



HEALTH COMMUNICATION
P A R T N E R S H I P
Z A M B I A

Third Quarterly Report-Year 5
April through June 2009

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
BCC	Behavior Change Communication
CBO	Community-based Organization
CHIC	Community Health Information Cards
DATF	District AIDS Task Force
DHMT	District Health Management Team
DPO	District Program Officer
GRZ	Government of the Republic of Zambia
HBC	Home-Based Care
HC	Health Centre
HCP	Health Communication Partnership Zambia
HEART	Helping Each other Act Responsibly Together
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IGA	Income Generating Activity
IR7.1	Intermediate Result 7.1
ITN	Insecticide-treated Net
JHU	Johns Hopkins University
JHUCCP	Johns Hopkins University Center for Communication Programs
MATF	District Malaria Task Forces
MCH	Maternal and Child Health
MCP	Multiple Concurrent Partnerships
MOH	Ministry of Health
NAC	National AIDS Council
NATAAZ	National Theatre and Arts Association of Zambia
NGO	Non-Governmental Organization
NHC	Neighborhood Health Committee
NMCC	National Malaria Control Center
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission (of HIV)
RH	Reproductive Health
RHC	Rural Health Centre
ROL	Rhythm of Life
SFH	Society for Family Health
SO7	Strategic Objective # 7
STD	Sexually Transmitted Disease
TBA	Traditional Birth Attendant
UCI	Universal Child Immunization

UNZA	University of Zambia
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
ZCCP	Zambia Centre for Communication Programs
ZCHC	Zambia Creative HEART Contests
ZDHS	Zambia Demographic and Health Survey
ZNBC	Zambia National Broadcasting Corporation
ZPCT	Zambia Prevention Care and Treatment Partnership

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 optimization 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

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 four strategic approaches:

- ↳ **Strengthen the capacity of communities** to identify, plan and implement activities addressing priority health and social needs
- ↳ **Mobilize local leadership** (religious, traditional, *de facto*) to take action to influence and advocate for positive change in health and social norms
- ↳ **Mobilize and support youth** to make positive life choices and contribute to improved health within their families and communities, and
- ↳ **Coordinate the harmonization of messages** in support of GRZ and USAID Zambia health priorities.

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.

For the sake of this report, HCP interventions have been divided into three categories. The first category looks at activities to do with HIV and AIDS, and these have been grouped under the President's Emergency Plan for AIDS Relief (PEPFAR) for the ease of reporting the indicators under these interventions. The second category focuses on other health interventions. The last category looks at cross cutting activities.

A. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

Under PEPFAR, 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/AIDS issues continued. There was ongoing monitoring of activities by the psychosocial/associate counselors; youths in HEART Life Skills; and uniformed peer leaders, trained by HCP (peer educators for HIV/AIDS and other health issues). HCP continued to play a pivotal role in providing leadership and technical support to various National AIDS Council (NAC) programs including multiple and concurrent sexual partnerships, pediatric AIDS, prevention of sexual transmission, and the male circumcision task force.

Accomplishments, Implications and Challenges

Community/Folk Theatre

- ⌘ The number of community members reached by drama performances reduced during this quarter by 23.1%, from 70,459 to 54,165. It must be noted that the number reached by the drama groups may, to some degree, include some individuals that may have been reached in previous performances. This quarter's number comprised 16,485 men, 19,674 women and 18,006 children, with key HIV and AIDS messages on abstinence, HIV transmission (through multiple and concurrent partnerships) and male circumcision. The reduction was due to most districts not conducting refresher trainings for inactive drama groups which combined with more drama groups becoming inactive. Some of the districts did not conduct refresher trainings because they were preparing to close down the district offices. The few districts that conducted refresher trainings were confident that the drama clubs would continue to receive technical support from HCP partners. 49 out of 138 drama groups, which were trained since 2007, were reported as being active during this quarter in 16 HCP intervention districts. The 49 active drama groups also include seven drama groups that received refresher trainings this quarter.
- ⌘ The number of people reached by drama groups varied according to district. Most districts recorded a reduction while a few registered an increase because of some special occasions that took place in the districts. For instance, in **Mongu** and **Mpulungu**, the number of people reached increased because the drama groups were used to support

national commemorating events like Voluntary Counseling & Testing (VCT) Day and the World Malaria Day. Most drama performances in the districts were performed in strategic places like market places and bus stations. A **Mansa** drama group even took the initiative of performing to road construction workers, the majority of whom were away from their homes for the duration of their contracts.

- ✘ Although some HCP districts offices were making preparations for winding up, there was some assurance that the drama groups would continue with their activities even if HCP closed down. In a number of districts, as in **Kawambwa**, sustainability of the drama groups was evidenced by Kabila Drama Club, which started an agro-based income generating activity which helps in meeting some expenses and keeping the group together. In **Mpika**, drama groups were appreciated by HCP partners and were used for performances in a variety of different ways.
- ✘ As a result of the technical support received through monitoring, training and distribution of drama toolkits, some drama groups are now conducting training of new drama groups.

