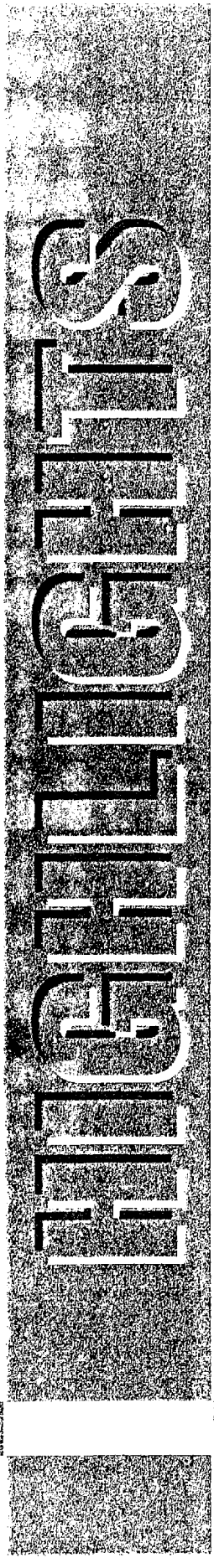
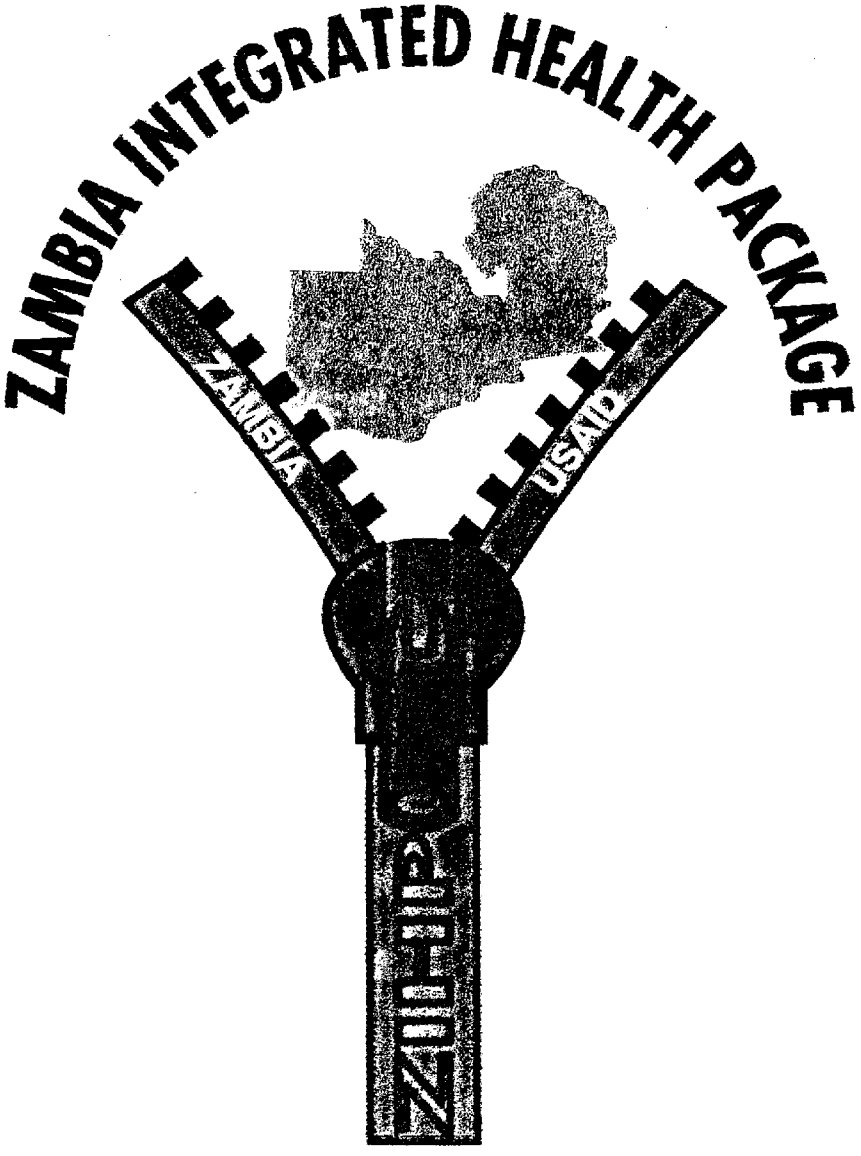
⑤ ZAMBIA INTEGRATED HEALTH PACKAGE

USAID/ZAMBIA





HIGHLIGHTS OF PHN ACTIVITIES

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Improved Integration and Coordination of USAID Support

1

ZAMBIA HEALTH REFORMS CREATE EXTRAORDINARY ENABLING ENVIRONMENT TO ACHIEVE PHN RESULTS

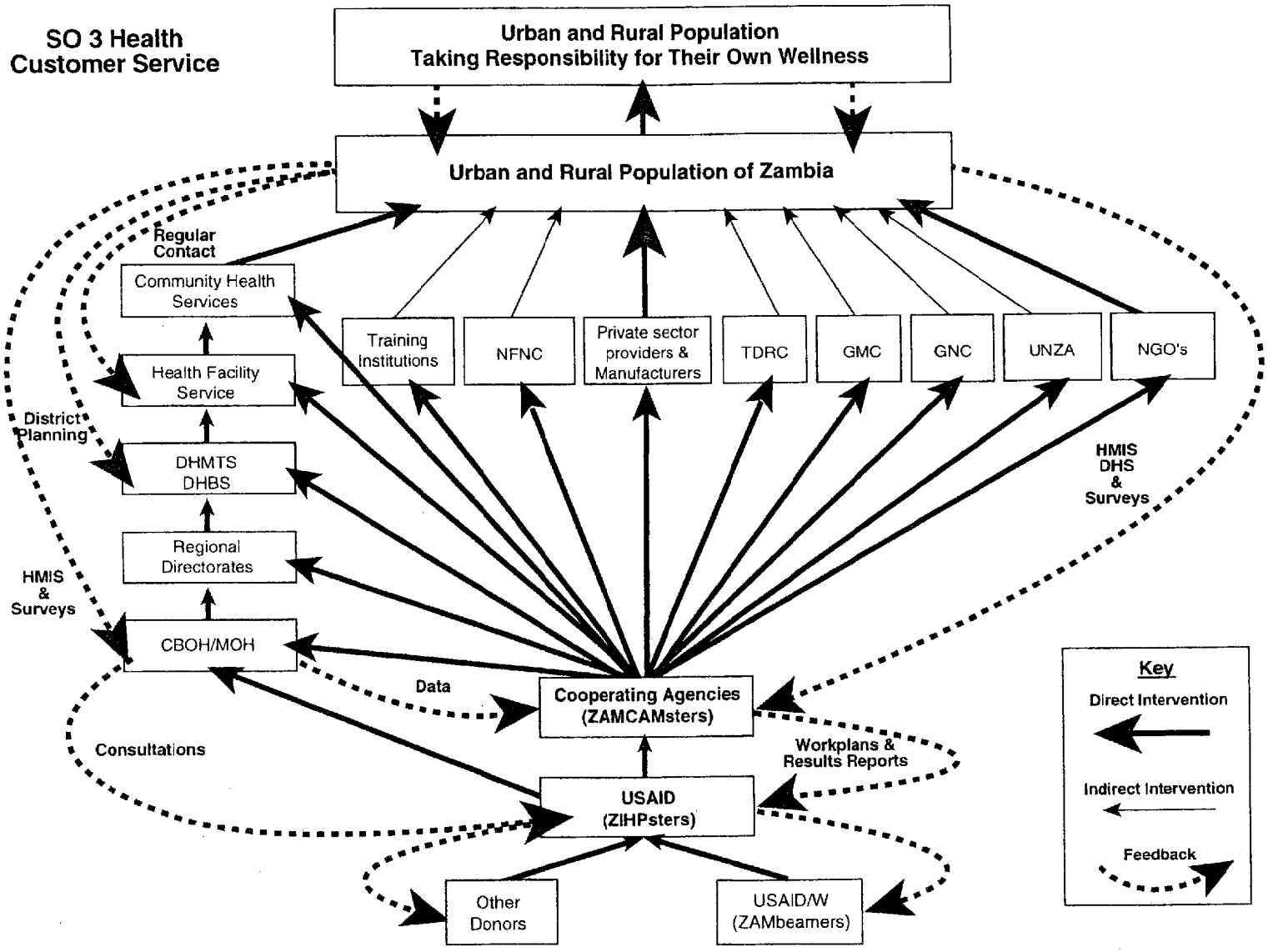
Following the democratic transition in 1991, the Government of Zambia embarked on a radical health reform process that is dedicated to providing Zambians with equity of access to cost-effective quality health care as close to the family as possible. The health reforms were sparked by an extreme deterioration of health services and the resultant worsening of health status. The major components of this reform are:

1) **Decentralization** through the creation of autonomous district and hospital management boards and strengthening of local planning, budgeting and managing capacity;
2) Improving **financial and performance accountability**, through introducing better procedures, standards for reporting, and improved control systems;
3) **Re-direction of funding** from centrally-managed projects towards funding for activities defined by communities and districts, and from the higher to the more cost-effective lower levels of the referral system;
4) **Defining essential packages of services and interventions and redefinition of roles** for the various levels of the health service;
5) Introduction of fees to **share costs** and to **influence health seeking behaviors to the appropriate referral level;**
6) Improving the **technical competence** of staff through training, better supervision and provision of standards and guidelines;
7) Increasing **community involvement and ownership** through establishment of neighborhood health committees:
8) Opening up the sector to **wider private sector** participation;
9) Radical **streamlining of the central bureaucracies** and the creation of the Central Board of Health **to promote integration of health services;** and
10) Unparalleled **donor coordination** in support of the Zambian Health Sector Investment Program (SIP) and the common "basketing" of donor funds to support District Action Plans, are seen as models for Africa by the World Bank, WHO, and many bilateral donors.

Dr. Halfdan Mahler, the former Director General of WHO, who led an external evaluation of Zambia's Health Reform effort in September of 1996, called it *"The most radical effort I have seen in my 47 years of international health practice."*

Dr. William Foege, the former Director of CDC, described Zambia *"as unusual an environment as I have seen in Africa... There are not many opportunities to support health work in Africa where a government has the right philosophy, where the government workers have genuine enthusiasm, where there is a feeling that participants are pursuing a noble vision...It is not clear that Zambia will be successful in implementing health reforms. However, the implications are so significant and hopeful that this is a process worthy of major USAID assistance. The USG has an opportunity to invest in a program that has the potential of being a showcase for African countries."*

2


SO 3 Health
Customer Service
Urban and Rural Population
Taking Responsibility for Their Own Wellness
Urban and Rural Population of Zambia
Regular
Contact
Community Health
Services
Health Facility
Service
District
Planning
DHMTS
DHBS
Regional
Directorates
HMIS
&
Surveys
CBOH/MOH
Training
Institutions
NFNC
Private sector
providers &
Manufacturers
TDRC
GMC
GNC
UNZA
NGO's
HMIS
DHS
&
Surveys
Data
Cooperating Agencies
(ZAMCAMsters)
Consultations
Workplans &
Results Reports
USAID
(ZIHPsters)
Other
Donors
USAID/W
(ZAMbeamers)
Key
Direct Intervention
Indirect Intervention
Feedback

RESULTS FRAMEWORK AND THE ZAMBIA INTEGRATED HEALTH PACKAGE (ZIHP)

Achievement of the strategic objective ***"Increased use of integrated, reproductive health and HIV/AIDS interventions"***, in partnership with the Government of Zambia, other donors and cooperating partners, will lead to the Goal of ***"Sustainable improvements in the health status of Zambians."*** Contributing to the strategic objective are five Intermediate Results **(I.R.)** which focus on increasing demand, increasing access, and improving the quality of services.

I. R # 1: Increased demand for PHN interventions among target groups.

Effective communication is the cornerstone of demand creation. Achieving I.R.#1 means motivating and empowering individuals to take greater responsibility for their personal health. This will be achieved by improving the knowledge, attitudes, and skills of target groups through a variety of channels, such as group and interpersonal communication, mass media, traditional media, and community mobilization. To enhance the health communications capacity within Zambian institutions, including the Districts and the Central Board of Health (CBOH), a variety of technical assistance will be provided.

I. R # 2: Increased delivery of PHN interventions at the community level.

Typically, health centers have identified the needs of the community and implemented interventions without any input from the communities they are supposed to serve. This one-way approach has often resulted in inaccurate needs assessments, and inappropriate interventions which do not appeal to the community. This situation is expected to change as decentralization and participatory health care delivery are the hallmarks of the health reform process. ZIHP will help health centers form active partnerships with the communities they serve to identify problems and solutions. The formation of the Neighborhood Health Committees is already under way. ZIHP will also focus attention on developing linkages between non-governmental organizations (NGOs) and Health Districts in high-risk areas.

I. R . # 3: Increased delivery of PHN Interventions by the private sector.

The GRZ recognizes that it does not have adequate resources to address the health needs of all Zambians. Historically, the government has encouraged public/private collaboration to enhance the reach and impact of health programs. ZIHP will help create additional private sector channels for the delivery of essential health services, commodities, and information. ZIHP is currently exploring the transfer of the Bolivian PROSALUD model of private health care delivery; expanding commercial production and delivery of PHN commodities; and creating an enabling environment for the private sector.

(over)

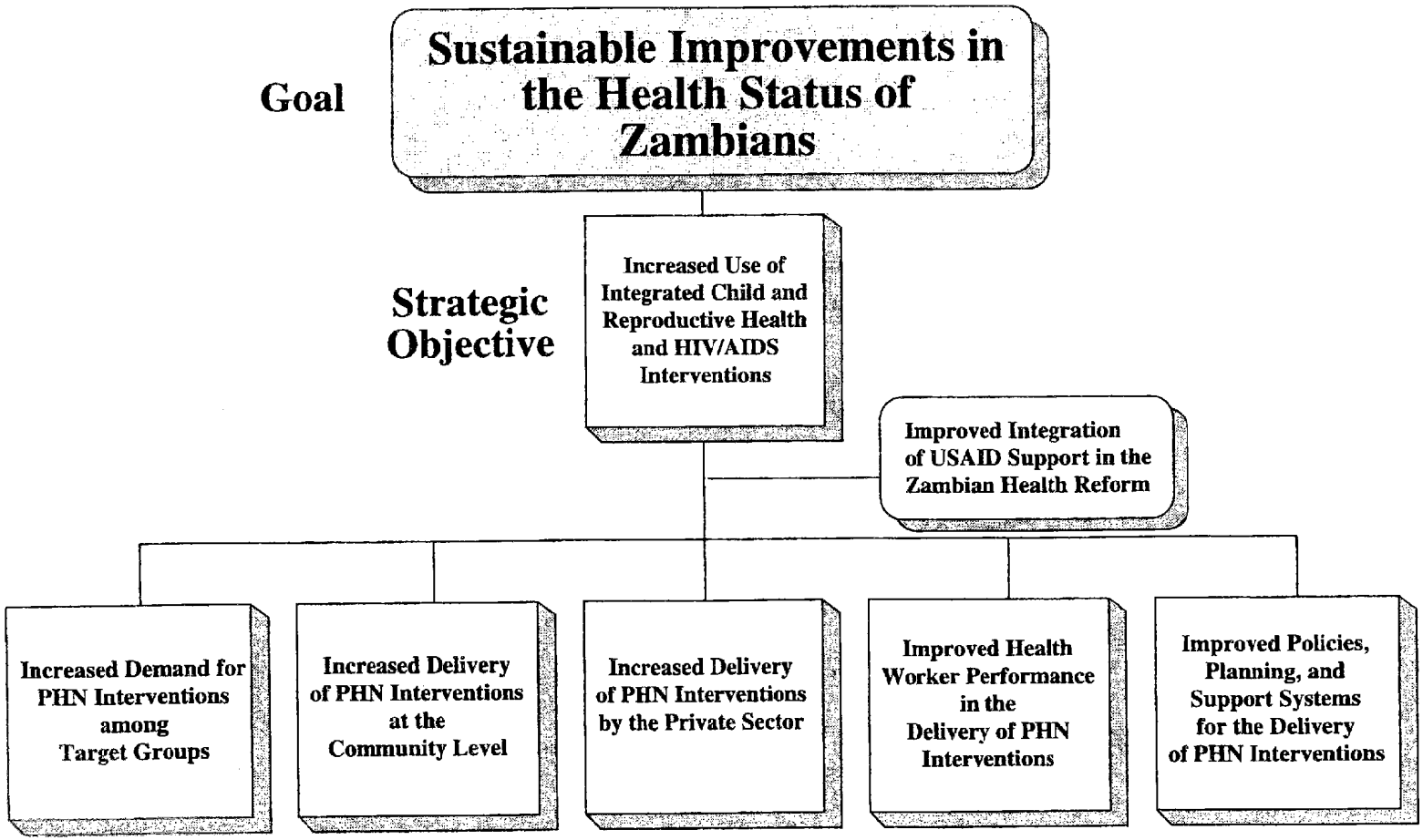
***I. R.* # 4: Improved health worker performance in the delivery of PHN interventions.**

Responsibility for the training of health professionals in Zambia is spread across a number of local institutions, which have limited resources. Historically, tutors and health teachers have focused on imparting knowledge, rather than teaching clinical skills. ZIHP will design curricula and training programs with an emphasis on interactive teaching methods which enhance the clinical competency and performance of students. ZIHP's activities are also designed to empower Districts to monitor health worker performance and to identify training needs. USAID's comparative advantage in competency-based training and curriculum development is key to the success of the overall Zambian program. In addition, supportive clinical supervision will be promoted to continuously improve the quality of health worker performance in the delivery of integrated PHN interventions. Innovative approaches to training, such as interactive radio, radio distance learning, and computerized training, will be created.

