



Second Quarterly Report-Year 5 January through March 2009

Introduction

Health Communication Partnership Zambia is a five year USAID-sponsored project whose goal is to contribute to the “**improved health status of Zambians**” (SO7) by supporting “**Zambians taking action for health**” (IR7.1). Started in October 2004, HCP Zambia is being implemented by the Johns Hopkins University Center for Communication Programs, Save the Children and the International HIV/AIDS Alliance. As a result of HCP interventions, individuals, families and communities will undertake behaviour change conducive to the optimisation of their own health and well being.

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

HCP has a geographical focus of 22 districts spread across all the nine provinces of Zambia. Whereas the bulk of HCP activities and interventions are concentrated at the district level, other activities such as mass media and behaviour change communication harmonization have a national focus.

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

- Child Health
- HIV/AIDS
- Malaria
- Maternal Health
- Reproductive Health

Overall Approach

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 and *de facto*) and youths, and promoting the change of harmful social and gender norms. Specifically, HCP employs the following strategic approaches:

- i) Strengthen the capacity of **communities** to identify, plan and implement activities addressing priority health and social needs

- ii) Mobilize local *leadership* (religious, traditional, *de facto*) to take action to influence and advocate for positive change in health and social norms
- iii) Mobilize and support *youth* to make positive life choices and contribute to improved health within their families and communities
- iv) Coordinate the *harmonization of messages* in support of GRZ and USAID Zambia health priorities

A) Approach during the quarter under review

Health Communication Partnership Zambia (HCP) key interventions are anchored on community mobilization with the aim of building and strengthening capacities of communities to identify, plan and implement priority sustainable interventions and taking appropriate actions to better their own health. During this quarter, HCP continued to support behavior change communication, partnership building and strengthening of the community systems and structures. Monitoring of district and community programs as well as formative and evaluative research also continued.

PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

Distance learning for community action continued through the airing of *Living and Loving* radio programs on community radio stations. Use of community/folk theatre (drama as a communication and community mobilization tool at the community level) was employed and performances by trained drama groups addressing HIV and AIDS issues continued. Provincial refresher trainings of previously trained drama group members occurred along with the introduction of theatre manuals. There was ongoing monitoring of activities by the uniformed services peer leaders trained by HCP (peer educators for HIV and AIDS and other health issues). HCP continued to play a pivotal role in providing leadership and technical support to various NAC programs including multiple and concurrent sexual partnerships, pediatric AIDS, prevention of sexual transmission, and the male circumcision task force.

OTHER HEALTH

In partnership with the Ministry of Health, the District Health Management Teams, health centers, non-governmental organizations (NGOs) and community-based organizations (CBOs), HCP continued to mobilize communities and individuals for health action. BCC materials (print and media) were also distributed to promote individual and collective health actions. *Action for Health with Sister Evelina* (a 26-episode reality radio program) continued to be broadcast on national and community radio stations. Behavior change messages targeting NGOs and CBOs promoting community action were aired through *Action for Health with Sister Evelina* on local radio stations and ZNBC in English and five local languages (Bemba, Nyanja, Tonga, Kaonde, and Lozi). Development and printing of IEC materials including a discussion guide for radio listening groups. The psychosocial and associate counselors, drama groups and the youth peer leaders were also central to the dissemination of other health messages to community members. HCP continued to play a pivotal role in providing leadership and technical support to national institutions including the Ministry of Health,

National AIDS Council (NAC) and the National Malaria Control Centre (NMCC). HCP supported the National Malaria Control Centre IEC sub committee. HCP provided support to Ministry of Health programs on maternal, newborn and child health, malaria and integrated reproductive health including family planning. HCP supported the formation of Malaria Task Forces, assisting the National Malaria Control program with planning, coordination and monitoring of malaria activities.

CROSS CUTTING

Capacity building trainings of the neighborhood health committees and community-based organizations were conducted in the HCP districts. Development and implementation of community action plans were also supported. Exchange visits among communities to promote positive models for taking action in priority health areas were supported. Financial support to NHC/CBOs involved in innovative and sustainable community programs to improve health continued. Partnership building continued as a tool for ensuring sustainability of interventions and results at district and community level. HCP continues to work with collaborating partners including governmental and non-governmental structures. Drama groups sensitized communities on cross-cutting topics such as child abuse and human rights. Formative and evaluative research continued to inform programming.

B) Accomplishments

PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

Community/Folk Theatre

- ⌘ The number of community members reached by the drama performances had significantly increased by 9.1%, from 64,600 in the last quarter to 70,459 during this quarter. This quarter's numbers reached by drama performances comprised 17,014 men, 25,826 women and 27,459 children with key health messages on: child abuse, abstinence, disadvantages of early marriages and HIV transmission. The increase is partly attributed to the refresher trainings and continued support from the HCP District Program Officers.
- ⌘ 500 drama toolkits developed by RAPIDS and HCP were distributed to active drama groups in all the 22 districts supported by HCP. Each district received between 20-40 kits depending on the number of active drama groups.
- ⌘ Active drama groups in HCP districts took advantage of the Youth Day celebrations and antenatal clinic and conducted drama performances on HIV and AIDS and mother-to-child transmission.
- ⌘ In **Chadiza**, monitoring and training of drama groups continued; these groups were linked to partners like CARE International who engaged the Nsadzu group to perform during TB Day.

Distance Learning

- ⌘ Distance learning through airing of *Living and Loving* program on seven out of 12 community radio stations in the operational districts. These seven radio stations are: FCC Radio in Solwezi, Breeze and Maria in Chadiza, Radio Liseli in Mongu, Kalabo and Senanga, Explorer in Petauke, Radio Mano in Kasama and Sky FM in Monze for the communities in Choma.

