



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

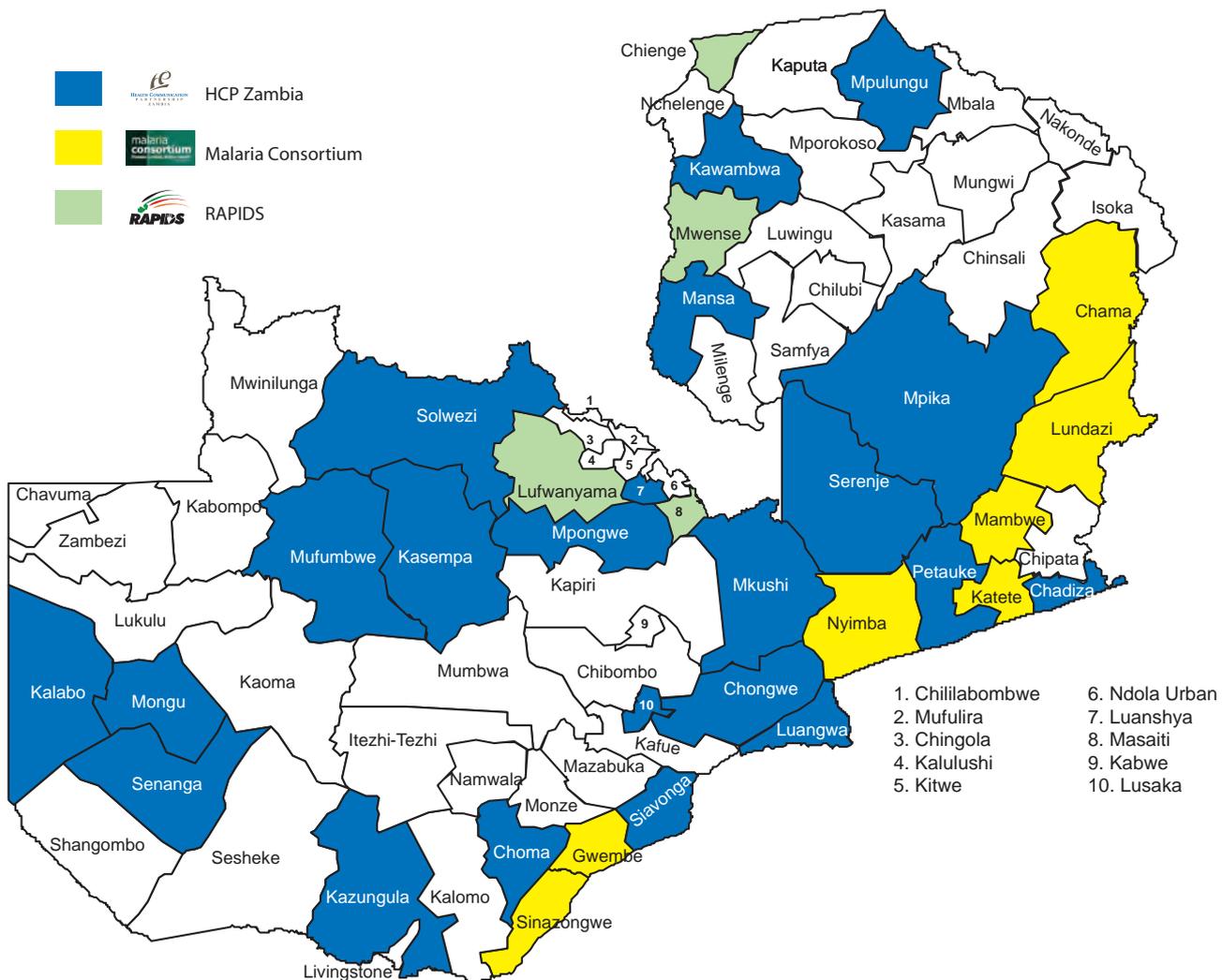
AB	Abstinence and Be Faithful
AED	Academy for Educational Development
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCC	Behavior Change Communication
BNSA	Baha'i National Spiritual Assembly
BRE	Barotse Royal Establishment
CBO	Community-based Organization
CCF	Christian Children's Fund
CCZ	Christian Council of Zambia
CHAMP	Comprehensive HIV/AIDS Management Programme
CHEP	Copperbelt Health Education Project
CIDRZ	Centre for Infectious Disease Research in Zambia
DATF	District AIDS Task Force
DC	District Commissioner
DDCC	District Development Coordinating Committee
DEBS	District Education Board Secretary
DFID	Department for International Development
DHMT	District Health Management Team
DPO	District Program Officer
D-WASHE	Water, Sanitation, and Hygiene
EFZ	Evangelical Fellowship of Zambia
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
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
ICOZ	Independent Churches of Zambia
ICZ	Islamic Council of Zambia
IEC	Information, Education and Communication
IOM	International Organization for Migration
ITN	Insecticide-treated Net
IYF	International Youth Foundation
JHU	Johns Hopkins University
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MNCHW	Maternal, Newborn & Child Health Week
MOU	Memorandum of Understanding
MTCT	Mother to Child Transmission (of HIV)
NATAAZ	National Theatre and Arts Association of Zambia
NGO	Non-Governmental Organization
NHC	Neighborhood 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 (of HIV)
PSI	Population Services International
PTL	Provincial Team Leader
RAPIDS	Reaching HIV/AIDS Affected People with Integrated Development and Support
RHC	Rural Health Centre
SADC	Southern African Development Community
SFH	Society for Family Health
SMAG	Safe Motherhood Action Group
STI	Sexually Transmitted Infection
TALC	Treatment Advocacy and Literacy Committee
TBA	Traditional Birth Attendant
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
ZAMSIF	Zambia Social Investment Fund
ZCC	Zambia Counseling Council
ZCCP	Zambia Centre for Communication Programs
ZEC	Zambia Episcopal Conference
ZIHP	Zambia Integrated Health Programme
ZINGO	Zambia Interfaith Networking Group on HIV/AIDS
ZNBC	Zambia National Broadcasting Corporation

Introduction

An expectant mother in Mansa at an ante-natal clinic watches a video that teaches her how to protect the health of her unborn child. A Neighborhood Health Committee in Siavonga raises goats and opens a tuck shop; proceeds from both are used to provide food, clothing, and medical services for orphans in the community. A group of students in Chongwe perform a short play that questions why certain household duties are tied to gender for a crowd of hundreds of their peers, parents, community leaders and government officials as part of the annual Creative HEART contest. Associate counselor Gladys Nyambe in Choma goes door to door as part of the Supportive Counseling to Elderly Guardians of Children program and meets grandmother Joyce Mudenda, who is struggling to look after her three grandchildren. Gladys encourages and supports Joyce through the process of learning the status of her sickly 10 year old granddaughter and starting the child on antiretroviral therapy. These are some of the stories in which Health Communication Partnership Zambia has played a catalytic role -- by producing the video, giving technical support to the Neighborhood Health Committee, sponsoring the contest, and training counselors.

In this era where people in Zambia still succumb to preventable diseases like AIDS, malaria and diarrhea, they need to know why and how to access the health care available to them. Where the Ministry of Health and other partners provide the policy framework and delivery of services, HCP creates the awareness that brings people to the clinics, leading them down the path to better health.



The goal of *Health Communication Partnership Zambia* is to contribute to the **“improved health status of Zambians”** (SO7) by supporting **“Zambians taking action for health”** (IR7.1). Awarded in August 2004, the HCP partnership includes the Johns Hopkins University Center for Communication Programs, Save the Children and the International HIV/AIDS Alliance. HCP interventions help individuals, families and communities undertake behaviour change that optimizes their health and well being. HCP collaborates with the Ministry of Health, the National AIDS Council, the Provincial Health Offices (PHOs), the District Health Management Teams (DHMTs), other allied ministries and public institutions, local and international NGOs, and community-based organizations (CBOs).

HCP Zambia works in 22 districts, selected for their geographical isolation, in nine provinces of Zambia. The Ministry of Health perceives gaps in the services and trainings they can provide to these rural communities, and HCP assists by filling them. The bulk of HCP activities and interventions are concentrated at the district and community level, other activities such as mass media and behavior change communication materials are centrally-based and have a national focus.

The HCP Zambia 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 behavior 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. Quarterly follow-up meetings held by HCP keep community groups focused and motivated, and lead to increased success in achieving goals.

Along with community empowerment, HCP brings about change through the materials they create: videos, posters, radio shows, flip-charts, magazines, and training guides. In year four, HCP also began to address emerging health issues such as promotion of male circumcision for HIV prevention, pediatric HIV/AIDS care, and reduction of multiple and concurrent sexual partners.

This year, HCP was identified as a key implementing partner by the President’s Malaria Initiative (PMI) in designing, implementing and evaluating information, education and communication (IEC) and behavior change communication (BCC). Working closely with the National Malaria Control Centre (NMCC), HCP selected ten additional districts based on high malaria incidence as well as the presence of key partners (RAPIDS and Malaria Consortium) who will help implement the collectively developed BCC strategy.

This report presents HCP’s activities and accomplishments during its fourth year and covers the period from 1 October 2007 to 30 September 2008. The expected outcomes are outlined by the program’s four strategic approaches. Each approach is followed by the presentation of the planned activities, accomplishments, challenges and modifications to the program.

Strategic Approach I – Community Mobilization

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

Approach

Community mobilization is the backbone of HCP interventions. HCP aims to strengthen the ability of targeted communities to better access and manage existing and new resources available to them to effect positive behavior change at the individual, household and community level.

The *Simplified Guide to Participatory Planning and Partnerships and Health Care within the Community* provide information on health issues and how to develop a collective response to those issues. Nearly all HCP interventions focus on engaging people in critical thinking to develop their confidence in their ability to think and make decisions which affect them.

People do not change behavior based on information alone; it is a combination of having the information as well as having the confidence to make positive choices, collectively and individually, that changes communities. With HCP's guidance, communities prioritize the changes that will be needed to respond to the immediate health threats that confront families and households, as well as ensure sustainability. To this end, HCP works to strengthen 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).



Ongoing mentoring and support in Chongwe district is contributing to health center and community ownership of HCP supported programs. Ms. Phillis Khonje, team leader from Chainda Health Center, is thanking communities for their involvement in addressing health issues.

During the year under review, HCP's activities built on the foundation and experience from the first three years:

- Conducting environmental and capacity needs assessments in the expansion catchment areas;
- Running 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*;
- Providing technical assistance to the *Neighborhood Health Committees* for the development and implementation of community health action plans in response to the identified health needs;
- Facilitating exchange visits between communities to promote positive models for action around health;
- Supporting peer education activities among uniformed personnel including the strengthening of advocacy for HIV and other health promotion;
- Training community drama groups and promoting community performances aimed at the dissemination of HIV/AIDS and other health messages;
- Producing and continuing to broadcast radio programs focusing on various health issues and facilitating radio listener groups in the communities;
- Developing the *Neighborhood Health Committee* community health education flip charts; and
- Giving community support awards to NHCs, CBOs, and NGOs.

