



HEALTH COMMUNICATION  
PARTNERSHIP  
ZAMBIA



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



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# Acronyms

AB	Abstinence and Be Faithful
AED	Academy for Educational Development
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
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
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 of the 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

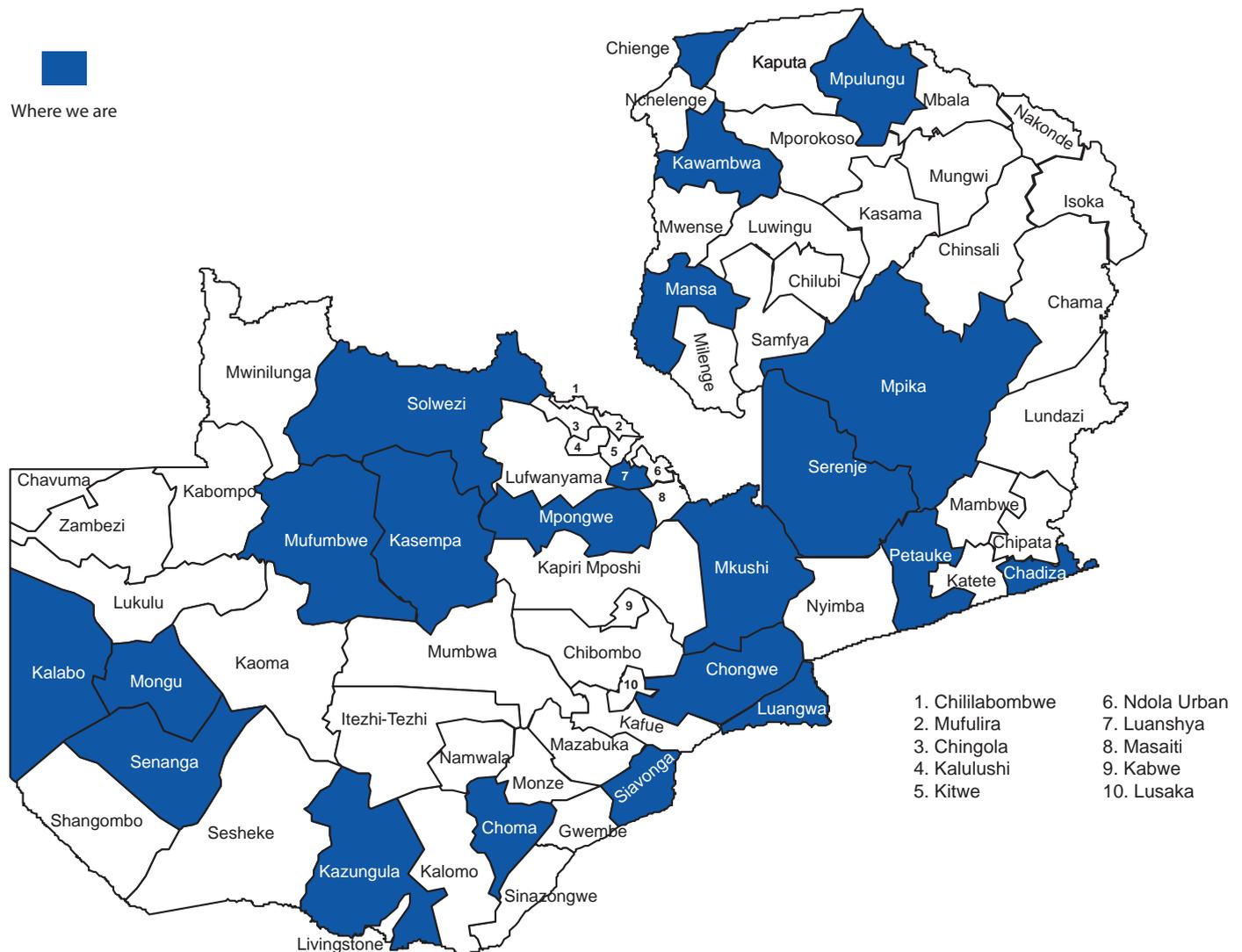
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MOU	Memorandum of Understanding
MTCT	Mother to Child Transmission (of HIV)
NATAAZ	National Theatre and Arts Association of Zambia
NGO	Non-Governmental Organization
NHC	Neighbourhood Health Committee
NZP+	Network of Zambian People Living with HIV/AIDS
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 Programmes
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 (HCP)* 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 and the International HIV/AIDS Alliance. 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).

HCP Zambia has a geographical focus of 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 third year and covers the period from 1 October 2006 to 30 September 2007. 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 planned activities, 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 ongoing sustainability. HCP therefore works to strengthen and help build the capacity of district and community systems and structures (CBOs, NHCs, traditional, religious, and *de facto* local leaders, youth groups and affected individuals such as people living with HIV and AIDS (PLHAs).

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

- Conducting environmental and capacity needs assessments in the expansion catchment areas;
- Community capacity building trainings for NHCs, CBOs, DHMTs and NGOs with guidelines from the booklets *Simplified Guide to Participatory Planning and Partnerships*, and *Health Care within the Community*;
- Technical assistance to the *Neighborhood Health Committees* in the development and implementation of community health action plans in response to the identified health needs;
- Facilitation of exchange visits between communities to promote positive models for taking positive action around health;
- Support to peer education activities among uniformed personnel including the strengthening of advocacy for HIV and other health promotion;
- Training of community drama groups and the promotion of community performances aimed at the dissemination of HIV/AIDS and other health messages; and
- Production and continued broadcast of radio programs focusing on various health issues and the facilitation of radio listeners groups in the communities.

## Accomplishments

### **Community Capacity Building**

HCP continued to expand its operations at health centre and community level. During year three, HCP added 196 health centre catchment areas to the 93 covered in year one and year two, bringing the total number of catchment areas being serviced by HCP activities to **289**. In terms of communities being serviced, the number has risen from 699 to **1,352**.

Members of the newly included communities received capacity building training based on the needs identified from the results of the environmental and community needs assessments conducted in the new health centre catchment areas. A total of 71 trainings were conducted in twenty HCP districts resulting in **2,013** community members being trained in participatory planning and partnership, leadership skills, conflict resolution, financial management, proposal writing, participatory methodologies, strategic

planning, gender, project implementation and monitoring and evaluation with the ultimate aim of enhancing their capacities to identify, plan, and implement activities to address priority health and social needs while building confidence and collective efficacy in doing the same. This brings to **3,383** the number of community members trained since HCP commenced its operations.



In addition, HCP oriented 1,350 NHC and DHMT members to the revised *Simplified Guide to Participatory Planning and Partnerships* and the *Health Care within the Community* booklets. DHMT staff were included to facilitate their increased role in capacity building trainings. To date, all districts ensured that the health centre staff played an active role in the capacity building trainings. A total of 996 *Simplified Guide to Participatory Planning and Partnerships*, 1,070 *Health Care within the Community*, and 96 *Leadership Skills* manuals were distributed to NHCs in the HCP districts. The orientation provided participants with additional skills on how to mobilize communities around health problems and other social issues.

HCP continues to monitor progress in the implementation of the action plans through supportive visits to the individual NHC groups. Out of a cumulative figure of 1,352 community groups that have received support from HCP so far, 834 developed action plans and 724 are implementing activities in their action plans. As a percentage of the total number of the 2,592 communities in the HCP districts (CBoH estimates), the communities successfully implementing activities comes to 28% representing a 10% improvement from year two figures.

The most common health areas being addressed by activities of the *Neighborhood Health Committees* include diarrhea, malaria, HIV and AIDS, child health, reproductive health, maternal health, water and sanitation, jiggers, bilharzia, tuberculosis, nutrition, and basic access to health services. As the lack of financial resources is the biggest challenge facing communities, a number of them have embarked on income generating activities such as poultry farming, crop production, hammer mill services, vegetable gardening, animal husbandry, commercial brick molding and others. Other activities being implemented in support of community health objectives include educational sessions, community sensitizations using drama and audio-visual communication tools, improvement of traditional water sources, home chlorination of drinking water, construction of health infrastructure and physical village inspections.

There has also been a demonstrated improvement in the development of action plans and the subsequent implementation of activities, in the action plans as neighborhood health committees are now seen to

be systematic and focused in finding and implementing solutions to community problems. They have also come to appreciate more the concept of *Data for Decision Making* as they now base the selection of health priorities on information obtained at community and health center level. Examples of how different communities in HCP districts have responded to the health concerns affecting them include:

- *The Nkumbu Health Post project:* Nkumbu is an NHC within Kanyenda health catchment area of **Mpongwe** district. Having identified maternal and child health as an area needing community intervention, especially considering the long distance that pregnant women and mothers had to travel in order to access health services, the *Neighborhood Health Committee* constructed a health post within the community where maternal and child health activities are conducted with the help of community health volunteers. According to the *Environmental Health Technologist* at *Kanyenda Rural Health Centre*, the construction of a health post has contributed to the improvements recorded on antenatal and child health-related indicators.

*“In the past, very few mothers could manage to walk to the clinic for antenatal and child health activities. Hence we used to have very low coverage on these indicators. But after the construction of the health post, the figures we are receiving from community volunteers are very high and our health center coverage has improved greatly.”*

— Joseph Chiko Banda, Environmental Health Technologist, Kanyenda Rural Health Center

- *Chalabesa* and *Finkuli* NHCs of **Mpika** have been able to mobilize households to construct pit latrines as a way of improving sanitation in the two communities. This was preceded by the collection and presentation of data to community members demonstrating the high number of diarrheal cases and the lack of sanitary facilities in the communities. To date, the environmental health technologists reported that each household now has a pit latrine.
- In **Serenje**, two NHCs have introduced nutritional demonstrations at the health posts targeting mothers to learn how to prepare nutritional foodstuffs for children. This has been supported by the DHMT who have assigned a nutritionist to work with the NHC members during the cooking demonstrations.
- In **Mpulungu**, three organizations (*Munkonga*, *Chazipa Tulemane* and *SWAAZ*) were successfully linked to funding agencies and accessed funds ranging between K30, 000, 000 and K42, 000,000 for income generating activities and sensitization campaigns.
- In *Fisenge*, a peri-urban community of **Luanshya** district, three support groups were formed to bolster the activities being carried out by the NHCs on HIV and AIDS through weekly home visits and community sensitization meetings.
- In **Luangwa**, *Chavulula*, *Yapite* and *Chishoka* communities embarked on vegetable growing schemes in which the produce is used to feed mal-nourished children with the surplus sold and the proceeds used to procure other nutritious food stuffs not locally available.
- In **Choma**, *Mbabala* central NHC supported ten orphans with educational materials including books and pencils. For the out-of-school orphans, the NHC bought clothes and soap. The same was done in *Siamambo* NHC which, through their chicken and goat rearing project, was able to support ten orphans with educational materials.

## Exchange Visits

Intra community and district exchange visits were held in and between communities in Chiengwe, Chongwe, Siavonga, Mpongwe, Luanshya, Mkushi, Mpika, Mansa, Solwezi and Choma. Exchange visits are highly motivating for both the community visited and the visitors, providing recognition for achievements and inspiration and encouragement to others. They serve the purpose of an informal learning forum for “weaker communities” through interaction with the “stronger communities.” With support from HCP, the health center and other partners, communities hold a one day meeting in which they share the experiences of their *Neighborhood Health Committee*, starting from the action plans, leadership structures, record keeping practices, resource mobilization ventures and community successes and failures. Following presentations

from NHC leaders of the hosting community, the visiting community is given an opportunity to inspect various community-initiated projects and direct beneficiaries of the projects including orphans, widows, PLHAs and other community members. Both the hosting and the visiting communities learn from one another. The newly formed NHCs are also equipped with knowledge and skills on how they can operate as an NHC. In **Mpika** for example, as a result of the exchange visit between *Katibunga NHC* (visiting) and *Itongo NHC* (hosting), *Katibunga NHC* started a vegetable garden as an income generating activity to support maternal and child health activities as contained in their action plan.

## Gender

HCP intensified its efforts facilitating the creation of an environment where men and women will work together to achieve common and community goals. The year under review saw:

- The development of a *Gender and Health Community Facilitation Guide*, which was pre-tested among 18 community members in **Choma** district.
- The training of the 25 HCP field and program staff as *Trainers of Trainers*.
- The holding of three five-day district gender workshops in three districts (**Senanga, Petauke and Solwezi**) in which a total of 110 participants (49 males and 61 females) participated. The workshops served the main purpose of deepening awareness on the linkages between gender-based roles, traditional customs, beliefs and practices, and health. through the facilitation in the following topics:
  - Introduction to gender concepts
  - Social roles
  - Violence between partners
  - Traditional beliefs and practices
  - Family health
  - Benefits of networking.
- The workshops identified and reached consensus on areas that need to be addressed at a community level including male dominance, gender-based violence, the lack of self confidence among women, lack of access to economic opportunities by women and the absence of male involvement in reproductive health matters. The participants came up with a plan of action detailing how they were going to address the identified issues and this will be followed up on by the *District Program Officers* during supportive visits.
- The development of gender-related materials also took center stage, particularly the translation of the *Africa Transformation* profiles into five Zambian languages: Bemba, Kaonde, Lozi, Nyanja and Tonga; the voicing over of the DVD profiles into the relevant languages and the production of
  - 200 DVDs,
  - 245 VHS tapes,
  - 235 audio tapes, and
  - 235 CDs.

In addition to the gender workshops, HCP continues to work with the community structures in highlighting gender concerns. This is largely done through the capacity building trainings which also have a topic on gender, family planning and safe motherhood. This has helped both men and women to reflect on the current interactions between the two sexes.

