



HEALTH COMMUNICATION
PARTNERSHIP
ZAMBIA



ANNUAL REPORT

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*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

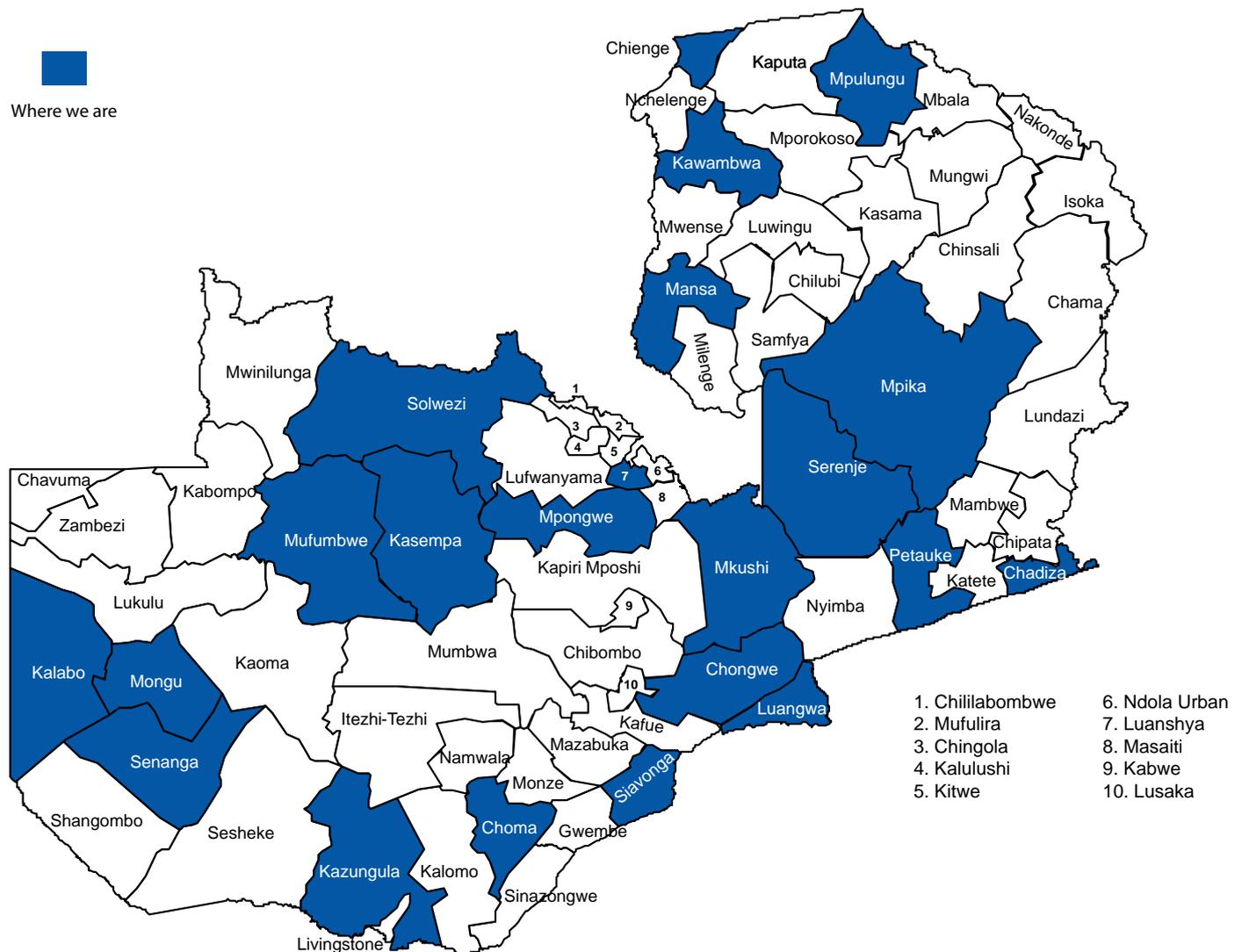
AB	Abstinence and Be Faithful
AED	Academy for Educational Development
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Anti-retroviral
BCC	Behavior Change Communication
BNSA	Baha'i National Spiritual Assembly
BRE	Barotse Royal Establishment
CBO	Community-Based Organization
CBoH	Central Board of Health
CCF	Christian Children's Fund
CCZ	Christian Council of Zambia
CHAMP	Comprehensive HIV/AIDS Management Programme
CHEP	Copperbelt Health Education Project
CHW	Child Health Week
CHWSE	Community Health With Sister Evelina
CIDRZ	Center for Infectious Disease Research in Zambia
CRAIDS	Community Response to HIV/AIDS
DATF	District AIDS Task Force
DC	District Commissioner
DDCC	District Development Coordinating Committee
DDM	Data for Decision Making
DEBS	District Education Board Secretary
DHMT	District Health Management Team
DPO	District Program Officer
D-WASHE	Water, Sanitation and Hygiene
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
HLST	HEART Life Skills Toolkit
ICOZ	Independent Churches of Zambia
ICZ	Islamic Council of Zambia
IEC	Information, Education and Communication
IOM	International Organization for Migration
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 Zambian People Living with HIV/AIDS
OVC	Orphans and Vulnerable Children
PEER	Participatory Ethnographic Evaluation and Research
PEPFAR	President's Emergency Plan For AIDS Relief
PLHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PSI	Population Services International
PTL	Provincial Team Leader
RHC	Rural Health Centre
SADC	Southern African Development Community
SFH	Society for Family Health
SMG	Safe Motherhood Group
SPW	Student Partnership Worldwide
STI	Sexually Transmitted Infection
TA	Technical Assistance
TALC	Treatment Advocacy and Literacy Committee
TBA	Traditional Birth Attendants
TB	Tuberculosis
TOT	Training of Trainers
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WAD	World AIDS Day
WHO	World Health Organization
YAG	Youth Advisory Group
YAO	Youth Activists Organisation
ZAMSIF	Zambia Social Investment Fund
ZCC	Zambia Counseling Council
ZCCP	Zambia Center for Communication Programs
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

Introduction

The goal of the *Health Communication Partnership Zambia* is to contribute to the **“improved health status of Zambians”** (SO7) by supporting **“Zambians taking action for health”** (IR7.1). Awarded in August 2004, the HCP partnership includes the Johns Hopkins University Center for Communication Programs, Save the Children, the International HIV/AIDS Alliance and the Academy for Educational Development, with Tulane University serving the role of external evaluator. The expected result of HCP Zambia interventions is that individuals, families and communities will undertake behaviour change conducive to the optimisation of their own health and well being.

HCP supports activities at different levels of the health care system. It is embedded in the overall health care system through close collaboration and partnership with different organizations. These include the Ministry of Health, the National AIDS Council, the Provincial Health Offices (PHO), the District Health Management Teams (DHMTs), other allied ministries and public institutions, local and international NGOs, and Community-Based Organizations (CBOs).



Having added *Kazungula* district in Southern Province during year two, HCP Zambia now has a geographical focus of twenty-two (22) districts spread across all the nine provinces of Zambia. Whereas the bulk of HCP activities and interventions are concentrated at the district and community level, other activities such as mass media and behaviour change communication are centrally-based and have a national focus. 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 second year and covers the period from 1 October 2005 to 30 September 2006. 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 (PLHA).

During the year under review, HCP's planned activities and support for this strategic approach built upon the foundation laid down in the first year and included:

- Community capacity building trainings and technical assistance to community groups in the development and implementation of community health action plans in response to the identified health needs;
- Facilitation of exchange visits between communities;
- Support to peer education activities among uniformed personnel including the strengthening of advocacy around HIV/AIDS and other health promotion;
- Training of fishermen, women and traders and support for health promotion among fishing communities;
- Training of community drama groups and the promotion of community performances which disseminate HIV/AIDS and other health messages;
- Production and airing of radio programs focusing on various health issues and the facilitation of radio listeners' groups in the communities.
- Identification, formation and support to *Safe Motherhood Groups* and the promotion of birth preparedness among expectant mothers; and
- Piloting of the *Data for Decision Making* model in 3 HCP districts.

Accomplishments

Community Capacity Building

- With the active participation of local stakeholders including the health centers and local NGOs, capacity building trainings based on the needs identified from the results of the community needs assessments were extended to communities not covered in year 1, within 20% of the health centre catchment areas in each of the HCP districts. As of September 30th, the number of NHC, CBO and NGO members trained had risen from 334 reported in the first year to 1,903 from 834 community groups



of which 505 were NHCs representing a 72% success rate of the targeted 699 communities. These received training in leadership skills, conflict resolution, financial management, proposal writing, participatory methodologies, strategic planning, gender, project implementation and monitoring and evaluation with the ultimate goal of enhancing their capacities and confidence in their ability to identify, plan, and implement activities to address priority health and social needs.

- Following training, HCP field staff provided immediate technical assistance to the trained community groups in the development of community action plans and in the implementation of activities in the action plans through periodic supervisory and supportive visits. To date, out of the 834 community groups whose members received capacity building training 546 have developed community action plans as opposed to only 247 at the time HCP made contact. Out of those with action plans, 468 are implementing activities in the action plans as opposed to only 220 at baseline. As a percentage of the total number of the 2, 592 communities in the HCP districts (CBoH estimates, 2004), the communities successfully implementing activities adds up to 18%. This is a conservative percentage as most communities planned to implement activities up to the end of the *Ministry of Health* year which ends in December. It does not also account for the communities in the catchment areas where HCP is not yet operating as there could be communities that are already implementing activities. The most common health areas being addressed include diarrhea, malaria, HIV/AIDS, child health, reproductive health, maternal health, water and sanitation, tuberculosis, and basic access to health services.
- The development of action plans and implementation of activities in the action plans is a positive sign of communities' willingness to act on the health problems affecting them while depending mostly on locally available resources as was demonstrated by communities in Mansa's Paul Mambilima Health Centre catchment area in which the combined efforts of NHCs and CBOs resulted in the rehabilitation of two water wells, construction of health posts and a mothers' shelter for maternal and child health activities.
- Communities are beginning to take up responsibilities previously perceived to be for the health center staff or the Ministry of Health.

Gender

The low representation of women in key decision making positions, the low participation of men in family planning, maternal health and child care and men's non-acceptance of remedies to control fertility rates remain a major concern for HCP programming as these issues have a bearing on the successful implementation of program interventions. As the DPO for Mpongwe district (a predominantly agricultural district) reports, the women's role at a community level is essentially confined to food production, child care and other domestic chores whereas men dominate meetings and other decision making forums. In the meetings organized by HCP in Chongwe to encourage men to take a more active role in reproductive health, men expressed the point of view that reproductive health is a woman's issue. This is particularly the case when a woman is about to deliver as it is a fellow woman who assists. Even at the maternity, men are not allowed to go in to provide support to their wife who is in labor. All of these perceived barriers have supported men's ongoing non involvement in family planning and maternal health.

HCP has addressed these issues in ways tailored to individual districts and communities. The following are illustrative of these efforts:

District Level Gender Assessments: Apart from the environmental assessments which which looked into gender roles/issues, more detailed gender issue assessments were conducted in Petauke, Senanga, and Solwezi districts. These assessments included:

- meeting district stakeholders to discuss major health problems in the district;
- exploring traditional customs and norms and their linkage to the health and general well being of people;
- in consultation with provincial and district health officials and HCP staff, suggest interventions for addressing identified gender issues; and
- leaving behind plans for community level implementation.

Africa Transformations videos (depicting stories of men and women in untraditional roles) were translated into Bemba and Nyanja. These videos will be used to spark discussion at a community level about feelings about roles and ways to improve daily life through sharing the load.

In **Petauke**, a quota system of 30 % representation of women in decision making is being encouraged irrespective of literacy levels. HCP is also using men who are actively involved in family planning issues as role models to share their experiences as well as to make use of the expertise at DHMT in allaying fears associated with family planning. Through providing capacity building training in proposal development for women's groups, HCP has enabled these groups to seek funding assistance to address issues of direct importance to them.

In **Chadiza**, women are hesitant to participate fully in groups including men. Separating the women and men into two groups has enabled women to express their thoughts openly.

In **Mkushi** the facilitation of the formation of women's organizations has opened up doors for women to access funding as well as to generate resources to use to implement activities in their action plans. For example, the Tiyeseke Women's Club has opened a grocery shop with profits being used to support OVCs.

In **Luanshya**, the drama performances by the HCP trained artists have addressed gender issues and have specifically promoted men's participation in child health, maternal health and family planning. During the last *Child Health Week*, the District Program Officer, while visiting a health facility, observed five couples seeking family planning services and 12 men who brought their children for *Child Health Week* activities, a positive signal that views on gender roles are changing.

In **Mpongwe**, HCP is supporting the formation of Mother Support Groups whose membership includes men, to promote the interest and involvement of men in the health of their wives and children.

In **Kawambwa**, gender issues were identified during the HCP facilitated community mobilization trainings where it was observed that participation during the training was dominated by males. One strategy was the formation of Safe Motherhood Groups including men, which played to men's feeling that they were key in the dissemination of information.

In **Chienge**, the HCP trained youth peer leaders are using the HEART Life Skills Toolkit to convey gender messages. At the same time, the trained drama artists have also integrated gender messages in their performances. Affected by these activities, the most recent community groups that have been formed have seen women assume positions of responsibility, which was not the case in the near past.

Data for Decision Making (DDM)

The principle behind this activity is that when community members "own" the health data collected from their communities, they are more likely to be committed to take positive action to address health issues. Using a model which had been developed by HCP in Ghana, *Data for Decision Making (DDM)* was piloted in the 3 districts (reduced from a planned nine districts due to the kwacha appreciation) of Mpika, Petauke and Senanga. Community members, Health Centre and DHMT focal point staff and other stakeholders including PCVs and UNAIDS were oriented to the DDM concept and process. These orientations resulted in the identification of the district DDM goal, health priority areas, measurement indicators and a plan of action. Communities in Mpika completed the DDM cycle of data collection, consolidation and community reporting enabling the communities involved to make action planning decisions based on the data presented. At the end of the pilot phase, a rapid evaluation was conducted which recommended the integration of DDM into the community mobilization cycle. The process of integration commenced and was completed with the integration of key DDM concepts and practices into the Simplified Community Guide to be used by community groups as a reference guide at all levels of the community mobilization cycle.