Accomplishments

Community Capacity Building

HCP continued to expand its operations at health center and community level. The total number of health centers covered up to year four is 289. HCP did not add new health centers this year, but continued to extend coverage within the same catchment areas, with more NHCs being trained. The number of communities being serviced has risen from 1,352 to 1,802.

Community members received training based on the needs identified from the environmental and community assessments. A total of 80 trainings were conducted in 21 HCP districts, resulting in 1,671 community members trained. This brings to 5,054 the number of community members trained since HCP commenced operation.

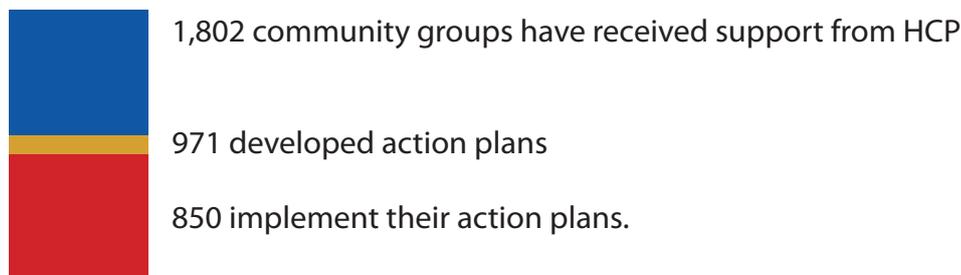
Training topics:

- participatory planning and partnership
- leadership skills
- conflict resolution
- financial management
- proposal writing
- participatory methodologies
- strategic planning
- gender
- monitoring and evaluation.

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



Neighborhood Health Committee members standing outside their constructed Health Outreach post – Musesha NHC and Matanda RHC, in Mansa.



In addition:

- There were 43 exchange visits in 13 districts.
- 45 environmental assessments in 12 districts
- Community support provided to 9 groups
- Partnership review meetings with DHMTs

Activities of the *Neighborhood Health Committees* focus on:

- diarrhea
- malaria
- HIV and AIDS
- child health
- maternal health
- water and sanitation
- jiggers
- bilharzia
- tuberculosis
- nutrition
- basic access to health services

To increase their financial resources, communities generate income by poultry farming, crop production, hammer mills, vegetable gardening, animal husbandry, commercial brick molding and others. Other community health activities 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.

Neighborhood health committees improved their action plans and the subsequent implementation, and are increasingly systematic in finding solutions to community problems. Here is how different communities in HCP districts have responded to health concerns:



NHC training participants in Pemba catchment area, Choma.

- In **Chienge**, all eight health institutions report male involvement in antenatal visits, helping families to make birth plans together to ensure the health of the mother.
- In **Mansa**, a bridge over a stream and a hill was built for expectant mothers and children to reach the clinic nearest to Msule Ifmampelo. Women and children who were unable to climb the hill are now able to reach the clinic easily. Additionally, they are constructing a health post attended by a Community Health Worker. Lumpa NHC formed a nutrition group and planted a garden for malnourished children. The garden supports cookery demonstrations at the health post. Children who come to the demonstrations

are weighed; those who are low are recruited for the feeding program, which is supported by local farmers who contribute vegetables.

- In **Mpika**, Chisengo NHC wrote a proposal for funds to construct a secure maternity room to provide privacy to expectant mothers. They used some of the money to make bricks, which they sold and used the profits to finish construction, pay for skilled labor, and conduct a training.
- In **Choma**, NHC organized an ox-cart to take pregnant women to the clinic once a month for antenatal visits.

"It was different in the past when there was no growth monitoring in the community. Children were dying due to malnutrition. With the support of the scale and the nutrition group, children are now being weighed at the health post and mothers helped through cookery sessions." Madrien Chisenga, caregiver

Intra-community and district exchange visits were held between communities in Chienge, Chongwe, Siavonga, Mpongwe, Luanshya, Mkushi, Mpika, Mansa, Solwezi and Choma. Exchange visits are highly motivating for both the community visited and the visitors; they serve as an informal learning forum for "weaker communities" through interaction with the "stronger communities". Communities hold a one day meeting to share the experiences of their *Neighborhood Health Committee*, starting with action plans, leadership structures, record keeping practices, resource mobilization ventures and successes and failures. Following presentations from NHC leaders of the hosting community, the visiting community looks at various community-initiated projects and direct beneficiaries of the projects include orphans, widows, PLHAs and other community members.

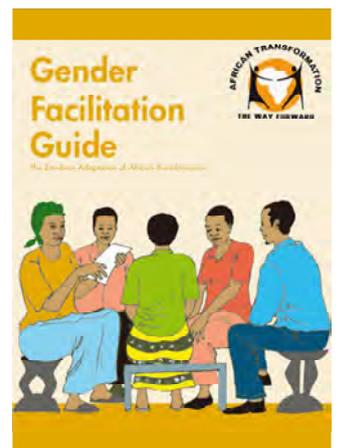
- In **Mpongwe**, exchange visits among Kampelembe NHC and Chishinga, Luankuni, Chamatete, Mikata Central, Kashibampondwa and Mbonshi NHCs focused on how to process soya beans into various products. The foods provide nutritional supplements for PLHAs, and NHCs learned how to add value to their crops.
- In **Serenge**, exchange visits resulted in more knowledge among community members about the use of insecticide-treated mosquito nets and using a public bulletin board to record data.

"I want to thank HCP for having introduced exchange visits. We have learnt a lot of new ideas like the use of bulletin boards to collect and share data for planning at community level. After that exchange visit at Makolongo, we built a bulletin board at our health post which we use to share data with community members." Ribbek Nsakulula, Kamalamba NHC

Gender

HCP's goal is to facilitate the creation of an environment where men and women work together to achieve common and community goals. The year under review saw:

- The introduction of the *Gender and Health Community Facilitation Guide*, which was finalized for print.
- The presentation of 11 gender workshops in 11 districts.
- The training of the 25 HCP field and program staff as *Trainers of Trainers*.
- Developing, pre-testing, revising and finalizing a Zambian version of the *African Transformation and Gender Toolkit*.
- Conducting 13 trainings of trainers using the Zambian version of the *Gender Toolkit*.
- Incorporating gender issues in community radio programming.
- Using ZANIS to show *African Transformation* profiles.



The planned training of trainers workshops were conducted in Lusaka and Ndola. 55 participants (36 males and 19 females) were trained. These included HCP and Alliance HQ staff, Provincial Team Leaders, District Program Officers and Neighborhood Health Committee representatives.

Of the planned 22 district workshops, 13 were conducted with eight pushed to Quarter 1, Year 5. Funds for the eight districts were committed. 263 (148 females and 115 males) community representatives were trained.

The workshops identified and reached consensus on male dominance, gender-based violence, 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 on how they were going to address the identified issues, and this will be followed up by the *District Program Officers* during supportive visits.

In addition to the gender workshops, HCP continues to work with community structures in highlighting gender concerns. This is largely done through trainings which explore gender, family planning and safe motherhood.

- In **Luangwa**, a traditional leader trained in gender is challenging cultural taboos by taking his under-five children and grandchildren to the clinic for growth monitoring. As a result of his example, other men are reported to be escorting their spouses to antenatal and attending to household chores.
- In **Senanga**, a gender workshop was held in Muoyo attended by six females, nine males and an Iduna from the palace of the Litunga-la-Mboela and the Limulunga in Mongu. Issues of women being battered, women not able to participate due to household chores, working more hours than men, women's limited access to resources, and others were discussed. Using *Change Charts*, participants created work plans on how to address the issues.



Gender workshop in Mongu. Princess Maureen Muimui discusses traditional practises.

"I have five daughters with my wife. I feared investing in their education because I thought it was a waste of money because they would not complete their education and drop out of school due to pregnancy and getting married. This workshop has opened my eyes because I have now learnt that investing in a girl's education is not a waste of resources because girls also have the potential to do well, complete their education, get employment and later take care of me and other family members. From now on, I will support them without fear." Male participant in gender workshop, Serenje

Peer Education and Outreach

High attrition rates continue to affect the work of uniformed personnel peer leaders due to staff transfers and lack of commitment attributed to heavy workload. 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 20 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.

Tikambe, Road to Hope, Mwana Wanga, and Our Family, Our Choice 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.

Radio Distance Education for PLHAs

The airing of *Living and Loving* in English, Lozi, Kaonde and Tonga, and Nyanja provides PLHAs and caregivers with information that will help to lead positive lifestyles as well as equip caregivers with information to take care of people suffering from AIDS. In year four, some radio stations re-aired this program at their own cost.

HCP continued to strengthen radio listening groups at the community level.

“Since the program started running on SKY FM and posters have been circulated to PLHAs, more people have shown interest in coming out about their status to share experiences with the general public because they have seen that most of the characters in the program are Choma residents.” Fred Muloongo, staff member of Choma ART clinic

“People’s perception of PLHA has greatly changed after listening to the programmes. They say they have now developed positive attitudes like proper care and support for those living with the virus.” Boniface Susa, Mkushi Radio Manager

Action for Health with Sister Evelina, a radio learning program for NHCs and CBOs, was launched in four languages in year four. The show addresses priority health issues and showcases best practices from communities. Unfolding in 26 episodes of 30 minute duration, it follows a magazine format that includes basic health facts, mobilization techniques, a “reality segment” featuring exchange visits and/or success stories, music, drama, and proverbs. The health facts are primarily communicated by Sister Evelina, who functions as the program’s health expert.

Development of Community/Folk Theatre for Health Promotion

Drama continues to be used as a community mobilization tool. HCP has integrated drama in programs such as the capacity building trainings, ongoing mentoring and support and exchange visits. Drama groups trained in years 2 and 3 underwent refresher training in effective messaging, and post-drama discussion facilitation in year 4 in 19 of the 22 districts. A *Theatre Facilitation Manual* with tips on planning performances and discussions was developed and distributed.

Performances disseminated messages on HIV and AIDS issues including stigma and discrimination, prevention of mother to child transmission of HIV (PMTCT), sexually transmitted infection (STIs), antiretroviral therapy (ART) and the importance of knowing your HIV status. Maternal health, malaria, diarrhea, and other health topics were featured. In some districts, theatre groups were used to help NHCs deal with apathy and 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.