***I. R.* # 5: Improved policies, planning and support systems for PHN interventions.**

Sound policies, strategies and planning; well-designed management systems; national technical guidelines; and functional support systems are the institutional foundation for the efficient and sustainable delivery of PHN interventions. ZIHP will help develop coordinated systems between Health Districts and the CBOH. Selected technical institutions will also be targeted for institutional strengthening in policy analysis and formulation, guidelines development and applied research. ZIHP also places special priority on creating an integrated logistics system that reliably delivers vaccines, drugs, contraceptives and laboratory supplies. ZIHP supports improved implementation of health care financing schemes at the District level, and specific capacity-building interventions to help implement and monitor the decentralized delivery system envisioned by Zambian health reform.

USAID's Zambia Integrated Health Package (ZIHP) to Support the Zambia Health Reforms 1998-2002



CHALLENGE:

TO FOSTER COLLABORATION AMONG ALL COOPERATING AGENCIES, THE GOVERNMENT OF ZAMBIA AND OTHER DONORS

NEED

Within the past three years, USAID has rapidly accelerated its reproductive health, child health, and HIV/AIDS programs, involving a wide variety of Cooperating Agencies (CAs), such as JSI, PSI, JHU/PCS, CARE, BASICS, PCI and the Population Council, and 15 centrally-funded projects. To help ensure that the best ideas are brought to the table and that activities are conducted cost-effectively, a coordinated approach is required. Technical and operational coordination of activities helps create a cohesive environment and program while reducing the burden imposed on Zambian counterparts.

STRATEGIES

- Include responsibility and funding for a coordination component within the context of USAID-supported activities. The day-to-day management function is currently located within JSI's family planning contract. This responsibility includes providing staff time to manage meetings, prepare agendas and minutes, and produce related materials.

- Establish ZAMCAM - Zambia Cooperating Agency Management Team- which meets every two weeks to discuss and coordinate activities. Members include all CAs, other donors, NGOs and representatives from the Ministry of Health and Central Board of Health. Originally held at the CA's offices, ZAMCAM has recently moved to Ndeke House, the home of the Central Board of Health so that Zambian colleagues can more easily participate. About 30-40 people attend each meeting.

- Establish action-oriented meeting agendas. Originally, the group focused on exchanging information about project activities. Now the meetings are primarily dedicated to joint strategizing and planning, enhancing the impact of interventions. Small working groups, which have been established to address specific topics, have a limited lifespan. Following each meeting, minutes are distributed to participants and other interested organizations.

RESULTS

- Through ZAMCAM, the CA's have created a comprehensive roster of all activities. This roster provides a clear picture of activities conducted by these agencies, making it easier to identify opportunities for collaboration and possible areas of redundancy. This roster will serve as the basis for a joint workplan.

- As a result of ZAMCAM, an agreement was reached between another donor, ODA, and the Zambia Family Planning Services Project, that ODA would, in the short term provide consumable supplies for the delivery of long-term and permanent methods.

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- Developed an integrated calendar of all training programs offered to health care providers. Virtually every CA is conducting training activities. This calendar is particularly valuable to the CBOH, providing a single source of information for all USAID-sponsored training programs.

- A ZAMCAM working group developed a set of standard per diem guidelines for USAID-supported contractors. Created for the first time, these guidelines ensure uniformity across the contracts and a more cost-effective use of USAID dollars. These guidelines have also been promoted to a wider group of donors for their adoption.

- Several CAs, including JSI, JHU/PCS, BASICS and SEATS, agreed to share office space, administrative staff, and some equipment. Coordination and communication are often difficult in Lusaka, where phone lines don't work and transport is difficult. Sharing space has resulted in greater communication and collaboration among these organizations. Considerable cost-savings have also been achieved across the contracts.

- To keep members of ZAMCAM, other Zambian institutions, donors, and external parties informed of the USAID-ZIHP portfolio of activities, a Webpage has just been launched on the Internet. The USAID-ZIHP Webpage will provide details of USAID activities in Zambia. It will provide links to CA's home offices to facilitate information sharing around the world. This Webpage will also be linked with a new Webpage to be created by the Central Board of Health.

- A working group, with representatives from PSI, JSI, and JHU/PCS, was established to determine the best strategy for launching vaginal foaming tablets (VFTs). The VFT poses an interesting challenge. It is a convenient method which a woman can control and can use safely during breastfeeding. However, it is unproven in its ability to prevent HIV/STIs, and it is less effective in preventing pregnancy than other methods. How should VFT's be promoted, and to whom? The working group decided that the appropriate target was post-partum breast-feeding women who will be encouraged to use VFTs for six months. The "Welcome New Baby" program will counsel women to consider using more effective methods for HIV and/or pregnancy prevention after the post-partum period ends. This collaborative effort resulted in what all consider to be an effective and appropriate design.

ZIHP COLLABORATING ORGANIZATIONS

ZIHPsters
- the USAID PHN Office Staff in Zambia and PHN/S.O. Team

Mr. Eustace Bobo/CONT
Dr. Peggy Chibuye/PHN
Ms. Freezel Chilanga/PHN
Ms. Sue Gale/GDO
Mr. Paul Hartenberger/PHN
Ms. Pamo Kangwa/PHN
Ms. Bessie Thornicroft/PHN
Mr. Mark Anthony White/PHN
Dr. Steve Wiersma/USAID-Eritrea
(Emeritus Member)
Dr. Paul Zeitz/PHN

The ZAMbeamers
- the USAID/West Africa and Global PHN Staff

Dr. Victor Barbiero: G/PHN/CS
Dr. Al Barlett: G/PHN/CS
Dr. Paul Delay: G/PHN/HN/HIV-AIDS
Ms. Michelle Folsom: REDSO/ESA
Ms. Mary Harvey: AFR/SD
Ms. Mihira Karra: G/PHN/POP/R
Ms. Dawn Liberi: G/PHN/DAA
Ms. Suzanne McQueen: G/PHN/HN/HPSR
Ms. Rochelle Thompson: G/PHN/FPS
Ms. Hope Sukin-Klauber: AFR/SD
Ms. Pam Wolf: G/PHN/FPS

The ZAMCAMsters
In-Country Cooperating Agencies

1) BASICS (JSI/AED/MSH)

Dr. Remi Sogunro, COP
Dr. Elizabeth Burleigh
Mr. Rodwell Kafula
Ms. Mary Kaoma
Mr. Michael McGunnigle
Ms. Vea Mwewa
Dr. Bob Pond (U.S.)
Dr. Abdikamal Ali Salad

2) CARE International (Canada)

Ms. Claudia Ford, COP
Mr. Brian Cavanagh (U.S.)
Ms. Tabitha Chikunga
Ms. Tam Fetters, UMich Pop Fellow
Mr. Aben Ngay, ACD
Ms. Rose Zambezi

3) JHU/PCS

Ms. Elizabeth Serlemitsos, COP
Dr. David Awasum (U.S.)
Ms. Kristin Frank, American PCV
Ms. Rebecca Holmes (U.S.)
Mr. Alex Katambala
Ms. Susan Krenn (U.S.)
Ms. Kim Siefert (U.S.)
Mr. Ian Tweedie (U.S.)