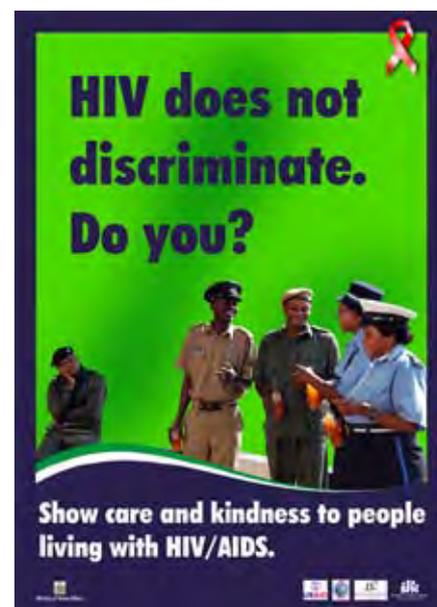
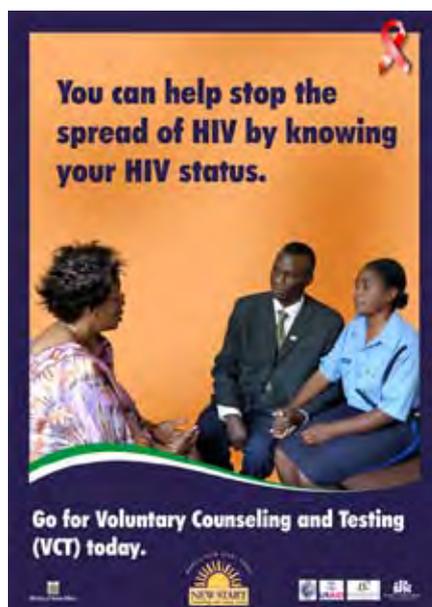
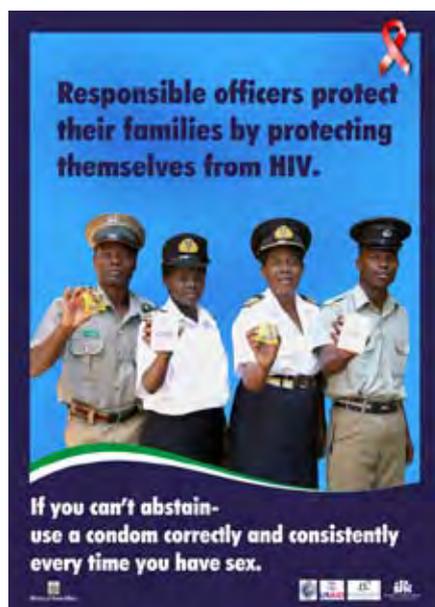
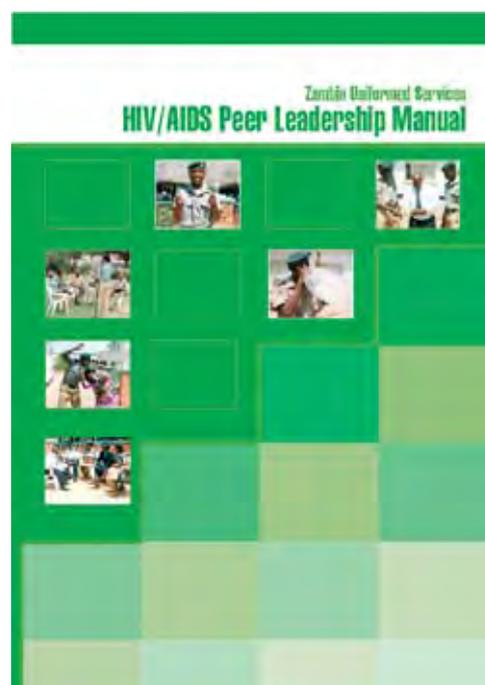
PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

Peer Education and Outreach

Despite the high attrition rates largely attributable to staff transfers, the HCP trained uniformed peer leaders have continued to apply the acquired knowledge both in their own lives as well as through reaching out to their peers and other community members. Through individual counselling as well as group activities, the 87 active peer leaders reached out to 18,157 peers and community members with 909 reported to have gone for HIV testing and received test results and a further 264 reporting having been put on ARVs.

At prisons in Mkushi, Luanshya, Mongu, Choma, Petauke and Chipata inmate groups were formed, some of which did outreach activities in the communities surrounding the prisons. Peer leaders also promoted messages about malaria, *Child Health Weeks*, and safe motherhood.

The *Tikambe* video has been widely used in the police and prison camps to disseminate information as well as to initiate discussion on HIV/AIDS related issues. A total of 360 Peer Leadership Manuals were distributed to the trained peer leaders in the HCP districts. An important observation in the work of the peer leaders is the progressive



shift from regarding the program as an HCP-funded one to one which can be sustained by the participating institutions. While much still needs to be done, examples of this abound:

- ✦ In **Luanshya**, the peer leaders from prisons have formed a drama group made up of both inmates and officers. Through drama they raise awareness of other inmates, officers and their families on health related issues including HIV/AIDS.
- ✦ In **Chadiza**, the peer leaders have been using their personal equipment to show the *Tikambe* video within the camps.
- ✦ In **Mongu**, the prison service managed to source resources to train 20 inmates from Mongu prisons as peer educators.

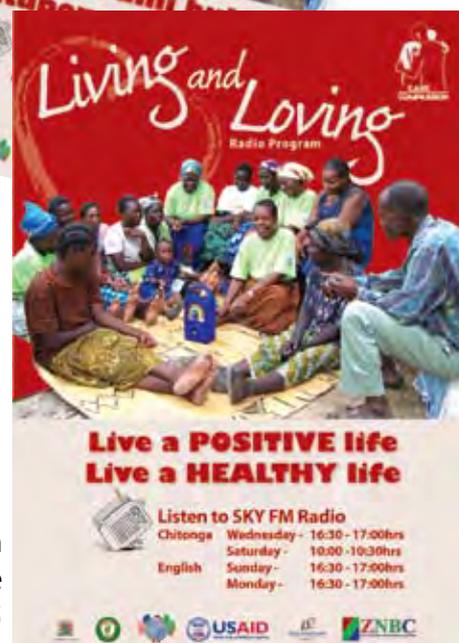
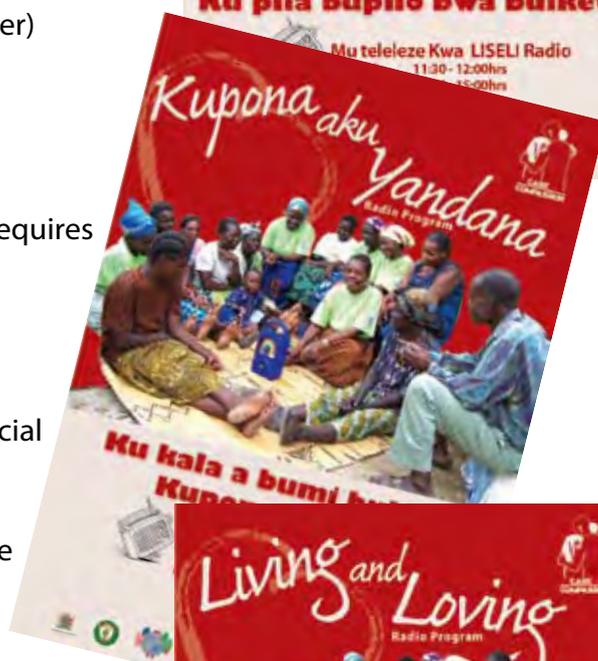
The peer education program was extended to the fishing communities with 78 fishermen and women and fish traders of Chienge, Mansa, Mpulungu, Siavonga, Mongu and Senanga oriented to the Peer Education and Outreach approach to HIV prevention. These have assumed the role of focal point persons introducing HIV/AIDS prevention and other health activities within the fishing communities.

Radio Distance Education for PLHA

The airing of the *Living and Loving* PLHA radio program commenced on the Zambia National Broadcasting Corporation (radio 1 and 2) and programs in English, Lozi, Kaonde and Tonga were aired on local radio stations. *Living and Loving* reaches out to the PLHA and caregivers with information that will enable the PLHA to lead positive lifestyles as well as equip the caregivers with information to effectively take care of people who are chronically ill due to AIDS.

Following the signing of Memoranda of Understanding with community radio stations, the airing of the Lozi and Tonga programs was extended to community radio stations including Radio Liseli covering Western province, Sky FM covering Southern province and part of Lusaka province and Friends Committed to Caring radio station in Solwezi. The following programs were aired during the year under review:

1. Introduction, Overview of Types of Services and Where to Access Them
2. Knowing Your Status (requires personal testimonies)
3. Positively Living (requires personal testimonies)
4. How to care for someone (requires personal testimonies)
5. ARV I (Access, Eligibility, Side Effects, Benefits, Cure vs. Treatment)
6. ARV II (Adherence, Dis-inhibition, Support to ARV taker)
7. Dealing with Stigma (requires personal testimonies)
8. Family Support (requires personal testimonies)
9. Beneficial Disclosure/Partner Notification
10. Positive Prevention
11. PMTCT/ Deciding whether to have a baby or not (requires personal testimonies)
12. Nutrition
13. Hygiene
14. Preventing and Managing OIs
15. Review of material to date/listener feedback or special edition to respond to new information
16. Coping with stress
17. Encouraging men to be more involved with care giving
18. Income Generation and Financial Management
19. Drugs and Alcohol
20. Gender-Based Violence and Vulnerability
21. Preventing and Managing STIs
22. Preparing for the Future
23. Role of Religion and Tradition
24. Alternative Remedies
25. Communication Advocacy
26. Final review, listener feedback, wrap-up, preview next series



HCP received 25 solar wind-up radios from the *Ministry of Agriculture* in **Choma** district for use by PLHA radio listening groups. HCP has since conducted training for district partners in the use of the radios for 25 community groups. In all the HCP districts, the HCP program staff have facilitated the formation or the strengthening of already existing radio listening groups and 122 such groups have since been formed or strengthened. The schedule for the radio program was also distributed to various community groups.

The program has had an immediate impact in districts where it is being aired on community radio stations and in the local language as the listeners are able to identify with the characters in the program who are also local residents. In **Choma**, Mr Fred Muloongo, a member of staff at the ART clinic has attributed the interest among PLHA to come out in the open in sharing their experiences surrounding their sero-status to the airing of the program on *SKY FM*. In **Mongu**, the NZP+ coordinator, Mubiana Lanaswala was optimistic of the potential that the program has in reducing stigma at a community and household level as manifested by the number of people coming out in the open about their HIV status following the airing of the program. In **Solwezi**, there are reports of the PLHA who gave the testimonies being approached for information on how community members can access HIV/AIDS services, how they can overcome stigma, and how they can live positively.

In preparing for the expansion of the *Living and Loving* radio program, script writing and the recording of testimonies were finalized in Central and Northern provinces covering the following topics: *Disclosure of HIV status, Family Support to PLHA* and *Opportunistic Infections*. This was done in collaboration with the local radio stations.

Mr Raphael Nyama, of Mwapona HIV/AIDS Support Group in Choma, wrote in a letter:

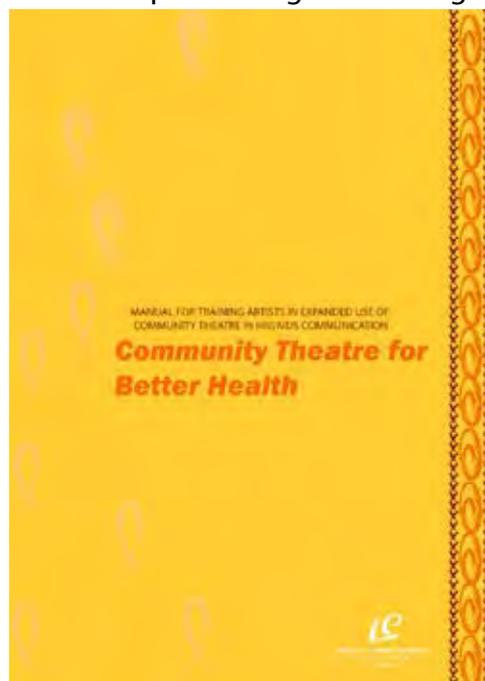
“The Radio programme ‘Living and Loving’ has helped change my life in the sense that when I went public as a person living with HIV / AIDS, my wife was against the idea such that when I am invited at any meeting to give a talk on positive living she would caution me not to mention her in my speech. But when our group was involved in listening to the ‘Living and Loving’ programmes organized by Health Communication Partnership, my wife started having interest in the radio series such that she is now sharing that information with other members who don’t own radios.”

CROSS CUTTING

Development of Community/Folk Theatre for Health Promotion

The roll-out training of community groups in *Theatre for Development* commenced in the HCP districts with 20 of the original artists trained as master trainers conducting training for members from selected rural theatre groups in the 21 HCP districts. A total of 424 from 131 community theatre groups were trained in effective messaging, and post-drama discussion facilitation. Those trained have started performing to the larger community and are disseminating messages on HIV/AIDS and other health areas while at the same time providing some entertainment to the community members. The 66 active drama groups in 17 HCP districts reached out to 62,000 community members with messages on:

- PMTCT
- VCT
- Maternal health
- HIV/AIDS
- Malaria
- Diarrhea
- Childhood diseases
- Tuberculosis
- Reproductive health
- Family planning
- STIs
- Water and sanitation.



In all the HCP districts, the trained artists were officially introduced to the district stakeholders including the DHMT and donor funded projects for them to access resources and funding and to ensure that their skills are maximally used. There are examples from all the beneficiary districts of how the trained drama groups have been put to optimal use both by HCP as well as other partners. These include:

- All the districts that have gone through the trainings used the trained artists to raise awareness of community members about the need to take their children to the nearest health center/post for vaccination and growth monitoring during the *Child Health Weeks*.
- In **Mongu**, Oxfam Zambia offered two drama artists part-time paid work to perform during outreach activities.
- In **Mongu**, the International Organization for Migration (IOM) is using the trained groups to present health messages during repatriation exercises at the Mongu airport.
- In **Petauke**, the trained groups have been used by the Rural Health Centers, the Salvation Army, RAPIDS, Community Youth Concern, Family Health Trust and World Vision Zambia.
- In **Chadiza**, the Society for Family Health contracted one group to do 60 community performances for 3 months.
- In **Mkushi**, the DHMT/Health Centres, the Agriculture Support Program, Africare, RAPIDS, and D-WASHE have all used the trained drama groups.
- In **Mpongwe**, the *Mpongwe Uprising* drama group was hired by the DHMT to sensitize the community on the availability of Antiretroviral Therapy in the district and the *Ibenga Natulande Youth for Life* drama group was hired by her Royal Highness Chieftainess Malembeka during her annual tour of her chieftom to raise awareness of her subjects about HIV/AIDS.
- In **Solwezi**, the Society for Family Health (SFH) is using the artists in their social marketing campaigns and the Zambia Prevention Care and Treatment (ZPCT) project is using the drama groups during their VCT campaigns.

While it is too early to attribute behaviour change to the work of the drama artists such as the high turnout during *Child Health Week*, some immediate results are evidently attributable. In **Luanshya** for example, following the performance by the *Chibolya Youth* drama group on VCT at Mikomfwa market place, the response was so overwhelming that the DHMT mobile VCT team failed to provide services to all the people who showed interest and only managed to test a total of 52 people.



