Strengthening Community Capacity and Engendering Behaviour Change

Preliminary Highlights of Health Communication Partnership Evaluation

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HEALTH COMMUNICATION PARTNERSHIP ZAMBIA

Project Context

- HCP focused on hard to reach districts; low health progress; inactive NHCs, weak community capacity.
- Communities empowered to focus on their health priorities they identified through participatory data collection and analysis
- Interventions integrated across health areas (Malaria, RH, Child health, HIV and AIDS, Maternal Health).
- Partnership with MOH and DHMT built in from design to ensure ownership, scale, and sustainability.
- Intervention and Comparison Communities both exposed to HCP interventions
  - Mass Media covered entire country
  - HCP tools/products used by other organizations
- Complex to measure HCP effects in an environment where there have been many health inputs from diverse sources

Presentation Roadmap

- Objectives of the Evaluation
- Evaluation Approach
- Study Context
- Preliminary Highlights
- Conclusions and Recommendations

Objectives of the Evaluation

Overall Objective:

- **Evaluate the impact of HCP Zambia on individual and community attitudes, norms and behaviors**

Specific:

- **Assess whether individuals' knowledge, attitudes, and behaviors have improved during the project period (2004 – 2009)**
- **Assess whether individuals exposed to the project have greater knowledge and more favorable attitudes and behaviors than non-exposed**
- **Assess whether HCP project communities have improved community capacity compared to comparison communities.**

Evaluation Approach

- **Community action plans achievements**
- **Documenting success stories**
- **Survey Design:**
  - **Baseline (2005); Endline (2009)**
  - **Sample Size: Baseline (3,000); Endline (4,000)**
  - **Probability Sample**
  - **One male & female responded from each sample household; over 80% sample coverage rate**
  - **Stratified into Intervention and Comparison districts; low/high intensity; urban/rural**
  - **Intervention districts refer to where HCP directly implemented programs**
  - **Endline fielded in 22 intervention districts (Kalabo dropped) 14 comparison districts (Lusaka dropped)**
  - **External evaluation conducted by DCDM (Baseline); Glow Consultancy (Endline)**

Evaluation Approach (cont)

- **Innovative Approach to Measuring Community Capacity**
  - **Community generated capacity indicators were identified, tested and validated**
  - **Endline: first time community capacity validated index applied to a population based survey**
  - **Indicators measure community perceptions of improved capacity**
  - **Triangulated by checklist completed by external reviewers; data gathered by observation and interviews with NHCs**

Data Analysis

- Priority indicators compared to other national indicators: PEPFAR, ZDHS 2007, Zambian National Malaria Indicator Survey
- Data analysis mainly involved production of adjust proportions; controlled for key background variables (Province, Rural/Urban, age, education and religion)
- Guided by HCP Evaluation Framework

HCP Evaluation Framework (2005 – 2009)

HCP Interventions

- Mobilising and empowering individuals/families communities
- Engaging leaders
- Empowering youth
- Harmonising health messages

Enabling Environment

- Increased community capacity
  - Social cohesion
  - Collective efficacy
  - Conflict management
  - Leadership
  - Effective leadership
  - Individual efficacy
- Increased exposure to health messages
  - Drama
  - TV/video
  - Print materials

Intermediate Effects

- Increased knowledge
- Reduced high risk behaviours
- Increased individual /collective efficacy for health action
- More equitable gender and social norms

Health Behaviours

- FP use
- Birth planning
- Delivery at a health facility
- Exclusive breast-feeding
- ITN use
- HIV protective behaviours

Initial Results

Preliminary Highlights By:

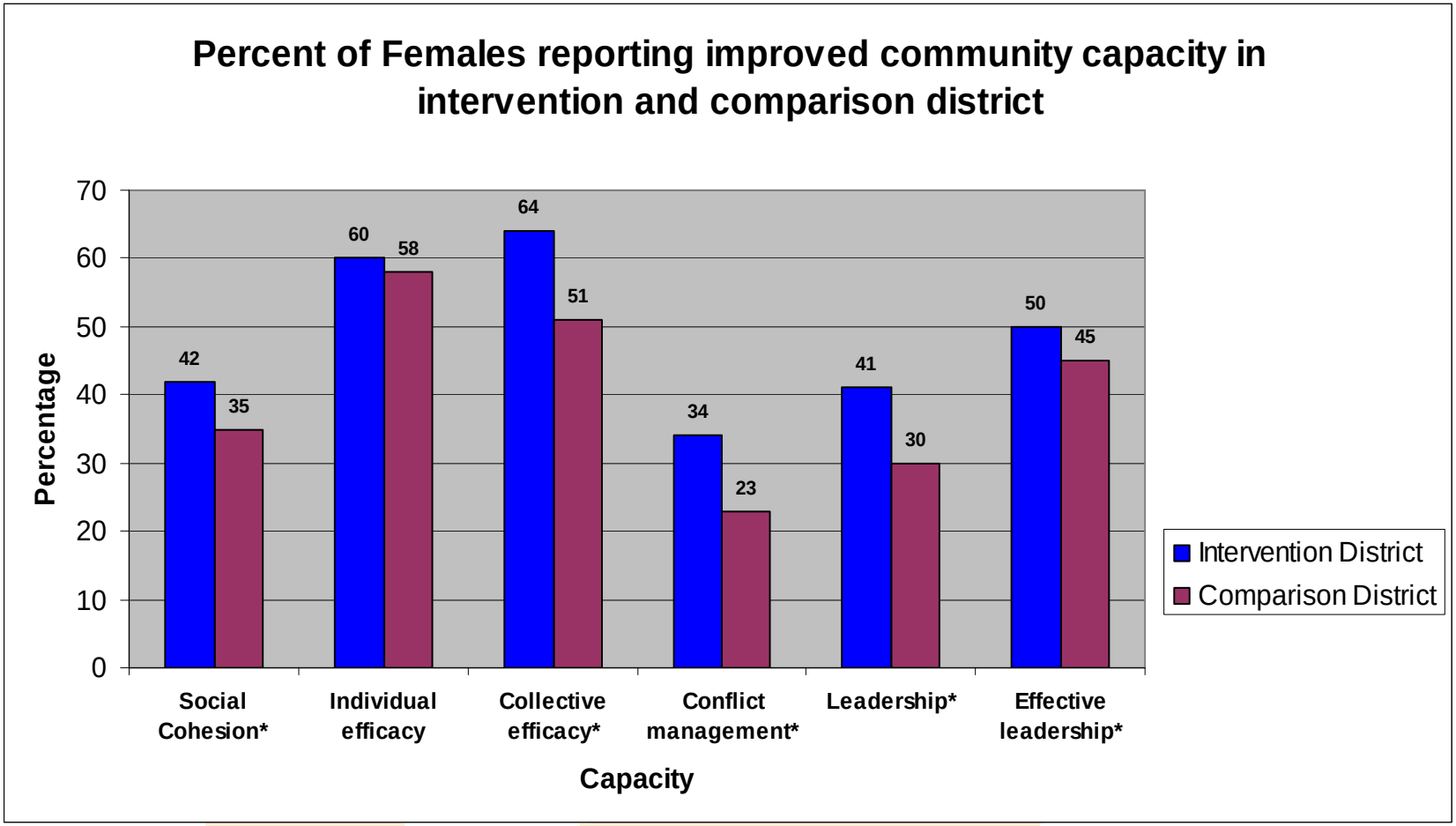
- **Community Capacity indicators**
- **Exposure to HCP Programs**
- **Sample pathways to Behaviour Change: (HIV and AIDS; Malaria; Family Planning and Maternal Health)**

Measuring Community Capacity

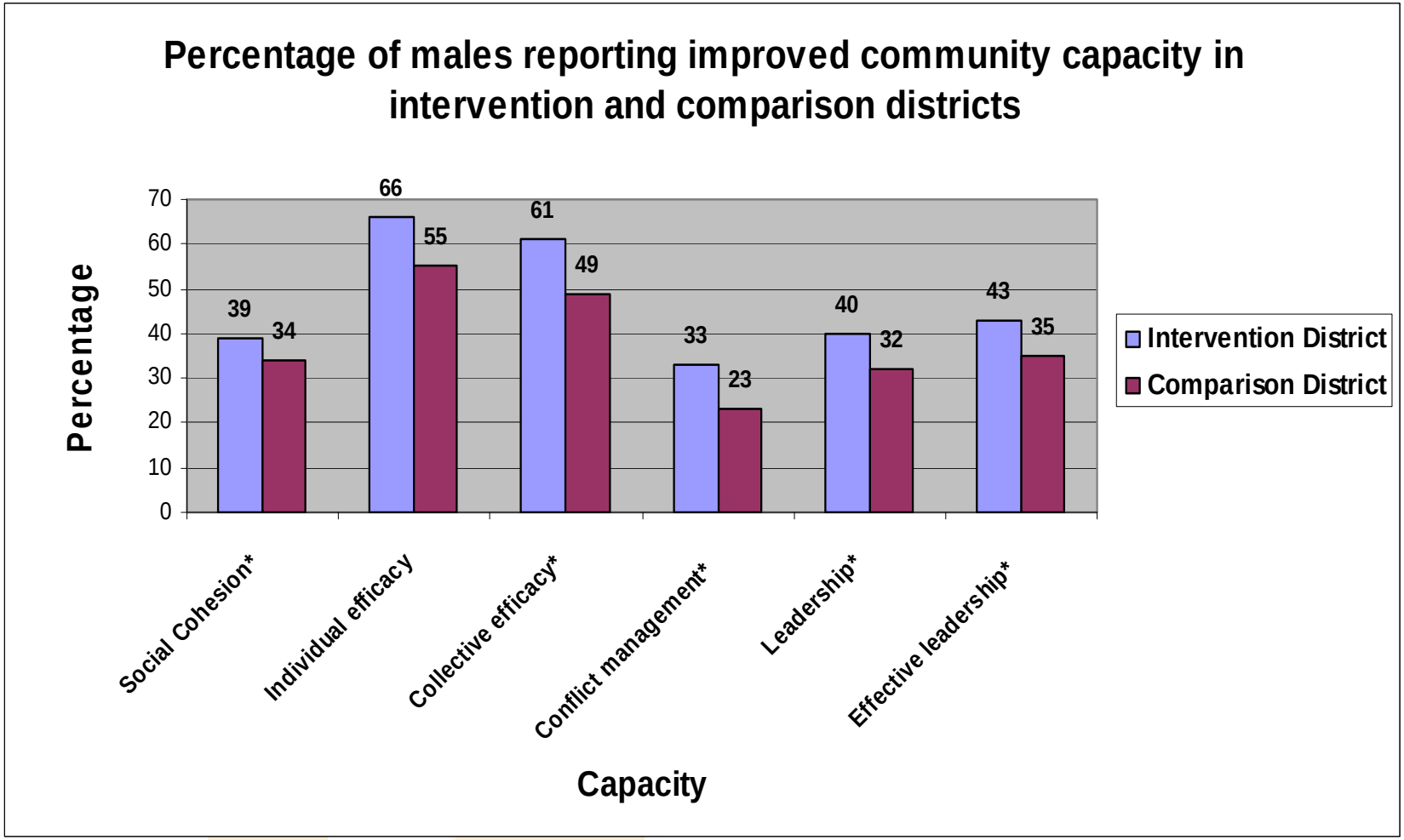
- **Survey assessed differences in community capacity between intervention and comparison districts**