*"I have learnt a lot of things from this workshop especially safe motherhood issues. The birth plan has made it easy for us men to understand exactly what is needed for a baby to be safely delivered. From this day onwards my wife and I will be planning together on all things needed and I will be escorting her for antenatal care at the clinic."*

— Leston Chinkunta, NHC Chairperson, Kunta NHC, Mpongwe

## Peer Education and Outreach

The high attrition rates continue to affect the work of the uniformed personnel peer leaders largely due to staff transfers and lack of commitment attributed to the heavy workload characterising the daily work schedules of the uniformed personnel. This has been compounded by the appointment of HIV and AIDS focal point personnel in the camps who are seen to be the rightful owners of this activity as opposed to the ones trained by HCP.

By the close of the year, only 28 out of the originally trained 214 peer leaders were active in 13 HCP districts. These have continued to apply the acquired knowledge both in their own lives as well as in reaching out to their peers and other community members. Through individual counselling as well as group activities, they reached out to 8,383 peers and community members.

The *Tikambe* and *Mwana Wanga* videos continue to be employed as effective communication tools to disseminate information as well as to initiate discussion on HIV and AIDS-related issues.

Despite the challenges being faced by the peer leaders, a number of them have come up with various initiatives by making use of the available opportunities.

- In **Chadiza**, the only active peer leader has teamed up with a prison warden in conducting outreach activities among inmates. They have since facilitated the formation of a support group and have shown the *Tikambe* video to the inmates.
- In **Choma**, women in the police camp meet every Thursday to discuss HIV and AIDS-related and other health issues with the aid of the *Tikambe* and *Mwana Wanga* videos.
- In **Petauke**, the uniformed peer leaders co-opted the *Zambia Wildlife Authority* personnel in their activities who were either trained as peer leaders or psychosocial counselors by their organization. They have since reported that in the hard to reach ZAWA camps, demand for VCT services and condoms is very high and that more than forty people are willing to undergo HIV testing. This information was passed on to the *Comprehensive HIV AIDS Management Programme (CHAMP)* for action.

## Radio Distance Education for PLHAs

The airing of the *Living and Loving* PLHA radio program continued on the *Zambia National Broadcasting Corporation* (Radios 1 and 2) and 12 community radio stations. In addition to English, Lozi, Kaonde and Tonga, the program was also aired in Nyanja. The program provides PLHAs and caregivers with information that will enable the PLHAs to lead positive lifestyles as well as equip caregivers with information to effectively take care of chronically ill people suffering from AIDS. In year three, the following community radio stations aired the program:

Table 2: Radio stations that aired the *Living and Loving* PLHA radio program

Radio Station	Language of Broadcast	Location	Districts Covered	Estimated Population Reached
ZNBC Radio 1 & 2	English, Tonga, Nyanja, Lozi, Bemba, Kaonde	Lusaka	All districts (shortwave)	7, 650, 000
Sky FM	English, Tonga	Monze	Monze, Mazabuka, Choma, Kalomo, Livingstone, Zimba, Sinazongwe, Kabwe, Lusaka	3,500,000
Zambezi	English, Tonga, Lozi	Livingstone	Livingstone, Kazungula, Sesheke, part of Choma	113,000
Mosi-o-Tunya	English, Tonga, Lozi	Livingstone	Livingstone, Kazungula, part of Sesheke	31,400

Radio Station	Language of Broadcast	Location	Districts Covered	Estimated Population Reached
Explorer	English, Nyanja	Petauke	Petauke, part of Nyimba	500,000
Breeze FM	English, Nyanja	Chipata	Chipata, Chadiza, Mambwe, Katete	7,000
Liseli	English, Lozi	Mongu	Mongu, Senanga, Lukulu, Kalabo, part of Shang'ombo	500,000
Friends Committed to Caring	English, Kaonde	Solwezi	Solwezi	86,000
Mano	English, Bemba	Kasama	Kasama, Mungwi, Chinsali, Luwingu, Mporokoso, Mbala, part of Mpika	300,000
Yangeni	English, Bemba	Mansa	Mansa, Mwense, Samfya	300,000
Maranatha	English, Bemba	Kabwe	Kabwe, Kapiri Mposhi, part of Chibombo, part of Masaiti	400,000
Mkushi community radio	English, Bemba	Mkushi	Mkushi, part of Serenje, part of Kapiri Mposh	300,000
Icengelo	English, Bemba	Kitwe		1,500,000

The following programs were aired during the year under review:

1. Introduction to *Living and Loving*
2. Voluntary counseling and testing
3. Positive living
4. Home-based care
5. Antiretrovirals (ARVs)
6. Taking ARVs
7. Dealing with stigma
8. Family support
9. Beneficial disclosure
10. Positive prevention
11. Prevention of mother to child transmission
12. Nutrition
13. Hygiene
14. Prevention and management of opportunistic infections
15. Prevention and management of opportunistic infections (part 2)
16. Burn out
17. Encouraging men to be involved as caregivers
18. Income generation and financial management

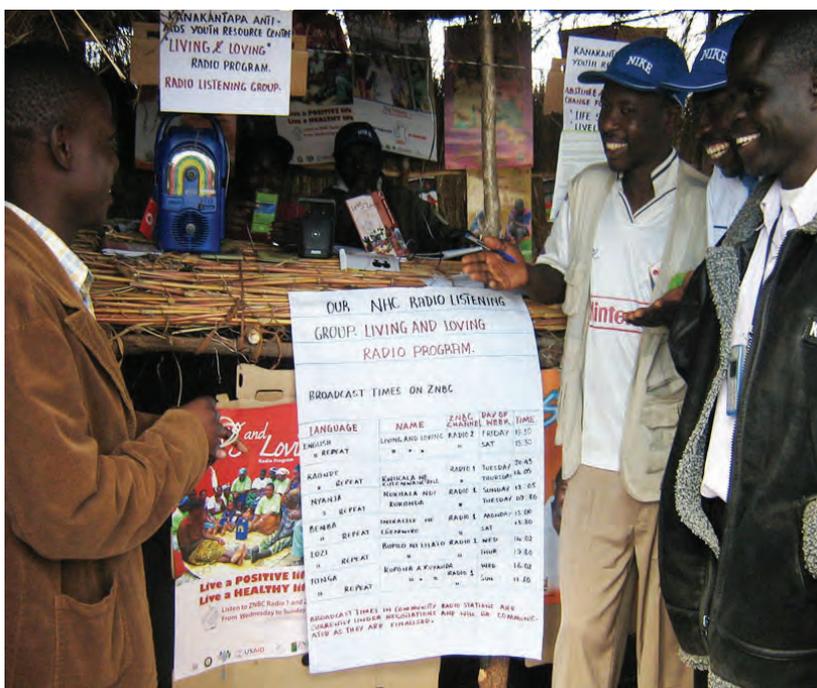
HCP continued to encourage communities to establish radio listening groups. 370 new ones were formed or transformed bringing the cumulative total number of listening groups in 18 HCP districts to 492. These were also provided with the schedule for the program. HCP also distributed a total of 309 *Energizer FM* radios to the listening groups in 11 districts.

The airing of the *Living and Loving* radio program has been well received by PLHAs, caregivers and the community at large even beyond the confines of HCP operations as witnessed in **Chipata** where caregivers from as far as **Mambwe** districts through the Eastern province HCP provincial office requesting for IEC materials related to the radio program. Mr Fred Muloongo, a staff member at **Choma** ART clinic, attributed the openness with which PLHAs are now discussing their HIV status and experiences to the radio program whose main characters are local residents, known to the Choma community. Members of *Mbabala NHC*, **Choma** are maximizing on the benefits that the radio program brings by alternating usage of the radio between listening groups from different villages. In **Mkushi**, where the radio station temporarily ceased transmission, the Station Manager, Mr. Novicks Paul Chipabila testified that the *Living and Loving* program is among the programs that the community misses.

*“People are always asking me when the radio station would start operating so that they can start listening to the Living and Loving programs. They said the the program is very helpful especially in dealing with people who are HIV positive.”*

In **Chongwe**, *Kanankatapa B NHC* took advantage of the annually held *District Agricultural and Commercial Show* by displaying HCP-produced IEC materials at their stand which included a schedule of the radio program. The stand, visited by numerous show goers, was also visited by the *District Commissioner* who encouraged the NHC to continue with the good work.

During the supportive visits to communities in **Mongu**, members of the various listening groups were of the view that the program had increased their level of understanding of various health issues. They greatly appreciate it aired in the local language for it reinforces their efforts to raise awareness about various health issues. Members of the listening groups who are also parents felt that listening to the program cultivated their confidence in discussing HIV-related issues with their children, thus playing a role in improving adult-child communication within the radio listening communities.



*Kanankatapa 'B' NHC displaying the tools applied and integrated into its community mobilization strategies including the **Living and Loving** radio program schedule.*

## Development of Community/Folk Theatre for Health Promotion

Drama continues to be employed as a communication and community mobilization tool at the community level. HCP has also integrated drama in other programs such as the capacity-building trainings, ongoing mentoring and support and exchange visits. In addition to the number of drama artists trained in the HCP districts in year one and two, a total of 19 theatre group members from seven community theatre groups were trained in effective messaging, and post-drama discussion facilitation in the newly added district of Kazungula. These and those earlier trained put on performances and disseminated messages on HIV and AIDS issues including stigma and discrimination, prevention of mother to child transmission of HIV (PMTCT), sexually transmitted infection (STIs), anti-retroviral therapy (ART) and the importance of knowing your HIV status. Other health topics covered in the performances are maternal health, malaria,

diarrhoea, child diseases, tuberculosis, reproductive health, family planning, and water and sanitation. In some districts, theatre groups were used to help NHCs deal with apathy or conflict resolution. The 80 active drama groups in 22 HCP districts reached 78,342 adult community members with health messages. An additional 43,761 children witnessed the community performances.

Year three saw an improvement in community application of the drama groups to disseminate health messages. More NHCs included drama performances in their action plans than previously. Partners including the *District Health Management Teams* and non-governmental organizations engaged the drama groups to conduct health and other sensitization activities using theater. The following organizations and individuals were reported to have employed the services of the drama groups across HCP districts:

- District Health Management Teams/health centers
- District AIDS Task Forces
- Southern Water and Sewerage Company
- Zambart TB Project
- Mukinge AIDS Prevention Project( MAPP)
- GTech –German-funded project
- The Anti-Corruption Commission
- The Electoral Commission
- Christian Children’s Fund
- Churches Health Association of Zambia
- Community Health Restoration Project (CHReP)
- United Church of Zambia( UCZ)
- Oxfam
- Centre for Infectious Disease Research in Zambia
- MARCH project
- Home-based care groups (under the Catholic Relief Services)
- Chitulika and Chilonga high schools
- Her Royal Highness, Chieftainess Malembeka of **Mpongwe**
- Zambia Prevention Care and Treatment (ZPCT)
- Comprehensive HIV AIDS Management Programme (CHAMP)
- Society for Family Health – New Start Centres



Drama performances during an exchange visit in **Chongwe**



Community performance in **Choma**

Below are some examples of how different organizations employed the services of the drama groups and the perceived impact:

- In **Choma**, *Tiyeseke Theater for Development* was engaged by *Southern Water and Sewerage Company* to sensitize communities on cholera prevention and treatment. Zambart, a TB project working in **Choma** used the *Kara Theater* group for a TB sensitization session in Shampande compound.
- In **Kasempa**, the *Mukinge AIDS Prevention Project (MAPP)* used drama groups to sensitize communities on the importance of HIV testing and ART.

- In **Luanshya**, the drama groups are often used by the DHMT and the health centres during *Child Health Weeks*, TB sensitization, and for the promotion of *indoor residual spraying (IRS)*.
- In **Mongu**, the drama groups were used by partners to promote the *Child Health Week*, the national VCT day and the malaria week.
- In **Mpongwe**, the *Mpongwe Uprising* drama group was hired by the DHMT to sensitize the community about the *Daily Observed Treatment Short Course (DOTS)* strategy for tuberculosis management during the *World TB Day* commemoration. The *Ibenga Natulande Youth for Life* drama group was hired by Her Royal Highness Chieftainess Malembeka to sensitize her subjects about *HIV and AIDS* during her annual tour of the chiefdom.
- In **Senanga**, the three drama groups have been used by the DHMT and CIDRZ in sensitizing communities on the PMTCT program.
- In **Solwezi**, the *Society for Family Health* is using the artistes in their social marketing campaigns and the *Zambia Prevention Care and Treatment (ZPCT)* partnership and *CHAMP* use them to raise awareness in communities on the benefits of VCT. The artists were also very influential and helpful in mentoring pupils during the *Zambia Creative Heart Contest* activities.
- In **Mpulungu**, the village headmen have written to the HCP district office to show appreciation for the trained drama groups who they felt were doing a commendable job in sensitizing the community members on various health issues affecting the community. It was further felt that as a result of these sensitization campaigns, households have adopted positive behaviors including the practice of drinking chlorinated water, seeking CT services, and pregnant mothers accessing PMTCT services.

### **Challenges**

- While NHCs raise awareness about the need to access health services, these services and products are not always readily available. For example, CT services are not easily accessible in the hard-to-reach areas. The same applies to *insecticide-treated bednets* which tend to be distributed to those communities closest to the health centers.
- There are very limited financial resources for NHCs to apply for to implement community projects. Most have good ideas but are thwarted by a lack of initial capital to start income-generating activities.
- Some community members still believe that the provision of all social services is the duty of the government and other outside organizations.
- Inadequate health center staffing is an obstacle to maximum DHMT involvement in HCP-initiated activities, compromising potential sustainability of the progress made in communities.
- Districts without radio reception, such as Luangwa, Siavonga, Mpulungu, Mpika, Serenje, Chienge, and Mufumbwe, continue to be left out of the benefits that radio programs such as *Living and Loving* have to offer as the listening groups formed in these districts still await the audio tapes for the program to be delivered.

