FINAL PROJECT PERFORMANCE REPORT

Reporting Period:	August 2009 - September 30, 2014
Submitted by:	Population Services International & Society for Family Health
Program title:	Partnership for Integrated Social Marketing, PRISM
Contract No:	GHH-I-00-07-00062-00
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Executive Summary

In August 2009, Population Services International (PSI) and its local affiliate Society for Family Health (SFH) were awarded a contract under Task Order #GHH-I-00-07-00062-00 by USAID to implement the Social Marketing program, Partnership for Integrated Social Marketing (PRISM) in Zambia. The purpose of the project was to increase the use of effective health products, services, and behaviors in the areas of child survival, family planning and reproductive health (FP/RH), prevention of STI/HIV/AIDS, and malaria. The program had six main objectives:

1. Increase the supply and diversity of health products and services to distribute and deliver through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.
2. Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and malaria and to build an informed, sustainable consumer base.
3. Develop the ability of a commercial/private sector entity to produce and market at least one currently social marketed health product or service in a sustainable, self-sufficient manner.
4. Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GRZ and other partners.
5. Increase awareness of, demand for, and use of misoprostol through the private sector, in conjunction with the public sector, primarily to prevent postpartum hemorrhage (PPH) (Option #1).
6. Increase awareness of, demand for, and use of zinc complementing oral rehydration therapy (ORT) through the private sector, in conjunction with the public sector, in the management of acute diarrheal diseases among children (Option #2).

The project also aimed to invest in local Zambian capacity through partnering with local organizations. The local partners are the Zambia Health Education and Communication Trust (ZHECT), Luapula Foundation, Development Aid from People to People (DAPP), Youth Alive and Mwami Adventist Hospital. Internationally we partnered with Population Council for research; Overseas Strategic Consultants (OSC) for behavior change communications support; Jhpiego to bring international training standards to the project; and IntraHealth for a gender analysis. The PRISM project was implemented in all the 10 provinces of Zambia. It has allowed people to lead healthier lives and plan the families they desire by marketing affordable products and services. These include voluntary medical male circumcision (VMMC), HIV testing and counselling (HTC), reproductive health/family planning (RH), male and female condoms for HIV prevention, safe water solution and Long Lasting Insectcide-Treated Nets (LLINs).

The project award was for $65,454,770 base or $73,170,778 with options Misoprostol ($3,733,682) and Zinc ($3,982,326) from August 1, 2009 to September 30th, 2014. The following final report highlights key results achieved and summarizes program activities utilized to achieve these results between August 1st, 2009 and September 30th, 2014.

Project Background

At project commencement, Zambia was home to just over 12 million people. The per capita annual income was $395, with 78% of the rural population, and 53% of the urban population living below the poverty line. Average life expectancy was 40 years. The leading causes of death and disability included HIV/AIDS, respiratory infections, diarrheal diseases and malaria. Between 2002 and 2007, Zambia made progress towards achieving its health targets for the United Nations Millennium Development Goals (MDGs). There were notable declines in maternal mortality (591 per 100,000 live births in 2007, down from 729 in 2002) and under-five mortality (119 per 1000 live births in 2007, down from 157 per 1000 live births in 2002)[1]. Malaria prevalence has also decreased[2], and the use of modern contraceptive methods has risen[3]. Despite this progress, there is still much more to be done in order to meet 2015 MDG targets.

The Government of the Republic of Zambia (GRZ) is devoted to improving the health of its citizens and a large percentage of health care is currently delivered through the public sector. For example, 68% of family planning users obtained their method from a government facility[4]. The Ministry of Health (MOH) has developed a National Strategic Health Plan (NSHP) that identifies child health, integrated reproductive health, sexually transmitted infections (STIs)/HIV/AIDS, and malaria as the four main public health priorities. The National HIV/AIDS/STI/TB Council (NAC) includes representatives from government ministries, as well as civil society, and is designed to address the HIV crisis across sectors. The National Malaria Control Center (NMCC) coordinates malaria activities.

Non-governmental organizations (NGOs) have also played a large role in the delivery of health services throughout Zambia, particularly in providing care and treatment services. Population Services International's local affiliate, Society for Family Health, is one of the largest local NGOs in Zambia working exclusively in prevention to address a range of health problems. Products distributed by SFH include: *Mama Safenite* long-lasting, insecticide-treated nets (LLINs); *Clorin* point-of-use water treatment solution; *Maximum Classic, Maximum Scented*, *Trust Studded* and unbranded male condoms; *Care* female condoms (FCs); *SafePlan3* and Microgynon *My Choice* oral contraceptives (OCs); *My Choice* Injectable contraceptives; intrauterine devices (IUDs); and Jadelle implants.

Deliverables Schedule: The activities under this task order were required to contribute to the GRZ Ministry of Health (MoH) objectives of 1) reducing Maternal Mortality Ratio (MMR) from 591 per 100,000 live births in 2007 to 547 per 100,000 in 2010, 2) reducing Under-5 MR from the current 119 per 1,000 live births, 3) halting and beginning to reduce the spread of HIV/AIDS and STIs by increasing access to quality HIV/AIDS and STI interventions, and 4) halting and reducing the incidence of malaria by 75% and mortality due to malaria in children under five by 20%. These activities included the following tasks as outlined and described below.

[1] Central Statistical Office, MOH, Tropical Diseases Research Centre, University of Zambia, and Macro International Inc. 2009. *Zambia Demographic and Health Survey 2007*. Calverton, Maryland. (2007 ZDHS)
[2] Zambia Malaria Indicator Survey, 2008
[3] 2007 ZDHS
[4] 2007 ZDHS

Task 1: Increase the supply and diversity of health products and services to distribute and deliver through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.

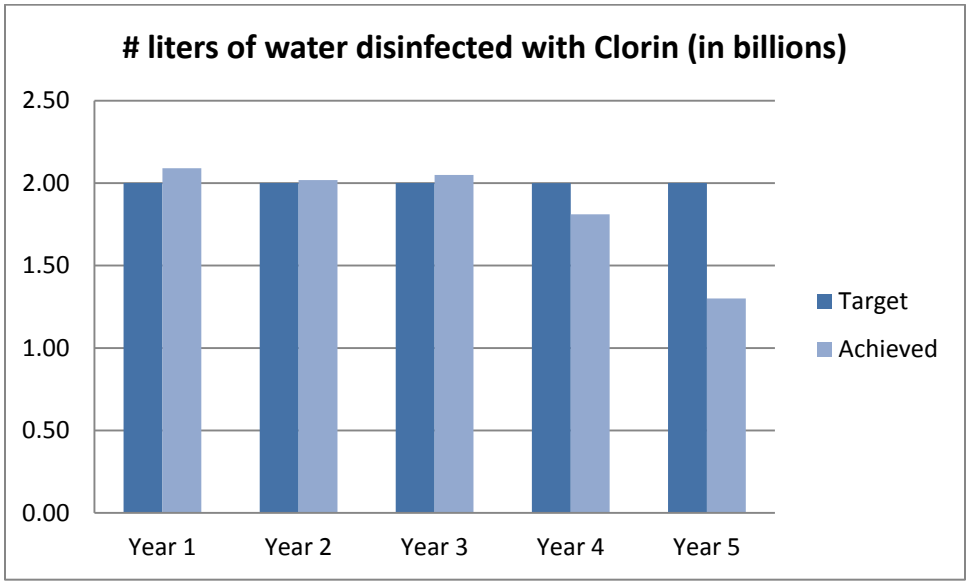
Task 1.1 Increase the supply and diversity of child health products and services

- **Expanded access to and targeted distribution of *Clorin*:**

Target: Market *Clorin* to disinfect 10 billion liters of drinking water in order to reduce the incidence of diarrhea in the under five population by September 30, 2014

Clorin is an inexpensive and simple-to-use household water treatment solution. Contaminated water is a leading cause of diarrheal disease in Zambia, where only 64% of the population has access to improved drinking water sources. *Clorin* was distributed through the commercial sector, through partners working in rural and hard-to-reach areas, and through home-based care programs to reach households with HIV-infected people in low income urban settings and rural areas.