- ✘ The community radio stations reached approximately 5,000,000 people (including overlaps) with information on how to effectively care for chronically ill people living with HIV and AIDS.
- ✘ Radio listening groups each comprising about 20 people in eight HCP districts continued listened to *Living and Loving* using *Freeplay* wind-up radios provided by HCP.

HEART Life Skills and Zambia Creative HEART Contests

- ✘ A total of 220 bicycles were distributed in 18 HCP districts for *HEART Life Skills* facilitators. The facilitators also received the bags and T-Shirts.
- ✘ In Northern and Luapula provinces, *Zambia Creative HEART Contest* teachers' orientations in the districts began.
- ✘ Trained *HEART Life Skills* youths in 14 HCP districts reached **43,288** (19,143 male and 24,288 female) peers with messages on HIV prevention and stigma reduction. This represents an increase of 33.9% (from 32,329 to 43,329) from the number reached in the last quarter.

Psychosocial Counseling and Peer Education

- ✘ Trained psychosocial and associate counselors continued to reach out to their congregants with behavior change messages including *VCT*, *ART*, condom use and positive living through sermons, couples and individual counseling sessions. The number of people reached in this quarter increased by 2,204 (14.1%), from 15,629 (6,921 males and 8,702 females) to 17, 833 (5,512 males and 12,321 females).
- ✘ Uniformed services peer-leaders reached a total of 1,394 (751 men and 643 women) through counseling of peers and group activities in five HCP districts. The number reached by the uniformed services peer-leaders reduced in this quarter by 10% from 1534 (829 men and 705 women) to 1,394. The drop in the number reached is partly due to the ongoing high attrition among uniformed services peer-leaders.

Male Circumcision and Multiple and Concurrent Partnerships

- ✘ HCP continued to serve as secretariat for the Male Circumcision Task Force (under Prevention of Sexual Transmission Sub-Committee of the Prevention Theme Group at the National AIDS Council).
- ✘ A 30-minute documentary film called *Male Circumcision: Real Men, Real Stories* in English and seven Zambian languages was produced. The documentary pre-tested very well. Men who watched the film said it encouraged them to go for male circumcision, while women who watched the film said it encouraged them to talk to their husbands about male circumcision.
- ✘ Ten scripts for a 10-part TV mini-series (called *Risky Business*) to address multiple and concurrent partnerships (MCP) in Zambia, as part of *One Love. Kwasila!* campaign were developed and filmed. The scripts have been widely appreciated as authentic and thought-provoking by members of the National AIDS Council, USAID and the Zambian cast and crew of the mini-series. A website was also developed as part of *One Love. Kwasila!* campaign (www.onelovekwasila.org.zm). An animated blip as part of *One Love. Kwasila!* Campaign was produced in the same period as well as 3 scripts for animated TV spots.

Behavior Change Communication/Information Education & Communication Materials

- ✂ Behavior change communication materials were distributed in all HCP districts and these included: *Positive Living Handbooks, Our Family - Our Choice DVDs and discussion guides, Kwatu, Choose Life* youth magazine, youth brochures, community health information cards, and frequently asked questions about HIV/AIDS leaflets.
- ✂ *Tikambe* and *Mwana Wanga* videos were shown in health centers, community group trainings and community gatherings in the HCP districts.
- ✂ In North Western province, *Our Family Our Choice* video has been well accepted by the PLHAs in the districts as it has provided answers to questions on family planning and how to have a baby when you are positive.
- ✂ The *Men's Health Kit Resource Manual and Flipchart* was finalized during this quarter.

Pediatric HIV and AIDS

- ✂ HCP participated and contributed to the "Children and HIV" communication campaign spearheaded by the Ministry of Health (MOH).
- ✂ Final pre-testing of the health workers chart for caregivers of children with HIV was completed.

OTHER HEALTH

Capacity Building for NHCs

- ↪ Ongoing supportive and mentoring visits to NHCs continued during this quarter. In some districts such as **Luangwa** more than one NHC were met at a central level. This approach created opportunities for NHCs to share experiences and learn best practices from each other.
- ↪ In **Siavonga**, capacity building of NHC members using *Basic Health Care Package* were also conducted through the mentoring and monitoring meetings at health centers
- ↪ In partnership with the Ministry of Health, HCP in **Senanga** supported the planning, coordination of NHC activities and monitoring the performance of communities in various health and developmental issues.
- ↪ In **Kalabo**, supportive and mentoring meetings with NHCs and Health Area Committees (HAC) were held. Four NHCS and HACs in Sihole and three NHCs in Liumba were visited. A total of 236 (136 males, 127 females and 26 headmen) were reached during these visits.
- ↪ In partnership with provincial health office, DHMTs, Health Centre Committees, NHCs, and CBOs, HCP continued to mobilize communities and individuals for health action. NHCs in various districts (i.e., **Mpulungu and Chadiza**) continued to implement activities in their action plans on various health problems such as malaria, water and sanitation, maternal and child health; many have been applying for community support funds as well.

HCP Support for Malaria Activities

- ↪ All 22 HCP districts and nine non-HCP districts received technical support for Malaria Task Forces (MATF) and all the districts covered appreciated the MATF performance assessment tools.
- ↪ Following technical support provided by HCP, a total of 65 applications for community support for behavior change activities around malaria prevention and treatment from NHCs

and CBOs were received by the close of the quarter out which 50 qualified for support and will receive it in the next quarter.