### **Modifications**

- There is need to closely work with *CHAMP* and other service providers to scale-up their mobile health services in hard-to-reach areas.
- There is need to establish channels through which deserving NHCs can have access to seed resources to enable them to initiate income generating activities.
- A number of capacity building activities need to be held at the health centre to ensure the involvement of the health centre staff while at the same time enabling the staff to attend to their clinical duties.
- Supply districts without radio reception with audio tapes and cassette players for the active listening groups.

# Strategic Approach 2 – Leadership

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

## Approach

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

The following were the planned activities for year three:

- Identification and development of collaboration with traditional and “*de facto*” leadership, individuals and groups
- Orientation and advocacy meetings with identified traditional and local leaders and groups on HIV and other health issues
- Promoting HIV and other health education through traditional gatherings
- Exchange visits among traditional and local leadership promoting positive health action and addressing harmful social and gender norms
- Development of criteria and selection of community level leaders for intense psychosocial counseling training
- Monitoring of counseling activities by the trained leaders
- Promotion of counseling and testing by leaders and groups in the communities
- Establishing “Interfaith Networks” for HIV and other health awareness at the district/ provincial levels
- Promotion and development of care and support groups in communities
- Monitoring of community level care and support groups
- Organization of *Care and Compassion Day* activities in the provinces

## Accomplishments

### Care and Compassion Movement

The *Care and Compassion Movement* uses religious leaders to inspire individuals and communities to be compassionate and caring for PLHAs, as well as to motivate other religious leaders to join the effort to reduce stigma against PLHAs in their congregations.

The *Care and Compassion* commemorations were held in all the HCP districts. The HCP-trained psychosocial counselors used the event to introduce themselves and their activities to the communities. During the event, various activities were conducted by the district *Care and Compassion* committees including visiting families of OVCs, PLHAs, the chronically ill as well as awareness raising messages on prevention, care and support for the people living with HIV and AIDS.

The *Care and Compassion* commemorations were appreciated by district stakeholders. For example, the District Commissioner in **Mansa** expressed



gratitude for the manner in which faith-based leaders united to confront HIV and AIDS. She pledged government support to programs such as the *Care and Compassion Movement*.

*“It gives me great joy to see that the enormity of the AIDS pandemic has also compelled these leaders to join forces despite their differences of beliefs, calling upon God to affirm a life of hope and healing in the midst of HIV and AIDS.”*

HCP collaborated with the *Zambia Interfaith Networking Group on HIV/AIDS (ZINGO)* in eight HCP-supported districts (**Chongwe, Mpongwe, Luanshya, Chadiza, Petauke, Kazungula, Mpika, and Choma**) during the *Africa Candlelight Memorial*. In all the targeted districts, the candlelight memorial services were characterized by sermons, speeches, songs, and plays all bearing a key message of care and compassion. A total of 1,600 people were reached through the candlelight services. The districts also held open fora with HIV and AIDS, stigma and discrimination, and voluntary counseling and testing as discussion topics. The open fora were strategically designed to fall when the general public was celebrating *National VCT Day*. 1,800 people were reached through the open fora. Opportunities for counseling and testing were also made available in some districts where participants were tested following presentations from the Ministry of Health and PLHAs.

In **Petauke**, the proceedings of the candlelight activity were broadcast live on *Radio Explorer* and in **Chadiza** blankets were donated to 25 men and women living with *HIV and AIDS* during the candlelight/open fora activities.



### **Psychosocial Counselors – Counseling and Testing**

The HCP-trained psychosocial counselors continued to work 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 the importance of providing care and support to PLHAs through sermons, couples’ meetings and individual counseling sessions. They have also been extensively used by the DHMTs to fill the void at the health facilities most of which lack expertise in psychosocial counseling.

They continue to be instrumental during the commemoration of the June 30th *National VCT Day* and the December 1st *World AIDS Day* where their counseling services are accessed by those in attendance. They have also continued to facilitate awareness-raising activities in other health areas including during the *Child Health Week* and the *Measles Campaign* where they assumed a pivotal role in getting messages to the communities about the importance of taking children for health services during these special weeks.



*Associate Counselors from Chongwe and Luangwa after the training*

HCP also facilitated the training of 215 additional counselors across all the HCP districts to complement the work of the remaining and active psychosocial counselors. Building on learnings from those previously trained, selection for associate counselor training focused on already active and committed community members. Following their training, these associate counselors immediately started implementing activities and most have been absorbed in existing local structures including the DHMTs. In **Petauke**, the trained associate counselors were immediately absorbed in the health care system through engagements at the rural health centers and the district hospital. In **Mpika**, Pastor Mutungwa, a trained counselor, was engaged by World Vision to train other church leaders in home-based care. In **Mongu**, most pastors from the *Believers Fellowship* have introduced a 10-15 minute slot in the Sunday morning sermon to talk about *HIV and AIDS* issues.

Collectively, the 212 active associate/psychosocial counselors reached out to 56, 561 community members with health messages

## **Local Traditional Leadership**

The HCP *District Program Officers* have engaged with all of the chiefdoms in the areas where HCP is working to build synergistic links with these leaders to promote and model positive health seeking behaviors. The following are the various ways in which HCP has involved the traditional leadership:

During the environmental assessments, leaders are often present and instrumental in providing information on how an assessed community is being governed and on the acceptability of a newly introduced

organization or project. Leaders are also encouraged to join the neighborhood health committees. In **Mkushi**, *Ntekete NHC* and *Mikunku NHC* respectively have a chief's counselor and a headman as NHC members. Their participation brings the authority of the chief to the functioning of the NHC. Most of them are on record leading by example. For example, the *Nyabombwe* home-based care group of **Chongwe** reported that the Vice-Senior Headman of Chiyokoma village mobilized community members to undergo HIV testing by volunteering to be the first to be tested and that he is always present during the meetings of the home-based care group.

- In **Luangwa** district, traditional leaders closely work with NHCs to promote the household use of insecticide-treated nets to combat malaria as opposed to using them for fishing.
- In **Kazungula** district, the traditional leaders provided support to the safe motherhood group (Nyawa) to initiate a goat rearing project through giving a piece of land on which to establish the project.
- In **Kawambwa 12** headmen actively participated in capacity building trainings and have played a pivotal role in the mobilization of community members to respond to health problems.
- In **Kasempa**, during the *Nsomo* traditional ceremony, the chief gave HCP a stand to exhibit IEC materials and invited a winning school in the *Zambia Creative HEART Contest* to put on a performance for the audience.
- In **Mongu**, HCP in partnership with other stakeholders such as *Concern Worldwide* facilitated the launching of the *Barotse Royal Establishment HIV/AIDS* strategy document during the *Kuomboka* ceremony.
- In **Mufumbwe**, in each of the five capacity building trainings, there was representation from traditional leadership who also appreciated the training, as noted in the following:

*“The training of NHC members has been very educational for all of us. It is up to us now to ensure that the topics learnt here are put into action. I will inform the chief about this training and I will be making follow-ups to all the NHCs to monitor what they are implementing for the benefit of the communities.”*

— Jilowa W. Kamponge, Chief Munyambala's representative

- Chief Mumena of **Solwezi** has been working with NHCs in his area to develop health project proposals and has helped the NHCs in following up with potential funders including the mines and the municipality for construction of a maternity wing at one of the health centers within his chiefdom.
- Chief Chibale of **Serenje** donated a chicken to the health centre during the HCP-supported orientation to the *Simplified Guide*.
- In **Petauke**, the *Nsimbo HIV/AIDS Task Force*, made up of village headmen/ women and other selected community members have continued to spearhead health activities in the villages. During the reporting year, they managed to cover 32 villages where they disseminated basic information about HIV and AIDS, stigma and discrimination reduction, counseling and testing, defilement and care and support for orphans and vulnerable children. HCP is supporting the group through the provision of IEC materials and will use the task force to host a series of exchange visits with other chiefdoms.
- In **Chadiza**, traditional leaders have been involved in the mass distribution of free insecticide-treated bed nets in the district. The bed nets were procured through support from the *Malaria Control Evaluation and Partnership in Africa*.
- In **Mpika** and in communities that identified sanitation as a health problem, the traditional leaders have been instrumental in ensuring that each and every household constructed a pit latrine.

## Other Local Leadership

HCP has also been working to identify and to support other forms of leadership such as individuals who have an influence on peoples behavior-negative or positive. These include PLHAs who have come out in the open to discuss their status and encourage others to seek counseling and testing services, NHC/CBO

leaders who have gone a step further to mobilize communities for better health while sacrificing their own resources, and health center staff who have been consistent in supporting communities despite their busy schedules.

- The District Commissioner in **Serenje** has officiated at several meetings or events organized by HCP Zambia and has from time to time called on other line ministries to support the project activities in the district. The District Commissioner has also been instrumental in bringing different stakeholders together to work as a team on various initiatives.
- The District Education Board Secretary in **Serenje** has also been very supportive of the youth programs particularly the *Zambia Creative HEART Contest* and *HEART Life Skills* and because of his support, a number of schools in the district have supported the programs.
- In **Petauke**, *Chaiwila NHC*, a community member donated 20 broiler chickens as seed capital for an income generating activity to the *Petauke Support Group*.
- In **Mpongwe**, the District Commissioner has shown passion for HIV and AIDS interventions by officiating at different events including the launch of the *Care and Compassion Movement* and the *Africa Candlelight Memorial* service. During these events, she openly talked about her experiences at the time she went for HIV testing and encouraged other community members to emulate her actions.

### **Challenges**

- Due to limited availability of services such as VCT, PMTCT, ART in distant rural areas, the associate counselors sometimes find it difficult to suggest practical solutions to clients.
- The activities of the associate counselors continue to be constrained by the lack of transport for them to reach far flung areas.

### **Modifications**

- HCP will continue to work with other organizations capable of taking the missing services where they are not available
- HCP has provided transport to the counselors where possible. The associate counselors have also been linked to the DHMTs who provide support where possible.
- HCP to consider linking up the associate counselors and the home-based care groups to small grants to enable them to embark on income generating activities to better support those in need.

# Strategic Approach 3 – Youth

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

## Approach

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



- Organization of school and zonal contests through which young people use their creative talents to express and understand HIV and AIDS and other health issues
- Orientation of teachers at district and community levels
- Identification of youth who could be effective peer educators and are currently in some organizations
- Life skills training focusing on promoting open discussions and better understanding of situations that put young people at risk of infection
- Promoting use of the *HEART Life Skills Toolkit* by community out-of-school youth groups
- Monitoring and supervision of use of the *HEART Life Skills Toolkit* in the communities
- Distribution of *HEART* posters
- Reprinting and distribution of the “*Choose Life*” magazine in partnership with the *Zambia Centre for Communication Programs*

## Accomplishments

### **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 21 districts to be community peer leaders.

This activity saw high attrition rates due to the “exceptional” nature of these trained youth leaders who naturally were eager to either continue their schooling or find jobs. To replenish the pool of *HEART Life Skills* peer leaders, the focus for the reporting year included the identification and training of young people in life skills building. The selection process this time around was more discriminate as opposed to the selection of the first group. Communities played an influential role in the selection process and nominated youths to be trained through the various community-based youth organizations. Community groups that played a role in selecting the second wave of youth life skills peer leaders are faith-based organizations, youth

friendly corners, drama groups, anti AIDS clubs and neighborhood health committees. Most of the youths trained were from rural areas as they tend to be less mobile than their urban counterparts. A total of 216 youths were trained in 21 HCP districts.

These were immediately integrated into community activities and some have been co-opted into the activities of the neighborhood health committees to address the HIV and AIDS issues in the community action plans. The main activities conducted by the youth peer educators are:

- Walking the bridges,
- My future island,
- Where do I stand,
- You cannot tell by looking, and
- What happens in the body of someone who has HIV?

Together with the first wave of the trained youth peer leaders, the 212 active peer leaders reached out to 74, 160 youths most of whom are out of school youths.

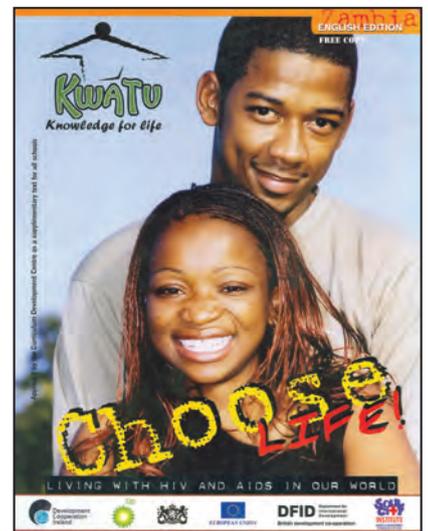
## HEART Waves

The *HEART Waves* program involves using mass media – radio and print to reach young people in the rural areas with messages on youth reproductive health behaviors. During year three, the following posters were distributed to youth organizations in the HCP districts:

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

Consultations were made with the *Zambia Centre for Communication Programs* on the possibility of cost sharing the adaptation and production of the Choose Life magazine. This is a health magazine that targets young people aged 12-16 with information on how they can understand themselves better as they grow up, to understand what sex and relationships are all about, how to make wise and healthy choices for themselves and to understand the issues surrounding HIV and AIDS. The magazine further encourages the young readers to discuss the contents with family, friends and teachers and thus fits in well with HCP's objective of facilitating adult-child communication at all levels.

In year four, HCP will partner with *Zambia Centre for Communication Programs* to produce and distribute copies of the magazine to schools countrywide with the active participation of the *HEART Life Skills* youth peer leaders, neighborhood health committees and the Ministry of Education structures. The *Zambia Creative HEART Contests* will also be used as a platform for the distribution of the *Choose Life* magazine.