HEART Life Skills Toolkit and Zambia Creative HEART Contests

- ✘ Trained *HEART Life Skills* youths in 19 HCP districts reached 55,514 (25,138 male and 30,376 female) peers with messages on HIV prevention and stigma reduction. This represents an increase of 28.1% (from 43,329 to 55,514) from the number reached in the last quarter. The increase in the number of youths reached is due to the increase in the number of districts that reported activities in *HEART Life Skills*, from 14 in the last quarter to 19 in this quarter. Most districts also recorded an increase in the number of youths reached for various reasons. Reasons cited for the increase in the numbers reached included refresher courses for the youth peer leaders; inviting youth leaders to quarterly leadership meetings in order to make them feel responsible; the ease in transportation resulting in the coverage of longer distances because of the bicycles donated by HCP to the youth leaders; and taking advantage of special occasions in the districts. Notable occasions that were taken advantage of were in **Kasempa** and **Serenje**. In **Kasempa**, the youth leaders took advantage of the Nsomo Traditional Ceremony and the District Agriculture Show to reach out to youths. During the Nsomo, matrons and patrons of AIDS clubs facilitated the inclusion of their pupils to make presentations on HIV/AIDS. In **Serenje**, a youth variety show was organized by the youth leaders with the support of HCP. At this show, a lot of youth activities were displayed including a competition on assessing the level of knowledge on HIV/AIDS; the importance of VCT; avoiding stigmatization; and the advantages of male circumcision in the prevention of HIV/AIDS. During the same variety show and fair, HCP videos on *Tikambe* and *Our Family Our Choice* were shown. This enhanced the knowledge of youths on voluntary counseling and testing (VCT), family planning and PMTCT.
- ✘ Only **Mufumbwe** district reported to have held the Zambia Creative HEART Contest (ZCHC) during this period. Four zones participated in the contest and a total of 2,714 (1,538 females and 1,176 males) pupils were reached. The holding of this contest helped with revitalizing the inactive National Theater Arts Association of Zambia (NATAAZ) in the district. In **Mansa**, the ZCHC District Advisory Group was formed and the orientation of teachers to coordinate the contest was held. 24 basic schools and some community schools were oriented to take part in this year's ZCHC. It should be noted that the majority of Creative HEART contests will be held during the next quarter.
- ✘ The Johns Hopkins University Center for Communication Programs (JHUCCP) has received funding from the United Kingdom's Department for International Development and the United Nations Population Fund to develop a mass media HIV prevention campaign to promote abstinence and condom use among Zambian youth and to develop a male circumcision magazine for Zambian men. HCP will partner on the campaign under

the HEART program. During this quarter, HCP worked with implementing partners (ZCCP and Africa Directions) to conduct formative research for the campaign, which included an extensive literature review and 12 focus group discussions with Zambian youth. The formative research led to the development of a creative brief in close consultation with a youth advisory group comprised of Zambian youth from across the country. Four radio and TV scripts have been developed and are currently being vetted with stakeholders.

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 48% from **17,833 (5,512 males and 12,321 females)** to **26,387 (12,078 male and 14,309 female)**. The increase in the number of people reached was partly as a result of inviting the counselors to quarterly leadership meetings, reported in 19 districts. The counselors took advantage of the leadership meetings to report their activities. The meetings also facilitated greater frequency of handing in their reporting forms to HCP district offices. Furthermore, as a result of the quarterly leadership meetings, those counselors who were inactive in the previous quarter were revitalized from hearing about the good work of their peers. Transportation was also eased because of the bicycles that some counselors obtained from HCP. This also increased the frequency at which the counselors reported.
- ✘ In some districts, counselors were attached to other organizations and institutions, so that they could continue with their activities even after HCP closed down. Some of the notable organizations were Zambia Prevention Care and Treatment (ZPCT) and Africare in **Mpika**. In **Serenje**, the counselors are now part of the District Health Management Team (DHMT) counseling timetable and are also part of the **Serenje** District Networking Committee.
- ✘ Uniformed services peer-leaders reached a total of **1,871 (891 male and 980 female)** from the previous quarter's **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 increased in this quarter by 34.2%. The rise in the number reached is as a result of big numbers reached in **Choma**, **Serenje** and **Kawambwa**. In **Choma**, the peer leaders in the Prisons Service took advantage of routine parading to reach out to their peers on HIV/AIDS issues.

Male Circumcision and Multiple and Concurrent Partnerships

- ✘ *One Love. Kwasila!*: HCP launched a national multimedia campaign to address multiple and concurrent partnerships (MCP) in partnership with Society for Family Health (SFH) and Zambia Centre for Communication Programmes (ZCCP) under the coordination of the National AIDS Council (NAC) on June 16, 2009. The major challenge in developing and implementing this campaign was the involvement of several implementing partners and donors, which significantly slowed down the pace. However, the successful fruition and high quality of the campaign is a testament to HCP's commitment to working with partners to leverage resources and promote consistent messaging on a complex issue.

The various elements of the campaign have been highly appreciated by all stakeholders, including the Ministry of Health (MOH) and NAC. All media coverage of the campaign in local media has been highly positive. The following elements of the multimedia campaign were completed and launched during the quarter:

- *Club Risky Business*: This 10-part TV miniseries (short form) is the centerpiece of the campaign. The story revolves around three male protagonists who navigate their sexual networks and discover the risks therein. Production of the series was

completed during the quarter and the final product is of very high quality. Numerous media personalities have called *Club Risky Business* the highest quality production to ever have been produced entirely in Zambia. The series started airing on ZNBC (Mondays, Wednesdays and Fridays at 19.45) and MUVI TV (Tuesdays at 21.30 and Saturdays at 19.00) on June 22. One challenge has been poor management of the airing schedule by ZNBC. Episodes rarely air on time, some days they do not air at all, and on one occasion a wrong episode was broadcast. HCP staff has been monitoring the airing and is in constant contact with ZNBC to resolve issues. A formal request has also been made for compensation for lost airtime. Based on anecdotal evidence, the response the series has been receiving is overwhelmingly positive.

