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A Report on Engagement of Traditional Leaders in Community Health:
A Synthesis of Orientation Meetings

September 30, 2014

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Cover photo: Traditional Leaders orientation meeting in progress, Dimbwe (Kalomo District)

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-natal care
ARH	Adolescent Reproductive Health
BCC	Behavior Change Communication
CBV	Community Based Volunteer
CSH	Communication Support for Health
DMO	District Medical Officer
FGD	Focus Group Discussion
HCP	Health Communication Partnership
HIV	Human Immunodeficiency Virus
IRS	Indoor Residual Spraying
ITNs	Insecticide Treated Nets
IRS	Indoor Residual Spraying
IYCF	Infant and Young Child Feeding
JHU-CCP	Johns Hopkins Bloomberg School of Public Health – Center for Communication Programs
MCDMCH	Ministry of Child Development Mother and Child Health
MoCA	Ministry of Chiefs' Affairs
MOH	Ministry of Heath
NGO	Non-Governmental Organization
NHC	Neighborhood Health Committee
ODF	Open Defecation Free
RDL	Radio Distance Learning Program
RHC	Rural Health Center
SMAG	Safe Motherhood Action Group
TLs	Traditional Leaders
TSS	Technical Support Supervision
USAID	United States Agency for International Development
V-WASHE	Village Water, Sanitation and Hygiene committees
ZISSP	Zambia Integrated Systems Strengthening Program

I. EXECUTIVE SUMMARY

Traditional leaders (TLs) in Zambia are an untapped resource and a key link needed to bring various stakeholders on the same path to better health. In 2014, the Zambia Integrated Systems Strengthening Program (ZISSP) developed the *Integrated Health Toolkit for Zambian Traditional Leaders* to improve TLs' knowledge of community

In collaboration with the Ministry of Community Development, Mother and Child Health (MCDMCH), ZISSP held orientation meetings with TLs from eight districts to enable TLs to examine the health issues for their communities, to identify solutions and commitments to addresses these health challenges, and to orient TLs on how the toolkit can be used as a resource. Each of the orientation meetings took place over a two-day period, reaching a cumulative total of 720 traditional leaders. The orientation meetings ventured to achieve the following:

1. Create a shared vision of the TL's role in health;
2. Identify health issues, root causes of these issues and solutions to these issues;
3. Gather feedback on their comprehension, relevance, appeal, and clarity of the toolkit content.
4. Secure commitment from all TLs to support health in their communities in collaboration with other partners; and,
5. Develop action plans and identify resources for work in TLs' communities.

The TLs' visions for their communities were similar across Rural Health Centers (RHCs) and districts. Most TLs' visions focused on achieving good health, hygiene, nutrition and sanitation through improved social and health behavior; improved access to education, clean water, and health services; and improved infrastructure for sanitation.

After that exercise, TLs identified major health issues that they faced in their communities. Similar themes about the communities' main health issues arose across all eight districts. These themes covered a wide variety of issues relating to maternal and child health, family planning, HIV and AIDS, malaria, water, sanitation and hygiene, and ARH. TLs identified cross-cutting themes, such as gender, traditional beliefs and low involvement of TLs, which had social implications on health of communities.

Facilitation teams guided TLs to identify key barriers that prevent people in their community from carrying out healthier behaviors associated with the main health issues. Key barriers included harmful traditional beliefs, lack of knowledge about health issues and a lack of understanding by TLs about their roles and responsibilities regarding community health.

TLs identified solutions and areas where they could be more involved in promoting good health and care-seeking behaviors. In general, TLs saw creating and strengthening linkages between TLs and community-based workers, health center staff, teachers, and malaria agents as a critical solution to addressing issues their communities faced. TLs made multiple commitments to carrying out these solutions using the toolkit as a resource.

Traditional leaders also reflected on potential collaborators and partners as they aimed to more actively involve themselves in community health matters. TLs identified community based volunteers (CBVs), health center staff, neighborhood health committees (NHCs), Safe

Motherhood Action Groups (SMAGs), growth monitoring agents, malaria agents, line government ministries, schools, agriculture/vet extension workers, non-governmental organizations (NGOs), and church leaders and TLs as potential partners for collaboration.

TLs used the information from the exploratory exercises and the toolkit to identify actions and resources and develop action plans that will help them work towards the commitments they had made.

Finally, traditional leaders also contributed insight as to how stakeholders can maximize the progress achieved to date. They encouraged ZISSP to capitalize on the current momentum with TLs as well as with CBVs, health center staff, and other partners in community health. Next steps centered on additional trainings for the first and additional cadres of TLs from other areas, increased networking and linkages between TLs and other partners, participation of TLs in health-related community meetings, and technical support supervision (TSS) to TLs and relevant partners.

In conclusion, through the orientation meetings and with the *Integrated Health Toolkit for Zambian Traditional Leaders*, these leaders are ready to work for and with their communities to better the health of all. By tapping into their existing authority and eliciting their interest and full participation, ZISSP opened an avenue for a cross-cutting approach that brings TLs into partnership with health center staff, CBVs, and other stakeholders to address health needs at the community level and work towards a shared vision of better health.

II. INTRODUCTION

ZISSP is a four-and-a-half year project in Zambia led by Abt Associates and funded by the United States Agency for International Development (USAID). The Johns Hopkins Bloomberg School of Public Health – Center for Communication Programs (JHU-CCP), a ZISSP partner, plays a key role in strategic behavior change communication (BCC). ZISSP operates in all ten provinces of Zambia and in 27 districts within those provinces. ZISSP works with the Ministry of Health (MOH) and the MCDMCH with a unique focus on district- and community-level BCC.

One of ZISSP's approaches to working on BCC in communities is to engage with TLs to achieve better health outcomes. In 2014, ZISSP developed the *Integrated Health Toolkit for Zambian Traditional Leaders* to improve TLs' knowledge of community health issues and encourage TLs to be forces of positive change in their communities with respect to these issues. The toolkit aims to help TLs provide more support to their communities in the areas of family planning, maternal and child health, malaria prevention and ARH. In collaboration with MCDMCH, ZISSP subsequently held orientation meetings with TLs from eight districts to achieve the following:

1. Create a shared vision of the TL's role in health;
2. Identify health issues, root causes of these issues and solutions to these issues;
3. Gather feedback on their comprehension, relevance, appeal, and clarity of the toolkit content.
4. Secure commitment from all TLs to support health in their communities in collaboration with other partners; and,
5. Develop action plans and identify resources for work in TLs' communities.

The purpose of this report is to provide a summary of the orientation meetings and to extract insights from meeting results that will inform future strategic program design, planning and implementation. First, the report provides the rationale of engaging TLs in nurturing community health and a gives background information about the toolkit's development. The report then summarizes the methodology and processes of the orientation meetings. Third, the report documents the most salient health issues affecting communities and key barriers to health from the perspective of TLs and highlight solutions and commitments made by TLs to address the health problems in their communities. The report then provides additional considerations that summarize feedback from TLs to provide more context on their perspective and needs. Finally, the report provides recommendations to partners and other groups working with TLs to improve health outcomes using BCC at the community level.

III. TOOLKIT RATIONALE AND BACKGROUND

TLs in Zambia are influential and command much respect in most of the rural communities. They are custodians of culture, gatekeepers, and trusted sources of information, and their influence can be helpful to community members. TL, who can be both male and female community members, gain power through inheritance rather than via communal elections. They are most often consulted on major decisions made in their chiefdoms or villages and, as gatekeepers, are the main avenues for buy-in for any work being done in their community.

ZISSP stakeholders, including the MOH, MCDMCH, Ministry of Chiefs and Traditional Affairs (MoCA), NHCs, and TLs themselves, identified strengthening TLs' knowledge and promotion of health-related issues as crucial to improving health outcomes in the districts targeted by ZISSP. Strengthening TLs enables entities working in health to tap into the existing authority in each community to support healthier behavior and address some of the community mobilization issues faced by CBVs in their effort to improve health and wellbeing in the communities.

To ascertain TLs' needs at the community level, the MCDMCH organized and facilitated focus group discussions (FGDs) for an initial needs assessment, participated in data analysis and documentation of the FGD outcomes, and made recommendations on how to respond to the identified needs for better health information. To respond to these identified needs, stakeholders decided to develop a toolkit that would serve as a health information resource for TLs.

