



ZAMBIA COMMUNITY HIV PREVENTION PROJECT (USAID Z-CHPP)

SOCIAL AND BEHAVIORAL CHANGE COMMUNICATION (SBCC) STRATEGY

This report is made possible by the support of the American People through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents of this report are the sole responsibility of Pact and Plan International and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.

ZAMBIA COMMUNITY HIV PREVENTION PROJECT (USAID Z-CHPP)

Cooperative Agreement No.AID-611-1-16-00001

April 2017

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1 ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AGYW	Adolescent Girls and Young Women
ART	Antiretroviral Therapy
CBO	Community-based Organizations
GBV	Gender-based Violence
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
MCSP	Multiple and Concurrent Sexual Partnerships
MoH	Ministry of Health
NAC	National HIV/AIDS/TB/STI Council of Zambia
NZP+	Network of Zambian People Living with HIV
PEP	Post-exposure Prophylaxis
PEPFAR	President’s Emergency Program for AIDS Relief
PLHIV	People Living with HIV
PMEP	Performance Monitoring and Evaluation Plan
SBCC	Social and Behavior Change Communication
SGBV	Sexual and Gender-based Violence
STI	Sexually Transmitted Infections
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
ZDHS	Zambia Demographic Health Survey
ZANIS	Zambia National Information Service
Z-CHPP	Zambia Community HIV Prevention Program

2 Executive Summary

The Zambia Community HIV Prevention Program (USAID Z-CHPP) Social and Behavioral Change Communication (SBCC) strategy provides a framework for the application of evidence-based social and behavioral change approaches for HIV prevention at the community level by the sub-partners under this project. The purpose of this document is to provide a project strategy, grounded in sound theory and formative research with target populations, to guide the design and implementation of effective SBCC interventions and use of innovative approaches in the prevention of new HIV infections in communities among priority populations groups. The formative research that informed the development of this strategy is based on existing reports and through primary data collection in 10 implementation districts of USAID Z-CHPP.

This strategy was developed through a consultative process that involved several key stakeholders including United States Agency for International Development (USAID), the Government of the Republic of Zambia through the Ministry of Health (MoH), the National HIV/AIDS/TB/STI Council of Zambia (NAC), the Network of Zambian People Living with HIV (NZP+), young people, NGOs working on HIV prevention, community-based organizations, and other social and behavior change communication (SBCC) programs implementing organizations.

All SBCC project interventions outlined in the strategy will be adapted to the local context at the community level. USAID/Z-CHPP will provide technical and capacity development support to all implementing sub-partners to support the strategy implementation. Strategy implementation will be periodically reviewed and updated based on feedback from intervention monitoring, beneficiary feedback, and to include emerging HIV prevention interventions.

3 Acknowledgements

USAID Z-CHPP would like to express its sincere appreciation to the United States President's Emergency Plan for AIDS Relief (PEPFAR) for funding and providing technical assistance through USAID for the development of the SBCC Strategy for USAID Z-CHPP.

Sincere gratitude is given to the MoH and NAC through the SBCC technical working group for the technical guidance throughout the development of this strategy.

Several technical review meetings were conducted to incorporate the practical experiences and expert opinions of multiple partners to enrich this document. USAID Z-CHPP acknowledges all the contributions made by all partners.

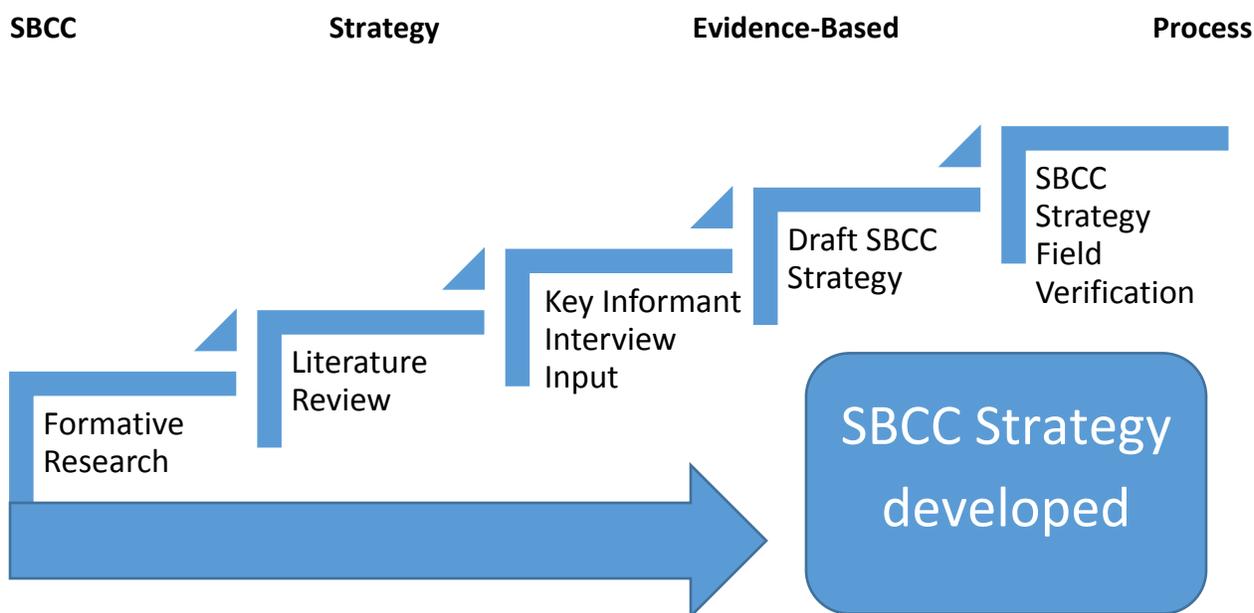
4 SBCC Theory

The developing behavioral science of SBCC is built upon a combination of theories and models that has evolved over the last 60 years. USAID Z-CHPP will use the ecological model to design SBCC interventions to have the greatest impact on its target audiences. An underlying theme of the ecological model is that the most effective interventions occur on multiple levels. This encompasses several levels of influences on health behaviors: intrapersonal factors, interpersonal and group factors, institutional factors,