- *Animerts*: Production of three animated adverts (animerts) to complement *Club Risky Business* was completed during the quarter. The animerts air alongside the miniseries.
 - *Website*: The campaign website (www.onelovekwasila.org.zm) has gone live. It includes content related to the campaign as well as general advice and blogs about relationships and other men's health issues (including male circumcision) as well as polls and an HIV risk calculator. Additional content is being uploaded on a rolling basis. Eventually the website will carry links to episodes of *Club Risky Business* and the animerts. The site also features relevant materials developed by HCP, such as the *Men's Health Kit*. The website initially experienced some technical difficulties and continues to be slow to upload all the content. The developers are trying to resolve these issues to the extent possible, given poor Internet connections in Zambia.
 - *Talk Shows*: The purpose of the *One Love. Kwasila!* campaign is to provoke thought and national dialogue about the role MCP plays in HIV transmission in Zambia. Towards this end, HCP is working with the national broadcaster (ZNBC), Radio Phoenix and *The Post* newspaper to produce weekly features on the issue of MCP. There is now a weekly segment on the *Mid-Morning Show* on ZNBC where cast and implementing partners discuss the key messages in the week's episode of *Club Risky Business*. The *Mid-Morning Show* is particularly popular with men – the primary target audience for the campaign. There is also a weekly call-in talk show on Radio Phoenix which discusses issues raised by *Club Risky Business*. *The Post* newspaper has also agreed to do a weekly feature on *Club Risky Business* in its weekend edition.
 - *Advocacy*: HCP has been active in advocating for greater emphasis on the issue of MCP with parliamentarians and national assembly staff. The first three episodes of *Club Risky Business* were screened during the Cabinet Committee on HIV's annual retreat. A presentation on the overall *One Love. Kwasila!* campaign was also made. HCP and partners were invited to make a presentation on MCP for national assembly staff to commemorate VCT Day. HCP produced a short newsletter explaining the role of MCP in HIV transmission which was distributed to parliamentarians and national assembly staff.
- ✘ HCP continued to serve as the secretariat for the Male Circumcision Task Force under the Sub-Committee for Prevention of Sexual Transmission of the Prevention Theme Group at NAC. HCP contributed to the development of a national guidance document for male circumcision programs.
 - ✘ The Role Models Workshop for artistes participating in *Rhythm of Life* included a technical presentation on the benefits of male circumcision. This convinced a number of male celebrities to go for the procedure. The most high profile among these artistes was Mozegater. Mozegater has a huge fan following among Zambian youth and used his

performance at *Rhythm of Life* to talk about the benefits of male circumcision as well as his experience with the procedure. Mozegater's circumcision received extensive media coverage and will undoubtedly be an important development in generating demand for the procedure among Zambian men.

Behavior Change Communication/Information Education & Communication Materials

- ✘ *Men's Health Kit*: 1,684 sets of the *Men's Health Kit* have been distributed to date. The Health Promotion Unit at MOH has heaped praise on the *Men's Health Kit* and wants to work with HCP to develop a half day orientation package for health workers to be tacked onto existing MOH trainings. MOH will also distribute remaining copies of the *Men's Health Kit* (close to 8,000) to health posts, district hospitals, tertiary hospitals and general hospitals.
- ✘ 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.

Distance Learning

- ✘ *Living and Loving* is still being aired on most of the community radio stations (FCC in **Solwezi**, Breeze and Maria in **Chadiza**, Liseli in **Mongu**, Explorer in **Petauke**, Radio Mano in **Kasama**, Sky FM in **Monze/Choma** and Radio Christian Voice radio station in **Lusaka**) at no cost at all, altogether reaching over five million listeners. Free repeat airing of *Living and Loving* radio programs by 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 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.

B. OTHER HEALTH

Trained drama groups, psycho-social and associate counselors and youth peer leaders continued to disseminate messages on health issues other than HIV/AIDS. These included messages on child health, maternal health, reproductive health, water and sanitation, and malaria.

Accomplishments, Implications and Challenges

Malaria

- ✘ 31 behaviour change communication (BCC) orientation workshops were planned for health workers and malaria task force members with the following objectives:
 - To help health center staff and malaria task forces to identify negative behaviour patterns that hinder the uptake of malaria interventions
 - To build participants' capacity in planning, implementing and monitoring and evaluating behaviour change communication
 - Orientation of participants in using the malaria behaviour change communication toolkit

- ☞ Community support funding for malaria BCC was planned for 31 districts. The target groups for the community support funds are NHCs, CBOs, women's groups, and malaria task forces. This is in order to mobilize and enhance community participation and involvement in locally initiated and managed malaria BCC activities.
- ☞ 29 districts have been oriented in behaviour change communication for malaria
- ☞ 250 community applications have been approved
- ☞ 133 applications for BCC malaria activity support have been funded out of the 250

Community Theatre

- ☞ The community drama groups disseminated various key messages on health, which included water and sanitation, cholera, child health, malaria, child abuse, wife battering, and road construction.
- ☞ Drama toolkits have been produced, printed in collaboration with RAPIDS, and distributed to all the trained teams across the country.
- ☞ In **Mansa** the drama groups performed during the district *Rhythm of Life* concert promoting the importance of looking at health matters in a holistic way.
- ☞ The trained drama groups are now able to pass on their skills to other drama groups in their communities.
- ☞ Drama continues to be a useful tool in social mobilization and dissemination of health messages.