“When I came for this training I thought there was nothing much to learn about theatre because I have been in drama for a long time, to the contrary I have learnt a lot of skills and when I go back I will make an impact to my group and the community at large.”

— Mr. Ackim Phiri, one of the theatre trainees in Chongwe.

Three members of the Chongwe training also promptly went for an HIV test after the training so they could *“be in a better position themselves to teach others.”*

OTHER HEALTH

Family Planning and Reproductive Health

With the focus for the reporting year being to facilitate the formation and the strengthening of safe motherhood groups and to promote male involvement in family planning, activities varied between districts and communities depending on the perceived need as contained in the action plans developed with HCP's technical intervention.

To date, 103 *Safe Motherhood Groups* have been formed and strengthened in 9 HCP districts and activities for these groups include sharing information on maternal health, the distribution of birth plans, community outreach activities on child health by encouraging mothers to take their children for under five clinics, encouraging expectant mothers to make use of the trained Traditional Birth Attendants (TBAs) in their communities for safe and clean deliveries and referrals, and the integration of male involvement in family planning.

Other examples of community interventions and initiative in safe motherhood and family planning include:

- In **Chadiza**, in order to promote safe deliveries, Chasongwe community has been providing support to the local Traditional Birth Attendant. Using locally mobilized resources, the community constructed a shelter to be used by the TBA for antenatal care and delivery. The community so appreciated her services, the community constructed a house for her as well as bringing her wood and foodstuffs.
- In **Mpongwe**, Chamatete NHC built a shelter to be used by TBAs for antenatal care as well as the community health workers for child health activities. The community also procured a bed and a weighing bag for the shelter. It is hoped that this initiative will enable pregnancy complications to be identified early and referred to the health center.
- In **Siavonga**, the NHCs in HCP operated catchment areas organized 59 health education sessions on antenatal care and 82 health education sessions on family planning.
- In **Mansa**, following the capacity building trainings, Safe Motherhood Groups (SMGs), whose membership includes men, were formed in Chembe, Paul Mambilima, Ndoba, and Chisunka communities. Men's activities within the groups include encouraging and teaching other men to understand women's issues and support them during pregnancies, family planning, child care, VCT and PMTCT. The male members of the SMGs also provide support and protection to the trained TBAs at night especially when they have to travel long distances to attend to child deliveries. HCP's efforts in supporting activities of the SMGs are widely appreciated both by the members of the SMGs as well as by the key partners:



Esnala Cleodina Phiri, a highly valued TBA for the Chasongwe NHC in Chadiza, holds the baby she helped deliver.

“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

“We as a DHMT are happy and have enjoyed the partnership with HCP and their role in mobilizing the communities. I have been privileged myself to attend, together with the HCP DPO, community gatherings with the Safe Motherhood groups in Chembe and Paul Mambilima.”

— Mrs Sinnyangwe - (Mansa DHMT)

Malaria

All 699 communities identified malaria as a health concern and they included in their action plans activities to lessen the burden on their communities of malaria. Activities include the distribution and re-treatment of bed nets, residual spraying, and the destruction of potential breeding areas for mosquitoes, door to door education sessions and awareness raising campaigns using the HCP trained drama groups. In Siavonga 12 drama performances on malaria were organized by NHC members, 61 new mosquito nets were sold and fitted while 55 nets were retreated through the NHC's facilitation.

In **Petauke**, Chisenjere community, an investigation of the high occurrence of cases of malaria in children, showed that bed net usage among children was lower than that among adults. Malaria agents were mobilized to raise awareness of the communities on the importance for pregnant women and children to sleep under ITNs. The malaria agents with the help of NHC members conducted door to door campaigns on malaria and the use of ITNs especially by children. The result has been that within a short period of time, the incidence of malaria cases in Chisenjere has reduced from 225 in one quarter to 186.

In **Mufumbwe**, the DHMT used the trained NHC members to distribute free ITNs to households as ITN distribution was included in their action plans for malaria mitigation. Additionally they were best positioned to know who was in need.

Challenges

- * Some community groups that have developed action plans are finding it difficult to access funds from DHMT or other funding agencies.
- * Peer leaders who have not been reporting complained of lack of motivation in terms of transport and meals when they are out in the field.
- * Attrition rates among the uniformed personnel due to staff transfer, deaths and tight schedules.
- * While HCP has been successful in facilitating the formation of radio listening groups, most groups do not have radios that can communally be used and in some cases they do not have batteries for the radios thereby disturbing the consistency with which the program can be followed.
- * Due to floods in districts such as Mongu and Senanga, some communities cannot be reached due to the impassibility of the road network during the rainy season.
- * Laxity in some communities to carry out their planned activities and reluctance to take responsibility to find locally available resources, still looking outside of the community (to HCP) for financing.

Modifications

- * The introduction of monthly meeting with the commanding officers from both police and prisons to review reports helped to facilitate the timely submission of reports from officers.
- * Plans for activities in far flung areas should be made well in advance of the onset of the rainy season.
- * Exchange visits between successful and less successful communities should be encouraged and increased in all HCP districts through setting aside resources specifically for these exchanges.

Strategic Approach 2 – Leadership

Local religious, traditional, and *de facto* leaders (and organizations) take action to influence and advocate for positive change in health and social norms.

Approach

This strategic approach targets leaders at all levels – religious leaders, traditional leaders and local community leaders such as teachers or those permobilizing an activity around a health issue of concern. Some of these activities began with a country-wide launch to mobilize leaders at a national level, followed by a subsequent focus on working with the influencers of opinion/behavior at a community level.

The following were the key elements of year two:

- Launch of the *Care and Compassion* movement together with television and radio spots and a hit song, “It’s not over ‘til God says so” played nationally on national and local radio stations.
- HCP trained psychosocial counselors spearheading local response to the *Care and Compassion* Movement through the development of support groups in their congregations.
- HCP trained psychosocial counselors taking active local roles in pre- and post-test counseling – providing extra manpower to meet increased demand for testing.
- Reprinting of 5,000 *Care and Compassion* posters due to popular demand.
- Working with chiefdoms in all HCP catchment areas in the 21 districts by holding orientation and advocacy meetings and health education through traditional ceremonies, and by involving interested traditional leaders in the community mobilization and capacity building work with the NHCs in their chiefdoms.
- Organizing, together with SHARe, a week long workshop to develop the *Campaign Against AIDS* for the Barotse Royal Establishment (Western Province).
- Facilitating the formation and strengthening of care and support groups in communities.
- Promoting the showing of *Tikambe* and *Mwana Wanga* and other similar videos with health information in a church setting.

Accomplishments

Care and Compassion Movement

Building on the psychosocial training provided to 271 religious leaders in 21 districts during the first year of HCP programming, the *Care and Compassion Movement* was launched in early October of year two. The *Care and Compassion Movement* uses religious leaders through mass media to inspire individuals and communities to be compassionate and caring for PLHA, as well as to motivate other religious leaders to join the effort to reduce stigma against PLHA in their congregations. Four radio and TV spots were developed featuring PLHA, pastors and imams. “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”. This song is sung in seven major Zambian languages. Over the course of the year, it became a hit (and won an award) and was played widely on national and local radios.

In collaboration with ZINGO, a *Care and Compassion* kit was designed which includes posters, call to action brochures, “compassion” badges, the *HIV/AIDS Questions and Answers Book* and the anti-stigma video *Tikambe* and the PMTCT video *Mwana Wanga* with discussion guides. These kits were provided to



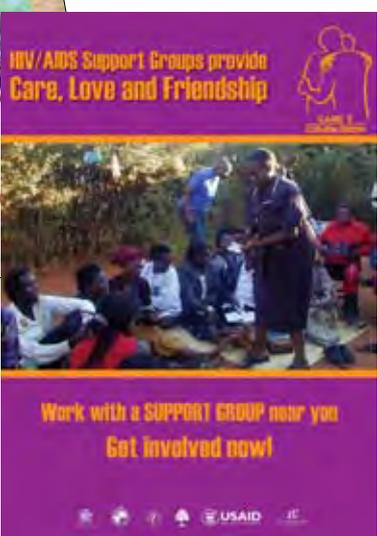
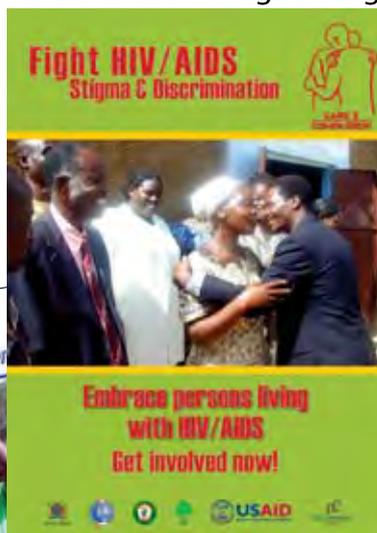
the trained psychosocial counselors who spearheaded a local compassionate response within their own congregations. Due to popular demand, an additional 5,000 copies of the *Care and Compassion* posters were printed.

One notable impact of the *Care and Compassion* Movement is the widespread formation and strengthening of *Care and Compassion* support groups in all the HCP districts. A total of 217 such groups are reported to have either been formed or strengthened with HCP's support to the religious leaders. These groups have been conducting various activities including psychosocial and material support to the chronically ill through home-based care services and support to orphans and vulnerable children.

Psychosocial Counselors – Counseling and Testing

Since their training, these religious leaders have worked with their congregations and communities to create awareness about HIV prevention, the importance of knowing one's status, HIV status disclosure, positive living, stigma reduction and promoting providing care and support to PLHA. They are doing this through sermons, couples' meetings and individual counseling sessions. In Serenje, for example, the religious leaders have made it a point to speak on HIV/AIDS in each sermon. Through these efforts, the trained religious leaders in the HCP districts have reported reaching 111,576 people as compared to 36,571 in year one.

Additional results are reports of increased demand for counseling and testing services in these districts. Many of the psychosocial counselors have taken active local roles in pre- and post-test counseling – providing extra manpower to meet an increased demand for testing. In the Misaka catchment area of Luanshya district and with the involvement of the HCP district office, Bernard Mwepu, a psychosocial counselor trained by HCP, negotiated for a mobile VCT team to provide monthly counseling and testing services in the community. This came out of the realization that the distance to the nearest VCT center was the main obstacle for people who wanted and needed to be tested. The DHMT collaborated by making available two trained nurse/counselors and provided the logistics such as needles and syringes and specimen bottles.



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

The mobile team has visited twice so far and a total of 22 community members have been tested for HIV.

Additionally, for the *National VCT Day* on June 30th, many of these counselors were key in providing local counseling services to facilitate testing. In Chadiza, the counseling activities of the four HCP trained religious leaders contributed to 37 clients being tested for HIV.

The religious leaders are using their influence to advocate for other health issues as well. During the two *Child Health Weeks* in year two, they used their sermons to encourage their congregants to actively take part in the *Child Health Week* activities.

Local Traditional Leadership

HCP District Program Officers have engaged with all of the chiefdoms in the areas where HCP is working. In some places, the chiefs are directly involved in the capacity building training. In other places, the chiefs have led action for testing. The chiefs' use of their authority to advocate for positive change has simultaneously provided them with a visible positive role as well as empowered communities to take positive action for health.

- Chief Mumena of **Solwezi** used the NHC members nearest to his chiefdom to clean the arena that was to be used for the Lubinda traditional ceremony.
- In **Mufumbwe** His Royal Highness Chief Chizela requested the HCP-trained NHC members along with the Indunas to coordinate HIV/AIDS awareness raising in the communities of his chiefdom.
- In **Choma** district, the senior headman of Mbala community took it upon himself to mobilize the NHC members for the HCP sponsored capacity building trainings. Chief Singani also facilitated the organization of a mobile VCT in November for a targeted population of 2,500 people. (This effort is being organized jointly by HCP Choma and a Choma-based Peace Corps Volunteer.
- In **Chadiza**, the village headman of the Kamphako NHC facilitated the construction of a village school for orphans.
- In **Mpongwe** and in collaboration with the DHMT, five chiefs together with their Indunas were sensitized on the promotion of *Prevention of Mother to Child Transmission* of HIV as well as on the availability of antiretroviral therapy in the district. These chiefs and their indunas have since started promoting these services.
- **Petauke's** three senior chiefs have all responded positively to HCP's involving them in the spearheading of a community response to better health. Chief Kalindawalo of Petauke facilitated the formation of an *HIV/AIDS Task Force (Nsindo)* of 17 village headmen and 8 Indunas. The group has conducted HIV/AIDS awareness campaigns, participated in mobilizing communities for the *Child Health Week* and has submitted a funding proposal to CRAIDS. Chieftainess Mwanjawantu has taken advantage of social gatherings such as wedding ceremonies, funerals and initiation ceremonies for girls who have come of age to disseminate health messages. Following a village meeting that she organized, 59 people are reported to have gone for VCT. She also took a leading role in promoting *Child Health Week* activities in the communities of her chiefdom. She has also organized village meetings on PMTCT and family planning. Chieftainess Nyanje invited HCP to a village meeting which was used for the dissemination of health messages with the help of the HCP trained theatre artists, uniformed peer leaders and an ART specialist. At the same meeting, the Chieftainess called for the abolition of negative cultural practices that includes polygamy, sexual defilement and wife inheritance. The chieftainess also facilitated mobile VCT and, at the same meeting, 146 people were tested for HIV.

Barotse Royal Establishment (BRE) Against HIV and AIDS

On World AIDS Day in 2005, the UNICEF documentary, *Living with AIDS* (filmed in **Mongu**) was aired on ZNBC. Shortly after that the 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. The goal of the *BRE Against AIDS* campaign is to strengthen the capacity of community leaders in the organization of their community members to undertake effective education for the prevention and management of HIV/AIDS, malaria and other preventable health problems.

Other Local Leadership

HCP has also been working to identify and to support other forms of leadership, for example individuals who have an influence on peoples' behavior--negative or positive. 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 being overworked due to the chronic manpower shortage at health centers.

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. They are now conducting education sessions on HIV/AIDS and maternal health (the importance of seeking early antenatal care). They are also being used by the health centre staff to distribute IEC materials in the community (mostly family planning, child health and malaria materials). The HCP District Program Officer has also taken the initiative to contact traditional healers and untrained TBAs who are reported to be practicing or promoting risky behaviors. She has provided them with technical information and updates on HIV/AIDS, malaria in pregnancy, and child nutrition to enable them to promote healthier behaviors.

Planned but not realized during year two

- Exchange visits among traditional leadership promoting positive health action/ addressing harmful social and gender norms. This was not carried out due to the impact of the kwacha appreciation
- Development/production and distribution of sermon guides for religious leaders – due to availability of existing materials combined with the impact of the kwacha appreciation
- Development and production of 2 radio spots for broadcast on community radio stations to support *Care and Compassion* activities—due to the impact of the kwacha appreciation

Challenges

- ★ The collection of monitoring data is usually constrained by the busy schedules of the community psychosocial counselors
- ★ Attrition rates among the psychosocial counselors continue to pose a challenge.
- ★ The belief among some religious leaders that the psychosocial counseling program is not theirs but an HCP program has tended to stifle initiative in mobilizing locally available resources to expand their activities.