community factors, and public policy. Interventions that simultaneously influence these multiple levels and multiple settings may be expected to lead to greater and longer-lasting changes to and maintenance of existing health-promoting habits.

5 Strategy Development Methodology

USAID Z-CHPP has grounded this strategy in evidence from project-supported formative research throughout the project intervention area on priority populations, key national HIV documents, similar project implementations in Zambia, and key informant interviews with sectoral experts and stakeholders to identify likely successful interventions for inclusion. Additionally, the project team held gender disaggregated focus group discussions with priority populations in urban and rural districts to verify the priority population analysis based on the selected evidence and the selected priority behaviors, enablers, barriers, channels, influencers, and interventions for each priority group. This strategy was then finalized based on the final community feedback. The approach was intentionally iterative. This strategy will be refined based upon additional information as it becomes available, including pre-testing feedback, annual outcome surveys and qualitative assessments, and sub-partners feedback from each round of SBCC interventions.

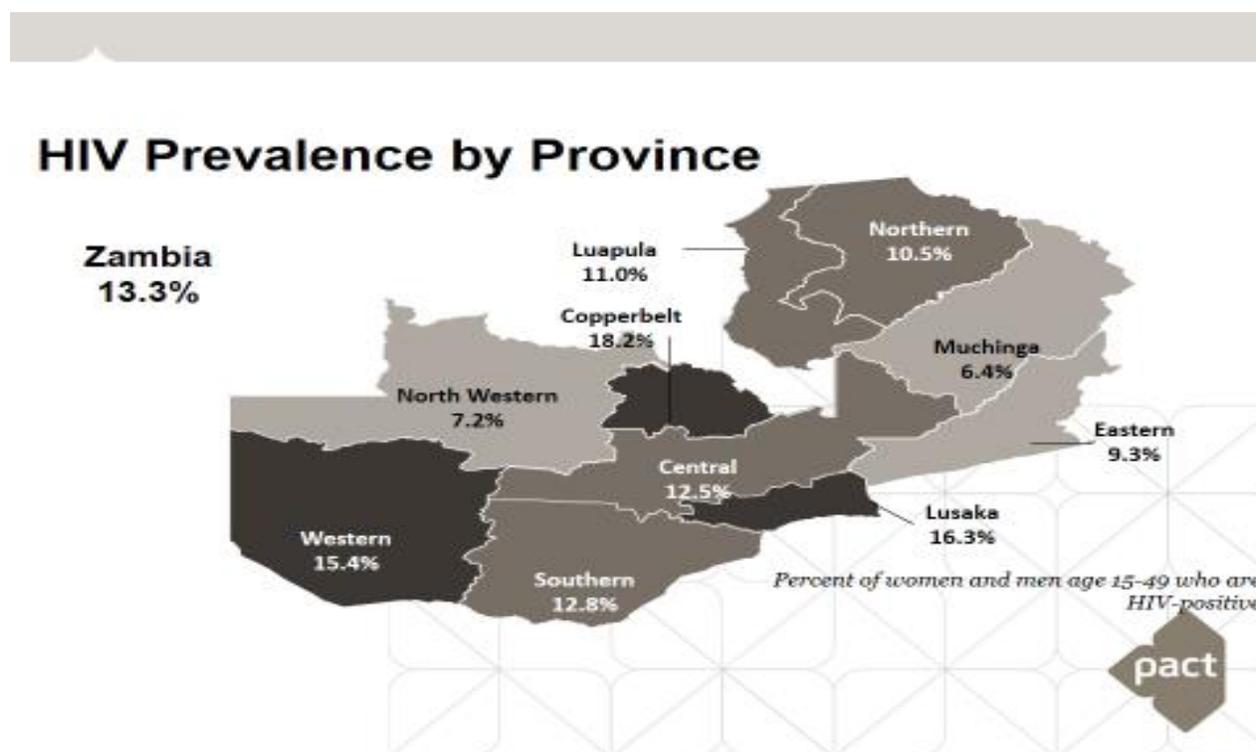


6 Overview of HIV/AIDS in Zambia

Zambia has both a high population growth rate of 2.8% and a large youth population, with nearly 74% of its 15.5 million people under the age of 30 ¹. While Zambia has made considerable strides in slowing the spread of HIV, its prevalence rate remains one of the highest in the world and the number of people living with HIV/AIDS (PLHIV) continues to grow. There are significant gender differences in HIV prevalence, as 13% of the 1.1 million new HIV infections in Zambia are in adolescent girls and young women (AGYW), compared to 7% of their male counterparts. HIV/AIDS is the leading cause of death of AGYW in Zambia. ²

Socio-economic and health system disadvantages further contribute to gender disparities in HIV risk and transmission. Adolescent girls who participate in inter-generational relationships and transactional sex are at particularly high risk for exposure to HIV and such trends also contribute to high rates of teenage pregnancy and sexually transmitted infections.³

The HIV prevalence is nearly twice as high in urban (19.7%) versus rural (10.3%) areas. Lusaka, Central, and Copperbelt Provinces have densely populated urban areas with prevalence of 17% or higher, while more rural areas in Northern and Northwestern Provinces have rates under 7%⁴. There are significant differences between provinces as well; Southern Province, for example, has an overall rate of 14.5%; rates in towns such as Livingstone and Mazabuka remain alarmingly high at 25.3% and 18.4%, respectively⁵.