Distance Learning through Action for Health with Sister Evelina Radio Program

- ☞ The 26-episode reality radio program – *Action for Health with Sister Evelina* – continued to be broadcast on national and community radio stations. Behavior change messages targeting NGOs and CBOs and encouraging community action were aired on local radio stations and ZNBC in English and five local languages (Bemba, Nyanja, Tonga, Kaonde, and Lozi). Re-broadcast of *Sister Evelina's* 26 episodes has also commenced on all the contracted radio stations.
- ☞ *Sister Evelina* guides have been distributed to the listening groups in all the 22 HCP districts. (102 per district)
- ☞ In **Mpika** 19 listening groups received radio listening guides.
- ☞ Radio listening groups were monitored by the HCP district program officers during ongoing mentoring and support to NHCs.
- ☞ Community health radio programs are having positive impact on the community and individuals by building capacities, knowledge and skills gained through the sharing of success stories and relevant experiences. As stated by Tubondo NHC chairperson in Mpumba, **Mpika**:

“We have learnt a lot from Sister Evelina. For example the topic on community banking in Chongwe where an NHC bought a tricycle from community contributions was very inspiring so we as Tubondo NHC have decided to emulate them and we have started making contributions to establish an emergency transport system in our community.”

- ☞ Another testimony comes from Chalabesa NHC Secretary in **Mpika**:

“It is a good program as we share the lessons from Sister Evelina during our NHC meetings and use the lessons learnt to educate the community. The program has also strengthened our relationship with the drama group.”

- ✦ In **Kazungula** district, the program manager for Mosi-o-Tunya Radio has introduced a phone-in program to get feedback from the listeners of Sister Evelina programs.
- ✦ The passing on of the actor playing *Sister Evelina* for the Lozi program caused some delay in completion of programs.
- ✦ Some of the reality segments recorded in Lozi language were of poor quality and had to be re-done which has a cost implication.

Development and Distribution of IEC Materials

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 positive action for health. [Appendix 1]

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.

C. CROSS CUTTING

Accomplishments, Implications and Challenges

District Health Management Teams (DHMT) Capacity Building

HCP works to strengthen and help build the capacity of district and community systems and structures such as community-based organizations, neighborhood health committees, traditional leaders, youth groups and people living with HIV and AIDS as well as the district health management teams. HCP carried out training of district health management teams, and the objectives were that at the end of the training participants should be able to:

- Understand how neighbourhood health committees (NHCs) are formed
 - Understand the roles of NHCs
 - Understand the most important health care issues in Zambia
 - Develop strategies that can be used to solve health problems
 - Understand how to develop resource maps
 - Facilitate identification, prioritization and exploring of health problems
 - Facilitate development of community action plans
 - Facilitate project proposal writing
- 20 HCP districts were trained this quarter as compared to two which were trained last quarter.
 - District health management team (DHMT) capacity building trainings were designed to equip health center and DHMT staff with skills to enable them continue with community mobilization activities even after the end of HCP. The implications of the trainings are that DHMTs through health centers will:
 - Continue with ongoing mentoring and support activities to neighborhood health committees (NHCs)
 - Continue with capacity building trainings for NHCs especially in areas not covered by HCP

- Continue to support implementation of activities as prioritized in community action plans
 - Continue to help communities in resource mobilization
 - Continue to engage communities through NHCs in developing action plans to address priority health needs of the community
 - Continue to engage communities in monitoring and evaluation of activities
- Mostly neighborhood health committee (NHC) representatives attend health center committee meetings. What is required is for health center staff to visit each individual NHC to review progress, successes and challenges being faced by NHCs in implementing activities.
 - Grants to district health management teams have been reduced and consequently the funds accessible by the communities are more limited. This makes it difficult to plan and implement activities agreed on during DHMT partnership review meetings.

Community Support

- A total of 69 community support proposals were approved for funding amounting to **ZMK 923,425,202** during the quarter. Main activities funded included construction of health posts and universal child immunization shelters, income generation for orphans and vulnerable children (OVC) and people living with HIV (PLHIV), water well protection, construction of maternity annexes, procurement of community ambulances, construction of a bridge in **Mansa** to improve access to health services, procurement of insecticide-treated mosquito nets for malaria prevention, and procurement of audio visual equipment mainly for information communication campaigns. The number of communities supported has increased from 29 in the second quarter to a current total of 69. The increase has been mainly due to HCP district program officers understanding of the appraisal process and also hands on guiding of communities as they fill in the project proposal forms. To date **Mpika** is leading with 31 proposals approved and some already funded, followed by **Chongwe** with 19 and **Mansa** with 11. Other districts have managed to support two to seven communities. [Appendix 2]
- Support provided to the communities will go a long way to improve delivery of health services in the years to come.
- Construction of child health outreach shelters will increase coverage of services for children under five.
- Construction of maternity annexes will enhance clean and safe delivery for mothers.
- Income generation activities will enable continued support especially to orphans and vulnerable children and people living with HIV/AIDS (PLHIV).
- Income generation activities also result in nutritional support to malnourished and underweight children.
- Construction of bridges in areas where communities have been failing to cross and access health services will improve health service delivery.

Quarterly Leadership Meetings

HCP districts continued holding quarterly leadership meetings where the various trained cadres shared their experiences, reported on activities and aired their concerns to relevant authorities. The meetings were attended by trained psychosocial and associate counselors, youth peer leaders, uniformed personnel, drama artistes, NHC members, DHMT staff, District AIDS Task Forces, council authorities and other NGOs.

- One youth trained in *HEART Life Skills* in **Mkushi** – Ricky Tongatonga – said “*Apart from encouraging me to report regularly, these meetings create an avenue for sharing experiences and challenges with other community-trained agents like the psychosocial*

counselors and uniformed peer leaders. I copy what is good from them and improve in dealing with the challenges.....”

Ongoing Mentoring and Support

During ongoing mentoring and support visits, HCP district program officers were able to provide feedback on community action plans, monitor radio listening groups, appraise community support proposals and monitor projects.

- In **Chongwe**, for example, two strategies were employed for ongoing mentoring and support: visitation of individual community groups in their respective communities in collaboration with partners that directly work with them such as health centers; and secondly, invitation of NHCs/CBOs to a full day health center meeting where communities shared best practices.