Developed by ZISSP in collaboration with MCDMCH, the *Integrated Health Toolkit for Zambian Traditional Leaders* outlines how TLs can be more involved in improving the health status of their community and provides basic technical information on malaria, family planning, ARH, safe motherhood, and child health. To develop and refine the content, ZISSP and MCDMCH held FGDs with traditional leaders and consultative meetings with various stakeholders such as MOH, MCDMCH, MoCA, the Ministry of Local Government and Housing, and relevant NGOs to explore how to engage TLs as change agents. ZISSP also conducted review meetings with stakeholders to verify recommendations developed from the aforementioned consultative meetings and FGDs.

ZISSP conducted two-day orientation meetings for traditional leaders in Kalomo, Mambwe, Mansa, Lukulu, Masaiti, Mwinilunga, Kalabo and Nyimba districts, places where ZISSP had also implemented other capacity-building activities, such as a radio distance learning (RDL) program for SMAGs and training theater groups for community health mobilization. These eight districts were selected out of the 27 ZISSP districts where BCC activities were implemented. Six of the eight districts satisfied all of the following three criteria for BCC model districts: 1) a former Health Communication Partnership (HCP)[1] district, 2) possesses a community radio station, and 3) has a hard-to-reach population. ZISSP selected Kalabo and

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[1] HCP was a USAID-funded project that preceded ZISSP. JHU-CCP led the HCP project.

Lukulu districts, which did not satisfy the three criteria, on the basis of the existence of strong traditional leadership. Orientation meetings were held at three health centers from each of these districts (Table 1).

Table 1: Orientation Meeting with Health Centers in Selected Districts

Province	District	Health Centers
Southern	Kalomo	Dimbwe, Sipatunyana and Siachitema RHCs
Western	Lukulu	Kamilende, Lishuwa, and Luvuzi RHCs
	Kalabo	Liumena, Mapango, and Nomatindi RHCs
Eastern	Mambwe	Jumbe and Mkopeka RHCs and Masumbe Zonal Health Centre
	Nyimba	Chipembe, Kakumbi, and Hofmeyr Community RHCs
Luapula	Mansa	Ndoba, Senama, and Mibenge RHCs
Copperbelt	Masaiti	Kafulafuta GRZ, and Kashitu and Mutaba RHCs
North-Western	Mwinilunga	Lumwana West, Kanyihampa, and Katuyola RHC

The orientation meetings enabled ZISSP and project stakeholders to orient TLs on the use of the toolkit as a resource to strengthen their capacity to better address the health needs of their communities. As part of orientation, ZISSP gathered feedback from the TLs on the comprehension, relevance, appeal, and clarity of the toolkit.

IV. ORIENTATION MEETINGS: METHODOLOGY AND PROCESS

Prior to each orientation meeting, ZISSP conducted courtesy visits to both TLs and administrative entities, such as the District Medical Officer (DMO), of the selected catchment areas to inform them of the plans for the orientation meeting and secure their buy-in. A courtesy visit to the Chief for the area in which they planned to conduct the orientation helped ensure buy-in and support of the highest TL for that area, which in turn encouraged the invited TL to participate wholeheartedly in the training.

During courtesy visits to senior TLs, Chiefs were generally pleased that the orientation meetings were going to be held in their areas and would provide an opportunity for the TLs under their domain to improve their capacity to support health issues and influence healthy lifestyles among their communities. Chiefs looked forward to their TLs becoming role models and advocates for health issues and having the ability to strategize for health improvement. Some chiefs also anticipated that the training would help strengthen linkages between the health center and the community, and they looked forward to how involvement of the TLs in the training would capitalize on their current work in health issues with their communities. Conversely, while most Chiefs welcomed and appreciated the initiative, one Chief was concerned about the sustainability of the program due to a lack of incentives. Finally, the Chiefs also emphasized that the role of the TLs was not to take over responsibilities of the health groups (e.g., SMAGs, NHCs, etc.) but rather to work with the health center and the CBVs to strengthen linkages.

The orientation meetings took place over a two-day period at each of the 24 selected health centers. Thirty traditional leaders were invited from the catchment areas of each health center. Overall, ZISSP reached 632 male and 88 female traditional leaders for a total of 720 traditional leaders.

A team of 18 facilitators from ZISSP, MCDMCH, MOH, MoCA and Community Support for Health (a USAID-funded project) facilitated sessions. Approximately 18 to 33 TLs attended each meeting. Each orientation meeting ventured to:

1. Create a **shared vision** of traditional leader's role in health;
2. Identify **the challenges with health issues** in TLs' communities;
3. Present **health topics and actions from the toolkit** as they related to health issues in TL's communities;
4. Identify **root causes** for health issues in TL's communities;
5. Identify **solutions** to these health issues and encourage TL to support solutions;
6. Present the **toolkit as a guide** for TL's to implement their and other solutions;
7. Acquire **commitment** from all TLs to support health in their communities;
8. Identify **partnerships** between TLs and other entities in their communities; and,
9. To develop **action plans** and identify resources for work in TLs' communities.

During the orientation meetings, facilitators took participants through various exercises to generate input from TLs about a shared vision for their communities and identify main health issues that were affecting their communities, the root causes of those health issues, and solutions to those health issues. Facilitators also worked with TLs to develop commitments, pinpoint insights on partnerships, and develop action plans that outline how TLs would utilize the knowledge they gained from the orientation meetings.

V. ORIENTATION MEETING RESULTS

a. Developing a shared vision

The facilitation team worked with TLs to identify a vision about how TLs wanted their communities to look like the future. TLs in each meeting worked on developing a shared vision for health in the communities that were served by their respective RHC. They were required to work together to imagine what an ideal future may look like and to draw a shared vision for health in their communities. The following three text boxes give a comprehensive picture of the results of the visioning exercise.

Vision statements by TLs from nine health facility catchment areas in Kalomo, Lukulu and Kalabo Districts

Dimbwe RHC, Kalomo: We will have healthy communities, led by enlightened community leaders who ensure it is free from preventable diseases. We envision communities where expectant mothers deliver at health facilities; families have access to child health services to immunize their children and have access to safe water; and all families use latrines rather than open defecation practices.

Sipatunyana RHC, Kalomo: Plate driers/dish racks to promote hygiene; Ready transport for emergency cases; Disease free community; Good roads for referring maternal cases and outreach activities; More health posts and schools within the community; Improved crop and animal farming; To have healthy communities free from preventable diseases; To have communities in which expectant mothers deliver from health facilities; To have easy access to safe water within reach; To have well-enlightened community leaders in issues of health; To have communities that are free from open defecation practices; To have communities in which children have easy access to child health services, like immunization.

Siachetema RHC, Kalomo: In our diseases-free community, there will be modern houses that have iron sheets, windows that promote good ventilation and natural lighting. We will have plate driers/dish racks to promote good hygiene; good water and sanitation services; improved crop and animal farming; as well as health centers and schools within the community. We will have good roads for easy and prompt referral of maternal cases and outreach activities. There will be health centers and schools within the community as well as improved crop and animal farming.

Kamilende RHC, Lukulu: Good villages with big houses with iron sheets for roofs and every house has a good toilet, a drying rack, a bathing shelter. Women deliver at the hospital.

Lishuwa RHC, Lukulu: The vision is to see a community with good housing with toilet facilities and good drinking water. People stop drinking water from the river together with cattle.

Luvuzi RHC, Lukulu: The community has good housing with good sanitary facilities such as toilets and good sources of drinking water.

Mapungu RHC, Kalabo: The community has good roads linking it to the boma; electrified homes with toilet facilities; and good drinking water. People stop drinking water from the river together with cattle.

Namatindi RHC, Kalabo: Villages have big houses roofed with iron sheets and homes have electricity. Every house has a good toilet, a drying rack, and a bathing shelter. Women deliver at the hospital and every community has a health post.

Liumena RHC, Kalabo: The community has improved road networks, with good vegetable gardens and people producing more food. Houses have good toilets and the community draws water from hand pumps.