- ↳ During the quarter under review a community malaria toolkit was drafted, finalized and sent for printing. It includes the following: *Toolkit Guide Book*, five posters as IEC materials, application form for behavioral and community activity support and radio spots, CD of radio spots and *Action for Health with Sister Evelina* radio program episodes on malaria - All contained in a malaria bag and to be ready for the World Malaria Day on April 25, 2009.
- ↳ HCP supported and facilitated the stakeholders MATF meeting held in **Kawambwa** and 21 partners attended the meeting, which culminated in the formation of an executive committee. Members were oriented about the role of MATFs and how the community can benefit from it. During the same period a district work plan for the MATF was developed by stakeholders, assisted by the program officer from Lusaka
- ↳ In **Senanga**, HCP continued to support malaria activities. MATF members visited communities and reviewed malaria planned BCC activities. Four teams which included heads of departments were put in place to support the BCC strategy.
- ↳ In **Solwezi**, a two days technical supportive visit was conducted for stakeholders in the district, 15 males and females attended and were orientated on the malaria community support funds. A field visit to five NHCs at Shilenda RHC was conducted on the second day where community members were oriented on the community support application forms for malaria in behavior change communication. The NHCs have since written applications that are waiting to be processed.
- ↳ In **Mpulungu**, during this period, the district conducted an orientation of stakeholders in the districts and formed a MATF.
- ↳ In **Mongu**, a malaria task force induction workshop for new MATF members was held, introducing them to a tool for malaria BCC activities in the communities.

Drama Group Performances Continued in all HCP Districts

- ↳ In all the HCP districts, drama groups continued to sensitize communities and disseminate health messages on various priority health topics such as water and sanitation, malaria and family planning.
- ↳ In **Siavonga and Mpulungu**, community theater was effective in disseminating various health messages. **Five** drama groups were actively involved in various areas including gender and health, reproductive health and diarrheal disease. Drama groups reported having engaged the community in discussions on prevention of diarrheal disease, as there had been an outbreak of cholera in the district. Other topics included child abuse, and care of orphans and vulnerable children.
- ↳ All HCP districts participated actively in various important national days such as Youth Day on March 12. In **Senanga**, HCP played the key role of disseminating messages centered on the value of education and making better choices. The *HEART Life Skills* youth leaders performed to the audience on the importance of having supporters in life. At the end of the performance, **the district commissioner presented one of the 13 bicycles** which have been provided by HCP to alleviate transport problems faced by the youths. On the same youth day, the drama group gave a performance depicting the importance of resisting negative peer pressure in school settings. The district commissioner advised the pupils to take care of themselves and have a vision of becoming future leaders. **She later handed over the drama toolkit** to the *Common Arts Groups*.

- ↪ In **Mongu**, HCP was one of the major players in the world TB day at provincial and district level, through support to drama performances and distribution of IEC materials.
- ↪ The trained drama groups have been linked to rural health centers and other partners
- ↪ In the quarter under review, drama performances were conducted on the following topics:
 - Symptoms and dangers of malaria
 - Benefits of strengthening parent – child dialogue.
 - Child human rights and sexual abuse
 - Methods of family planning
 - Water and sanitation
 - Cholera/ diarrhea
 - Child immunizations
 - Children health/ nutrition (growth)
 - Leadership
 - PMTCT
 - Community conflict resolution
 - TB control
 - Rabies
 - Gender
 - Youth empowerment
 - Safe motherhood

Distance Learning through Action for Health with Sister Evelina Radio Program

- ↪ *Action for Health with Sister Evelina* was broadcast on the Zambia National Broadcast radio with an audience of four million people and was also broadcast on community radio stations in English and five local languages. *Action for Health with Sister Evelina Discussion Guide for Listening Groups* were also produced and printed during this period.
- ↪ In **Mongu**, behavior change messages targeting NHCs and CBOs promoting community health action were also aired through *Action for Health with Sister Evelina* on community radio stations in English. Many listeners phone the radio station with appreciation for the program. The production manager for Radio Liseli had this to say: “*We receive a lot of feedback about your programs, Living and Loving, and Action for Health with Sister Evelina. People seem to enjoy them very much.*” (Mr. Zulu – Radio Liseli station).

Psychosocial Counseling and Peer Education

- ↪ Psychosocial and associate counselors, drama groups, and uniformed services’ peer leaders reached 19,227 community members during this period (6,263 males and 12,964 females) through community outreach activities promoting various priority health issues and behaviors such as water and sanitation, malaria, family planning and reproductive health.
- ↪ The Evelyn Hone and UNZA university radio programming workshop supported by HCP facilitated the development of a 15 part series dealing with various health issues of concern to students, new and emerging issues, and giving practical tips for students. Some of the topics covered include:
 - HIV and AIDS/ STIs
 - Time management, stress and depression
 - Alcohol and substance abuse in general and HIV risk, violence, depression
 - Gender and violence and abuse
 - Malaria (prevention and treatment: ITNs, IPT, IRS and case management)

- ↳ In **Siavonga**, psychosocial counselors and associate counselors also prompted positive seeking behavior for malaria, child health and maternal health. HCP also provided technical assistance to community groups in the implementation of health activities. The promotion and distribution of birth plans and the formation and strengthening of safe motherhood action groups were also facilitated.
- ↳ In **Mongu**, associate counselors, drama groups and the youth peer leaders were also central to the dissemination of other health messages to community members. HCP continued to play a pivotal role in providing leadership and technical support to district institutions including the District Health Management Team, malaria task force, and MARCH project.
- ↳ Psychosocial and associate counselors continued to counsel mothers on better nutrition for children. During this period, male involvement in various priority health topics such as child welfare and care (i.e., cooking demonstrations), family planning and antenatal care was promoted. As a result, men are beginning to appreciate their involvement in these issues which have been predominantly seen as women's roles. In **Kawambwa**, for example, male parents showed great interest in cooking demonstrations and pledged support for them so that both parents (mothers and fathers) gain nutrition knowledge and cooking skills for the well being of the child.