- **Community Capacity was measured through six domains:**
  - **Individual Efficacy**
  - **Collective Efficacy**
  - **Conflict Management**
  - **Leadership**
  - **Effective Leadership**
  - **Social Cohesion**

- **Significant change in 6 Domains of community capacity was found in all intervention districts compared to comparison districts**



Source: 2009 HCP Endline Survey
*Different from Comparison Communities($p<0.05$)
Adjusted for Age, Education, Religion, and Urban/rural residence



Source: 2009 HCP Endline Survey
*Different from Comparison Communities($p<0.05$)
Adjusted for Age, Education, Religion, and Urban/rural residence

Illustrative Community Capacity Indicators

- **Social Cohesion**
  - Community members help neighbours
  - Community members able to discuss problems
- **Individual Efficacy**
  - My contribution can help
  - I can participate
- **Collective Efficacy**
  - Community problem solving
  - Committed to same collective goals
- **Conflict Management**
  - Quick resolution to conflict
  - Getting involved to resolve issue
- **Type of Leadership**
  - Women leaders
  - Leaders lead by example
- **Effective Leadership**
  - Setting goals and objectives for community activities
  - Developing a plan for community activities

Success Story:
Siayumbu Neigborhood Health Committee

After training, NHC identified, planned and implemented activities to address their priority health issues:

- Targeted nutrition, malaria and HIV and AIDS
- Constructed a health post through donated land, contributions of ZMK 5000 per household, and labour
- Tackled childhood nutrition problems with innovative approaches, including rewarding mothers whose children showed improved nutritional status, as well as, promoting exclusive breastfeeding and demonstrating effective cooking/feeding, improved farming practices, and collective community food contributions.

EXPOSURE

Exposure to HCP

Interventions Measured:

- Community level interventions (including drama, Health Cards, leadership dialogue)
- Mass Media: Radio, TV, Print, Video

Exposure Levels:

- Levels of exposure similar in "intervention" and "comparison" communities (for reasons noted earlier)
- Mass media reached approximately 80-90% of potential radio audience

Percentage of women exposed to selected health messages

	Intervention Districts
Seen a health-related drama performance	41.6
Listened to Sister Evelina radio program**	52.4
Listened to Your Health Matters radio program	42.2
Heard a short radio drama about malaria	29.1
Heard or seen One Love Kwasila slogan	20.3

Difference between Intervention and Comparison Districts: *p<0.05; **p<0.01

Percent of men exposed to selected health messages, by district type

	HCP Districts	
Seen a health-related drama performance	44.1	
Listened to Sister Evelina radio program	62.3	
Listened to Your Health Matters radio program	51.1	
Ever read Choose Life magazine	23.8	
Heard a short radio drama about malaria	39.5	
Heard or seen One Love Kwasila slogan	27.3	

Difference between Intervention and Comparison Districts: *p<0.05; **p<0.01

Percent of women exposed to messages about specific health topics

% exposed to messages about:	HCP Districts	
HIV/AIDS**	85.3	
Malaria***	77.1	
Family Planning**	66.2	
Maternal Health**	61.8	
Child Health*	67.3	

Source: 2009 HCP Endline Survey
Difference between Intensive and Comparison Districts: *p<0.05; **p<0.01; ***p<0.001

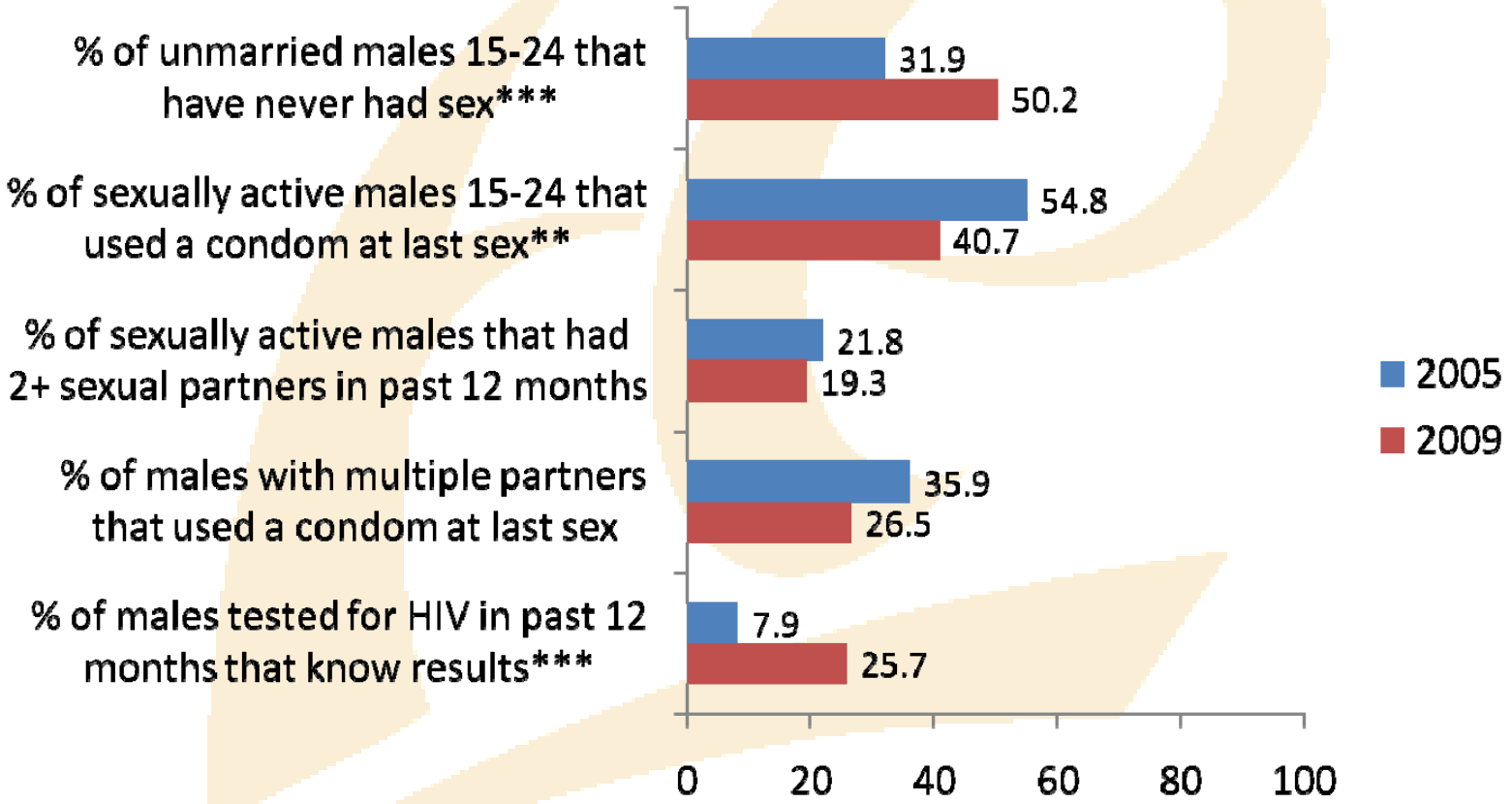
Percent of men exposed to messages about specific health topics

% exposed to messages about:	HCP Districts	
HIV/AIDS	90.8	
Malaria	86.2	
Family Planning	76.9	
Maternal Health	73.1	
Child Health**	76.7	

Source: 2009 HCP Endline Survey
Difference between Intensive and Comparison Districts: *p<0.05; **p<0.01; ***p<0.001