Vision statements by TLs from six health facility catchment areas in Mambwe and Nyimba Districts

Jumbe RHC, Mambwe

Men will stop having sex[ual] relations with juveniles in our communities. Early marriages in all the villages will end. There will be improved water and sanitation in all the villages. There will be improved and well-ventilated houses built in all the villages to reduce diseases associated with poor ventilation. Women will have good nutrition in pregnancy and men will start escorting their spouses to health facilities. There will be an improved road network and transport system. All households will have a refuse pit, dish rack, bathroom and toilet leading to attainment of Open Defecation Free (ODF) communities thereby improving village sanitation.

Masuba Zonal Health Centre, Mambwe

All the households in our communities will build houses that provide adequate sitting and sleeping space and adequate lighting and ventilation to prevent diseases associated with poor housing. All households will have access to safe and clean water sources to prevent diarrheal diseases and will have sanitary facilities such as pit latrines, dish racks, and bathrooms including refuse pits. Pregnant women will deliver at the health facilities to avoid complications and reduce maternal deaths. Every community member seeks early medical attention when sick. All parents discourage early marriages, all children complete the vaccination schedule within one-year post delivery, and families ensure that all [children] under-fives attend growth-monitoring sessions at appropriate times.

Mkopeka Community RHC, Nyimba

Every pregnant mother has good nutrition, and there are good and well-ventilated houses in each village. Every household should have a rubbish pit, dish rack, and pit latrine and have access to clean and safe water. Every member of the community should sleep under insecticide treated nets (ITNs). All village headmen should attend and support meetings organized by various CBVs. The community should have good roads and access to transport for easy and quick referrals of pregnant women and any sick person from the community to the health center.

Chipembe RHC, Nyimba

The community has good nutrition for every pregnant mother, and good and well-ventilated houses in each village. Every household has access to clean and safe water, a rubbish pit, dish rack, pit latrine, and access to clean [water]. Every community member sleeps under an ITN. All village headmen attend and support meetings called up by community based health volunteers. The community has good roads and access to transport for easy and quick referrals of pregnant women and any sick person from the community to the health centre.

Kakumbi RHC, Nyimba

The community has improved and well-ventilated houses in all the villages to reduce diseases associated with poor ventilation. There is full acceptance by all of malaria interventions such as Indoor Residual Spraying (IRS). All villages have existing water points that are well-protected in order to reduce diarrheal diseases. All households have a refuse pit, dish rack, bathroom and toilet to facilitate attainment of ODF communities thereby improving village sanitation.

Hofmeyr Community RHC, Nyimba

All villages have improved and well-ventilated houses to reduce diseases associated with poor ventilation. There is full acceptance by all of malaria interventions such as IRS. All 10 zones have suitable outreach health posts constructed with permanent materials. All villages have existing water points well protected to in order to reduce diarrheal diseases. All Headmen create strong linkages with CBVs operating in their villages by formation of Headman Health Advisory Council/Committee. All households have a refuse pit, dish rack, bathroom and toilet to facilitate attainment of ODF communities thereby improving village sanitation.

Vision statements by TLs from nine health facility catchment areas in Mansa, Masaiti and Mwinilunga Districts

Ndoba RHC, Mansa
Ndoba Community has good road infrastructure and all births delivered at health facilities. People in the communities are able to prevent diseases such as malaria; therefore, there are no cases of malaria recorded. The community has rid itself of [the practice of] early marriages.

Senama RHC, Mansa
Senama Community has good water and sanitation and good health infrastructure that support safe motherhood and child health as well as improved education for children in the community.

Mibenge RHC, Mansa
Villages transformed into modern villages in over a period of five years by supporting activities on water and sanitation, safe motherhood and malaria.

Kafulafuta GRZ, Masaiti
The community is well-informed on various health issues. Malaria is story to tell from the past and everyone is living in clean homes, each of which has a well, a toilet, plate rack and a good road network to transport their patients to access good health care services.

Kashitu RHC, Masaiti
[The community] has a clean environment, which is free from diseases. People willingly participate in health promoting activities, and the community has dropped poor customs and practices that do not support good health outcomes. Obedient youths uphold the teachings of elders and good morals passed on from elders in the society.

Mutaba RHC, Masaiti
The community is well-educated and has the capacity to overcome current health issues through observing simple health tips and working together to overcome disease that befalls them often. Children are educated and take up the responsibility of spearheading health developmental projects, such as the construction of well-ventilated housing structures, and good road networks, which enable them to access good medical care easily.

Lumwana West RHC, Mwinilunga
The community has the support of all community leaders to improve road networks that support the delivery of health services. Women and children receive health services from the improved health facility and people work towards the reduction of diseases and deaths.

Kanyihampa RHC, Mwinilunga
All pregnant women deliver at the health facility and have improved water and sanitation. All people have access to health and education facilities with good road networks that support health referrals to the bigger hospitals. All communities in Kanyihampa catchment area have a good standard of living where diseases and deaths are reduced.

Katuyola RHC, Mwinilunga
The community enjoys male involvement in women's health; pregnant women deliver at the health facilities; and [the community has] improved water and sanitation facilities. Children enjoy good nutrition and education supported with good road networks in a conducive environment that reduce diseases and deaths.

In summary, TLs' visions for their communities held many similarities across RHCs and districts. Most TLs' visions focused on having achieved good health, hygiene, nutrition and sanitation through the following changes:

- Improved social and health behavior, such as eradication of early marriage and cross-generational sex, use of ITNs, vaccination for children, good hygiene, better nutrition for all, increased hospital deliveries, and male involvement in maternal and child health;
- Improved access to education, safe and clean water sources, and health services (in particular for pregnant women) through improved road networks; and,
- Improved infrastructure (such as latrines, bathing shelters, refuse pits, iron sheets for roofs, household electricity, and better ventilation) to minimize exposure-preventable diseases.

A group of TLs from Siachitema Kalomo District present their vision following the break-out session.

b. Identifying major health issues

After the visioning exercise, TLs moved on to identify major health issues that they and their communities face. TLs in the eight districts responded with similar themes when asked by the facilitation team about their communities' main health issues. These themes covered a wide variety of issues relating to maternal and child health, family planning, HIV and AIDS, malaria, water, sanitation and hygiene, and ARH.

Safe Motherhood: TLs from Mambwe, Masaiti, and Lumwana West all mentioned the continued practice of home deliveries as one of their main health issues. More specifically:

- In Lumwana West, they felt the use of herbs to assist delivery at home delayed referrals of pregnant women to the hospital.
- In Masaiti, it was noted that traditional birth attendants were still willing to assist with home deliveries, allowing the women no disincentive to deliver at home. Distance, poor road conditions, and families not prepared for the costs involved in transport and supplies also contributed to home deliveries in Masaiti.
- In Mambwe, the main issues around safe motherhood related to the lack of male participation in ante-natal care (ANC) and safe motherhood issues and the inadequate knowledge of nutrition for pregnant women.
- In Kalabo, there was concern that a pregnant woman, especially during her first pregnancy, cannot say that she is pregnant until she has permission to do so by someone from the husband's family.

Child Health: In Kalabo, there is need to counter harmful traditional beliefs that negatively impact child health. Newborn babies are not allowed to suck colostrum because it is regarded as contaminated milk. As a result, the nutritious colostrum is squeezed out before a newborn is allowed to suckle from the mother's breast. Exclusive breastfeeding is not practiced, as many people belief a child cannot survive without drinking water for six months. The use of herbs to stop convulsions when the child has high temperature is also common.

Family Planning: TLs voiced concern that community members were not using modern family planning methods. This was the case in Mambwe and Nyimba. In Lumwana West, leaders stated traditional family planning methods were often used instead of modern methods, including the use of tattoos and the wearing of beads with herbs around the waist.

Malaria: Malaria was mentioned in all districts as one of the most common health problems. In Masaiti, people commonly contracted malaria up to six times a year, with a full week required each time to recover. Other specific issues related to malaria included incorrect ITN use, incorrect malaria treatment, the refusal of IRS, and stagnant pools of water in the community. TLs listed improper use of ITNs in Mambwe, Masaiti, and Lumwana West, with issues ranging from using the nets for fishing and selling the nets to others. Also, not every community member is sleeping under an ITN, as was expressed in Nyimba and Mambwe. People refusing IRS and homes missed by IRS teams were mentioned in Masaiti. In Lumwana, concern was voiced that some people use incorrect treatments such as steam

inhalation, herbs or even enemas instead of visiting a health center for malaria testing and correct treatment.