During the five year PRISM project, PRISM distributed 13,898,050 bottles of Clorin, enough to treat 9.27 billion liters of water and benefit 1.1 million households with an average of 6 members for a year in all the 10 provinces of Zambia. The table below shows the *Clorin* distribution figures and targets over the 5 years of the PRISM project.

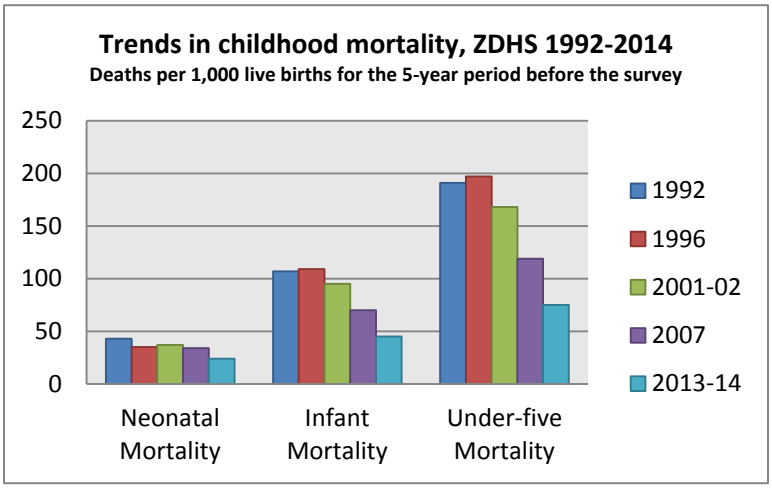


PRISM in collaboration with partner CARE International, expanded rural access to *Clorin* by training 2,285 Community volunteers, to sell and distribute *Clorin* to underserved rural communities in Luapula and Northern Provinces in year one, expanding to Eastern Province in year two and Southern Province in year three to a total of 27 districts. The communities were also trained to understand the severity of childhood diarrheal diseases and their prevention, as well as the importance of correct dosing and

consistent use of *Clorin*. A total 814,620 community/household members were reached with *Clorin*, Safe Water and Hygiene practice messaging through targeted inter-personal communication activities through door to door campaigns.

PRISM worked in collaboration with the Government of Zambia's multi-sectoral National Epidemic Preparedness Prevention Control & Management Committee (chaired by the Minister of Health) to distribute *Clorin* to cholera affected areas/communities during seasonal cholera outbreaks. In addition to donating bottles of *Clorin* to the MOH, PRISM was directly involved in distributing *Clorin*, where bottles were distributed door-to-door. Neighborhood Health Committee members were trained to teach people in these communities the correct and consistent use/dosing of *Clorin*. Using GPS data to identify shallow public wells within the hardest-hit areas, PRISM worked closely with other partners to train and place volunteers at the source of these wells to treat water and to conduct community-based education on the prevention of diarrheal disease and the correct and consistent use of water purification solution.

Preliminary data from the 2013-2014 ZDHS show a significant decline in childhood mortality rates during the PRISM project period. The under 5 mortality rates declined from 197 deaths per 1,000 in 1996 ZDHS to 75 deaths per 1,000 live births in the 2013-2014 ZDHS[5]. The following chart from the Preliminary report released by DHS program shows trends in the decline of childhood mortality[6].



- **Research**

During the five year project period, PRISM partner Population Council conducted a Willingness to Pay (WTP) study for *Clorin*. This study aimed at determining whether consumers were willing to pay a higher price for these products. *Clorin* WTP surveys were conducted in Solwezi and Lusaka. Most female respondents were married and between ages 25–35 with a median of 1 child under the age of 5 in their household. In Solwezi, females reported a high proportion (71.7 percent) of diarrheal disease among their children 5 years and younger, compared to Lusaka (26.9 percent). Most respondents understood *Clorin* use was important during the rainy season or during all seasons. Solwezi respondents purchased *Clorin* more frequently in the previous 12 months (56.9 percent purchased it 5-9 times), compared to those in Lusaka (62.4 percent purchased 1–4 times). The last purchase price of *Clorin* was an average of

[5] Central Statistical Office, Ministry of Health, Tropical Diseases Research Centre, University Teaching Hospital Virology Laboratory, University of Zambia, and The DHS Program ICF International, Sept 2014. *Zambia Demographic and Health Survey 2013-2014, Preliminary Report.* Rockville, MD. (2013-2014 ZDHS)

[6] 2013-2014 ZDHS

1.00 ZMK in both Solwezi and Lusaka; however, consumers in Lusaka were willing to pay more, with the median maximum price in Solwezi at 1.20 ZMK compared to 2.00 ZMK in Lusaka. Interestingly, lower SES consumers of *Clorin* were willing to pay more for *Clorin*; almost 75 percent of lower SES respondents were willing to pay 1.50 ZMK for the product. Lower SES consumers living in areas with poor sanitation likely experience a higher burden of diarrheal disease which could explain their willingness to pay more.[7]

IPC agent demonstrating correct dosing of *Clorin* in a rural community

Task 1.2 Increase the supply and diversity of integrated reproductive health products and services

Targets:
- Market 25.6 million cycles of oral contraceptives by September 30, 2014
- Increase demand for RH/FP by ensuring that at least 30,526 counseling visits occur
- Train 200 people in FP/RH
- Establish 300 service delivery points to provide FP/RH services
- Train 60 people in research

- ***SafePlan* oral contraceptives**

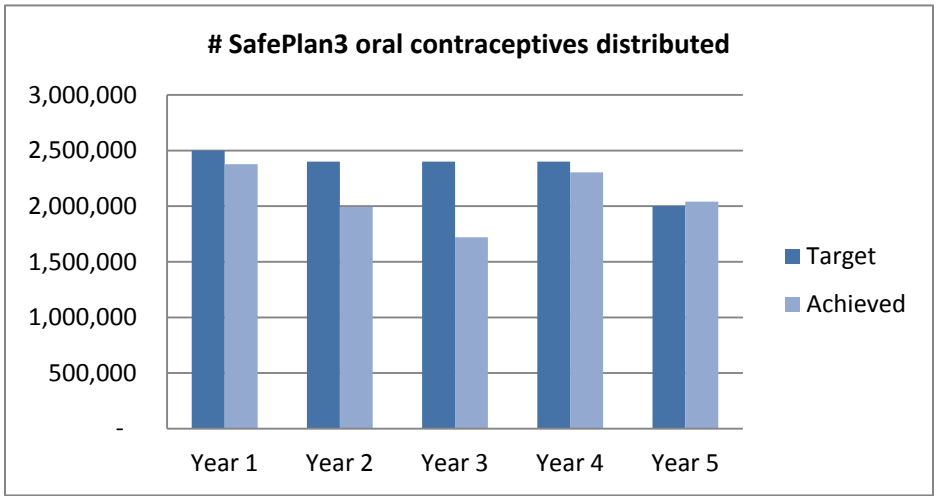
During the five year project, the PRISM project distributed 10.435 million cycles of *Safeplan3* oral contraceptives in supported facilities countrywide including commercial outlets (registered pharmacies and clinics), DHMT clinics and trained Community Volunteers, representing a 41% achievement of the target 25.6 million. Due to a change in the pharmaceutical registration laws after project targets were set, outlets available for distribution of oral contraceptives were limited, greatly hampering the ability of the PRISM team to meet the initial project targets. Annual targets for the distribution of *SafePlan* were set and achievement towards these goals is shown in the chart below.