4) JSI

Ms. Suzanne Thomas, COP
Ms. Pam Morris, UMich Pop Fellow
Ms. Cathy Mukwakwa
Ms. Carrie Hessler Radelet (U.S.)
Ms. Andra Sawyer
Dr. Mary Segall
Ms. Stephanie Silk (U.S.)
Ms. Muriel Syacumpi

5) PCI

Ms. Deborah Bickel, COP
Dr. Lawrence Mukuka
Ms. Karen Romano
Mr. Masauso Nzima
Mr. Tom Taurus (U.S.)

6) The Population Council

Dr. Kathleen Siachitema, COP
Dr. Davy Chikamata (Nairobi)
Dr. Andrew Fisher (U.S.)
Dr. Naomi Rutenberg (Nairobi)
Dr. John Skibiak (Nairobi)

(over)

7) PSI

Mr. Brad Lucas, COP
Mr. Sanjay Chaganti
Mr. Chris Mukkuli
Ms. Chilufya Mwaba
Mr. Guy Stallworthy (U.S.)

8) JSI/SEATS

Ms. Anna Chirwa, COP
Ms. Nancy Harris (U.S.)
Ms. Melinda Ojermark (Harare)
Ms. Rosemary Todd (Harare)

External/Centrally-Funded

9) PHR

Dr. Sara Bennett (U.S.)
Dr. Denise Deroeck (U.S.)

10) DDM/CDC

Ms. Karen Wilkins (U.S.)

11) EHP

Dr. Pandu Wijeyaratne (U.S.)

12) POLICY PROJECT

Dr. Tom Goliber (U.S.)
Dr. Bob Hollister (U.S.)

13) LAM/BF

Ms. Kristin Cooney (U.S.)

14) ICRW

Dr. A.C.S. Mushinge
Dr. Nancy Yinger (U.S.)

15) JHU/HCSF

Dr. Paul Seaton (U.S.)

16) JSI/FPLM

Mr. Andy Marsden (U.S.)

17) DHS

Dr. Annie Cross (U.S.)
Sri Poedjastoeti (U.S.)

18) Mothercare

Ms. Rae Galloway (U.S.)

19) OMNI

Ms. Margaret McGunnigle (U.S.)
Dr. Herb Weinstein (U.S.)

20) QAP

Dr. Jolee Reinke (U.S.)

21) RPM

Mr. Michael Gabra (U.S.)

22) UMich PSFP

Ms. Jane MacKie-Mason (U.S.)
Dr. Alison McIntosh (U.S.)
Ms. Anne Young, UMich Pop Fellow (CBoH)

23) Wellstart

Dr. Audrey Naylor (U.S.)

Total CAs: 23
Total key Zambia CA staff: 33
Total key U.S. CA staff: 38
Total key CA staff: 71

Result #1: Increased Demand for PHN Interventions

8

CHALLENGE:

TO HELP ERADICATE POLIOMYELITIS IN ZAMBIA

NEED

According to the DHS, only 76% of Zambian children have been properly immunized against polio.

STRATEGIES

- OPV vaccine delivery through routine immunization activities.
- Two doses of OPV given through National Immunization Days for 3 years in a row.
- Collaborate with the Government of Zambia, UNICEF, WHO, Rotary International and JICA to conduct attention-getting National Immunization Days (NIDs). The Days were held in two phases during 1996 — July 19, 20 and August 23, 24.
- Prior to the NIDs, recruit health care workers and volunteers to participate in training and to administer the vaccines. Traditional healers and the business community were also recruited to support and to participate in the NIDs.
- To publicize NIDs, conduct a variety of mass media and community outreach activities, including airing TV ads, TV documentary and radio ads, along with media outreach to the press.
- Launch the NIDs at official events throughout Zambia — at the National level by the President of Zambia, at the District level by town mayors, and at the village level by local chiefs.
- Provide promotional materials, such as posters, stickers, and flyers, to each community.
- Use a variety of strategies to bring the vaccines to children — house-to-house visits, mobile units that travel through communities, and at local health clinics.

RESULTS

- The polio vaccination rate increased to 84% of all children throughout Zambia. This represents an increase of 8% since 1992.
- A strong partnership has been established between the Government of Zambia, local health workers, businesses, traditional healers, and cooperating agencies for the implementation of future NID days. Plans are now being made for 1997 NIDs.

CHALLENGE:

TO HELP ZAMBIANS IDENTIFY CLINICS AND TRAINED HEALTH CARE PROVIDERS THAT OFFER HIGH QUALITY FAMILY PLANNING SERVICES

NEED

At the time of the launch, only 15% of Zambians reported using modern contraceptive method, while 63% indicated they wanted to space children or limit family size. Why the gap? Key factors include cultural traditions supporting large families; fears about modern methods; poor image of providers; and lack of knowledge about where to obtain information.

STRATEGIES

- In partnership with the local IEC subcommittee — consisting of representatives from Ministry of Health, NGOs and other partners — plan and implement the launch.
- Create and test a family planning logo, which represents a model family and promotes the theme, "Family Planning, For a Happy, Healthy Family." This theme emerged from consumer research and testing. A variety of themes and logo designs were tested with 500 consumers across Zambia.
- Design and conduct motivational launch event to attract participation by health care workers and the media. The launch featured presentations by key stakeholders, including the Minister of Health; a performance by the National Drumming and Dance Group of Zambia, which depicted Zambian fertility and family planning traditions; and a local drama group, which highlighted social norms around family planning. Over 300 participants attended the event.
- Conduct media outreach to broadcast and print media to reach consumers, including a series of press releases, talk show appearances on leading TV and radio programs, sponsorship of a six-part radio series on "Courtship, Love, and Marriage," and a journalists' competition with Planned Parenthood Association of Zambia (PPAZ) to stimulate articles on family planning.
- Develop materials to publicize the new logo including posters and logo stickers for clinics, pins for trained providers, bumper stickers, brochures, banners, t-shirts, plastic carrying bags, billboards, and wall paintings.

RESULTS

- 86% of all providers surveyed recalled the logo. 58% could recall the logo unassisted, while 28% identified it with assistance.
- Half the respondents reported seeing the logo on TV, while 40% report hearing radio reports, and 35% report seeing newspaper articles.

CHALLENGE:

TO PROMOTE SAFER SEX BEHAVIORS AMONG YOUNG PEOPLE

NEED

While young people knew as much about condoms and HIV/AIDS as older adults, they were much less likely to use condoms (1993 KAP survey by PSI). Why? Many youth did not feel at risk of HIV; they erroneously perceived AIDS as a problem of the older generation.

STRATEGIES

- Produce **New Teen Generation** (NTG), a weekly radio program by youth and for youth. Three young presenters discuss topics such as sexuality, dating, STIs/AIDS, condoms, and partner negotiation. During the live program they answer call-in questions from listeners. The program airs live on a major Zambian station, and is taped for re-broadcast on two additional stations, helping to ensure audience reach nationwide.

- Create **Peer Education Program** (or PEPs) a drama-based, interactive performance by teams of young people. Using a highly entertaining approach, the PEP's capture audience interest, engaging the audience in quizzes, questions and answers, and demonstrations. The focus is on HIV/AIDS, STIs, and condom use. They bring their messages to youth in schools, at bus stops, and in markets.

- Launch **The Mobile Video Unit** (MVU) that attracts a tremendous audience in communities across Zambia through its large outdoor video screen, similar to a drive-in movie. Along with broadcasting videos on HIV/AIDS, STIs, and family planning, the multi-media show includes Q&A and condom demonstrations.

RESULTS

- More young people are using condoms, according to a 1996 study by PSI. Forty-three percent of males and 35% of females reported using a condom with their regular partners during last sex.

- NTG has produced 62 shows since February 1996. Each show receives numerous call-ins and letters from listeners.

- The PEPs gave over 2,000 performances in 1996. Estimated audience reach is 100,000 people.

- Within six months, the MVU put on 88 shows, drawing an average attendance of 750 people. Total estimated reach is 66,000 people.