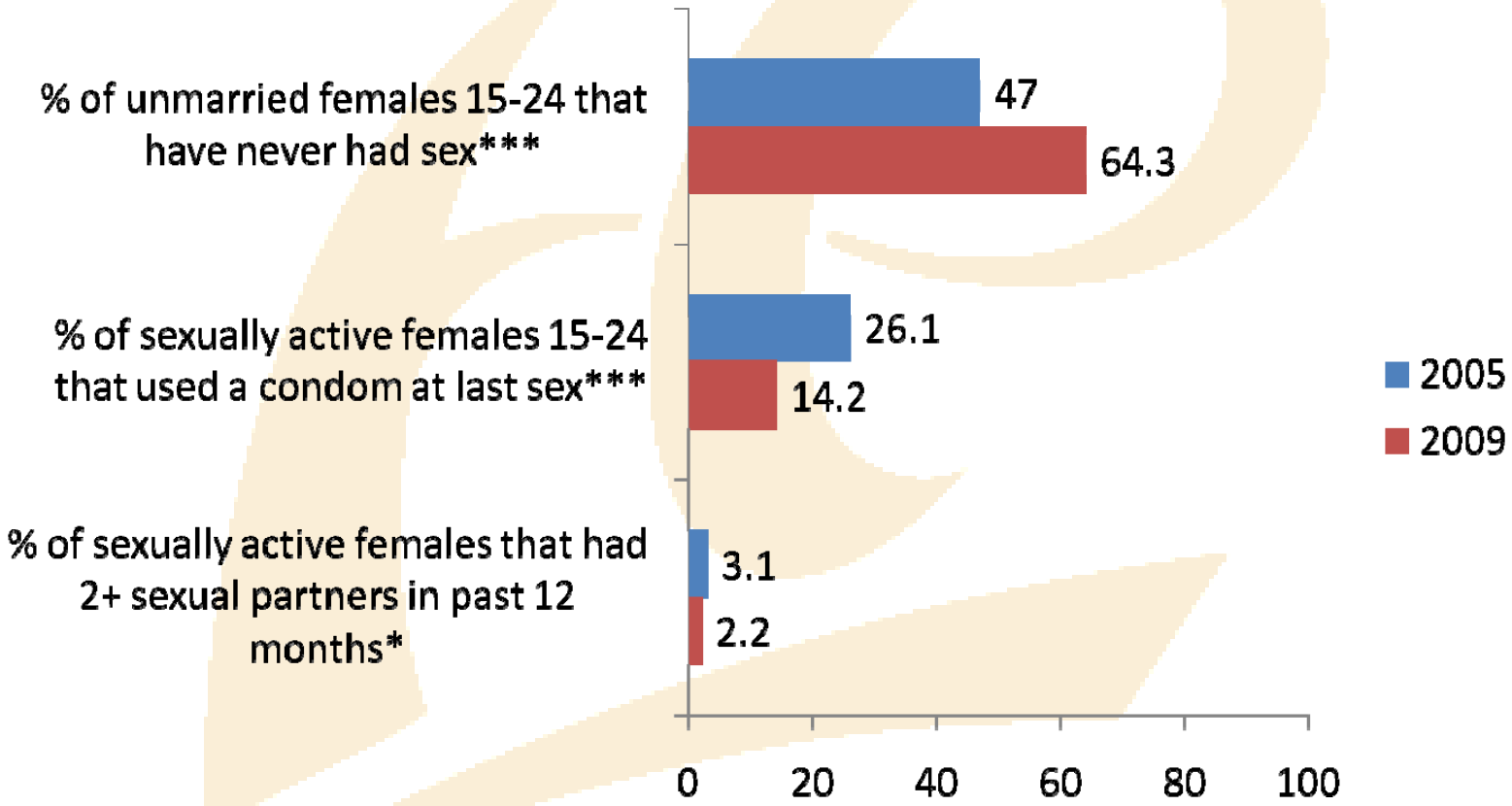
Changes in Behaviour

Changes in HIV protective behaviors among men between 2005 and 2009



Sources: 2005 and 2009 HCP Endline Surveys
2005-2009 Comparison: *p<0.05, **p<0.01; ***p<0.001
Adjusted for Age, Urban, and Religion

Changes in HIV protective behaviors among women between 2005 and 2009

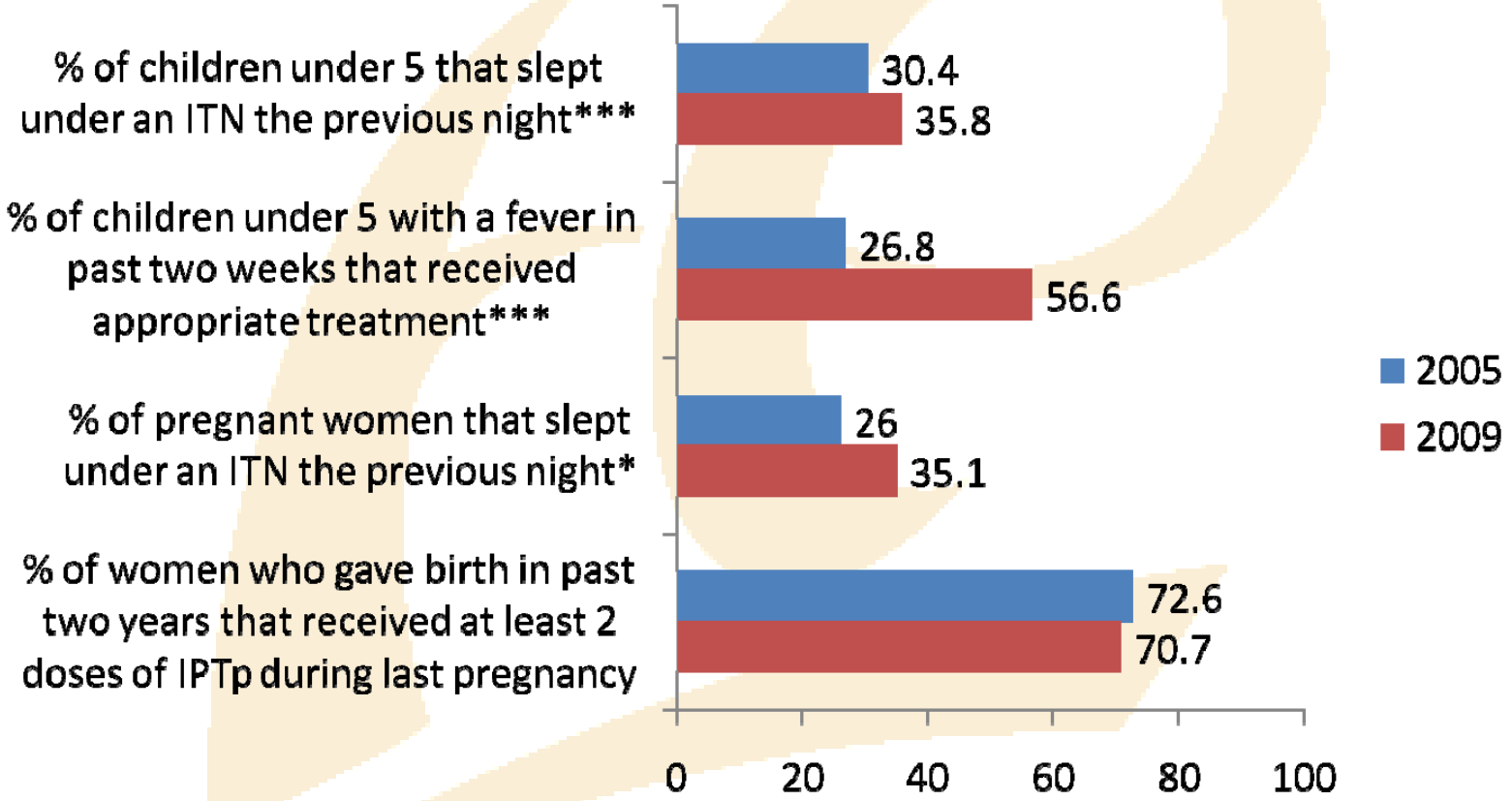


Sources: 2005 and 2009 HCP Endline Surveys
2005-2009 Comparison: *p<0.05, **p<0.01; ***p<0.001
Adjusted for Age, Urban, and Religion

Success Story:
Chongwe Youth find confidence to choose healthy lifestyle

- Anti-AIDS club energized with tools that inspired confidence and built assertiveness
- "Prior to 2005, the majority of the Anti-AIDS club members lacked the confidence, self-esteem and assertiveness to influence their fellow pupils to practice positive reproductive health behaviour" - Mr. Haambozi, District Counseling and Guidance Officer

Changes in malaria protective behaviors between 2005 and 2009

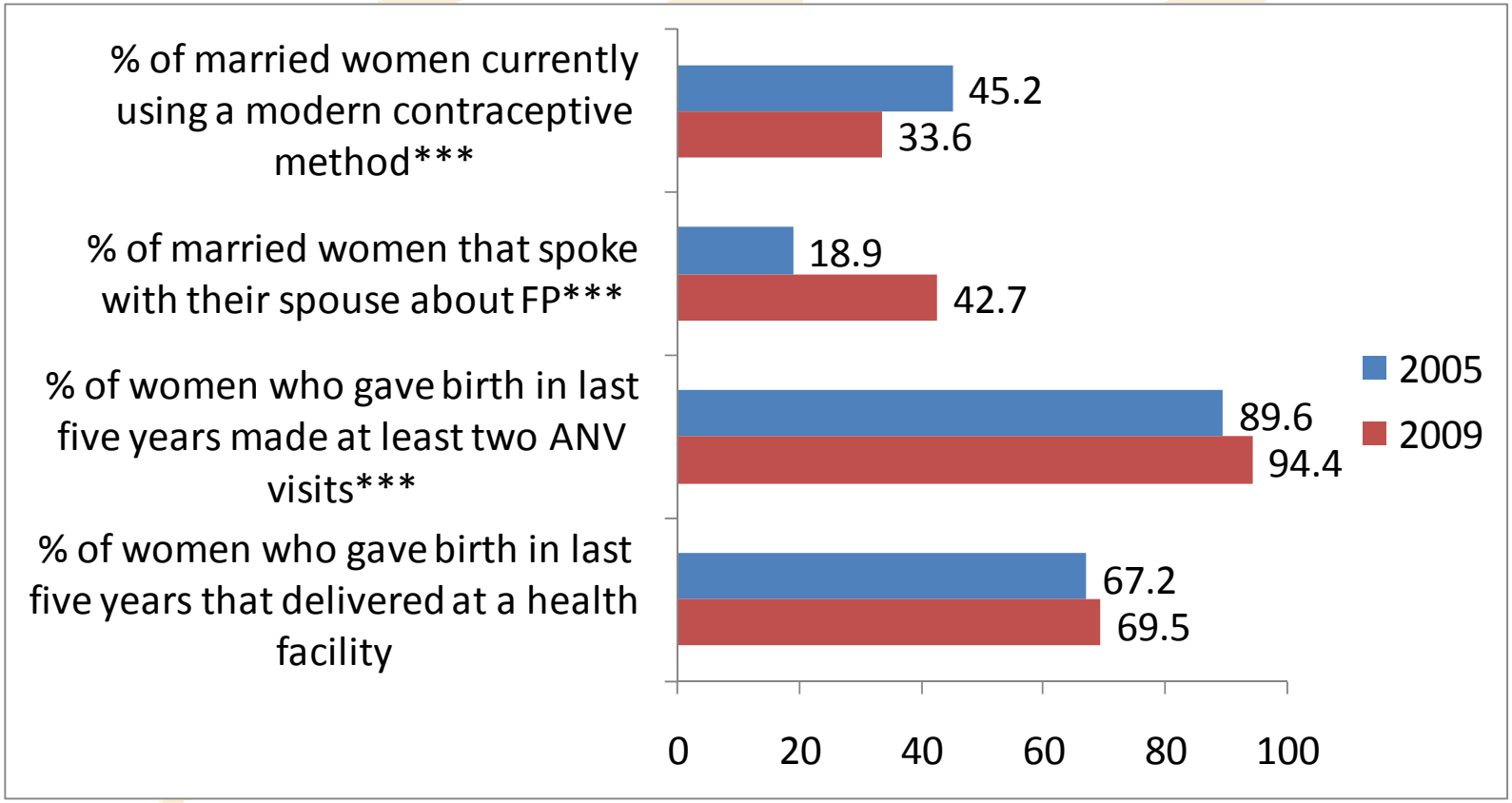


Sources: 2005 and 2009 HCP Endline Surveys
2005-2009 Comparison: *p<0.05, **p<0.01; ***p<0.001
Adjusted for Age, Urban, and Religion