Early in the PRISM project, *SafePlan* packaging was re-branded, re-positioned and re-launched targeting the younger Zambian woman with unmet family spacing needs. The official re-launch ceremony in Kanyama/Lusaka, was well attended by MOH, USAID and partner representatives. Subsequently, due to a change in formulation of the donated oral contraceptives by USAID, PRISM repackaged and re-

[7] Sheehy, Meredith. 2013. "Willingness to pay: Research report for Society for Family Health, Zambia, funding year 4 (October 2012-September 2013)." New York: Population Council.

launched *Safeplan3* in year 3 of the project through a community event in Kalingalinga community in Lusaka with participation from the USAID Mission Director, Dr. Susan Brems, PSI global Ambassador Debra Messing and community stakeholders.

Rural access to *Safeplan* was improved by training Community Based Volunteers (CBV) to distribute and promote *Safeplan* to rural communities in Northern and Luapula provinces, expanding to Eastern province in year 2 and Southern province in year 3, with support from CARE International. PRISM CBVs reached 801,510 community members with interpersonal communication (IPC) health messages on family planning through door-to-door mobilization for prevention of unplanned/unwanted pregnancies. PRISM CBVs marketed and sold cycles of *SafePlan* to eligible clients and referred others to health facilities for other methods of family planning currently not provided by the CBVs, in order to increase access to family planning services.



- **Long-Acting Reversible Contraception (LARC):**

During Year 2, PRISM's scope of work expanded to include additional family planning services namely, long-acting reversible contraception (LARC), intra-uterine devices (IUDs) and hormonal implants. PRISM partnered with high volume public-sector health facilities to provide LARC services in 8 provinces (Lusaka, Copperbelt, North-Western, Western, Southern, Eastern, Central and Luapula provinces) through static and outreach models. In these 8 provinces, PRISM reached 31 districts of Zambia, including the 4 Saving Mothers Giving Life districts of Kalomo, Mansa, Nyimba and Lundazi. PRISM set annual internal targets for delivering these effective family planning options, and was able to meet this target serving 212,539 women with LARC services during the life of the project. Of the total, 122,980 women received implants and 89,599 women received IUDs. While emphasizing the provision of LARC services, PRSIM staff ensured that a modern contraceptive choice was assured, with provision or referral for short-term methods and permanent methods as required. PRISM continued to train public sector staff to provide LARC services in 835 facilities offering these services and thus contributing to the

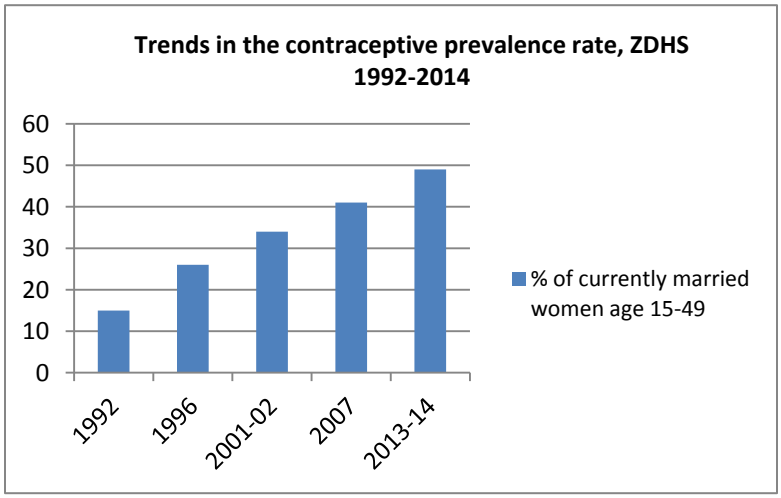
increased number of clients accessing LARC services; a total of 139 public sector staff were trained in LARC.

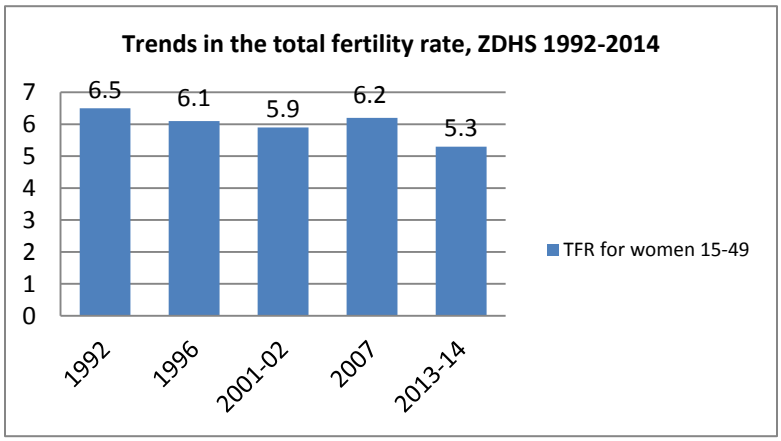
During Year 2, PRISM piloted the innovative new initiative of post partum intra-uterine devices (PPIUD),

taking advantage of the opportunity after delivery when a woman is both present at the health clinic and definitively not pregnant (two requirements for successful PPIUD insertion). PRISM initiated the pilot program and conducted a thorough analysis of the results, which were disseminated widely among MOH and other national stakeholders. Further advocacy efforts resulted in the Ministry of Health adopting PPIUD as part of the approved Family Planning Guidelines and Protocols document, signed into effect in 2011. Over the course of the project, PRISM scaled-up PPIUD activities from Lusaka to Copperbelt, Eastern, Southern and Central Provinces.

Increased efforts to create demand through marketing programs on both radio and TV were implemented. Generic FP messages were discussed and listeners and viewers encouraged to access FP services at public sector and SFH health facilities in English and seven local languages. In addition, PRISM expanded demand creation activities by hiring and placing part-time health promoters (HPs) in catchment areas where LARC services are being provided. These HPs performed door-to-door and community sensitizations and booked of clients for the LARC services.

Preliminary data from the 2013-2014 ZDHS show a decrease in the total fertility rate and an increase in contraceptive prevalence rate during the PRISM project period[8].





[8] 2013-2014 ZDHS

- **Integrating RH product/service delivery:**

Reproductive health products and services were integrated with child health as well as HIV services in the PRISM project. Not only were *Safeplan* and Injectable contraceptives promoted to women seeking child health services, but RH services also were integrated into 3 PRISM sites offering HTC and VMMC services (YWCA/Lusaka, Obote/Livingstone and Kitwe VMMC). Throughout the project life, PRISM continued to provide integrated RH services to clients in all the supported facilities. 206,744 HTC clients received reproductive health and family planning messages at PRISM *New Start* voluntary HIV counseling and testing centers and 67,190 female clients were referred for family planning services. PRISM collaborated with The Center for Infectious Disease Research in Zambia (CIDRZ) to integrate cervical cancer screening with LARC in Lusaka, RH providers in public sector health facilities conducted health talks with women seeking child health services, and referrals and linkages for RH clients testing for HIV within the government system were improved. PRISM also partnered with ZEHRP to refer couples testing for HIV in public sector clinics for RH services. Cervical cancer screening was launched in four high volume health centers on the Copperbelt.

In addition, in year 5, PRISM targeted 10 public-sector health facilities in six districts (Choma, Lusaka, Kabwe, Ndola, Kitwe, Kasama) to provide an intensified FP-HIV integration package. The family planning providers (PRISM and public sector) were trained in HIV testing and counseling and the HTC counselors and health promoters were trained in provision of FP messaging and referrals. Across all the 10 health facilities, 861 women who accessed HTC services as their entry point were referred for FP services within the same facility and 677 of these received the service (counseling and/or service provision). 351 women accessing FP services as their entry points were referred for HTC within the same facility and 242 of these received the service.