Source NAC 2016

The vast majority of HIV transmission in Zambia occurs heterosexually, with casual sex (sex with multiple sexual partners or with partners who are neither spouses nor cohabiting) accounting for 71% of all new infections⁶. The most recent Modes of Transmission Study and the USAID Z-CHPP formative research pinpointed key drivers of the HIV epidemic, including multiple and concurrent sexual partnerships (MCSP), low condom use, low rates of circumcision, and mobile and migrant labor, with other issues such as gender inequality, sexual and gender-based violence (SGBV), alcohol and substance abuse, stigma and discrimination, and cultural practices contributing to infection vulnerability. Structural drivers, both social and economic, fuel the epidemic by impacting AGYW decisions regarding sexual behavior and sexual

partners⁷. Poverty underlies many of the factors contributing to HIV risk, and economic disadvantages, sexual coercion, and lower levels of education combine to increase HIV risk among young women.

The USAID Z-CHPP community-based formative research revealed that knowledge of HIV and the modes of transmission is very high across population groups, but this has not translated into corresponding social or individual behavior change. Furthermore, the Zambia Demographic and Health Survey (ZDHS, 2013/14) shows that in Southern Province, 99% of men know that limiting sexual intercourse to one uninfected partner can prevent HIV, yet 25% of men reported having more than two partners in the last 12 months⁸.

7 HIV Prevention for Priority Populations under USAID Z-CHPP

Informed by the formative research conducted by the University of Miami, University of Zambia, and the review of national documents, the USAID Z-CHPP project strategy was designed to focus on several important populations for HIV prevention and prioritized based on those who are disproportionately vulnerable to HIV infection or present the greatest risk of infecting others. The project focus is on priority populations which include:

- Adolescent girls and their Sexual Partners (Adolescent girls ages 10-14)
- Adolescent girls and their Sexual Partners (Adolescent girls ages 15-19)
- Young women and their Sexual Partners (Adolescent girls ages 20-24)
- People living with HIV and AIDS
- Sero-discordant couples
- Mobile populations (sugar cane cutters, truck drivers, fishers, miners and cross border traders)

7.1 Adolescent Girls and their Sexual Partners (Adolescent girls 10-14 years old)

7.1.1 Key Risk Behaviors

- Early sexual debut
- Low level of condom use
- Transactional/intergenerational sex
- Low uptake of HTS (
- Sexual and gender based violence

7.1.2 Priority Positive Health Behaviors

- Delayed sex until 18 years old
- Increase in reporting of sexual and gender based violence

7.1.3 Indicators

7.1.3.1 Performance Monitoring and Evaluation Plan (PMEP)

- # of individuals from priority populations who completed a standardized HIV prevention program that is based on evidence and meets the minimum standards required during the reporting period (required PEPFAR indicator)
- # of community members trained on HIV/AIDS prevention
- # of forum discussions/dialogues held to discuss social norms

- Number of community theater groups raising community awareness on HIV (social norms and individual behaviors) among priority populations.

7.1.3.2 Suggested Indicators

- % self-reporting sexual activity
- % of adolescents who know any risks of early sexual debut
- % accessing HTS
- % of adolescents who know where to access HTS
- % of community members who think it is acceptable for 10-14 years old to seek HTS
- % of community members who think it is appropriate to delay sexual activity until 18 years old

7.1.4 Barriers and Enablers per Behavior

Desired Behavior Changes	Barriers	Enablers
Increase in reporting of sexual and gender based violence	<ul style="list-style-type: none"> • Child marriage • Shame • Fear • Concern for damaging family relationships • Economic vulnerability • Inadequate victim support • Proximity to victim support • Intimidation from perpetrator • Low education levels • Lack of awareness of where and how to report • Low levels of victim protection • Lack of self-efficacy to report • Traditional practices accepting SGBV 	<ul style="list-style-type: none"> • Existence of Victims Support Unit and community level • Training of police on SGBV • Anti-Gender Based Violence Act • Local and national champions • Media has been active on the issue • Religious teachings
Delayed sex until 18 years old	<ul style="list-style-type: none"> • Peer pressure to engage in sex • Low social and economic status • Social norm for early sexual debut (e.g. a perception on positive healing benefits of sex with minors) 	<ul style="list-style-type: none"> • Statutory act against sex with a minor • Religious teachings discouraging sex with minors • National and local champions for delayed sexual debut • Media discourages intergenerational sex • Opportunities for community based socio-economic services e.g. ES support, School block grant

7.1.5 Communication Objectives

7.1.5.1 Delayed Sexual Debut

- Increase risk perception of early sexual debut

- Increase knowledge on the benefits of delayed sexual debut
- Promote social norms discouraging intergenerational sex with minors
- Elimination of myths around positive healing benefits of sex with minors