Modifications

- ★ More religious and other community leaders will be trained in year three to counterbalance the attrition experienced and to strengthen this effort. Participants will be carefully selected based on interest and availability to put the training to good use in their communities.

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. Programs focus on empowering youth 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; 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 the year under review, planned activities to support this approach included:

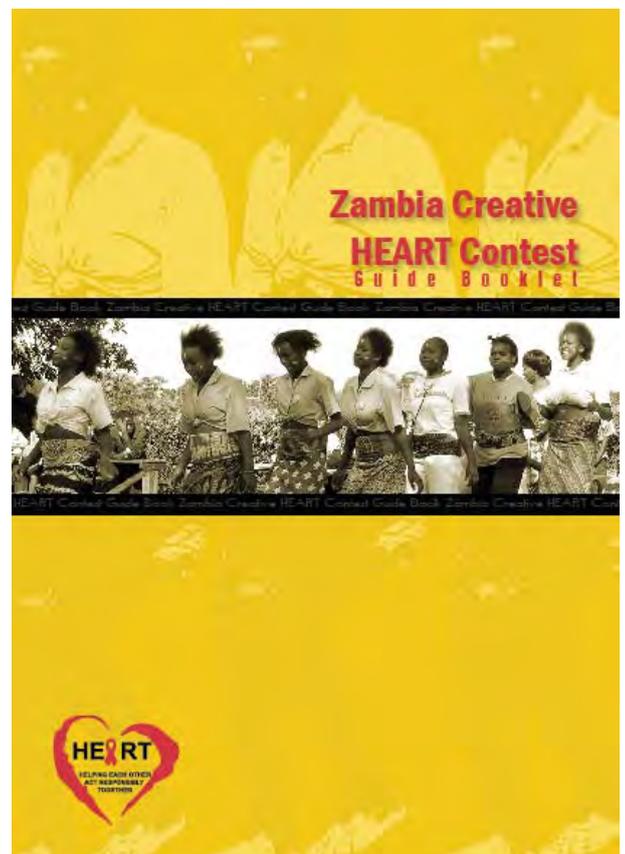
- * The *Zambia Creative HEART Contest* – through which young people use their creative talents in addressing the health challenges they face
- * The *HEART Life Skills Toolkit* – experiential activities which openly address the complexity of pressures on youth and promotes skills and confidence in youth in dealing with them
- * Design, production and distribution of *HEART Waves* posters
- Production and distribution of the *HEART Youth Passport*

Accomplishments

Creative HEART

The *Zambia Creative HEART Contest* was developed to be a helpful tool to communities to engage youth in addressing the health challenges they face, to model positive adult-youth communication, and to develop self efficacy in the participants through positive learning and creative experiences. The specific aims of the *Creative HEART Contests* are to:

- Encourage adult-youth communication – in particular about sensitive/reproductive health issues
- Build self-esteem, assertiveness, and critical thinking skills
- Promote delayed sexual debut
- Promote critical thinking about traditional practices/norms that place youth at risk
- Encourage youth to reflect on how to maintain healthy relationships with members of the opposite sex
- Help youth to perceive personal HIV risk



In Year One, these contests were used exclusively to address the challenges of HIV/AIDS and were held in 9 HCP districts. During Year Two, and with the *Ministry of Education* approving the scale up of the contests to include the other HCP districts not covered before, the contests were broadened to be a venue for participants to creatively address many other issues of local concern from malaria and cholera to unwanted pregnancies and child abuse.

The contests were held in 20 districts. (Kalabo held their contests in early October due to local needs.) **798 teachers** were oriented in 20 districts. **8,474 pupils (4,700 girls & 3,774 boys) participated and 37,971 school youth (20,086 girls & 17,885 boys) were reached** by the event compared to **23,229** in Year One.

Contest Organization

This year district *Youth Advisory Groups* had the responsibility of organizing the contests. Zonal competitions were held first. The winners of these contests went on to compete at the district level.

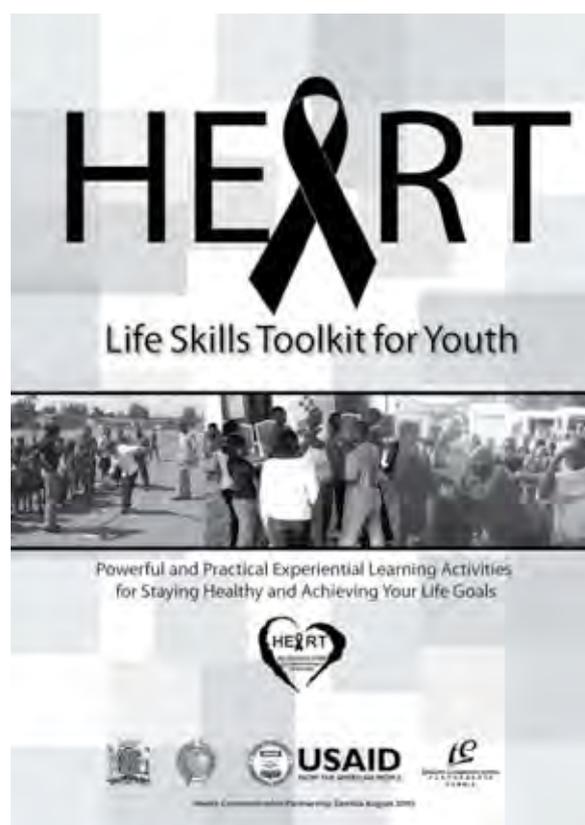
School-going youth between the ages of 10-19 were eligible to participate in the contest. Pupils could enter into only one of the six channels: drama, debate, dance, music, poetry or visual art. To encourage adult-child communication, each pupil was required to consult three key adults when preparing 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.

Prizes were awarded to all first, second, and third place winners. Whereas in year 1, HCP provided all the prizes, year 2 saw many collaborating partners contributing prizes. For example, at a national level the *Society for Family Health* donated 46 *Maximum* T-shirts and 138 chitenge materials; the Ministry of Education donated 2,000 "I know about HIV/AIDS, do you?" badges; CIDRZ donated 100 chitenges; and UNICEF donated 5,000 badges with messages on child abuse and HIV/AIDS. In Solwezi, National Theatre and Arts Association of Zambia (NATAAZ) arranged for the district level winners to take part in the traditional festival in Mwinilunga district.

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 and self-efficacy in dealing with them. In year one, 21 youth peer leaders were trained as *Master Trainers* – from each of HCP's districts. During year two, the 21 *Master Trainers* trained 193 youths in the 21 districts to be community peer leaders of which 130 were active at the end of the year and facilitated **1,795 HEART Life Skills activities reaching 89,242**, including 40,933 males and 48,309 females. In Western province, the youth peer leaders performed at the annual Kuomboka ceremony using the *HEART Life Skills Toolkit* for four days, reaching 16,123 youth.

The tool continues to receive accolades not only from the youth but also from HCP partners. In **Chongwe** district, Christian Children's Fund has advanced its plans to adopt the *HEART Life Skills Toolkit* in all its projects countrywide. This was after a peer educator who was trained by HCP presented a *HEART Life Skills Toolkit* demonstration. In **Mongu**, PACT Zambia adopted the tool and has since trained 20 youth while ARHA (Adolescent Reproductive Health Advocates) trained 27 youth with the sponsorship of World Vision/RAPIDS. In **Mpongwe** and with HCP's technical support, two partner organizations *Ibenga Networks* and *Mpongwe AIDS Project* trained 52 youth in the use of the *HEART Life Skills Toolkit*.



HEART Waves

The *HEART Waves* program involves using mass media – radio and print to reach young people in the rural areas with messages on adolescent reproductive health. During year one, focus group discussions to inform message development were conducted with in- and out of - school youth in rural areas in 36 sites in 18 HCP districts 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 informed the development of posters in year two which addressed

- Abstinence
- Delayed sexual debut
- Youth-adult communication
- VCT- knowing your status
- Living positively with HIV/AIDS

2,000 of each of the seven posters were printed.



Youth Day

HCP provided technical assistance to the *Ministry of Sport, Youth and Child Development* in planning *Youth Week* activities. At a district level, HCP worked closely with partners in organizing and mobilizing youth to participate in the youth day activities which fell on March 14th. During the Luangwa district celebrations, HCP was instrumental in raising young people's awareness about HIV/AIDS and the benefits of VCT. As a result, 31 youth underwent VCT on the same day.

Planned but not realized during year two

- *HEART Sports* was not realized due to the Kwacha appreciation. Given the similarity in the exercises promoted, HEART Life Skills incorporated where possible the use of netball and soccer.
- The *Zambia Youth Passport* was planned as a part of *HEART Waves* to be developed and distributed during year two. It was largely developed but due to limited resources and other HEART activities with similar objectives, it was not realized. Re-printing of the *Choose Life* magazine in conjunction with ZCCP and Soul City is being considered instead.

Challenges

- ★ Limited resources for the *Zambia Creative HEART Contest* made it difficult to involve as many schools as hoped for.
- ★ There was inconsistency in reporting by the youth peer leaders due to their having other commitments.
- ★ There were high attrition rates among the youth peer leaders as many have left their districts to go to college or search for a job.

Modifications

- ★ There is a need to train more youths to assume the role of peer leaders to replace the ones that have left.



"...today I realized that pupils can do something for their health in the days of HIV/AIDS. People should continue supporting pupils in their schools and homes."

— Mutinta Mweenya, youth from Lusitu Basic School.

"The creative HEART contest equips children(pupils) to make decisions."

— Christopher Chipunza, adult community member.

"...it disseminates HIV information, young ones are encouraged to communicate using art. This makes them reflect on their future."

— Mr. Sapalo from Celim volunteers.

"Pupils are learning from each other by seeing what they can do from what they are doing."

— Mrs. Haanziba.

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 for BCC coordination and harmonization.

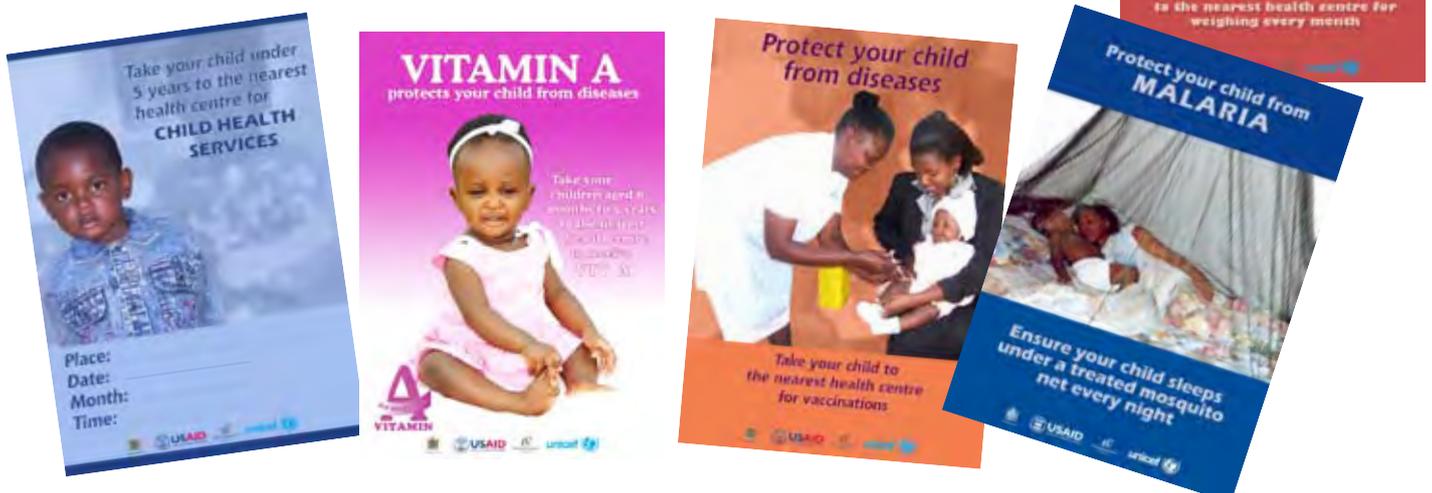
- Support to existing country wide commemorations through participation on planning committees and development of materials
- Production and distribution of IEC materials for *Child Health Weeks* and SADC and Africa malaria days
- Technical support and collaboration with service delivery partners
- Technical support and collaboration with other USG-funded projects
- Support to GRZ's efforts to harmonize priority health messages including support to existing BCC task forces
- Support to HCP provincial and district staff around safe motherhood, gender, malaria

Accomplishments

Enhancing Child Health Weeks

HCP provides support in the planning and implementation of *Child Health Weeks*, a bi-annual activity, which includes interventions aimed at 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 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.



- As requested by the Ministry of Health, the Chief of Party supported the June 2006 *CHW* activities in **Mkushi** district of Central province.
- On a national level HCP designed and printed 3,000 of each of seven posters on vitamin A supplementation, growth monitoring and promotion, immunizations, de-worming, maternal-neonatal tetanus, re-treatment of ITNs, and antenatal care, 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 spots on national TV and radio 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. The radio spots were also aired on community radio stations including *Radio Liseli* in Western province, *Radio Chengelo* in the Copperbelt, *Mkushi Community Radio* in Central province and *Radio Pasmé* in Eastern province.
- In all the HCP districts, the trained drama groups were used in carrying out social mobilization to sensitize the community members on the *Child Health Week* activities covering following issues:
 - Immunizations for children
 - Growth monitoring and promotion
 - Vitamin A supplementation
 - De-worming for children
 - Antenatal care services
 - Tetanus toxoid administration
 - Family planning
 - ITN distribution and re-treatment

The impact of these activities in terms of coverage has started to be felt in the communities where HCP is working. During the last two years that HCP has supported *CHW* activities, the number of children taken to health facilities has continued to rise steadily, surpassing the established targets. Improvement in coverage has ranged between 20 and 58%.

- In **Mongu** during the most recent *CHW*, coverage for Vitamin A supplementation (6-59 months) was 96% , 94% for de-worming (12-59 months) and 84% for growth monitoring (0-59 months)
- In **Petauke**, Child Health Week coverage improved from 55% to 96%.
- In **Chadiza**, there was a 30% improvement in coverage.
- In **Mkushi**, between the December 2005 and the June 2006 *CHW*, coverage increased in immunization (from 53% to 74%) and Vitamin A supplementation (from 65% to 102%) surpassed the target.
- In **Mpika**, coverage for immunized children improved from 23% to 81% while the TT coverage rose from 82% to 102%
- In **Kasempa**, coverage in terms of vitamin A for children aged 6-11 months was 99%.