- **RH/FP Research**

During the PRISM project, partner Population Council implemented a study related to IUD usage in 18 public-sector sites, 9 of which were PRISM-supported. This study examined the reasons why IUD uptake is relatively low compared to other contraceptive methods available on the market in Zambia. The objective was to better understand the provider and client side determinants of IUD usage in Lusaka, Zambia through three sub-studies:

- **Sub-study 1: The Simulated Family Planning Clients** study made use of trained "mystery clients" to unobtrusively observe family planning provider practices with regard to counseling and recommending and explaining the benefits and risks of IUDs to contraceptive seekers.
- **Sub-study 2: Client Perspectives on IUD Use** is a descriptive study using semi-structured exit interviews with clients immediately after receiving family planning counseling in order to examine their beliefs about, knowledge of, and perceived barriers to using IUDs as a contraceptive method.
- **Sub-study 3: Provider Perspectives on IUD Use** is a descriptive study using semi-structured interviews to examine family planning providers' beliefs about, knowledge of, experience with, and perceived barriers to administering IUDs as a contraceptive method.

The study found challenges to IUD uptake to include provider knowledge, attitude, and skills gaps, limited infrastructure, equipment, and supplies, and low acceptability of the IUD among potential users.[9]

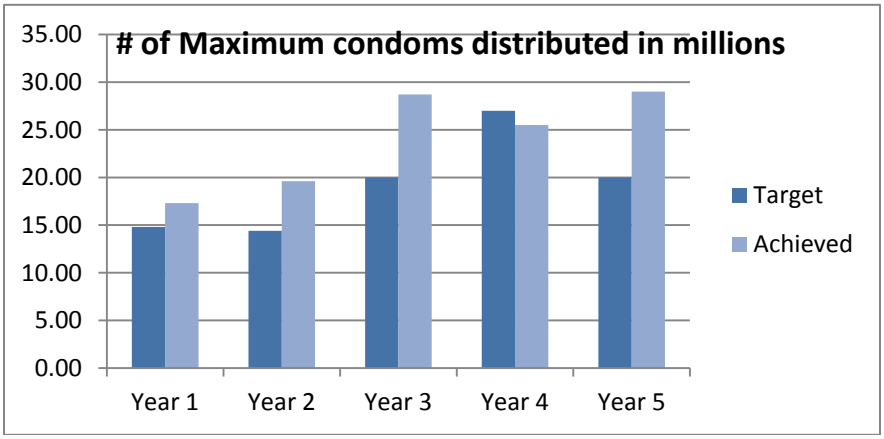
Task 1.3 Increase the supply and diversity of products and services to prevent and manage HIV infection and STIs

Targets:

- Market 91.7 million male condoms, at least 10% of which will be distributed through targeted outreach to most at risk populations (e.g. Youth, FSW & Migrant workers)
- Market 1.83 million female condoms, at least 40% of which will be distributed through targeted outreach to most at risk groups (e.g. FSW & MSM)
- Establish 2,553 male condom outlets and 1064 female condom outlets; of these 1,021 male condom outlets will target hot spots and 851 female condom outlets will target hot spots
- Distribute 400,000 bottles of *Clorin* as part of the basic care services to at least 55,000 PLHA

- **Condom Social Marketing:**

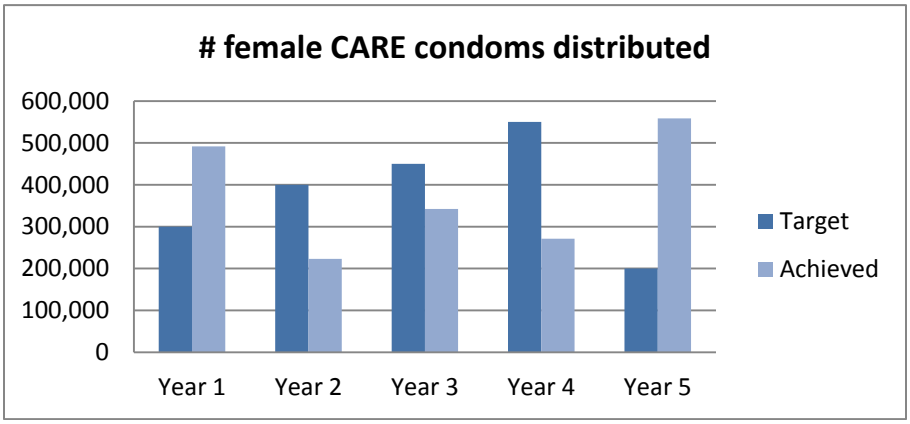
PRISM worked through private, public and non-governmental channels to increase access to a range of HIV prevention products and services including male and female condoms. The project worked to strengthen awareness, and increase uptake of services and products. In the five year project, this strategy yielded a total distribution of 120 million male condoms and 1.89 million female condoms. This performance is attributed to continued collaboration with traditional outlets, corporate industries including mobile service providers, the mines, banks and other non-government channels. In addition to the above target markets, PRISM continued to market male and female condoms in non-traditional outlets including hair salons, barbershops, grocery shops, bars, and nightclubs nationwide.



PRISM continued to work with CARE International to provide community-based distribution of male and female condoms in hard to reach rural communities in 4 provinces and with ZHECT to reach most at risk

[9] Mardieh Dennis, Dr. Mutinta Nalubamba, Oliver Mweemba, Onikepe Owolabi, Mary Zama. 2014. *Provider and Client Determinants of IUD Usage in Lusaka, Zambia: A Mixed-Method Study*. New York: Population Council.

populations in peri-urban areas in 4 Lusaka districts. The community based volunteers (CBVs) helped to promote and increase community access to health products for clients living far from health center catchment areas in the hard to reach and remote project districts. The CBVs engaged individuals, households and community members on a one-to-one basis within the community settings.



The PRISM program collaborated to distribute *Clorin* to people living with HIV/AIDS through the Home Based Care program. The program started in PRISM Year 1 and bottles were distributed annually.

- **HIV Counseling and Testing (HTC):**

Targets:

- Establish 10 New Start HIV testing and counseling service outlets providing testing and counseling according to national or international guidelines
- Provide counseling and testing services for HIV to 1,026,000 clients (disaggregated by sex), of which at least 10% will be couples (up from 4% currently)
- Train 2,300 individuals in counseling and testing according to national or international guidelines
- Increase the number of Horizons graduates by 22%

In the five year project, PRISM project provided HTC services to 1,021,629 clients through 10 static *New Start* outlets as well as mobile clinic. PRISM enrolled HIV+ clients to receive post-test support through the Horizon network. The chart below shows PRISM achievements to annual targets for providing counseling and testing services.

In the first year of the PRISM project eight static *New Start* sites and accompanying mobile teams were reestablished, four using a franchise model operated by local NGO partners including DAPP, Luapula Foundation, Mwami Adventist Hospital, and Solwezi Youth Alive. During PRISM year 3, a *NewStart* HTC static site was opened in Mongu with local partner DAPP. The site was launched through a community event with participation from the PMO for Western

Province, Dr. Kaonga from the MOH, USAID Mission Director Dr. Susan Brems, PSI global Ambassador Debra Messing and community stakeholders. During year 4, PRISM opened a 10th *NewStart* site in Kasama with representatives from local ministry, USAID and community stakeholders.

