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**National Malaria Control Centre  
Information, Education and  
Communication/Behaviour Change  
Communication Technical Working Group  
Final Assessment Report**

**November 2014**

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## 1. Introduction

The Communications Support for Health (CSH) project, funded by the United States Agency for International Development (USAID), has been mandated to strengthen the capacity of the National Health Promotion Technical Working Group (TWG). The National Health Promotion TWG is convened by the Ministry of Health (MOH) and the Ministry of Community Development and Maternal and Child Health (MCDMCH); the HIV/AIDS information, education and communication/behaviour change communication (IEC/BCC) TWG is convened by the National HIV/AIDS/STI/TB Council (NAC); and the National Malaria IEC/BCC TWG is convened by the National Malaria Control Centre (NMCC). In 2010, CSH conducted institutional assessments that included a baseline evaluation of the functioning of the IEC/BCC TWGs placed at the MOH,<sup>1</sup> NAC, and NMCC. The baseline evaluation of the TWGs revealed the need for strengthening TWG capacity to contribute to the review and development of evidence-based IEC/BCC tools. As of 2010, the IEC/BCC TWG had not held any formal meetings to review IEC/BCC campaigns and had not reviewed any IEC/BCC campaigns using standard guidelines. Although the MOH, NMCC, and NAC reported having a role in IEC/BCC materials development, none of the health promotion staff had training in formative research or the development of IEC/BCC materials. The coordination of the MOH, NAC, and NMCC TWG meetings also proved to be inconsistent and unformalised. Although the MOH had a national TWG, it did not meet on a regular basis and did not have standard selection criteria for TWG members. The NMCC TWG did not meet regularly, while the NAC developed campaign materials through a Prevention Theme Group and other ad hoc committees that met as needed.

Based on the findings of the baseline evaluation, CSH in collaboration with the Government of the Republic of Zambia (GRZ) reviewed and updated the Terms of Reference (TORs) and selection criteria for members of each TWG. In addition, CSH and GRZ developed guidelines for pre-testing and evaluating communication materials. CSH has also provided capacity-building support to TWG members by providing training to all members in behaviour-centred programming (BCP), which includes materials development, pre-testing and evaluation, and introduction of the CSH-developed gender analysis and strategy. A midline evaluation in 2012 showed a revival of the TWGs. The TWGs had reviewed three non-routine and seven routine campaigns, close to reaching the project target of 12 campaigns. The TWGs had also convened 20 meetings on a quarterly basis, as well as ad hoc meetings to review campaign materials.

To help measure progress towards the project efforts in strengthening the Government line agencies' BCP TWGs, CSH conducted a final assessment with the members of the three TWGs that focused on documenting the key successes and changes made from CSH support to the TWGs, assessing what capacity areas still need to be built and the future plans for each of the TWGs. The assessment was implemented using a focus group discussion with the TWG

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<sup>1</sup> The MCDMCH was formed in Zambia in 2013. The MOH National Health Promotion TWG was merged with those also serving in the MCDMCH in 2013; thus, the baseline assessment reflects that of the National Health Promotion Unit within the MOH in 2010.

members. A semi-structured discussion guide was developed to lead the focus group discussions. This report documents findings from the NMCC BCP TWG capacity assessment.

## **1.1. Objectives of the Assessment**

### **1.1.1. Main Objective**

The main objective of the assessment exercise was to evaluate how the CSH project's support has affected the functioning of the NMCC IEC/BCC TWG since 2012, when the project started supporting the TWGs.

### **1.1.2. Specific Objectives**

Specifically, the assessment sought to

- Assess how well the NMCC IEC/BCC TWG is functioning (e.g., Is the TWG meeting on a regular basis? What is the participation of the different TWG members? Are they fulfilling/achieving the TORs?);
- Assess how useful the TWG materials (e.g., TOR and guidelines for pre-testing and evaluating communication materials) have been in carrying out the work of the TWG;
- Assess the perceived usefulness of the TWG in contributing to the development of IEC/BCC materials;
- Investigate how the IEC/BCC capacity of the individual TWG members changed over the course of CSH's support;
- Determine the plans of the TWG at the end of the CSH project; and
- Find out what needs to be improved to further enhance the capacity of the TWG and its members.