The above NHC members from Kankumba Health Center of Chongwe district depict how women suffer at the hands of traditional healers. In this skit, the mother is asking the healer about the fever of the child, which delays her seeking medical treatment, leading to complications of malaria, and eventually death.

In year four, drama groups reached almost 65,000 more people than were targeted, due to multiple trainings, support from local partners, and growth in confidence. Partners including the *District Health Management Teams* and non-governmental organizations engaged the drama groups to conduct health and other sensitization activities using HCP trained theater groups. 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)
- Corridors of Hope
- 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 Centre

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

- In **Chongwe**, Chikondi drama group was linked to Project Concern International to address issues of child labor and early marriages. The group was also engaged by DHMT to promote indoor residual spraying and the use of treated mosquito nets by pregnant women and children under five.
 - In **Mansa**, the District Commissioner invited groups from Chienge, Kawambwa and Mansa to perform during International Women’s Day in the presence of the minister and other partners.
- It is not only audiences that benefit from drama groups; the members themselves benefit.
- In **Mkushi**, Kasansama drama group used their monthly income to start rearing goats. After a training in tailoring (sponsored by Africare RAPIDS) they are planning to use the profits from goat meat and milk sales to buy a sewing machine.

Challenges

- While NHCs raise awareness about the need to access health services, these services and products are not always readily available. For example, HIV counseling and testing 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.
- Family planning methods were not consistently available.
- Inadequate health center staffing is an obstacle to maximum DHMT involvement in HCP-initiated activities, compromising potential sustainability of the progress made in communities.
- Collecting testimonials in 8 languages for *Action for Health with Sister Evelina* was challenging and delayed the launch of the radio program.
- Getting the latest health information and endorsement by the Ministry of Health and partners delayed printing of the community health education cards.

Modifications

- The testimonials received for *Action for Health with Sister Evelina* have been worth the effort. The radio program launched in English, Bemba, Nyanga, and Tonga on October 1, 2008. Subsequent programs will be aired in January 2009.
- NHC cards have been widely endorsed and printed. They will be distributed in the first quarter of year 5.
- A number of capacity building activities need to be held at the health center to ensure the involvement of the health center staff while at the same time enabling the staff to attend to their clinical duties.

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, youth opinion 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 on people who are key influencers of opinion at an individual-community level.

The following were the planned activities for year four:

- Identify and develop collaborative partnerships with traditional and “*de facto*” leaders, individuals and groups;
- Exchange visits among traditional and local leadership promoting positive health action and addressing harmful social and gender norms;
- Develop criteria and select community level leaders for intense psychosocial counseling training;
- Monitor counseling activities by the trained leaders;
- Promote counseling and testing by leaders and groups in the communities;
- Establish ‘interfaith networks’ for HIV and other health awareness at the district/ provincial levels;
- Organize *Care and Compassion Day* activities in the provinces around World AIDS Day; and
- Hold quarterly meetings of trained peer leaders to discuss, report, and share activities and experiences.

Accomplishments

Care and Compassion Movement

Religious leaders are trained to encourage individuals and communities to be empathetic towards *PLHAs*, and appeal to their peers to reduce stigma against *PLHAs* in their congregations.

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. The district *Care and Compassion* committees visited families of *OVCs*, *PLHAs*, and the chronically ill as well as raised awareness on prevention, care and support for people living with HIV and AIDS.

- In **Mpongwe**, the interfaith networking group received a bicycle from HCP to more efficiently monitor care and compassion activities.
- In **Mpulungu**, an elder in the church who is also an advisor to the chief was trained as an associate counselor. He formed four groups this year in addition to the seven formed in year three. In addition, the counselors participated in National VCT day.

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 districts, the memorial services were characterized by sermons, speeches, songs, and plays all bearing a message of care and compassion. A total of 1,600 people were reached through the candlelight services. The districts held open fora on HIV and AIDS, stigma and discrimination and voluntary counseling and testing as discussion topics, strategically planned 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*.

Associate Counselors – Counseling and Testing

The HCP-trained associate counselors continued to work with their communities to create awareness about HIV prevention, the importance of knowing one's status, HIV status disclosure, positive living, stigma reduction and providing care and support to PLHAs through couples' meetings and individual counseling sessions. They were used by the DHMTs to fill the void at health facilities 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 continued to facilitate awareness raising activities in other health areas during the *Maternal, Newborn and Child Health Week* where they assumed a pivotal role in getting messages to the communities about the importance of taking children for health services.

As a result of their HCP training, a number of associate counselors have expanded roles, serving their communities through other existing structures and organizations.



A march for Care and Compassion Commemoration Day, Mufumbwe District

- In **Luanshya**, two associate counselors were employed as adherence counselors for Roan Antelope General Hospital's antiretroviral therapy corner. Two others were chosen by Grace Baptist Church to train other pastors in counseling.
- In **Mufumbwe**, Hilda Mutti convinced members of her support group that Satanism was not being practiced. She used what she gained in the training to move the group forward and improve health in the community.

Collectively, the 212 active associate/psychosocial counselors reached out to 66,367 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 to promote and model positive health seeking behaviors.

During the environmental assessments, leaders are often present and instrumental in providing information on how a 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 **Siavonga**, Headman Chikanzaya was instrumental in the reorganization of the health center committee.

His feedback to HCP was, "Where were you? I wish you had come earlier, and we would have gone miles ahead in issues of health. The training we have received will go a long way in helping resolve our problems. We are always marginalized as we are very far from town." Headman Chikanzaya

- In **Chiengwe**, His Royal Highness Chief Puta ensures that sanitary laws are upheld in his community. Along with the village headmen, he takes part in NHC trainings and implementation of action plans.



In Mpika, associate counselor Lonia facilitates formation of Care and Compassion groups (HBC) in the community. Above, Lonia discusses HIV/AIDS activities with one of the group.

- In **Mpongwe**, Her Royal Highness Chieftainess Malembeka hired the Ibenga Natulande Youth for Life drama group to sensitize her subjects about HIV/AIDS during the annual tour of her chiefdom. Malembeka and the District Commissioner attended the commemoration of World AIDS Day, 1st December 2007, during which HCP launched the *Road to Hope* video to an audience of 2,995.

Other Local Leadership

HCP has been working to identify and support other forms of leadership such as individuals who have an influence on people's behavior -- negative or positive. These include PLHAs who have come out in the open to discuss their status and encouraged others to seek counseling and testing services, NHC/CBO leaders who have gone a step further to mobilize communities for better health while donating their own resources, and health center staff who have consistently supported communities despite their busy schedules.

- In **Mpika**, the MP donated iron sheets to the Kapwanya NHC and the community raised funds and bought a door, three chairs, and two buckets for the health post.
- In **Luangwa**, the Linga NHC constructed toilets, dish racks, and refuse pits, and as a result have not recorded any case of diarrhea since October 2007, and have declared their community a "a diarrhea free zone".

"I am happy and proud to mention that as local leaders, we work hand in hand with the NHC and we always lead by example. We constructed toilets first as traditional leaders before embarking on sensitization [awareness raising] of toilets. All have followed suit and now diarrhea is a thing of the past." Headman Mathew Tembo, Linga



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

Challenges

- Due to limited availability of services such as VCT, PMTCT, ART in distant rural areas, the associate and psychosocial counselors sometimes find it difficult to suggest practical solutions to clients.
- The activities of the associate and psychosocial counselors continue to be constrained by the lack of transport for them to reach far flung areas.
- Collecting data from our trained but volunteer counselors has been a challenge.

Modifications

- HCP will continue to work with other organizations capable of providing the missing services.
- 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 initiated and supported quarterly meetings with the trained counselors which made them feel appreciated, allowed them to have a chance to share their challenges and successes with each other and learn. In these meetings, technical updates on emerging health issues were discussed. The meetings also gave counselors an opportunity to bring in their data and submit it to HCP.

Strategic Approach 3 – Youth

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

Approach

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



- Organizing school and zonal contests through which young people use their creative talents to express and understand HIV and AIDS and other health issues;
- Orienting teachers at district and community levels;
- Identifying youth who could be effective peer educators and are currently in organizations with access to youth;
- Life skills training 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 out-of-school youth groups;
- Monitoring and supervising use of the *HEART Life Skills Toolkit* in the communities;
- Voice over and dubbing of *Bobo*, a HIV prevention cartoon for young people into seven Zambian languages;
- Reprinting and distribution of the *Choose Life* magazine in partnership with the Zambia Center for Communication Programs;
- Reprinting the *HEART Life Skills Toolkit*;
- Conducting refresher training for *HEART Life Skills* active youth peer educators; and
- Revising, updating, and printing *Abstinence, Condom Use, Boys Growing Up, Girls Growing Up, Frequently Asked Questions about HIV, Frequently Asked Questions about STIs* with financial support from DFID, RAPIDS, and IYF.

Accomplishments

HEART Life Skills Toolkit

The *HEART Life Skills Toolkit* was developed in response to the need for an age appropriate, user-friendly activity which addresses the complexity of pressures on youth and, through tested interventions, increases 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. In year four, 50 youths were trained, and in total, the number reached 75,276.

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, young people were identified and trained in life skills. Faith-based organizations, youth

friendly corners, drama groups, anti-AIDS clubs and NHCs selected the second wave of youth life skills peer leaders and nominated youths through these community-based organizations. Most of the youths trained in year three were from rural areas.

Youth life skills peer leaders were integrated into community activities and some have participated in the activities of NHCs to address HIV/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
- What happens in the body of someone who has HIV?

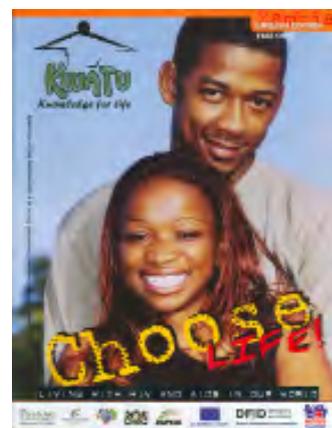
A total of 50 youth peer educators from Mpika, Mpulungu, Siavonga, Kazungula, and Chongwe districts received refresher training and re-orientation to keep them up to date on new and emerging health issues and renew their motivation.

HEART Waves

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

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

HCP partnered with the *Zambia Centre for Communication Programs* on cost sharing, adaptation and production of *Choose Life* magazine, and produced 92,000 copies. *Choose Life* 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 about, how to make wise and healthy choices for themselves and to understand the issues surrounding HIV and AIDS. The magazine encourages its readers to discuss the contents with family, friends and teachers, and thus supports HCP's objective of facilitating adult-child communication.