***HIV and AIDS**:* Issues related to HIV and AIDS were discussed amongst the TLs, with HIV as one of the most serious health issues in Kalomo district as well as in Kamilende, Lishuwa, and Luvuzi RHCs in Lukulu District. In Masaiti, leaders spoke of the increase in the risk of HIV infection in their communities due to a lack of condom use, people engaging in commercial sex work because of poverty, and alcohol abuse by many of the men. They also believed in Masaiti that HIV was on the increase due to their location near the Ndola-Kapiri road, where long-distance drivers often sought out commercial sex workers. They also felt that the belief that a woman should not refuse sex with her husband, even when she knew he had been unfaithful, increased the risk of HIV infection in the community.

***Water, Sanitation and Hygiene**:* Diarrhea and the results of poor sanitation and inadequate clean and safe water were discussed in a number of the districts, including Nyimba, Lukulu, Kalabo, Masaiti, Kalomo, and Mambwe. Leaders in Masaiti noted the number of unprotected wells in their communities as well as the absence of toilets, which meant their communities practiced open defecation while displaying an "I don't care" attitude about the situation. Poor sanitation services were noted in Kalomo, while leaders in Lauvuzi RHC felt that diarrhea and having no toilets or drying racks contributed to ill health. In Lishuwa RHC, TLs specifically noted the incidence of bilharzia from contaminated water.

***ARH**:* TLs listed a number of issues affecting the health of youth in their communities. Mwinilunga leaders confirmed that early marriage continued to be a common practice, which they felt often resulted in maternal complications (and sometimes death) during childbirth. They acknowledged the influence that tradition and cultural beliefs have on parents, which prevent them from discussing sensitive issues like sexual matters with their children. They said that this taboo often resulted in children left alone to discover sexual issues on their own or to learn from their peers. Early marriage was also listed in Kalomo. Lumwana West leaders felt that, along with early marriage, young girls were encouraged to find partners who would then give them money and that this in turn encouraged early marriages. In Mambwe, leaders listed risky behavior of youth and the defilement of young girls as concerns in their community. Leaders in Masaiti spoke of alcohol and drug abuse, abuse of human rights and failure to follow traditional norms by youths, and unwillingness of youths to be corrected or counseled by elders. They felt adolescents were too exposed to alcohol and are drinking carelessly, resulting in them not participating in farming – the main source of income in the community. Early pregnancy was also of great concern, as about ten girls had become pregnant within the same term from the main basic school in Mutaba.

Headman Augustine Mwewa of Dimas Village in Mansa District reported that he decided to dissolve under-age marriages between children aged 14 and 15 years. He said as the headman of the village, he noticed that early marriages became rampant and he needed to send a message that early marriage is a harmful practice.

***Cross Cutting Issues**:*

Gender: Gender issues were mentioned in three districts, including gender-based violence in Kalomo and Masaiti and gender insensitivity in Mambwe. In Masaiti, leaders felt there was an increase in gender-based violence among married couples, which brought about a culture of fear within marriages, rendering open discussions on health and other issues related to couples less possible.

Traditional Beliefs: Leaders felt traditional beliefs often contributed to health issues. In Mansa, leaders specifically stated that cultural beliefs and practices contribute to negative health behaviors. In Masaiti, leaders felt people had stopped believing in the efficacy of some drugs obtained from the health centers and thus either did not visit the health center or did not comply with the prescribed treatment regime. They also stated that parents would consult traditional healers for a sick child before taking the child to the health center, and some parents avoided taking children for vaccinations as they believed that doing so would bring about serious diseases. In Lumwana West, community members tied herbs on the wrist or waist of newborn babies to protect them from chest infections. In Mwinilunga, traditional beliefs and practices was also said to be one of the issues that hinder access to good health, such as the use of traditional medicines to treat diseases instead of conventional medicines. Pregnant women often do not go to the health facility early until the pregnancy is visible to people and would engage using the herbs. In Mwinilunga, an example was given of a TL who urges people to discourage women from seeking traditional remedies, which can put them in danger, instead of going to the clinics.

Involvement of TLs: Discussions also centered on the TLs' own low knowledge of and low involvement with health issues, with poor linkages between themselves and CBVs and low participation in health meetings. This came out in discussions mainly in Kalomo, Mambwe, and Nyimba districts.

c. Determining root causes for health issues

After identifying the major health issues in their communities, TLs worked together to uncover the root causes of the health issues. Facilitation teams guided TLs to identify key barriers that prevented people in their community from carrying out healthier behaviors associated with the main health issues.

Traditional leaders in all eight districts agreed that **traditional beliefs and lack of knowledge** were the key barriers to health, and that lack of knowledge included both their own knowledge and the knowledge of their community members.

Mambwe leaders detailed their own lack of knowledge and awareness as a key barrier, mentioning not **being aware of their roles and responsibilities around health** and, in turn, not supporting their CBVs. Kalomo leaders also acknowledged this as a barrier, and Masaiti leaders talked about their lack of involvement in health matters in terms of having little knowledge themselves and possibly perpetrating poor health seeking behaviors among their community members. Nyimba leaders were also not sure of their roles, did not participate in health meetings, and were left out of planning and implementation of health activities and the selection of CBVs. Leaders in all three RHCs in Lukulu District also spoke of their **lack of involvement in supporting and monitoring health activities** in their communities.

Harmful traditional beliefs, along with lack of knowledge, also served as barriers to health in the community. Headmen in Mambwe and Western Province noted examples of long lasting ITNs being used improperly, babies not given colostrum, men not attending ANC and child health services with their wives, and worries that IRS was actually harmful to health. Leaders in Mwinilunga agreed that there is a common preference for traditional medicines over health center care and attributing sickness, such as malaria, to witchcraft. Nyimba leaders described common misconceptions around pregnancy and childbirth which lead to a late start in ANC visits, such as the baby not allowed colostrum, and keeping babies in the home until after the umbilical cord has fallen off, which often prevents the sixth-day postnatal care visit. **Low literacy** was also blamed in Western Province for contributing to community members not understanding the true causes of diseases in the community.

For one TL, a midwife from his community reported that a woman had just delivered a two-month-premature baby on her way to the clinic. The woman had been alone and had never attended ANC. The mood of the meeting turned into a sombre one as the reality of the workshop deliberations came alive.

Senior Headman T. Siatwiiko Sichilwela exclaimed: *"Our involvement in health issues cannot come at a better time than now. These kinds of unfortunate incidents will never be allowed to be happening in our villages, never again. We shall make sure that we work closely with the various community health volunteers to ensure that both men and women support each other in ensuring a safe pregnancy. Ndausa maningi [I am so grieved]!"*

d. Identifying solutions and making commitments

After identifying the major health issues of their communities and the key barriers to good health, traditional leaders identified solutions and areas where they could be more involved in promoting good health and care-seeking behavior. Most identified areas focused on how TLs could better support the activities of their CBVs and health groups.

In **Mansa**, TLs explored areas where they could offer support as possible solutions to poor health in their communities. They proposed partnering with clinic staff and CBVs to educate community members on harmful cultural beliefs that affected health, using their influence to dispel such beliefs and offer healthier alternatives. They spoke of giving their support to health centers and community-based agents and mentioned their potential role in spearheading health promotion and promotion of the services provided at the health center. TLs also wanted to encourage and support health center staff to conduct monthly outreach visits to zones that are far away from the clinics. Headman Bwalya Chiyeyeye of Mwalipi Village in Mansa District shared that in 2011, he and his wife took advantage of Mansa General Hospital's mobile outreach testing services by volunteering to be tested for HIV at the mobile testing site.