## **2. Methodology**

CSH conducted a focus group discussion with three key members of the NMCC IEC/BCC TWG for the assessment. CSH Research, Monitoring and Evaluation (RME) staff members facilitated the discussion using a facilitator guide developed around the above research objectives. To better ensure objective responses to the questions that were posed to the TWG, the seconded CSH-NMCC BCC adviser was asked not to respond to the questions, but to simply observe the discussion. The RME team analysed the results of the assessment using a notes-based analysis and wrote this report. Upon finalisation of the report, the RME team will also facilitate a presentation of the results to the TWG members, focusing on the effect of CSH support and the next steps for moving forward with the TWG when the CSH project ends.

The assessment was conducted at the Tuskers Hotel in Kabwe Town, Central Province on 31 October 2014, and lasted for approximately 50 minutes.

## **2.1. Key TWG Capacity Assessment Areas**

The findings from the assessment are organised around the key research areas: functioning of the NMCC BCP TWG, usefulness of the CSH-developed materials for the TWG, perceived usefulness of the TWG, perceived changes due to the capacity-building efforts of individual TWG members, future plans of the TWG, and areas for improvement to enhance the capacity of the TWG and its members.

## **3. Findings**

### **3.1. Functioning of the NMCC BCP TWG**

Members of the NMCC IEC/BCC TWG reported that the TWG was structured in a way to minimise bias and to involve partners in decision-making. Though the MOH (Minister of Health and NMCC representatives) comprises the secretariat, the chairperson is selected from partner organisations. The current chairperson is the World Health Organization (WHO) health promotion officer. TWG members are comfortable with WHO as the chair, noting that the chairperson understands processes for materials development and provides effective and enterprising leadership. However, key informants expressed a need for a deputy or vice-chairperson was expressed in light of the frequent necessity to delegate responsibilities to other members during the chairperson's absence.

Membership is large, with approximately 40 organisations. Quarterly meetings are scheduled with consensus of all TWG members, and additional meetings are scheduled as necessary during times the TWG is particularly busy with activities. Scheduling the meetings can, however, be difficult due to the conflicting activities of TWG member organisations. On average, 25 member organisations are in attendance at TWG meetings. One member explained:

*Every member organisation has its own programme and activities, so sometimes we go for a meeting and we say we are supposed to meet at this time and people are not available ... If we have an activity that we had to do and we didn't have a meeting as scheduled, we discuss that business we should have covered in that meeting in the subsequent one.*

TWG members suggested that the scheduling of meetings can be improved by developing a plan in advance that is agreed upon by all member organisations, presumably setting the meeting schedule for the entire year. The plan would minimise conflicts and maximise attendance.

All members participate effectively in general TWG meetings, and for meetings focused on specific activities, such as review of materials, member organisations with training or technical skills in that activity area are selected to participate. Meeting agendas are shared in advance, which helps member organisations determine whether they should attend. One member described some of the activities that the TWG has conducted as follows:

*We have planned, as a TWG, various campaign, various activities, commemorative days. We have reviewed materials; even when it is not scheduled some institutions will come and request that their materials be reviewed so we've done that. We've done some*

*monitoring, and if someone wants a monitoring activity we have done that. And there are times that we avail members; if the active members are not available, we look around the membership and see who is available and who is able to take up what role.*

TWG members believe they have largely fulfilled their TORs. However, routine monitoring of activities and the provision of effective supervision is lacking due to limited human and financial resources. Additional financial resources, in particular, would help the TWG fulfill the TORs. One member explained:

*We would love to be everywhere so that we can see the BCC programming that is happening at the sub-national and the district levels.*

### **3.2. Usefulness of CSH-Developed Materials**

In order to guide and strengthen the functioning of the TWG, CSH developed two guidance documents. These include the TORs for the TWG and guidelines for pre-testing and reviewing IEC/BCC materials and interventions. Members were asked how useful they have found these guidance documents as they carry out the work under the TWG.

Members reported that the TOR booklet is very useful in providing information about the TWG for new members; it has essentially become a guide for new members regarding standardised information about roles and responsibilities. Further, it has become a guide on development of the TORs for new TWGs being established by other organisations at the district level.

The guidance for pre-testing materials is used every time the TWG pre-tests or reviews materials; everything is in one document, with the procedures clearly outlined.