7.1.5.2 Increase in reporting of sexual and gender based violence

- Increase self-efficacy to report SGBV
- Increase knowledge of risk mitigation behaviors
- Promote social norms to discourage any SGBV
-

7.1.6 Influencers

- Parents/guardians
- Peers
- Health workers
- Teachers
- Popular artists/musician
- Community radio personalities
- Religious leaders
- Traditional leaders
- Police

7.1.7 Channels

- Peer education
- Community radio
- Community/participatory theater
- Community dialogue
- School clubs/youth camps
- Social media
- Youth-friendly graphic materials
- SMS/WhatsApp messaging

7.1.8 SBCC Interventions

7.1.8.1 USAID Z-CHPP National Office

- Peer education discussion manuals and discussion guides development & distribution
- Community dialogue guide materials support
- Interactive community radio programming guides
- Community theater training manuals
- Community theater sub-partner training
- Parent-child communications support guide
- School health club activity guides
-

7.1.8.2 Sub-partner

- Training of peer educators and distributing support materials

- Facilitate peer group discussions
- Facilitate community dialogues
- Facilitating of discussants for community radio
- Formation and coordination of radio listening groups
- Community theater training
- Support and facilitate community dialogues with parents of 10-14 year old girls
- Train the school health club leaders
- Provision of HTS or linking the targets to high impact services (e.g. ART, post-GBV care)

7.2 Adolescent Girls and their Sexual Partners (Girls 15-19 years old)

7.2.1 Key Risk Behaviors

- Low level of condom use
- Early marriages
- Alcohol and drug abuse
- Transactional sex
- Intergenerational sex
- Dry sex
- Aphrodisiacs (sex boosters)
- Failure to adhere to ART
- Low uptake of HTS
- Low uptake of VMMC services
- Low uptake of Post Exposure Prophylaxis (PEP)
- Low level of access to parental services by young pregnant women
- Low uptake of STI screening and treatment services

7.2.2 Priority Positive Health Behaviors

- Increased correct and consistent male and female condom use
- Increased uptake of HTS

7.2.3 Indicators

7.2.3.1 *PMEP*

- # of individuals from priority populations who completed a standardized HIV prevention program that is based on evidence and meets the minimum standards required during the reporting period (required PEPFAR indicator)
- # of community members trained on HIV/AIDS prevention
- # of forum discussions/community dialogues held (social norms)
- # of condoms distributed to end users
- Number of community theater groups raising community awareness on HIV (social norms and individual behaviors)
- # of priority populations who received HTS
- # of individuals linked to high impact HIV services

7.2.3.2 *Suggested Indicators*

- % of people aware of how to correctly and consistently use a condom

- % of people using condom correctly and consistently at last sex
- % of people aware of where to access HTS
- % of people accessing HTS
- % of community members who believe it is important to use a condom correctly and consistently during all sexual encounters
- % of community members who think it is acceptable for a 15-19 year old to seek HTS
-

Desired Behavior Changes	Barriers	Enablers
Increase in correct and consistent use of condoms	<ul style="list-style-type: none"> • Lack of availability of female condoms • Low acceptability of female condoms • Myth of reduced sexual pleasure • Myths around the lubricant causing HIV • Stigma around condom purchase and ownership • Myths of condom size being small • Myth of reliability of condoms • Myth of condoms causing cancer • Any cost is a deterrent • Alcohol decreases condom usage • Religious teachings against condom use 	<ul style="list-style-type: none"> • Long history of promotion • Multiple varieties • Multiple access points • Low cost or free • National and local champions
Increased uptake of HTS	<ul style="list-style-type: none"> • Required parental consent for under 16 years • HTS not easily available everywhere • HTS are not adolescent-friendly • Insufficient training for HTS providers • Stigma around adolescent seeking HTS and SRH services • Shortage of testing kits 	<ul style="list-style-type: none"> • Some youth-friendly HTS centers • National Guidelines for HIV Testing and counseling for Children • • Increased availability of mobile and community-based HTS • Integration of HTS promotion in school curricula • National and local HIV champions

7.2.4 Communication Objectives

7.2.4.1 Increase in correct and consistent use of condoms

- Increase risk perception around unprotected sex
- Increase knowledge of correct and consistent use of condoms
- Increased risk perception of the effects of alcohol and drug abuse on risky sexual behavior

7.2.4.2 Increase uptake of HTS

- Increase knowledge on benefits of HTS
- Reduction of stigma around adolescents accessing HTS & SRH services
- Increased knowledge of where to access youth friendly SRH services
- Increased understanding of vulnerability and risk perception towards HIV

7.2.5 Influencers

- Parents/guardians
- Peers
- Health workers
- Teachers
- Celebrities (e.g. musicians, comedians)
- Community radio personalities
- TV personalities
- Religious leaders
- Traditional leaders

7.2.6 Channels

- Peer education
- Community radio
- Community/participatory theater
- School clubs/youth camps
- Traditional ceremonies
- Religious gatherings
- Social media
- Youth-friendly graphic materials
- SMS/WhatsApp messaging

7.2.7 SBCC Interventions

7.2.7.1 USAID Z-CHPP National Office

- Peer education discussion manuals and discussion guides development & distribution
- Reference handbook for champions and community change agents
- Training of community change agents and HIV champions
- discussion guide for change agents and champions
- Interactive community radio programming guides
- Community theater training manual
- Community theater sub-partner training
- Moderated and targeted social media campaign for priority populations
- SMS/WhatsApp campaign

7.2.7.2 Sub-partner

- Training of peer educators and distributing support materials
- Facilitate peer group discussions

- Facilitate community dialogues/forums
- Facilitating of discussants for community radio
- Formation and coordination of radio listening groups
- Community theater training
- Engaged at moderated and targeted social media campaign.