In year four, HCP produced and distributed 92,000 copies of the magazine to schools countrywide with the active participation of the *HEART Life Skills* youth peer leaders, neighborhood health committees and Ministry of Education structures. The *Zambia Creative HEART Contests* were also used as a platform for the distribution of *Choose Life* magazine. 160,000 copies of *Abstinence*, *Condom Use*, *Boys Growing Up*, *Girls Growing Up*, *Frequently Asked Questions about HIV*, and *Frequently Asked Questions about STIs* were revised and reprinted in collaboration with DfID, RAPIDS, and IYF. In partnership with WEB Foundation of the Netherlands, *Bobo*, a HIV prevention cartoon for young people, was voiced over and dubbed into seven Zambian languages.

Creative HEART

The *Zambia Creative HEART Contest* was developed as a way for communities to engage youth in addressing the health challenges they face, to model positive adult-youth communication, and to develop resiliency and self-efficacy in the participants through positive learning and creative experiences. The specific goals of the contests are:

- Building stronger adult-child relationships through encouraging adult-child communication about HIV and AIDS, reproductive health and other sensitive health or community issues;

- Building self-esteem, assertiveness, and critical thinking skills;
- Promoting delayed sexual debut;
- Encouraging critical thinking about all health and social issues affecting themselves, their families and communities;
- Encouraging critical thinking about traditional practices that negatively impact HIV prevention and other health issues as well as gender roles and responsibilities;
- Encouraging youths to reflect on how to maintain healthy relationships with members of the opposite sex; and
- Helping youths perceive personal HIV risk.

62 contests were held in 12 zones and reached 37,088 youths. 1,161 adults were also oriented to the activity.

Contest Organization

The contests were organized and supervised by the *District Youth Advisory Group* drawing membership from:

- 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 orient the teachers and parents in the participating zones. The committee also spearheaded the monitoring of the zonal contests including data collection and message gate keeping and oversaw logistics such as prizes, food and beverages. Local businesses were approached for sponsorship.

In year one and two only teachers were oriented to the contests; in year three parents were also included to enhance their participation and enable them to mentor pupils. This continued through year four.

Another shift in year three was the cancellation of district contests which in previous years presented a logistical challenge to the organizers. The contests ended at the zonal level to reach as many schools, pupils and community members as possible. In year four, this approach was continued as it worked well in year three.

Parents, teachers and pupils were given an opportunity to contribute contest themes that reflected the pupils' communities, in addition to the ones in the booklet. As a result, issues of child abuse, defilement cases, and harmful traditional beliefs and practices that increase the risk of contracting HIV were addressed through drama, debate, poetry and songs. More community schools took part in the contests in year four.

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

Stakeholder participation continued to increase and included donations of prizes, transportation of pupils, provision of meals, venues and boarding space.

Pupils from Chongwe High School promote the importance of male involvement in safe motherhood by encouraging men to support their partners to access antenatal, clean and safe delivery, post-natal, and PMTCT during the Creative HEART Contest.

- In **Choma**, the Ministry of Health participated in the planning for the zonal contests. Ministry of Education provided a school to use for the zonal contests. NGOs like Zambart, SFH, Africare, and World Vision provided prizes and offered transport. Simon Muduli, a pupil at Mwanachilenga Basic School, recited a poem about abstinence.
- In **Luanshya**, partners such as DEBS, Zambia Police, CHEP, and others contributed to financing of the contest and facilitated it on their own in the absence of the HCP program officer. The Luanshya Bakery contributed K500,000 and the Rotary Club of Luanshya provided soft drinks worth K268,000 for the contestants.
- In **Senanga**, the DEBS office provided K2,000,000 for teachers' lunches, in addition to night allowances and provision of an additional vehicle. This year was the first for the contest, due to Senanga's geographic isolation.

"The activity engages youths in addressing health challenges they face in their day to day life, and also develops positive adult-youth communication. The take-away prizes are a motivation to the pupils." Mr. S. Suya, Sinungu head teacher

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.
- Youth peer educators in rural areas tend to be less mobile because of their remote location, so their reach is lower than their urban counterparts. This can be de-motivating.

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 took place in the first term to give enough time to schools to prepare for both *Creative HEART* and NATAAZ. Efforts were made to integrate the two contests into one.
- In year five, HCP will be providing World Bicycle Relief bicycles to youth peer educators, to enable them to have a greater reach. Other motivators will be t-shirts and special *HEART Life Skills* bags.

Strategic Approach 4 – Message Harmonization

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

Approach

HCP works to harmonize and prioritize health communication messages so that those shared through a variety of communication channels are consistent and support community led dialogue and problem solving. The following approaches were employed for behavior change communication (BCC) coordination and harmonization:

- Developing messages, interventions and materials in support of national communication strategies for HIV/AIDS, malaria, integrated reproductive health (including safe motherhood and family planning), and child health;
- Supporting countrywide commemorations by participating in planning committees and development of materials;
- Raising the standard for quality, accuracy and relevance of materials produced in Zambia for health communication and behavior change; and
- Facilitating the formation of *Safe Motherhood Action Groups*.



Baby receives OPV O during Maternal, Newborn, and Child Health Week in Mujimanzovu, Solewezi district

Accomplishments

Maternal, Newborn, and Child Health

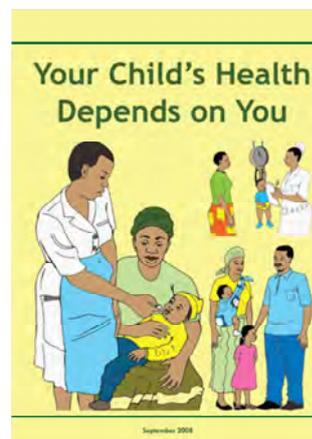
Enhancing Maternal, Newborn, and Child Health Weeks

HCP provides support in the planning and implementation of Maternal, Newborn, and Child Health Week, a bi-annual activity, which includes interventions that improve the survival of children less than five years old. Maternal, Newborn, and 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 Maternal, Newborn, and Child Health Week activities through the provision of technical and logistical support to the District Health Management Teams in HCP districts and provided transportation of Maternal, Newborn, and Child Health Week materials and supervisory staff to hard-to-reach health centers.

HCP responded to the need for correct and complete child health information for the caregiver at the request of the Ministry of Health and in consultation with other partners, by developing a comprehensive

booklet, *Your Child's Health Depends on You*. This booklet is written in simple English with many illustrations and diagrams to make it easy for a low-literate user to understand. 32,000 copies of this booklet were printed in year four and will be distributed during Maternal, Newborn, and Child Health Week in November 2008.



In the districts, HCP-trained drama groups carried out social mobilization to sensitize the community members on Maternal, Newborn, and Child Health Week activities.

- In **Petauke**, there has been an improvement in the number of children being taken to health facilities for vaccinations and supplementations. Coverage for Vitamin A, de-worming, growth monitoring and promotion, and mid upper arm circumference measurements (MUAC) ranged between 90 - 100%.
- In **Mkushi**, DHMT and other partners planned together for the first round of Child Health Week. Vitamin A coverage was 105%, deworming was 100%, while at district level these were 87% and 84% respectively.

Integrated Reproductive Health

HCP continued to work closely in year four with the Ministry of Health and partners to design and implement activities at the community and national levels in family planning and safe motherhood by:

- Forming and strengthening Safe Motherhood Action Groups (SMAGs) at the community level ;
- At the Ministry of Health's request, HCP is developing key messages and multi-media materials (television and radio spots as well as connected posters) to re-introduce family planning into public consciousness. The framework for this communication campaign has been developed and implementation will happen in the first two quarters of year five;
- Revising and updating the 2003 version of the *Family Planning Counseling Kit*, in partnership with MOH and the Health Systems Strengthening Program (HSSP). This will be printed in year five; and
- Creating a glossary of sexual and reproductive health words for use by health workers, health communicators, and NGOs. This was developed in year four in close partnership with the MOH and will be printed and distributed to partners, providers and counselors in year five.

The video *Our Family, Our Choice* was launched on Tuesday, November 27th, 2007 by Health Communication Partnership (HCP) Zambia, the Ministry of Health and USAID. The documentary explores how HIV positive couples can use family planning methods to promote safe childbearing. It follows three Zambian couples as they make important decisions together around family planning and HIV/AIDS. The stories are all true and the film's cast is made up entirely of Zambians living with HIV/AIDS; the stories represent the real experiences of these people and other Zambians.

The package distributed during the event included:

- DVD of *Our Family, Our Choice*
- Discussion guide for *Our Family, Our Choice*
- Client education booklet on family planning methods
- Family Planning – A Global Handbook for Providers (Johns Hopkins University and WHO)
- Family planning methods reference wall chart for providers (Johns Hopkins University and WHO)

Our Family, Our Choice is available in English and seven Zambian languages. The film was screened in health clinic waiting rooms, at support groups, on mobile video units, on ZNBC, and MUVI TV. It was also used in NGO settings, and as a training tool for counselors and health care providers. 1,767 copies of the video were distributed around Zambia.

Our Family, Our Choice was produced jointly by the National AIDS Council, Ministry of Health and the Health Communication Partnership, Zambia, with funding from USAID.



Malaria

In year four, HCP stepped up its communication work for malaria with additional support from the President's Malaria Initiative (PMI). Historically HCP has played a key role in the IEC working group of the National Malaria Control Centre, including assistance in developing the BCC section of their action plan. In line with the National Malaria Strategic Plan, the following activities were undertaken:

- Supporting the National Malaria Control Centre to organize and plan for SADC and Africa Malaria Days;
- Conducting training workshops in partnership with MACEPA, NMCC and dB Studios for 24 community radio stations in all nine provinces of Zambia to improve their technical production skills, knowledge of malaria issues and ability to collect and use stories from the communities to enhance malaria radio programming;
- Convening a partners' workshop along with NMCC to design a strategic communication plan for the framework of HCP's communication activities at the district level. This included the selection of 30 high malaria incidence districts where HCP will work in partnership with the DHMTs, Malaria Consortium and RAPIDS and the establishment of key communication messages used to address four key areas of malaria prevention and treatment:
 - Intermittent preventive treatment (IPT) for pregnant women
 - Insecticide-treated nets (ITNs)
 - Coartem for treatment of uncomplicated malaria
 - Indoor residual spraying in selected districts
- Producing four radio spots on the malaria topics listed above in English plus seven Zambian languages. These were distributed to the 22 trained community radio stations through the DHMTs (with a cover letter from the Permanent Secretary for the Ministry of Health) and are being broadcast free of charge. ZNBC is also broadcasting the spots at a heavily discounted rate of 50% with value added.



Annie the Anopheles Mosquito



HIV/AIDS

In addition to the usual communication support around prevention, treatment and care of HIV and AIDS, HCP paid special attention this year to new and emerging issues. These included:

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 to produce a communication framework for male circumcision in Zambia. Male circumcision information is included as part of a male reproductive health package: the *Men's Health Kit*.