Success Story:
Serenje NHC using community data to improve ITN use

- Community data bulletin board made from local material
- NHC using monthly indicators to monitor household access to and use of ITN

Changes in family planning and maternal health behaviors between 2005 and 2009



Sources: 2005 and 2009 HCP Endline Surveys
2005-2009 Comparison: *p<0.05, **p<0.01; ***p<0.001
Adjusted for Age, Urban, and Religion

Success Story: Siamambo NHC prioritizing maternal and child health

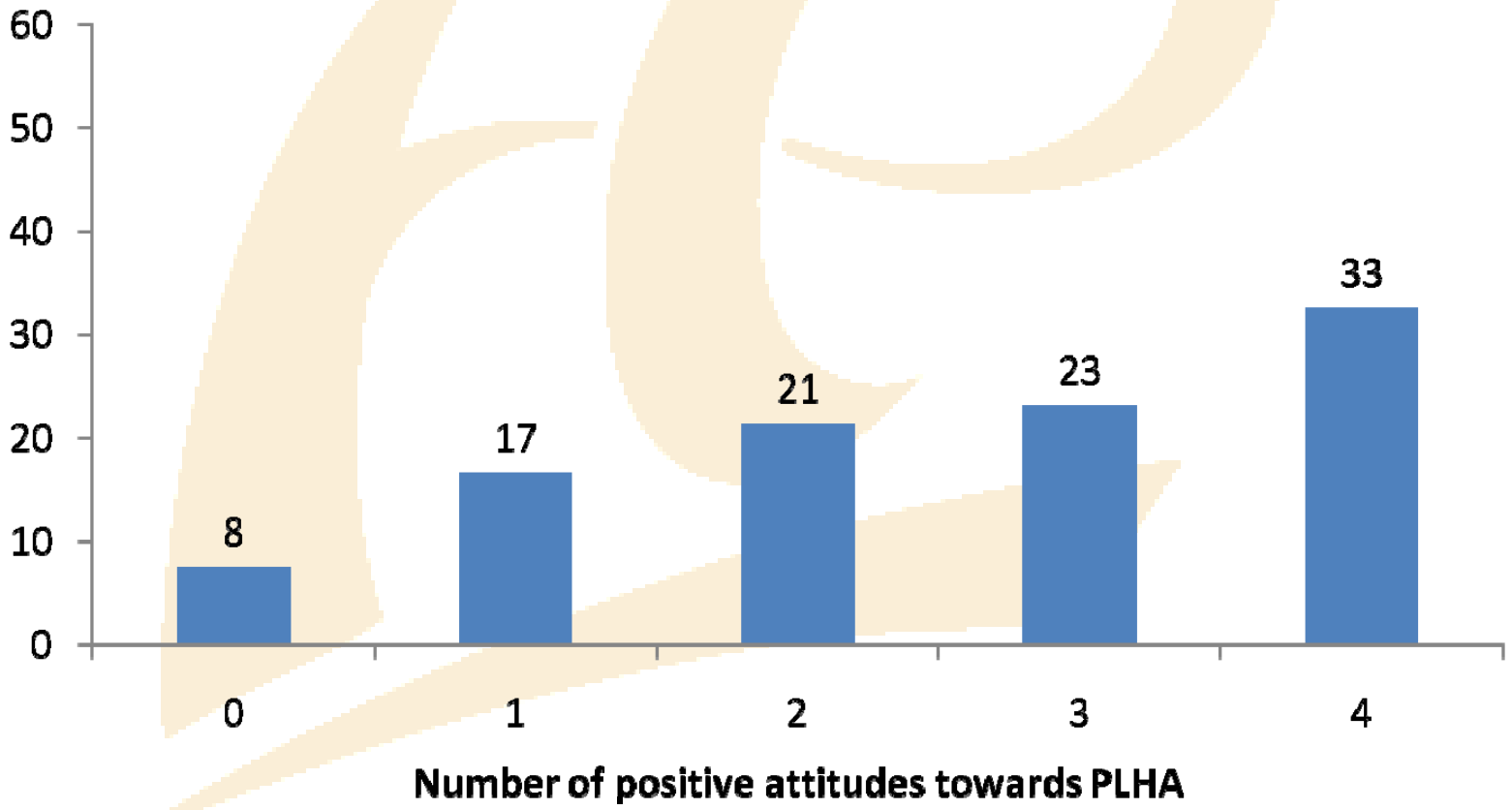
- Women identified lack of transport as barrier to accessing care
- Mobilized resources to create emergency transport fund to purchase cattle and cart
- Used milk from cattle to supplement malnourished children

Pathways

Pathways to Behaviour Change

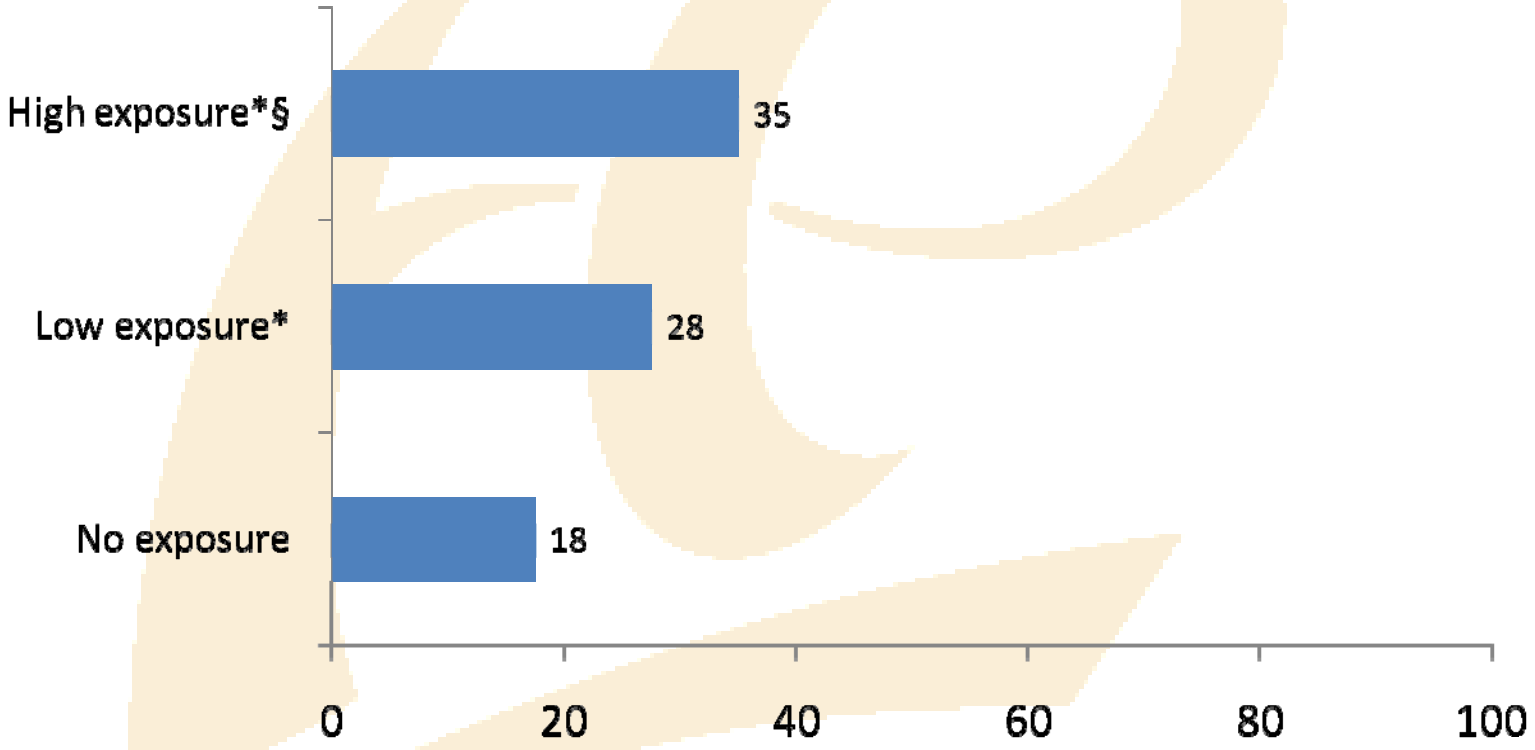
- Theoretical pathways show the observed linkages between
  - HCP interventions
  - Intermediate effects
  - Health behaviours

Percent of men tested for HIV in past 12 months and know their results, by number of positive attitudes towards PLHA