## 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 goals of these contests are to:

- Encourage adult-child communication about HIV and AIDS and other sensitive issues affecting youth
- Build self-esteem, assertiveness, and critical thinking skills

- Promote delayed sexual debut
- Promote critical thinking about traditional practices that negatively impact on HIV prevention
- Encourage youths to reflect on how to maintain healthy relationships with members of the opposite sex
- Help youths perceive personal HIV risk

The contests were held in 17 districts in year three. (Contests in the other HCP districts will be held in the first quarter of year four.)

## Contest Organization

The contests were organized and supervised by the *District Youth Advisory Committee* drawing membership from the,

- District Education Board Secretary's Office
- Ministry of Health/District Health Management Team
- NGOs with a district presence
- National Theatre and Art Association of Zambia (NATAAZ)
- Youth organizations
- District AIDS Task Force
- Community members and the
- Health Communication Partnership

The role of the committee was to ensure the effective orientation of the teachers and parents in all the zones taking part in the contests. The committee also spearheaded the monitoring of the zonal contests including data collection and message gate keeping and put in place necessary logistics such as prizes, food and beverages. Different businesses were also approached for sponsorship.

Unlike in year one and two when only teachers were fully oriented to the contests, parents were also considered and included to enhance their appreciation and participation in the contests and to enable them to become effective mentors of the pupils.

Another shift in the organization of the contest was the doing away of the district contests, which in previous years presented a "logistical nightmare" to the organizers. For year three, the contests ended at the zonal level so as to reach as many schools, pupils and community members, as possible. Parents, teachers and pupils were given an opportunity to include contest themes reflecting issues affecting the pupils' communities as opposed to sticking to the ones in the booklet. For example issues of child abuse, defilement cases, and harmful traditional beliefs and practices that increase the risk of contracting HIV were also addressed through **drama, debate, poetry** and **songs**. More community schools also took part in the contests.

Prizes were awarded to all first, second, and third place winners.



*Pupils from Lwimba zone in Chongwe district citing a poem on traditional practices like initiation ceremonies that teach girls how a woman should handle a man in marriage and the consequences of this practice on girls in and out of school.*



*Youths performing on how harmful traditional beliefs and practices like consultation of traditional healers for an AIDS cure leads to defilement of infants and young girls and the risk of transmitting HIV to young girls during Lwimba zonal contest.*

Stakeholder participation continues to increase and includes donations of prizes, transportation of pupils, provision of meals, venues and boarding space during the contest. The following illustrates the level of stakeholder participation, community ownership and perceived impact:

- In **Chongwe**, the Japanese International Cooperation Agency (JICA) contributed a bus for the transportation of participants in four zones. World Vision made available a bus for the Lwimba zonal contests. The DHMT contributed a pick-up truck for the transportation of participants in Ngwerere zone, and Project Concern International provided a bus and footballs for Chimusanya zone.
- A teacher from *Silverest Basic School* in **Chongwe** reported that the *Creative HEART* contests in her school have helped to strengthen the school Anti-AIDS club and that it has enabled young people to openly discuss and share their personal experiences. For example, two pupils who are living with HIV in her school disclosed their status and wanted to be counseled on how to cope with their status within the school and community environment.
- In **Siavonga**, 16 headmen were in attendance during the zonal contests, demonstrating community support and ownership of this activity. *Parent Teachers Associations (PTAs)* were also instrumental in the organization and implementation of the activity.
- In **Choma** a pupil who was in attendance at one of the zonal contests thought that the contest has the potential to contribute to the fight against early sex among young people.

*“The Creative HEART Contest is good because it is encouraging youths to join the fight against HIV and AIDS and in so doing helping us to change our risky behaviour of indulging in sex at an early age. With this program many youths are now considering abstinence through virginity.”*

— Sharon Mutinta, pupil, Swan Basic School, Choma

- In **Senanga**, while HCP contributed 36 hard cover books for the third prize for each channel, the *District Education Office* contributed 36 school bags and 36 mathematical sets as first and second prizes respectively. The education office also took care of the lunch allowance for all the teachers who were involved in the contests. The Ministry of Education spent K1,527,000 more than HCP which is a good indicator of moving towards assuming full ownership of the activity. The contest also included the *School for the Deaf* in Senanga which participated in the drama and poetry categories. Below is a poem presented by a pupil from the school:

### ***“Suffering Alone”***

*by Mataa Likeyakeya, Senanga*

*AIDS you are not kind  
My village is vanished, only trees and tall grass grow everywhere  
I am the only deaf left and lonely  
I have so much work to do alone  
I go fishing, farming alone  
AIDS, AIDS you are not kind  
I support my brothers and sisters alone  
I am left to suffer alone  
AIDS, AIDS, GO! GO! YOU ARE EVIL!*

## **Challenges**

- Limited resources made it difficult to involve all the schools in the *Zambia Creative Heart Contest*
- There was a conflict of interest in some districts as NATAAZ decided to hold parallel contests in some of the schools

## **Modifications**

- Youths trained for the *HEART Life Skills* program were selected with the involvement of community-based organizations
- The *Zambia Creative HEART Contests* were only implemented at a zonal level
- *Zambia Creative HEART Contest* preparations will commence in the first term to give enough time to schools to prepare for both *Creative HEART* and NATAAZ. Efforts are also being made to integrate the two contests into one.

# 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 behavior change communication (BCC) coordination and harmonization:

- Messages and materials development in support of the *Child Health Weeks* and the *National Measles Campaign*
- Support to existing countrywide commemorations through participation on planning committees and development of materials
- Support to GRZ's efforts to harmonize priority health messages including support to existing BCC task forces
- Facilitate the formation of *Safe Motherhood Action Groups*
- Support to the *Ministry of Health* in the distribution of birth plans

## Accomplishments

### Enhancing Child Health Weeks

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

HCP supported the *Child Health Week* activities through the provision of technical and logistical support to the *District Health Management Teams* in HCP districts and providing transportation of *Child Health Week* materials and supervisory staff to the hard-to-reach health centers.

HCP facilitated the development and updating of child health radio and television spots in seven local languages and English on behalf of the *Ministry of Health* with UNICEF paying for the air time. HCP also provided CDs for the *Child Health Week* jingles as part of the social mobilization process in districts where there are community radio stations. The community radio stations and the *Zambia National Information Services* using their mobile public address facilities played the jingles throughout the *Child Health Week*.

21, 000 *Child Health Week* posters were printed and handed over to the *Ministry of Health* for distribution. The posters bore information on vitamin A supplementation, de-worming and on the availability of child health services at the "nearest health center." The specific posters included:

- *PREGNANT WOMEN Protect your unborn children from tetanus, Go to the nearest health centre to receive your TETANUS vaccination*
- *PROTECT YOUR CHILD FROM MALARIA. Ensure your child sleeps under a treated mosquito net every night*
- *Take your child under 5 years to the nearest health center for CHILD HEALTH SERVICES*
- *Promote Your Child's Growth, Take your child under 5 years to the nearest health center for weighing every month*
- *Protect your child from diseases, Take all children aged 6 months to 5 years to the nearest health centre for Vitamin A*

In the HCP districts, HCP-trained drama groups were also used to carry out social mobilization to sensitize the community members on the *Child Health Week* activities.

## The Measles Campaign

HCP served on the *Social Mobilization Committee* for the *Measles Campaign* and provided technical and logistical support during the following:

- Planning workshop for the campaign
- District planning meetings
- Materials development workshop for
  - Print materials
  - Electronic materials
- Advocacy meeting with the *House of Chiefs*
- Development of measles posters
- Distribution of posters and other IEC materials to the districts
- Production and distribution of radio jingles and spots to the community radio stations
- Production of measles campaign television spots and documentary
- Facilitating the availability of the mobile public address system in collaboration with the *Zambia National Information Services*
- Development of drama guidelines and district facilitation of drama performances
- Monitoring visits during the campaigns

The impact of the *Child Health Week* and the *Measles Campaign* activities in terms of coverage was positive and has been confirmed by the respective DHMTs and supported by statistics in the districts where HCP is working. In these districts, coverage for vaccinations and supplementations has often surpassed national targets set by the Ministry of Health.

- In **Kawambwa**, there has been a noted improvement in the number of children being taken to the health facilities for vaccinations and supplementations. Some health centers recorded above 100%.
- In **Chiengi**, social mobilization for *Child Health Week* was done through drama and the public address system provided by the Zambia Red Cross Society. The district recorded 97% coverage of children under five.
- In **Choma**, drama groups were used to raise awareness for *Child Health Week* and the *Measles Campaign* and district coverage for the event is reported to have improved with a 100% coverage being reported for the year.
- In **Senanga**, coverage for the campaigns keeps on improving. For example, measles vaccination for children 9-11 months recorded 110% coverage, vitamin A supplementation for children 6-11 months recorded 129% coverage and de-worming for children 12-59 months recorded 102% coverage.
- **Mkushi** also recorded an improvement in coverage for both the measles campaign and *Child Health Week*. A 101% coverage for measles was recorded, 107% for vitamin A and 96% for de-worming. In all cases, targets were reached or surpassed.
- In **Chadiza**, HCP got feedback from the DHMT attributing the increase in coverage for the *Child Health Week* to the increased awareness raised by the drama groups.

## Male Circumcision

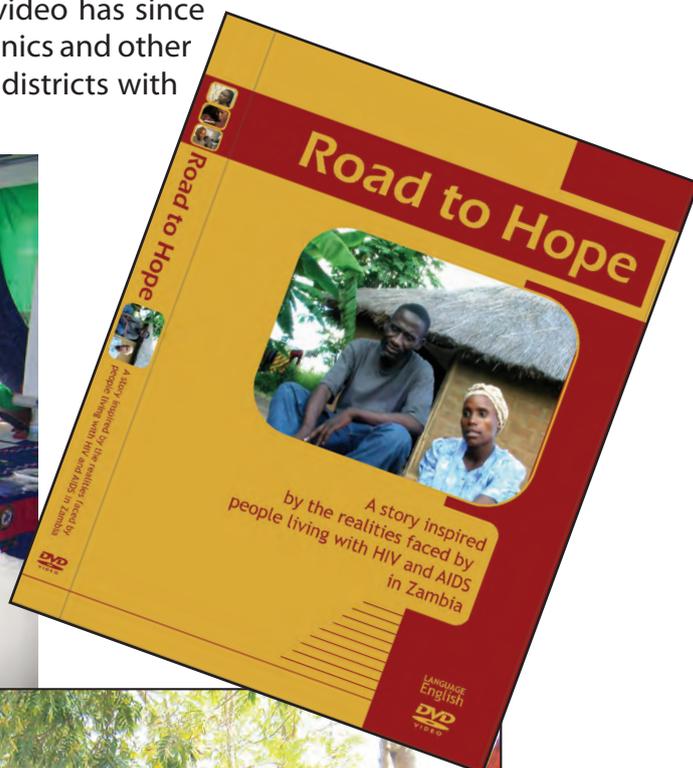
Consultations on communication interventions on male circumcision as an HIV and AIDS prevention strategy were held with different key partners including the *Society for Family Health*, the *Ministry of Health* and *JHPIEGO*. As a result of these meetings, a communication framework for male circumcision in Zambia was developed. Male circumcision information will be included as part of male reproductive health as opposed to a stand alone HIV prevention information package.

A draft outline for the *Male Reproductive Health Counseling Kit* has since been developed. The kit will be used in clinics by community peer educators to counsel men (accessing reproductive health services) on a range of important topics including:

- Female reproductive health issues
- Increasing male participation in reproductive health
- Sex and sexuality
- Sexual behaviour
- STIs and HIV – recognition, testing, prevention
- Male circumcision
- Family planning and safe motherhood
- Reproductive cancers
- Where to get services

## Expanded Treatment and Care

During year three, *Road to Hope*, a waiting room video on ART, was launched by the Minister of Health at a ceremony held at Kanyama Clinic in peri-urban Lusaka. The ceremony was graced by the American Ambassador to Zambia, Carmen Martinez, and attended by representatives of various public and service organizations. As part of the launch, the video was shown country-wide on the *Zambia National Broadcasting Corporation (ZNBC)* television on *World AIDS Day*. The video has since been mass produced with 1,342 copies distributed to clinics and other stakeholders. The video was also launched in the HCP districts with participation from various district partners.



## 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 continued to serve on the *Zambia White Ribbon Alliance* for safe motherhood and provided technical assistance to the technical working groups on safe motherhood, family planning, PMTCT, ART, food and nutrition, malaria, prevention of sexual transmission and male circumcision.

HCP convened multiple meetings with partners to discuss and review communication strategies/messaging for pediatric ART, male circumcision and multiple concurrent partnerships.

HCP actively took part in the commemorations of *World AIDS Day*, *National VCT Day*, *SADC Malaria Week* and *Africa Malaria Day*, *World TB Day* and *Youth Day*. During these events, HCP provided leadership in communication and awareness raising through the provision of IEC materials, mobilization of drama groups, youth peer leaders and psychosocial/associate counselors. HCP provided logistical support through making available HCP vehicles as needed.

A workshop was held to sensitize community radio presenters on malaria and how the radio can be used as a tool to fight malaria at the community level. This was done in collaboration with MACEPA and the National Malaria Control Centre. 40 participants were in attendance, including HCP staff.

A memorandum of understanding between the Zambia National Broadcasting Corporation (ZNBC) and HCP was finalized in which ZNBC will offer HCP discounted air time, value-added time and assist in better placement of television and radio programmes on the national broadcast station.