Development and Distribution of IEC Materials

- ↳ HCP in partnership with a range of other key stakeholders developed a simple, well-illustrated *Men's Health Kit* and flip chart which integrates and addresses 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. During this quarter, **10,000 copies** of the *Men's Health Kit* were printed and **1,000 sets** have been distributed to facility-based health providers in all HCP districts.
- ↳ During this period, IEC materials on various topics such as malaria, family planning, child health, maternal health, nutrition and HIV and AIDS were distributed to all **HCP districts**. In, **Siavonga** for example, more than **70 Community Health Information Cards** were distributed.

CROSS CUTTING

Ongoing Mentoring and Support

- HCP district and provincial staff carried out ongoing mentoring and support visits for the trained NHCs in all HCP districts. The visits provided an opportunity to review community action plans and discuss solutions to challenges faced in implementing activities. Priority health issues identified by the NHCs included:
 - Diarrhoea
 - Malaria
 - HIV/AIDS
 - Nutrition
 - Maternal health
 - Tuberculosis
 - Child health

- Traditional leaders were present during ongoing mentoring and support visits. For example in **Kalabo** 26 headmen from different NHC catchment areas were present during the visits and were able to review community action plans together with community members.
- DHMT staff also participated in ongoing mentoring and support visits in some districts for example in **Kasempa**, the visits were done in collaboration with the district Health Promotion Focal Point Person.

Environmental and Capacity Needs Assessments

- Ten environmental and capacity needs assessments were held in **Mansa, Chongwe, Solwezi** and **Choma**. These enabled communities to identify local resources available and also identify their training requirements.
- Following the *environmental and needs assessments* community members were able to identify local resources that exist within their areas and determine how they could mobilize these resources to address social and health issues that they were facing. At the same time the activity helped communities to identify the capacity building needs to focus in the subsequent community capacity building training.

Capacity Building Trainings

- Capacity building training for NHCs continued during the quarter. A total of 14 trainings took place in seven districts. 357 community members (218 men and 139 women) participated in the trainings. The trainings were based on needs expressed during environmental and needs assessments and were guided by the two booklets: *Health Care within the Community* and the *Simplified Guide to Participatory Planning and Partnerships*.
- In **Chongwe** two capacity building trainings were conducted during the period under review to strengthen and build individuals, households, and community capacity to identify, plan, and address community needs efficiently and effectively. These trainings were conducted for five days each at Nyangwena and Kabeleka health centers. Thirty community leaders were trained from each of the two health centers. Out of the 30 community leaders trained from each health center, 15 were males and the other 15 were females.

Exchange Visits

- 24 exchange visits were conducted in seven HCP districts. These took place both within and between districts. The visits provided an opportunity for communities to share successes and challenges faced during implementation of their activities, and impart the knowledge and experience they had gained to other communities.
- Some of issues discussed during the exchange visits include:
 - Leadership skills
 - Planning for activities (i.e. number of pit latrines required in the community)
 - Management of NHCs
 - Dissemination of information using existing community forums
 - Access and utilization of the 10% community fund from Health Centers
 - Development of community project proposals for support and management of community supported projects
 - Development and management of income generating activities

- Exchange visits involved not only community members but also health center staff who registered their appreciation for the activity.

“These exchange visits have not only worked for NHCs, they have worked even for us as health centre leaders. For those of us who are interested in following what our NHCs are doing, we are also learning as we follow NHCs on the trips. These visits should continue. We never had this kind of service before”

Florence Phiri, Health Centre In-charge, Chipungu Health Centre, **Petauke**
- Ten health center committee chairpersons from **Petauke** conducted one inter-district exchange visit to **Chongwe**. The visit was for the purpose of learning how Mukuyu NHC manages to address issues on *OVC, malaria, and diarrhea* using local resources through their vegetable gardening project. Petauke leaders also shared their experience in accessing the ten per cent community fund from the health centers.
- In **Chongwe** the *exchange visit* involved community leaders from **Petauke** district visiting Kasonkomona NHC to learn how the hosting community manages to use *community mobilization* participatory tools like *mapping, action plans, and NHC tree* to mobilize communities for action on *other health* and HIV/AIDS. The last *exchange visit* involved 18 community leaders from Kampekete and Chainda health centers out of which eight were females who visited Kanakantapa Youth Resource Center with a view to learning how this community collects data for decision making and how it documents its efforts and mobilizes resources from outside the community to support their planned activities.
- 11 NHCs from **Mansa** were represented in an exchange visit to **Mpika**. The NHCs shared their experiences and strengths in various community activities such as community action plan development and implementation, leadership, safe motherhood formation, nutrition supplementation through gardening and cookery demonstrations.
- In **Siavonga** one exchange visit was hosted for **Luangwa** NHCs. The Siavonga team learnt that there is need for the NHCs to be more involved in communicating health messages, and to promote women in leadership positions in NHCs and other committees. They also learnt that they could source for funds from NGOs and use the funds to develop their communities.
- In **Luanshya** exchange visits were facilitated and conducted among NHCs/CBOs to learn from one another on the action planning and implementation process. This was after identifying their weaknesses and strengths during ongoing support visits conducted.
- During the quarter under review two local exchange visits amongst trained NHCs within the district and two inter district exchange visits between NHCs in **Luanshya** and **Mpongwe** were conducted.