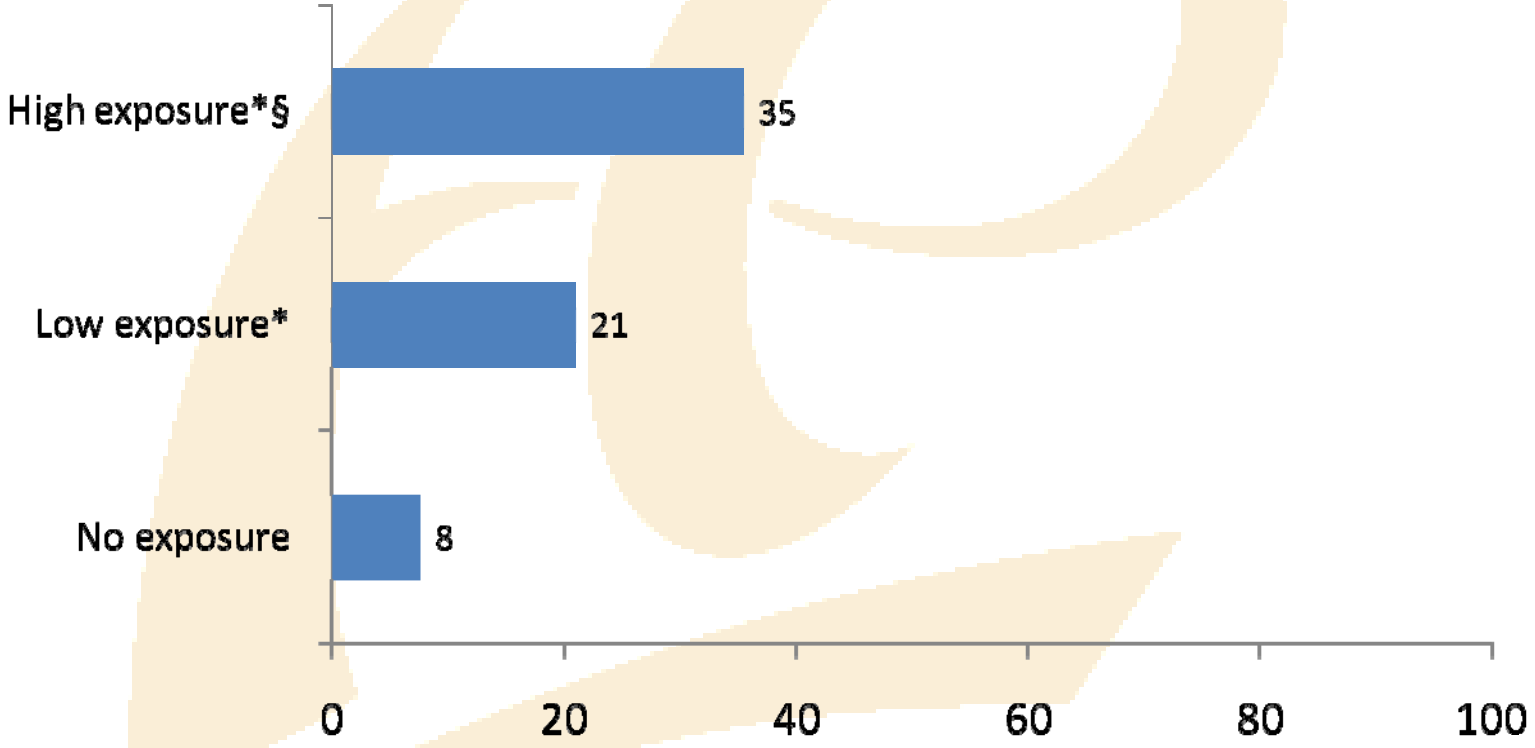
Source: 2009 HCP Endline Survey
Linear Trend: p<0.001
Adjusted for Age, Urban, Religion, and Province

Percent of men with favorable attitudes towards PLHA, by exposure to HIV messages



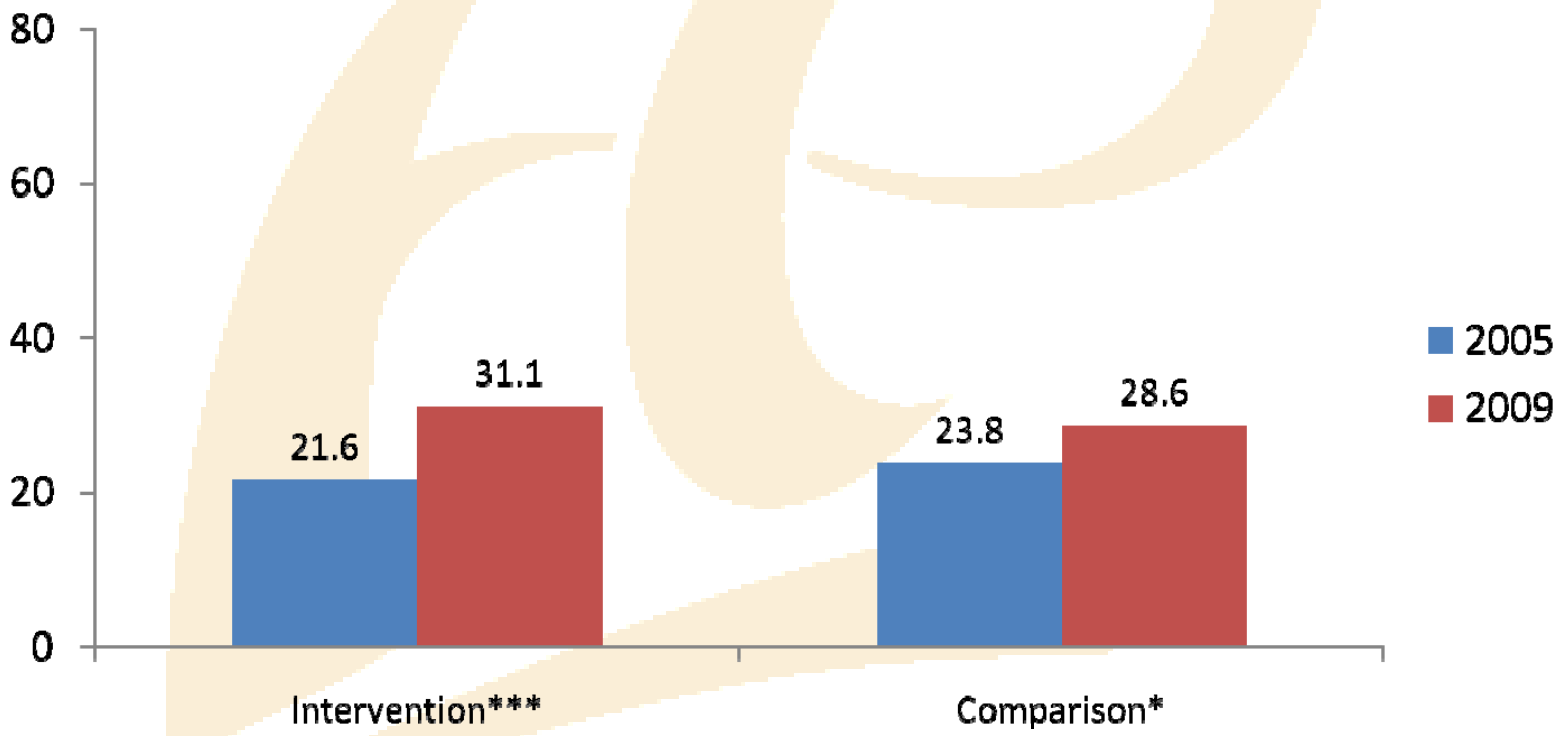
Source: 2009 HCP Endline Survey
*Different from No exposure ($p<0.05$); § Different from Low exposure ($p<0.05$)
Adjusting for Age, Education, Religion and Urban residence

Percent of men tested for HIV in the past 12 months and know their results, by exposure to HIV messages



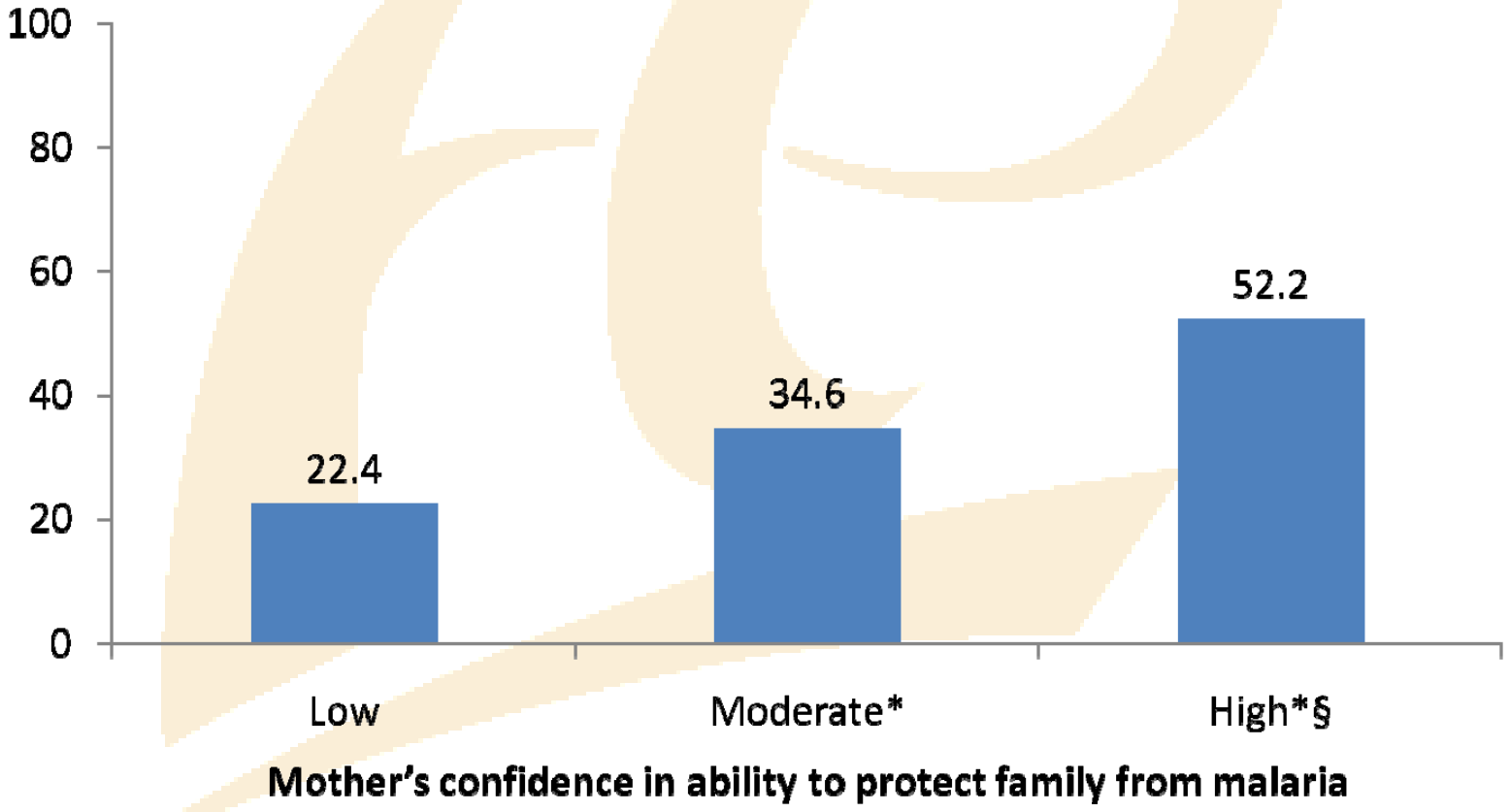
Source: 2009 HCP Endline Survey
*Different from No exposure ($p<0.05$); § Different from Low exposure ($p<0.05$)
Adjusting for Age, Education, Religion and Urban residence