7.3 Young Women and their Sexual Partners (Young Women 20-24 years old)

7.3.1 Key Risk Behaviors

- Alcohol and drug abuse
- Low level of condom use
- Transactional sex
- Intergenerational sex
- Dry sex
- Aphrodisiacs (sex boosters)
- High levels of MCSP
- Low adherence to ART
- Low uptake of HTS
- Low uptake VMMC services
- Low uptake of PEP
- Low access to prenatal services by pregnant young women
- Low uptake of STI screening & treatment services

7.3.2 Priority Positive Health Behaviors

- Increase of correct and consistent male and female condom use
- Increase uptake of HTS

7.3.3 Indicators

7.3.3.1 *PMEP*

- # of individuals from priority populations who completed a standardized HIV prevention program that is based on evidence and meets the minimum standards required during the reporting period (required PEPFAR indicator)
- # of condoms distributed to end users
- # of community members trained on HIV/AIDS prevention
- # of forum discussions/dialogues held (social norms)
- Number of community theater groups raising community awareness on HIV (social norms and individual behaviors)
- # of individuals tested for HIV and received their results

7.3.3.2 *Suggested Indicators*

- % of individuals (PP) who are aware of how to correctly and consistently use a condom
- % increase on using condom correctly and consistently at last sex
- % of individuals (PP) who are aware of where to access HTS
- % of individuals (PP) who are accessing HTS

- % of community members who believe it is important to use a condom correctly and consistently during all sexual encounters
- % of community members who think it is acceptable for a 20-24 year old to seek HTS & SRH services

7.3.4 Barriers and Enablers per Behavior

Desired Behavior Changes	Barriers	Enablers
Increase in correct and consistent condoms use	<ul style="list-style-type: none"> • Lack of availability of female condoms • Low acceptability of female condoms • Myth of reduced sexual pleasure • Myths around the lubricant causing HIV • Myth of condom causing cancer • Stigma around condom purchase and ownership • Myths of condom size being small • Myth of reliability of condoms • Any cost is a deterrent • Alcohol decreases condom usage • Religious teachings against condom use 	<ul style="list-style-type: none"> • Long history of promotion • Multiple varieties • Multiple access points • Low cost or free • National and local champions
Increased uptake of HTS	<ul style="list-style-type: none"> • HTS not easily available everywhere • Many HTS are not youth- friendly • insufficient training on HTS providers • Stigma around those seeking HTS • Shortage of testing kits 	<ul style="list-style-type: none"> • Some youth-friendly centers providing HTS • National Guidelines for HIV Testing and counseling • Increased availability of mobile and community-based HTS • HIV support services at tertiary institutions • National and local champions for HIV

7.3.5 Communication Objectives

7.3.5.1 Increase in correct and consistent use of condoms

- Increase risk perception around unprotected sex
- Increase knowledge of correct and consistent use of condoms
- Increased risk perception of the effects of alcohol and drug abuse on risky sexual behavior
- Increased self-efficacy for safer sex negotiation skills

7.3.5.2 Increase uptake of HTS

- Increase knowledge on benefits of HTS
- Reduction of stigma for those accessing HTS

- Increased knowledge of where to access youth-friendly SRH services
- Increased understanding of vulnerability and risk perception towards HIV

7.3.6 Influencers

- Parents/guardians
- Peers
- Health workers
- Lecturers
- Celebrities (e.g. musicians, comedians)
- Community radio personalities
- TV personalities
- Writers
- Religious leaders
- Traditional leaders

7.3.7 Channels

- Peer education
- Community radio
- National radio
- Targeted TV shows
- Community outreach activities
- Community/participatory theater
- Youth clubs
- Women clubs
- Traditional ceremonies
- Religious gatherings
- Social media
- Youth-friendly graphic materials
- SMS/WhatsApp messaging

7.3.8 SBCC Interventions

7.3.8.1 USAID Z-CHPP National Office

- Peer education discussion manuals and discussion guides development & distribution
- Reference handbook for champions and community change agents
- Training of community change agents and HIV champions
- Discussion guide for change agents and champions
- Interactive community radio programming guides
- Community theater training manual
- Community theater sub-partner training
- Moderated and targeted social media campaign for priority populations
- SMS/WhatsApp campaign

7.3.8.2 Sub-partner

- Training of peer educators and distributing support materials
- Facilitate peer group discussions
- Facilitate community dialogues/forum
- Identify discussants for community radio
- Formation and coordination of radio listening groups
- Community theater training

7.4 People Living with HIV

7.4.1 Key Risk Behaviors

- Low levels of correct and consistent use of male and female condoms
- Alcohol and drug abuse
- Transactional sex
- Aphrodisiacs (sex boosters)
- Dry sex
- Non-disclosure of HIV status
- Willful infections
- Low adherence to ART
- Low uptake of STI screening services

7.4.2 Priority Positive Health Behaviors

- Increase of correct and consistent male and female condom use
- Increase in disclosure of HIV status to their sexual partners