Community Support

- 28 community groups in 11 HCP districts received community support during the quarter. The types of activities funded included construction projects, income generating activities, and procurement of transportation, specifically bicycles, an ox-cart, and a boat.
- A total of K308,173,000 was disbursed to communities for various projects during this period. In **Mpika** district, for example, the total amount received from *Small Community Grants* increased from **K3,645,000** in the first quarter to **K36,860,000** in the second quarter while the number of benefiting communities increased from **one to four** and during the quarter under review six more communities applied for support and their applications

are still under consideration. The four community projects which received funds for community support are:

- Itongo NHC, funded with K8,480,000 to enable them to establish an emergency transport system. Once established, maternity cases will be referred on time, reducing delivery complications
 - Kapwasha received K10,130,000 to enable them to complete the UCI shelter in their community. Once completed the children will have easy access to vaccinations at the right age, reducing the incidence of preventable diseases. Women of child bearing age will also be able to easily access ANC services, reducing current maternal risks.
 - Mbatia central NHC received K13,750,000 to enable them to upgrade an old garage into male and female wards. The project will reduce the rate of cross infections especially amongst children by reducing the congestion in the current ward.
 - Kakoko NHC received K4,500,000 to help them start an IGA of clean delivery kits and establish an emergency transport system. Once established maternity cases will be referred on time and women will have access to clean safe deliveries, reducing delivery complications.
- In **Petauke**, HCP has assisted four groups with small grants and these groups are: Merwe HCC which has so far helped 30 orphans with school requirements while Kalindawalo has given 10 goats to 10 orphans who will pass on offspring to other orphans.

Quarterly Leadership Meetings

- During this quarter, HCP districts held quarterly leadership review meetings where the trained psychosocial and associate counselors, *HEART Life Skills* youth leaders, uniformed services peer leaders and NHCs shared their reports. Partners invited to the meetings included the District Health Management Teams, District AIDS Task Force, and other NGOs. The meetings served as a platform not only to share reports but also to gain support and participation of key stakeholders in resolving issues arising from the reports. They were able to provide immediate feedback relating to concerns raised by participants. These meetings have been appreciated by the agents because they have created an opportunity where all the community agents come together and share experiences and challenges from each other's work. As one participant said:

“The importance of this meeting cannot be overstated. We have seen as DHMT that the meeting is bringing all agents together to discuss the progress of primary health. We consider this as a local exchange visit and we pledge to continue holding these meetings in future.”

L. Chilolo – Manager Planning and Development, **Kawambwa** DHMT

- In **Siavonga**, the DHMT expressed happiness at the levels of interaction during the quarterly leadership meeting. They were interested in the activities that trained cadres talked about and urged them to maintain a strong link with health centers.
- In **Mansa** the quarterly leadership meeting enhanced and strengthened sharing and interaction between the trained community-based agents resulting in an increase in the reports being submitted. In the last meeting partners such as UNFPA, Africa Directions, Multi Vision and Group Focus Consultation shared information about their organizations and identified possible links with the trained agents.
- In **Mkushi** two *quarterly leadership review meetings* for community-based agents trained by HCP were conducted. The reports and discussions during the two meetings in Mkushi

indicated that agents were not only concentrating on HIV and AIDS but they were dealing with other health issues including reproductive health, malaria and child health as well. There had been a notable improvement in the relationship between HCP-trained agents and health centre staff in Mkushi because health center staff have appreciated the services provided by the agents through the quarterly review meetings. For sustainability of the quarterly meetings after HCP, a committee has been formed to ensure that the quarterly leadership meetings are convened.

Gender Rollout Trainings

- During the quarter, review and re-planning workshops on gender were held in five provinces covering 11 of the 22 districts as follows:

Province	District	Males	Female	Total
Western	Kalabo	3	4	7
	Mongu	5	3	8
	Senanga	3	5	8
Northern	Mpika	5	6	11
	Mpulungu	6	5	11
Luapula	Kawambwa	6	5	11
	Mansa	5	6	11
Central	Mkushi	3	3	6
	Serenje	3	3	6
Copperbelt	Mpongwe	3	3	6
	Luanshya	3	3	6
5	11	45	46	91

- Each of the districts received 20 copies of the *Gender and Health Community Facilitation Guide* for use during the community roll out activities.

Research

- ***Participatory Ethnographic Evaluation and Research (PEER) Alcohol and HIV Study***

Results of the PEER Alcohol and HIV study were disseminated in 12 of the HCP districts. 360 stakeholders, about 30 in each district, participated in the meetings. Issues that came out of these meetings will be used to develop communication strategies such as a film addressing gender violence and other alcohol-related problems perceived by the community. Five districts have already formed task forces to address some of the issues using local resources such as reinforcement of council by-laws on alcohol licensing and trading.

- ***Case Studies Documentation***

The case studies are intended to:

- a. highlight the link between HCP interventions and health outcomes in the five selected districts;
- b. document the changes and impact attributable to HCP interventions; and
- c. document how HCP made a difference -- what is the process used to achieve results, what are the interventions and who were the actors?

Through a participative process involving submission of stories by HCP district staff, and short-listing by HCP technical staff, the five districts selected for documentation of case studies were **Chongwe, Kalabo, Mansa, Mufumbwe** and **Siavonga**. The selected cases were drawn from each of the four HCP strategic approaches.

During the quarter, the consultant for the documentation was selected through a competitive process and technical and logistical preparations made for field work to commence in the first week of April.

○ *End-Line Survey*

Following a competitive bidding process, the contractor to undertake the *End-Line Survey* was selected. The draft survey questionnaires were reviewed extensively by both HCP and JHU staff in preparation for finalization in the next quarter.

C) Implications

PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

The work of drama groups, *HEART Life Skills* youth peer leaders, psychosocial and associate counselors in the HCP districts continued to impact on community members by creating awareness and demand for HIV/AIDS prevention services such as *voluntary counseling and testing, antiretroviral therapy, stigma and discrimination* and *positive living*. The drama group members have started appreciating their own efforts in promoting positive health messages and the personal benefits they get through their interaction with community members.

Community/Folk Theatre

- ⓧ Monitoring, training and distribution of drama toolkits has enabled the drama groups to acquire facilitation skills that help communities discuss their own solutions to HIV and AIDS issues after shows.
- ⓧ Trained drama groups have also rolled out their skills to other drama groups in their communities and to NHCs.
- ⓧ The drama group members have started appreciating their own efforts in promoting positive health messages and the personal benefits they get through their interaction with community members.