The kit has been successfully pre-tested and at the end of year four was in final revision before the print run. It includes critical information for men on a wide range of sexual and reproductive health topics in addition to information about male circumcision. It is expected to be used by counselors at VCT sites, health centers, STI clinics, workplaces and others.

Pediatric HIV and AIDS

Technical assistance was given to NAC and MOH in year four for the development of the *National Pediatric HIV and AIDS Communication Strategy*. This strategy is now a working draft and has helped identify gaps in information needs and the relevant tools that are needed to fill those gaps. With this in mind HCP will undertake the production of relevant materials in year five.



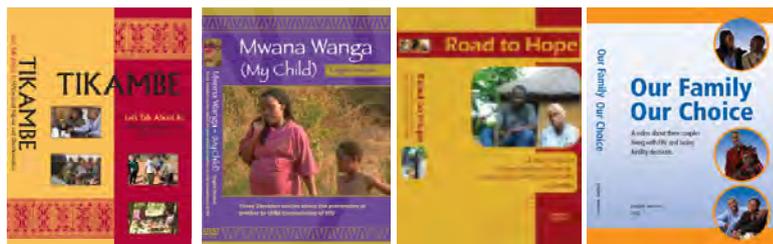
Multiple, Concurrent Sexual Partnerships (MCP)

Recent regional research strongly indicates MCP is a key driver of the HIV epidemic in Southern Africa. Towards the end of year four, HCP conducted formative research around MCP to inform the development of a mass media campaign addressing the risk for those engaging in this behavior. With data from HCP's research as well as research from our Zambian (SFH and ZCCP) and regional partners, a campaign outline has been designed and vetted with the Prevention of Sexual Transmission (PST) theme group of the National AIDS Council. In year five, HCP will pretest logos and slogans for branding and implement the Zambian MCP campaign in partnership with NAC, ZCCP and SFH.

Expanded Treatment and Care

The four videos, *Tikambe*, *Mwana Wanga*, *Road to Hope* and *Our Family, Our Choice* continued to be used in all the HCP districts as part of their community mobilization programs as well as by peer educators, in clinic waiting rooms, through mobile video shows, and by Zambia News and Information Services (ZANIS).

- **Tikambe** on stigma against PLHA
- **Mwana Wanga** on PMTCT issues
- **Road to Hope** on starting and adhering to ART
- **Our Family, Our Choice** on family planning choices for PLHA



ZNBC, under the MOU that HCP enjoys with them, continues to broadcast these films regularly in various Zambian languages.

A counseling *Flip Chart for Client Education* was developed in partnership with MOH and Catholic Relief Services with input from other partners who are involved in ART services. This flip chart is designed to be used by health care providers with their clients to talk to them about issues of HIV and AIDS including adherence, positive living, and fertility choices.

Stakeholders felt the *Flip Chart for Client Education* was such a well-designed, simple, pre-tested and technically accurate flip chart that they all placed orders. The collective print order came to 4,500 copies and partners who contributed included WHO (copied for the government clinics), ZPCT, CIDRZ, CRS, SFH, RAPIDS and a number of other partners.

Alcohol and HIV

The findings of the *Alcohol and HIV PEER (Participatory Ethnographic Evaluation and Research)* study conducted in 2007 were disseminated in Chongwe district where the research was conducted. The dissemination to key district and community-level stakeholders was well received and stimulated discussion and debate.

HCP also supported three day training programs in substance abuse and risk for the CHAMP *HIV Talkline* counselors who receive many calls related to alcohol and risk. After the training, counselors were more prepared with information and skills.

At the HCP staff retreat in the last quarter of year four, 'Alcohol and HIV risk' was added as a two-day module so that staff could undergo training that could influence their own lives as well as the program. Once again the reception was positive.

- In **Chongwe**, during an alcohol research findings dissemination workshop, the District Council chairperson Mrs. Joyce Sakala applauded HCP for supporting research on alcohol use and its effects. Sakala called upon all stakeholders, especially village headpersons, to be proactive in addressing issues of alcohol.

Support to National Communication Strategies / Message Harmonization

HCP continued to serve on the Zambia White Ribbon Alliance for safe motherhood and provided technical assistance to the 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 took part in the commemorations of *World AIDS Day*, *SADC Malaria Week* and *Africa Malaria 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 associate counselors. HCP offered logistical support by making vehicles available.

A MOU between the *Zambia National Broadcasting Corporation (ZNBC)* and HCP, first signed in 2006, was renewed up to September 2009. Under this agreement, ZNBC will offer HCP discounted air time, value-added time and assist in better placement of television and radio programs on the national broadcast station.

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* main goals 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 provided partial support to CHAMP for *HIV Talkline* operational costs with a 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 71,605 phone calls of which 25,394 (9,655 females and 15,739 males) were serviced. This translates to 35% of calls serviced. (Unserviced 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 calls include:

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

Challenges

- Training of journalists and press out-reach for family planning, male circumcision, multiple and concurrent sexual partnerships, malaria and pediatric AIDS did not happen as planned due to logistical constraints.
- Calls to the *HIV Talkline* have decreased due to lack of funds for a promotional campaign.

- Meeting the press and the FP spots did not occur due to the Ministry of Health needing to lead the process and set priorities before HCP could proceed.
- The pediatric AIDS communication strategy development process took longer than anticipated due to delayed inputs from stakeholders. Materials development that was in HCP's year four work plan was delayed as they had to be based on the strategy.
- Printing of the *Men's Health Kit* has been further delayed because additional information continually arriving from key stakeholders for inclusion.

Modifications

- A two-day journalist training on new and emerging health issues is planned for year five. This will also include a journalist competition.
- In year five, HCP will support the *HIV Talkline* awareness campaign as the number of calls received has decreased due to lack of active promotion (resource constraints for CHAMP).
- MOH is now on board with the family planning mass media campaign, which is anticipated to take off in year five.
- The delay notwithstanding, the *Children and HIV* communication strategy draft is a comprehensive and useful document that benefited from stakeholder review and input.
- The *Men's Health Kit* benefited from the additional information from stakeholders and now stands as a cutting-edge tool that incorporates new and emerging health information.

Research, Monitoring and Evaluation

Research, Monitoring and Evaluation

Research was employed as a tool for informing programming on its strengths and areas of weakness through ongoing monitoring, formative and evaluative research. In this regard, a number of activities were implemented during year four.

Regular Monitoring

Activities of trained Neighborhood Health Committees, *HEART Life Skills* youth facilitators, drama groups, psychosocial/associate counselors, and uniformed peer educators continued to be monitored on a monthly basis. Monthly aggregation forms were submitted by HCP districts through the provincial offices.

Quarterly and Semi-Annual Reports

Quarterly and semi-annual reports were submitted by program staff in all 22 districts and Lusaka headquarters. These were consolidated and submitted to USAID.

Feedback to Staff

Staff were given feedback on their reports, including recommendations on how to further improve them. This was done both through individual feedback and during staff retreats at the headquarters in Lusaka.

Male Circumcision Desk Review

HCP, in collaboration with Jhpiego, carried out a desk review of existing literature on male circumcision in Zambia. The objectives were:

- Review research reports on male circumcision in Zambia;
- Compile and present an overview of the research (particularly barriers to behavior change, skills to be strengthened, research gaps); and
- Identify activities and services that have or have not been implemented.

Literature was submitted by the following organizations:

- Center for Infectious Disease Research in Zambia (CIDRZ)
- Central Statistical Office (CSO)
- HCP
- Jhpiego
- John Snow International (JSI)
- NAC
- Society for Family Health (SFH)
- UNFPA
- USAID
- University Teaching Hospital (UTH)
- Zambia Center for Communication Programs (ZCCP)

Following the desk review, the following recommendations were made:

1. Technical training and medical kits for safe circumcisions need to be given to providers.
2. Male circumcision is an effective HIV prevention strategy that must be promoted as part of a comprehensive package of prevention services which includes provision and/or promotion of condoms, antiretroviral drugs (ARVs) for prevention of mother-to-child transmission (PMTCT), treatment of sexually transmitted infections, abstinence, and partner reduction.
3. Information on the benefits of male circumcision should be disseminated broadly to religious, social, and ethnic groups. Women should also be included in the process.
4. Adequate information and emotional support should be provided to clients.

Measuring Community Capacity Study

Phase 1 of the *Measuring Community Capacity Study* was conducted in Year 4. The goal of Phase 1 was to identify, through a literature review, and develop, through participatory field research, quantitative and qualitative community capacity indicators.

During Phase 2 of the study (in Year 5), HCP will field test a research instrument that has been developed based on Phase 1 findings.

A household survey will be used to field test quantitative indicators. The survey will be conducted in Choma, Mansa, Mpika, and Siavonga districts. 720 households will be sampled from the four districts (180 in each district). The survey will be administered to a randomly selected member of a sampled household.

Six focus group discussions will also be conducted to assess the psychometric properties of the qualitative indicators. Each focus group discussion will have 8 to 12 participants and follow a discussion guide to be developed by HCP.

Proposals were received for Phase 2 of the *Measuring Community Capacity Study* in Year 4.

Multiple and Concurrent Sexual Partnerships Study

To inform strategies that address multiple and concurrent sexual partnerships in Zambia, HCP carried out a qualitative study whose direct objective was to gain a better understanding of the correlates and determinants of concurrent sexual partnerships in Zambia. The study also investigated how sexual concurrency is defined, what terms are used to describe sexual concurrency in the Zambian context, and what the population knows about the risks associated with sexual concurrency as it relates to HIV transmission.

Research questions included:

- What words or phrases do people use to describe sexual concurrency?
- What are the various definitions of sexual relationships and how do these relate to sexual concurrency?
- What risks, if any, does the general population associate with sexual concurrency?
- Is there any geographical dimension to sexual concurrency such as rural vs. urban?
- How does condom use factor into sexual concurrency?
- Does knowing one's HIV status have a bearing on sexual concurrency?

A total of 14 focus group discussions were held with women and men (unmarried and married) aged between 18 and 49 years from three districts of two provinces in Zambia: Mpongwe (rural) and Luanshya (urban) in the Copperbelt Province, and Kazungula (peri-urban) in the Southern Province.

The study revealed that multiple and concurrent sexual partnerships are considered to be very common in rural, peri-urban, and urban settings. This was the case irrespective of marital status, gender, or age.

The most frequently reported reasons for multiple concurrent sexual partnerships were financial and material support in the case of women, and lack of satisfaction (sexual and otherwise) in primary relationships for both men and women.