Masaiti leaders also pledged to support CBVs, teachers and health staff; work with malaria agents to provide pertinent health information; provide encouragement to community members cooperating with IRS officers; and work with community-led total sanitation teams to encourage community members to construct pit latrines, wells, washing racks, and hand washing facilities. They agreed to work with SMAGs in their areas to assist them in obtaining reports on the preparedness of expectant couples and to help mobilize communities for health education sessions on safe motherhood issues. As in other districts, leaders felt their involvement in sensitization activities was needed for all health areas, and they agreed to revive Insaka, the local tradition of meeting as a group to discuss important issues. Three main areas were mentioned for Insaka: For youth to meet and talk about issues important to them; for men to discuss male involvement in safe motherhood; and for men and women to discuss family planning. Discussion also centered on enforcing laws that encourage healthy behaviors and to levy fines on those who do not follow them (for example, fines for those who abuse ITNs or who deliver at home). Leaders also agreed to lead by example.

In **Mwinilunga**, leaders were also in agreement on how best to address the health issues of their communities. Many of their proposed solutions centered around their influence in the communities to encourage people to go to the health facility early for malaria treatment, encourage couples to use family planning, encourage facility-based deliveries, discourage use of traditional herbs during labor, and discourage early marriages and teenage pregnancies by motivating girls to continue with school and link them to community role models. Along with their roles in encouraging healthy behaviors and discouraging those that are dangerous or unhealthy, leaders wanted to support their health facility to offer more services and support groups, such as SMAGs to reach out to community members. Youth-friendly services were also mentioned as a solution to the issues around ARH, as well to trying to change social

norms that prevent discussing sexual issues with youth.

Leaders in **Nyimba** District suggested sensitization activities, such as meetings and door-to-door activities, to discuss issues such as malaria prevention and treatment, good nutrition for pregnant women and children under the age of five years, and water and sanitation. TLs also mentioned determining who was working as CBVs and creating stronger links with them, forming TL Health Advisory Councils and/or Village Health Teams, and holding regular program review meetings. Zonal meetings were also suggested to formulate laws and sensitize people on relevant health issues. TLs expressed the need to identify households with pregnant women and children under five years old and to coordinate with V-Washe[2] to follow up on water and sanitation work in the communities.

Western Province leaders agreed with suggestions made in other districts. Namely, these TLs committed to working with CBVs and clinic staff to sensitize community members on various health issues. They also committed to formulate laws to punish community members who do not have pit latrines or are found misusing ITNs. They pledged to review harmful traditional beliefs that hinder access to good health and to encourage their communities to adopt healthy behaviors such as sleeping under ITNs, practicing good environmental hygiene, drinking clean water, and building well-ventilated houses.

Generally, across all orientation meetings, TLs realized that creating and strengthening linkages between TLs and CBVs, health center staff, teachers, and malaria agents is a critical solution to addressing issues faced by their communities. They agreed to use their power as TLs to strengthen their efforts to encourage their community members to adopt and sustain healthier behaviors across the various health concerns using different sensitization activities. TLs also supported instituting punishments for misuse of ITNs and under-age marriages.

> *"This gesture [of the orientation meeting] has happened to us for the first time. As TLs we have always been left out. We now know our roles and responsibilities in the implementation of health activities in the communities. Some of us did not know what these CBVs were doing let alone following up on what NHCs were doing. With this new knowledge we hope to revive NHCs that are not active. We pledge our sincere support to our CBVs and health programming in general."*
>
> *- Induna Vizimungu, Nyimba*

[2] V-Washe is a term that refers to Village Water, Sanitation and Hygiene committees.

e. Partnerships

During the orientation meetings, traditional leaders reflected on which persons in the community could be potential collaborators and partners as part of their aim to more actively involve themselves in community health matters. TLs throughout the districts agreed that they needed to partner – and learn from – various stakeholders in their communities. The idea of establishing health advisory committees was mentioned, as was the idea for health center staff to hold capacity-building meetings with TLs to strengthen their understanding of the causes and prevention of diseases. TLs also spoke of the various CBVs and structures in place and highlighted the need for stronger communication and collaboration between and within relevant groups, such as NHCs, SMAGs, growth monitoring agents, and malaria agents. TLs mentioned partnering opportunities with government line ministries, schools, agriculture/vet extension workers, health center staff, church and traditional leaders, United Nations agencies, and NGOs (such as World Vision).

f. Action planning

Traditional leaders used the information from the exploratory exercises and the toolkit to identify actions and resources that will help them work towards the commitments they had made. These action plans visualize the TL's commitment to support health issues in their communities, as outlined in previous sessions, and as action points presented in the toolkit. Each activity includes a timeframe and person(s) responsible for ensuring completion of each activity as well as resources (and sources) needed to carry out the activity. (See **Annex 1** for detailed information on the action plans of each RHC in each district.)

VI. TOOLKIT FEEDBACK SUMMARY

During sessions, TLs were provided the chance to review a draft of the *Integrated Health Toolkit for Zambian Traditional Leaders*, which will serve as a reference and resource for TLs in the future. Feedback sessions about the toolkit were conducted in Mansa, Masaiti, Mwinilunga, Kalomo and Lukulu, and the results strengthened the toolkit prior to roll out and distribution to other leaders in the country.

The main objective of the feedback sessions was to gather feedback from TLs on comprehension, relevance, and clearness; to ask whether the toolkit captured their attention and interest; and to ask if it would encourage an increased participation in health-related matters in their communities. As part of the orientation, the Headmen/women gathered in FGDs to review the draft toolkit and provide suggestions for improvements. In general, the leaders were pleased to have such a resource and were able to understand the main messages within the toolkit. A large majority (77%) found the toolkit captured their attention, but a few felt English was the best language for presenting the content. Their recommendation was to translate to local language into Zambian languages for better understanding. They did find the information presented to be very relevant, felt it provided specific actions they could take to promote good health, and expressed their ability to relate to how the information was presented.

In terms of visual appeal, TLs voiced the opinion that the pictures in the toolkit depicted urban settings rather than the rural settings in which most of them lived. They suggested changing the illustrations to those more relevant to rural settings and suggested adding captions for clearer understanding of the action the pictures. They also highlighted the need to add more pictures of men to encourage male involvement in health issues. Lastly, they suggested adding more sections to the toolkit to address water and sanitation and HIV and AIDS.

ZISSP revised and finalized the toolkit based on the pre-test results. After feedback was incorporated, the toolkit was printed for distribution to all traditional leaders. The revised toolkit was ready in time for use during the orientation meetings in Kalabo District.

VII. DISCUSSION

TLs play an important role in disseminating health information and motivating people to take positive health actions. As part of the community BCC interventions, TLs will act as change agents to spearhead community sensitizations within their villages, aided by the *Integrated Health Toolkit for Zambian Traditional Leaders* a reference and resource material. By tapping into their authority and influence, TLs will be able to guide their community members to adopt more positive health behaviors.

Historically, TLs in Zambia were not considered for health related trainings and lacked basic health education information needed for them to play a role in influencing good health practices within their communities. The orientation meetings equipped the TLs with ideas on how they can use their influence to promote good health for their community by working with the local health center and community structures to address their health and social needs.

TLs felt they could better support sensitization activities in their communities for safe motherhood, HIV and AIDS, and gender-based violence prevention; encourage male involvement in safe motherhood programs; and support the role of the community's malaria agents while also instituting punitive measures for the misuse of ITNs. They plan to work with church leaders to support interventions directed at families through the churches, to encourage leaders to include dangers of early marriage and teen pregnancy during their teachings, and to further establish punitive measures for parents who agree to the marriage of their under-age children. They also felt church leaders could do more to teach couples about marriage and non-violent communication.

TLs felt it was important to **strengthen linkages with CBVs and partners** working within their communities to address issues varying from early marriage to malaria prevention. The leaders suggested establishing a **database** of all CBVs, community-based organizations and stakeholders working on health issues in their zones so that roles, responsibilities, and specific skills of CBVs can be shared. They also felt that it was their responsibility to **improve coordination** among key stakeholders and the database and platform could help with this coordination. Leaders also agreed that they should hold **meetings to talk directly to youth** to facilitate sharing of knowledge and empower them. They also agree they should **conduct monthly malaria prevention door-to-door sensitization activities** to discuss the benefits of sleeping under ITNs and to talk about good nutrition for pregnant women and children under the age of five years. They planned to hold quarterly progress review meetings with the Village Health Advisory Committee and send a meeting report to the Chief. Other ideas included mobilizing support for the CBVs to encourage their work and reduce attrition; identifying and documenting households that do not have toilets, rubbish pits and dish racks; and coordinating with V-Washe committees to fence unprotected water points.