“I have realized that drama is a powerful tool in health education as it benefits both the community and us drama members. After every performance during the facilitation people participate in the discussion and ask a lot of questions. We drama members also learn a lot of things from the audience that promote good health.”

Ms. Diana Longwani – *Upraising Drama Group* in **Mpngwe**.

Distance Learning

- ✘ The *Living and Loving* radio program has continued to impact on the listeners. It continues to be a vital source of information for PLWHIV and caregivers promoting positive living and providing caregivers with information and skills to effectively take care of chronically ill people.
- ✘ Free repeat airing of *Living and Loving* radio programs by seven community radio stations is a great partnership achievement and a positive indicator that local institutions are assuming responsibility to own and sustain community programs which positively impact on their health individually and collectively.
- ✘ *Living and Loving* radio program continued encouraging the community members to go for VCT services provided by the mobile VCT service providers in districts. This was seen by the increased number of people seeking VCT services.

HEART Life Skills and Zambia Creative HEART Contests

- ✘ The distribution of bicycles, T-shirts and bags to *HEART Life Skills* facilitators has been a motivator for youths who have been extremely active during this quarter, and successful in encouraging other youths to be role models.

Psychosocial Counseling and Peer Education

- ✘ Associate counselors and uniformed services peer leaders have continued to provide counseling services in the health centers and community which is promoting voluntary counseling and testing.
- ✘ Associate counselors who work with health centers have been in the forefront in counseling mothers for the prevention of mother-to-child transmission (PMTCT) programs.
- ✘ Associate counselors continue to encourage couples to attend PMTCT counseling and testing together.

Male Circumcision and Multiple and Concurrent Partnerships

- ✘ Scripts for MCP films have been widely appreciated as authentic and thought-provoking by members of the National AIDS Council, USAID and the Zambian cast and crew of the mini-series, *Risky Business*.

Behavior Change Communication(BCC)/Information Education Communication (IEC) Materials

- ✘ In **Mkushi** the distribution of Kwatu magazines has started changing the attitudes and life of the youths as they are getting important information given by other youths who are practicing responsible lifestyles. Audrey Nachamba, a youth trained in *HEART Life Skills Toolkit* said “*The messages read in ‘Kwatu magazine’ about my fellow youths are very encouraging. They have helped me start perceiving life from a positive perspective as I have learnt that to make it in life one has to be a responsible youth to begin with.*”
- ✘ The distribution of IEC materials to different organizations, institutions, groups and individuals at both district and community level has continued being appreciated and has created a great demand for more.

“I personally am so grateful for the assistance we are receiving from HCP, especially the IEC materials which have proved very helpful to our target groups as a mode of information dissemination to them. These IEC materials have helped us in educating and promoting behavior change among our clients. We wish some other means will be

established to ensure continuity of supply and availability of such materials even when HCP phases out.” Project Director - Happy Children in Luanshya

OTHER HEALTH

- ↪ In **Kawambwa** district, Muyembe community, before HCP supported community mobilization and sensitization interventions, pregnant women were not going for and/or started attending ANC late, sometimes as late as seven months while others avoided delivering at health facilities and were using traditional medicines to speed up labor. However, due to concerted efforts of drama groups in partnerships with NGOs and traditional leaders, the number of pregnant women seeking ANC services early is increasing.
- ↪ During this period, drama performances contributed towards promotion of positive behaviors in the community. For example:
 - The inclusion of safe delivery messages by drama groups has encouraged expectant mothers to deliver at health facilities under the supervision of trained medical personnel. There has also been an improvement in men supporting their spouses during pregnancy as a result of the door-to-door campaigns and village meetings held by counselors.
 - Community sensitizations through drama performances on the importance of child immunizations and child nutrition also resulted in more mothers taking their children to the health centre for under five and child immunization.
 - Continued community sensitization by the youth leaders in partnership with health centre personnel has contributed to the increase in the number of pregnant women seeking Fansidar as a prophylaxis measure against malaria during pregnancy.
 - In Kabila and Mbereshi (**Kawambwa** district), community members in general, did not appreciate the importance of using ITNs. In some cases the people were using ITNs for fishing and house curtains. As a result of combined efforts from health centre staff, youths and traditional leaders, community attitudes and behaviors are positively changing especially towards consistent and appropriate use of ITNs.
 - The formation of the malaria task force has resulted in pulling of district resources together in addressing malaria. ZESCO pledged to give to MATF fuel for field activities. Other partners pledged materials and human resource. All partners including the district administration agreed that addressing malaria needed concerted efforts by all stakeholders.
- ↪ Community members feel they own the *Action for Health with Sister Evelina* program and are eager to listen because the reality segments feature real community members.
- ↪ Dissemination of health messages through drama performances continue to impact positively on the targeted audiences. During this period, the targeted audiences were effectively reached and will potentially act on various health concerns including male involvement in antenatal care, child health, malaria, TB, water and sanitation.
- ↪ The *Action for Health with Sister Evelina* radio program continued to impact positively on the community and individuals. Many listeners phone the radio station with very important questions and suggestions resulting from their listening to the program. NHC members find the program a very useful tool:

“Sister Evelina radio program has every thing that an NHC would like to learn. It is very important to listen to the radio program. To me it’s as good as conducting an exchange visit when you listen to this radio program and get best practices to

replicate in your area. We appreciate the wonderful idea that HCP came up with; we are learning from different angles.” **Petauke**

- HCP continued to support trained drama groups, which in turn assisted the DHMT to increase coverage during the *Maternal, Newborn and Child Health Week*. The health messages disseminated through drama performances continue to impact positively on the targeted audiences.