CHALLENGE:

TO HELP MOTIVATE MARRIED COUPLES FULFILL THEIR INTENTION TO PRACTICE FAMILY PLANNING

NEED

According to the Zambia Demographic Health Survey (1996), 63% of women want to delay or stop having children; however, only 15% currently practice family planning using a modern method. Women and men who talk to each other about family planning are twice as likely to use a modern method (PCS, IEC Baseline Survey, 1996)

STRATEGIES

- Create a weekly radio show, "Sex, Radio, and the Truth," in partnership with Planned Parenthood Association of Zambia, the Health Education Unit of the Ministry of Health, and DB Studios. The program is designed to dispel myths and misperceptions about family planning and to encourage couple communication.
- To guide the content of all programs, create an objectives and message chart. Sample topics include an in-depth look at different contraceptive methods, couple communication, initiation ceremonies, and where to obtain different methods.
- Develop entertaining format for the variety show, which includes a a soap opera series, interviews with experts, and other special segments. A total of 52 fifteen minute shows will be produced.
- Pre-test taped versions of first four episodes with members of the target audience located in three different communities.
- Conduct listening groups in five communities. These groups monitor the weekly airing of the program, discuss the program, and provide feedback on content. This information will help shape future programs.
- Monitor and evaluate the program through a clinic-based client questionnaire.
- Translate the program into two of the most popular local languages.
- Conduct listener competitions to increase audience size. Seek corporate sponsors for prizes.

RESULTS

- To date, 26 programs have aired. PPAZ has just completed an evaluation report based on the listening groups and client questionnaires.
- As there are no services available to monitor listenership or audience share, PCS is exploring other options to measure audience reach.

CHALLENGE:

TO HELP YOUTH MAKE SOUND REPRODUCTIVE HEALTH CHOICES

NEED

The youth of Zambia face a number of health threats — HIV/AIDS, STIs, and unwanted or mistimed pregnancies. By age 20, 61% of all Zambian girls have had their first baby; only 17% report using any contraceptive method. While overall use of condoms has risen significantly, 57% of young males did not use a condom during last sex.

STRATEGIES

- Publish a newspaper, "Trendsetters," by youth and for youth through the Youth Media Group. To capture the reader's interest, the newspaper's front page features articles of broad appeal, such as "The Dating Game" and "Rap Artists in America." The paper subtly weaves in articles about STIs, family planning, and HIV. Unlike many other youth materials, this paper is not preachy. It is designed to be a popular newspaper that youth will seek out, rather than a "health publication" that many youth would avoid.

- Produce 10,000 copies of "Trendsetters" monthly and distribute across Zambia to schools, youth organizations, and individual youth. To help ensure sustainability, the Youth Media Group is actively seeking corporate sponsors for subscriptions, creating a salesforce to sell the paper, and selling advertising space.

- Sponsor Youth Activist Organization to hold seminars for church-going youth. Five youth affiliated with the Baptist Church sought limited financial support ($200) to conduct a seminar on HIV/AIDS, STIs, and family planning. This well-balanced seminar presented safer sex and reproductive health choices. Following this workshop's success, the group applied for and received a small grant to conduct seminars in churches located in five Lusaka compounds.

- Facilitate the Youth Action Group 2000. Following USAID sponsorship of seven Zambian youth to the Ghana Conference on Youth and Sexual Health, these youth started a working group in Zambia. Their first activity is to create a directory of all youth-serving organizations in Lusaka. Their long term goal is to create a youth center where all youth can obtain relevant reproductive health information and can participate in safe recreational activities.

RESULTS

- At the conclusion of the initial seminar held in the Baptist church, participating youth pledged to make behavior changes, including abstaining from sex until marriage, using condoms consistently and sharing information with their friends.

- As other activities have been launched within the past four months, results are not yet available.

CHALLENGE:

TO INCREASE THE ACCEPTABILITY OF NEW CONTRACEPTIVE METHODS THROUGH OPERATIONS RESEARCH

NEED

In the vast majority of health clinics, only two contraceptive methods have been available - the pill and the condom. And these methods, particularly the pill, have negative connotations in the minds of many Zambians. By conducting operations research in a limited number of clinics, CARE can determine how to best position new methods, such as the female condom, to providers and clients.

STRATEGIES

- During the family planning training, introduce health care workers to a wide variety of new methods. The training is designed to increase their knowledge and to encourage them to offer and explain the contraceptive options to their clients.
- Following the training, conduct operations research in 29 clinics to assess quality of care, follow-up, client's compliance, and client attitudes towards new methods. These studies are being conducted in intervention sites with control sites to compare the impact of health care worker training on client use of a new method.
- Design the study to specifically examine the introduction of the female condom, Norplant, Depo-Provera, and emergency contraception.
- Use the research results to shape future training programs and to provide targeted follow-up to clinics, whose staff have already been trained.

RESULTS

- The research is currently being implemented, and will be completed by September 1998.
- Government of Zambia is currently discussing the relaxation of its policy which bans Depo-Provera.

Result #2: Increased Delivery of PHN Interventions at Community Level

CHALLENGE:

TO IMPROVE ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH THROUGH CLINIC AND COMMUNITY-BASED INTERVENTIONS

NEED

CARE conducted a PLA (Participatory Learning for Action) assessment of more than two thousand 10- to 18-year olds living in high density, urban compounds. The PLA was designed to measure health behaviors and status, myths and misperceptions, and sources of health information.

The results were shocking - the average age of first sexual intercourse was 12 for girls and 14 for boys. In some instances their first sexual experiences occurred with a member of their own family. Many youth engage in sexual activity to earn money - some are paid as little as K100 (about 10 cents) by their classmates while others may be paid K50,000 (about $45) by a mini-bus driver. Many of these young people don't perceive themselves to be at risk for HIV or other STIs. Most youth turn to their friends or grandparents for health information, while they usually view the health clinic as the last resort.

STRATEGIES

- Train 525 peer counselors to reach in and out-of-school youth with vital sexual reproductive health information. They will return to their communities to reach peers through the most appropriate channels, e.g. drama, one-on-one counselling. These counselors will also be available in clinical settings to increase the comfort of youth.

- Provide youth-friendly clinic services. All clinic staff being trained by CARE will participate in a special workshop to improve the quality of services delivered to youth. This three-week training includes practical work with youth at clinics relating to antenatal issues, family planning, and STIs. The clinics are establishing youth-friendly corners where youth can talk to each other and find relevant information.

- Implement income generation operations research project to test if risky behaviors can be reduced through economic incentives, such as loans to start small businesses and providing opportunities for youth to become commercial sales agents of condoms. This element of the project is currently under development.

RESULTS

- The results of the PLA serve as the foundation for designing relevant and effective adolescent sexual and reproductive health interventions. The data will be shared with a wide variety of government agencies, NGOs and cooperating agencies in Zambia. The results of these studies are being integrated into provider training to help them better understand their youth clients.

- All other elements of the program are currently being implemented.

CHALLENGE:

TO EMPOWER COMMUNITIES AND HEALTH CENTERS TO WORK TOGETHER TO IDENTIFY HEALTH PROBLEMS AND SOLUTIONS

NEED

Typically, health center staff have identified the needs of the community and implemented interventions without any input from the communities they serve. "Outreach" has meant that health staff periodically go to a community to deliver a specific service, such as immunizations, and then they return to their clinics. This one-way approach has often resulted in an incomplete, or inaccurate assessment of needs. As a result, inappropriate interventions, that do not appeal to the community, exist.

STRATEGIES

- Select three Health Districts in the SE Region to test and implement a new approach which will empower communities and health centers to identify and solve health problems together.
- While the initial strategy focused on malaria prevention, the program has been broadened to address all elements of the Essential Package from the MOH, including malaria, maternal and child health, HIV/AIDS, water and sanitation, reproductive health and TB.
- Each District selects one or more health centers to implement the partnership initiative. In turn, health centers identify high-risk communities.
- Conduct two-week training/participatory exercise for health center-community partnership teams. These teams define the most serious health problems, identify solutions, and develop a joint workplan for the next year.

RESULTS

- Each health center-community partnership collected and analyzed baseline data; identified and prioritized health needs; and created a workplan.
- The assessments demonstrated that community needs did not always match those identified by the health center in its annual plan. For example, communities in Chipata did not value latrine construction even though health staff thought it was important; instead they were much more interested in learning how to recognize a sick child. As a result, the workplan addressed the priorities of the community first, and put latrine construction on hold.
- This approach is now serving as a model for the Central Board of Health's Community Partnerships Centers of Learning Initiatives, a national initiative support by USAID and BASICS for going-to-scale with community partnerships.

CHALLENGE:

TO CREATE PUBLIC/PRIVATE PARTNERSHIPS TO ADDRESS COMMUNITY HEALTH NEEDS (IN KITWE)

NEED

The health problems in Kitwe, a leading urban center, are significant, including malaria, diarrhea, HIV/AIDS, malnutrition, and lack of family planning. In the past, the Ministry of Health has usually worked by itself to address these extensive community health needs. By involving a variety of stakeholders, additional resources and expertise can be applied to help solve these health problems.