VIII. CONCLUSIONS

In conclusion, the exercise to orient TLs was a positive experience for the trainers and the trainees. Engagement of chiefs in the selection criteria for TL orientation helped ensure that selection of active members who bought into the program and welcomed the toolkit. The creation and/or strengthening of positive relationships amongst TLs, CBVs (e.g., NHC, SMAGs, etc.), health center staff, and other groups involved in community health can help all parties understand how their respective roles can be mutually beneficial. When TLs are engaged on health issues from inception of a program and they buy into the idea, the chances of program success are very high.

> *"The training could not have come at a better time than this. I will take up my place now. Come next time, you will find a different Mutaba."*
>
> *-Wellington Chewe, Chilolo*

> *"Thanks for bringing us on board with regard to health issues... this should not be the end of our interaction. TLs have always been left out of interactions on health issues. We pledge that, as Indunas and village headpersons, we shall contribute to improve health in our villages through your support."*
>
> *-- Induna Masumbain*

IX. RECOMMENDATIONS AND NEXT STEPS

Throughout orientation meetings, TL's feedback spoke to how stakeholders should and can maximize the progress achieved to date. This feedback is presented below as recommendations and next steps on how to capitalize on the current momentum with TLs as well as with their partners in community health. Future technical support provided to the TLs should help them as much as possible with these next steps.

Traditional Leaders:

- Plan and **conduct technical support supervision to trained groups** to ascertain the levels of implementation on their action plans.
- Undergo **basic leadership skills training**, including effective community mobilization and community planning for health promotional activities, so that they can participate meaningfully during the planning for BCC activities and work to support NHCs to implement the action plans.
- **Participate in the Health Centre Advisory Committee** quarterly review meetings.
- **Revamp the practice of holding Insaka** (a traditional gathering on a round table) to discuss various issues that affect community members, especially those that border on health. Depending on the need, various people would make the call to hold an Insaka. Depending on the topic, some Insaka would segregate by gender.
- Headmen to **encourage and support CBVs** during the implementation of planned activities

Community based volunteers:

- Continue **strengthening the new linkages** created between TLs and the RHC staff as well as the CBVs through review meetings and technical support.

Other partners:

- **Conduct a similar training within the same area for the other TLs** that had not been included in this training so that they understand their responsibility with regards to the health of their community members and be able to participate like their colleagues
- **Promote networking** between TL and other partners working in the community so that the TLs are engaged during planning and implementation of health services through regular monitoring of planned activities.

Health Center Staff:

- **Provide technical support and supervision** to the implementation of TLs' action plans.
- **Source local resources** to expand program to areas not covered through ZISSP support.

Annex 1: ZISSP Post-Orientation Action Plans from Traditional Leaders

1. Kalomo District

Dimbwe

Activity	Resources	Time frame	Responsible person
Debrief Village committee on the workshop outcomes	Workshop notes	By 30th May,2014	Headman
Meeting all the CBV and chat way forward	Workshop notes	By 6th June, 2014	Headman
Organize a meeting for church leaders in the village	Workshop notes	By 20th June,2014	headman
Organize village general meeting	Workshop notes	By 22nd June, 2014	Headman
Planning meeting for Mothers' shelter rehabilitation	Flip chart, Markers	June, 2014	Senior Headman
Organize Quarter T/leaders review meetings	Refreshments	Quarterly	Senior Headman
Organize joint Quarterly review meetings with NHCs	Refreshments	Quarterly	EHT
Enact village by-laws that support health (GBV, male involvement, early marriages, misuse of ITNs)	Stationery Refreshments	August, 2014	Senior Headman & EHT
Monitoring of activities in the community	Fuel Flip charts Marks	Monthly	EHT

Sipatunyana

Activity	Resources	Time frame	Responsible person
Debrief Village committee on the workshop outcomes	Workshop notes	By 27th May,2014	Headman
Meeting all the CBV and chat way forward	Workshop notes	By 3rd June, 2014	Headman
Organize a meeting for church leaders in the village	Workshop notes	By 5th June,2014	headman
Organize village general meeting	Workshop notes	By 17th June, 2014	Headman
Organize Quarter T/leaders review meetings	Refreshments	Quarterly	Senior Headman
Organize joint Quarterly review meetings	Refreshments	Quarterly	EHT
Monitoring of activities in the community	Fuel, Flip charts, Markers	Monthly	EHT

Siachitema Action Plan

Activity	Resources	Time frame	Responsible person
Debrief Village committee on the workshop outcomes	Workshop notes	By 27th May,2014	Headman
Meeting all the CBV and chat way forward	Workshop notes	By 3rd June, 2014	Headman
Organize a meeting for church leaders in the village	Workshop notes	By 5th June,2014	headman
Organize village general meeting	Workshop notes	By 17th June, 2014	Headman
Organize Quarter T/leaders review meetings	Refreshments	Quarterly	Senior Headman
Organize joint Quarterly review meetings	Refreshments	Quarterly	EHT
Monitoring of activities in the community	Fuel Flip charts Marks	Monthly	EHT

2. Mambwe District

Jumbe

Activity	Resources	Responsible person	Time frame
Issue 1:Traditional Leaders not aware of the CBVs operating in their villages and including their roles			
Take inventory of all CBVs operating in their zones	• Pens, Stationary	Headmen	By 30 June 2014
Hold 9 Zonal meetings to discuss CBVs role and linkage with TLs	• Pens, Stationary • Refreshments	Headmen	By 1[t] July 2014
Issue 2: Community Members Refusing to have their houses sprayed			
Hold 12 zonal meeting to sensitize people on IRS and consequences of failure to accept the exercise	• Pens, Refreshments • Stationery	Headmen	By 25 July, 2014
Issue 3: Most of the Household do not have Toilets, Dish Racks, Bathrooms and Refuse Pits			
Hold sensitization meeting in 10 zones	• Pens, Refreshments • Stationery	Headmen	By 25 June, 2014
Commence construction of toilets, dish racks, bathrooms and refuse pits	Construction tools, Picks, Shovels, Building tools	Head of Households Headmen	September 2014 To 30th March, 2015
Issue 4: Most of the water points are not protected			
Identification of all water points, protected and un protected	• Pens • Stationery	Headmen/V-WASHE Chairperson Pump minders	By end of June 2014
Hold 62 water point protection meetings	• pens • stationery	Headmen/V-WASHE Chairperson Pump minders	By 10 July, 2014
Constructing structures to protect water points	• Building sand, Bricks • Cement, Builders	Headmen/ V-WASHE committees	September, 2014 to 30th April, 2015
Issue 5: Poor coordination of Health activities at community level			
Formation of 62 Village Headmen Health Advisory Councils/Committees	• Pens, Stationery • Refreshments	Headmen	1st week June, 2014

Masumba

Activity	Requirements	Responsible person	Time frame
Hold 4 community meetings to promote safe drinking water	Pens, Refreshments, Stationery Meeting agenda, Markers Food, Health workers	Headmen	Jan – Dec 2014
Hold 4 community meetings to promote sanitary houses	Pens, Refreshments Stationery, CBVs, Health workers	Headmen	Jan – Dec 2014
Hold 4 community sensitization meetings encouraging pregnant to be delivering from the health facilities	Pens, Refreshments, Stationery SMAGs, Health workers	Headmen	Jan – Dec 2014
Hold 4 community meetings to promote construction of toilets, dish racks, bathrooms and refuse pits	Pens, Books , Food CLTS champions, Health workers	Headmen	Jan – Dec 2014