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:

- Ongoing leadership with the Zambia White Ribbon Alliance for safe motherhood
- Provided TA to the technical working groups (safe motherhood, family planning, PMTCT, ART, food and nutrition, malaria)
- Convened multiple meetings with partners to discuss and review production of the ART video, *Road to Hope* as well as the revision of a WHO produced ART provider/patient flip chart and treatment wall posters.
- Developed an IEC database of HIV/AIDS materials for NAC.

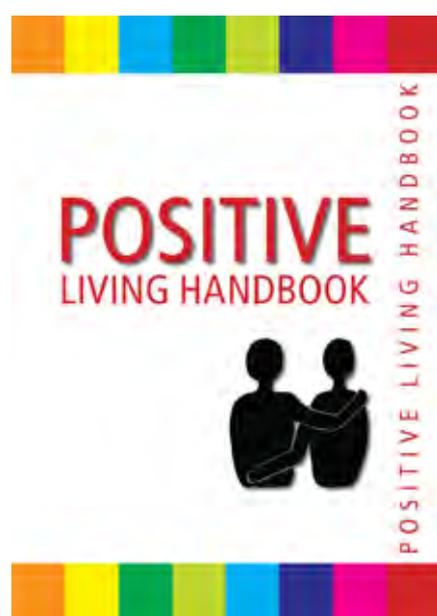
Better Health Campaign

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 through December 2005. During this quarter, 13 episodes with a focus on family planning, malaria and HIV/AIDS were produced and broadcast on national television (ZNBC) and national radio stations (ZNBC Radio 1 and 2).

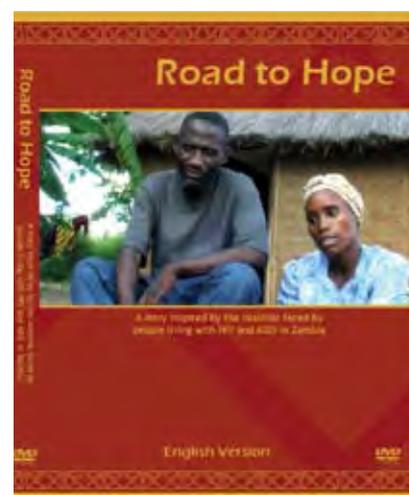
HEALTH *matters*

Expanded Treatment and Care

The parameters for treatment and care are changing with the increased availability of HIV tests and ARV treatment. The need for a solid understanding of the complexities around ARV treatment and how to



communicate about all that it implies exists for health care and home-based care providers as well as the families and communities of those on treatment. Following the extensive consensus building in year one on ART communication needs, the *Positive Living Handbook* was ready for printing in the first quarter of year two. An initial 45,000 copies were printed and distributed nationally to 150 bodies including all Ministries, institutions of higher education, projects, multilateral and bilateral donor agencies, DATFs, etc. The distribution prompted the need to print an additional 14,000, of which 9,000 were ordered by individual organizations. Presented as a poster at the Durban PEPFAR meeting, interest in using it has come from many countries and specific requests for adaptation have come from Namibia and Zimbabwe.



During year two *The Road to Hope*, a waiting room video on ART, was developed and filmed, after focus group discussions to determine priority messages. It was pre-tested among PLHA and caregivers and will be reproduced and distributed in year three.

Support to National Days

World AIDS Day (1 December). HCP provided support to the National AIDS Council with the production of 1,000 World AIDS Day toolkits and 80,000 leaflets which were distributed to all districts.

SADC Malaria Week and Africa Malaria Day

HCP provided significant support to the planning, materials development and implementation of the SADC Malaria Week and Africa Malaria Day.

Youth Week (6 to 12 March 2006)

HCP provided support in the planning and implementation of the youth week activities that included activities aimed at encouraging youths to develop into responsible adults. During this period, IEC materials on "Abstinence," "Questions frequently asked about HIV/AIDS" and "Boys and Girls growing up" were distributed to the youths. In Mpongwe, the Tikambe video was shown to pupils at Mpongwe High School.

World TB Day (24 March, 2006)

HCP participated in the national launch of the *World TB Day* whose theme was "Actions for Life towards a World Free of TB." In Ndola, messages about TB were conveyed through speeches, drama, poems and music reaching out to over 1,000 people.

HIV Talkline

Launched in December 2003 in response to the need for accurate information, education and professional counseling, the *HIV Talkline* continues to offer a 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 *HIV 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 related costs, including training, monitoring and evaluation of *HIV Talkline* services, and the *HIV Talkline* awareness campaign.

For the period 1 October 2005 - 30 September 2006, the *HIV Talkline* received 145,961 phone calls of which 42,672 or approximately 30% were serviced. (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. In fact the ratio of serviced to unserviced calls is far better in Zambia than in South Africa which provided the model for these services.) The primary reasons for making the call include:

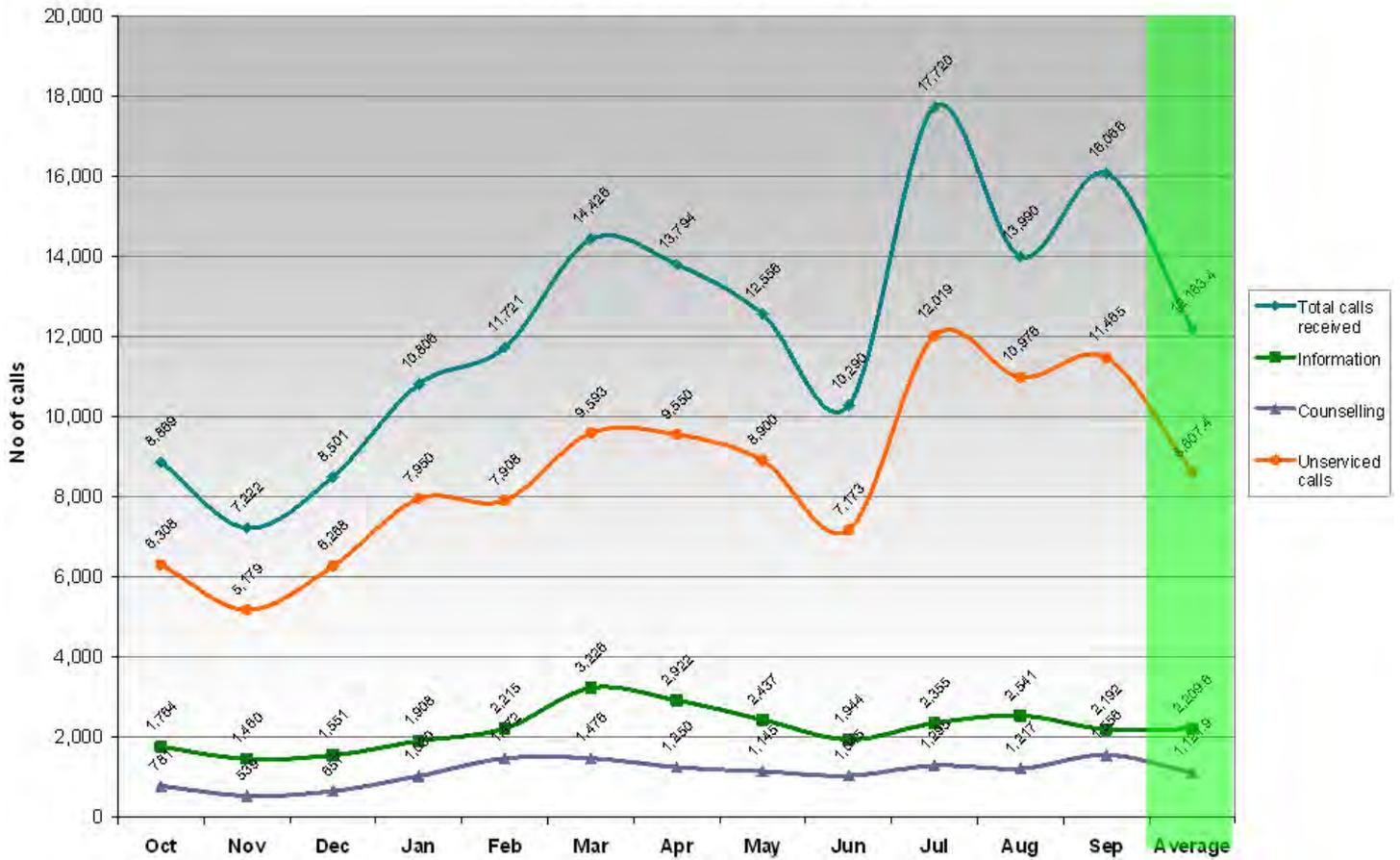
- HIV information
- Testing/VCT
- Transmission
- Treatment
- Condoms
- Prevention
- PMTCT
- Relationships
- STIs

The above accounted for 77% of the reasons for one making a call to the *HIV Talkline*. The majority of the callers were males (67%) and aged 15-29 years (84%). 6% of the callers were HIV positive, 5% were negative whereas the status of 89% of the callers was not known. Most callers used English, Bemba and Nyanja as a communication medium with the Copperbelt and Lusaka provinces dominating the serviced calls while Luapula and Northern had the least number of callers.

The following continue to be the benefits of the *HIV Talkline*

- More people are now able to access VCT through the referral systems that exist between the *HIV Talkline* and its partners including the DHMT, local hospitals and other NGOs. This has been evidenced by the number of clients who call back to inform the *Talkline* about their having gone for VCT.
- As people are now able to discuss HIV/AIDS related issues on the *Talkline*, the implication is that the "silence" that was there before is gradually but effectively being broken.
- The AB prevention model from the PEPFAR guidelines is being implemented at *Talkline* especially given that the majority of the callers are youth. Promotion of risk avoidance and risk reduction is a foundation of the *HIV Talkline* counseling.
- 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.

FY05 HIV Talkline Call Summary



In collaboration with partners including the *Society for Family Health (SFH)* and *SHARE*, the following advertising activities/products were produced:

Activity	Number
HIV Talkline posters printed	10,000
HIV Talkline flyers printed	25,000
HIV Talkline tax disk stickers printed	30,000
HIV Talkline bumper stickers printed	20,000
HIV Talkline small stickers printed	30,000
HIV Talkline banners printed	75
Radio adverts broadcast	180
Television adverts broadcast	18
HIV Talkline calendars	3,000
HIV Talkline business cards	30,000
CT Referral cards	50,000
T-shirts printed	500
Understanding HIV Brochure	20,000
HIV Prevention Brochure	20,000
STI's	20,000
Counseling & Testing	20,000
Treatment	20,000
Newspaper adverts	15

Challenges

- * Changing the date for the *Child Health Week* and the late distribution of materials, some of which arrived late. Partners have also insisted on using posters for the mobilizing of communities for *CHW* even where they have proved not to be effective.
- * Lack of video equipment contributes to difficulties in conducting shows of *Tikambe*, *Mwana Wanga* and other HIV/AIDS tapes to communities.
- * Power failure and telephone line failure due to heavy rainfalls and storms disrupted the Talkline services to the callers.
- * The sensitization campaign on ITN use has created demand for the product to levels outstripping supply. Most NHCs, CBOs and the communities are asking HCP to provide the ITNs.
- * Logistical support to maternal health activities was limited by the non-availability of birth plans

Modifications

- * A study to be conducted to inform programming and key stakeholders on the effectiveness of the IEC materials including *Child Health Week* posters.
- * The use of the *Ministry of Information and Broadcasting Services* mobile video equipment to conduct community shows. All provincial offices have been supplied with the *Tikambe* and the *Mwana Wanga* videos.
- * Linking NHCs and CBOs to the organizations distributing free or subsidized ITNs.
- * Collaboration with other partners in the reprinting of the birth plans.

Strategic Approach I – Community Mobilization

Sub result	Activities	Accomplishments	Next steps	Outstanding issues
Strengthening Community-Based Systems and Networks				
	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>
	<ul style="list-style-type: none"> • Recording of the PLHA radio program – <i>Living and Loving</i> in English, Tonga, Lozi, Bemba, Nyanja, and Kaonde • Contracting the Zambia National Broadcasting Corporation (ZNBC) and community radio stations to air <i>Living and Loving</i> • Airing of <i>Living and Loving</i> on ZNBC and community radio stations • Printing and distribution of the <i>Positive Living HHandbook</i> • Preparing the <i>Peer Leadership Manual</i> for printing 	<ul style="list-style-type: none"> • 26 episodes of <i>Living and Loving</i> aired in <i>English, Tonga</i> and <i>Lozi</i> on ZNBC and three community radio stations • Airing of <i>Living and Loving</i> in Bemba and Kaonde begun • Community radio station in Solwezi agreed to air 26 <i>English</i> and 26 <i>Kaonde</i> episodes of <i>Living and Loving</i> for free • PLHA testimonies recorded in 6 provinces • Over 100 radio listening groups were formed or identified for strengthening in the HCP districts. • <i>Living and Loving</i> programme recording took place in Central, Copperbelt, Northern, North Western, Southern, and Western provinces • 45,000 copies of the <i>Positive Living HHandbook</i> printed and distributed to all districts • 500 copies of the <i>Peer Leadership Manual</i> printed and 360 distributed to provincial offices 	<ul style="list-style-type: none"> • Formation and strengthening of radio listening groups in other HCP districts • Collection of testimonies, recording and production in other languages • More awareness raising about <i>Living and Loving</i> through community-based groups including NHCs and local leadership • Follow-up on the use and reach of the <i>Positive Living HHandbook</i> 	

Sub result	Activities	Accomplishments	Next steps	Outstanding issues
Strengthening Community-Based Systems and Networks				
	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>
	<ul style="list-style-type: none"> Monitoring of peer leadership activities in the districts 			
	<ul style="list-style-type: none"> Designing and printing of condom promotion materials Training of <i>peer educators</i> in the fishing communities Printing of the <i>World AIDS Day (WAD)</i> toolkit 	<ul style="list-style-type: none"> 18,157 (10,666 men and 7,491 women) reached by the uniformed services <i>Peer Leaders</i> during 1,729 outreach sessions 78 fishermen and fish traders trained as peer educators in 8 districts 1,276 youths (486 male; 790 female) and 2,624 adults reached during <i>Kuomboka Ceremony</i> in Mongu by fishing community 1,000 WAD toolkits and 80,000 flyers developed, printed and distributed Technical assistance to National AIDS Council (NAC) during WAD preparations WAD activities implemented in the provinces and at community level 		
	<u>Other Health</u>	<u>Other Health</u>	<u>Other Health</u>	
	<ul style="list-style-type: none"> Providing support to the <i>National Malaria Control Centre</i> in the development of malaria materials Organising and commemorating SADC Malaria Week and Africa Malaria Day 	<ul style="list-style-type: none"> TA provided to the development of <i>Global Malaria Task Force</i> Awareness raising activities on malaria prevention (including <i>indoor residual spraying – IRS and ITN use</i>) and treatment (prompt – ACT) in HCP districts 	<ul style="list-style-type: none"> Commemoration of SADC Malaria Week Training in of BCC staff in Western Province 	

