a common voice is used at CHAMP.
- Awareness campaigns have been undertaken in print media such as the Post Newspaper, Daily Mail and the Times of Zambia.
- Radio stations have continued to air the **Talkline** advertisement. All provinces are covered by the National Radio ZNBC. Other radio stations such as Radio Phoenix, Radio Maria, Radio Ichengelo, Christian Voice and Liseli have a scheduled program for **HIV Talkline** on the News Hour.
- Referral services to other health providers and NGOs for care and support are provided for on the **Talkline** and callers are usually referred to the nearest health provider to their area of residence.
- Counselors' professional development meetings take place every Friday for case presentations, debriefing and analysis of the week's activities. Topics that have been presented during the period under review include sexually transmitted infections, antiretroviral therapy, goals and general principles of ARV therapy, and ARV counseling and education.
- Callers that request IEC materials to be sent to them receive these through the post.
These are sent on weekly basis.
- The U.S. Ambassador provided a letter of support to the Communications Authority for free access to the **HIV Talkline** through the mobile phone networks. (A response is pending.)

Achievements

Experienced **Talkline** counselors offer confidential and quality service, allowing you to talk to a "friend" from the comfort of your home. The **HIV Talkline** counselors are highly skilled and experienced in dealing with clients in crisis situations.

Partnerships with CIDRZ and SFH (*New Start* VCT centers) have been strengthened with discussions and solutions developed for questions asked by callers relating to the services provided by these organizations.

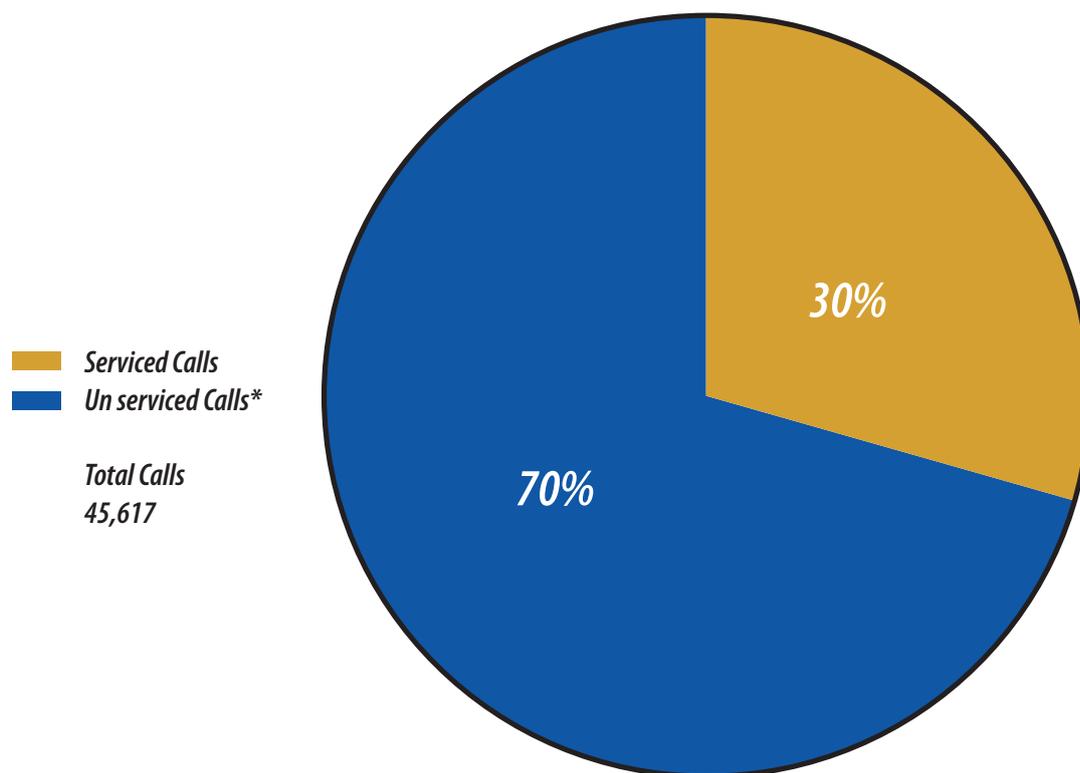
More people are now able to access VCT through the referral systems that exist between the **HIV Talkline** and our partners like the DHMT, local hospitals and other NGOs. Frequently callers ring back to inform us about going for VCT and what their experience was.

The "silence" is slowly being broken as people are now able to discuss HIV/AIDS related issues on the **Talkline**. An example is of Mr Peter Lisheha (not real name) who rang to tell us that he and his wife tested positive and he wanted to know what steps to take. Positive living using the CHAMP hierarchy model is an easily understood, doable, and comforting approach for people like Mr. Lisheha.

The AB prevention model from the PEPFAR guidelines is being implemented at the **HIV Talkline**. The goal of this model is to promote behaviors aimed at risk avoidance and risk reduction.