Percent of men with favorable attitudes towards PLHA, by year and district type



2005-2009 Comparison: *p<0.05, **p<0.01; ***p<0.001
Difference in Trend: p=0.112
Adjusted for Age, Urban, Religion, and Province

Percent of children under 5 that slept under an ITN the previous night, by their mother's confidence in their ability to protect their family from malaria

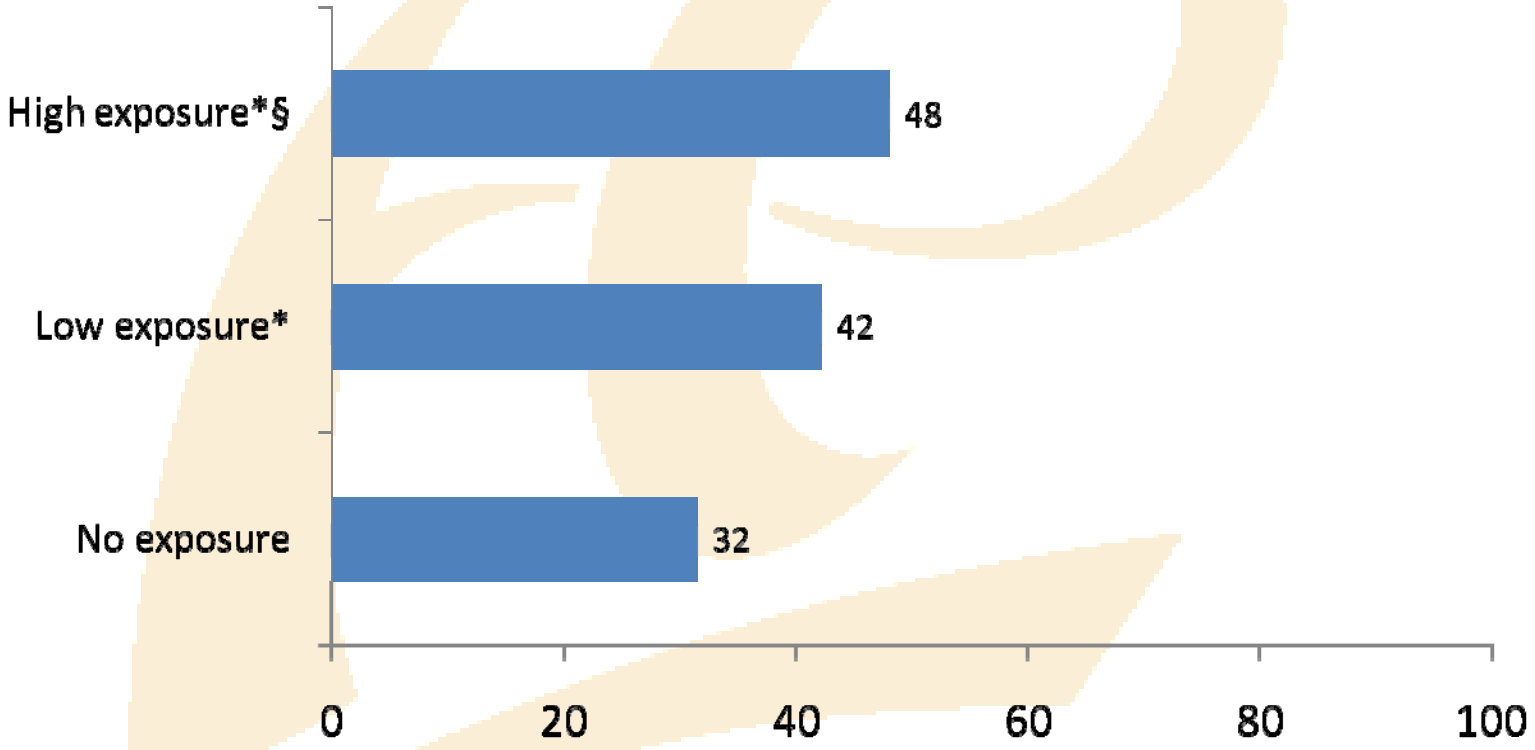


Source: 2009 HCP Endline Survey

*Different from low confidence ($p<0.05$); § Different from moderate exposure

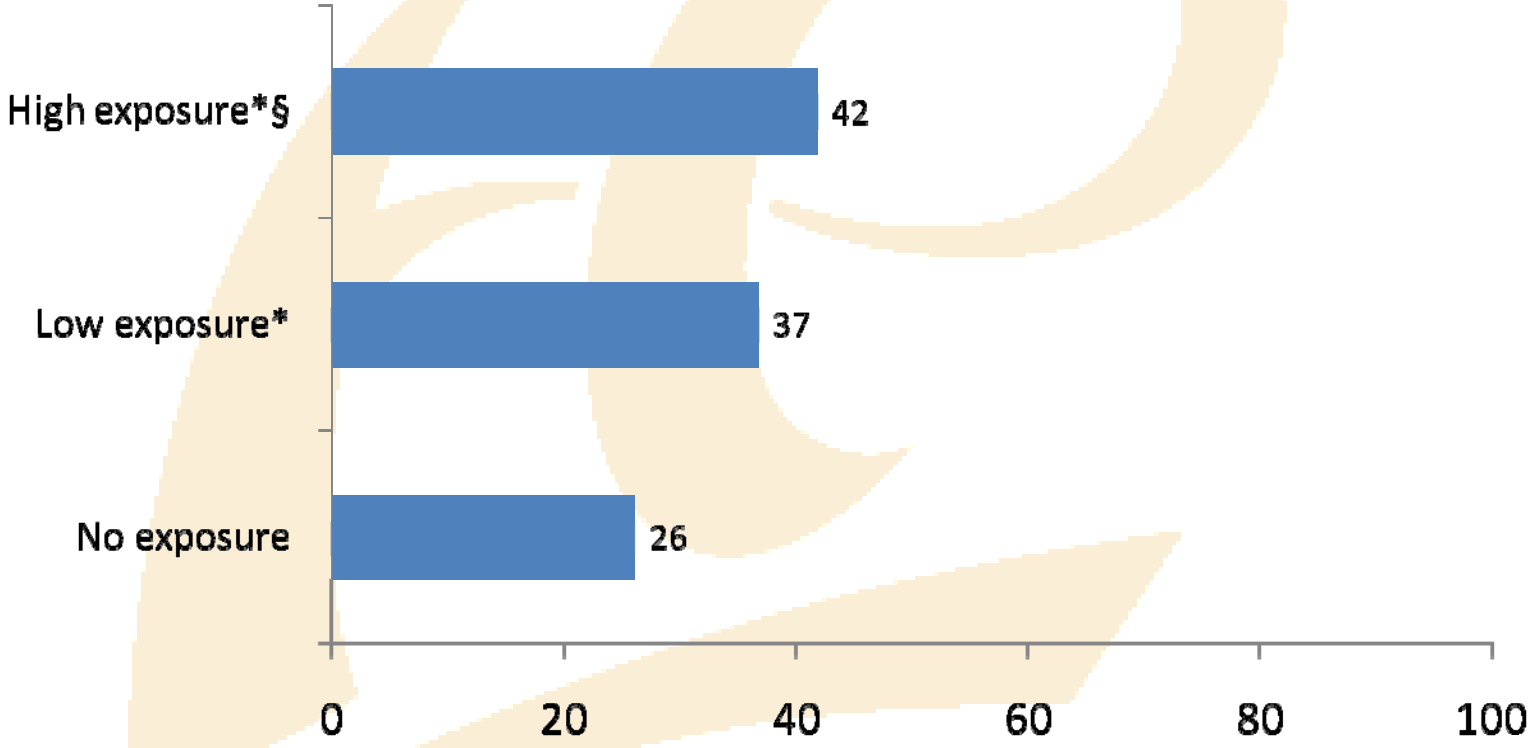
Adjusting for Age, Education and Urban residence

Percent of mothers of children under 5 that are confident that they can protect themselves and their family from malaria , by exposure to malaria messages