<i>Sub result</i>	<i>Activities</i>	<i>Accomplishments</i>	<i>Next steps</i>	<i>Outstanding issues</i>
Strengthening Community-Based Systems and Networks				
	<i>Other Health</i>	<i>Other Health</i>	<i>Other Health</i>	
	<ul style="list-style-type: none"> Attending the <i>Global Malaria Task Force</i> workshop 	<ul style="list-style-type: none"> Trained 35 Eastern Province and 35 Southern Province DHMT/BCC staff in communicating health messages around malaria 		
	<ul style="list-style-type: none"> Training of district and provincial staff in BCC for malaria Finalisation of the malaria communication strategy Support to <i>Child Health Week</i> (CHW) activities 	<ul style="list-style-type: none"> Provided support to the Ministry of Health through materials development (TV spots, T-shirts, posters, flyers and leaflets on ITNs and effective treatment) for the commemoration of <i>Africa Malaria Day</i> Provided technical support during the development and finalisation of the <i>Malaria Communication Strategy</i> Distributed 2,240 posters on <i>Child Health Week</i> topics Updated and aired <i>Child Health Week</i> spots on ZNBC radio and television 4 <i>Child Health Week</i> spots aired on community radio stations countrywide. Aired 11 radio spots in <i>Tonga</i> during <i>Child Health Week</i> in Southern Province Mkushi Community Radio aired spots for 12 days and aired a 15 minute discussion on <i>Child Health Week</i> 5 spots aired on <i>Radio Chengelo</i> in Mpongwe 	<ul style="list-style-type: none"> Planning for the next <i>Child Health Week</i> round for December 2006 Formation of <i>Child Health Task Force</i> in Miti catchment area in Chadiza district 	

<i>Sub result</i>	<i>Activities</i>	<i>Accomplishments</i>	<i>Next steps</i>	<i>Outstanding issues</i>
Strengthening Community-Based Systems and Networks				
	<i>Other Health</i>	<i>Other Health</i>	<i>Other Health</i>	
		<ul style="list-style-type: none"> Radio spots and a discussion on <i>Child Health Week</i> took place in Petauke 		
		<ul style="list-style-type: none"> Community radio stations aired <i>CHW</i> spots in Mongu and Senanga 		
		<ul style="list-style-type: none"> Trained drama groups performed during the <i>Child Health Week</i> in the districts 		
	<i>Cross Cutting</i>	<i>Cross Cutting</i>	<i>Cross Cutting</i>	
	<ul style="list-style-type: none"> Training of master trainers in health messaging, performance, and facilitation of community discussion of message Drafting contracts and training agreements for community theatre master trainers Developing training manual for community theatre artistes together with translation into Zambian languages Pilot training (including participants' selection) in one district for 20 community theatre artistes Training of community theatre artistes in HCP districts Community drama performances 	<ul style="list-style-type: none"> 20 <i>master trainers</i> trained in community theatre Contracts and training agreements signed with 18 theatre <i>Master Trainers</i> The <i>Theatre Training Manual</i> was drafted, finalised and translated into 5 Zambian languages Pilot theatre training conducted successfully in Chongwe and lessons learnt shared with other HCP districts A total of 424 participants (245 male, 179 female) trained in 21 districts 18,769 community members reached during drama performances The trained drama groups performed before and during the <i>Africa Malaria Day</i> and reached 1,030 people in Chongwe district 	<ul style="list-style-type: none"> Printing of certificates for the trained theatre artistes 	

<i>Sub result</i>	<i>Activities</i>	<i>Accomplishments</i>	<i>Next steps</i>	<i>Outstanding issues</i>
Strengthening Community-Based Systems and Networks				
	<u>Cross Cutting</u>	<u>Cross Cutting</u>	<u>Cross Cutting</u>	
	<ul style="list-style-type: none"> • <i>Data for Decision Making</i> (DDM) orientation in three pilot districts 	<ul style="list-style-type: none"> • <i>Data for Decision Making</i> orientations conducted in Mpika, Senanga and Petauke 	<ul style="list-style-type: none"> • Have draft <i>Data for Decision Making</i> implementation plans refined and carried out with technical support from Lusaka office 	
	<ul style="list-style-type: none"> • Community capacity assessments • Capacity building training for NHCs, CBOs and local NGOs in the HCP districts • Developing the <i>Community Mobilisation Reference Guide</i> for CBOs and NHCs • Monitoring action plan development and implementation by communities 	<ul style="list-style-type: none"> • 16 community health teams formed in Mpika and 84 community members oriented to <i>Data for Decision Making</i> • Data collection and action planning for decision making carried out • Draft <i>Community Mobilization Reference Guide</i> finalized and pre-tested in North Western and Northern provinces • 86 Community Mobilization trainings conducted in 21 HCP districts with 1,900 women and men from 834 community groups trained • Communities assisted with action plan development • NHCs and CBOs able to access external funding • NHC members trained in North-Western Province mobilized communities during <i>Child Health Week</i> activities 		

Strategic Approach 2 – Leadership

<i>Sub result</i>	<i>Activities</i>	<i>Accomplishments</i>	<i>Next steps</i>	<i>Outstanding issues</i>
Mobilizing Local Leadership (Religious, Traditional, and <i>de facto</i>)				
	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>
	<ul style="list-style-type: none"> • Launch of the <i>Care and Compassion</i> movement (<i>Care and Compassion Open Day</i>) • Identification and formation of <i>Care and Compassion</i> support groups in HCP districts • Certification of the trained <i>Psycho-Social Counselors</i> • Monitoring <i>Psycho-Social Counselors'</i> activities • Mobilizing traditional leadership against HIV and AIDS 	<ul style="list-style-type: none"> • <i>Care and Compassion</i> movement launched • <i>Care and Compassion</i> IEC materials (badges, T-shirts, posters, tapes and CDs) distributed • 217 <i>Care and Compassion</i> support groups either formed or strengthened in HCP districts • Discussions took place in all provinces with religious leaders in preparation for the <i>Care and Compassion</i> launches • <i>Psycho-Social Counselors</i> in all districts issued with certificates • 111, 576 reached by <i>Psycho-Social Counselors</i> through counseling sessions, sermons and other group activities in 21 districts • The <i>Barotse Royal Establishment (BRE) Against AIDS Campaign</i> workshop conducted in Mongu 	<ul style="list-style-type: none"> • Issue HCP certificate of attendance to those trainees who did not meet the <i>Zambia Counseling Council</i> requirements for certification. • Implementation of activities in the <i>BRE campaign strategy</i> in partnership with <i>SHARE</i> 	<ul style="list-style-type: none"> • Follow-up with the Zambia Counseling Council on remaining districts to be certified • Reporting on <i>Care & Compassion</i> campaign activities by the field staff on a monthly basis

Sub result	Activities	Accomplishments	Next steps	Outstanding issues
Mobilizing Local Leadership (Religious, Traditional, and <i>de facto</i>)				
	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>
		<ul style="list-style-type: none"> • BRE against AIDS campaign strategy implementation plan signed by the <i>Ngambela</i> 	<ul style="list-style-type: none"> • Facilitate involvement of traditional leadership in monitoring and evaluating community activities 	
	<u>Other Health</u>	<u>Other Health</u>	<u>Other Health</u>	
	<ul style="list-style-type: none"> • Identification and development of collaboration with traditional and '<i>de facto</i>' leadership and groups 	<ul style="list-style-type: none"> • Chief Chibale in Serenje pledged to work with HCP in all health areas • Meeting held with traditional leaders in Chongwe district to plan for a workshop with <i>early marriage</i> identified as a major concern • <i>Teenage pregnancies</i> and <i>early marriages</i> identified as major concerns and topics for the <i>traditional workshops</i> in Petauke and Mpika respectively 		
	<u>Cross Cutting</u>	<u>Cross Cutting</u>	<u>Cross Cutting</u>	
	<ul style="list-style-type: none"> • Involvement of traditional/religious leaders in health • Developing inventory of traditional leadership in all provinces 	<ul style="list-style-type: none"> • Inventory of traditional leadership completed in 75% of the districts • Traditional leadership playing pivotal role in mobilizing communities for collective action (action planning and implementation) • Traditional leaders (chiefs) in Luapula province raised awareness locally regarding the importance of girls' education and discouraged early marriages 		

<i>Sub result</i>	<i>Activities</i>	<i>Accomplishments</i>	<i>Next steps</i>	<i>Outstanding issues</i>
Mobilizing Local Leadership (Religious, Traditional, and <i>de facto</i>)				
	<i>Cross Cutting</i>	<i>Cross Cutting</i>	<i>Cross Cutting</i>	
		<ul style="list-style-type: none"> 1 senior chief, 8 <i>indunas</i> and 17 village headmen in Petauke involved in HIV/AIDS awareness campaigns in the villages and in social mobilization for <i>Child Health Week</i> 		
		<ul style="list-style-type: none"> Chieftainess Mwanjawanthu in Petauke involved in sensitization on HIV/AIDS leading to 33 men and 26 women going for VCT Chieftainess Nyanje in Petauke called for abolition of negative traditional practices and opened discussion with her 107 headmen and 20 women 5 chiefs and their <i>indunas</i> in Mpongwe promoting PMTCT and VCT 3 chiefs in Chienge promoting sensitization on HIV/AIDS and other health issues 12 headmen involved in sensitization on HIV/AIDS issues during <i>Mutomboko Ceremony</i> in Kawambwa 1 chieftainess in Chongwe leading in HIV/AIDS awareness 50 village headmen and women and 1 senior chief in Luangwa oriented to HCP activities. The senior chief banned sexual cleansing 1 senior chief in Mpika instrumental in speaking against teenage pregnancies and HIV/AIDS 		

Strategic Approach 3 – Youth

Sub result	Activities	Accomplishments	Next steps	Outstanding issues
Mobilize and support youth to make positive life choices and contribute to improved health within their families and communities				
	<u>President’s Emergency Plan For AIDS Relief</u>	<u>President’s Emergency Plan For AIDS Relief</u>	<u>President’s Emergency Plan For AIDS Relief</u>	<u>President’s Emergency Plan For AIDS Relief</u>
	<ul style="list-style-type: none"> • Training of peer leaders in the use of <i>HEART Life Skills Toolkit</i> • Monitoring the use of <i>HEART Life Skills Toolkit</i> • On-going <i>HEART Life Skills Toolkit</i> sessions and monitoring in the districts • <i>Zambia Creative HEART Contests</i> materials review • Sourcing <i>Zambia Creative HEART Contest</i> prizes from stakeholders • Reviving <i>Youth Advisory Groups</i> in the districts • <i>Zambia Creative HEART Contests</i> teachers’/ stakeholders’ orientations • Printing and distribution of <i>Zambia Creative HEART Contests</i> guide booklets and leaflets 	<ul style="list-style-type: none"> • Nine provincial <i>HEART Life Skills Toolkit</i> ToTs held • 193 peer leaders trained in the use of <i>HEART Life Skills Toolkit</i> • 193 youth peer leaders conducted practicals with out-of-school youth • 270 kits distributed to trained peer leader and other stake holders • 1,795 <i>HEART Life Skills Toolkit</i> sessions were held during which 89,242 (40,933 males and 48,309 females) were reached • Materials for <i>Zambia Creative HEART Contests</i> reviewed • Prizes for <i>Zambia Creative HEART Contests</i> sourced from stakeholders • <i>Youth Advisory Groups</i> in the districts revived and participate in HCP activities • <i>Zambia Creative HEART Contests</i> guide booklets and leaflets distributed to provinces • 875 teachers oriented to the <i>Zambia Creative HEART Contests</i> 	<ul style="list-style-type: none"> • Identification of 10 new trainers for <i>HEART Life Skills Toolkit</i> from NGOs, CBOs or NHCs and drama groups or peers from youth friendly corners • Orientations for next round of <i>Zambia Creative HEART Contests</i> to take place at individual schools • <i>Zambia Creative HEART Contests</i> to be held at zonal level for greater impact—more efficient use of resources • Involve more parents and traditional leaders in <i>Zambia Creative HEART Contests</i> • Follow-ups on <i>Zambia Creative HEART Contests</i> activity in the schools and communities after the contests 	

Sub result	Activities	Accomplishments	Next steps	Outstanding issues
Mobilize and support youth to make positive life choices and contribute to improved health within their families and communities				
	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>
	<ul style="list-style-type: none"> • <i>Zambia Creative HEART Contests</i> at zonal and district levels • Development, printing and distribution of youth posters 	<ul style="list-style-type: none"> • 2,276 mentors and 301 judges involved in contests • Received donation of 3,000 badges from UNICEF "protect me", "do not abuse me" and "no gender violence" towards prizes at national level • Received 2,000 "I know about HIV" badges from <i>Ministry of Education</i> to be given as prizes • <i>Zambia Creative HEART</i> zonal and district contests held in 21 districts • 12,847 (5,814 boys and 7,033 girls) pupils participated in contests and reached 37, 971 other youth at zonal level • 2000 youth posters printed • Distribution of 50 copies of each of the 7 HEART youth posters to the provinces 		
	<u>Other Health</u>	<u>Other Health</u>	<u>Other Health</u>	
	<ul style="list-style-type: none"> • Integrate other health activities in <i>HEART Life Skills Toolkit</i> and other youth work • Partner collaboration, linkages and networking on Adolescent Reproductive Health 	<ul style="list-style-type: none"> • Trained youth in the <i>HEART Life Skills Toolkit</i> used it to promote maternal health in Petauke • Early marriages and teenage pregnancies identified as major problems to be addressed by traditional leaders • HCP participation on Adolescent Reproductive Health meetings at CBoH 		

Sub result	Activities	Accomplishments	Next steps	Outstanding issues
Mobilize and support youth to make positive life choices and contribute to improved health within their families and communities				
	Other Health	Other Health	Other Health	
		<ul style="list-style-type: none"> Youth Advisory Groups adopt other health areas/topics for the 2006 <i>Zambia Creative HEART Contests</i>: malaria in Chadiza and Kalabo, and environment in Kalabo 		
	Cross Cutting	Cross Cutting	Cross Cutting	
	<ul style="list-style-type: none"> Integration of youth/child issues in community activities 	<ul style="list-style-type: none"> Capacity building trainings had youth representation Youth integrated in community activities including action planning, implementation and monitoring Training for community theatre was dominated by youth artists Youth performances on adolescent health issues in Luapula Province Performances by 4 youth groups in Luapula Province before and during <i>Child Health Week</i> Youth in Mpika and Mpulungu districts held performances on teenage pregnancies and abortion HCP was instrumental in the preparations for the <i>Commemoration of the African Child</i> in Solwezi Participation on the <i>Prevention of Sexual Transmission</i> meetings at the National AIDS Council/USAID 		