Knowing one's status, positive living, and seeking early appropriate treatment is emphasized. Clients are also referred to support groups and other health institutions as appropriate.

Below is a breakdown of the total number of calls serviced from 1 April 2005 to 30 September 2005.



* *Un serviced calls refer to those for which services are not provided. The reasons why these calls are not serviced may be abuse, compliments, counselor not available, faint line, hang-up, or line testing.*

It should be noted that advertising for the *Talkline* only resumed in July and that since this time more genuine callers are now accessing the service.

Success Stories

The *Talkline* counsellors receive numerous calls each day which point to the importance of the service they are providing. Some examples of these calls are listed below:

Mr Kondwani* rang on the 9th of June to thank the counselors for encouraging him to go for VCT because he was initially scared to do so. After he tested positive his wife also went for the test and she tested negative. They are now practicing safer sex and focus on living positively.

April * of Makeni and Sunda* of Chingola both rang to thank ***Talkline*** for sending IEC materials, which have been very useful in their communities.

Muleya* of Kalulushi was impressed by the professional information he got from 990 on urinary tract infections. He compared this to the long wait he had at 399 counselors who kept giving him different appointment dates to allow them to consult elsewhere.

Mr Mandevu* of Luanshya rang to thank all the ***Talkline*** counselors who gave him hope when he was told that he had tested HIV positive. He thought that it was the end of the world for him. Valuing the repeated counseling sessions he had with ***Talkline***, he went to Kara Counseling for training so that he could pass on the ***Talkline*** support he experienced to others. After attending a 4-month course in counseling, he is now the *Programme Coordinator* of a Luanshya support group.

Challenges

- Unrealistic expectations from NGO and governmental partners for financial support for the production and printing of IEC materials or support to special events
- Unclear perception of HCP mandate, given that many of the same people from ZIHP are in what was perceived as the same role with HCP
- Delays in the distribution of IEC materials due to the inadequacies of the health delivery system
- Delay in material production due to delays in key partner/stakeholder feedback process

Modifications

- The use of HCP field staff to distribute print materials instead of the official health delivery system so as to avoid delays
- For the sake of good partner relations, HCP responded positively to the unplanned request from CBoH to print 300 T-shirts for *World Health Day*
- At the request of CBoH and USAID, 4 programs to re-launch *Depo Provera* were produced and aired on *"Your Health Matters"* instead of the topic that was planned to be aired during that month.
- After wide consultations, the initial plans to produce three ART brochures were substituted by the production of the *Positive Living Handbook*.

S03 Activities

Using remaining SO 3 resources, USAID Zambia allocated some funds (\$187,000) for very specific activities with the objective of contributing to behavior change around HIV prevention, care and support through the re-production and dissemination of a core set of video and print materials, assisting local NGOs in the distributing of their newsletter to members and to enable greater access to HIV/AIDS information and services through the expansion of resource centers.

In addition, at the end of this fiscal year, \$150,946.35 was channeled through HCP to enable the upgrading of infrastructure and equipment along with the purchase of needed consumables for the **HIV Talkline**, managed by the Zambian NGO CHAMP.

Accomplishments

- a. Reproduced 1,000 videos, 500 DVDs and 2,500 discussion guides of “*Tikambe*” in *English, Bemba and Nyanja*.
- b. Reproduced 1,500 videos, 300 DVDs and 1,200 discussion guides of “*Mwana Wanga*”. These were in *English, Nyanja, Bemba, Tonga and Lozi*
- c. Produced 4,000 copies of the NZP+ (National Association of Zambians Living Positively) newsletter
- d. Produced 5,000 copies of the TALC (Treatment Advocacy and Literacy Committee) newsletter
- e. Produced 45,000 copies of the *Positive Living* handbook
- f. Provision of equipment and material support to the setting up of satellite centers of the *Afya Mzuri* Resource Centre
- g. Provision of equipment and material support to CHAMP to increase the capacity of the **HIV Talkline**.

In order to address specific challenges that women living with HIV/AIDS face, the *Positive Living Handbook* highlights reproductive health issues including issues of sex and conception. The handbook also provides contact information for women’s legal aid services as well as information on will writing.

Challenges

- The partners are many and most of them are faced with tight deadlines for deliverables. Initially to gather them all together and make them see the value of collaboration took some time.
- The involvement of numerous stakeholders in reviewing and commenting on the *Positive Living* handbook stretched the time dedicated to producing the handbook thereby increasing the production costs.

Modifications

- After wide consultations, the initial plans to produce three brochures were substituted by the production of the *Positive Living Handbook*.