7.4.3 Indicators

7.4.3.1 PMEP

- # of individuals from priority populations who completed a standardized HIV prevention program that is based on evidence and meets the minimum standards required during the reporting period (required PEPFAR indicator)
- # of community members trained on HIV/AIDS prevention
- # of condoms distributed to end users
- # of forum discussions/dialogues held (social norms)
- Number of community theater groups raising community awareness on HIV (social norms and individual behaviors)

7.4.3.2 Suggested Indicators

- % of individuals who are aware of how to correctly and consistently use a condom
- % increase on using condom correctly and consistently at last sex
- % of community members who believe it is important to use a condom correctly and consistently during all sexual encounters
- % of PLHIV people disclosing their status
- % of community members who report willing to be supportive of a PLHIV if they disclosed

7.4.4 Barriers and Enablers per Behavior

Desired Behavior Changes	Barriers	Enablers
Increase in correct and consistent use of condoms	<ul style="list-style-type: none"> • Lack of availability of female condoms • Low acceptability of female condoms • Myth of reduced sexual pleasure • Myths around the lubricant causing HIV • Stigma around condom purchase and ownership • Myths of condom size being small • Myth of reliability of condoms • Myth of condoms causing cancer • Any cost is a deterrent • Alcohol decreases condom usage • Religious teachings against condom use 	<ul style="list-style-type: none"> • Long history of promotion • Multiple varieties • Multiple access points • Low cost or free • National and local champions
Increase in disclosure of HIV status to their sexual partners	<ul style="list-style-type: none"> • Stigma of PLHIV • Fear (loss of employability, relationships) • Shame • Religious teachings 	<ul style="list-style-type: none"> • Local and national champions • Media has encouraged disclosure • Religious teachings • Existing support groups • Availability of ART

7.4.5 Communication Objectives

7.4.5.1 *Increase in correct and consistent use of condoms*

- Increased risk perception around unprotected sex
- Increased knowledge of correct and consistent use of condoms
- Increased knowledge of co-infection
- Increased risk perception of the effects of alcohol and drug abuse on risky sexual behavior
- Increased self-efficacy for safer sex negotiation skills

7.4.5.2. *Increase disclosure*

- Increased awareness of benefits of disclosure
- Increased awareness of risk to sexual partners
- Increased awareness of the support services for PLHIV

7.4.6 Influencers

- Parents/guardians
- Peers
- Teachers
- Support groups

- Lecturers
- Celebrities (e.g. musicians, comedians)
- Community radio personalities
- TV personalities
- Writers
- Religious leaders
- Traditional leaders

7.4.7 Channels

- Peer education
- Community radio
- National radio
- Community/participatory theater
- Youth clubs
- Women clubs
- Positive living clubs
- Traditional ceremonies
- Religious gatherings
- Social media
- Youth-friendly graphic materials
- SMS/WhatsApp messaging

7.4.8 SBCC Interventions

7.4.8.1 USAID Z-CHPP National Office

- Peer education discussion manuals and discussion guides development & distribution
- Reference handbook for champions and community change agents
- Training of community change agents and HIV champions
- discussion guide for change agents and champions
- Interactive community radio programming guides
- Community theater training manual
- Community theater sub-partner training
- Moderated and targeted social media campaign for priority populations
- SMS/WhatsApp campaign

7.4.8.2 Sub-partner

- Training of peer educators and distributing support materials
- Facilitate peer group discussions
- Facilitate community dialogues/forum
- Identify discussants for community radio
- Formation and coordination of radio listening groups
- Community theater training

7.5 Sero-discordant Couples

7.5.1 Key Risk Behaviors

- Low levels of correct and consistent use of male and female condoms
- Alcohol and drug abuse
- -
- Transactional sex
- Aphrodisiacs (sex boosters)
- Dry sex
- Non-disclosure of HIV status
- Willful infections
- Low adherence to ART
- Low uptake of STI screening and treatment services

7.5.2 Priority Positive Health Behaviors

- Increase of correct and consistent male and female condom use
- Increase in disclosure of HIV status to their sexual partners

7.5.3 Indicators

7.5.3.1 *PMEP*

- # of individuals from priority populations who completed a standardized HIV prevention program that is based on evidence and meets the minimum standards required during the reporting period (required PEPFAR indicator)
- # of community members trained on HIV/AIDS prevention
- # of condoms distributed to end users
- # of forum discussions/dialogues held (social norms)
- Number of community theater groups raising community awareness on HIV (social norms and individual behaviors)
- # of HIV+ AGYW aged 10-24 years who were linked to adherence support at the community level

7.5.3.2 *Suggested Indicators*

- % individuals (PP) who are aware of how to correctly and consistently use a condom
- % individuals (PP) who are using condom correctly and consistently at last sex
- % of community members who believe it is important to use a condom correctly and consistently during all sexual encounters
- % of PLHIV people disclosing their status
- % of community members who report willing to be supportive of a PLHIV if they disclosed