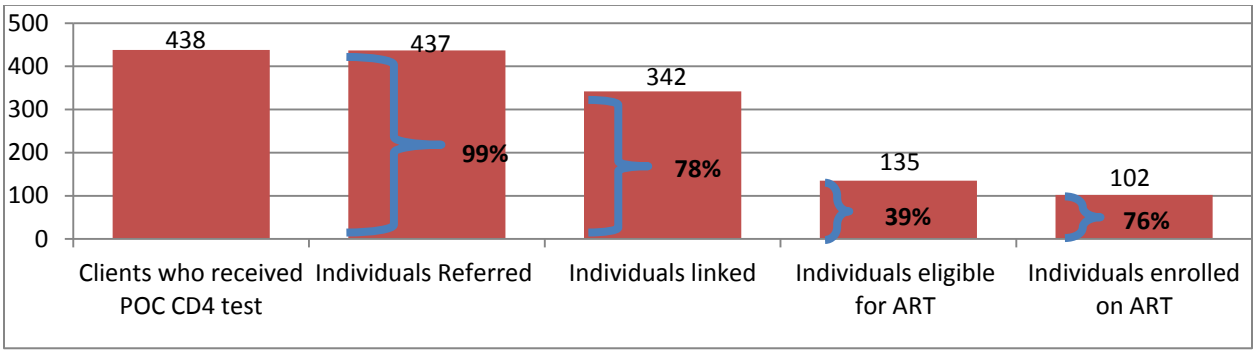
In order to focus on targeted HTC, PRISM commenced outreach HTC work in prisons during year 1. Regular HTC was conducted among inmates and prisons staff in Lusaka and Livingstone prisons. During Year 2, PRISM expanded outreach HTC work in prisons from two Provinces (Lusaka and Copperbelt) to six Provinces (Eastern, Luapula, North Western and Southern). HTC and Horizon post-test activities were conducted among inmates and prisons staff. This scale up increased the number of men reached by HTC services. PRISM also reached out with HTC to underserved areas such as the fish camps, refugee camps, islands and other distant rural areas. HTC was provided during special events such as traditional ceremonies, Trade fares, Agricultural shows, World AIDS day and Volunteer HTC days.

PRISM further implemented several new strategies in Year 2 to target discordant couples with high-impact preventive services, in order to align programming with new WHO and MOH ART guidelines, which recommend ART for all discordant couples regardless of CD4 count. PRISM revised the Horizons post-test curriculum to include prevention activities for discordant couples and began conducting monthly sessions exclusively for discordant couples at all *NewStart* sites, country-wide. PRISM also worked to strengthen ART referral feedback and tracking systems for those testing positive through *New Start*.

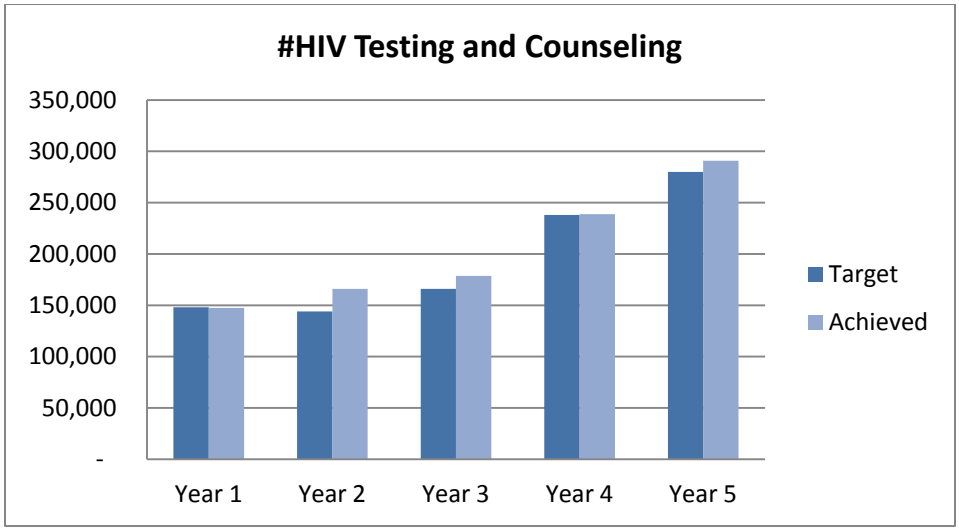
In February and June 2010, PRISM aired the 'Get Tested Together, Get Tested Today' mass media campaign. The mass media spots were accompanied by IPC mobilization efforts with traditional leaders (chiefs and headmen), religious leaders and others. The proportion of people coming for HTC as couples rose from average 5% during fiscal year 2009 to 14% during fiscal year 2010. In the lead up to the National VCT Day on June 30 2011, the MOH and the National HIV/AIDS/STI/TB Council (NAC) adopted the 'Get Tested Together, Get Tested Today' mass media campaign as the official national slogan and, with support from another USG-funded partner (Communications Supporting Health – CSH), re-aired the TV and radio spots and re-printed the PRISM developed posters and fliers. The proportion of people coming for HTC as couples rose again during Year 2 from an average of 14% to over 20%; where it remained for the life of the project.

In year 3 of the project, SFH obtained a donation from Alere Diagnostics of eight point-of-care CD4 analyzers (PIMA machine) and piloted the use of the machines in six *NewStart* sites. Twenty PRISM nurse counselors were trained and 18 certified in the use of the machines. The analyzers were used at both *NewStart* static sites and during outreach sessions to address bottlenecks in the continuum of care from testing to treatment for HTC clients who test positive for HIV. Analysis of the results from three of the sites showed that utilizing point-of-care CD4 analyzers in an HTC setting improves linkages and enrollment into ART. In year 4, PRISM purchased two additional machines so that all 10 *NewStart* sites had point of care CD4 access. In addition to static and outreach CD4 testing, provider initiated testing

and counseling was done in three hospitals (Kitwe Central, Kasama General, Mansa General). Pilot results for the use of point of care CD4 testing with HTC at PRISM sites were as follows:



The chart below shows PRISM achievements to annual targets for providing counseling and testing services.



- **Voluntary Medical Male Circumcision (VMMC):**

Target:
- Circumcise 30,000 males, of which at least 75% will be 13-29 year olds
- Establish three service outlets to provide VMMC services, which will also offer three or more integrated HIV/RH services e.g. HTC, STI screening, TB screening and/or FP/RH annually

A total of 198,238 males received VMMC service during the five year project. In average, 63% of eligible clients tested for HIV as part of the VMMC service. VMMCs were performed at PRISM static sites, public sector sites as well as through mobile outreach. One integrated VMMC service delivery site was established during PRISM year 1: Obote Road VMMC Centre in Livingstone offering VMMC, HTC and RH services. Additional integrated service delivery sites were established in Year 2: YWCA and Chachaca

Road VMMC Centres in Lusaka, Kitwe VMMC site in Kitwe, Chipata VMMC Centre in Chipata, and Solwezi VMMC Centre in Solwezi offer VMMC, HTC and STI treatment services. VMMC services opened in Western province with the *NewStart* site opening. Kasama, Mongu, and Kabwe did not have static sites but rather provided and supported local and long-distance outreach services.

In the spirit of the U.S. Global Health Initiative's (GHI) goal to increase impact through strategic coordination and integration, PRISM regularly participated in MOH meetings (TWG, sub-committee) related to VMMC, supported the MOH through leading the development of the National Communications and Advocacy Strategy for the period 2011-2015, as well as supporting CHAI in the development of a National Country Operational Plan. PRISM also supported the Health Professional Council of Zambia with the piloting of National VMMC Accreditation Guidelines; all six of the PRISM static sites that were evaluated passed the accreditation guidelines.

PRISM engaged in continual VMMC training throughout the five year project. PRISM partners trained both NGO and MOH clinical staff in VMMC service provision as well as VMMC trainers. Training and capacity building exercises in infection prevention, Neonatal MC (NMC), STI syndromic management, and clinical skills training, were held for VMMC service providers. In addition, VMMC service providers were trained in a more efficient technique for haemostasis (electrocautery) through PRISM training partner Jhpiego. 200 public sector providers were trained in VMMC clinical skills, 248 in VMMC counseling and 26 in VMMC mentorship skills.

During year 2, PRISM collaborated with two high-profile traditional leaders of non-circumcising groups; Paramount Chief Mpezeni of the Ngoni speaking people in Eastern province and his Royal Highness Chief Mumena of the Kaonde speaking people in North-Western province. On two separate occasions, PRISM was invited to offer VMMC services during traditional ceremonies, where specialized surgical tents were used to conduct the procedure outside of health facilities. In Eastern province, the activity marked the symbolic re-introduction of circumcision among the Ngoni people by the Paramount Chief as a cultural practice and also as an HIV prevention strategy.