Community Mobilization

Sub-result	Activity	Accomplishment	Next Step	Outstanding Issues
Strengthening Community Based Systems and Networks	<p style="text-align: center;"><u>Emergency Plan</u></p> <ul style="list-style-type: none"> • Identification of master trainers for community/ folk theatre • Training of trainers workshop for community theatre artists • Review of available materials, tools and curricula for peer education • Hiring of subcontractor to review and adapt curricula based on current HIV trends • Designing condom promotional materials for uniformed personnel. • Training of <i>Peer Leaders</i> for high risk populations • Training of uniformed services peer educators in all provinces • Preparing of Peer Leadership Guide for printing • Designing and printing of condom promotion materials • Outreach activities held by Peer Leaders in their camps 	<p style="text-align: center;"><u>Emergency Plan</u></p> <ul style="list-style-type: none"> • Master trainers for <i>Theatre for Life</i> identified • Finalisation of selection of 50 trainers to be trained • 50 drama artists trained • PE materials and curricula reviewed and contractor hired to adapt the curricula • PE guide adapted and pre-tested • Condom brochure adapted and produced • TOT for uniformed personnel held • 9 peer education trainings held in all provinces • 272 uniformed personnel trained as peer educators • Posters designed for uniformed services • Design document for • PLHA radio program produced 	<p style="text-align: center;"><u>Emergency Plan</u></p> <ul style="list-style-type: none"> • Trained artists to start outreach activities • Distribution of peer education guide • Distribution of the condom brochures • Broadcast of the PLHA radio series 	<p style="text-align: center;"><u>Emergency Plan</u></p> <ul style="list-style-type: none"> • Rolling out of the Community theatre programme

Leadership

Sub-result	Activity	Accomplishment	Next Step	Outstanding Issues
Mobilizing Religious and Traditional Leaders	<p><u>Emergency Plan</u></p> <ul style="list-style-type: none"> • Consultative meetings with religious and traditional leaders • Develop counseling tool for FBO leaders • Training of FBO leaders in psycho-social counselling • Get consensus on approach (couples counseling by spiritual leaders) • Production of media materials for the <i>Care and Compassion</i> Movement 	<p><u>Emergency Plan</u></p> <ul style="list-style-type: none"> • National level consultative meeting held with 22 FBO leaders • 271 Religious Leaders trained • Counselling of clients by FBO leaders begun • Musicians to produce <i>Care and Compassion</i> song identified • <i>Care and Compassion</i> song produced • Lantana Studios contracted to produce the spots • <i>Care and Compassion</i> Radio and TV spots produced • <i>Care and Compassion</i> posters produced 	<p><u>Emergency Plan</u></p> <ul style="list-style-type: none"> • Technical support visits by provincial staff • Monitoring activities of trained FBO leaders 	<p><u>Emergency Plan</u></p> <ul style="list-style-type: none"> • Graduation ceremony for religious leaders who qualify after training

Youth

Sub-result	Activity	Accomplishment	Next Step	Outstanding Issues
Mobilize and support youth to make positive life choices and contribute to improved health within their families and communities	<u>Emergency Plan</u> <ul style="list-style-type: none"> Develop guidelines for the <i>Creative HEART</i> contests Mobilize community participation in the contests HEART Contests at zonal and district levels in one district per province Develop and distribute contest booklets Provincial contests Adaptation of the <i>Treasuring the Gift</i> manual with ZINGO Production and distribution of the manual Training in the <i>HEART Life Skills Toolkit</i> HEART Campaign TV and Radio spots Conduct sports camp activities with youths 	<u>Emergency Plan</u> <ul style="list-style-type: none"> <i>Creative HEART</i> design workshop held Contest guidelines developed <i>Creative HEART</i> provincial and district advisory teams formed Teachers oriented <i>Creative HEART</i> launched in all provinces Contest booklets distributed to all participating zones Contests held at zonal and district level <i>Treasuring the Gift</i> manual revised and changed to <i>HEART Life Skills Toolkit</i> Toolkit pre-tested Production of toolkit Youth trained in using the toolkit Roll out of the toolkit begun Consultations held with youth in 18 districts on key youth issues Findings of the consultations used to develop messages <i>HEART Waves</i> design workshop held Key messages for radio and TV spots developed Design workshop for <i>HEART Sports</i> held 	<u>Emergency Plan</u> <ul style="list-style-type: none"> Phase II of the <i>Creative HEART</i> contests Rollout of the <i>HEART Life Skills Toolkit</i> to the other districts Production of the <i>HEART Waves</i> TV/radio spots Airing of the spots Production and distribution of HEART posters 	<u>Emergency Plan</u> <ul style="list-style-type: none"> Contests yet to be held in all the HCP districts Provincial contests for <i>Creative HEART</i> <i>HEART Sports</i> activities