7.5.4 Barriers and Enablers per Behavior

Desired Behavior Changes	Barriers	Enablers
Increase in correct and consistent use of condoms	<ul style="list-style-type: none"> • Inconsistent condom use with couples • Lack of availability of female condoms • Low acceptability of female condoms • Myth of reduced sexual pleasure • Myths around the lubricant causing HIV • Stigma around condom purchase and ownership • Myths of condom size being small • Myth of condom causing cancer • Myth of reliability of condoms • Any cost is a deterrent • Alcohol decreases condom usage • Religious teachings against condom use 	<ul style="list-style-type: none"> • Long history of promotion • Multiple varieties • Multiple access points • Low cost or free • National and local champions
Increase in disclosure of HIV status to their sexual partners	<ul style="list-style-type: none"> • Stigma of PLHIV • Fear (loss of employability, relationships) • Shame • Religious teachings 	<ul style="list-style-type: none"> • Local and national champions • Media has encouraged disclosure • Religious teachings • Existing support groups • Availability of ART

7.5.5 Communication Objectives

7.5.5.1. Increase in correct and consistent use of condoms

- Increased risk perception around unprotected sex
- Increased knowledge of correct and consistent use of condoms
- Increased knowledge of co-infection
- Increased risk perception of the effects of alcohol and drug abuse on risky sexual behavior
- Increased self-efficacy for safe sex negotiation skills

7.5.5.2. Increase in disclosure of HIV status to their sexual partners

- Increased awareness of benefits of disclosure
- Increased awareness of risk to sexual partners
- Increased awareness of the support services for PLHIV

7.5.6 Influencers

- Parents/guardians
- Peers
- Support groups
- Teachers
- Lecturers
- Celebrities (e.g. musicians, comedians)
- Community radio personalities
- TV personalities
- Writers
- Religious leaders
- Traditional leaders

7.5.7 Channels

- Peer education
- Community radio
- National radio
- PP Targeted TV shows
- Community/participatory theater
- Youth clubs
- Women clubs
- Positive living clubs
- Traditional ceremonies
- Religious gatherings
- Social media
- Youth-friendly graphic materials
- SMS/WhatsApp messaging

7.5.8 SBCC Interventions

7.5.8.1 *USAID Z-CHPP National Office*

- Peer education discussion manuals and discussion guides development & distribution
- Reference handbook for champions and community change agents
- Training of community change agents and HIV champions
- discussion guide for change agents and champions
- Interactive community radio programming guides
- Community theater training manual
- Community theater sub-partner training
- Moderated and targeted social media campaign for priority populations
- SMS/WhatsApp campaign

7.5.8.2 *Sub-partner*

- Training of peer educators and distributing support materials
- Facilitate peer group discussions
- Facilitate community dialogues/forum

- Facilitating of discussants for community radio
- Formation and coordination of radio listening groups
- Community theater training

7.6 Mobile Workers (miners, sugar cane cutters, migrant farm laborers, truck drivers, fishers, cross boarder traders)

7.6.1 Key Risk Behaviors

- Alcohol and drug abuse
- Low level of condom use
- Transactional sex
- Intergenerational sex
- Dry sex
- Aphrodisiacs (sex boosters)
- High levels of MCSP
- Low adherence to ART
- Low uptake of HTS
- Low uptake VMMC services
- Low uptake of PEP
- Low uptake of STI screening services

7.6.2 Priority Positive Health Behaviors

- Increase of correct and consistent male and female condom use
- Increase uptake of HTS

7.6.3 Indicators

7.6.3.1 *PMEP*

- # of individuals from priority populations who completed a standardized HIV prevention program that is based on evidence and meets the minimum standards required during the reporting period (required PEPFAR indicator)
- # of condoms distributed to end users
- # of community members trained on HIV/AIDS prevention
- # of forum discussions/dialogues held (social norms)
- Number of community theater groups raising community awareness on HIV (social norms and individual behaviors)

7.6.3.2 *Suggested Indicators*

- % of individuals who aware of how to correctly and consistently use a condom
- % increase on using condom correctly and consistently at last sex
- % individuals who are aware of where to access HTS
- % of individuals accessing HTS
- % of community members who believe it is important to use a condom correctly and consistently during all sexual encounters

7.6.4 Barriers and Enablers per Behavior

Desired Behavior Changes	Barriers	Enablers
Increase in correct and consistent use of condoms	<ul style="list-style-type: none"> • Low condom use with spouse • Lack of availability of female condoms • Low acceptability of male and female condoms • Myth of condom on reduced sexual pleasure • Myths around condom lubricant causing HIV • Stigma around condom purchase and ownership • Myths of condom size being small • Myth of reliability of condoms • Myth of condom causing cancer • Alcohol decreases condom usage • Religious teachings against condom use 	<ul style="list-style-type: none"> • Long history of promotion • Multiple varieties • Multiple access points • Low cost or free • National and local champions • Existing HIV workplace programs
Increased uptake of HTS	<ul style="list-style-type: none"> • HTS not easily available everywhere • Insufficient training on HTSS providers • Stigma around those seeking HTS • Shortage of testing kits 	<ul style="list-style-type: none"> • National Guidelines for HIV Testing and counseling • Increased availability of mobile and community-based HTS • National and local champions • Existing HIV workplace programs

7.6.5 Communication Objectives

7.6.6.1 *Increase in correct and consistent use of condoms*

- Increase risk perception around unprotected sex
- Increase knowledge of correct and consistent use of condoms
- Increased risk perception of the effects of alcohol and drug abuse on risky sexual behavior
- Increased self-efficacy for safer sex negotiation skills

7.6.6.2 *Increase uptake of HTS*

- Increase knowledge on benefits of HTS
- Reduction of stigma for those accessing HTS
- Increased knowledge of where to access HTS
- Increased understanding of vulnerability and risk perception towards HIV