ZNBC Managing Director, Mr Joseph Salasini (above, left) signs the MOU between ZNBC and HCP Zambia and, on the right, Jane Brown appends her signature for HCP Zambia while HCP Zambia Chief of Party, Lynn Lederer and Deputy Chief of Party Uttara Bharath look on.

## Material Production and Distribution

Following the dissemination of the *Family Planning and HIV/AIDS Integration Study* findings, interventions in response to the study recommendations were designed including the production of an HIV family planning video designed to meet the unmet reproductive health needs of people living with HIV and AIDS. The video has since been produced, pre-tested and finalized.

The following selected materials were also distributed to partners in HCP districts and beyond during the year under review. (Appendix 2 contains the full list of materials produced.)

- *Positive Living Handbook* 850
- *Positive Living* leaflets 1,496
- *Know about HIV/AIDS* leaflets 2,567

- *Adult and Child Communication* leaflets 200
- *Care and Compassion* leaflets 2,536
- *Introduction to ARVs* posters 1,200
- *Zambia Creative Heart Contest* leaflets & posters 6,750
- *Be proud abstinence ili che* posters 400
- *If you can't abstain use a condom every time* posters 300
- *Responsible Officers Protect their Families* posters 500
- *Simplified Guide to Participatory Planning* manuals 498
- *Health Care within the Community* books 535
- *Leadership Skills* manuals 73
- *Take Care of Yourself* booklet 1,295
- *Contraception, Pregnancy Facts & Fiction* booklets 1,281
- *PMTCT* leaflets 4,838
- *Playing and Exercising Together* posters 1,000
- *Pregnant woman* posters 1,000
- *About STDs* leaflets 1,700
- *Road To Hope* (DVDs and VHS) 1,342
- *Road To Hope* discussion guides 1,070

## 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 reporting period, the *HIV Talkline* received **170,745** phone calls of which **54,257 (15,053 females and 39,204 males) were serviced. This translates to 31%** of the calls that 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.) The primary reasons for making the call include:

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

- ✘ The new Call 990 *HIV Talkline* awareness campaign was launched by the first lady, Maureen Mwanawasa, at a ceremony also graced by the United States Ambassador, Carmen Martinez.
- ✘ The *HIV Talkline* entered into partnerships with the International Organization for Migration (IOM) to include messages on human trafficking and with Project Concern International (PCI) through the donation of Talkline footballs to the OVC football league.
- ✘ Staff at *HIV Talkline* participated in the *Trendsetters* radio programme and were also part of the counseling team responding to *Trendsetters Agonies* that are published in the magazine.
- ✘ Staff at *HIV Talkline* participated in the Male Circumcision counseling workshop organised by the Society for Family Health
- ✘ There has also been ongoing in-house training on counseling skills and stress management to empower counselors on issues of competence and ethics as well as on how to manage stress
- ✘ *HIV Talkline* IEC materials were posted to callers who requested them.



### **Challenges**

- The lack of mobile video equipment to use in showing health-related tapes and DVDs
- The continued non availability of IEC materials in other health areas
- The non availability of birth plans at health centres despite the demand created through HCP-facilitated awareness raising activities
- Access to the *HIV Talkline* is still dominated by men

### **Modifications**

- HCP will procure video equipment in year four for the district offices for use during awareness raising and mobilization exercises.
- Electronic copies of the birth plans were made available to field staff to enable them print within the district. They have also been translated into various local languages with the facilitation of HCP district staff.

# Strategic Approach I – Community Mobilization

<i>Sub result</i>	<i>Activities</i>	<i>Accomplishments</i>	<i>Next steps</i>	<i>Outstanding issues</i>
<b>Strengthening Community-Based Systems and Networks</b>				
<b>Strategic Approach #1</b>	<b><u>President's Emergency Plan For AIDS Relief</u></b>	<b><u>President's Emergency Plan For AIDS Relief</u></b>	<b><u>President's Emergency Plan For AIDS Relief</u></b>	
	<ul style="list-style-type: none"> <li>• <i>Living and Loving</i> radio program</li> </ul>	<ul style="list-style-type: none"> <li>• Continued broadcast of <i>Living and Loving</i> on Zambia National Broadcasting Corporation (ZNBC) and community radio stations</li> </ul>	<ul style="list-style-type: none"> <li>• Continue airing <i>Living and Loving</i></li> </ul>	
		<ul style="list-style-type: none"> <li>• 52 episodes of <i>Living and Loving</i> aired on ZNBC in English and five local languages</li> </ul>	<ul style="list-style-type: none"> <li>• Continue encouraging communities to form radio listening groups</li> </ul>	
		<ul style="list-style-type: none"> <li>• <i>Living and Loving</i> aired on 11 community radio stations in eight provinces</li> </ul>	<ul style="list-style-type: none"> <li>• Continue monitoring the listening groups</li> </ul>	
		<ul style="list-style-type: none"> <li>• 492 radio listening groups formed/supported in 18 districts</li> </ul>		
		<ul style="list-style-type: none"> <li>• Facilitators for radio listening groups oriented on use of <i>Living and Loving</i> discussion guide</li> </ul>		
		<ul style="list-style-type: none"> <li>• 487 radios disbursed from Lusaka to 22 HCP districts</li> </ul>		
		<ul style="list-style-type: none"> <li>• 309 radios distributed to groups in 11 districts</li> </ul>		
		<ul style="list-style-type: none"> <li>• 15 radio listening groups in <b>Serenje</b> linked to schools with wind up radios due to absence of FM community radio</li> </ul>		
		<ul style="list-style-type: none"> <li>• 2,108 <i>Living and Loving</i> posters distributed to HCP districts</li> </ul>		
	<ul style="list-style-type: none"> <li>• Community drama performances</li> </ul>	<ul style="list-style-type: none"> <li>• 32,307 men , 46,035 women and 43,761 children reached by 80 trained drama groups in 22 HCP districts with performances on HIV/AIDS</li> </ul>		

<b>Sub result</b>	<b>Activities</b>	<b>Accomplishments</b>	<b>Next steps</b>	<b>Outstanding issues</b>
<b>Strengthening Community-Based Systems and Networks</b>				
	<ul style="list-style-type: none"> <li>Uniformed services peer leaders</li> </ul>	<ul style="list-style-type: none"> <li>28 uniformed services peer leaders in 13 districts out of 214 trained in 21 districts, reached 4,486 men and 3,897 women through counseling of peers and group activities</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly meetings with uniformed services peer leaders</li> </ul>	
	<b>Other Health</b>	<b>Other Health</b>	<b>Other Health</b>	
	<ul style="list-style-type: none"> <li>Development of malaria communication materials</li> </ul>	<ul style="list-style-type: none"> <li>Malaria poster produced</li> </ul>	<ul style="list-style-type: none"> <li>Commemoration of <i>Africa Malaria Day</i></li> </ul>	
	<ul style="list-style-type: none"> <li>Commemoration of <i>Africa Malaria Day</i></li> </ul>	<ul style="list-style-type: none"> <li>Launch of free distribution of insecticide treated nets during <i>Africa Malaria Day</i> commemoration in Chipata</li> </ul>	<ul style="list-style-type: none"> <li>Commemoration of <i>SADC Malaria Day</i></li> </ul>	
	<ul style="list-style-type: none"> <li>Commemoration of <i>SADC Malaria Day</i></li> </ul>	<ul style="list-style-type: none"> <li>Trained drama groups in HCP districts reached people with messages on malaria during <i>SADC Malaria Day</i></li> </ul>	<ul style="list-style-type: none"> <li>To continue supporting use of treated mosquito nets in communities through NHC/CBO meetings</li> </ul>	
		<ul style="list-style-type: none"> <li>Collaborated with <i>National Malaria Control Centre</i> to hold an advocacy meeting for the <i>House of Chiefs</i> on promotion of positive behaviors to control and treat malaria</li> </ul>		
		<ul style="list-style-type: none"> <li>40 participants for malaria radio production workshop for HCP district and provincial staff and community radio stations including <i>Zambia National Broadcasting Corporation</i></li> </ul>		

<b>Sub result</b>	<b>Activities</b>	<b>Accomplishments</b>	<b>Next steps</b>	<b>Outstanding issues</b>
<b>Strengthening Community-Based Systems and Networks</b>				
	<b><u>Other Health</u></b>	<b><u>Other Health</u></b>	<b><u>Other Health</u></b>	
		<ul style="list-style-type: none"> <li>Trained drama groups in all 22 HCP districts reached men, women and children with messages on child health, sanitation, malaria, and reproductive health</li> </ul>	<ul style="list-style-type: none"> <li>Continue mentoring and monitoring drama groups in HCP districts</li> </ul>	
		<ul style="list-style-type: none"> <li>Re-treatment of mosquito nets throughout the country</li> </ul>		
	<ul style="list-style-type: none"> <li><i>Child Health Week/ Measles Campaign</i></li> </ul>	<ul style="list-style-type: none"> <li>Facilitated planning meeting for behavior change communication strategy for the <i>Integrated Measles Campaign</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Child Health</i> technical meetings to continue</li> </ul>	
		<ul style="list-style-type: none"> <li>Design and development of <i>Child Health Week</i> and measles campaign material</li> </ul>	<ul style="list-style-type: none"> <li>Technical support to <i>Universal Child Immunization Secretariat</i> (Ministry of Health)</li> </ul>	
		<ul style="list-style-type: none"> <li>Produced radio and TV spots for <i>Integrated Measles Campaign</i> which were aired by UNICEF</li> </ul>		
		<ul style="list-style-type: none"> <li>Facilitated the IEC materials development workshop for the <i>Integrated Measles Campaign</i> with media, Ministry of Health and other stakeholders</li> </ul>		
		<ul style="list-style-type: none"> <li>Participation in development of radio and TV spots on the <i>Integrated Measles Campaign</i> in English and seven local languages and distribution to all district health management teams and community radio stations in nine provinces</li> </ul>		
	<ul style="list-style-type: none"> <li>Design workshop for the <i>Action for Health with Sister Evelina</i> radio program</li> </ul>	<ul style="list-style-type: none"> <li>Held partners' meeting for development of design document for <i>Action for Health with Sister Evelina</i></li> </ul>		

<b>Sub result</b>	<b>Activities</b>	<b>Accomplishments</b>	<b>Next steps</b>	<b>Outstanding issues</b>
<b>Strengthening Community-Based Systems and Networks</b>				
	<b><u>Other Health</u></b>	<b><u>Other Health</u></b>	<b><u>Other Health</u></b>	
		<ul style="list-style-type: none"> <li>Finalization of <i>Action for Health with Sister Evelina</i> and contracting production house</li> </ul>		
		<ul style="list-style-type: none"> <li>Organized partners' meeting to review <i>Action for Health with Sister Evelina</i> design document</li> <li>Finalized design document for <i>Action for Health with Sister Evelina</i></li> </ul>		
	<ul style="list-style-type: none"> <li>Cross Cutting</li> </ul>	<ul style="list-style-type: none"> <li>Cross Cutting</li> </ul>	<ul style="list-style-type: none"> <li>Cross Cutting</li> </ul>	
	<ul style="list-style-type: none"> <li>Environmental assessments</li> </ul>	<ul style="list-style-type: none"> <li>Conducted 117 environmental assessments in 21 districts</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing monitoring and mentoring of community groups in the implementation of community action plans</li> </ul>	
	<ul style="list-style-type: none"> <li>Capacity building training for <i>Neighbourhood Health Committees</i></li> </ul>	<ul style="list-style-type: none"> <li>Conducted 71 capacity building trainings in 20 districts</li> </ul>	<ul style="list-style-type: none"> <li>Environmental and capacity assessments in remaining areas</li> </ul>	
	<ul style="list-style-type: none"> <li>Orientation of district health management teams and health centre staff in the community mobilization process using the <i>Simplified Guide to Participatory Planning and Partnerships</i> and the <i>Health Care within the Community</i> manuals</li> </ul>	<ul style="list-style-type: none"> <li>Trained 1,134 men and 879 women in community mobilization in 20 districts</li> </ul>	<ul style="list-style-type: none"> <li>Capacity building trainings in remaining communities</li> </ul>	
		<ul style="list-style-type: none"> <li>Held 43 community orientations to <i>Simplified Guide to Participatory Planning and Partnerships</i> and the <i>Health Care within the Community</i> manuals in ten districts</li> </ul>	<ul style="list-style-type: none"> <li>Follow up utilization of booklets by oriented community members</li> </ul>	

<b>Sub result</b>	<b>Activities</b>	<b>Accomplishments</b>	<b>Next steps</b>	<b>Outstanding issues</b>
<b>Strengthening Community-Based Systems and Networks</b>				
	<b><i>Other Health</i></b>	<b><i>Other Health</i></b>	<b><i>Other Health</i></b>	
	<ul style="list-style-type: none"> <li>Ongoing support to neighborhood health committees, community-based organizations and non-governmental organizations trained in <i>community mobilization</i></li> </ul>	<ul style="list-style-type: none"> <li>1,350 community members oriented to the <i>Simplified Guide to Participatory Planning and Partnerships</i> and the <i>Health Care within the Community</i> manuals in ten districts</li> </ul>		
		<ul style="list-style-type: none"> <li>252 District Health Management and Rural Health Centre staff oriented to the <i>Simplified Guide to Participatory Planning and Partnerships</i> and the <i>Health Care within the Community</i> manuals in 13 districts</li> </ul>		
		<ul style="list-style-type: none"> <li>Distributed the following to trained community members: <ul style="list-style-type: none"> <li><i>Simplified Guide to Participatory Planning and Partnerships</i> – 996</li> <li><i>Health Care within the Community</i> – 1,079</li> <li><i>Leadership Skills Manual</i> – 73</li> </ul> </li> </ul>		
	<ul style="list-style-type: none"> <li>Technical support to NHCs, CBOs and NGOs on action plan development</li> </ul>	<ul style="list-style-type: none"> <li>834 action plans developed and 724 implemented</li> </ul>		
	<ul style="list-style-type: none"> <li>Exchange visits</li> </ul>	<ul style="list-style-type: none"> <li>Held 13 exchange visits in 7 districts</li> </ul>	<ul style="list-style-type: none"> <li>To continue facilitating and supporting exchange visits within and outside the district</li> </ul>	