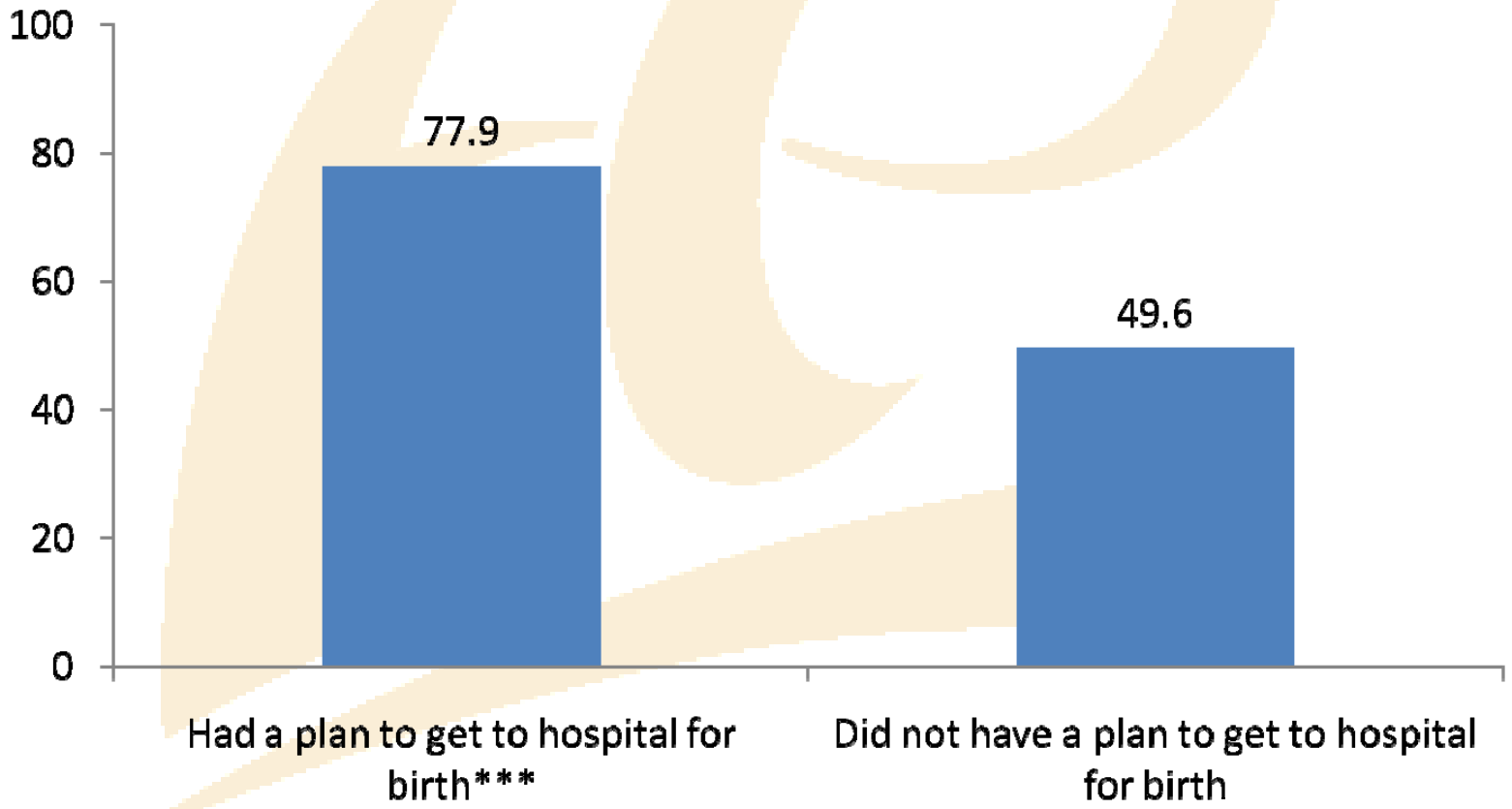
Source: 2009 HCP Endline Survey
*Different from No exposure (p<0.05); § Different from Low exposure (p<0.05)
Adjusting for Age, Education and Urban residence

Percent of children under 5 that slept under an ITN the previous night, by exposure to malaria messages



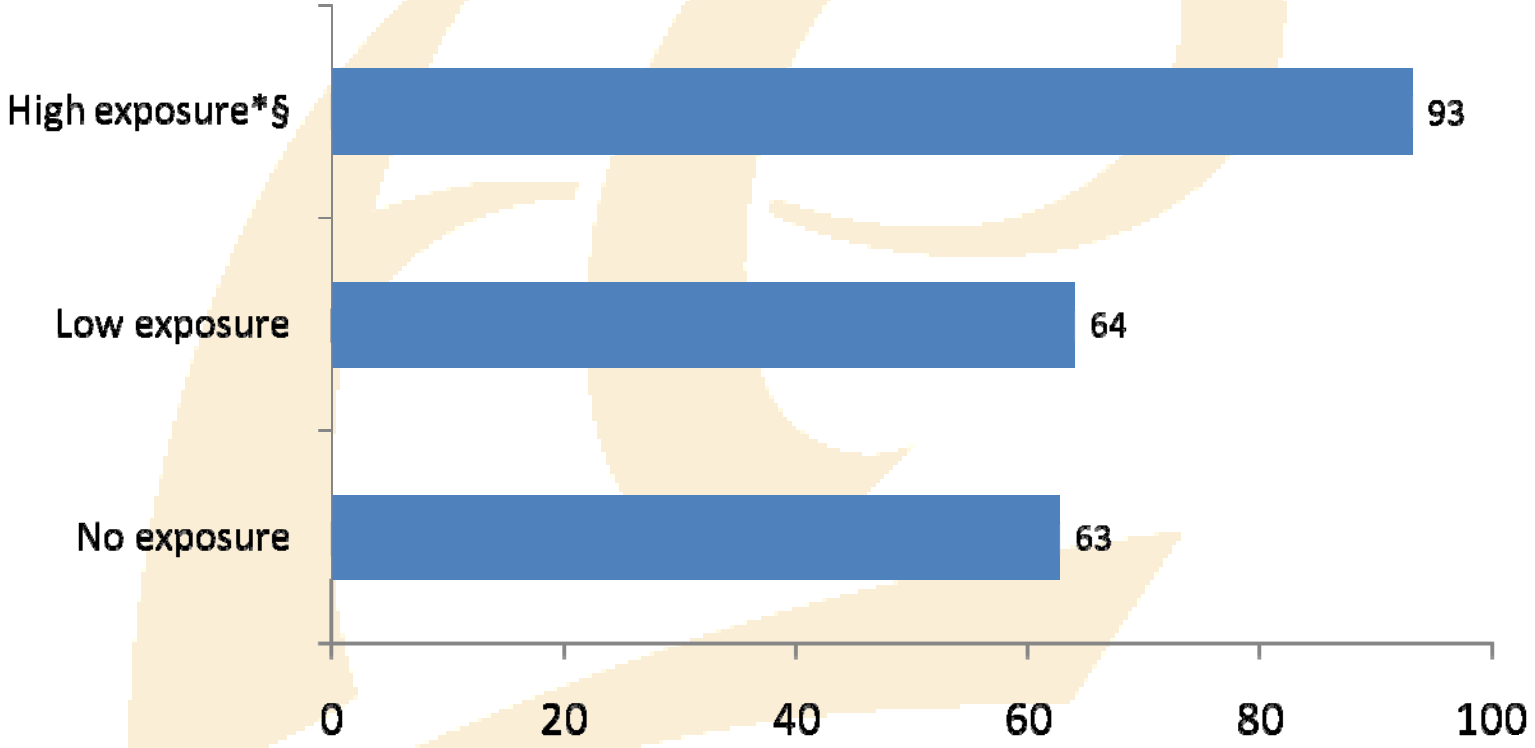
Source: 2009 HCP Endline Survey
*Different from No exposure ($p<0.05$); § Different from Low exposure ($p<0.05$)
Adjusting for Age, Education and Urban residence

Percent of women who gave birth in the past five years who delivered at health facility, by reported use of a birth plan at last birth



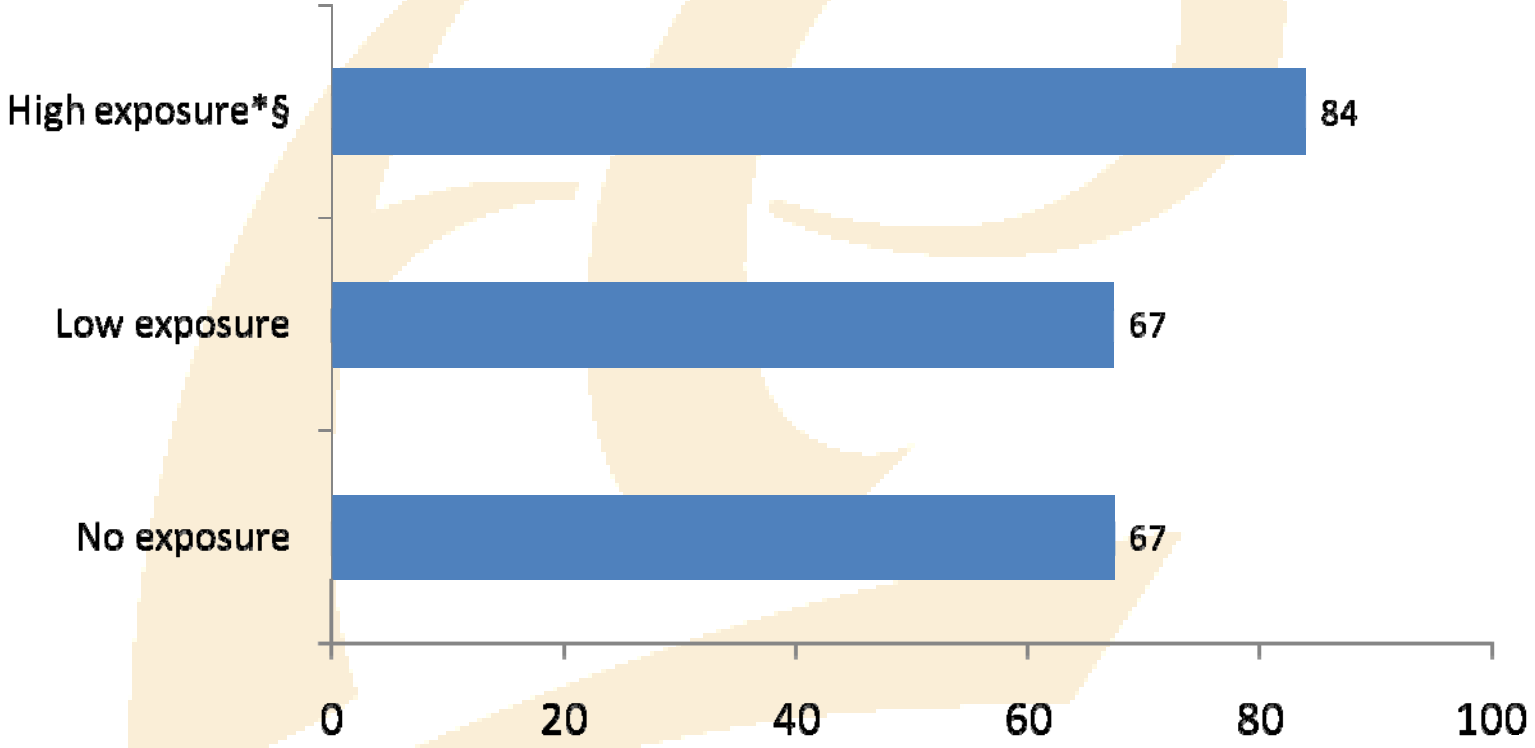
Source: 2009 HCP Endline Survey
Comparisons between Yes and No: *p<0.05; **p<0.01; ***p<0.001
Adjusting for Age, Education, Urban, Religion, and Province