Message Harmonization

Sub-result	Activity	Accomplishment	Next Step	Outstanding Issues
Coordinating and prioritizing BCC strategies and activities for better health including changing harmful social and gender norms	<u>Emergency Plan</u> <ul style="list-style-type: none"> • Convening message harmonization workshops as needed • Review of existing VCT/STI tools/IEC materials • Circulation of report of the January 2005 ART message harmonization meeting • Drafting and pre-testing the ART "Positive Living Handbook" • Meeting of stakeholders to discuss the content of the ART clinic video 	<u>Emergency Plan</u> <ul style="list-style-type: none"> • Compiled list of partners and materials in the area of ART communication • Contracted Afya Mzuri to assist with the illustration, layout and pre-testing of "Positive Living Handbook" • Developed a message strategy for the clinic video on ART • Developed in conjunction with CBoH a list of 100 ART sites in the country as candidates for TV/VCR installation in out-patient waiting rooms • 100 TVs and VCRs procured and distributed to 100 ART sites • Preliminary meeting conducted with partners on ART message harmonization • Locally available STI materials collected for review 	<u>Emergency Plan</u> <ul style="list-style-type: none"> • Develop script for ART clinic video • Identify director, producer • Production of ART video • Pre-testing the video • Distribution of ART video 	<u>Emergency Plan</u> <ul style="list-style-type: none"> • ART Communication Strategy for Zambia • Reproduction and distribution of the "Positive Living Handbook" • Identification of relevant messages to develop job aids • TOT for use of job aids

Sub-result	Activity	Accomplishment	Next Step	Outstanding Issues
	<ul style="list-style-type: none"> • <u>Other Health</u> • Participation in second review meeting of Family Planning Guidelines • Review of Safe Motherhood job aids • Development of job aids • Attendance of consultative meetings with key stakeholders in working groups • Child Health Week • Better Health Campaign 	<ul style="list-style-type: none"> • <u>Other Health</u> • Identified Safe Motherhood job aids from main guidelines • Family planning guidelines revised and final draft completed • 10 planning meetings for the Zambia White Ribbon Alliance for safe motherhood • 8 meetings with partners to review the Family Planning Guidelines (including responsibility for producing a print ready final copy) • Provided TA to the technical working groups (safe motherhood, family planning, PMTCT, ART, malaria) • Convened 6 meetings with partners to discuss and review IEC materials including the development of job aids • Tikambe translated into 2 local languages – Bemba and Nyanja • 1,000 videos, 500 DVDs of Tikambe produced • guides produced and distributed with video. • PMTCT clinic video “Mwana Wanga - My Child” produced • 300 DVDs, 1,200 videos and 1,200 discussion guides of Mwana Wanga produced • Material support to CBoH during the World Health Day commemoration • Printed and distributed to all districts 46,000 CHW Posters • Produced and aired in English and 7 local languages 4 CHW TV and radio spots • 52 episodes of Your Health Matters produced and aired on ZNBC radio and TV 		