With regard to risk perception and behavior, participants reported that knowledge of HIV and its transmission modes was high, but this did not deter involvement in multiple and concurrent sexual partnerships. Condom use was also reported to be low in these long term relationships, which are generally characterized by trust.

The following recommendations were made:

- There is a need to communicate messages that challenge the perception that it is normal to have concurrent sexual partnerships.
- There is a need for education on communication between partners so that they are better able to communicate their feelings to each other.

- Fatalistic attitudes towards HIV need to be tackled.
- Couples should be encouraged to go for VCT to know their HIV status.
- People should be encouraged to disclose their status to their partner(s).

Disseminations

Dissemination and discussion of the following qualitative studies were held:

- I. *How HIV status affects reproductive health choices*** (focus group discussions and semi-structured interviews conducted in Katete, Kapiri Mposhi, and Siavonga districts)
- II. *Factors Affecting Faithfulness*** (using PEER [Participatory Ethnographic Evaluation and Research] methodology in Choma district)
- III. *Factors Around Alcohol Use*** (using PEER methodology in Chongwe)

HCP, with SFH and ZCCP, held a creative workshop to share and discuss the findings of their respective studies on multiple and concurrent sexual partnerships. The three-day workshop attracted active participation from a broad range of interested participants and the research findings were used to guide the development of a creative brief for a national multimedia campaign addressing this issue. HCP, SFH, and ZCCP also disseminated research findings on multiple and concurrent sexual partnerships at the Prevention of Sexual Transmission of HIV sub-theme group at NAC.

Action for Health with Sister Evelina Radio Program Pre-test

The production of the *Action for Health with Sister Evelina* radio program was followed by pre-testing of the *Nyanja* and *Tonga* versions in Eastern and Southern provinces respectively. Two focus group discussions were held in each district with members of Neighborhood Health Committees and other community-based organizations.

Respondents felt that it is a useful program which will help Neighborhood Health Committees in their work because it addresses real experiences that take place in the community. A key element of the program is the interview with community members in HCP districts on the health issue which that particular episode focuses on. (Interviews are conducted in local languages.) Respondents consistently stated that the messages were clear and easy to understand. They also felt it will help community members appreciate the work of Neighborhood Health Committees. One participant in Kazungula district said the program will reinforce the health messages that Neighborhood Health Committees have been disseminating to community members, making their work more efficient and effective.

There were no strong objections to the program. The main concerns that were raised related to access to radios. During this reporting period, HCP procured over 300 Freeplay radios to distribute to listening groups.

Challenges

- Transition of staff and orientation of new staff to reporting systems.

Modifications

- No areas were identified for special studies.
- Data quality checks in the districts were carried over to the next reporting year.

HCP Stories

Kalabo Youth Initiates Multiple Support Groups for Young People

This story comes from Nyambe Lungowe, a youth who stays in Yuka Mission Hospital grounds. Lungowe was trained as a **HEART Life Skills Toolkit** facilitator in 2007. Lungowe says that although he was once involved with RAPIDS Life Skills program, *HEART Life Skills Toolkit* helped him to build on his skills.

Lungowe was recruited from the church. After training, he started worked with fellow Adventist youth as well as youth outside the church. Because of his consistence and commitment to the program, Yuka Mission Hospital has 14 adolescent clubs due to his *HEART Life Skills* facilitation, and help from CHAZ.

Social work was and still is my career, but it is not an easy thing to do, due to the challenges I have seen. For example, how to raise money required to do the social work course. The HEART Life Skills lessons that I learnt has helped me to achieve this career which we refer to as the 'Future Island' in HEART Life Skills language.

HEART Life Skills has helped me have the following attributes: positive self-esteem, negotiation skills and positive attitude towards doing things. I have managed to initiate a Youth Friendly Corner at Yuka Mission Hospital and anti-AIDS clubs or reproductive health groups in the catchment area under Yuka Mission Hospital. In addition, I am currently undertaking health and life skills (HEART) awareness campaign with Yuka Mission Hospital. I also have a program with Kalabo High School on HEART Life Skills presentation.

About three (3) youths have come to accompany me whenever I carry out the HEART Life Skills sessions in Kalabo township and areas.

Now I can say that I have managed to do the above successes due to my involvement in the HEART Life Skills program under HCP Zambia-Kalabo.

Nyambe Lungowe is very active, consistent in reporting and contributed 3/4s of the Kalabo district *HEART Life Skills* data.



Nyambe Lungowe conducts HEART Life Skills training at Kalabo High School.

Men's Health Kit

A Hit with Providers

Historically, public health programs have largely ignored men as a distinct target group with unique needs for health information and services. Emerging evidence showing reduced rates of HIV among circumcised men creates a unique opportunity to give men's health issues the attention they deserve.

The USAID-funded Health Communication Partnership (HCP) seized this opportunity to develop a simple, well-illustrated *Men's Health Kit* integrating a broad range of men's health (and relevant women's and children's health) issues, while maintaining a focus on male sexual and reproductive health and men's participation in family health. The *Men's Health Kit* can be used by health providers in a variety of settings, including work places, when counseling men. HCP sought and remained responsive to feedback from a range of stakeholders (including the Male Circumcision Task Force of the National AIDS Council) during the development process. The Ministry of Health has also expressed support for this initiative.

The kit comprises a reference manual and a free standing A4-size flip-chart. With pictures and diagrams, it explains topics such as domestic violence, circumcision, family planning, alcohol abuse, impotence, and nutrition. Features like "What is wrong with being a sugar daddy?" address local issues with directness, accurate information, and sensitivity.

The *Men's Health Kit* pre-tested to rave reviews. Providers said they had never encountered anything quite like it, and that it would be a tremendously useful tool. In fact, despite assurances that they would receive copies of the final product, almost all providers refused to return draft copies that had been given to them for review. Providers noted that the tagline, "What every man should know," effectively roused people's curiosity.

Josephine Miyato is a nurse counselor at the Comprehensive HIV and AIDS Management Programme (CHAMP) that runs the 990 *HIV Talkline* said: "At CHAMP we made copies of the kit for all our counselors. Last week I counseled two men from Central province using the *Men's Health Kit* and this week they came to Lusaka to be circumcised. It's really working!" Josephine said she uses the kit all the time. She added, "The *Men's Health Kit* should be provided to peer counselors at the community level so that the information is made available to everyone."

Salia Muzumara, a nurse counselor at Matero Reference Hospital, says she uses it every day. "When men see the topics covered by the kit, it helps them to open up." Also, "We have a number of tools but most are for women."

HCP is partnering with Jhpiego to print 4,000 copies of the *Men's Health Kit*, which will be distributed to health facilities throughout Zambia.



Chitimfu Neighborhood Health Committee in Mpongwe:

A Community Defiant against Diarrhea

In October 2007, HCP conducted a second training targeted at NHCs and CBOs. Nine NHCs, including Chitimfu, learned how to mobilize communities for health using the action cycle model, which included *Health Care within the Community* and *Simplified Guide to Participatory Planning and Partnership* booklets, project proposal development, financial management, leadership skills, conflict resolution and how to link to local and external resources.

After the training, Chitimfu NHC members produced an action plan with input from their community. The top three health problems that the community came up with in their action plan were diarrhea, malaria and HIV/AIDS. The community prioritized diarrhea as it was so common among children under five years.

During the 'exploratory' phase of their action planning, the community realized that one of the primary causes of diarrhea was lack of pit latrines. They resolved to have each household construct one using local materials like poles, grass and clay. The construction, along with community sensitization on the importance of these latrines, started in November, 2007.

By the end of quarter two (January to March, 2008), the Chitimfu NHC reported that 60 new pit latrines had been constructed and were being used. They also reported that the number of diarrhea cases among the children under five had decreased.

More households are still constructing pit latrines in the catchment area. The latrines constructed so far and those still being constructed will benefit the 1,371 individuals in Chitimfu NHC, out of which 302 are children under the age of five years.



Chitimfu NHC Vice Chair, Janet Tserayi, inspects a new pit latrine.

HCP Zambia Indicators

Indicators	Performance				Calculation of Targets/ Comments on Variance
	FY 07 Target	9-30-07 Actual (cumulative till year three)	FY 08 Target	FY 08 Actual	
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	77,700	284,227	150,000	214,897	Year one had very low numbers as it was the year the programs were set up. Years two and three saw the programs strengthen and grow. In year four (this reporting year) they hit a stride that allowed them to reach a much greater number of people. These numbers include those reached by <i>Creative HEART</i> , <i>HEART Life Skills</i> and drama reached a record number of people in year four.
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	0	1,115	440	211	Planned for '08 was 220 trained in <i>HEART Life Skills</i> trained/ 220 trained in theatre skills (10 each per 22 districts). Drama trainings were actually 20 individuals per province = 180. <i>HEART Life Skills</i> trainings not completed, some carried over to year 5 due to planning and logistics.
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	14,600	26,540	10,000	6,494	Target lowered this year due to attrition >50% of uniformed services trained personnel; HCP district staff focused attention only on those remaining active uniformed services peer leaders. Attrition continued so numbers reached are from those who remain active and reported.
# people trained in malaria treatment & prevention	1,200	3,916	1,200	1,910	Target based on number of communities with capacity building training x 2 participants each. The target of 1,200 is based on 600 communities receiving capacity building training in both FY 2007 and FY 2008. In this reporting year, the number of communities to be reached was exceeded.
# of people reached with AB, CT and other HIV/AIDS messages through the 990 Talkline		279,102		71,605 phone calls of which 54,257	Numbers greatly fell in this reporting year due to the lack of a promotion campaign. The previous year had a promotion campaign that affected the numbers positively. Targets had no been set for this.
# people trained in M&E with USG assistance	1,200	3,916	1,200	1,910	Same as above
# people trained in maternal/newborn health through USG-supported programs	1,200	3,916	1,200	1,910	Same as above