Mkopeka

Activity	Resources	Responsible person	Time Frame
Identify and document Community health volunteers serving at village level	Books	Headman	June 2014
Form Village health teams in each village	Agents	Headman/woman, Village secretary	June 2014
Conduct quarterly sensitizations on Malaria	Malaria Health team, IEC Materials, ITNs from RHC	Headman/woman	June 2014 to July 2018
Conduct monthly Malaria prevention Door to door sensitizations on benefits of sleeping under ITNs targeting pregnant women and children <5 years in households	Malaria Health team, IEC Materials ITNs from RHC	Headman	July 2014 to July 2016
Work with Safe Motherhood team (SMAGs and IYCF agents) to identify HH with pregnant women and <5 children	IEC Materials at RHC, People (YICF agents)	Headman	June 2014
Conduct monthly sensitizations on good nutrition in pregnancy and children under the age of five years	IEC Materials from local RHC	Headman	July 2014 to July 2016
Identify and document HH that do not have toilets, rubbish pits, unprotected water sources,	Books, people	Headmen/ Community led total sanitation champions	June 2014
Conduct quarterly sensitizations on water and sanitations	IEC Materials from RHC, Community led total sanitation Champions	Headmen/Community led total sanitation Champions	July 2014 to July 2017
Coordinate with V-Washe to conduct bimonthly follow up to HHs to targeted to construct pit latrines, dish racks and rubbish pits	Poles, grass, and bricks, pick, shovels and spade	Headmen/Community led total sanitation Champions	July 2014 to January 2018
Coordinate with V-Washe to Fence unprotected boreholes	Poles, Community members	Headmen/Community led total sanitation Champions	August 2014 to January 2018
Create linkages with Health Teams	People,	Headman	
Hold Quarterly progress review Meeting with Health team and compile a report for the Chief	Health Teams, activity reports	Headman	September 2014 to January 2018
Submit quarterly progress report on health activities at village level to the Chief	Health Teams, activity reports	Headman and Secretary	September 2014 to January 2018

3. Mansa District

Ndoba

Activity	Resources	Time Frame	Responsible Person
Debrief the chief		1st week June	Chairman of headmen
Meeting (6) with village committees		1st Week June	Headmen
Meeting with 6 CBAs		2nd Week June	Headmen
Meeting with 7 Communities (NHC Zone)		2nd Week June	Headmen
Participate in Community Action Plan Formation at the CBA's planning meeting		1st Week July	Headmen
Headmen (30) to report to Rural Health Centre/Chief		Quarterly	Headmen

Senama

Activity	Resources	Time Frame	Responsible Person
Debrief the chief (No Chief in place yet)			
Meeting with 10 village committees		12th _15th May	Headmen
Meeting with 10 CBAs		17th _20th May	Headmen
Meeting with 10 communities in the NHC Zone		22nd _30th May	Headmen
Participate in Community Action Planning at the CBAs planning meeting		Quarterly	Headmen
10 Headmen to report to Rural Health Centre/Chief		Quarterly	Headmen

Mibenge

Activity	Resources	Time Frame	Responsible Person
Debrief the chief		3rd week May	Chairman of headmen
Meeting 7 Village Committees		3rd week May	Headmen
Meeting 7 CBAs		1st week June	Headmen
Meeting 7 Communities		1st week June	Headmen
Participate in Community Action Planning at the CBA's planning meeting		Quarterly	Headmen
Headmen (30) to report to Rural Health Centre/Chief		Quarterly	Headmen

4. Lukulu District

Kamilende Rural

Activity	Resources Needed	Responsible Persons	Time Frame
Formation of headmen committee	Note book, Pen	Community	
Debrief the Chief	Book, Pen, Human	Community, Headmen	
Meeting with partners (SMAGs, CHAs, Child Minders, NHCs, etc.) in community to discuss working relationship and chat the way forward in health activities.	-Books, Pens -T-shirts -Bicycles - Plans	Community ZISSP Community CBVs	
Hold a meeting to sensitize the general community members on the implementation of heath activities in their villages	Note books, pens	Community	
Monitoring the implementation of health activities by Headmen	Note book, pen	Community	
Conduct a meeting to review progress	Refreshments, Stationary	Community	-
Reporting progress in the implementation of health activities to the area chief	Note book, pens	Community, RHC	Quarterly

Lishuwa

Activity	Resources Needed	Time Frame	Responsible Person
Formation of headmen committee	Note book, Pen	03/06/14	G.Mwiba
Debrief the Chief	Book , Pen , Human	10/06/14	Lowo Makuwa (Senior Induna)
Meeting with partners (SMAGs, CHAs, Child Minders, NHCs, etc.) in community to discuss working relationship and chat the way forward in health activities.	-Books, Pens -T-shirts, Bicycles - Plans	10/06/14	Chairperson
Hold a meeting to sensitize the general community members on the implementation of heath activities in their villages	Note books, Pens		Individual headman
Monitoring the implementation of health activities by Headmen	Note book, Pen	On-going	Individual headman
Conduct a meeting to review progress	Refreshments, Stationary	1st week August 2014	Chairperson
Reporting progress in the implementation of health activities to the area chief	Note book, Pens	Quarterly	Chairperson

Luvuzi

Activity	Resources Needed	Time Frame	Responsible/person
Formation of headmen committee	Note book, Pen	30/05/ 14	Mr. Katota, Senior headman
Debrief the Chiefs	Book, Pen, Human	7/06/14	Mr. Katota, Senior headman
Meeting with partners (SMAGs, CHAs, Child Minders, NHCs, etc.) in community to discuss working relationship and chat the way forward in health activities.	-Books, Pens -T-shirts, Bicycles - Plans	14/06/14	Chairperson
Hold a meeting to sensitize the general community members on the implementation of heath activities in their villages	Note books, Pens	28/06/14 There after Quarterly	Individual headman
Monitoring the implementation of health activities by Headmen	Note book, Pen	28/06/14 there after Quarterly	Individual headman
Conduct a meeting to review progress	Refreshments, Stationary	End of July 2014	Chairperson
Reporting progress in the implementation of health activities to the area Chiefs	Note book, Pens	Quarterly	Chairperson

5. Masaiti

Kafulafuta GRZ Action Plan

Activity to be undertaken	Resources	Responsible person	Time frame
Take inventory of all community Health volunteers in their zone - Work with EHT at the Health center		All individual filolos	By third week of April, 2014
Inform the Senior Chief Mushili about all deliberations & actions agreed upon in the meeting - Senior Chief Mushili's Palace		5 Senior Filolos From Palace	14th April, 2014
Make community laws & agree on penalties to be meted by offenders - Senior Chief Mushili's Palace		All Filolos	1st week of June
Hold planning meeting with all partners for implementation of health activities		All Filolos & Headmen	2nd week of June
Sensitize all community members about outcome of orientation & agreed upon actions		All Filolos & Headmen	3rd week of June
Hold Insaka to discuss various health issues & upholding of good traditional practices		Headmen & their appointed agents	quarterly

Kashitu RHC

Activity to be undertaken	Resources	Time Frame	By whom
Take inventory of all community health volunteers in their zone			All individual filolos
Inform the Senior Chief Mushili about all deliberations & actions agreed upon in the meeting			5 Senior Filolos From Palace
Make community laws & agree on penalties to be meted by offenders			All Filolos
Hold planning meeting with all partners for implementation of health activities			All Filolos & Headmen
Sensitize all community members about outcome of orientation & agreed upon actions			All Filolos & Headmen
Hold Insaka to discuss various health issues & upholding of good traditional practices			Headmen & their appointed agents

Mutaba RHC

Activity to be undertaken	Resources needed	By whom	Time frame
Take inventory of all community health volunteers in their zone		All individual filolos	By third week of April, 2014.
Inform the Senior Chief Mushili about all deliberations & actions agreed upon in the meeting		Senior Filolos From Palace	14th April, 2014
Make community laws & agree on penalties to be meted by offenders		All Filolos	1st week of June
Hold planning meeting with all partners for implementation of Health activities		All Filolos & Headmen	2nd week of June
Sensitize all community members about outcome of orientation & agreed upon actions		All Filolos & Headmen	3rd week of June
Encourage the holding of Insaka in the various villages to discuss various health issues & upholding of good traditional practices		Headmen & their appointed agents	Quarterly

6. Mwinilunga District

Lumwana West RHC

Activity	Resources	Time Frame	Responsible Person
Hold meeting with influential community members/leaders	-	May-July 2014	Headmen
Hold meeting with NHCs to share planned community health activities	Action Plans	June 2014	Headmen
Meeting with the community members	Action Plan	July-August 2014	Headmen
Monitor Health activities	-	Quarterly 2014 From March	Headmen
Reporting to health center staff and the chief on health activities	-	Quarterly 2014 From April	Headmen