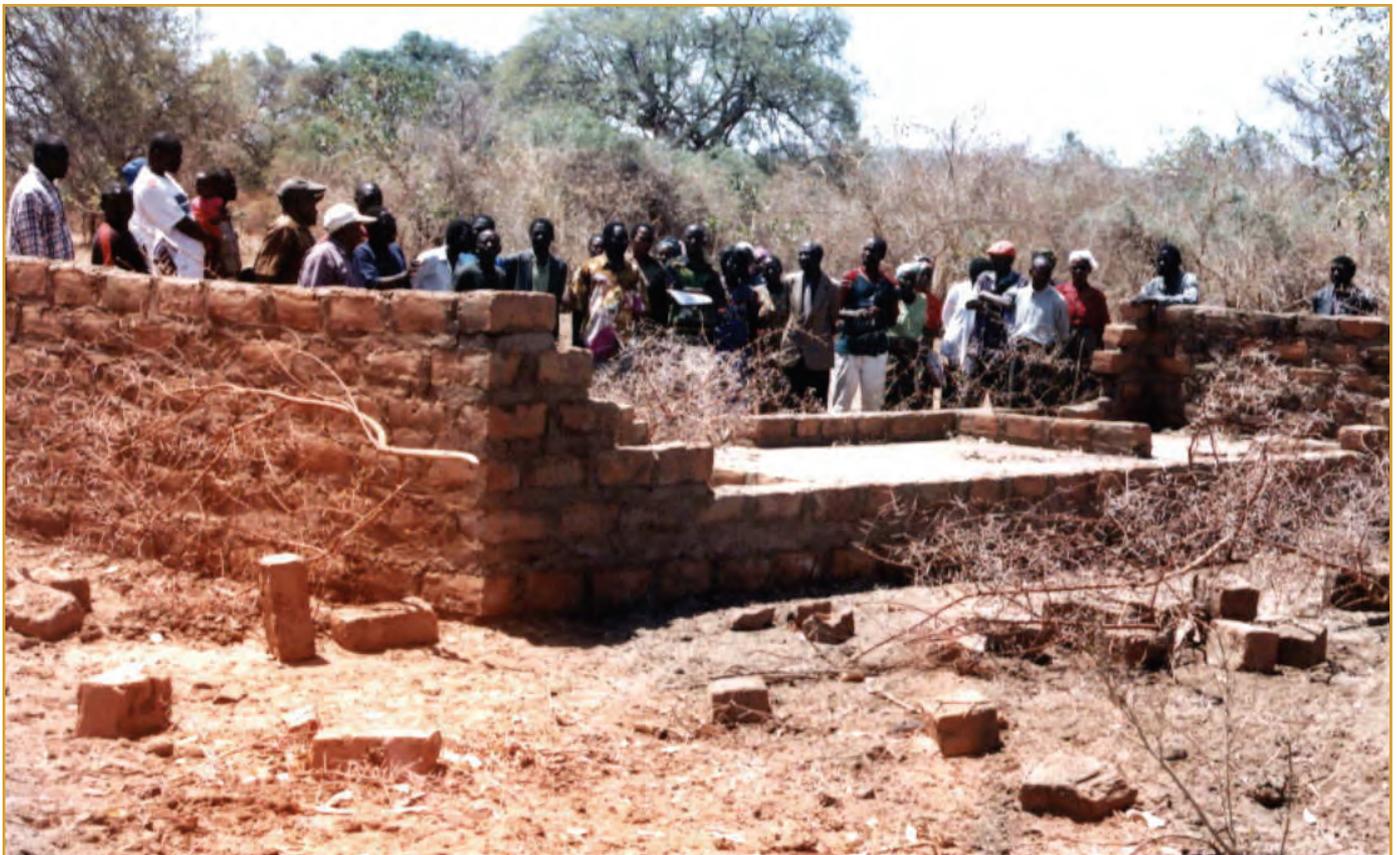
HCP Stories

In Siayumbu, a spark has turned into a bonfire

The Siayumbu community NHC is one of the seven NHCs in the Lusitu catchment area of Siavonga district. Siavumbu, located approximately 70 km from Siavonga, has a population of about 760 people. As a hard-to-reach, under-served community, it fell ideally within the HCP mandate. The first community mobilization activity – an environmental assessment – ignited the realization that there were resources locally which could be combined to meet many of their health needs. This spark has turned into a bonfire of activity.

The leaders of Siayumbu also realized that women were not going for antenatal visits because of the distance and the quality of the service provided at the nearest health center. They felt that their community health worker who had been trained as a malaria agent, combined with their trained traditional birth attendant could attend to many of their health needs locally – IF they could build a small building which would serve as a “health center”. They asked each family for K 5,000 (a little more than \$1). With this initial start up capital, they bought 10 roofing sheets and 5 bags of cement. Further roofing sheets were donated by a headman and bags of cement from a nearby health center. Their three room health center will provide separate space for antenatal visits with the TBA as well as a treatment room for the community health worker who, with subsidized stocks from CHAZ, will be able to locally promote ITNs in particular to pregnant women and those with children under five. A third room will be used as a storeroom/shop.

The community has made fired bricks, found a bricklayer within their midst and with their own labor is well on the way to seeing their own health center a reality.



The spark of initiative spread to dealing with other needs as well. The NHC had been supporting OVCs as it could with clothing, spiritual, and emotional support. However, it realized that there was great need

for additional support. Using their own resources, the NHC decided to raise goats as an income generating activity for OVC support. They now have six goats bought through donations from their members. After each adult female goat delivers, the young goat will be given to the children of chronically ill to raise for sale in the future. Seven OVCs have been identified in the community and have been put on the support program of the Siayumbu NHC.

“We never realized that supporting efforts of one another can make the community feel as one family”, said Chainyonga, the NHC Secretary.

Finally, this fire has continued with the mobilization of a youth NHC which has formed a drama group to present health messages both within the Siayumbu community and to neighboring communities.



Creatively Reaching Out to Hard-to-Reach Youth

Kalabo, a remote town bordering Angola, is hardly reachable by road. The road that connects the district to the rest of the country passes through the Barotse Plains and, due to floods, is impassable six months of the year. During this time, the most reliable mode of transportation is water, making it hard to reach most parts of the district. Communication and other basic facilities are either non-existent or not easily accessible by the majority of the people, due to the long distances. No national television or radio service transmits to any of the zones. Kalabo's scanty access to modern communication, coupled with the just-ended civil strife in neighbouring Angola, has resulted in the local populations being denied access to information, including life changing health messages.

It is with this background that the Health Communication Partnership Zambia (HCPZ), selected the district as an intervention site for the Zambia Creative HEART contest, with the goal of promoting youth access to health information, particularly information about HIV/AIDS prevention.



Youth age 15-19 compete in the category of Song at the Sihole Zonal competition in Kalabo District.

Using the cascade approach and the already existing Ministry of Education Zones, HCPZ oriented one zonal representative to the objectives, process and expected outcomes of the programme. These zonal teachers in turn oriented at least one teacher from all the schools within the zone. Thereafter, all the schools in the zone met at one school for the zonal contest, with the winners from each of the 12 participating zones meeting a week later to take part in the district contest.

During these contests and using drama, poems, songs, visual arts, dance and debate, pupils aged 10-14 and 15-19 shared HIV/AIDS related information on abstinence, VCT, ARVs and parent-child communication with their fellow pupils, teachers, parents and the local communities.