Exchange Visits

Exchange visits are an opportunity for communities to share experiences and learn from each other.

- Exchange visits were held in 12 HCP districts, with interaction within and across districts.
- During exchange visits, experiences were shared between communities on:
 - involvement of traditional leadership in community health programs
 - resource mobilization
 - how to run a nutrition program for children under five
 - Construction of mothers' shelters
 - Income generating activities
- One *exchange visit* was held between eight NHCs of **Mansa** and NHC members of Siyayumbu in **Siavonga**. The NHCs from **Mansa** learned ways of improving nutrition from Siyayumbu NHC. They observed how Siyayumbu has been carrying out goat rearing, record keeping, shop management, and supplementation of baby porridge with produce from the garden. They also shared experiences on formation of safe motherhood groups, use of drama to disseminate information on health, and use of community gardens to support cooking demonstrations and feeding sessions for the under-five children.

Journalist Competition and Training

Since its inception in 2004, HCP has worked closely with community radio stations and other journalist partners. New and emerging health issues as well as some other important, not-so-new issues need more attention from the press to bring them into public view. To this end, HCP solicited applications from print, television and radio journalists (especially including those from community radio stations) from around the country for a special, three-day health and media skills training program. A panel of media experts selected the top 40 participants based on their interest and track record in health reporting as well as samples of work that they submitted. The selected journalists were then invited to the media training workshop, the goals of which were:

- To orient radio, print, and TV journalists to the following selected health issues:
 - Male Circumcision
 - Multiple and Concurrent Sexual Partners
 - Pediatric HIV/AIDS
 - Family Planning
 - Malaria
- To outline some tips and elements of good health reporting, including the use of human interest stories to help explain and highlight key health issues
- Share samples of 'quality reporting' in print, radio, and television to illustrate point 2.

- To announce the competition and the guidelines
- The training was conducted April 20 – 22, 2009 at Chrismar Hotel, using technical health experts as well as radio, television, and print experts for the production expertise.
- For the competition 11 print, five radio and seven television entries were received. These were thoroughly reviewed and judged by an independent panel of expert judges. There were an insufficient number of television entries to make a decision. Hence no prize was awarded in that category. The winners of the radio and print category prizes were announced at the *Rhythm of Life* music festival and awarded by the US Ambassador and the Deputy Minister of Health during the live ZNBC coverage of the event.
- Many of the articles received reflected elements of the training and new information journalists had received. Increasing the ‘noise’ around these key health issues is a very important part of the process of bringing greater attention to them and getting people to talk about them.
- The general standard of media reporting continues to be a challenge. While there are small (but important) improvements in the quality and quantity of health reporting, it still falls far short of what would be ideal for health dialogue and increasing public awareness around key health issues.

Family Planning Campaign

The *Zambia Demographic and Health Survey* (ZDHS) of 2007 showed a large unmet need for family planning (27%) and also an increase in the total fertility rate (TFR) from 5.9 children (ZDHS 2001-02) to 6.2 children (ZDHS 2007). TFR is especially high in the rural areas at 7.5 children (ZDHS 2007). Considering this and several other figures and facts that point to the urgent need to promote modern methods of family planning, especially among rural Zambian women and their partners, the Ministry of Health formed a communication working group to work on a campaign to address this. HCP was appointed as the implementer of the campaign on behalf of the Ministry of Health. The following occurred during this reporting period:

- Stakeholders and partners convened
- Creative strategy developed
- Production houses selected through competitive procurement
- Poster designs as well as television and radio scripts developed, pre-tested and finalized.
- Three TV spots, three radio spots (in English + seven languages) and three posters were produced. ***Everyone’s Choice*** targets married women and focuses on the benefits of family planning. ***Be a Man*** targets married men and focuses on the benefits of family planning and the fact that they should support their wives to go for family planning. ***Are you ready for it?*** targets younger married couples and models how a young woman can approach a provider and her husband to get more information and support for family planning, respectively. The spots are supported by posters, take home materials for clients (to be distributed to health facilities), and “*Ask me about family planning!*” buttons for health providers that display the national family planning logo.
- The spots will start to air in July and will be accompanied by the print and the family planning logo buttons.
- The development of the campaign took some time due to the solicitation of wide stakeholder input. However that process resulted in a good quality product which has wide ‘ownership’. There is also a challenge with having a formal launch for the campaign. The Ministry of Health has been somewhat distracted by other issues of late and it has been challenging for them to focus their energies on any high profile event.

Rhythm of Life Festival

- Using the entertainment-education approach to bring health information and services to Zambians, a day long *Rhythm of Life* celebration was organized to bring free preventive health care information, counseling, testing and referral services on a range of health issues to Zambians in both traditional and entertaining ways such as music, drama, film, dance and art. Live broadcast on national broadcaster (ZNBC) and MUVI TV (private channel) took the program to many others around the country in addition to those in **Lusaka** who had physical access to it. A key element of the strategy for the festival was training the performing artistes ahead of time in the health issues and helping them understand them better so they could use their popular platforms to bring attention to these issues. Thirty-three health partners were involved providing a range of health services and effective referrals to those in need of them.
- Zambia's first ever free music and arts festival and health fair featured Zambia's top artistes and music legend Oliver Mtukudzi from Zimbabwe. The show attracted over 12,000 people (millions more watched the live broadcast), making it one of the biggest events in Zambian history. HCP staff in some of the remotest districts in the country organized satellite festivals around the live broadcast showcasing local talent. The event was hailed as a resounding success and other countries have expressed interest in replicating the format.
- According to Lillian Mphuka, from the Health Promotion Unit at the Ministry of Health, "*I personally felt proud to be a Zambian on Saturday. The feedback received has been overwhelming...making it an annual event would be a very good strategy for informing our Lusaka community and beyond – as seen on national TV broadcast – through music and art of key health issues.*"
- The *Rhythm of Life* theme song and music video are being broadcast on radio and television in Zambia. *Rhythm of Life* was featured on *Studio 53* – a popular pan-African magazine show aired on DSTV across the continent. It will also feature in an upcoming documentary on HIV in Zambia being produced by Bono's *Red* project
- After the event there has been a lot of feedback expressing interest and enthusiasm in making this an annual event. The depreciation of the Zambian kwacha allowed HCP to conduct this festival this year without additional sponsors. If this is to become an annual event there needs to be a clear lead agency that can mobilize resources, people, and ideas to make this happen. It takes a great deal of organizing and cannot be expected to happen again spontaneously.