## Strategic Approach 2 – Leadership

Strategic Approach #2		<i>President's Emergency Plan For AIDS Relief</i>	<i>President's Emergency Plan For AIDS Relief</i>	<i>President's Emergency Plan For AIDS Relief</i>
<b>Mobilizing Local Leadership (Religious, Traditional, and De Facto )</b>				
		<ul style="list-style-type: none"> <li>Trained 215 associate counselors in 22 HCP districts</li> </ul>	<ul style="list-style-type: none"> <li>Monitor performance of newly trained associate counselors</li> </ul>	<ul style="list-style-type: none"> <li>Certification of trained associate counselors</li> </ul>
	<ul style="list-style-type: none"> <li>Ongoing support to the trained psychosocial counselors</li> </ul>	<ul style="list-style-type: none"> <li>A total of 56,561 (24,346 men and 32,215 women) reached by 212 trained psychosocial and associate counselors through counseling sessions, sermons, and other group activities in 22 HCP districts.</li> </ul>		
	<ul style="list-style-type: none"> <li>Formation/ strengthening of <i>Care and Compassion</i> groups</li> </ul>		<ul style="list-style-type: none"> <li>Support to previously trained psychosocial counselors</li> </ul>	
	<ul style="list-style-type: none"> <li>Mobilizing traditional leadership against HIV and AIDS</li> </ul>		<ul style="list-style-type: none"> <li>Hold quarterly meetings with trained psychosocial and associate counselors</li> </ul>	
	<ul style="list-style-type: none"> <li>Launch of the <i>Barotse Royal Establishment (BRE) Against AIDS Campaign Strategy</i></li> </ul>			

Strategic Approach #2		<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>
<b>Mobilizing Local Leadership (Religious, Traditional, and De Facto )</b>				
		<ul style="list-style-type: none"> <li>• 64 <i>Care and Compassion</i> groups formed/ strengthened in 11 districts</li> </ul>		<ul style="list-style-type: none"> <li>• Facilitate identification and support of <i>Care and Compassion</i> support groups in those districts where they are not present</li> </ul>
		<ul style="list-style-type: none"> <li>• Launch and commemoration of <i>Care and Compassion</i> week in all HCP districts</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor <i>Care and Compassion</i> groups, especially in districts collaborating with ZINGO</li> </ul>	
		<ul style="list-style-type: none"> <li>• Collaborated with <i>Zambia Interfaith Networking Group on HIV/AIDS (ZINGO)</i> in eight districts for the <i>Africa Candlelight Memorial</i>. Between 200 and 360 people reached with care and compassion messages in each of the eight districts</li> </ul>		<ul style="list-style-type: none"> <li>• Provide technical support to the <i>Barotse Royal Establishment</i> in the implementation of their strategy against HIV and AIDS</li> </ul>
		<ul style="list-style-type: none"> <li>• BRE Against AIDS Campaign Strategy document launched</li> </ul>		<ul style="list-style-type: none"> <li>• Involving other stakeholders in implementation of <i>Barotse Royal Establishment</i> strategy</li> </ul>

## Strategic Approach 3 – Youth

Strategic Approach #3	President's Emergency Plan For AIDS Relief	President's Emergency Plan For AIDS Relief	President's Emergency Plan For AIDS Relief	
<b>Youth Mobilization</b>				
		<ul style="list-style-type: none"> <li>216 new youth peer educators trained in 22 HCP districts</li> </ul>	<ul style="list-style-type: none"> <li>Continue supporting <i>HEART Life Skills</i> peer educators through ongoing mentoring and support and exchange visits</li> </ul>	
	<ul style="list-style-type: none"> <li>Training of more youth in <i>HEART Life Skills</i></li> </ul>	<ul style="list-style-type: none"> <li>34,369 males and 39,791 females reached by 212 new and old <i>HEART Life Skills</i> youth peer educators</li> </ul>		
	<ul style="list-style-type: none"> <li><i>HEART Life Skills Toolkit</i> sessions in HCP districts</li> </ul>	<ul style="list-style-type: none"> <li><i>HEART Life Skills</i> youth peer educators' activities integrated into NHC/ CBO programs by inviting them to participate in ongoing mentoring and support and exchange visits</li> </ul>	<ul style="list-style-type: none"> <li>Continue monitoring <i>HEART Life Skills</i> sessions including newly trained facilitators</li> </ul>	
		<ul style="list-style-type: none"> <li><i>HEART Life Skills</i> youth peer educators in some districts integrated their skill into drama group performances</li> </ul>	<ul style="list-style-type: none"> <li>Invite active <i>HEART Life Skills</i> peer educators to quarterly peer leadership meetings</li> </ul>	
			<ul style="list-style-type: none"> <li>To promote <i>Other Health</i> and social issues such as <i>malaria</i>, <i>reproductive health</i>, and dangers of <i>alcohol consumption</i> and <i>teenage pregnancies</i> among young people through <i>Creative HEART Contests</i></li> </ul>	
	<ul style="list-style-type: none"> <li><i>Zambia Creative HEART</i> contests</li> </ul>	<ul style="list-style-type: none"> <li>Zonal <i>Creative HEART Contests</i> conducted in 17 districts in collaboration with district stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Conduct follow-up visits to schools to promote <i>adult-child communication</i> program ownership by schools</li> </ul>	

Strategic Approach #3	<i>President's Emergency Plan For AIDS Relief</i>	<i>President's Emergency Plan For AIDS Relief</i>	<i>President's Emergency Plan For AIDS Relief</i>	
<b>Youth Mobilization</b>				
		<ul style="list-style-type: none"> <li>780 teachers oriented in 17 districts</li> </ul>		
		<ul style="list-style-type: none"> <li>4,732 boys and 6,135 girls participating in the contests</li> </ul>		
		<ul style="list-style-type: none"> <li>29,112 youth reached through contests</li> </ul>		
		<ul style="list-style-type: none"> <li>1,017 mentors and 196 judges identified</li> </ul>		
		<ul style="list-style-type: none"> <li>6,900 <i>Zambia Creative HEART Contests</i> booklets disbursed to 22 HCP districts</li> </ul>		
	<ul style="list-style-type: none"> <li>Delayed Debut Campaign</li> </ul>	<ul style="list-style-type: none"> <li>Held preparatory meetings for <i>Delayed Debut</i> launch in collaboration with Society for Family Health</li> </ul>	<ul style="list-style-type: none"> <li>Integrate the <i>Delayed Debut Campaign</i> in youth programs</li> </ul>	
		<ul style="list-style-type: none"> <li><i>Delayed Debut</i> launch/ exhibition</li> </ul>		
	<ul style="list-style-type: none"> <li>Support to youth friendly corners</li> </ul>	<ul style="list-style-type: none"> <li>4 posters for the <i>Delayed Debut Campaign</i> printed by SFH. 50 copies distributed to each of 22 districts</li> </ul>		
		<ul style="list-style-type: none"> <li>Participated in <i>Prevention of Sexual Transmission</i> meetings with <i>National AIDS Council</i></li> </ul>	<ul style="list-style-type: none"> <li>Ongoing participation in <i>Prevention of Sexual Transmission</i> meetings with National AIDS Council</li> </ul>	
	<ul style="list-style-type: none"> <li>IEC material distribution</li> </ul>	<ul style="list-style-type: none"> <li>IEC material distribution to youth friendly corners</li> </ul>		
	<ul style="list-style-type: none"> <li><i>Youth Day</i> commemoration</li> </ul>	<ul style="list-style-type: none"> <li><i>Youth Day</i> commemoration in HCP districts</li> </ul>		

<b>Strategic Approach #3</b>	<b><i>President's Emergency Plan For AIDS Relief</i></b>	<b><i>President's Emergency Plan For AIDS Relief</i></b>	<b><i>President's Emergency Plan For AIDS Relief</i></b>	
<b>Youth Mobilization</b>				
		<ul style="list-style-type: none"> <li>The HCP trained drama groups performed during the <i>Youth Day</i> commemorations in some HCP districts</li> </ul>		
	<b><i>Other Health</i></b>	<b><i>Other Health</i></b>	<b><i>Other Health</i></b>	
	<i>Zambia Creative HEART Contests</i>	<i>Zambia Creative HEART Contests</i> addressed reproductive health, malaria, and harmful cultural norms in addition to HIV and AIDS	Ongoing promotion of youth addressing all health issues through <i>Creative HEART Contests</i>	

# Strategic Approach 4 – Message Harmonization

Strategic Approach #4	<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>	
<b>Coordinate the harmonization of messages in support of GRZ and USAID Zambia health priorities</b>				
	<ul style="list-style-type: none"> <li>• Production of ART video</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Road to Hope</i> video launched</li> </ul>	<ul style="list-style-type: none"> <li>• Continue community video shows and facilitating discussions</li> </ul>	
		<ul style="list-style-type: none"> <li>• <i>Road to Hope</i> video shown on ZNBC</li> </ul>		
	<ul style="list-style-type: none"> <li>• Showing of <i>Tikambe</i> and <i>Mwana Wanga</i> videos and discussions at community level</li> </ul>	<ul style="list-style-type: none"> <li>• Showed <i>Tikambe</i> and <i>Mwana Wanga</i> videos in health centers, community group trainings, and community gatherings</li> </ul>		
	<ul style="list-style-type: none"> <li>• <i>World AIDS Day</i> commemorations</li> </ul>	<ul style="list-style-type: none"> <li>• Participation in the <i>World AIDS Day</i> commemorations in all HCP districts</li> </ul>		
	<ul style="list-style-type: none"> <li>• Distribution of IEC material</li> </ul>	<ul style="list-style-type: none"> <li>• Distributed 755 <i>Tikambe</i> and 365 <i>Mwana Wanga</i> video tapes to HCP districts in 3-5 languages</li> </ul>	<ul style="list-style-type: none"> <li>• Continue distribution of IEC material to communities</li> </ul>	
		<ul style="list-style-type: none"> <li>• Distributed IEC material to provinces and districts including:               <ul style="list-style-type: none"> <li>• 200 <i>Positive Living Handbooks</i></li> <li>• 990 <i>Road to Hope</i> video tapes in English and 7 local languages</li> <li>• 127 <i>Barotse Royal Establishment</i> documents</li> <li>• 260 <i>Zambia Uniformed Services HIV/AIDS Peer Leadership Manuals</i></li> <li>• 5,000 <i>PMTCT</i> leaflets</li> </ul> </li> </ul>		

Strategic Approach #4	<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>	
Coordinate the harmonization of messages in support of GRZ and USAID Zambia health priorities				
		<ul style="list-style-type: none"> <li>• 1,250 family planning posters</li> <li>• 2,260 HEART posters</li> <li>• 1,070 HIV Talkline posters</li> <li>• 27,925 various HIV/AIDS leaflets</li> </ul>		
	<u>Other Health</u>	<u>Other Health</u>	<u>Other Health</u>	
	<ul style="list-style-type: none"> <li>• Family planning/HIV video</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Our Family, Our Choice</i> video and discussion guide produced</li> </ul>		
		<ul style="list-style-type: none"> <li>• Participated in technical workshop on safe motherhood organized by the <i>Zambia White Ribbon Alliance for Safe Motherhood</i></li> </ul>	<ul style="list-style-type: none"> <li>• Launch of <i>Our Family, Our Choice</i></li> </ul>	
		<ul style="list-style-type: none"> <li>• Distribution of maternity counseling kit in districts</li> </ul>	<ul style="list-style-type: none"> <li>• Continued technical support to all project districts and Ministry of Health reproductive health technical working group</li> </ul>	
		<ul style="list-style-type: none"> <li>• Continued support to districts for distribution of birth plans through community mobilization activities</li> </ul>	<ul style="list-style-type: none"> <li>• Continue distribution of birth plans and facilitating formation of safe motherhood action groups</li> </ul>	
		<ul style="list-style-type: none"> <li>• 1,213 birth plans distributed in 11 districts</li> </ul>		
		<ul style="list-style-type: none"> <li>• Facilitated construction of mothers' shelters through <i>Neighborhood Health Committees</i> in HCP districts</li> </ul>		
	<ul style="list-style-type: none"> <li>• Ongoing leadership with the <i>Zambia White Ribbon Alliance for Safe Motherhood</i></li> </ul>	<ul style="list-style-type: none"> <li>• 91 safe motherhood action groups formed in nine districts</li> </ul>		

Strategic Approach #4	<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>	
Coordinate the harmonization of messages in support of GRZ and USAID Zambia health priorities				
	<u>Other Health</u>	<u>Other Health</u>	<u>Other Health</u>	
		<ul style="list-style-type: none"> <li>Attended consultative meetings on male circumcision with government and stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Spearhead development of communication strategy for male circumcision</li> </ul>	
		<ul style="list-style-type: none"> <li>Attended a male circumcision stakeholders' workshop</li> </ul>	<ul style="list-style-type: none"> <li>Continued involvement in planning for implementation of male circumcision in Zambia.</li> </ul>	
<ul style="list-style-type: none"> <li><i>Africa Transformations</i></li> </ul>		<ul style="list-style-type: none"> <li><i>Africa Transformations Facilitators' Guide</i> adapted and pre-tested in Choma among 18 men and women</li> </ul>		
		<ul style="list-style-type: none"> <li><i>Africa Transformations</i> profiles translated into five Zambian languages and voiceovers done</li> </ul>		
		<ul style="list-style-type: none"> <li>The following <i>Africa Transformations</i> materials were produced: 200 DVDs, 245 VHS, 235 audio tapes and 235 CDs</li> </ul>		
		<ul style="list-style-type: none"> <li>Training of Trainers' workshop held for 25 HCP Provincial Team Leaders and District Programme Officers</li> </ul>		
		<ul style="list-style-type: none"> <li>Three gender workshops held in Senanga, Petauke and Solwezi with 49 male and 61 female participants</li> </ul>	<ul style="list-style-type: none"> <li>Incorporate gender training in the community mobilization mainstream activities in all the HCP districts</li> </ul>	

# HCP Stories

## Living and Loving A Listening Tool for Life

As an HIV+ person, Queen Kapeshi was asked to speak (in her mother tongue Kaonde) about living positively for the newly launched radio program – *Living and Loving*. After the HCP Zambia radio program started broadcasting on the Solwezi (North Western Province) community radio station, many people approached her for information on a variety of issues related to HIV and AIDS. She was so overwhelmed by how many people needed information and support that she sought help from the Solwezi chapter of NZP+ (Network of Zambian People Living Positively). It was here, in December 2006, that the Margrade Support Group was born with an initial membership of 15, including 2 men and 13 women.