Strategic Approach 4 – Message Harmonization

Sub result	Activities	Accomplishments	Next steps	Outstanding issues
Coordinating, prioritizing and harmonizing Behavior Change Communication strategies and activities in support of GRZ and USAID Zambia identified health priorities				
	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>
	<ul style="list-style-type: none"> • Promoting VCT, PMTCT and ART through <i>Tikambe</i> and <i>Mwana Wanga</i> video shows • Dubbing of the Nyanja and Bemba versions of <i>Tikambe</i> • Development, printing and distribution of the <i>Positive Living Handbook</i> 	<ul style="list-style-type: none"> • Showed <i>Tikambe</i> and <i>Mwana Wanga</i> through a variety of settings including clinic waiting rooms, mobile video units, work places, church and programmes of other partners • <i>Mwana Wanga</i>, a video for PMTCT education, distributed as follows: English, Bemba, Tonga, Nyanja and Lozi video tapes (681), English DVDs (175) and discussion guides (856) • <i>Tikambe</i> video translated and 1,000 copies produced • <i>Tikambe</i> discussion guide revised and printed • <i>Tikambe</i> distributed: English, Bemba, and Nyanja video tapes (651) English DVDs (173) and discussion guides (824) • 45,000 copies of the <i>Positive Living Handbook</i> printed and distributed to all districts • 5 feedback sessions (pre-test) for the ART waiting room video <i>Road to Hope</i> were held at 4 health centres 	<ul style="list-style-type: none"> • Launch of <i>Road to Hope</i> and distribution of copies 	

Sub result	Activities	Accomplishments	Next steps	Outstanding issues
Coordinating, prioritizing and harmonizing Behavior Change Communication strategies and activities in support of GRZ and USAID Zambia identified health priorities				
	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>
	<ul style="list-style-type: none"> • Production of the ART video "Road to Hope" • Marketing of the HIV Talkline • Skills training for counselors • Training of members of staff in the use of the HIV Talkline data capture software • Negotiating with Zamtel to remove costs associated with the HIV Talkline, and to allow Cell-Z clients access to the HIV Talkline on a toll-free basis • Discussions with Lifeline Choice (399) on possible areas of collaboration • Receiving and servicing phone calls and on-going counseling and support 	<ul style="list-style-type: none"> • Development and finalisation of script for the ART video • Hiring of production house for the ART video • Production of the English version of the ART video was completed • Translation of the ART video into Zambian languages begun • HIV Talkline awareness campaigns undertaken in the media e.g. <i>The Post Newspaper</i> • Training conducted for counselors in counseling skills, stress management and ethics • HIV Talkline counsellors included in radio shows on different topics such as ARVs and positive living etc • The HIV Talkline received 145,961 phone calls of which 42,672 or approximately 30% were serviced • Installation of six new telephone lines at the new Talkline centre by ZAMTEL 	<ul style="list-style-type: none"> • Complete translation of <i>Road to Hope</i> into 7 Zambian languages • Discussion guide to be developed and produced for <i>Road to Hope</i> 	

Sub result	Activities	Accomplishments	Next steps	Outstanding issues
Coordinating, prioritizing and harmonizing Behavior Change Communication strategies and activities in support of GRZ and USAID Zambia identified health priorities				
	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>	<u>President's Emergency Plan For AIDS Relief</u>
		<ul style="list-style-type: none"> • <i>HIV Talkline</i> accessible on all Zamtel lines and on the Cell-Z mobile phone network within Lusaka • Five <i>HIV Talkline</i> Counselors attended a workshop on couples counseling and couples testing • New staff member recruited as counselor 		
	<ul style="list-style-type: none"> • <i>Africa Transformations</i> for integrating Gender into community activities • Providing support to NAC on the development of HIV/AIDS material database • Technical assistance to MOH ART Manager and the NAC IEC technical working group 	<ul style="list-style-type: none"> • Discussions held with <i>Lifeline Choice (399)</i> on possible areas of collaboration • The 9 video profile scripts for <i>Africa Transformations</i> were translated into <i>Bemba</i> • Development of database on various organizations producing IEC material on HIV and AIDS • Redesigned 2 ART treatment algorithm posters for MOH • Adapted WHO ART provider flipchart for client counseling to complement <i>Positive Living Handbook</i> for MOH 	<ul style="list-style-type: none"> • <i>Africa Transformations</i> video profiles to be translated into 4 more Zambian languages – Nyanja, Tonga, Lozi and Kaonde • Work with NAC to launch HIV/AIDS communication materials database 	<ul style="list-style-type: none"> • <i>Africa</i> • Integration of <i>Africa</i> • Getting support from partners for printing the client counseling flipchart for ART

Sub result	Activities	Accomplishments	Next steps	Outstanding issues
Coordinating, prioritizing and harmonizing Behavior Change Communication strategies and activities in support of GRZ and USAID Zambia identified health priorities				
	Other Health	Other Health	Other Health	
	<ul style="list-style-type: none"> Continued TA to the <i>Family Planning,, Safe Motherhood and IRH</i> committees Continued participation in reviewing of <i>Family Planning Counseling Kit</i> Continued TA to the Zambia White Ribbon Alliance for Safe Motherhood 	<ul style="list-style-type: none"> Updating of the <i>Family Planning Counseling Kit</i> HCP staff did final editing and formatting of the <i>Family Planning Guidelines</i> before initial printing The <i>Family Planning Guidelines</i> sent for printing Finalized the cover for the <i>Safe Motherhood</i> document 	<ul style="list-style-type: none"> Pre-testing updated <i>Family Planning Counseling Kit</i> With partners plan for distribution of kit 	
	<ul style="list-style-type: none"> Review of the <i>Safe Motherhood Guidelines</i> 	<ul style="list-style-type: none"> Pre-testing and review of <i>Safe Motherhood Guidelines</i> completed 58 <i>Safe Motherhood Action Groups</i> formed in 9 HCP districts and 45 strengthened Birth plan cards introduced in communities and 647 distributed by HCP staff in four districts Awareness raising conducted for mothers and caretakers about child health Provided TA to the review of the <i>Ante-Natal Care</i> card 		

HCP Stories

Men Making a Difference in Mansa Complementary Efforts of Two Partners

Dan and Mirriam Chipeleka have come to the Chembe Health Center in Mansa district (in Luapula Province) for Prevention of Mother-To-Child Transmission (PMTCT) counseling and antenatal care. Dan learned about the importance of men escorting their wives to antenatal care visits from the Health Communication Partnership (HCP)'s community-based programs. In particular he wanted to learn more about PMTCT and be tested for HIV along with his wife who is pregnant with their fifth child. "Coming to the health facility with



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

my wife will help us know of our HIV status and thereafter plan our future together," said Dan.

Chembe Health Center, is situated on the border with the Democratic Republic of Congo, (89 kms from Mansa town), which is busy with traffic, traders, and other people crossing in and out of Zambia. Its location contributes to a high HIV prevalence rate which underscores the importance of available PMTCT service delivery. Yet until the arrival of the Zambia Prevention Care and Treatment Partnership (ZPCT) in 2005 HIV testing and PMTCT services were not available in Chembe.

At the same time, the 2005 community mobilization trainings which HCP conducted in Chembe led to the creation of five Safe Motherhood Action Groups to address serious maternal and reproductive health issues. A key component is to promote men's involvement in supporting their pregnant wives and escorting them to antenatal care visits that include HIV testing and PMTCT counseling. As a result couples such as Dan and Miriam have benefited from the combined efforts of ZPCT initiating quality Counseling and Testing (CT) and PMTCT services and HCP's effective community mobilization. More importantly, men are actively engaged in HIV prevention and are making a real difference throughout Mansa district.



Chembe Health Center– Learning about PMTCT

Siayumbu Takes it the Next Step

The Siayumbu community NHC is one of the 7 NHCs in the Lisitu catchment area of Siavonga District. Located approximately 70km from Siavonga town, Lisitu has a population of approximately 760 people.

As noted in HCP's year one annual report, an environmental assessment ignited the realization that there were human and material resources locally which could be combined to meet many of their health needs, if they were able to construct their own health outpost. At the time HCP first started providing supervisory support and training to Siayumbu, the community only had a small room that served as a health post, maternity room and storage.

By raising funds and through contributions of materials and labour from within the community, they have constructed a new health post that has a room for general check-ups and child health services. This new building has two additional rooms - one for delivery and post-natal, and another for storage and a tuck shop that will be used to sell things and generate income for running the health center. The TBA is keen to undergo proper training to handle complications in pregnancy and delivery. To support the TBA, the NHC has organized an ox-cart for maternity referrals in case of complications during labor.



Siayumbu NHC Members stand proudly in front of their new Health Post Siayumbu, Siavonga District, Southern Province, Zambia October 4, 2006

This new health center will be inaugurated before the end of this year. They intend to invite NHCs and community members from neighboring areas to share with them what they have done. They also requested HCP to assist in linking them to mobile VCT for that day so that all attendees can avail this service.

In addition, through the HCP action planning process, they identified the issue of orphans as one of the key problems in their community. To help support the orphans in their community, they have put in place a goat-rearing scheme and are in the process of opening a community school for orphans. In an effort to reduce illiteracy, this school will also be open to married women who stopped school at the primary level.



Young boy looks on at goat rearing scheme for orphan support Siayumbu, Siavonga District, Southern Province, Zambia, October 4, 2006

The HEART Life Skills trained youth and the Siayumbu theatre group, both important "sparks" of the year one activity, have energetically continued mobilizing communities for health and social change.

Each supervisory visit made by HCP reveals progress in the community and a real sense of self-sufficiency. The bonfire of activity in year one is still burning with new ideas and initiatives and Siayumbu has proven to be a model to other similar communities who are inspired by what they have accomplished.

Partnership and Sustainability

HCP built on the partnerships developed during project start up to develop new ones while maintaining the old ones. These bonds have been developed at all levels of HCP's operations including the national, provincial, district, health center and community level.

- HCP staff participated in the annual planning meetings for the DHMT in which HCP supported activities were included in the District Health Plans.
- HCP staff continue to sit on the *District Development Coordinating Committees (DDCC)* and the *District AIDS Task Forces (DATF)*.
- Venues for the community assessments, capacity building workshops, theatre trainings, have been given free of charge by the *Ministry of Health*, the *Ministry of Education* and local NGOs.
- Largely to facilitate the smooth collaboration between HCP and the Ministry of Health, the HCP offices in most district are now under the DHMT roof, an outcome that has also facilitated the leveraging of other resources including photocopying, transport, and equipment.
- The *Zambia Creative HEART Contests* in all the districts were organized and implemented with the help of various partners.

To illustrate the degree to which HCP worked in building and maintaining partnerships, the two-way partnership efforts in **Mkushi** district are outlined;

- *HCP- ZPCT Partnership:* HCP worked with *Zambia Prevention Care and Treatment (ZPCT)* in the development of the district HIV/AIDS and PMTCT services directory. At a community level and in collaboration with the trained NHC/CBO members, demand was created for PMTCT services while ZPCT came in to provide the services.
- *HCP-DHMT Partnership:* HCP worked with the DHMT in the identification, training and mentoring of community groups and the facilitation of the development of community action plans with the DHMT providing funds to carry out this exercise for Nkumbi, Chalata and Masansa communities. The DHMT also provided transport during teacher orientations for the *Zambia Creative HEART Contests*. There was close work together to integrate community action plans into health center and district action plans; in the organization of the Child Health Week and the commemoration of the *World AIDS Day*, *World T.B. Day* and the *SADC Malaria Day*.
- *HCP-Ministry of Education partnership:* The ministry provided a venue at a reduced price during the training of the drama artists. The ministry also made available school infrastructure for use during the *Zambia Creative HEART Contests*. During the zonal contests, the District Education Board Secretary released his official vehicle for use in four educational zones and the District Education Board Secretary facilitated the full participation of the teachers by allowing them to suspend their routine duties. The respective zones that participated in the contests provided their own food and accommodation for the pupils who participated in the district contest. HCP also provided support to the District Education office during the inter-schools HIV/AIDS festivals.
- *HCP-SPW partnership:* The Student Partnership Worldwide (SPW) mentored school pupils in readiness for the *Zambia Creative HEART Contests* and participated fully in the organization and implementation of both the *Zambia Creative HEART Contests* and the inter-schools HIV/AIDS festivals.
- *HCP-Bwafwano Home-Based Care Organization partnership:* The organization made available their vehicle, at no cost, to HCP during the community mobilization follow up in Masansa community. The organization also photocopied the *Zambia Creative HEART Contests* materials at no cost.
- *HCP-Mariana Motel partnership:* The hotel management provided accommodation and meals to the participants of the *Theater for Life* training and provided the conference hall free of charge during the closing ceremony.
- *HCP-DACA partnership:* Besides actively taking part in the *Zambia Creative HEART Contests*, the District

AIDS Committee Advisor has also been supportive of the activities of the *Heart Life Skills Toolkit* peer leaders.

- *HCP-DATF partnership*: HCP worked with the District AIDS Task Force in the planning and implementation of district HIV/AIDS Activities including *World AIDS Day* and the *National VCT Day* on June 30th.

While these partnerships contributed significantly in the leveraging of resources amounting to \$135, 168 of cost sharing, they also lay the foundation for sustainability as the active involvement of various stakeholders shows the value they place on the activity/intervention and their desire to participate to make it happen.

Research, Monitoring and Evaluation

Monitoring

Apart from the ongoing collection and analysis of community and district level monitoring data, HCP conducted an internal data audit to determine the validity, reliability, precision, integrity and the timeliness of the data being generated at community and district level. This was conducted in nine HCP districts and it involved inspecting data records at the community and district level to establish if they corresponded with the submitted reports. While results are indicative of the many efforts applied into ensuring that data quality is maintained, some shortcomings were observed and these were addressed onsite.

Evaluation

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

Baseline Survey

For the year under review, the main focus was the analysis of the baseline data collected 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 22 HCP districts and a total 7,048 household members and 391 community informants were interviewed.

Data analysis was finalized and a report produced. The findings were disseminated to both HCP technical and field staff and formed part of the basis for year three planning. Some of the results that are indicative of the areas where HCP needs to focus its effort include:

- 20% of children under 5 years sleep under a bed net
- 42% of children received vaccinations during the last CHW campaign
- 55% of households do not own bed nets
- 69% of rural households do not use ITNs
- 59% of urban households do not use ITNs
- 45% of women use a modern method of contraception
- 36% of women and 57% of men report not knowing any signs that indicate pregnancy complications
- 46% of women who gave birth at home had a plan to get to the hospital in case of problems
- 3% of sexually active women and 18% of sexually active men had sex with two or more partners
- 14% of women and 8% of men received HIV test results
- 65% of unmarried females and 60% of unmarried males (10-24) have never had sex
- 27% of sexually active females and 23% of sexually active males (10-24) have not had sex in the last 12 months

Secondary analysis of the baseline is being conducted in which data will be disaggregated by district and, once finalized, the results will be disseminated to district stakeholders for district level utilization in all districts with a HCP presence. Comparison with other population based surveys is underway.