STRATEGIES

- Involve all potential community stakeholders in planning and implementation. The Kitwe District Health Management Team invited businesses, NGOs, community groups, and health centers to become involved. To review problems and set priorities in health, all partners were invited to participate in a Startup Workshop.

- All cooperating agencies are actively coordinating technical assistance provided in Kitwe. Three health center areas, that have the greatest health needs, will be the focus. To ensure the most appropriate and cost-effective use of resources, EHP and BASICS will help health centers address malaria, nutrition, and diarrhea; CARE will assist with family planning; PCI will assist in HIV/AIDS; and the Tropical Disease Resource Center will assist with malaria.

- After the Startup Workshop, establish a District Working Committee to guide the overall program and develop a workplan.

- Conduct joint community assessment. EHP, BASICS, CARE, and PCI are working together to design the assessment for the three health center areas and to develop joint health center workplans.

- Support community implementation. Based on the locally adopted workplans for each health center area, the cooperating agencies will provide coordinated technical assistance.

RESULTS

- Formation of private sector-district partnerships. As a result of this program, new relationships, which had never existed before, have been established. For example, Lever Brothers will work with the District to prevent diarrhea through clinic-based and public education handwashing campaigns. Similarly, the Lion's Club will help prevent malaria through purchasing bednets.

CHALLENGE:

TO ENCOURAGE THE MINISTRY OF HEALTH AND HEALTH DISTRICTS TO BUILD PARTNERSHIPS WITH NGOS

NEED

Historically, the Ministry of Health and its Districts have focused on clinic-based care. In contrast, NGOs have focused on community mobilization and prevention. Unfortunately, NGOs and the MOH have usually worked independently of each other, thereby missing opportunities to apply their unique strengths to addressing community health problems.

Under the new health reforms in Zambia, the MOH is acting upon the role that NGOs can play in helping to address the health needs of communities, particularly in high-risk areas.

STRATEGIES

- The MOH and CBOH establish a NGO-District Partnerships Grants program to strengthen the health programs of both NGOs and the MOH. In support of this project, USAID is funding the grants.
- The MOH and the Central Board of Health select two Regions in Zambia for NGO Partnership projects. Each Region then selects two priority Districts for NGO Partnership Grants, based on morbidity data, socio-economic factors, and available funding.
- The two Regions work together to develop an NGO proposal format and selection criteria.
- To announce the new Grants program and to share information between NGOs and the Districts, the CBOH holds a two-day national conference, the NGO Open Forum. The proposal forms and selection criteria are distributed to all NGOs.
- NGOs are currently working with their Districts to draft proposals. The Regions and Districts will then select the NGOs, based on an evaluation of each proposal using the selection criteria.
- Project implementation will begin while USAID and BASICS will select a Zambian NGO coordinating body to manage this Grants program in the future.

RESULTS

- Eighty-five NGOs participated in the Open Forum. After the Forum, other NGOs requested the proposal materials.
- For the first time, NGOs are working with high-risk Districts to develop joint proposals that will help NGOs and Districts meet primary health care needs.

Result #3: Increased Delivery of PHN Interventions by Private Sector

CHALLENGE:

TO MAKE CONDOMS AFFORDABLE AND EASILY ACCESSIBLE TO ALL SEXUALLY ACTIVE ZAMBIANS

NEED

Before the start of the social marketing project, condoms were primarily available through public sector health clinics and pharmacies. Other private sector outlets, such as local kiosks, accounted for only 16% of all condoms distributed. As a result, in 1992 only 32% of Zambians said condoms were available within 15 minutes of their residence or workplace.

STRATEGIES

- Create the Zambia Social Marketing Project (ZSMP) to implement social marketing and communications activities in support of the MOH's National AIDS Control Program. Launch social marketing brand, MAXIMUM, on World AIDS Day 1992.
- Establish a national sales force with six area sales managers who cover all four Regions in Zambia. Sell MAXIMUM to a wide variety of outlets, including wholesalers, pharmacies, groceries, kiosks, night clubs, bars, and hotels.
- To reach high density, urban areas which are not normally served by wholesale channels, establish six motorcycle sales reps who are now ensuring that outlets in these areas are selling MAXIMUM. The Embassy of Japan provided funding for the motorcycles.
- Collaborate with other cooperating agencies, such as CARE and JSI, and NGOs, such as the Copperbelt Health Education Project, to ensure that MAXIMUM condoms are available to support worksite and community-based initiatives. These programs feature employee-based distribution agents and community-based distribution agents, who sell MAXIMUM condoms.

RESULTS

- Condom availability through non-pharmacy private sector sources (shops, bars, kiosks, hotels, night clubs, worksites, and friends) now accounts for 37% of all condoms distributed in Zambia, as compared to 16% in 1992.
- In 1996, 72% of Zambians surveyed reported that condoms were now available within 15 minutes of their residence or workplace, as compared to 32% in 1990.
- Twenty-five million MAXIMUM condoms were sold in four years. On a per capita basis, the ZSMP has the third highest sales per capita of all social marketing projects in Africa.
- MAXIMUM condoms enjoy nearly 100% recognition by the public. Of respondents reporting condom use during last sex, 77% reported using MAXIMUM.

CHALLENGE:

TO BRING HEALTH INFORMATION AND COMMODITIES TO CONSUMERS AT WORK AND AT HOME

NEED

Many consumers may not have the time or inclination to seek health information or commodities at a health clinic.

STRATEGIES

- Create a network of volunteer Employee-Based Distribution Agents (EBD) who will serve as peer counselors and providers of health commodities within their workplaces. These counselors are trained to provide information on the primary health thrusts of the Central Board of Health, including reproductive health, HIV/AIDS, STIs, diarrhea, malaria, and nutrition.

- The volunteers are also equipped to provide supporting health supplies, such as condoms, vaginal foaming tablets and oral rehydration salts.

- Establish a network of Community-Based Distribution Agents (CBD) that will serve as peer counselors within their neighborhoods. Criteria for nomination by their communities include respect of the community, longtime residency, and trustworthiness.

- Encourage workplaces to nominate one or more staff to participate in EBD training. Before training, each workplace must sign a commitment letter which ensures that their staff will be paid during training, and will be able to conduct EBD activities during regular working hours without penalty.

- EBDs and CBDs participate in a three-week training program to equip them to counsel peers and conduct health promotion activities. Materials to assist EBDs, such as brochures, demonstration models, and presentations, are provided. CBDs receive bicycles to allow them to travel easily throughout their communities to reach more people.

- The District Health Management Teams ensure that supplies are available to EBDs and CBDs. Monthly meetings are held to discuss supply issues, in coordination with PSI, which provides MAXIMUM condoms. Monthly activities are also reported.

RESULTS

- To date, 91 CBDs have participated in training, and are now working in their communities. 140 additional CBDs will be trained.

- To date, 44 companies are participating in the EBD program, including Zambia Railways, ZAMTEL, Zambia State Insurance Company, and a variety of commercial farms. A total of 80 EBDs have been trained.

- In some cases, both husbands and wives have agreed to participate. The husband usually as an EBD and the wife as a CBD.

CHALLENGE:

TO INCREASE DEMAND FOR AND ACCESS TO ORAL CONTRACEPTIVES

NEED

Only 15% of Zambians use a modern method of contraception, with the pill accounting for 7.2% of this total. Women, their partners, and health providers share myths and misperceptions that the pill causes infertility, birth defects, and health problems such as cancer for women. At the same time, only a small percentage of private medical practitioners provide family planning services and products.

STRATEGIES

- Launch SafePlan family planning pills in November 1996 as a "safe, affordable, and convenient" contraceptive. SafePlan was a key element of the Ministry's launch of its new national family planning program and logo, in collaboration with JHU/PCS.

- Train private medical practitioners on how to dispense SafePlan and to counsel clients about this method. Publish "Info-Med," a quarterly newsletter for medical and health professionals which addresses family planning and reproductive health issues.

- Produce brochures to provide information and to address women's questions about the pill. Print 200,000 copies in local languages and make them available through point-of-purchase displays and private practitioners. Launch a mass media campaign to address myths and misconceptions about the pill.

- Zambia Social Marketing Project (ZSMP) sales force distributes SafePlan to pharmacies, drug stores, and private clinics nationwide. Under existing law SafePlan can only be distributed through these outlets.