The group has gone door-to-door in their community to encourage people to know their status, to share information and to be models of positive living. Of 590 people reached, 575 were tested. The group has secured local funding to develop poultry raising as an income generating activity to enable them to expand their activities as well as provide support to those in need in Margrade.

HCP Zambia provides capacity-building training and encouragement to community-based organizations such as Margrade with the expectation that they will be better equipped to deal with their health problems independent of outside support. This group is a true model of the unlimited potential of collective action.

The *Living and Loving* radio program was designed by HCP Zambia to address the needs of rural, low literate populations who do not have the same access to information, networks and services as their urban counterparts. It is broadcast in 8 languages with 26 episodes, each with a different theme related to living positively and each with testimonials from local people like Queen.



*Queen with the Margrade Support Group listening to Living and Loving.*

## Facilitating Collective Efficacy Building Capacity and Confidence in Serenje

The Makolongo Neighborhood Health Committee, 38 kilometers south of Serenje in Central Province, previously only had health services delivered under a thatched open-walled structure. They needed and wanted a solid structure but prior to HCP's working with them, felt this was completely dependent on outside benevolence. After participating in the "environmental assessment", however, they realized that there was much they could do at low cost on their own. The 'spark' of this assessment precipitated a bonfire of activity.

HCP's strategy is based on beginning with an introspective exercise of analyzing locally available resources (human and material). This is often the catalyst for communities to see themselves and the world through different lenses and is the first step in developing confidence in their capacity to tackle their health problems independent of outside support.

As a community they mobilized burnt bricks, poles, labor and thatch for a roof and now they have their own beautiful health post. This beginning evolved in their wanting to manage their own health data and they created a blackboard with cement which has been smoothed over with charcoal and okra on which on a monthly basis they both note progress on their health committee action plan as well as update their health data. The community secured two small pieces of land from their local chief. One parcel of land has been given to the health center committee while, with the participation of the entire community, the other parcel of land was planted in sweet potatoes and is an income generating activity in support of orphans.

In its first three years, HCP has trained 3,383 community members from 1,352 communities in 22 districts in Zambia, in a range of critical skills including participatory planning and partnership, leadership skills, conflict resolution, financial management, proposal writing, strategic planning, gender, project implementation, monitoring and evaluation. These skills are moving communities towards collective efficacy for better health practices.



*NHC Chairman explains how the community uses chalk board in their newly constructed health post to track health concerns.*



*NHC members show off their sweet potato fields cultivated jointly as a fund-raising activity.*

# Research, Monitoring and Evaluation

## Planned Activities

Key activities planned for the year under review were:

- Facilitating effective monitoring of action plan implementation by community groups in HCP districts
- Conducting monitoring data audits at district and community level
- Working with DHMTs to update the directory of NHCs in the HCP districts
- Analysis, report production, and dissemination of findings from PEER research
- Conduct the Information Education and Communication Snap Survey
- Design and operationalise the HCP database

## Regular Monitoring

*Development of NHC monitoring and documentation tools*

To facilitate the effective monitoring of community groups as they implement activities in their community action plans, HCP developed and introduced the community data collection and documentation tool to both the newly added and 'old' communities. The tool enables the neighborhood health committees to document on a monthly basis the activities that they were able to implement around the identified priority health areas against those planned for in that particular month. This resulted in the standardization of the data collection, documentation and reporting processes at the community level.

## Development of the HCP database

HCP developed a database to capture indicator level information for all HCP activities.

The database installed at the head office computers was developed with features to perform cumulative performance statistics such as the ability to aggregate information at every level of HCP operation -- district, province and national -- and to categorize according to province, district, strategic approach, reporting time and sex. This will enable HCP to document data in a modern, scientific and state-of-the-art fashion and has facilitated ease in the manner in which information is retrieved.

## Data consistency checks

HCP conducted an internal data audit at district and community level to inspect data generated as a result of HCP-supported activities for validity, reliability, consistency, traceability, precision as well as storage in accordance with USAID guidelines. The exercise was also used to identify best practices to be shared and strengthened as well as areas of concern that needed immediate remedial measures. The exercise was carried out in Mkushi, Serenje, Luanshya, Mpongwe, Chadiza, Petauke, Mpika, Mpulungu, Choma, Kazungula, and Siavonga districts. The results of the exercise were presented to HCP staff and the following on-site recommendations were made:

- All district offices should keep records of how each total included in the quarterly report was obtained (ideally by entering monthly figures in an excel spreadsheet).
- Data collection agents should note on data collection forms and in reports any comments that help to understand how figures were obtained, e.g. where double counting is suspected.
- District offices should keep track of when reporting forms are submitted.
- District offices should separately indicate in the monthly/quarterly reports the numbers reached in that period and the numbers reached in the previous period but received late to enable a degree of accuracy when reconciling in the annual report.
- District offices should clearly indicate reporting periods. For instance indicating '2nd Quarter' can be confusing as opposed to indicating the actual month and year e.g. January-March 2006.

- District offices should always include the number of data collection agents reporting out of the number trained and to regularly update the records for programme drop-outs, indicating the reason for dropping out.
- Data should always be disaggregated by sex.
- District offices should file monthly aggregation forms and supporting forms in chronological order.
- All the documentation forms should be filed in a ring binder as opposed to keeping them loose.
- District offices should follow up on individuals who submit unclear information.
- District offices should keep folders for each core activity, both in hard format as well as electronically as mixing everything in My Documents makes it difficult when the need to retrieve information arises.

## Formative Research

Pretest of the Our Family Our Choice video

Following the development of the Our Family Our Choice video which addresses the family planning needs of people living with HIV and AIDS, a pretest of the video was conducted among the targeted audience within Lusaka. Two focus group interviews were conducted following the viewing of the video. The results of the pretest were used to improve the content of the video.

## Alcohol study

Results of the alcohol PEER (Participatory Ethnographic Evaluation and Research) research investigating the extent to which alcohol disinhibition is a factor in sexual risk-taking were disseminated to HCP program and field staff for consideration in the design of interventions for year four.

The results of the study revealed that alcohol consumption was seen to be widespread especially among young people and seen as a hindrance to young people's attainment of their goals and aspirations. Rising levels of poverty, the absence of career opportunities, lack of recreational facilities and the strong belief that alcohol initiates young people into adulthood were seen as contributing to high levels of youth alcoholism. Alcohol was also seen to have the following benefits: it works as stimuli to speed up sexual feelings, increases body temperature which is good for sex, enables people to express themselves freely, makes people more alert and active, enables people to do more work, and it's seen as medication for diseases like asthma, stress and depression.

Among the detrimental effects of alcohol mentioned by participants were that it impairs judgment and motor skills making it difficult for one to practice smart sex (e.g., use a condom or correctly use a condom). It contributes to the high incidence of multiple partnerships, and it fuels commercial sex work and gender-based violence.

Alcohol trading was also seen to be a booming business to the extent that it was claimed that three quarters of the business houses in the district (Chongwe) were trading in alcohol. The study also revealed that alcohol consumption and trading was not adequately regulated as evidenced by the mushrooming of unregistered drinking places, non-compliance to regulations on opening and closing times of drinking places, and the indiscriminate accessibility to alcohol and drinking places by under-aged children.

On recommendations, the findings suggest a three-pronged approach.

- **First**, address individuals, especially young people. There is an urgent need to target young people with messages on how alcohol can compromise their personal goals and to communicate the link between irresponsible drinking and casual sex, transactional sex, and multiple sexual partnerships, all of which fuel the epidemic. At the same time develop communication messages that refute misconceptions about the benefits of alcohol consumption.
- **Secondly**, challenge communities to take responsibility for their own neighborhoods by demanding the closure of unregulated drinking places and by sanctioning drinking establishments that allow minors on their premises.
- And, **thirdly**, enhance the capacity of law enforcers to enforce existing laws or update laws already on the books by shutting down unlicensed bars or taverns.

## Evaluative Research

### IEC Snap Survey

With the main aim of assessing the status, the use, usefulness and gaps in IEC materials at the health facility level, HCP conducted a snap survey with 91 health facilities in 23 districts.

The survey revealed that the main sources of IEC materials include the Ministry of Health/CBoH, HCP, the National HIV/AIDS Council, Food and Nutrition Commission, UNICEF, USAID, ZPCT and other USAID non-governmental originations. These materials, which were dominated by HIV/AIDS messages but also included topics on family planning, maternal health, malaria, child health and community mobilization and were mostly used by the health centre staff for purposes related to:

- Community education/awareness raising and mobilization
- Antenatal care sessions to educate expectant mothers
- Social mobilization during *Child Health Week*
- Counseling clients who visit the health centers for VCT/CT
- As a reference tool to facilitate health discussions

In terms of usefulness and preference, posters were found to be most useful because people are perceived to respond positively to pictorial presentations. Posters are easily accessible as they are found almost everywhere, reaching a wide population and because they are durable, lasting for long periods. Videos were also found to be useful especially if they are in simple and localized language and also because they are easy to relate to as they focus on real events.

The study also identified factors that hinder the use of IEC materials and the following were mentioned:

- Where materials are not in the local language
- Where materials are worn out
- Where supply of IEC materials is erratic
- Lack of storage/inventory facilities for materials
- Concentration of materials on HIV and AIDS neglecting other health areas
- Lack of explanation during distribution
- Lack of equipment to show videos/DVDs
- Some health centres do not have power

Additional needs for IEC materials were also explored and the following topped the list:

- Malaria
- Family Planning
- STIs
- Child Health
- Tuberculosis (TB)
- Diarrhea
- Water and Sanitation
- Maternal Health
- Nutrition
- Reproductive Health
- PMTCT, VCT, ARVs/ART, Positive Living

## **Measuring Community Capacity Study**

In preparation for the end of project evaluation survey, the *Measuring Community Capacity Study* was commenced. The purpose of the study is to characterize, develop and validate a set of indicators of community capacity that will be incorporated into the HCP end-line survey. The results of this study will therefore inform the development of the specific community capacity indicators. Data for the first phase of the study was collected in four communities of Siavonga, Choma, Mpika and Mansa through 16 focus group interviews with men, women, youths and community leaders as well as 12 semi-structured interviews with religious, political and traditional leaders.

### **Challenges**

- The annual assessment of the communities' implementation of the action plan is proving to be a challenge considering that HCP continues to expand to more communities. It is also difficult to assess communities where HCP is not operating.

### **Modifications**

- The pediatric ART study was not conducted as ZCCP conducted a similar study
- The male circumcision study was not conducted as the male circumcision working group felt that enough formative research had been conducted and there was compelling evidence on its efficacy and on acceptability of male circumcision in Zambia.