Campus Talk Point Radio Show

University-going students are often a neglected population in public health programming. Partnering with Evelyn Hone College's *Hone FM* radio station and the University of Zambia's *UNZA Radio*, HCP embarked on a 16-part, 30-minute, weekly, radio program called *Campus Talk Point*. This innovative show was designed to answer common health questions asked by university students. Topics include HIV prevention, male circumcision, multiple and concurrent sexual partnerships, malaria, mental health, depression, stress, family planning/reproductive health, etc. Programs include expert interviews on the topics as well as opinion pieces and vox pops from students on the relevant issues. Students can SMS, email and write in questions (drop boxes are located on UNZA and Evelyn Hone campuses) each week. These questions are answered in the following week's episode. Each episode consists of vox pops and human interest stories from college students related to the topic of the show as well as an expert panel who answer the questions. Listeners who submit questions through 'drop boxes', email, and SMS, are entered into a weekly prize draw. University students helped conceptualize the show and are working on the production as a practical lesson in media and health communication.

- Conducted a design workshop with the radio station producers and students
- Finalized the message outline, presenters, resource persons and testimonials
- Produced and aired eight episodes out of the 16 and they continue to be produced and aired weekly.

Gender

- Gender review and re-planning workshops were held in Eastern, North-Western and Southern provinces. The objectives of the workshops were:
 - To review activities undertaken since the district gender training of trainers' workshops
 - To share new tools to help community trainers perform their work better
 - To plan activities for community roll-out
 - To promote team work among community trainers

During the quarter the workshops were held in seven districts. Participants included 35 males and 28 females.

- Gender facilitation guides were distributed during trainings.
- In **Solwezi** topics discussed during meetings and video shows included social roles, family health, traditional beliefs and practices and gender based violence.
- In **Chadiza**, following the training of community agents on gender issues, men have also begun taking their children to the clinic rather than leaving the responsibility to their wives.
- In **Siavonga** too, there has been an increase in discussions on gender since the training. Men have begun taking their children for under five clinics, to help the relieve pressure of work on women. Men have also started drawing water form the well for their families.

Research

Case Studies Documentation

- Five districts were selected for documentation of case studies – **Chongwe, Kalabo, Mansa, Mufumbwe** and **Siavonga**. The selected cases were drawn from each of the four HCP strategic approaches.
- During the quarter, documentation was carried out in all five districts and report writing began.
- Simultaneously, production of a video of the case studies also began.

End-Line Survey

- Following extensive review by HCP and Johns Hopkins University staff, and GLOW Consultancy, the survey instruments were finalized for the End-Line Survey. Logistical preparations were also made for the fielding of the survey at the start of the next quarter.

Appendix 1: List of IEC Materials Distributed in Quarter Three of Year Five

DESCRIPTION	TYPE	# ISSUED		
		April-09	May-09	June-09
<i>Positive Living Handbook</i>	<i>Book</i>	40	15	19
<i>Zambia Creative HEART Contest guide</i>	<i>Guide</i>	12	15	10
<i>HEART Life Skills Toolkit for youth</i>	<i>Manual</i>	24	30	14
<i>Road to Hope facilitating discussion guide</i>	<i>Guide</i>	25	42	15
<i>Living & Loving radio programme</i>	<i>Guide</i>	15	6	9
<i>Tikambe discussion guide</i>	<i>Guide</i>	25	16	24
<i>Mwana Wanga facilitator's discussion guide</i>	<i>Guide</i>	27	15	8
<i>Our Family Our Choice discussion guide</i>	<i>Guide</i>	54	16	13
<i>Zambia Creative HEART Contest</i>	<i>Leaflets</i>	56	20	17
<i>HIV/AIDS catalogue of materials & order form</i>	<i>Leaflets</i>	52	32	43
<i>RH& HIV/AIDS Vernacular Glossary</i>	<i>Book</i>	85	42	34
<i>Simplified Guide to Participatory Planning & Leadership</i>	<i>Manual</i>	74	25	65
<i>Health Care within the Community</i>	<i>Manual</i>	72	32	64
<i>Simplified Guide Planning & Partnership (old)</i>	<i>Manual</i>	0	0	27
<i>Action for Health with Sister Evelina</i>	<i>Guide</i>	24	26	12
<i>Take Care of Yourself booklet</i>	<i>Guide</i>	12	65	46
<i>Maternal counseling tool</i>	<i>Book</i>	6	2	12
<i>Our Family Our Choice- family planning info for PLHIV</i>	<i>Booklet</i>	485	236	256
<i>Our Family Our Choice- family planning info. new booklet</i>	<i>Booklet</i>	87	210	225
<i>Do you know your family planning choices?</i>	<i>Wall Chart</i>	12	45	36
<i>Malaria Toolkit</i>	<i>Kit</i>	2880	2880	146
<i>Men's Health Kit - Flip Chart</i>	<i>Flipchart</i>	1100	215	75
<i>Men's Health Kit - Reference Manual</i>	<i>Manual</i>	1100	240	260
<i>CHIC Cards</i>	<i>Flipchart</i>	540	260	412
<i>Sister Evelina - Poster</i>	<i>Poster</i>	220	15	18
<i>Zambian Sign Language Poster</i>	<i>Poster</i>	0	0	9800
<i>MCP Newsletter</i>	<i>Newsletter</i>	0	750	65
<i>ROL Newsletter</i>	<i>Newsletter</i>	0	651	420
<i>Family Planning - Poster</i>	<i>Poster</i>	0	25	15
<i>Campus Talk - Poster</i>	<i>Poster</i>	0	500	0
<i>Edukator Board Game</i>	<i>Game</i>	0	0	80
<i>Client Education F/ chart</i>	<i>Flip chart</i>	2	6	5
<i>World Aids Day Toolkit</i>	<i>Guide</i>	0	12	0
<i>Theatre Facilitation Manuals</i>	<i>Manual</i>	4	5	2