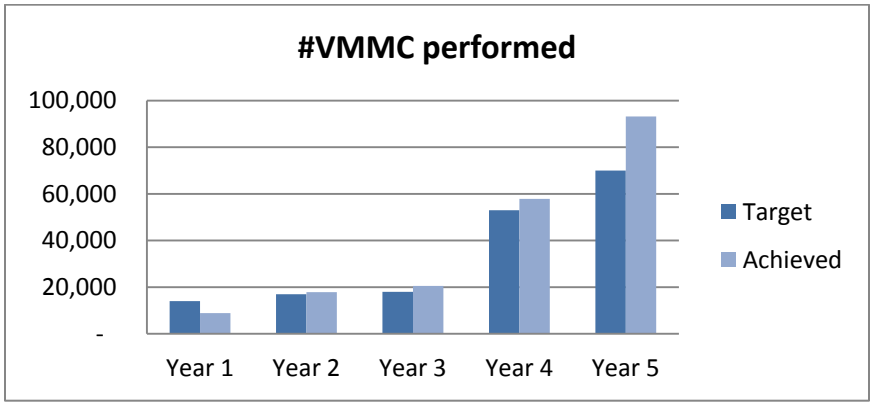
During PRISM year 3, the U.S. Ambassador engaged the traditional rulers through a meeting at the House of Chiefs to help mobilization for VMMC in their respective chiefdoms. Through this, PRISM was able to engage additional traditional rulers to mobilize demand for and VMMC services including Chief Chikanta of Tonga speaking people of Southern province; Chief Mumena of Kaonde people of North-Western province; Snr Chief Madzimawe of the Ngoni people of Eastern province; Chieftainess Malembeka and Chief Lumpuma of the Lamba speaking people on the Copperbelt province; and Snr Chief Puta of the Bemba people in Luapula province.

PRISM has engaged regarding specific traditional events on the Copperbelt province, with Chief Lumpuma in Lufwanyama district and Chief Malembeka in Mpongwe district were engaged. PRISM participated during the annual N'cwala ceremony through offering of VMMC and HTC services in response to the Paramount Chief Mpezeni request for PRISM participation in the re-introduction of male circumcision services in his kingdom not only as traditional rite but for HIV prevention too. At traditional ceremonies, VMMC services are offered in medical tents which meet all environmental health requirements and quality standards. This demonstrates that VMMC services can be done outside facility-based clinical settings.

In addition to tradition leaders, the PRISM program circumcised one of the Parliamentarians, Hon. Highvie Hamududu of the Bweengwa constituency at PRISM YWCA VMMC site. Vincent Mwale from Chipangali Constituency in Chipata and Keith Mukata, Chilanga Constituency were circumcised in Chipata and at Parliament building respectively. Non circumcised parliamentarian advocates were Victoria Kalima, Kasengwa Constituency, Chipata.

PRISM aired age specific adverts to enhance service uptake among older men, increased collaboration with DHOs to enhance GRZ ownership at implementation level by holding planning meetings prior to campaign periods, and continued to build technical skill capacity of more public sector health providers to support VMMC activities in outreach.

Because of the rapid scale up of VMMC services and an increase in funding in years 4 and 5, PRISM far surpassed it's project target of 30,000 VMMCs. Annual targets were set for the project and achievement towards these annual targets is shown in the chart below.



- **Behavior Change Communications**

Targets:

- At least 595,328 individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (e.g., condoms, knowledge of HIV status)
- Train 2,700 individuals to promote HIV/AIDS preventive behaviors other than abstinence and/or being faithful

PRISM reached 952,575 individuals (381,030 males and 571,545 females) through community outreach promoting HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (e.g., condoms, knowledge of HIV status) primarily through partners ZHECT and CARE International. Individuals were reached with HIV messages through interpersonal one on one and small group sessions.

During year 1 of PRISM, training was given to PRISM partners' staff in participatory IPC techniques, known as "Education Through Listening" (ETL) – with support from PRISM international partner Overseas Strategic Communications (OSC). PRISM community teams including SFH Communication Assistants and Medical Detailers, CARE International's Community Volunteers, and ZHECT Behavior Change Promotors were trained in ETL to listen more and talk less, to use open-ended questions, to acknowledge positive behavior and encourage participants to reflect upon how their own behaviors impact their health. Facilitation guides and other IPC materials were revised for better consistency with ETL approaches, and enhanced impact on the adoption of preventive behaviors.

PRISM partner ZHECT held a workshop for traditional marriage counselors to integrate HIV prevention into traditional marriage counseling practices.

As a way of bringing health messages closer to communities, PRISM communication assistants use mobile video units (MVU) to reach communities that have limited access to national media such as TV, radio, and newspapers. The MVU shows enable the team to localize the key messages on our products and services and provide a platform for traditional leaders to speak to the target groups. This helps break down barriers, myths and misconceptions, and provides role models with an opportunity to share experiences and build skills in the potential clients.

With the rapid expansion of PRISM's VMMC program, demand creation over-burdened the communication team. To boost demand creation, the communications team created a pool of Health Promoters (HPs) to help mobilize communities. Each of the 6 fixed VMMC sites recruited 10 HPs who were well oriented and supervised by a local Communication Assistant. Of the total number of VMMCs performed at the static sites in year 3, HPs directly contributed 30% which was confirmed by tracking referrals and follow-ups. In year 4, HPs were trained in or instructed to promote other, non-VMMC programmatic areas.

- **HIV Research**

PRISM partner, Population Council engaged in a formative research project related to men who have sex with men (MSM) and other most-at-risk populations (MARPs). The objectives of this study were to better understand the context of MSM and other MARPs, including drug users (DUs) and female sex workers (FSWs) in Zambia; document factors that place them at risk of HIV; describe how MARPs may be identified, reached, and served by various health programs; and feed these results into HIV prevention programming. Data was collected using qualitative research techniques, including key informant interviews (KIIs) and focus group discussions (FGDs).

The Population Council also undertook a critical study of risk compensation in a national program of male circumcision scale up. The VMMC longitudinal study was begun as part of the Bill & Melinda Gates Foundation MV Partnership program, and later rounds of data collection continued under the PRISM project. From the report:

The Population Council's risk compensation study investigated the degree to which post-male circumcision risk compensation exists among men and women in Zambia. The Population Council conducted a community-based prospective cohort study among men and women aged 15–29 at baseline (2010-2011). A representative sample of adolescent and young adults (15–24) was included to explore issues that might be specific to this age group. Participants were interviewed annually across four rounds of data collection yielding three years of observation. Detailed information on sexual behaviors was collected in each round. Complementing the survey data, in-depth interviews were conducted with a subsample of survey respondents at baseline and endline. The endline qualitative interviews explored key questions in greater depth, for example, how respondents understand the partial effectiveness of male circumcision; the interaction of circumcision, gender norms and sexual scripts that potentially affect sexual negotiation and behavior; and the beliefs that underlie risk compensation.