7.6.6 Influencers

- Peers
- Human resources
- Shift supervisors
- Celebrities (e.g. musicians, comedians)
- Community radio personalities
- TV personalities
- Writers
- Religious leaders
- Traditional leaders
- Workers association leaders

7.6.7 Channels

- Peer education
- Community radio
- National radio
- Community/participatory theater
- Women clubs
- Workers associations
- Traditional ceremonies
- Religious gatherings
- Social media
- Graphic materials
- SMS/WhatsApp messaging

7.6.8 SBCC Interventions

7.6.8.1 *USAID Z-CHPP National Office*

- Peer education discussion manuals and discussion guides development & distribution
- Reference handbook for champions and community change agents
- Training of community change agents and HIV champions
- discussion guide for change agents and champions
- Interactive community radio programming guides
- Work place stigma and discrimination policy
- Community theater training manual
- Community theater sub-partner training
- Moderated and targeted social media campaign for priority populations
- SMS/WhatsApp campaign

7.6.8.2 *Sub-partner*

- Training of peer educators and distributing support materials
- Facilitate peer group discussions
- Facilitate community dialogues/forum

- Facilitating of discussants for community radio
- Formation and coordination of radio listening groups
- Community theater training

8 SBCC Implementation

8.1 Multichannel Approach

The most successful SBCC interventions use a variety of channels, methods, and media to nudge targeted audiences toward behavior adoption. Rarely does one communication channel prove to be the silver bullet. Studies have shown that significant behavior changes result from multiple reinforcing communication channels working with existing infrastructure, systems, and policies.

8.2 Campaign Theme and Branding

SBCC products and isolated interventions are less successful than those that are united under a campaign theme with an easily identifiable graphic element or recognizable jingle. USAID Z-CHPP intends to develop just such a theme to tie together all components of the campaign. The theme will be a recurrent creative, emotionally-driven concept that will link desired behavior changes under the desired outcomes. It will also be supported by promotional and branding materials and will be reflected in SBCC products and across the program’s public relations and outreach activities.

8.3 Monitoring and Evaluation Plan

The core monitoring and evaluation plan is the existing USAID Z-CHPP monitoring and evaluation plan, to which the SBCC interventions directly contribute. Indicators have been suggested for monitoring progress against each key behavior for each priority population both using PMEP indicators and additional suggested indicators. To deepen the understanding of how interventions are being received at the community level with targeted populations, the SBCC team will lead qualitative assessments of audience members to inform the refinement of the SBCC strategy and interventions during project implementation. Additionally, SBCC activities and interventions will have programmatic output indicators and data sources to monitor program implementation together with sub-partners.

8.4 Development and Testing

Developing concepts, materials, and messages combines science and art. These not only must be guided by analysis and strategic design, but also must be creative to evoke the emotion and motivation to change behaviors. Materials and products will be drafted based on creative briefs that guide development and ensure cohesion with other products and adherence to audience analysis and segmentation.

- *Develop*: Print design, radio scripts, voice artist concepts, pre-recordings, and promotional items will be developed to align with SBCC key messages. To ensure that the end products meet the needs of the target audiences, key stakeholders will participate in the design of communication materials. SBCC best practices and lessons learned from similar projects will be incorporated.

- *Pretesting:* Concepts will be pretested with stakeholders and representatives of target audiences. This will be followed by in-depth pretesting of materials, messages, and processes with primary and secondary audiences.
- *Revision:* Changes will be made based on pretest results for messages that are not understood correctly, not remembered, or not socially or culturally acceptable.
- *Retesting:* Materials will be retested to ensure revisions are done well and to make final adjustments before final production.

8.5 Implementation and Monitoring Principles

When implementing the SBCC activities, we will emphasize maximum participation, flexibility, and training. Monitoring involves tracking outputs to ensure that all activities take place as planned and potential problems are promptly addressed.

- *Produce and disseminate:* A dissemination plan will be developed and implemented to include stakeholders and the media for maximum coverage.
- *Managing and monitoring program:* Program outputs will be checked to ensure quality and consistency, while maximizing participation.
- *Program adjustment based on monitoring:* Using data from monitoring, mid-course corrections or adjustments will be made to activities and materials to fine-tune program components.

9 MANAGEMENT PLAN

The USAID Z-CHPP Senior Prevention Advisor and the SBCC Specialist will work collaboratively to lead the operationalization of this strategy in partnership with the Gender Specialist and Cultural Communication Advisor. Together, these four positions will form the SBCC technical team at the national level. They will ensure that all indicators pertaining to the objectives set in this strategy are met by both the sub-partners and USAID Z-CHPP as a whole.

At the regional level, HIV Prevention Technical Officers working closely with the SBCC national team will:

- Coordinate the interventions at the regional level through sub-partners
- Ensure the SBCC activities and interventions are built on evidenced-based practices
- Work closely with the MoH and National AIDS Council's strategic frameworks

10 PLAN FOR CAPACITY BUILDING

The successful implementation of this strategy will depend on adequate and quality human resources at all levels of implementation. Thus, there will be the need to develop capacity development training for all implementing sub-partners, to provide them with the knowledge and skills required for the effective fulfillment of their roles. Training will cover technical staff at USAID Z-CHPP head office, regions and districts as well as sub-partners' field staff and other identified key stakeholders. A more comprehensive training plan will be developed with the capacity development unit of the project, communicating the training needs and intended audiences.

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