DESCRIPTION	TYPE	# ISSUED		
		April-09	May-09	June-09
Condoms	Leaflet	287	125	89
FAQ HIV	Leaflet	298	154	155
FAQ STDs	Leaflet	239	175	188
Boys Growing up	Leaflet	214	129	145
Girls Growing up	Leaflet	225	154	186
Abstinence	Leaflet	245	186	200
Choose Life	Magazine	450	5000	800
VHS/ AUDIO AND DVDs				
Tikambe (English)	VHS	15	12	13
Tikambe (Nyanja)	VHS	5	6	1
Mwana-Wanga (Lozi)	VHS	0	6	3
Mwana-Wanga (Nyanja)	VHS	12	16	0
Mwana-Wwanga (English)	VHS	5	2	1
Mwana-Wanga (Nyanja)	DVD	2	3	4
Mwana-Wanga (English)	DVD	5	4	0
Tikame (English)	DVD	5	12	7
Road to Hope (Tonga)	DVD	6	4	0
Our Family Our Choice (Nyanja)	DVD	7	5	4
Our Family Our Choice (Nyanja)	VHS	0	2	4
Our Family Our Choice (Tonga)	VHS	5	6	0
BOBO (English)	DVD	25	125	12
BOBO (Bemba)	DVD	21	11	9
BOBO (Nyanja)	DVD	32	15	10
BOBO (Tonga)	DVD	13	8	12
BOBO (Lozi)	DVD	5	8	3
BOBO (Kaonde)	DVD	5	0	5
BOBO (Luvale)	DVD	9	4	6

Appendix 2: Community Support Provided by HCP in Quarter Three of Year Five

HCP COMMUNITY SUPPORT YEAR FIVE QUARTER 3					
Date approved	District	Amount	Group	Health area	Type of activity
8/4/2009	1. Chongwe	14,606,000	Kanakantapa	Integrated Repr Health	Construct Health Post
8/4/2009	2. Chongwe	14,606,000	Kanakantapa	Integrated Repr Health	Construct Health Post
8/4/2009	3. Chongwe	14,606,000	Kanakantapa	Integrated Repr Health	Construct Health Post
8/4/2009	4. Chongwe	14,606,000	Kanakantapa	Integrated Repr Health	Construct Health Post
8/4/2009	5. Chongwe	14,606,000	Kanakantapa	Integrated Repr Health	Construct Health Post
8/4/2009	6. Chongwe	20,725,000	Chuulu	HIV/AIDS/OVC	Income generation
2/4/2009	7. Serenje	9,865,000	Mupula	Child health	Construct UCI shelter
2/4/2009	8. Serenje	9,865,000	Chinshimba	Child health	Construct UCI shelter
14/4/2009	9. Senenga	6,640,000	Sianda	Water & Sanitation	Well protection
8/4/2009	10. Mpika	20,720,000	Chawama HBC	Home-Based Care	Income generation
4/5/2009	11. Luangwa	6,590,000	Mwavi NHC	Water and sanitation	Well protection
5/5/2009	12. Mansa	15,271,000	Ifimampelo NHC	Integrated Repr Health	Construct Health Post
5/5/2009	13. Mansa	75,000,000	Ifimampelo NHC	Integrated Repr Health	Bridge construction
5/5/2009	14. Mansa	52,042,200	Nsonga RHC	Integrated Repr Health	Construct maternity wing
5/5/2009	15. Kalabo	33,651,000	HAC TAPO RHC	Integrated Repr Health	Construct mothers' shelter
5/5/2009	16. Kalabo	2,200,000	Sepo HBC	HIV/AIDS/OVC	Income generation
5/5/2009	17. Mpika	17,522,000	Chipundu NHC	Integrated Repr Health	Construct MCH shelter
5/5/2009	18. Mpika	17,522,000	Kabuka NHC	Integrated Repr Health	Construct UCI shelter