### **3.3. Perceived Usefulness of the TWG**

Over the years, the TWG has grown in membership. The TWG has also become more democratic by electing a new chair every four years—something the TWG is proud of. One member describes the valuable work of the TWG as follows:

*Fighting malaria is a public health concern. No one person or one single ministry can fight it. This is the value the TWG brings: bringing partners together so we have synergy with our resources, financial, everything. The only forum is to have a TWG because it is very specific. We have many, so many TWGs in NMCC. All of these have to learn from the IEC TWG. So you can imagine if we didn't have this structure to support us. The person in Zambia working on malaria is one person. So the TWG has actually beefed up the human resources crisis that we may have.*

From 2012 to date, the TWG has developed a package of materials and now has a team of trained staff. With support from CSH and other partners, the TWG now pre-tests materials, something not previously done. In the past, the TWG was ineffective, as only a few TWG members understood that pre-testing limits member contribution. Now all TWG members know how to pre-test materials and understand the purpose of pre-testing. As a member stated: *Now we have a stronger team.*

As outlined in the guidelines, there is now an organised process for reviewing materials. For example, the process begins with the TWG looking at the picture and then determining whether the picture is related to the message. Specific criteria are now used to review materials, and the TWG provides recommendations according to the guidelines.

The TWG has wide involvement, including commemorative days and campaigns. The MCDMCH, for example, ensures that the TWG is involved in designing campaigns and determining what materials and activities should be included. Increased collaboration and sharing of resources and materials across partners is demonstrated by the TWG's involvement in the STOP Malaria campaign and the wide adoption of these materials by various partners.

Awareness of the TWG, its role, and utility has increased over time. Partners that are not TWG members are now aware that this TWG is mandated to review materials and send materials for review. For example, a community health worker composed a song about malaria and brought it to a local radio station to be aired. Prior to airing the song, the radio station checked with the Ministry of Information and Broadcasting. The copyright person at this ministry is a TWG member, and insisted that the TWG clear the song before it was copyrighted and broadcast.

#### **3.4. Capacity Building of TWG Members**

Another key area of the assessment was to document how the IEC/BCC technical capacity of the TWG members has improved or changed since CSH began providing support in 2012.

The TWG has broadened the partnership base and increased interactions amongst partners. Through these interactions, skills and knowledge are brought together and tapped into, and skills across the TWG are sharpened. This diversity of skills amongst members has made the TWG stronger and contributed to improved execution of duties of individual partner organisations, as they can draw support from TWG members with different technical expertise, as one member explained:

*I have grown in IEC/BCC programming by interacting with other partners. So there is this cross-pollination of skills, ideas, and everything. Even when you think you can do it, people will say, 'No, wait a minute, we can do it better.' That is the value that is there in working with a cross-section of people.*

However, gaps remain. Members believe that the TWG lacks adequate resource mobilisation skills. They also identified a need for extra coaching on monitoring, evaluation, and research. The need for formative research is particularly important given the increased focus on evidence-based programming. TWG members expressed the desire to have all members trained in monitoring and evaluation of BCC and in formative research. Further, and to assist in attracting new TWG members, there is a desire to put in place a continuous process of skill development and capacity strengthening for the TWG.

### 3.5. Plans for the Future of the TWG

The assessment also looked at the plans the TWG has going forward to enhance the functionality of the group, sustain activities, and increase the group's relevance to NMCC and the partner organisations beyond the life of the CSH project. Additionally, areas for improvement for the TWG were assessed.

Respondents first acknowledged that the role of CSH was to collaborate and strengthen the existing TWG. The NMCC is currently coordinating the TWG and will continue to do so. In fact, each NMCC technical intervention area has a TWG.

The TWG will continue to use both the TOR and guidelines for review of materials. CSH assisted the Government in producing materials that will continue to be used, revised, updated, and printed. Beyond what CSH has provided, there are no plans for development of other guidelines, in part due to lack of resources. There are currently no plans for additional trainings, due to budget constraints. However, ongoing orientation or one-on-one training may be provided for new members. Members suggested that a resource mobilisation plan would greatly assist in tapping into other available resources and ensuring that the TWG continues to function:

*What we have done well as a programme is to identify someone in the Ministry of Community Development to spearhead the TWG and ensure that it continues to function, because moving forward the commemorative days will be planned by Community Development, so the NMCC is mentoring someone in Community Development who can continue the coordination of the TWG.*

TWG members noted that there is a set of recommended, standardised malaria indicators for a number of countries. They requested that the list of these indicators be shared with the TWG for use in developing a monitoring and evaluation plan for malaria communications. Members noted the importance of being able to report on the same indicators, linked to the overall strategic plan. Having a core set of IEC/BCC indicators would be helpful.