Summary of Other Research Undertaken by HCP

1. Family Planning/HIV Integration Study

Background: The study is a multifaceted 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 epidemic in Zambia. It specifically investigated the correlation between a woman's HIV positive status

and the choice to become (or not to become) pregnant, 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 a qualitative approach as well as the survey method in which 12 focus group discussions and 40 key informant interviews were conducted with PLHA, 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.

Summary Results:

- Almost all respondents acknowledged the severity and scope of the HIV epidemic.
- The findings show that HIV/AIDS and family planning are integrated in the minds of many Zambians.
- Study participants frequently mentioned the influence of HIV/AIDS in reducing their desired family size, with women more likely than men to attribute declining family size to HIV/AIDS.
- While some participants steadfastly defended the right of people living with HIV/AIDS to bear children, the majority seemed to believe that PLHA should forego childbearing.
- Concerns about leaving orphaned children, worries about transmission to newborns, fear of negative health consequences for pregnant women, and disquiet at the prospect of infecting sero-negative spouses were cited as reasons for limiting childbearing.
- Most PLHA with children stated unequivocally that they did not want more children, but the availability of PMTCT, and to a lesser extent, of ARVs did seem to make some respondents hopeful about future childbearing.
- Many respondents seemed to believe that vertical HIV transmission from mother to infant would be avoided if the delivery was “properly handled,” with only a few recognizing that this risk of transmission in Zambia remains high.
- The PLHA who did not have children expressed the desire to have at least one child, but often did not know where to turn for guidance and support.
- Many gaps in knowledge were exposed, including the risks associated with breastfeeding and the availability, and efficacy, of drugs to prevent mother-to-child-transmission. Most PLHA have limited information about contraception and are typically informed only about condoms despite their expressed desire to avoid pregnancy.
- Women considered, on the whole, disclosing one’s status to a sexual partner more difficult than did men.
- While signs of stigma were indeed present, most would or have disclosed their status to close family members; however, disclosing to those outside the family was still considered to be, generally, unwise.

Conclusions: The findings support the wisdom of integrating HIV/AIDS and family planning. Most people want to know how to protect themselves, their partners, and their children from HIV transmission, recognizing that it may well include contraceptive use and smaller families. Access to counseling and testing linked to voluntary and comprehensive contraceptive counseling should be available at health clinics, where men and women alike can obtain services, as well as at antenatal clinics. Family planning programs have both an opportunity and an obligation to assist individuals in making informed choices that will enable them to safeguard their health.

2. ART Video Research

Background: The ART video research was conducted in December 2005 for the purposes of investigating issues that affect people living with HIV/AIDS (PLHA), caregivers of PLHA and facility-based ART providers in relation to knowledge of, access and adherence to ART. Results from this study were envisaged to form the basis for the development of a video on Anti-Retroviral Therapy whose goal was to educate the general public on ART, to address the key myths and misconceptions around ART, to make families and communities more supportive of those on ART, to encourage people to get tested for HIV so that they can access treatment when they need it and to improve adherence to ART treatment.

The study was conducted in Luangwa, Lusaka, Chongwe, Mumbwa, Kaoma, Mongu and Senanga districts. The study employed both qualitative and quantitative research methods. A total of four focus group discussions were conducted with PLHA and caregivers of PLHA in Luangwa and Senanga. 27 in-depth interviews were conducted with ART service providers in nine health institutions. The focus group discussions were guided by semi-structured discussion guides whereas the in-depth interviews were guided by a structured questionnaire which was self-administered.

Results:

- The discussions revealed that knowledge levels with regards ARVs and other HIV-related information is high.
- However when it comes to ART adherence, the PLHA were more knowledgeable than the caregivers who were believed that adherence meant taking drugs and food at the same time.
- Knowledge about PMTCT was limited and the PLHA expressed the need for this information.
- Common barriers to adherence include inadequate food nutrients, alcohol intake, inaccessibility to ART centres, and stigma.
- While PLHA believe that smoking and drinking negatively affect adherence, caregivers were generally not aware of this connection.
- While both PLHA and caregivers were in agreement as to the advantages of belonging to a care support group, stigma and fear of being known to be HIV+ came out as a common barrier to belonging to one.
- Myths and misconceptions about ARVs were manifest. One common misconception is that ARVs kill. There is a strong belief that if one misses one dose of treatment, then this will lead to death; ARVs without a balanced diet lead to death; ARV side effects kill; and that giving ARVs is an indirect way of killing the chronically ill. Others believe that ARVs cause barrenness; they suck blood and lead to anemia, laboratory tests requiring blood samples are related to Satanism; and that a good diet of chicken and meat should go with ARV intake. There is also a feeling that ARVs will not always be there and that the drugs coming into Zambia are rejects from the developed countries.
- The study also revealed that accessing ART is a long and slow process which tends to discourage people from considering VCT. People are encouraged to go for VCT but from the point of knowing one's status to treatment takes time.
- In understanding HIV topic areas such as counseling and testing, patient education and support, primary prevention, pain management, prophylaxis for OIs, adherence support systems, (over 20 out of 27) ART providers scored either good or excellent. A considerable number (9) felt that they had limited knowledge in managing treatment failure and changing regimens/stopping ART.
- In HIV/AIDS management, 10 ART providers or more were of the view that they were either limited or not knowledgeable in drug logistics and management, drug forecasting, data management and utilization, performance improvement, caring for caregivers, linkages with CBOs and laboratory management.
- While most ART providers were aware of their roles such as providing adequate information on ARVs to clients and making follow-ups to ensure adherence, they cited barriers to this including not having enough time to spend on clients, lacking transport to do follow-ups, lacking updated information on ART and lacking IEC materials on ART in local languages.
- The majority of the ART providers felt that counseling and testing and ART should be a routine part of clinic service provision.

Conclusions:

The study revealed that while knowledge levels related to HIV/AIDS and ART were high amongst the PLHA and ART providers, knowledge gaps were observed and these need to be addressed. Both from the study results as well as from recommendations from the ART providers, topics were suggested for the ART video which included: side effects: what to do when a patient observes side-effects; adherence, unprotected sex/and nutrition; eligibility/criteria to be put on ARVs; ARV accessibility; child bearing and ARVs/PMTCT; linkage

of PLHA and support group/organizations; role of home-based care; family/community support during ART; VCT for pregnant women; PMTCT and male involvement; importance of check-ups/follow ups; addressing myths and misconception and other barriers to ART access.

3. PEER Research

Background: In an attempt to deepen understanding of how communication programs can contribute to the reduction of HIV transmission, HCP employed the *Participatory Ethnographic Evaluation and Research (PEER)* method to investigate

1. The extent to which alcohol disinhibition is a factor in sexual risk-taking
2. The factors that encourage/inhibit sexual faithfulness in Zambia

The approach relies on third-person accounts to elicit narratives about the social behaviors or actions of “others” in an attempt to go beyond accounts of their own behavior or normative statements about how they “ought” to behave. The study was fielded in Chongwe (alcohol) and Choma (faithfulness). For each research topic, 20 community members were trained in the PEER methodology and they in turn collectively conducted 360 interviews with their peers with the aid of interview prompts developed during the training workshop. The study is now at the analysis stage.



Community members trained as PEER researchers in Chongwe and Choma.

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)
- 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
- UNICEF
- WHO
- Adolescent Reproductive Health Advocates (ARHA)

Appendix 2 - Matrix of Materials Produced

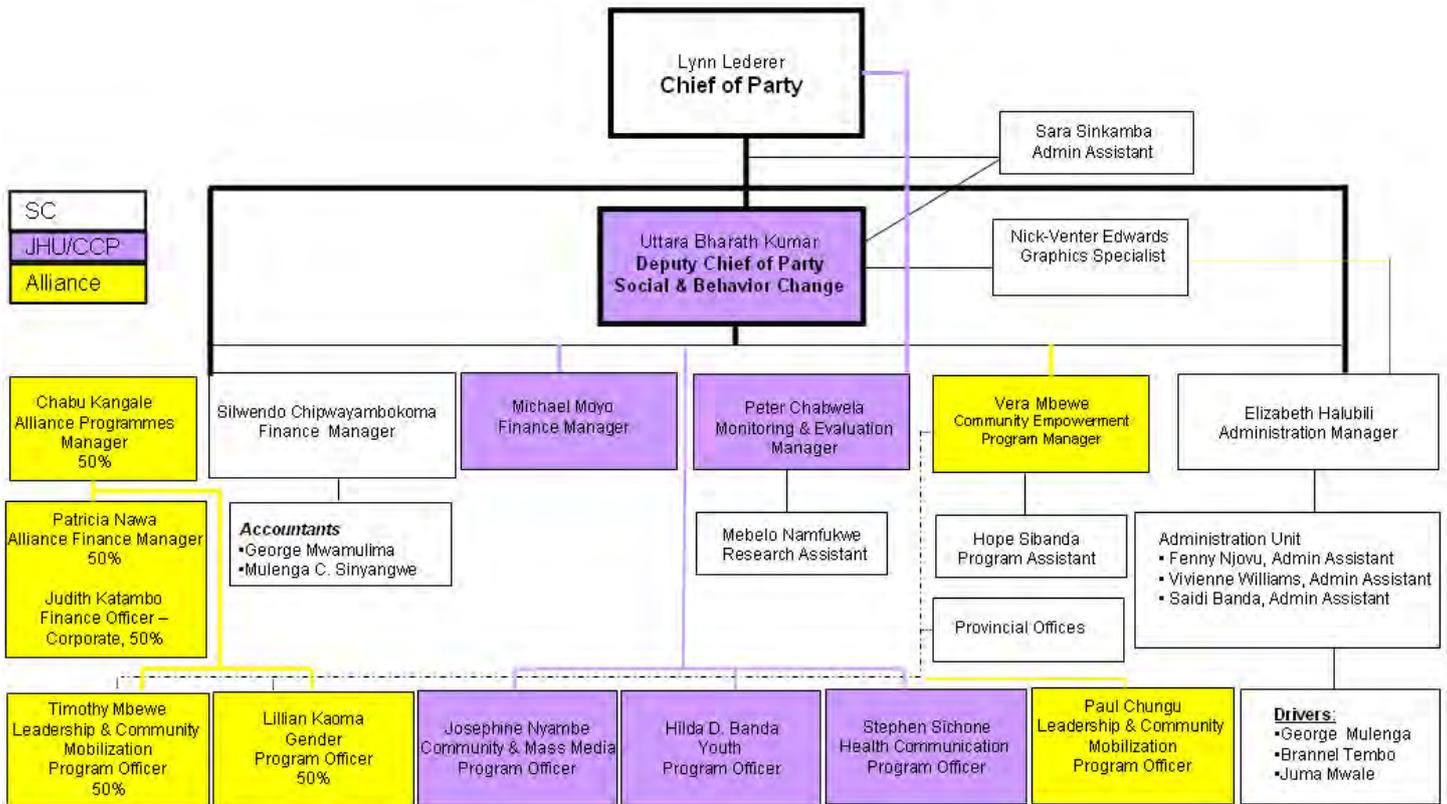
Topic	Type	Year	Language	Title, Description	Producer/ Author(s)/ Consultation	Funding Agency	Audience	#s
Safe Motherhood/ Family Planning	Guidelines	2005	English	Technical assistance to revise and reformat the National Family Planning Guidelines	Partners, HCP, MOH	MOH	Health Care Providers, partners working in IRH	Produced by MOH for national distribution
HIV/AIDS	Booklet	2005	English	<i>The HIV & AIDS Questions and Answers Booklet</i>	HCP, ZINGO, NAC	OGAC, USAID	Religious/ Leaders	5,000
HIV/AIDS	Booklet	2006	English	Creative HEART Guide Booklet	HCP, NAC, MOH	OGAC, USAID	Youth	2,000
HIV/AIDS	Poster	2006	English	HEART Waves Posters 7 Messages	HCP, MOH, NAC	OGAC, USAID	Youth	14,000
HIV/AIDS	Manual	2006	English	Peer Leadership Manual	HCP, MOH, NAC	OGAC, USAID	Peer Leaders	500
HIV/AIDS	Poster	2006	English	Living and Loving Posters 5 Messages	HCP, MOH, NAC	OGAC, USAID	PLHA and their caregivers	15,000
HIV/AIDS	Radio Program	2006	English, Bemba, Tonga, Lozi, Kaonde	Living and Loving radio distance learning program for people living with HIV/AIDS and their caregivers.	HCP, NAC, MOH	OGAC, USAID	PLHA and their caregivers	26 episodes in each language
HIV/AIDS	Handbook	2006	English	Barotse Royal Establishment Handbook	HCP, MOH, NAC	OGAC, USAID	Traditional Leaders (Western Province)	500
HIV/AIDS	Handbook	2006	English	Positive Living Handbook	HCP, MOH, NAC, Afa Mzuri	OGAC, USAID	General Public	59,000
HIV/AIDS	Poster	2006	English	Uniformed Personnel Posters (4 types)	HCP, SFH, MOH, NAC	OGAC, USAID	Uniformed Services Police, Prisons, ZRA, Immigration	8,000
Child Health/ Malaria	Poster	2006	English	Child Health Week Posters (2006)	HCP, MOH, NAC	USAID	Caregivers of children	21,000

Matrix of Materials Produced

Topic	Type	Year	Language	Title, Description	Producer/ Author(s)/ Consultation	Funding Agency	Audience	#s
Child Health/ Malaria	TV/Radio spots	2006	8 languages	Spots for Child Health Week	HCP, UCI, UNI-CEF, MOH	USAID, ZNBC	Caregivers of children	1 X 8
HIV/AIDS	Poster	2006	English	Care and Compassion Posters (5 types)	HCP, ZINGO, NAC	USAID, OGAC	Religious Communities (all faiths)	5000
HIV/AIDS	TV/ Radio Spots	2005	8 languages	Care and Compassion spots	HCP, ZINGO, NAC, Voices of Hope	USAID, OGAC	Religious Communities (all faiths)	4 spots each on radio and TV per language
HIV/AIDS	Music CD/ Cassettes	2005	8 languages	Care and Compassion Song	HCP, ZINGO, NAC, Voices of Hope	USAID, OGAC	Religious Communities (all faiths)	500
HIV/AIDS	Badges	2005	English	Care and Compassion Badges	HCP, ZINGO, NAC, MOH	USAID, OGAC	Religious Communities (all faiths)	12,000
HIV/AIDS	Video	2006	English + 7 languages	Road to Hope video on Anti-Retroviral Therapy (ART)	HCP, NAC, MOH	USAID, OGAC	General public, those starting ART, and those supporting them	Copies to be made in year 3

Appendix 3 – Organigram

HCP Zambia – Lusaka Office



HCP Zambia - Provincial Offices