HCP COMMUNITY SUPPORT YEAR FIVE QUARTER 3					
Date approved	District	Amount	Group	Health area	Type of activity
5/5/2009	19. Mpika	28,499,000	Lubunga NHC	Integrated Repr Health	Construct maternity annex
5/5/2009	20. Mpika	23,968,051	Mulonga NHC	Integrated Repr Health	Construct maternity wing
5/5/2009	21. Mpika	21,140,051	Kambe NHC	Integrated Repr Health	Construct UCI shelter
6/5/2009	22. Mpika	5,000,000	HBC support	HIV/AIDS/OVC	Income generation
6/5/2009	23. Mpika	21,400,000	Mpika Hosp	Child Health	Nutritional support
6/5/2009	24. Mpika	15,542,000	Kabangama HBC	HIV/AIDS/OVC	Income generation
6/5/2009	25. Mongwe	5,250,000	Natulande youths	HIV/AIDS/OVC	Income generation
6/5/2009	26. Senanga	18,365,000	Lyowelo NHC	Integrated Repr Health	Construct health post
6/5/2009	27. Mpika	3,830,000	Chisengo	HIV/AIDS/OVC	Income generation
7/5/2009	28. Mansa	38,602,000	Katangwe RHC	Integrated Repr Health	Construct maternity annex
25/5/2009	29. Chadiza	8,800,000	Zozwe NHC	Water and Sanitation	Borehole rehabilitation
25/5/2009	30. Petauke	6,505,000	Kazala NHC	Integrated Repr Health	Construct UCI shelter
25/5/2009	31. Mpika	5,472,600	Hopeful charity	HIV/AIDS/OVC	Income generation
25/5/2009	32. Kawambwa	3,962,500	Twikatane	HIV/AIDS/OVC	Income generation
25/5/2009	33. Kawambwa	13,355,000	Kala NHC	Integrated Repr Health	Construct Health Post
25/5/2009	34. Mansa	10,688,000	Mushitu NHC	Integrated Repr Health	Construct Health Post
25/5/2009	35. Mansa	3,937,000	Pintu NHC	Integrated Repr Health	Construct Health Post
25/5/2009	36. Mansa	5,260,000	Mwale NHC	Water and Sanitation	Well protection
25/5/2009	37. Mansa	6,700,000	Lumpa NHC	Child Health	Construct UCI shelter
25/5/2009	38. Choma	14,000,000	Chilalamuke NHC	Integrated Repr Health	Construct Health Post
25/5/2009	39. Choma	11,680,000	Munyama NHC	Integrated Repr Health	Construct Health Post

HCP COMMUNITY SUPPORT YEAR FIVE QUARTER 3					
Date approved	District	Amount	Group	Health area	Type of activity
25/5/2009	40. Choma	19,840,000	Kauba NHC	Integrated Repr Health	Construct health post
25/5/2009	41. Choma	6,970,000	Tulombe NHC	Integrated Repr Health	Construct health post
25/5/2009	42. Choma	2,744,000	Jalila	Integrated Repr Health	Rehabilitate health post
25/5/2009	43. Choma	8,391,000	Simpweze NHC	Integrated Repr Health	Construct health post
25/5/2009	44. Choma	1,600,000	Masonsa NHC	HIV/AIDS/OVC	Income generation
28/6/2009	45. Chadiza	30,345,000	Mthunzi NHC	Water and Sanitation	Drill borehole
1/6/2009	46. Chongwe	12,378,000	Buyuni NHC	Water and Sanitation	Water well construction
1/6/2009	47. Chongwe	8,500,000	Malapodi NHC	Malaria	Procure ITNs
1/6/2009	48. Chongwe	4,720,000	Chishiko RHC	Water and Sanitation	Water well protection
1/6/2009	49. Chongwe	5,300,000	Shikabeta	Malaria	Procure ITNs
1/6/2009	50. Chongwe	21,462,400	Mphango NHC	Child Health	Hammer mill project
1/6/2009	51. Mansa	6,000,000	Kabolelo NHC	Integrated Repr Health	Rehabilitate health post
1/6/2009	52. Mansa	13,400,000	Chibinde NHC	Integrated Repr Health	Construct health post
1/6/2009	53. Mpika	6,300,000	Lufulira NHC	HIV/AIDS	Peer education
1/6/2009	54. Mpika	6,800,000	Kalunga NHC	HIV/AIDS	Procure audio visual equipment
4/6/2009	55. Luangwa	10,500,000	Mphata NHC	Integrated Repr Health	Procure a boat for transport
4/6/2009	56. Mansa	3,430,000	Chibinde	Integrated Repr Health	Procure community ambulances
4/6/2009	57. Mpika	13,720,000	TAZARA TBAs	Integrated Repr Health	Procure community ambulances
4/6/2009	58. Petauke	6,860,000	Chimwele NHC	Integrated Repr Health	Procure community ambulances

HCP COMMUNITY SUPPORT YEAR FIVE QUARTER 3					
Date approved	District	Amount	Group	Health area	Type of activity
4/6/2009	59. Luangwa	13,720,000	Mphuka and Chilukusha B	Integrated Repr Health	Procure community ambulances
9/6/2009	60. Mpika	3,400,000	Chibansa youth friendly	HIV/AIDS	Procure audio visual equipment
9/6/2009	61. Petauke	20,962,000	Manyane Support group	HIV/AIDS	Hammer mill project
9/6/2009	62. Petauke	8,151,000	Mwanza NHC	Integrated Repr Health	Construct maternity annex
9/6/2009	63. Petauke	1,500,000	Mwanjabanthu	Child Health	Growth monitoring
9/6/2009	64. Petauke	12,116,000	Nyimba Mwana	Integrated Repr Health	Construct Health Post
9/6/2009	65. Petauke	8,090,000	Chisenjere	Integrated Repr Health	Construct maternity annex
9/6/2009	66. Mpika	14,460,000	Sekela Yoane	Water and Sanitation	Protection of the spring
9/6/2009	67. Mpika	9,480,000	Chipembele	Integrated Repr Health	Construct Health Post
9/6/2009	68. Mpika	3,900,000	Chambeshi NHC	HIV/AIDS	IGA to support OVCs
9/6/2009	69. Mpika	11,259,000	Makumbi	Integrated Repr Health	Construct Health Post
TOTAL AMOUNT		923,425,202			