CROSS CUTTING

Ongoing Mentoring and Support

- Ongoing mentoring and support visits have resulted in NHCs revising their action plans to include activities that are sustainable and that involve all community members. They have also strengthened the critical thinking skills of the community members and given them the confidence to carry out future activities effectively.
- The *ongoing support* conducted to Lweo NHC in **Mkushi** resulted in the community applying for the community support fund to construct a Primary Health Care post. The community has already moulded and burnt 18,000 bricks and delivered crushed stones, river sand and building sand to the site.
- As one NHC secretary in **Mkushi** said: *“We thank HCP for conducting this ongoing supportive visit. We learnt of the community support funds through these visits. We have been strengthened and we now feel we can produce wonders with the support you are providing to us.”* Mr.Chanda Mulenga

Environmental and Capacity Needs Assessments

- The environmental and capacity needs assessments have helped communities realize they have ample resources among themselves and can apply these to improve their health and living conditions.
- During the environmental and capacity needs assessment His Royal Highness Chief Mukumbi said;
“It is good that you HCP have come into my chiefdom to orient my subjects on health issues. It is very embarrassing that my subjects in this era still use the bush to relieve themselves and build temporary structures for accommodation. They are unlike the Lundas and Luvaes who build very good permanent residences.”
Chief Mukumbi of the Kaonde people – **Solwezi** District

Capacity building trainings

- As a result of the capacity building trainings, NHC members have been able to build their teams, create linkages and work as a team with other community members (councilors, headmen, chiefs, local NGOs) in addressing their health and social problems.

“This training has been an eye opener for me. I have been a member of the NHC for more than five years but I never fully understood how we should operate. Now I am equipped with skills and I know I will perform better.”
Mr.Nafitali Njamu of Miloso NHC

“I want to thank HCP and the facilitators for sharing this knowledge with me. In my community there are both educated and uneducated people and I didn’t know how to deal with them. Now I have known how to use natural materials and work with everyone.” Ms. Beauty Mabenga- Chairperson Water Affairs NHC

Exchange Visits

- Exchange visits have encouraged communities to plan and implement activities that they have seen their peers succeed in. Visiting communities began adopting ideas and best practices that they had been exposed to by the host communities.

“I have been challenged. We can do great exploits but did not know that until today. This visit has opened my eyes and now it’s time to go and implement.....It now remains to us to emulate what we have seen and learnt from here.” Mr. Mwanza Health Center Committee chairman- Allesandras Clinic, **Luanshya**.
- The female Induna for Chief Mlolo told the health centre leadership at Zemba RHC during the meeting what she had seen when she went for an exchange visit in Bwanunkha where they have a milling machine. She encouraged her subjects to work hard so as to emulate the progress that had been made in the other community.

Quarterly Leadership Meetings

- HCP’s facilitation of leadership meetings is creating an enabling environment for networking and the integration of activities among the different trained groups. This has also resulted in the integration of activities done by CBOs in the Ministry of Health activities like drama with immunization activities. The presence of other partners has opened up opportunities for HCP-trained agents to be linked to sponsors.

Gender Rollout Trainings

- The gender sensitizations in the community are resulting in women taking up leadership positions and men and women working together.
- Due to sensitization by the gender-trained agents and the radio programs on gender, Ms Florence Kampakamwa from Mikata Central NHC in **Mpongwe** district said, *“After gender sensitization meetings in Luankuni community, a woman has for the first time been elected as the NHC Chairperson in the recently held elections.”*

DHMT Partnership Meeting

- The DHMT-HCP partnership review has resulted in enhanced relationships with the districts where DHMTs feel empowered. The MPD Kawambwa district, Mr. Chilolo, said that *HCP has educated our children (NHCs) to be self reliant. Therefore it is up to us to continue with the maintenance dose (supporting logistically and technically).* The district director of health in **Chienge** said that *“the routine partnership meetings which HCP organised taught us to appreciate the spirit of networking. Even in your absence the environmental health department organised the partnership meetings and we used the Simplified Guide to help the NHCs reorganise themselves and told them that they needed to report in the manner they did when HCP was around.”*

Community Action Plan Implementation

- The involvement of communities from the planning through to evaluation stages of the action plans is creating sense of responsibility and ownership in communities.

D) Challenges

PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

- ✘ In **Luanshya** lack of mobile VCT services in certain peri-urban areas has hampered the effectiveness of the health education given out to communities through the trained agents.
- ✘ Some community members, like in **Chadiza**, stay far from the VCT services.
- ✘ In **Chadiza**, some witch doctors and religious movements mislead people that they can heal HIV and AIDS and make clients stop ART.
- ✘ In **Choma**, few communities reported showing of videos at community level because most of them do not have electricity and TV sets..
- ✘ Development and implementation of *One Love. Kwasila!* campaign has been slow due to involvement of numerous partners.
- ✘ Filming of 10-part mini-series on multiple and concurrent partnerships (*Risky Business*) took longer than expected. As a result, the campaign launch had to be pushed back to May. The *One Love. Kwasila!* campaign will now be launched during the *Rhythm of Life: Move to a healthy beat!* music and arts festival and health fair on May 16th.

OTHER HEALTH

- ↻ Community capacity to sustain ongoing community activities beyond HCP support still remains a challenge in some communities. For example, in **Kalabo** district one of the most hard to reach areas reported that some communities in the district still require further capacity building efforts.