Kanyihampa RHC

Activity	Resources	Time Frame	Responsible Person
Debrief the chiefs	-	May 2014	Chairman of headmen
Hold meeting with influential community members/leaders	-	May-June 2014	Headmen
Hold meeting with NHCs to share planned community health activities	Action Plans	June 2014	Headmen
Monitor Health activities	-	Quarterly 2014 From March	Headmen
Reporting to health center staff and the chief	-	Quarterly 2014 From April	Headmen

Katuyola RHC

Activity	Resources	Time Frame	Responsible Person
Hold meeting with influential community members/leaders	-	May-July 2014	Headmen
Hold meeting with NHCs to share planned community health activities	Action Plans	June 2014	Headmen
Meeting with the community members	Action Plan	July-August 2014	Headmen
Monitor Health activities	-	Quarterly 2014 -March, June, Sept, Dec	Headmen
Reporting to health center staff and the chief on health activities	-	Quarterly 2014 -April, July, Oct, Jan 2015	Headmen

7. Nyimba District

Chipembe RHC

Activity	Resources	Responsible person	Time Frame
Identify and document Community health volunteers serving at village level	Books	Headman	June 2014
Support Safe Motherhood Action Groups (SMAGs) and IYCF agents to identify households with pregnant women and under five children	SMAGs IYCF agents	Headman	June 2014
Support identification and documentation of households that do not have toilets, rubbish pits, unprotected water sources,	CTLS champions	Headmen/Community led total sanitation Champions	June 2014
Mobilize communities for quarterly sensitizations on water and sanitations and the need to construct toilets, pit latrines, refuse pits and dish racks.	Malaria agents	Headmen/Community led total sanitation Champions	July 2014 to July 2017
Support V-Washe committees to conduct bimonthly follow up to households to construct pit latrines, dish racks and rubbish pits	V-Washe CTLS Champions	Headmen/Community led total sanitation Champions	July 2014 to January 2018
Support preparation and submission of quarterly progress report on health activities at village level to the Chief & health facility	CBVs NHCs	Headman and Secretary	September 2014 to January 2018

Kakumbi RHC

Activity	Resources	Responsible person	Time frame
Issue 1:Traditional Leaders are not aware of the CBVs operating in their villages and including their roles			
Take an inventory of all CBVs operating in their zones	Pens, Stationary	Headmen	By 30 June 2014
Hold 9 Zonal meetings to discuss CBVs role and linkage with TLs	Pens, Stationary Refreshments	Headmen	By 1^{t} July 2014
Issue 2: Community Members Refusing to have their houses sprayed			
Hold 12 zonal meeting to sensitize people on IRS and consequences of failure to accept the exercise	Pens, stationery Refreshments	Headmen	By 25 July, 2014
Issue 3: Most of the Household do not have Toilets, Dish Racks, Bathrooms and Refuse Pits			
Hold sensitization meeting in 10 zones	Pens, stationery Refreshments	Headmen	By 25 June, 2014
Commence construction of toilets, dish racks, bathrooms and refuse pits	construction tools Picks, Shovels Building tools	Head of Households / Headmen	September 2014 To 30th March, 2015
Issue 4: Most of the water point were not protected			
Identification of all water points, protected and un protected	Pens, stationery	Headmen/ V-WASHE Chairperson Pump minders	By end of June 2014
Hold 62 water point protection meetings	Pens, stationery	Headmen/ V-WASHE Chairperson Pump minders	By 10 July, 2014
Constructing structures to protect water points	Building sand, Bricks, Cement, Builders	Headmen/ V- WASHE committees	September, 2014 To 30th April, 2015
Issue 5: Poor coordination of health activities at community level			
Formation of 62 Village Headmen Health Advisory Councils/Committees	Pens, Stationery Refreshments	Headmen	1st week June, 2014

Hofmeyr RHC

Activity	Resources	Responsible person	Time frame
Issue 1: Lack of laws to compel community members to abide to agreed community actions			
Hold 10 zonal community meetings to formulate laws	Pens, Stationery, Refreshments	Group Headmen	By 15 June, 2015
Issue 2: Community Members Refusing to have their houses sprayed			
Hold 10 zonal meeting to sensitize people on IRS and consequences of failure to accept the exercise	Pens, stationery Refreshments	Headmen	By 25 July, 2014
Issue 3: Most of the Household do not have toilets, dish racks, bathrooms and refuse pits			
Hold sensitization meeting in 10 zones	Pens, stationery Refreshments	Headmen	By 25 June, 2014
Commence construction of toilets, dish racks, bathrooms and refuse pits	construction tools Picks, Shovels, Building tools	Head of Households / Headmen	September 2014 To 30th March, 2015
Issue 4: Most of the water point were not protected			
Identification of all water points, protected and un protected	Pens, stationery	Headmen/ V-WASHE Chairperson Pump minders	By end of June 2014
Hold 62 water point protection meetings	Pens, stationery	Headmen/ V-WASHE Chairperson Pump minders	By 10 July, 2014
Constructing structures to protect water points	Building sand, Bricks, Cement, Builders	Headmen/ V- WASHE committees	September, 2014 To 30th April, 2015
Issue 5: No permanent structures to be used during outreach activities			
Hold a meeting to facilitate identification of 10 construction sites	Stationery Refreshments	Group Headmen/ Works committee	By 24th June, 2014
Mobilize local materials and resources	Human Resource Local Transport	Group Headmen/ Works committee	By 30th September 2014
Construct 10 Health Posts	Human Resource, Building tools	Group Headmen/ Works committee	November, 2014 To 30th June, 2015

Activity	**Resources**	**Responsible person**	**Time frame**
Issue 6: Poor coordination of Health activities at community level			
Formation of 62 Village Headmen Health Advisory Councils/Committees	Pens, Stationery Refreshments	Headmen	1st week June, 2014

8. Kalabo District

Nomatindi RHC

Activity	Resources	Time Frame	Responsible Person
Debrief the chief	Venue, Minute book , Pen	25.07.2014	Chairman of headmen
Hold a stakeholders meeting	Venue , Minute book, pen	30.07.2014	Headmen
Hold a sensitization meeting to share the way forward	CBA's	05.08.2014	Headmen
Implementation and Monitoring of activities	Transport , Note book, Pen CBVs	06.08.2014	Headmen
		6.10.2014	Headmen
Conduct an evaluation meeting	Community, CBA's Minute Book, Field Reports Refreshments	13.10.2014	NHC Chairperson
Participate in Community Action Plan Formation	CBA's, Community members Books, Pens , Refreshments	First Quarter 2015	NHC Chairperson

Mapango RHC

Activity	Resources	Time Frame	Responsible Person
Debrief the chief	Venue, Minute book, Pen	26.07. 2014	Chairman of headmen
Hold a stakeholders meeting	Venue , Minute book, pen	02.08.2014	Headmen
Hold a sensitization meeting to share the way forward	CBA's (CHWs, TBAs, CBDs, TB Supporters, SMAGs, etc.)	09.08.2014	Headmen
Implementation and Monitoring of activities	Transport, Note book, Pen, CBVs	10.08.2014	Headmen
Conduct an evaluation meeting	Community, CBA's, Minute Book, Field Reports, Refreshments	10.10.2014	NHC Chairperson
Participate in Community Action Plan Formation	CBA's, Community, Books, Pens, Lunch	First Quarter 2015	NHC Chairperson

Liumena RHC

Activity	Resources	Time Frame	Responsible Person
Debrief the chiefs	Venue, Minute book, Pen	19.07. 2014	Chairman of headmen
Hold a stakeholders meeting with Community Based Volunteers	Venue, Minute book, pen	26.07.2014	Headmen
Hold a sensitization meeting to share the way forward with Community Members	CBA's (CHWs, TBAs, CBDs, TB Supporters, SMAGs, etc.)	02.08.2014	Headmen
Implementation and Monitoring of activities at household level	Transport, Note book, Pen, CBVs	02.08.2014	Headmen
Conduct an evaluation meeting	Community, CBA's Minute Book, Field Reports Refreshments	03.10.2014	NHC Chairperson
Participate in Community Action Plan Formation All TL	CBA's, Community Books, Pens Refreshments	First Quarter 2015	NHC Chairperson