The findings from this study revealed no evidence of post-male circumcision risk compensation occurring among men or women in the sample. There is also no clear evidence that circumcised men have consistently more protective behaviors post-circumcision due to the behavioral change counseling provided prior to and after circumcision. While protective behavior change would have enhanced impact, there is no evidence from the study data presented here that it is occurring in the Zambian program.[10]

In a third study, Maximum Classic condom WTP surveys were conducted in Chongwe and Lusaka. Most male respondents were between ages 18-34 with a little over half being married. Product knowledge among male respondents was high, with males almost universally reporting their condom use for protection from HIV, STIs, and pregnancy. In Lusaka, male respondents reported less frequent consistent condom use compared to Chongwe (28.1 percent versus 38.9 percent, respectively) and generally purchased fewer Maximum Classic condoms in the past 12 months (median of 5 times compared to 8, respectively). For Maximum Classic condoms, price sensitivity did not differ between higher and lower SES groups; however men in Chongwe were willing to pay more than men in Lusaka, but only if the price remained below 2.00 ZMK.[11]

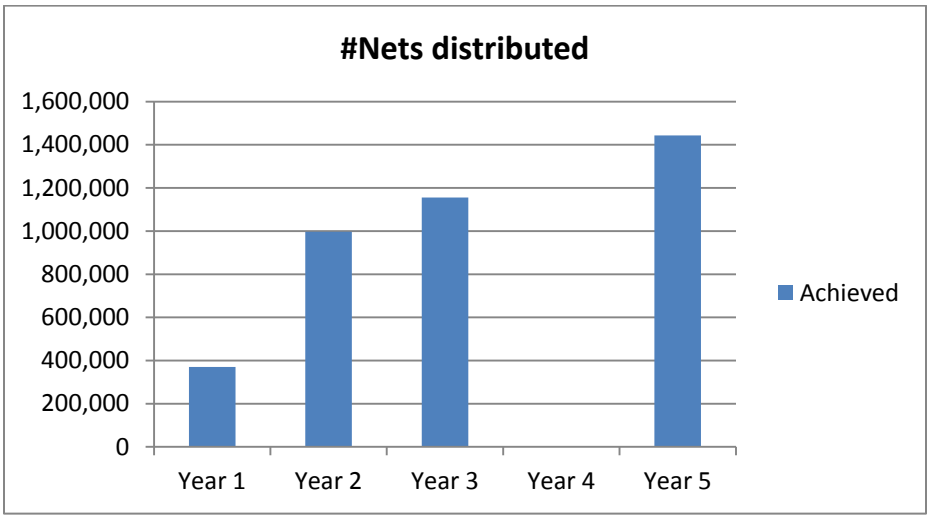
Task 1.4 Increase the supply and diversity of products and services to prevent and control malaria for distribution and delivery through the private sector, in conjunction with the public sector.

[10] Hewett, Paul C., Erica Soler-Hampejsek, Nicolas Grau, Petra E, Todd, Dr. Mutinta Nalubamba, Alick Simona and Nicholas Shiliya, Nicole Haberland, Barbara Friedland, Kumbutso Dzekedzeke, Barbara S. Mensch. 2014. *Risk compensation post voluntary medical male circumcision in Zambia.* New York: Population Council.

[11] Sheehy, Meredith. 2013. "Willingness to pay: Research report for Society for Family Health, Zambia, funding year 4 (October 2012-September 2013)." New York: Population Council.

Targets:

- Distribute at least 2 million ITNs
- Develop and implement a strategy to transfer the ANC ITN program to MOH and ensure that the MOH independently manages the MIP program, including procurement, distribution and promotion of ITNs, by September 30, 2013
- Maintain supplies of ITNs to all the 72 DHMTs nationwide annually
- Train 2,000 community outreach workers to promote the correct and consistent use of ITNs



- **LLIN Distribution:**

PRISM worked closely with the MoH, MCDMCH National Malaria Control Centre (NMCC) and other partners to support the goal of sustained universal coverage for long lasting insecticide-treated nets (LLINs). During the five year project, PRISM distributed 3,966,037 LLINs. PRISM supported routine LLIN distribution to pregnant women and children under five, with particular focus on endemic districts in all 72 DHOs, pending sufficient commodity supplies. *Mama Safenite* LLINs were distributed to DHMTs for routine distribution during antenatal care, in support of the MOH's Malaria in Pregnancy program. PRISM also distributed 700,000 NMCC LLINs to DHOs at the request of and on behalf of the MOH.

2,285 Community Based Volunteers were trained in collaboration with PRISM partner CARE International to promote correct and consistent LLIN use.

During year 2, PRISM also supported MOH's Mass Distribution campaign in Eastern Province, with community-based volunteers providing information and demonstrations of proper net usage at facility-level distribution points. During the initiative, community-based volunteers offered to accompany residents to their homes to assist with proper placement, with a goal of covering "every sleeping space" with an ITN in order to combat a recent resurgence of the disease in 3 priority Provinces (Eastern, Luapula, and Northern).

Preliminary data from the 2013-2014 ZDHS show that 75% of households nationwide own at least one mosquito net and 68% of households own at least one ITN with rural households more likely than urban households to possess at least one net.[12]

Task 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and malaria and to build an informed, sustainable consumer base

- Train 2,000 community outreach workers to promote the correct and consistent use of ITNs and other child health products
- Increase awareness of and demand for HIV/AIDS services in order to reach at least 595,328 individuals through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and being faithful
- Increase awareness and demand for family planning methods by reaching at least 186,040 people

- **Prevention of Childhood Illnesses & Malaria:**

PRISM sensitized rural communities through practical demonstrations in hard-to-reach rural areas, low income urban locations, at highly populated bus-stations and markets. Importance of hand washing using running water with soap is emphasized. Using interpersonal communication, 814,620 people were reached with interpersonal communication messages on *Clorin* use and hygiene practices. PRISM also engaged with locally existing Neighborhood Health Committee structures to sensitize the communities in proper use of ITNs. The PRISM team also used Mobile Video Unit (MVU) shows to disseminate malaria messages to other population that might have not been covered in schools, markets and bus-stations.

During year 1, PRISM implemented *Clorin* school programs in five Provinces: Lusaka, Northern, Copperbelt, Eastern, and Luapula. PRISM Communication Assistants (CAs) worked with 20 schools to facilitate discussions with students and teachers using a peer to peer model. Children were taught the importance of treating water with *Clorin*, hand washing and practicing other hygiene behaviors to prevent diarrheal diseases. 'Hygiene Clubs' were formed at all the schools to continue the work. The clubs were expanded to 37 schools in nine provinces by year 3 of the project, but were discontinued by year 5.

PRISM integrated safe water and hygiene messages (about *Clorin* and its correct use) into the story-line scripting, production and programming of the very popular local language TV soap opera BANJA –

[12] 2013-2014 ZDHS

screened twice daily on MUVI TV and viewed by many people in high, medium and low income brackets. In addition, The Malaria 1-2-3 campaign was aired in all major local languages throughout the country.

- **Creating Informed Demand for VMMC:**

During the course of the project, PRISM utilized a variety of interpersonal, mid-media (MVU), mass media, print and community-level communications to create informed demand for VMMC. Activities included drama performances, activities and special events with other implementing partners and community mobilization efforts. An MOU was signed with CHAMP to formalize plans to integrate VMMC counseling and promotion into a free national hotline. PRISM provided VMMC service providers to help answer hotline calls related to VMMC and trained 12 CHAMP hotline operators in key messages and referral systems for VMMC.

Television demand creation activities included three TV advertisements with VMMC Champions, Chief Mumena, Chief Madzimawe and a satisfied client. TV programs were designed addressing benefits of VMMC as well as myths and misconceptions. PRISM advertised VMMC through TV scrolling text messages during international football matches. The program hosted a media breakfast and lunch to meet the media and discuss their role in disseminating VMMC information. This was featured as a news item on TV and clips were used as inserts in the Ministry Of Health Program on National TV.

Radio Spots were developed with Chief Mumena, Madzimawa and a satisfied client and PRISM aired phone- in programs on various national and community radio stations.

PRISM conducted various activities to raise awareness in VMMC service provision. Road shows were conducted, staging popular local artists to attract the masses. Education institutions were engaged by collaborating with some trained school teachers on benefits of VMMC who also act as key messaging personnel to the school population. The PRISM team also supported Body Building contests e.g. 'Mr-Maximum' by branding the contestants and display of banners containing messages on VMMC.

PRISM coordinated with the MOH and other partners to develop a national VMMC logo and supporting mass media campaign, based on VMMC TRaC and other research findings. The logo and other campaign materials were pre-tested with the target group.

This logo is now used by the MOH and a variety of implementing partners to identify sites offering safe VMMC services and has been integrated as the center-piece of the national multi-media VMMC campaign.