# 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
- FARM
- Kara Counselling
- CHAMP
- Afya Mzuri
- TALC
- CHAZ
- Zambia Counselling Council
- White Ribbon Alliance
- UNICEF
- WHO
- Adolescent Reproductive Health Advocates (ARHA)
- ZINGO

## 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 <i>National Family Planning Guidelines</i>	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 &amp; AIDS Questions and Answers</i> booklet	HCP, ZINGO, NAC	OGAC, USAID	Religious leaders	5,000
HIV/AIDS	Booklet	2006	English	<i>Creative HEART Guide</i> booklet	HCP, NAC, MOH	OGAC, USAID	Youth	2,000
HIV/AIDS	Poster	2006	English	<i>HEART Waves</i> posters 7 messages	HCP, MOH, NAC	OGAC, USAID	Youth	14,000
HIV/AIDS	Manual	2006	English	<i>Zambia Uniformed Services HIV/AIDS Peer Leadership manual</i>	HCP, MOH, NAC	OGAC, USAID	Peer leaders	500
HIV/AIDS	Poster	2006	English	<i>Living and Loving</i> posters 5 messages	HCP, MOH, NAC	OGAC, USAID	PLHA and their caregivers	15,000
HIV/AIDS	Radio Program	2006	English, Bemba, Tonga, Lozi, Kaonde	<i>Living and Loving</i> radio distance learning program for people living with HIV and AIDS and their caregivers.	HCP, NAC, MOH	OGAC, USAID	PLHA and their caregivers	26 episodes in each language
HIV/AIDS	Handbook	2006	English	<i>Barotse Royal Establishment Against HIV/AIDS Campaign</i>	HCP, MOH, NAC	OGAC, USAID	Traditional leaders (Western province)	500
HIV/AIDS	Handbook	2006	English	<i>Positive Living Handbook</i>	HCP, MOH, NAC, Afya Mzuri	OGAC, USAID	General public	59,000

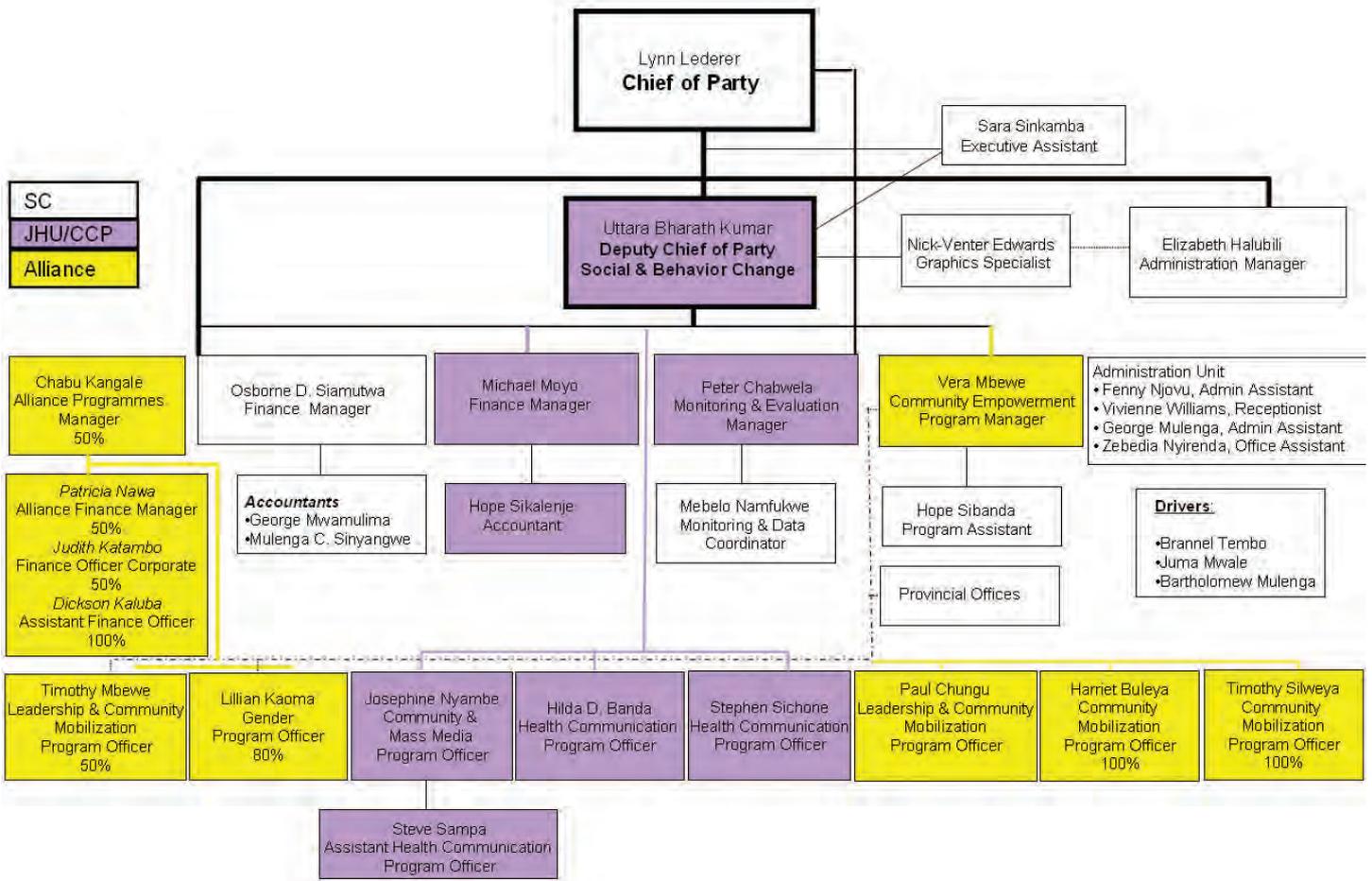
Topic	Type	Year	Language	Title, Description	Producer/ Author(s)/ Consultation	Funding Agency	Audience	#s
HIV/AIDS	Poster	2006	English	Uniformed personnel posters (4 types)	HCP, SFH, MOH, NAC	OGAC, USAID	Uniformed services police, prisons, ZRA, immigration	8,000
Child Health/ Malaria	Poster	2006	English	Child Health Week posters (2006)	HCP, MOH, NAC	USAID	Caregivers of children	21,000
Child Health/ Malaria	TV/Radio spots	2006	8 languages	Spots for <i>Child Health Week</i>	HCP, UCI, UNICEF, MOH	USAID, ZNBC	Caregivers of children	1 X 8
HIV/AIDS	Poster	2006	English	<i>Care and Compassion</i> posters (5 types)	HCP, ZINGO, NAC	USAID, OGAC	Religious communities (all faiths)	5000
HIV/AIDS	TV/ Radio Spots	2005	8 languages	<i>Care and Compassion</i> 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	<i>Care and Compassion</i> song	HCP, ZINGO, NAC, Voices of Hope	USAID, OGAC	Religious communities (all faiths)	500
HIV/AIDS	Badges	2005	English	<i>Care and Compassion</i> badges	HCP, ZINGO, NAC, MOH	USAID, OGAC	Religious communities (all faiths)	12,000
HIV/ AIDS	Handbook	2006	English	<i>Tikambe</i> discussion guides for video on stigma and discrimination	HCP, NAC, MOH	USAID, OGAC	General public	2,500
HIV/ AIDS	Handbook	2006	English	<i>Mwana Wanga</i> discussion guides for video on PMTCT	HCP, NAC, MOH	USAID, OGAC	General public, men and women of reproductive age	2,500
HIV/AIDS	Video	2006	English + 7 languages	<i>Road to Hope</i> 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
All health	Handbook	2007	English	<i>Health Care within the Community</i> –Health Information for NHCs and CBOs	HCP, MOH	USAID	NHCs, CBOs, Health Care Providers, DHMTs	5,000

Topic	Type	Year	Language	Title, Description	Producer/ Author(s)/ Consultation	Funding Agency	Audience	#s
All health	Handbook	2007	English	<i>Simplified Guide to Participatory Planning and Partnership</i> at community level	HCP, MOH	USAID	NHCs, CBOs, Health Care Providers, DHMTs	5,000
HIV/ AIDS	Handbook	2007	English	<i>Road To Hope</i> facilitation guide for video on antiretroviral therapy	HCP, NAC, MOH, ZNBC	USAID, OGAC	Those starting ART, and those supporting them, general public	2,500
HIV/ AIDS	Handbook	2007	English	<i>Living &amp; Loving</i> radio programme guide for radio listening groups	HCP, NAC, MOH	USAID, OGAC	Radio listening groups of PLHA and caregivers, general public	500
HIV/ AIDS	Handbook	2007	English	Materials order form	HCP	USAID, OGAC	General public, those starting ART, and those supporting them	5,000
HIV/ AIDS	Handbook	2007	English	<i>Action for Health with Sister Evelina</i> design document for production of 26-episode radio program	HCP, MOH, NAC, NMCC, NFNC	USAID, OGAC	Radio production company, community radio stations, ZNBC, DPO, PTLs	500
HIV/ AIDS / Family Planning	Video	2007	English + 7 languages	<i>Our Family Our Choice</i> video	HCP, NAC, MOH	USAID, OGAC	Men and women of reproductive ages who are HIV positive, general public	2,500
HIV/ AIDS / Family Planning	Booklet	2007	English + 7 languages	<i>Our Family Our Choice</i> video discussion guide	HCP, NAC, MOH	USAID, OGAC	Men and women of reproductive ages who are HIV positive, general public	200
HIV/ AIDS	Handbook	2007	English	<i>Our Family Our Choice</i> – family planning information for PLHAs	HCP, NAC, MOH	USAID, OGAC	Men and women of reproductive ages who are HIV positive, general public	200
Child Health	Poster	2007	English	Measles	Unicef, MOH, HCP	Unicef, USAID	Parents, guardians, child caretakers, general public	5,000

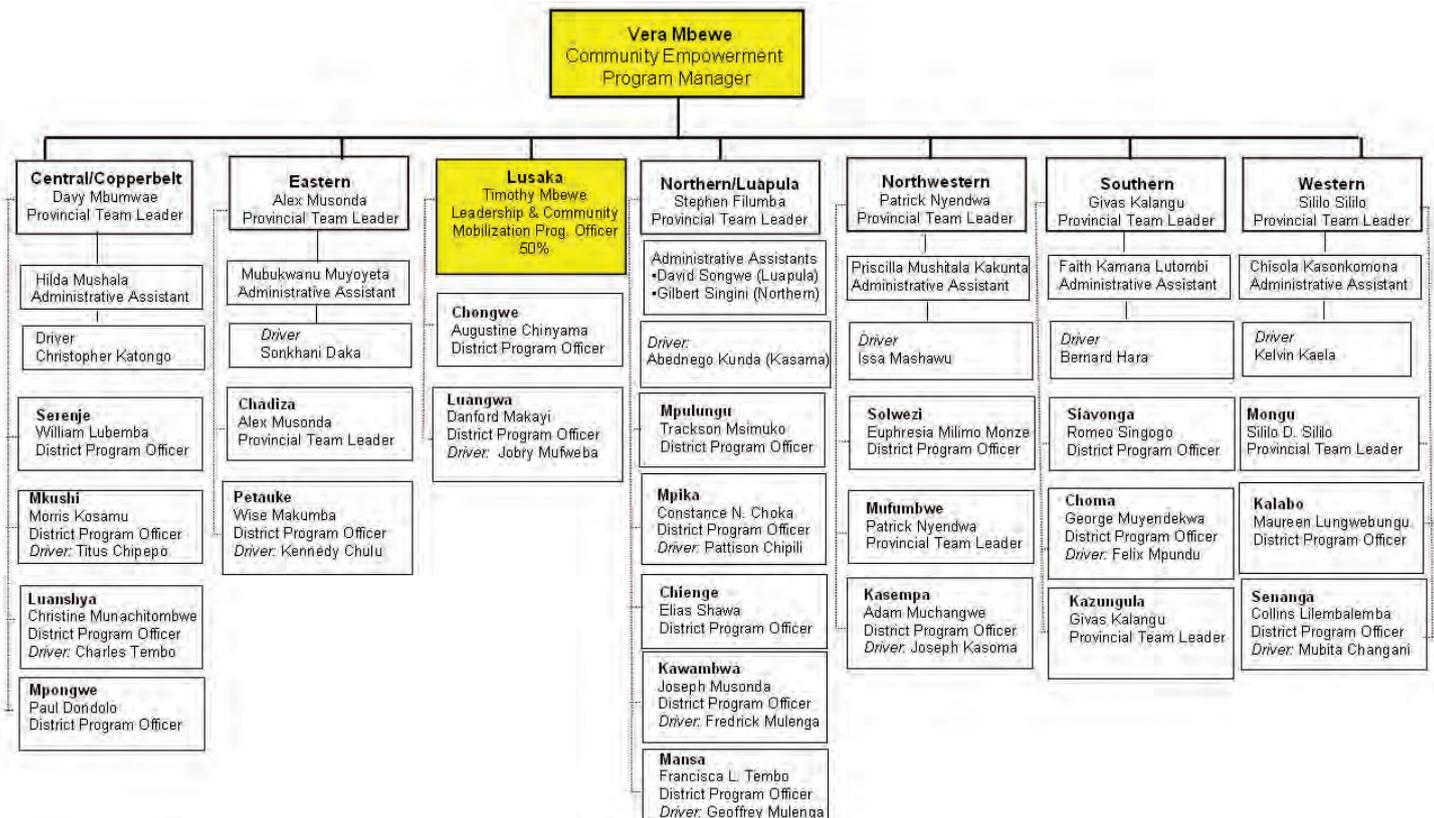
Topic	Type	Year	Language	Title, Description	Producer/ Author(s)/ Consultation	Funding Agency	Audience	#s
Child Health	Poster	2007	English	Tetanus	Unicef, MOH, HCP	Unicef, USAID	Parents, guardians, child caretakers, general public	5,000
Child Health	Poster	2007	English	Growth Monitoring	Unicef, MOH, HCP	Unicef, USAID	Parents, guardians, child caretakers, general public	5,000
Child Health	Poster	2007	English	Vitamin A	Unicef, MOH, HCP	Unicef, USAID	Parents, guardians, child caretakers, general public	5,000
Child Health	Poster	2007	English	De-worming	Unicef, MOH, HCP	Unicef, USAID	Parents, guardians, child caretakers, general public	5,000
Child Health	Radio Spot	2007	English + 7 languages	National measles campaign	Unicef, MOH, HCP	Unicef, USAID	Parents, guardians, child caretakers, general public	1x8
Child Health	TV Spot	2007	English	National measles campaign	Unicef, MOH, HCP	Unicef, USAID	Parents, guardians, child caretakers, general public	1x1
Child Health	TV Spot	2007	English + 7 languages	National measles, tetanus, growth monitoring, vitamin A, de-worming campaign	Unicef, MOH, HCP	Unicef, USAID	Parents, guardians, child caretakers, general public	1x8
HIV and AIDS	Flipchart	2007	English	<i>Flipchart for Client Education – HIV Prevention, Treatment and Care</i>	HCP, CRS, MOH, WHO, NAC	WHO, USAID, CRS, CDC, partners	Those starting ART and those supporting them, general public	4,500

# Appendix 3 – Organigram

## HCP Lusaka Office



## HCP Zambia - Provincial Offices









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