The immediate indicator of success of the Kalabo zonal and district contests is that the contest organisers and sponsors defied all odds to organise and facilitate the contest under obstinate conditions. As the head master for Libonda Basic School said in his opening remarks:

“We are happy that the HCP thought of us for this contest. These people have taken the trouble to come all the way to Libonda from Kalabo by boat...anything could have happened. They could have lost their lives. But because they care for us, they decided to come.”

– Head Master, Libonda Basic School



Students receive prizes at the Kalabo District Zambia Creative HEART Contest.

Equally impressive was the involvement of different stakeholders and the adult populations. The active involvement of the Ministry of Education, the District Health Management Team, NAATAZ, Youth Alive, Zambia Police and the office of the District Commissioner proved that the programme was not just an HCP driven one, but that the local community had a stake in it. African Parks provided a vehicle to ferry pupils and a boat to carry the organising team to one zone that could only be reached by water. The Ministry of Education availed to the contest their only functioning vehicle in the district. The DHMT provided fuel for the HCP and Ministry of Education vehicle, fuel for the boat, communication facilities, office space, equipment, stationery and a boat to ferry pupils from three zones. The contest also opened doors for further collaboration:

“Last year we held a zonal contest for those schools that are in the game areas so as to sensitise them on the need to conserve wildlife. In future, we will consult you (HCP) to see how we can work together.”

– Programme Coordinator, African Parks, Liuwa Game Park

Research, Monitoring and Evaluation

HCP uses research as a tool to inform and guide program activities. The year under review was devoted to developing systems for monitoring program activities, conducting research to inform program interventions and instituting measures for establishing program impact.

Monitoring

To facilitate the smooth collection, sharing and storage of program related data, systems and tools were designed to be used by program staff and beneficiaries at all levels of HCP operations. Predominant among these are the paper-based data collection tools which were developed, effectively introduced, and utilized for the training and outreach activities for the Peer Education, Psycho-Social Counseling, Zambia Creative HEART Contest and the HEART Life Skills programs.

Other mechanisms put in place for sharing program-related information include;

- Staff weekly meetings at the Lusaka head office
- Monthly meetings between the PTLs and DPOs at a provincial level
- Staff activity and trip reports
- Staff supportive/supervisory visits to project sites

Evaluation

For the purposes of detecting change and attributing it to HCP's interventions, a series of three cross-sectional surveys (baseline and two follow-up surveys) have been lined up over the lifespan of the program.

Baseline Survey

For the year under review, the main focus was the baseline survey conducted among men and women of reproductive age and community respondents including traditional leaders, political leaders, teachers, health center personnel, NHC members and other key community members. The study was conducted in 36 districts including the 21 HCP districts.

- 2,666 households were randomly selected
- 7,847 (3,873 men and 3,974 women) individuals including youth aged 10-24 years were interviewed
- 448 community respondents were interviewed

The two follow-up surveys will serve to measure trends in key project indicators and to assess the extent to which these changes can be attributed to intervention activities.

Community Assessments

In addition to the population-based surveys, community-focused studies are being conducted to provide a deeper understanding of the communities where HCP works. These include:

- a) *Community Mobilization Capacity Assessment* with community groups and NGOs
- b) *Participatory Facilitation Skills Assessment* with NGOs and community groups
- c) *Environmental Assessments* with Health Centre catchment area representatives

The assessments are being conducted in 105 Health Centre catchment areas in HCP districts and the results of the assessments are being used to inform HCP

- On the potential target audiences for HCP programming

- On community strengths and weaknesses
- On community members' perceptions and attitudes towards key community mobilization and health issues
- On concerns and needs that may be related to community problems
- On potential partners with whom to work

Summary of Other Research Undertaken by HCP

HEART Study

The study is based on the analysis of qualitative data from focus group interviews with in-school and out-of-school adolescents aged 10-24 years in Mkushi, Serenje, Luanshya, Mpongwe, Chadiza, Petauke, Kawambwa, Mansa, Chongwe, Luangwa, Mpika, Mpulungu, Mufumbwe, Solwezi, Choma, Siavonga, Mongu and Senanga. The objective of this study was to gain insights about young people's knowledge, attitudes and behaviors with regards to their sexual and reproductive health, gender relations between young men and women, factors that influence young people's reproductive and sexuality choices and source and barriers faced by young people in accessing health related information and services. The study was coordinated by the HCP Youth and Research Units while PTLs and DPOs collected the data. The findings have since been used to develop messaging concepts for the rural focus of HEART Waves radio and television spots.

Family Planning/HIV Integration Study

The study is a multi-faceted examination of 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 generalized HIV infections in Zambia. It specifically investigates the correlation between a woman's choice to become (or not to become) pregnant and the existence of PMTCT, ARVs and various family planning services as well as the influence of public discourse on the same. Fielded in Siavonga, Kapiri Mposhi and Katete, the study employed the Focus Group Discussion approach as well as the survey method in which 12 FGDs and 40 Key Informant Interviews were conducted with PLHAs, women using family planning methods, men whose spouses are using family planning methods, women who are not using FP methods, men with spouses who are not using FP methods and key community members. Sponsored by the International HIV/AIDS Alliance and coordinated by Johns Hopkins University the study was fielded by University of Zambia consultants.