Indicators	Performance				Calculation of Targets/ Comments on Variance
	FY 07 Target	9-30-07 Actual (cumulative till year three)	FY 08 Target	FY 08 Actual	
#people trained in child health care and nutrition care through USG-supported programs	1,200	3,916	1,200	1,910	Same as above
# trained in FP/RH	1,200	3,916	1,200	1,910	Same as above
# of evaluations performed by USG			0		Mid term canceled due to delay in getting baseline data
# children <12 months who received DPT3 from USG-supported programs	69,000	106,580	69,000	19,956	Last year data was clearer due to measles campaign. This year the antigen vaccines were not easy to disaggregate in the DHMT data. Some districts manage to while others do not. This explains the low numbers this year.
# children < five who received Vitamin A from USG-supported programs	400,000	1,968,875	415,000	551,496	Vitamin A data is clearly reported in DHMT data.
# people that have seen or heard a specific USG-supported FP/RH message	840,923	0	905,609	0	Based on radio coverage in districts where we operate; baseline= average viewership/ listenership = 48% of 15 – 49 year-olds. 56% = 15-49 year olds. Linked to Action for Health with Sister Evelina which started airing 1 October 2008 due to production delays. Numbers will be available for year five.
# of USG program interventions providing services, counseling, and/or community-based awareness activities intended to respond to and/or reduce rates of gender-based violence	3,096	2,564	3,096	4,134	Based on 1802 communities trained (presenting at least 1 related activity); 475 drama performances; 1,795 HEART Life Skills activities, 62 Creative HEART zonal contests
# special studies conducted by USG	1	1	1	1	Measuring Community Capacity phase 1
# sector assessments conducted by the USG (conflict and gender)	370	333		45	Environmental assessments are created as an entry point into the community programs and therefore are concentrated in the first few years. Based on those conducted: 105 in year 1; 111 in year 2, 117 in year 3, and 45 in year 4. There was no target for year four as the last few conducted were carried over from year three.
# of information gathering or research activities conducted by the USG		780	264	252	Takes place on a monthly basis in all HCP districts. Yr 1 12 * 21 districts; years 2& 3 12 * 22; year 4 12*21

Appendix 1 – List of Partners

Governmental /Quasi-Governmental

- District AIDS Task Force (DATF)
- District Development Coordinating Committee (DDCC)
- District Education Office
- District Health Management Team (DHMT)
- Immigration Department
- Ministry of Community Development
- Ministry of Education
- Ministry of Health
- Ministry of Youth, Sport, and Child Development
- Municipal Council and District Councils
- National AIDS Council (NAC)
- National Food and Nutrition Commission (NFNC)
- National Malaria Control Centre (NMCC)
- Office of the District Commissioner
- Office of the Provincial Permanent Secretary
- Provincial Education Office
- Provincial Health Office
- Provincial Youth Development Office
- Zambia National Broadcasting Corporation (ZNBC)
- Zambia News & Information Service (ZANIS)
- Zambia Police Service
- Zambia Prisons Service
- Zambia Revenue Authority (ZRA)
- Zambia Wildlife Authority (ZAWA)

Non-Governmental

- Adolescent Reproductive Health Advocates (ARHA)
- Africare
- Africa Directions
- Afya Mzuri
- CHAMP (Comprehensive HIV/AIDS Management Programme)
- CHANGES 2
- CHAZ
- Christian AID
- Centre for Infectious Disease Research in Zambia (CIDRZ)
- Copperbelt Health Education Project (CHEP)
- Corridors of Hope
- CRS
- dB Studios
- Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
- EQUIP 2
- Harvest Help
- HSSP
- Jhpiego
- Kara Counseling
- LACO
- MACEPA (Malaria Control and Evaluation Partnership in Africa)
- Marie Stopes International
- National Theatre and Arts Association of Zambia (NATAAZ)
- NZP+
- PACT
- PCI
- Peace Corps
- Prime Communications
- QUESTT
- RAPIDS
- SAFAIDS
- SHARe
- Society for Family Health (SFH)
- Solwezi District Business Association
- Student Partnership Worldwide (SPW)
- TALC
- UNFPA
- UNICEF
- United Nations Volunteers (UNV)
- White Ribbon Alliance
- World Vision
- WHO
- Youth Alive
- Young Women's Christian Association (YWCA)
- ZCCP
- Zambia Counseling Council
- Zambia Malaria Consortium
- Zambia Malaria Foundation
- Zambia Prevention Care and Treatment Partnership (ZPCT)
- ZINGO

Appendix 2 – Matrix of Materials Produced

Topic	Type	Year	Language	Title, Description	Producer/ Author(s)/ Consultation	Funding Agency	Audience	#s originally produced
HIV/AIDS	Booklet	2005	English	<i>The HIV & AIDS Questions and Answers Booklet</i>	HCP, ZINGO, NAC	OGAC, USAID	Religious Leaders	5,000
HIV/AIDS	Booklet	2006	English	<i>Creative HEART Guide Booklet</i>	HCP, NAC, MOH, MOE	OGAC, USAID	Youth	2,000
HIV/AIDS	Poster	2006	English	<i>HEART Waves Posters</i> 7 Messages	HCP, MOH, NAC	OGAC, USAID	Youth	14,000
HIV/AIDS	Manual	2006	English	Zambia Uniformed Services HIV/AIDS Peer Leadership Manual	HCP, MOH, NAC	OGAC, USAID	Uniformed Services Peer Leaders	500
HIV/AIDS	Poster	2006	English	<i>Living and Loving Posters</i> 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/AIDS and their caregivers.	HCP, NAC, MOH	OGAC, USAID	PLHA and their caregivers	26 episodes in each language
HIV/AIDS	Handbook	2007	English	<i>Living & Loving Radio Programme Guide</i> for radio listening groups	HCP, NAC, MOH	USAID, OGAC	Radio listening groups of PLHA and caregivers, general public	500
HIV/AIDS	Handbook	2006	English	<i>Barotse Royal Establishment Against HIV/AIDS Campaign</i>	HCP, MOH, NAC, SHARE	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
HIV/AIDS	Poster	2006	English	Uniformed Personnel Posters (4 types)	HCP, SFH, MOH, NAC	OGAC, USAID	Uniformed Services Police, Prisons, ZRA, Immigration	8,000
HIV and AIDS	Flipchart	2007	English	<i>Flipchart for Client Education – HIV Prevention, Treatment and Care</i>	CRS, NAC, MOH, WHO, HCP	USAID, OGAC, WHO, CRS	Those starting ART and those supporting them, general public	4,500

Topic	Type	Year	Language	Title, Description	Producer/ Author(s)/ Consultation	Funding Agency	Audience	#s originally produced
HIV/AIDS	Poster	2006	English	Care & Compassion Posters (5 types)	HCP, ZINGO, NAC	USAID, OGAC	Different faith communities	5000
HIV/AIDS	TV/ Radio Spots	2005	8 languages	Care and Compassion spots	HCP, MOH, ZINGO, NAC, Voices of Hope	USAID, OGAC	Different faith communities	4 spots each on radio and TV/ language
HIV/AIDS	Music CD/ Cassettes	2005	8 languages	Care and Compassion song	HCP, MOH, ZINGO, NAC, Voices of Hope	USAID, OGAC	Religious Communities (all faiths)	500
HIV/AIDS	Badges	2005	English	Care and Compassion Badges	HCP, ZINGO, NAC, MOH	USAID, OGAC	Religious Communities (all faiths)	12,000
HIV/AIDS	Video	2003	English Nyanja, Bemba	Tikambe video on stigma and discrimination	HCP, NAC, MOH	USAID, OGAC	General public	2,500
HIV/AIDS	Handbook	2006	English	Tikambe discussion guides for video on stigma and discrimination	HCP, NAC, MOH	USAID, OGAC	General public	2,500
HIV/AIDS	Handbook	2006	English	Mwana Wanga discussion guides for video on PMTCT	HCP, NAC, MOH	USAID, OGAC	General public, men/ women of reproductive age	2,500
HIV/AIDS	Video	2006	English + 7 languages	Road to Hope video on Anti-Retroviral Therapy (ART)	HCP, NAC, MOH	USAID, OGAC	General public, those starting ART, and those supporting them	
HIV/AIDS	Handbook	2007	English	Road To Hope 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	Materials order form	HCP	USAID, OGAC	General public, those starting ART, and those supporting them	5,000

Topic	Type	Year	Language	Title, Description	Producer/ Author(s)/ Consultation	Funding Agency	Audience	#s originally produced
HIV/ AIDS	Handbook	2008/09	English	<i>Action for Health with Sister Evelina</i>	HCP, MOH, dB Studio	USAID, OGAC	NHCs, CBOs and health centre staff	To be developed in 08/09
HIV/ AIDS	Video	2007	English + 7 languages	<i>Our Family Our Choice</i> video	HCP, NAC, MOH, Prime Images	USAID, OGAC	Men and women of reproductive ages who are HIV positive, general public	2,500
HIV/ AIDS	Handbook	2007	English	<i>Our Family Our Choice</i> guide	HCP, NAC, MOH	USAID, OGAC	HIV positive men/ women of reproductive ages, 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	5000
HIV/AIDS	Bobo cartoon film	2008	English + 7 languages	<i>Bobo</i> , a simple cartoon film for children on how HIV enters and affects the body as well as how treatment works.	HCP, NAC, MOH	USAID, OGAC	Children/ youth	TBD
HIV/AIDS Sex & Sexuality	Magazine	2008	English with key words translated	<i>Choose Life</i> - revision and reprint of magazine for youth developed by ZCCP and Soul City	ZCCP, Soul City, HCP	USAID, OGAC, Dfid, RAPIDS	Youth 10-18 yrs	92,000
HIV & Children	Flip chart & Booklet	2008	English with key hard words translated	Simple flip chart for counselors and peer educators to use with caregivers of young children on treatment	EGPAF, HCP, MOH, NAC	EGPAF, OGAC, USAID	Health care providers and caregivers of children living with HIV	TBD
Safe Motherhood/ Family Planning	Guidelines	2005	English	Technical assistance to revise and reformat the <i>National Family Planning Guidelines</i>	HSSP (and other partners), HCP, MOH	MOH	Health Care Providers, partners in IRH	Produced by MOH for national distribution