Percent of pregnant women that report having a plan to get to and deliver at a health facility, by exposure to maternal health messages



Source: 2009 HCP Endline Survey
*Different from No exposure ($p<0.05$); § Different from Low exposure ($p<0.05$)
Adjusting for Age, Education and Urban residence

Percent of women who gave birth in the past five years who delivered at health facility, by exposure to maternal health messages



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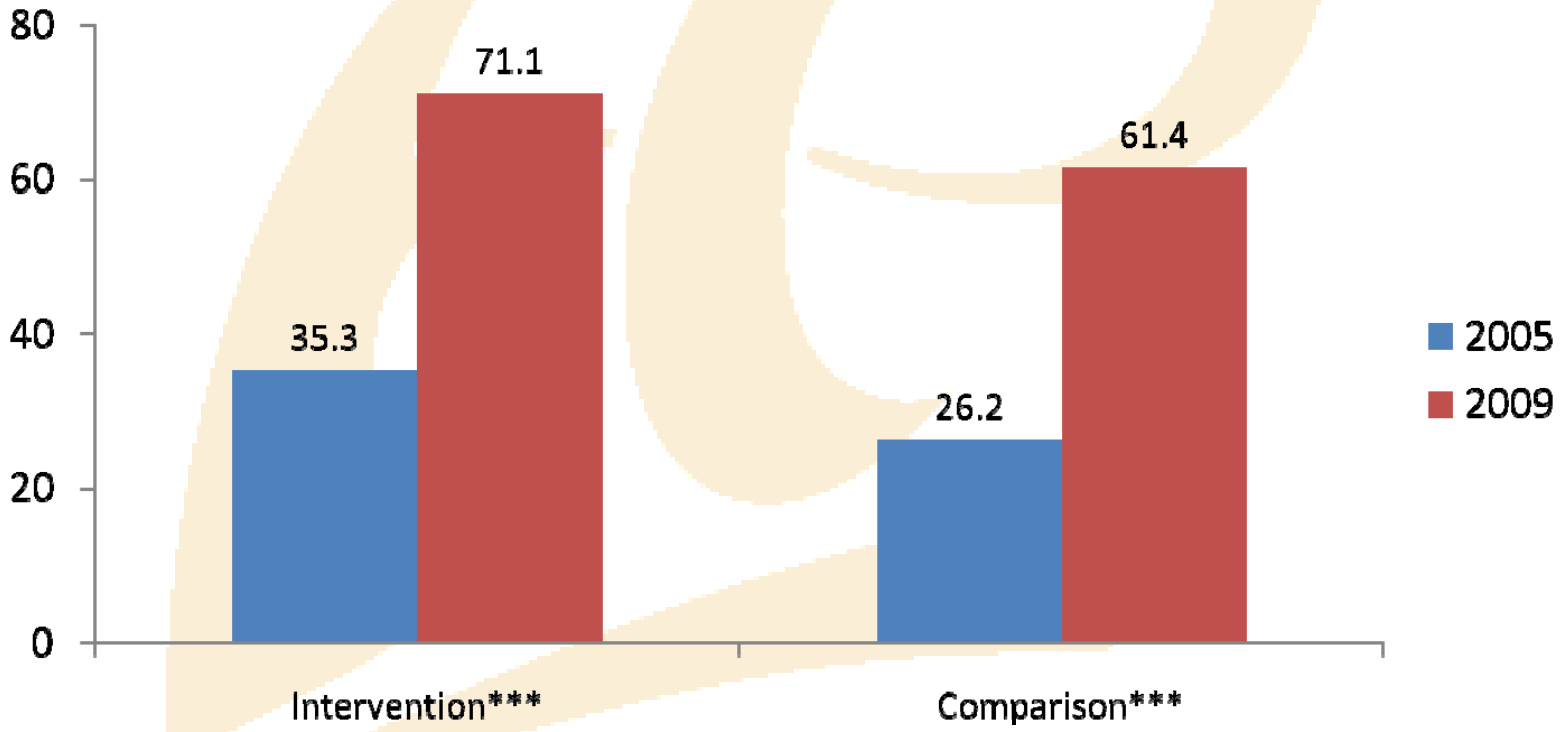
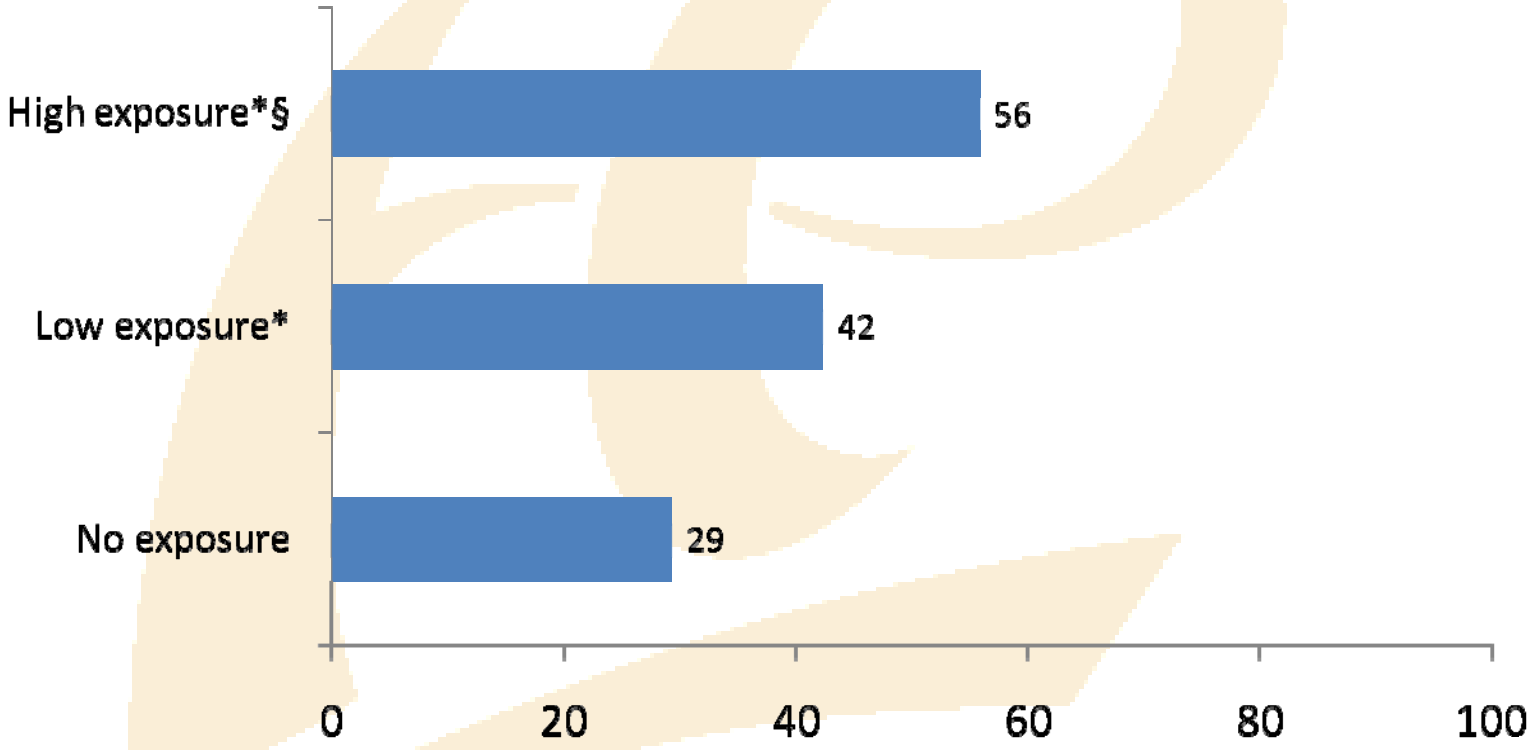
Adjusting for Age, Education and Urban residence

Percent of pregnant women that report having a plan to get to and deliver at a health facility, by year and district type



2005-2009 Comparison: *p<0.05, **p<0.01; ***p<0.001
Difference in Trend: p=0.995
Adjusted for Age, Urban, Religion, and Province

Percent of women reporting talking to their spouse about FP in the past few months, by exposure to FP messages



Source: 2009 HCP Endline Survey
*Different from No exposure ($p<0.05$); § Different from Low exposure ($p<0.05$)
Adjusting for Age, Education, Religion and Urban residence

Preliminary Highlights

- HCP had significant reach in all 22 districts; in 1800 communites, 1341 action plans developed, 1063 communities completed at least one activity from their action plan
- Correlation found between exposure to HCP interventions and behaviour change
- Key pathways (attitudes, efficacy) to behaviour change identified
- Successfully tested and validated community generated capacity indicators to measure community mobilization outcomes
- Community capacity significantly strengthened in intervention districts
- Strong partnerships enabled message harmonization, consistently applied community approaches and stronger campaign reach

Further Data Analysis Anticipated

- Identifying linkages between increased community capacity and behaviour change
- Threshold of exposure to capacity building for ownership and collective action around health
- Relationship between community health priorities, interventions and behaviour change
- Identifying additional pathways on specific health topics

Recommendations

- Platforms for harmonizing communication programs should be institutionalized to maintain national capacity.
- Continue investment in strengthening systems to support community-led action.
- Although some progress was made in increasing women's participation and leadership, additional efforts and new thinking are required to continue progressing this agenda.
- Momentum for the renewed family planning focus should be maintained and accelerated.

Zambians are taking action for health!

Research and Report Writing Team

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Thank You