- PSI collaborates with JHU/PCS to conduct a series of 9 launches in Four Regions to simultaneously introduce the new family planning program, the new family planning logo, and SafePlan.

- With recent policy change by the MOH, trained community health workers can now distribute oral contraceptives. ZSMP has launched "Operation Reach" to supply community health workers with SafePlan and MAXIMUM through each District Health Office. This initiative will ensure that SafePlan is widely available, even at the village level, and will provide volunteer community health workers with a source of revenue for health promotion activities.

RESULTS

- Within five months of the launch, SafePlan has sold nearly 75,000 cycles. SafePlan will quickly surpass its original sales target of 100,000 cycles for the first 12 months.

- More than 500 private medical practitioners have been trained.

CHALLENGE:

TO ELIMINATE VITAMIN A DEFICIENCY IN ZAMBIA BY THE YEAR 2000

NEED

Vitamin A deficiency is a serious health problem in Zambia that results in weakened immune systems and low resistance against infections. As a result, many Zambians, particularly women and children, are dying from common infections and diseases.

STRATEGIES

- Provide Vitamin A supplements. As part of the National Immunization Days (NIDs), Vitamin A will be provided in capsule form to children who are 6-59 months old and to mothers with newborns up to one month old.
- In support of NIDs, train national teams of NID coordinators on Vitamin A supplementation. In turn, the national teams will train Provincial and District coordinators.
- Work with the National Food Fortification Task Force coordinated by the National Food and Nutrition Commission to complete a situation analysis relating to universal sugar fortification.
- Fortify food, with an emphasis on sugar, which is a staple of the local diet. Conduct meetings with the exclusive Zambia sugar producer, Zambia Sugar Company, to encourage them to consider fortifying their product.

RESULTS

- Commitments and support for the Vitamin A component to be included in the 1997 NIDs were obtained from a range of public and private sector organizations.
- In collaboration with public and private partners, a detailed plan of action has been developed for universal Vitamin A fortification of household sugar by the next sugar harvesting season. A final decision by Zambia Sugar Company to launch this initiative will be made by July 1, 1997.
- Fortification will likely be provided on credit by Roche Pharmaceuticals to Zambia Sugar in order to launch the program.

Result #4: Improved Health Worker Performance

CHALLENGE:

TO IMPROVE THE QUALITY OF SERVICES GIVEN TO THE SICK CHILD

NEED

Malaria, diarrhea, malnutrition, measles, and pneumonia contribute to over 70% of morbidity and mortality among children under five years old. However, only 45% of health care workers correctly treated children with fever, according to a baseline assessment conducted in health facilities.

The current IMCI curriculum does not meet the needs of lower literacy health workers. A needs assessment revealed that the curriculum should be simplified to reach this audience.

STRATEGIES

- Conduct original IMCI training with 150 health care professionals in Zambia.
- Following the initial training and assessment of results, expand the training program to reach providers nationwide.
- Field test the standard IMCI course for less literate health care workers. Based on the results, the curricula is being revised to meet the needs of these health workers.
- Develop a complementary training guide and field test the new materials.
- Select and train the course director and facilitators to offer this new course.
- Develop strategies for going-to-scale with IMCI.
- Address the household management of childhood illnesses.

RESULTS

- Zambia is the first country in the world to train staff in the IMCI curriculum.
- The training has significantly improved the ability of health care workers to accurately diagnose and treat childhood illnesses. While only 45% of workers could treat fever properly before the training, 74% performed correctly after the training. During a follow-up assessment two months later, this number increased to 91%.
- The new curriculum for low literacy health workers has been drafted and will be field tested in September 1997.

CHALLENGE:

TO IMPROVE ACCESS TO AND THE QUALITY OF FAMILY PLANNING SERVICES AT GOVERNMENT CLINICS

NEED

Needs assessments revealed that the majority of healthcare providers had not received any training in clinical family planning. For many, their only exposure to family planning information occurred many years ago in nursing school. As a result, many simply did not deliver any family planning services, or they provided incomplete or inaccurate information.

STRATEGIES

- Four cooperating agencies — CARE, SEATS, JSI, Population Council — are responsible for training and improving the quality of care at selected clinics. A total of 110 clinics are participating. To date, the training has reached 822 participants.
- Provide training based on a single curriculum adopted by all CAs in cooperation with the General Nursing Council, which includes both theory and clinical practice. The training is designed to increase knowledge concerning all contraceptive methods and to enhance clinical, counselling, and management skills.
- To assist in implementing these new skills, each health center receives essential clinical equipment.
- Each CA develops innovative spin-offs from the basic training: CARE offers a 3-5 day refresher course and a clinical management course; SEATS offers clinical training in IUD insertion and regular supervisory visits and monthly meetings at each clinic; and JSI is expanding the curriculum with the CBOH to address maternal as well as reproductive health training needs.

RESULTS

- The method mix has expanded dramatically within three months of training. For example, in seven Lusaka urban clinics trained by SEATS, pills and condoms accounted for 72% of all methods from October-December 1996. After the training, the method mix increased, with condoms and pills only accounting for 46% of all methods. IUD's increased from 9.7% to 12.3% while injectables increased from 7.8% to 18.4%. Permanent methods grew from 5.2% to 15.1%.
- Similarly, the clinics trained by CARE report a dramatic rise in the number of methods used by their clients. In 1995, only three methods were reported. The number of methods, including female condoms, Norplant, IUDs, increased to 11 by 1997.
- The Couple Years Protection (CYP) reported by CARE clinics alone shows an increase from 9,095 in 1995 to 41,486 in 1996. And, new family planning acceptors increased from 14,673 to 56,488 in 1996.

CHALLENGE:

TO IMPROVE THE FAMILY PLANNING CURRICULUM THROUGHOUT ZAMBIA

NEED

An assessment of the existing curriculum by the General Nursing Council (GNC) of Zambia, representing 30 Schools of Nursing and Midwifery, and JSI revealed significant gaps in family planning information, theory and practice.

STRATEGIES

- In collaboration with GNC and other Zambian stakeholders, create the framework for a new curriculum and identify needed training materials. The curriculum was divided into two training workshops: (1) theory and (2) practice.
- To introduce and teach the new curriculum to representatives from the nursing/midwifery schools, conduct the first workshop on theory and current information about family planning.
- To bridge the gap between theory and practice, hold the second workshop on how to apply this knowledge in clinical practice. This workshop emphasizes interactive methods of teaching, the use of clinical models, and competency-based skills checklists for every clinical procedure.
- At the end of the second workshop, provide all participants with a complete package of materials to help teach this curriculum to their students, including videos, workbooks, IUD kits, overheads, slide projectors, and the curriculum.

RESULTS

- Twenty-three teachers from 19 schools of nursing and midwifery and clinical officers have successfully completed the training. They are now implementing the new curriculum within their schools, helping to ensure that all new cadres of health professionals can deliver high quality family planning services.
- Other cooperating agencies, including BASICS and PCI, have adopted this approach to creating and implementing pre-service curriculum for child health and HIV/AIDS, respectively.

CHALLENGE:

TO HELP LOCAL HEALTH CENTERS AND DISTRICT HOSPITALS IMPROVE THEIR INFRASTRUCTURE

NEED

Assessments at 50 health centers and 10 district hospitals revealed that all of these facilities suffer from inadequate infrastructure, such as lack of water and electricity, leaking roofs, unfinished buildings, and inadequate space. Overcrowding has led many centers to use very small and hot storage units for delivering babies or as isolation wards. Basic supplies and equipment, such as an exam couch, thermometer, small sterilizer drum, or blood pressure equipment, are typically broken or not present at all.

STRATEGIES

- Using instruments from the Population Council's situation analysis, create three tools to assess specific needs at each center/hospital relating to equipment, physical structure, and staffing/services. In support of the CBOH's new integrated health package, broaden assessment from family planning to include maternal and child health.

- In coordination with the Central Board of Health, the Regional Director for Health assigns a District Health Nurse to participate in the needs assessment team. This team consists of Zambia Family Planning Services staff, nurses, local clinic staff, and a construction consultant who helps to identify structural solutions.

- Following this initial needs assessment, which typically requires about three hours, the training advisor and construction consultant work with an architect to design improvements. The nurses identify needs for equipment and staffing/services. Recommended improvements are presented to the local clinic and District Health Management Team for review and approval. The changes will be implemented as cost-effectively as possible, using local contractors.

- Provide package of essential equipment to each clinic. Through competitive bidding among local suppliers, these comprehensive kits were purchased at a low cost of $3,500 per clinic.