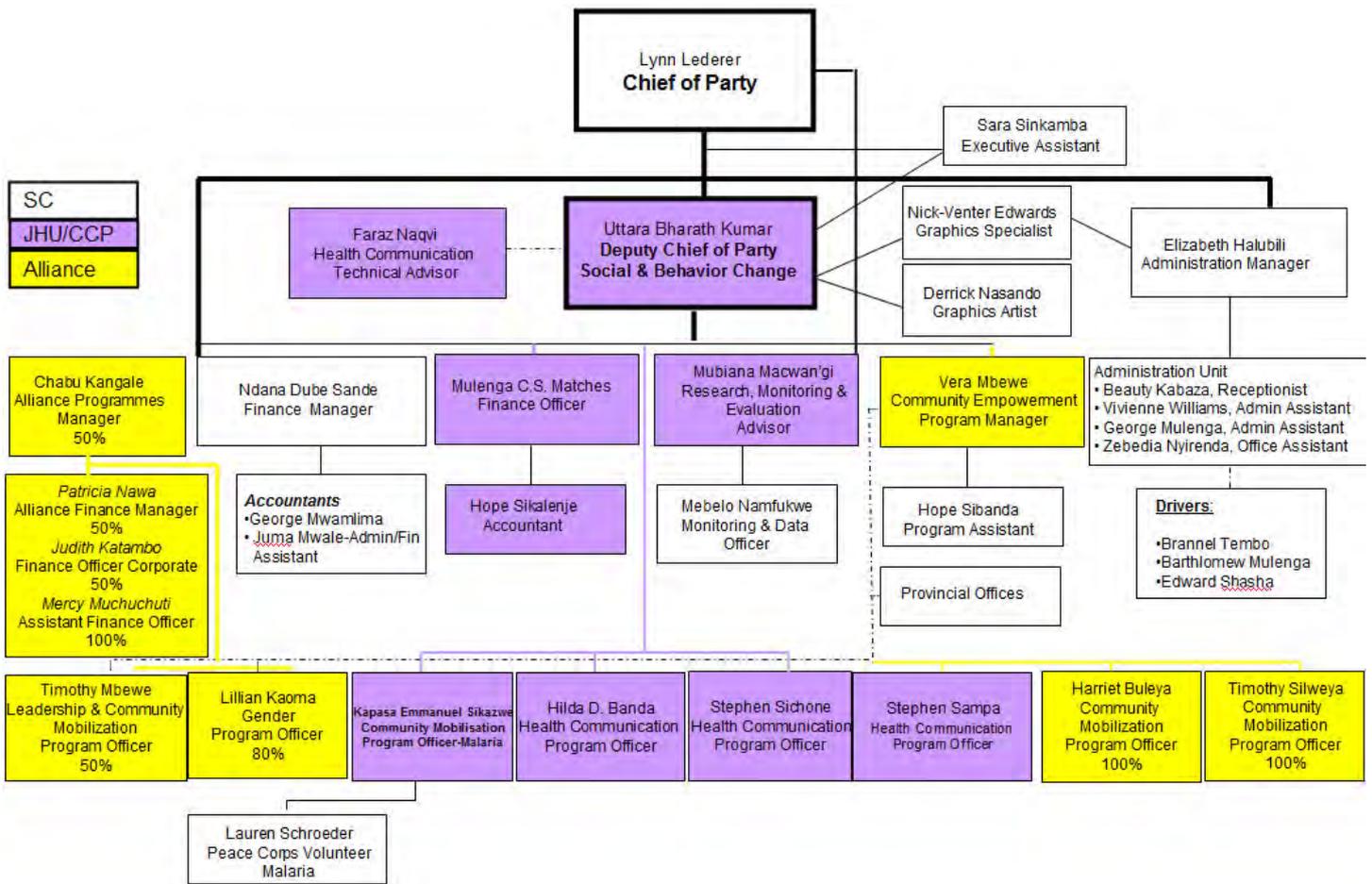
Topic	Type	Year	Language	Title, Description	Producer/ Author(s)/ Consultation	Funding Agency	Audience	#s originally produced
Safe Motherhood/ Family Planning	TV, Radio, print	2008	Various	TV and radio in all Zambian languages + a poster in simple English	MOH, HCP	MOH, USAID, OGAC	General population of reproductive age	TBD
Sexual & Integrated RH	Booklet	2008	English + 7 Zambian languages	Glossary of reproductive health and HIV/AIDS terms translated into 7 Zambian languages	MOH, HCP	USAID, OGAC	Providers of health, counsellors and materials designers	3,000
Sexual & Integrated RH & Male Circumcision	Counselling Kit	2008	English	<i>Men's Health Kit</i> for providers to use to counsel men on sexual and reproductive health including male circumcision	MOH, MC technical working group, HCP, Jhpiego	USAID OGAC	Men of all ages	4,000
Sexual & Integrated RH & Male Circumcision	Magazine	2008	English	<i>Men's Health Booklet</i> which will mirror the contents of the <i>Men's Health Kit</i> but simpler and more portable	MOH, MC technical working group, HCP, ZCCP	USAID OGAC	Men (25-40 yrs)	TBD
Male Circumcision	Video	2008	English + 7 languages	Video follows the stories of two circumcised men – uses their testimonies and additional expert info to raise awareness about the issue.	HCP, MOH, MC technical working group	USAID OGAC	For general public, especially men	TBD
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 Child Health Week	HCP, UCI, UNICEF, MOH	USAID, ZNBC	Caregivers of children	1 X 8
Child Health	Poster	2007	English	Measles	UNICEF, MOH, HCP	UNICEF, USAID	Parents, guardians, child caretakers, general public	5,000
Child Health	Poster	2007	English	Tetanus	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 originally produced
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	National measles, tetanus, growth monitoring, vitamin A, de-worming campaign	UNICEF, MOH, HCP	UNICEF, USAID	Parents, guardians, child caretakers, general public	1x8
Child Health	Booklet	2008	English	<i>Your Child's Health Depends on You</i> – a simple but comprehensive book for caretakers of children (especially < 5)	UCI secretariat, MOH, HCP	USAID	Parents and caregivers of children	32,000
All health	Handbook	2007	English	<i>Health Care within the Community – Health Promotion Information for NHCs and CBOs</i>	HCP, MOH	USAID	NHCs, CBOs, Health Care Providers, DH-MTs	5,000
All health	Handbook	2007	English	<i>Simplified Guide to Participatory Planning and Partnership at community level</i>	HCP, MOH	USAID	NHCs, CBOs, Health Care Providers, DH-MTs	5,000

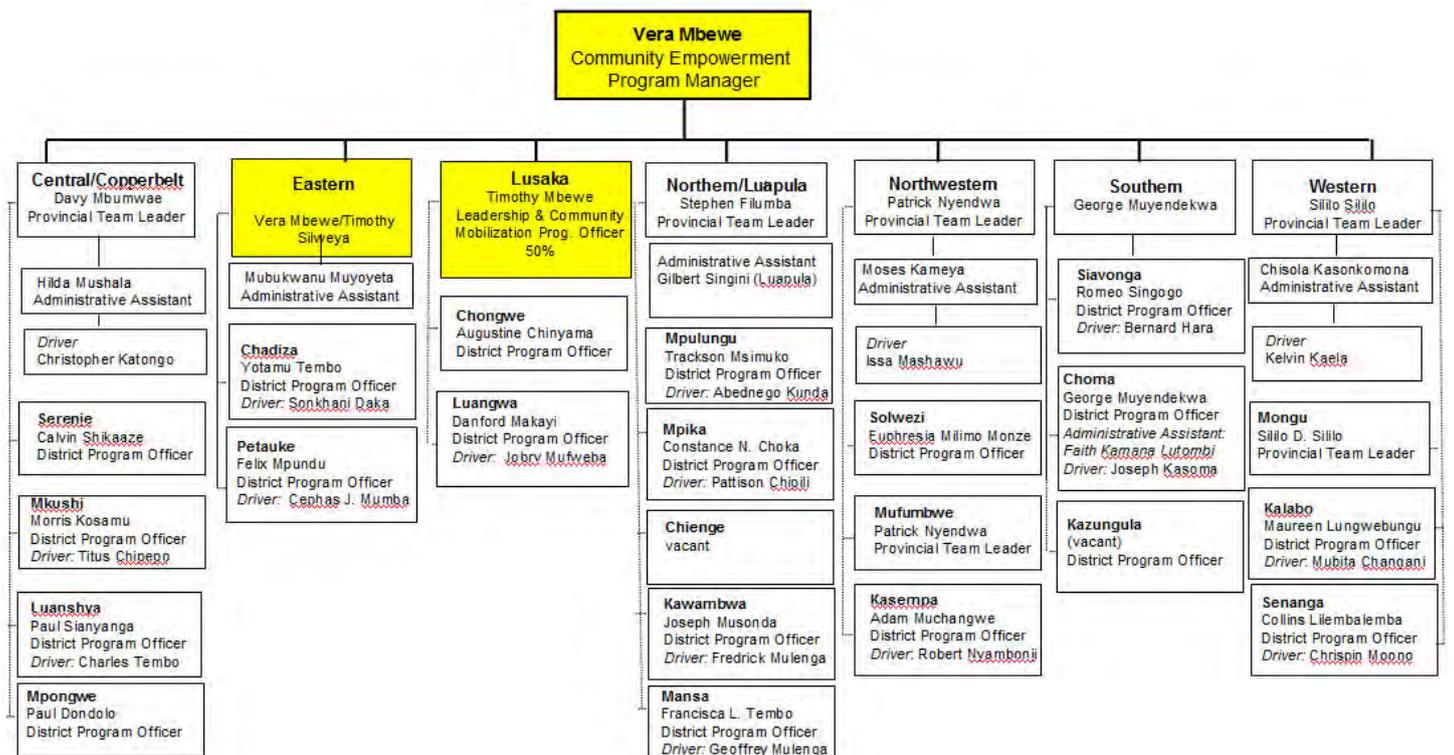
Topic	Type	Year	Language	Title, Description	Producer/ Author(s)/ Consultation	Funding Agency	Audience	#s originally produced
All Health	5 part flip-chart	2008	English	<i>Community Health Education Information Cards: Educating Each Other on Healthy Living</i> that include the following topics - Malaria, Child Health, Integrated Reproductive Health, HIV/AIDS and Community Issues	HCP, MOH, NMCC, NAC, UCI, MACEPA	USAID	NHCs & CBOs	3,500
All Health	Manual	2008	English	<i>Theatre Facilitation Manual</i> to refresh the drama groups and suggest how they can facilitate post-drama discussions on selected topics	HCP, MOH	USAID OGAC	Trained Community Drama Groups	1,000
All Health	Radio	2008	English + 7 languages	<i>Action for Health with Sister Evelina</i>	HCP, MOH, dB studios, ZNBC	USAID, ZNBC	NHCs, CBOs	
All Health	English discussion guide	2008	English	<i>Action for Health with Sister Evelina</i>	HCP, MOH	USAID	NHCs, CBOs	TBD
Malaria	4 short films, radio spots, print, web, cell phones	2008	English + 7 languages	Malaria radio spots for ITN, IRS, IPT, and case management	HCP, NMCC, MACEPA, dB Studios, LACO, Prime Images	USAID, NMCC, MACEPA	General population	
Gender	Counselling Kit	2008	English	<i>Community Gender Facilitation Guide: The Zambian Adaptation of African Transformation</i>	HCP	USAID	Trained NHC members	TBD
Multiple & Concurrent sexual partners – risk of HIV transmission	Multi media	2008	English + 7 languages		MOH, NAC, HCP	USAID, OGAC	General Population	TBD
Paediatric HIV/AIDS Male Circumcision MCP, Malaria	TV, Radio	2008	English	<i>Your Health Matters – 13 episodes</i>	MOH, NAC, ZNBC	USAID, OGAC, EGPAF	General Population	

Appendix 3 – Organigram

HCP Lusaka Office



HCP Zambia - Provincial Offices





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