The revision or development of new guidelines will depend on need in consideration of changes in clinical and programmatic recommendations for malaria (e.g., treatment regimens) and any future integration or collaboration with other programmes, such as immunisation, or interventions targeting HIV. As one member noted, there is a need for synergies with other TWGs such as the HIV TWG: *I would love to see this effective collaboration with other technical working groups.*

There are also new approaches that require new materials. For example, mass drug administration is being implemented in Southern Province, in an effort to eliminate malaria by clearing the parasite from the human system. Zambia is also shifting to continuous distribution of insecticide-treated nets, which may include distribution through schools and prisons. Materials will have to be tailored towards these target audiences. The TWG will need to continue adjusting to developments as needed.



There is also ongoing discussion about strengthening and coordinating with the new provincial and district-level TWGs, including encouraging a budget line dedicated to supporting TWGs at all levels. While the national TWG can provide materials, it is the district TWGs that need to move the information down to the centers and then the communities. In order to continue moving the agenda forward with the implementers at the local level, TWG members note that it is essential for the national level TWG to find a way to coordinate with the provincial and district TWGs.

#### **4. Key Successes and Challenges**

The assessment identified the following key successes:

1. Since 2012, the TWG has held regular quarterly meetings attended by an average of 25 partner organisations.
2. The TOR was very useful, particularly when explaining the roles of the TWG and its members to new members.
3. The guidance on materials review developed by CSH is being used to systematically review materials according to specific criteria, pre-test materials, and provide recommendations.
4. The broad TWG partnership base and diversity of skills have strengthened skills and fostered partnership across TWG member organisations.
5. Nationally, since 2012, awareness of the TWG, its role, and utility has increased.

The assessment identifies the following key challenges and constraints:

1. The TWG is currently weak in monitoring, evaluation, and research skills.
2. Additional coordination with and strengthening of provincial and district TWGs is needed.
3. Additional resources are needed to ensure continued and effective functioning of the TWG, but resource mobilisation skills are lacking amongst TWG members.

#### **5. Conclusion**

Overall, the functioning of the TWG has improved since 2012. The assessment shows that the support provided by CSH has improved the processes used by the TWG to review, pre-test, and provide recommendations on materials. Additionally, CSH support has strengthened partnerships amongst TWG members, resulting in stronger skills and increased capacity to provide input on the development of IEC/BCC materials. TWG members requested that the recommended malaria BCC indicators be shared in order for Zambia to ensure standardised reporting on malaria BCC. The assessment showed that gaps remain in TWG technical capacity, primarily in monitoring and evaluation and formative research. The TWG is committed to filling these gaps through recruitment of new members and collaboration with the research TWG, but has also requested

ongoing capacity strengthening. Lack of adequate resources and a resource mobilisation plan were the primary challenges identified.

## Annex 1: NMCC BCP TWG Capacity Assessment Programme Agenda

Date: 31 October 2014

Venue: Tuskers Hotel, Kabwe Town, Central Province

| Time        | Activity   | Facilitator          |
|-------------|--|----------------------|
| 14:00–14:05 | Introductions/Welcome Remarks                    |                      |
| 14:05–14:10 | Introduction to NMCC BCP TWG Capacity Assessment | Mr. Collins Muntanga |
| 14:20–14:45 | Functioning of the NMCC BCP TWG                  | Mr. Collins Muntanga |
| 14:45–15:10 | Usefulness of CSH-Developed Materials            | Mr. Collins Muntanga |
| 15:10–15:25 | Perceived Usefulness of the TWG                  | Mr. Collins Muntanga |
| 15:25–15:35 | Capacity Building of TWG Members                 | Mr. Collins Muntanga |
| 15:35–15:40 | Plans for the Future of the TWG                  | Mr. Collins Muntanga |
| 15:40–15:45 | Areas for Improvement                            | Mr. Collins Muntanga |
| 15:55–16:00 | Closing Remarks<br>Way Forward                   | Mr. Collins Muntanga |

## Annex 2: Participants in the Capacity Assessment

| # | Name             | Designation  |
|---|------------------|--|
| 1 | Pauline Wamulume | IEC Officer, MOH/NMCC                                      |
| 2 | Theresa Lusanbo  | Monitoring and Evaluation Officer, Zambia Anglican Council |
| 3 | Kapasa Sikazwe   | BCC Adviser, CSH/NMCC                                      |

### Capacity Assessment Facilitator

| # | Name             | Designation                       |
|---|------------------|-----------------------------------|
| 1 | Collins Muntanga | Monitoring and Evaluation Adviser |