- To help ensure the ongoing maintenance of new equipment, the maintenance department at the University Teaching Hospital and the Central Board of Health are establishing a partnership. It is hoped that the UTH staff will train Regional staff about equipment maintenance and repair. These staff will then be responsible for training District staff and securing spare parts.

RESULTS

- Results are not yet available since needs assessments are still in process at the centers and hospitals. Construction will begin in July 1997.

- Anecdotally, the needs assessment teams report that there is great participation and enthusiasm among clinic staff, as well as a new optimism that conditions at the clinics can improve.

CHALLENGE:

TO STRENGTHEN DELIVERY OF STI SERVICES AND TO CREATE A NATIONAL TRAINING CENTER

NEED

The vast majority of clinics do not have access to diagnostic lab tests for STIs. A needs assessment revealed that many clinic staff have not been trained in the syndromic management of STIs. As a result, diagnoses are often based on uninformed speculation.

STRATEGIES

- Conduct workshops to train clinical officers, nurses, and midwives from the Regional centers in syndromic management. To help build local capacity at UTH, the trainers included UTH staff and other Zambian medical professionals.
- Train a total of 103 Regional-level health professionals, including 58 clinical officers, 30 nurses, and 15 midwives.
- Encourage and equip the workshop participants to train clinical staff within their Regions. Wall charts and atlases, slides, training manuals, and curriculum are provided to each participant.
- Provide diagnostic tools for providers to use in clinical practice, such as cue cards and brochures.

RESULTS

- To date, 24 clinical officers and 15 nurses from the Regions have participated in training.
- A pre-test and post-test of participants' knowledge, attitudes, and clinical practice will be completed within one year to assess the impact of the training, and to guide future training activities.

Result #5: Improved Policies, Planning and Support Systems

CHALLENGE:

TO CHANGE THE NATIONAL POLICY ON THE TREATMENT AND MANAGEMENT OF MALARIA

NEED

Zambia depends on chloroquine as the first-line drug to treat malaria - a leading cause of morbidity and mortality in children under five. However, USAID-supported chloroquine efficacy studies showed high levels of resistance to this drug.

STRATEGIES

- In collaboration with the Zambian National Malaria Control and Research Program and the WHO, design and field a study to assess the efficacy of chloroquine (CQ) and sulfadoxine-pyrimethamine (SP).
- For the study, a standard protocol was developed, sentinel sites were selected, local staff were trained, and baseline testing was conducted.
- The study was conducted in 11 sites, and will continue to monitor the sensitivity of CQ and SP to the malaria parasite in four sentinel sites.

RESULTS

- The study demonstrated that there are high levels of resistance to CQ.
- As a result, the Government of the Republic of Zambia/Ministry of Health (GRZ/MOH) decided to modify the national policy and make SP (or Fansidar) available as the second-line drug for the treatment of CQ failures. This policy change has been incorporated into the treatment guidelines and training programs for health care workers. Efforts are being made to ensure that Fansidar is available to Districts and that it is reliably distributed.
- Studies are now being planned to review the role of Fansidar in the chemoprophylaxis of pregnant women in Zambia. This will be developed as part of an integrated antenatal care package.

CHALLENGE:

TO ASSESS THE QUALITY AND FUNCTIONING OF REPRODUCTIVE HEALTH AND CHILD HEALTH SERVICES

NEED

To help the Central Board of Health (CBOH), Ministry of Health (MOH) Regional Offices, District Health Management Teams (DHMTs), and cooperating agencies identify gaps and needs relating to these essential health services. To date, no such analysis has ever been conducted in Zambia. The results will help implementing agencies target resources to communities in greatest need.

STRATEGIES

- Building on the Population Council's situation analysis tool and BASIC's health facility survey which have been tested and used around the world, convene advisory group of Zambian stake-holders to adapt tool for local use. Stakeholders include CBOH, MOH, DHMT's, Central Bureau of Statistics, and NGOs.
- Expand the focus of the analysis. Originally, the analysis was designed to assess family planning programs. However, in support of the MOH/CBOH, it was expanded to assess programs relating to the new health thrusts. The scope of the analysis was also broadened to include 287 clinics supported by JSI, CARE, SEATS, UNFPA and ODA.
- Prepare survey tool in seven local languages.
- Train 60 interviewers, who consist of providers and social scientists, in a two-week workshop.
- Conduct the survey in 287 health center sites, using 14 teams, which consist of one social scientist and three health care providers.
- When the survey is completed, promote the results to all stakeholders who may be implementing health-related programs in these areas.
- Conduct a post-test in two years to assess changes in the quality and functioning of these services after new interventions have been implemented.
- Establish partnership for joint funding by USAID and UNFPA.

RESULTS

- This is the first time these situation analysis tools have been adapted to comprehensively assess maternal and child health issues.
- As the fielding of the survey has just started, no results are available. It is anticipated that results will be produced in December 1997.

CHALLENGE:

TO INTRODUCE STRATEGIC PLANNING AND A SYSTEMATIC APPROACH FOR IEC AT THE DISTRICT LEVEL

NEED

An assessment of Districts located in four Regions revealed that there is little strategic planning for IEC, nor a systematic approach to creating effective IEC programs. As a result, IEC happens randomly, with little ability to ensure uniformity, appeal, and accuracy of messages; proper target audience identification and channel selection; and measurement of impact.

STRATEGIES

- Introduce SCOPE (The Strategic Communication Planning and Evaluation) computer software at the District level as part of the local Action Planning Process. With SCOPE, IEC planners and decision makers can generate a number of family welfare strategic options and compare the outcome of these options. IEC strategic planning is viewed from a realistic, multidimensional perspective. The program provides current and relevant statistical information and incorporates guidelines for decision making.

- SCOPE will be introduced in partnership with the roll out of the Health Management Information System (HMIS) and the Financial and Administrative Management System (FAMS). It is anticipated that the beta-test of the District planning version of the software will be piloted in 10-12 Districts beginning in August 1997.

- SCOPE is being linked to the Health Management Information System (HMIS) and the Financial and Administrative Management System (FAMS) to ensure that local and accurate data is being used for decision making and that plans are linked to budgets.

- SCOPE was originally designed to help users create family-planning IEC related programs in a workshop setting. The Zambia version of SCOPE was first introduced in a workshop in Zambia in December, 1996. In line with the Zambia Health Reform, the software is currently being expanded to include all the elements of the Essential Health Care package.

RESULTS

- SCOPE was first introduced to Zambia at a December 1996 workshop.
  One of these participants is now using SCOPE to plan a youth IEC initiative in Kafue, with the Planned Parenthood Association of Zambia and the Family Life Movement of Zambia.

- As mentioned, SCOPE is currently being expanded, and will be pilot-tested later this year. Initial results will be available at that time.

CHALLENGE:

TO HELP LOCAL HEALTH DISTRICTS AND THE MILITARY CREATE EFFECTIVE HIV/AIDS INTERVENTIONS

NEED

The local Districts identified the lack of appropriate, culturally acceptable HIV/AIDS interventions and materials for their use. They also identified their own need for training in how to create IEC and Behavior Change Communications (BCC) activities.

STRATEGIES

- Convene a strategic planning workshop in Lusaka with 80 representatives from five high HIV seroprevalence districts and the military. The workshop was designed to help local Districts create HIV/AIDS Task Force committees, identify local needs, and return to their communities to conduct District workshops.
- Districts were encouraged to adopt a multi-sectoral approach, involving organizations such as the Ministry of Education and the Ministry of Youth, Sports and Child Development.
- Each District brought together key stakeholders, such as NGOs, health centers, churches, and businesses, to participate in a workshop to develop a local strategic plan.
- Prior to these local workshops, provide written guidelines on effective BCC and IEC approaches to help guide strategy development. (This activity directly supports the I.R. #1 relating to demand creation).
- Provide ongoing technical assistance in response to specific District-identified needs. For example, some have requested more information about specific AIDS issues, such as home-based care while others seek assistance in creating IEC campaigns. A specific point person from PCI is assigned to each District to ensure consistent communications.
- To provide a continuing source of information on topics of interest to the Districts, a comprehensive workbook on HIV/AIDS issues and interventions will be produced.

RESULTS

- All Districts conducted their own workshops within three months after the strategic planning workshop. Five of the Districts paid half of the costs involved in holding these workshops, while one district paid all of its costs.
- All Districts have requested follow-up technical assistance, which demonstrates that the assistance is perceived as valuable.

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