PLHA Radio Program Pre-test

Based on the qualitative analysis of data from PLHAs and caregivers of people chronically ill with HIV/AIDS, the pre-test aimed to investigate comprehension, acceptance, involvement, inducement to action and the educational value of the recently designed PLHA Radio Program (Living and Loving). The pre-test was conducted in three purposefully selected districts of Choma, Livingstone and Mongu. The pre-test methodology was Focus Group Discussions which were preceded by exposure of the targeted audience to the radio program. Coordinated by the HCP Community/Mass Media and Research offices, the findings have informed the program designers on the necessary adjustments to the program which have since been effected.

Challenges

- The major challenge faced has been ensuring the timely collection of data. HCP heavily relies on its field staff to collect and aggregate information from the project sites. Added to this responsibility is ensuring the reliability, validity, precision and integrity of the data collected. As field staff are often occupied with program implementation, timely data collection has tended to be compromised.

Modifications

- CBO members are being equipped with monitoring and evaluation skills. This will enable DPOs to effectively use them as data collection agents.
- Peace Corps volunteers (where available) are being considered to assist in monitoring community level activities.

Appendix 1

LIST OF PARTNERS

Governmental /Quasi-Governmental

Ministry of Community Development, The Immigration Department, Zambia Police Service, Zambia Prisons Service, Office of the District Commissioner, Office of the Provincial Permanent Secretary, The Provincial Education Office, The Provincial Youth Development Office, The District Education Office, Zambia Information Service, Ministry of Education (HQ), Ministry of Health (HQ), Ministry of Youth, Sport, and Child Development ((HQ), National AIDS Council (NAC), Central Board of Health (CBoH), Zambia Revenue Authority (ZRA), Zambia Wildlife Authority (ZAWA), The Provincial Health Office (PHO), The District Health Management Teams (DHMT), The Municipal Council and the District Councils, CRAIDS, District AIDS Task Force (DATF), District Development Coordinating Committee (DDCC), National Malaria Control Centre, Food and Nutrition Commission

Non-Governmental

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, the 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), RAPIDS, SHARe, HSSP, CHANGES2, EQUIP2, CRS, PACT, JHPIEGO, PCI, CIDRZ, Corridors of Hope, World Vision, Christian Aid, C-SAFE, ZINGO, Kara Counselling, CHAMP, Afya Mzuri, TALC, CHAZ, Zambia Counselling Council, White Ribbon Alliance

Appendix 2

Matrix of Materials Produced

Country	Topic	Type	Year	Language	Title, Description	Producer/ Author(s)/ Consultation	Producer/ Author(s)/ Consultation	Audience	#s
Zambia	HIV/AIDS	Poster	2005	English	Care and Compassion Posters 5 Messages	HCP, ZINGO, NAC, MOH	OGAC, USAID	Religious Community All Faiths	5,000
Zambia	HIV/AIDS	Brochure	2005	English	Care and Compassion Call To Action Brochure	HCP, ZINGO, NAC, MOH	OGAC, USAID	Religious Community All Faiths	25,000
Zambia	HIV/AIDS	Badges	2005	English	Care and Compassion Badges	HCP, ZINGO, NAC, MOH	OGAC, USAID	Religious Community All Faiths	17,000
Zambia	HIV/AIDS	Booklet	2005	English	HIV/AIDS Questions and Answers Booklet	HCP, ZINGO, NAC, MOH	OGAC, USAID	Religious Community All Faiths	5,000
Zambia	HIV/AIDS	T/shirt	2005	English	Care and Compassion T Shirts	HCP, ZINGO, NAC, MOH	OGAC, USAID	Rreligious Community All Faiths	500
Zambia	HIV/AIDS	Caps	2005	English	Care and Compassion Caps	HCP, ZINGO, NAC, MOH	OGAC, USAID	Religious/ Leadership	100
Zambia	HIV/AIDS	Bags	2005	English	Care and Compassion Bags	HCP, ZINGO, NAC, MOH	OGAC, USAID	Religious/ Leadership	600
Zambia	HIV/AIDS	Booklet	2005	English	Creative Heart Guide Booklet	HCPZ, MOE	OGAC, USAID	In School Youth	1,500
Zambia	HIV/AIDS	Leaflet	2005	English	Creative Heart Entry Leaflet	HCPZ, MOE	OGAC, USAID	In School Youth	250,000