CROSS CUTTING

- The rainy season interrupted the ongoing mentoring and support in some districts as some roads were impassable and at times this resulted in rescheduling of some activity.
- Irregular support visits by the supervising health centers to the NHCs.
- The farming period affected most of the community activities during this period as most community members are busy in their fields and are not able to do much community work.
- In some communities, trained NHC members move away, leaving a vacuum of capacity.
- In some districts NHCs/communities are not easily accessing the 10% community grant allocation from the DHMT through the health centre.
- Failure by DHMT staff to support community programs due to their busy schedules.
- In some districts, the trained NHCs/CBOs failed to involve the community in the development of action plans which often led to a non implementation of those action plans.
- A low literacy level in the district continues to be an issue as there no non-governmental organizations to take up the challenge to organize both the adults and youths into literacy programs.
- Low participation of women and girls in both health and social issues inhibits the development of collective efficacy within the community.

- Leadership wrangles in some NHCs have created obstacles to implementation of action plans.
- High poverty levels in the communities tend to make people prioritize food above health information.
- The performances of the drama groups had been restricted to the townships where they were able to walk. They only went out when the stakeholder provided transport for the area where the performances were to take place.
- High attrition rates of community-based agents
- Lack of electricity and video equipment in most centres making it difficult to use video tapes
- Sourcing and supply of IEC materials through the district health office and partners has to be encouraged

E) Modifications

PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

- ✂ In **Chadiza**, monitoring and training of drama groups continued ; these groups were linked to partners like CARE International who engaged the Nsadzu group to perform during TB Day.
- ✂ Due to competing other activities in **Luanshya**, five mentoring and support visits and four exchange visits were carried forward to the third quarter for implementation.

OTHER HEALTH

- ↻ Implementation of the MATF program which was not part of the initial action plan
- ↻ NHCs are now considering the integration of gender into their ongoing community action plans to address some of the gender inequalities seen in their day-to-day activities.
- ↻ Peer leaders (**e.g., Chongwe**) are now developing their Quarterly Community Progress Meetings as a positive lessons learnt from the HCP-supported Quarterly Leadership Review Meetings.

CROSS CUTTING

- Health centers are to be given the opportunity to provide ongoing mentoring and support to NHCs and CBOs to ensure that all communities are attended to due to increasing number of catchment areas.
- In **Mkushi** ongoing support for Copper Mine, Musofu, Masansa and Nkumbi, *capacity building training* for Luanshimba, *exchange visits* for Chikupili and Chalata have been carried forward to the third quarter.
- Involvement of DHMT staff in NHC trainings and ongoing mentoring and support has promoted stronger links between communities and the DHMT, laying a solid foundation for sustainable support from the health centers to the NHCs.

**Materials Produced or Under Production
1 January – 31 March 2009**

Material	Type	Audience	Topics
Community Health Information Cards <ul style="list-style-type: none"> - HIV and AIDS - Integrated Reproductive Health - Child Health - Malaria - Community Concerns 	Flip Charts with Canvas Carrying Bag	NHCs and CBOs	All Health
Drama Toolkit: Act, Educate & Entertain	Manual	Trained Community Drama Groups	All Health
“Bobo” – education film about HIV prevention for children	Cartoon film in 7 Zambian Languages	Children/ youth	HIV and AIDS
Radio and TV spots on Family Planning, Maternal & Child Health	TV, Radio, all Languages	General population in reproductive age	IRH
Men’s Health Kit (includes male circumcision)	Reference Manual and Flipchart	For providers to use to counsel men	Sexual and Integrated RH and MC
Mass media campaign on malaria <ul style="list-style-type: none"> - Indoor residual spraying - Intermittent presumptive treatment - Early treatment seeking - Sleeping under ITNs 	Multi-media	General population	Malaria
HIV and Children	Flip Chart	Health care providers and caregivers of	HIV and AIDS

Material	Type	Audience	Topics
		children living with HIV	
One Love, Kwasila! --Mass media campaign on multiple and concurrent partnerships including <i>Risky Business</i> – a ten part mini-series for television and radio and a <i>Risky Business</i> interactive web site	Multi-media	General population	HIV and AIDS
<i>Action for Health with Sister Evelina</i> -- 26-part radio program in 7 languages plus English. All health, community mobilisation information and techniques with real success stories and experiences from the community.	Radio + discussion guide	NHCs, CBOs	All Health
<i>Reproductive Health & HIV and AIDS Vernacular Glossary</i> – in English plus 7 languages.	Booklet	Providers of health, counsellors and materials designers	Sexual and Integrated RH
<i>Malaria Toolkit</i>	Manual, radio & television spots, posters	Malaria Task Forces, NHCs, CBOs	Malaria: ITN use, IPT, IRS, case management
<i>Gender Facilitation Guide: The Zambian Adaptation of African Transformation</i>	Training Manual	NHCs, CBOs	Gender

ACRONYMS

AB	Abstinence and Be Faithful
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCC	Behavior Change Communication
CBO	Community-based Organization
DATF	District AIDS Task Force
DC	District Commissioner
DDCC	District Development Coordinating Committee
DEBS	District Education Board Secretary
DHMT	District Health Management Team
DPO	District Program Officer
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 Zambia
HEART	Helping Each other Act Responsibly Together
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
ITN	Insecticide-treated Net
JHU	Johns Hopkins University
MATF	District Malaria Task Forces
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MNCHW	Maternal, Newborn & Child Health Week
MOU	Memorandum of Understanding
NATAAZ	National Theatre and Arts Association of Zambia
NGO	Non-Governmental Organization
NHC	Neighbourhood Health Committee
NZP+	Network of Zambian People Living with HIV/AIDS
OVC	Orphans and Vulnerable Children
PEER	Participatory Ethnographic Evaluation and Research
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission (of HIV)
PTL	Provincial Team Leader
RHC	Rural Health Centre
SADC	Southern African Development Community
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
ZCCP	Zambia Centre for Communication Programs
ZIHP	Zambia Integrated Health Programme
ZINGO	Zambia Interfaith Networking Group on HIV/AIDS
ZNBC	Zambia National Broadcasting Corporation