- **Increasing condom awareness and demand**

The PRISM team increased condom use awareness by working with various bars and night clubs. Bar attendants and DJs were given branded t-shirts and trained in the benefits using condoms. DJs were

encouraged to announce key messages on condom use and risks associated to improper usage. PRISM continued to make available communication material on female condoms and male condoms countrywide. Channels used for demand creation included counseling sessions and interpersonal communications and use of community events such as traditional ceremonies and other public holidays like valentines and youth days.

- **Increasing awareness and demand for family planning methods**

During the five year project, PRISM project reached 801,510 clients with Family Planning messages through CARE International CBVs. A further 226,982 women received group family planning messages at family planning clinics. Another 206,744 *NewStart* clients were provided with RH/FP messages and of these 67,190 female clients were referred for family planning services. However, during implementation of IPC messaging activities, PRISM learnt that there are myths and misconceptions about LARC among providers and community members. This has contributed to the challenges of LARC service provision.

- **Interpersonal Communications (IPC):**

PRISM expanded its IPC interventions in the delivery of key messages across the different health areas countrywide with the deployment of close to 200 volunteers, commonly referred to as Health Promoters. During the five year project, individuals were reached with HIV preventive interventions, abstinence and being faithful messages as well as beyond abstinence and being faithful messages, through interpersonal one-to-one and small group sessions. Most-at-risk populations (MARPs) including female sex workers, fishermen, long distance drivers and uniformed personnel were also targeted with HIV prevention messages.

The IPC efforts are supported at a higher level by mass communication messages and mid-media channels that include mobile video units, roads shows and sport tournaments. IPC interventions are mostly intensified in areas with little or no access to mass media and help break down deep seated barriers and myth and, misconceptions, IPC also provides role models with an opportunity to share experiences and build skills in the potential clients.

Task 3: Develop the ability of a commercial/private sector entity to produce and market at least one currently social marketed health product or service in a sustainable manner.

Activity: Develop the ability of a commercial/private sector entity to produce and market *Clorin* in a sustainable, self-sufficient manner by 2013.

- **Commercializing Activities:**

PRISM partner Booz Allen Hamilton was scheduled to conduct a market feasibility study to look at options for fully commercializing one or more locally produced socially-marketed product or service, including *Clorin* water purification solution. The assessment was put on hold pending findings from the Mid Term external evaluation and was later cancelled.

Optional Task 5: Misoprostol for PPH: Increase the awareness of, demand for, and use of Misoprostol

Targets:
- Market at least 150,000 doses of misoprostol in high priority districts annually
- Increase the sales of misoprostol products by 5% annually
- Increase awareness and demand for misoprostol by reaching at least 186,040 people

- **Misoprostol Activities:**

PRISM optional task 5, Misoprostol for Post Partum Hemorrhage (PPH) was exercised by USAID in January, 2013. During the PRISM year four, 571 healthcare providers (77% of the target) received training on how to administer Misoprostol for prevention of post-partum hemorrhage (PPH). These providers came from 377 health facilities in 14 districts, including the four SMGL districts. Following the training, 120,000 Misoprostol tablets were distributed to all the facilities with trained providers during this period. PRISM was unable to secure additional supplies of Misoprostol during the project and no further tablets were distributed.

The distribution of Misoprostol for the management and prevention of PPH as a means to contribute to the reduction of maternal mortality was targeted to pregnant rural women not likely to deliver in a health facility or be with communication messages encouraging the clients to deliver at a health care facility.

PRISM target districts for Misoprostol distribution for prevention of PPH were: Senanga, Mongu, Kazungula, Kalomo, Kafue, Mumbwa, Luangwa, Chongwe, Nyimba, Lundazi, Lufwanyama, Chienge, Mwense and Mansa. The criteria for selecting these 14 districts were based on:

1. Least performing district by ANC coverage (2010 MOH data)
2. Districts with SMAGS (2010 MOH data)

3. Non SFH supported districts

Other Cross-cutting Topics

- **Participation and partnership in national, provincial, district, facility and community level**

PRISM consulted throughout the project period on various technical matters with MOH and MCDMCH Directors, District and Provincial Medical Officers and other senior officials on a continuous basis. These interactions occurred both informally as well as more formally through regular participation in official forums and events, including Technical Working Group meetings. At Provincial and District levels, PRISM teams are part of planning meetings, Provincial/District AIDS Task Force activities and other national events.

- **M&E and Research**

During the life of the PRISM project, the M&E team collected routine services, training and sales data, carried out data quality audits and reporting of all PRISM indicators, in the supported provinces. The team collaborated with M&E staff from other partners.

A baseline study was conducted at the beginning of the PRISM project, "2010 Baseline HIV/AIDS TRaC Study: *Male Circumcision study among Male Zambians aged 16-35 years*" and results were shared at a dissemination meeting attended by PRISM staff, USAID, MOH, and partner NGOs.

- **Gender Mainstreaming**

In the 3rd year of the project, PRISM partner, IntraHealth provided assistance in the development of a Gender Equality Action Plan, including a plan for finalization and dissemination, indicators and identified individuals and their responsibilities for follow up and technical support needed for implementation of the plan.

This work centered on developing and conducting a comprehensive gender assessment of PRISM and its service platforms and assisting PRISM to use the assessment findings to mainstream gender to the benefit of the project and its services. The assessment looks at gender mainstreaming with respect to 1) human resources policies and procedures, 2) political will and accountability; 3) leadership and management; 4) technical capacity; 5) organizational culture; and 6) programs. The findings of the assessment will form the basis for an SFH Gender Equality Action Plan.

SFH disseminated the gender assessment findings to its staff and developed an implementation action plan addressing both programmatic and organizational issues.

- **Quality Assurance**

PRISM places the utmost importance in assuring the quality of its health services programs and has taken steps during the life of the PRISM project to institute systems for ensuring quality. A comprehensive review of Quality Assurance/Quality Improvement (QA/QI) activities for all health services programs was undertaken. The overall goal was to institute and integrate QA systems into health services to better provide support programs going forward. The results of this process were two-fold: establishment of a new QA unit staffing structure and strengthening of QA functions at platform

level. Achievements included the development and dissemination of guidelines, assessment tools and reporting templates for all three health service areas – Reproductive Health and Family Planning (RH/FP), HIV Testing and Counseling (HTC), and Voluntary Male Medical Circumcision (VMMC). This was done ensuring provision of high quality health care in PRISM programs based on 6 Quality Assurance (QA) standards i.e. i) Technical Competence, ii) Client Safety, iii) Informed Choice/decision, iv) Privacy and Confidentiality, v) Continuity of Care and vi) Quality Data.

The Quality Assurance (QA) team provided oversight and support in monitoring and assessing the health service provision in HTC, MCH, RH, and VMMC through the following activities:

i. Supportive supervision visits were conducted at various sites (PRISM static sites and partner sites) to assess performance against standards and recommendations and support for corrective action were provided when needed,
ii. External and Internal Quality Assurance Audits were conducted:
    - to ensure facilities met minimum facility/platform standards for providing health care services
    - to measure and assess healthcare providers' capacity in health service provision, and supervision and mentoring provided where needed
iii. Periodic clinical symposiums/meetings were held at platform level in clinical topics to address gaps noted during assessments
iv. Clinical skills trainings, refresher trainings and post-training mentoring for public sector and SFH staff were held to ensure provider technical competence in various programs
v. Additional resources/reference materials for clinical competence, such as guidelines, protocols and standard operating procedures were provided to partner and PRISM sites
vi. Adverse Events (AE) systems were evaluated and revised, including ensuring that the teams on ground were well oriented on 'crisis communication tree' in an event of an adverse event and well prepared to effectively manage complications and adverse events. The use of AE reporting templates and tracking of AEs were also improved over the course of PRISM.
    - The program employed regional doctors on a consultant basis to provide medical assistance, as needed, to supervise adverse events response, as well as to provide technical assistance in clinical related topics through clinical meetings and trainings.
    - On a periodic basis, the program conducted emergency drills, as a test of its AE management system.
    - For the VMMC program, the severe AE rate remained low throughout the project at 0.1 percent