Matrix of Materials Produced

Country	Topic	Type	Year	Language	Title, Description	Producer/ Author(s)/ Consultation	Producer/ Author(s)/ Consultation	Audience	#s
Zambia	HIV/AIDS	Toolkit	2005	English	Heart Life Skills Toolkits	HCPZ, MOE	OGAC, USAID	In School Youth	550
Zambia	HIV/AIDS	Video	2005	English/Bemba Nyanja/Lozi/Tonga	Mwana Wanga	HCP, CBOH	OGAC, USAID	General Population	1,500
Zambia	HIV/AIDS	DVD	2005	English	Mwana Wanga	HCP, CBOH	OGAC, USAID	General Population	300
Zambia	HIV/AIDS	Guide Booklet	2005	English	Mwana Wanga Guide Booklet	HCP	OGAC, USAID		1,500
Zambia	HIV/AIDS	Video	2005	English/Bemba Nyanja	Tikambe	HCP, ZIHP	OGAC, USAID	General Population	2,500
Zambia	HIV/AIDS	DVD	2005	English	Tikambe	HCP, ZIHP	OGAC, USAID	General Population	
Zambia	HIV/AIDS	Guide Booklet	2005	English	Tikambe Guide Booklet	HCP, ZIHP	OGAC, USAID		2,500
Zambia	HIV/AIDS	Toolkit	2005	English	World Aids Day Toolkit	HCP, NAC	OGAC, USAID	Datf	1,000
Zambia	HIV/AIDS	Flyer	2005	English	World Aids Day Flyer	HCP, NAC	OGAC, USAID	Datf	80,000
Zambia	Safe Motherhood	T/Shirt	2005	English	Safe Motherhood T/Shirt	HCP, WHO, CBOH	OGAC, USAID		300

Matrix of Materials Produced

Country	Topic	Type	Year	Language	Title, Description	Producer/ Author(s)/ Consultation	Producer/ Author(s)/ Consultation	Audience	#s
Zambia	Child Health	Poster	2005	English	Child Health Week Posters 5 Messages	HCP, CBOH	OGAC, USAID	Youth	7,200
Zambia	HIV/AIDS	Brochure	2005	English	Adult Child Communication Brochure	HCP, CBOH, NAC	OGAC, USAID	Youth	3,000
Zambia	HIV/AIDS	Brochure	2005	English	Know About Condoms Brochure	HCP, CBOH, NAC	OGAC, USAID	Youth	3,000
Zambia	HIV/AIDS	Brochure	2005	English	Positive Living Brochure	HCP, CBOH, NAC	OGAC, USAID	Youth	3,000
Zambia	HIV/AIDS	Brochure	2005	English	Know About HIV/AIDS Brochure	HCP, CBOH, NAC	OGAC, USAID	Youth	3,000
Zambia	HIV/AIDS	Brochure	2005	English	Care And Support Brochure	HCP, CBOH, NAC	OGAC, USAID	Youth	3,000
Zambia	HIV/AIDS	Brochure	2005	English	Condoms Brochure	HCP, CBOH, NAC	OGAC, USAID	Youth	3,000
Zambia	HIV/AIDS	Brochure	2005	English	Abstinence Brochure	HCP, CBOH, NAC	OGAC, USAID	Youth	3,000
Zambia	HIV/AIDS	Brochure	2005	English	Frequently Asked Questions Brochure	HCP, CBOH, NAC	OGAC, USAID	Youth	2,000
Zambia	HIV/AIDS	Booklet	2005	English	About STD's Booklet	HCP, CBOH, NAC	OGAC, USAID	Youth	3,000
Zambia	HIV/AIDS	Booklet	2005	English	Contraceptives Booklet	HCP, CBOH, NAC	OGAC, USAID	Youth	3,000

Matrix of Materials Produced

Country	Topic	Type	Year	Language	Title, Description	Producer/ Author(s)/ Consultation	Producer/ Author(s)/ Consultation	Audience	#s
Zambia	HIV/AIDS	Poster	2005	English	Tell Your Friends Poster.	HCP, CBOH, NAC	OGAC, USAID	Youth	3,000
Zambia	HIV/AIDS	Poster	2005	English	Be Smart, Free Your Mind Poster	HCP, CBOH, NAC	OGAC, USAID	Youth	3,000
Zambia	HIV/AIDS	Poster	2005	English	Get More Information Poster	HCP, CBOH, NAC	OGAC, USAID	Youth	3,000
Zambia	HIV/AIDS	Poster	2005	English	Talk To Your Friends Poster	HCP, CBOH, NAC	OGAC, USAID	Youth	3,000
Zambia	HIV/AIDS	Poster	2005	English	Don't Discriminate Against People With HIV/AIDS Poster	HCP, CBOH, NAC	OGAC, USAID	Workplace	3,000
Zambia	HIV/AIDS	Poster	2005	English	Risk of Getting HIV Poster	HCP, CBOH, NAC	OGAC, USAID	Youth	3,000
Zambia	HIV/AIDS	Poster	2005	English	You Can't Tell By Looking Poster	HCP, CBOH, NAC	OGAC, USAID	Workplace	3,000
Zambia	Gender	Booklet	2005	English	Gender Guide Booklet	HCP, CBOH, NAC	OGAC, USAID	Staff	500

