



REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH

Zambia Community Health Advocacy and Resource Mobilisation Strategy 2024 - 2026

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Financing Alliance
for Health



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Foreword



In the face of the growing burden of disease amidst limited resources, Zambia, like many nations, is undergoing a transformative journey in healthcare with an increasing demand for services. The Government of the Republic of Zambia recognizes the pivotal role community health plays in delivering universal, quality, and equitable health services. Government acknowledges the indispensable role of community health in attaining the Sustainable Development Goals, a commitment made to ensure a healthier and productive people.

Understanding that primary health care, inclusive of community health, extends beyond the health sector, the government calls upon a coalition of stakeholders to actively participate in ensuring delivery of community health. Leveraging a multisectoral approach, International Development Agencies, Cooperating Partners, Executive wings, the Private Sector, Civil Society Organizations, the Media, Community Leaders, and various interest groups are all urged to collaborate with government as key stakeholders in community health. This collaboration is especially essential in fostering innovations that enhance resource mobilization for community health, encompassing both financial and technical support, contributing significantly to sustainable community health programming.

Cognizant of the competing needs for national expenditure, government is resolute in its commitment to prioritize community health financing across all levels. This involves allocating sufficient funds, ensuring adequate staffing, training community health workers, enhancing infrastructure, and improving transportation for healthcare workers, ultimately facilitating the delivery of high-quality healthcare services.

I am confident that, implementing the approaches espoused in the Zambia Community Health Advocacy and Resource Mobilization Strategy 2024 – 2026 (Z-CHARMS), the first of its kind in Zambia, will accelerate and immensely contribute to the attainment of Universal Health Coverage. I believe that this strategy will serve as a guide and practical resource for advocacy and resource mobilization by all stakeholders for a healthier and productive community.

Dr. Kennedy Lishimpi
Permanent Secretary (TS)
MINISTRY OF HEALTH

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The development of the Zambia Community Health Advocacy and Resource Mobilization Strategy stands as a testament to the unwavering determination and collaborative support from a diverse spectrum of stakeholders without whom, this transformative document would not have been realized.

The Ministry of Health thus, acknowledges the invaluable contributions of all those who played a role, in various capacities, in the development of this Strategic Framework. Their commitment and expertise have been instrumental in shaping a strategy that holds the promise of advancing community health in Zambia.

Special recognition is extended to the Financing Alliance for Health for their indispensable financial and technical support, which has been pivotal in the development process of this framework. Furthermore, Ministry of Health expresses deepest appreciation to the key stakeholders who generously shared their expertise and made valuable technical contributions to the development of this manual:

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- USAID/FHN
- CHAZ

Their dedication reflects a shared commitment to the betterment of healthcare in our nation.

Special commendation goes to a team of dedicated staff from the Ministry of Health, who aptly led the development process and through their unwavering commitment, willpower and expertise, ensured timely completion of this document. Their tireless efforts have been crucial in realizing a comprehensive strategy that adequately addresses the evolving community health needs of our time.

Dr. Bushimbwa Tambatamba
Director Public Health and Research
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Abbreviations

ARVs	Anti-Retro Viral
CBOs	Community Based Organizations
CDC	Centers for Disease Control and Prevention
CDF	Constituency Development Fund
CH	Community Health
CHW	Community Health Workers
CPs	Cooperating Partners
CRS	Catholic Relief Services
CSO	Central Statistical Office
CBVs	Community Based Volunteers
DC	District Commissioner
DPT	Diphtheria Pertussis Tetanus
FBOs	Faith Based Organization
FHN	Family Health and Nutrition
EHTs	Environmental Health Technologists
PMTCT	Prevention of Mother to Child Transmission
GRZ	Government of the Republic of Zambia
HiAP	Health in All Policies
HIV	Human Immuno-Deficiency Virus
HP	Health Promotion
HPR	Health Promotion and Research
ICT	Information Communication Technician
KAP	Knowledge Attitudes and Practices
NGO	Non- Governmental Organisation
NHCs	Neighbourhood Health Committees
NCDs	Non- Communicable Diseases
NMR	Neonatal Mortality Rate
NHSP	National Health Strategic Plan
PHC	Primary Health Care
RMNCAH-N	Reproductive Maternal Neonatal Child Adolescent and Nutrition
TFR	Total Fatality Rate
UHC	Universal Health Coverage
UNIGME	United Nations Inter-Agency Group for Child Mortality Estimation
UN	United Nations
UPND	United National Development Party
Z-CHARMS	Zambia Community Health Advocacy and Resource Mobilization Strategy

Chapter 1: Introduction

The Government of the Republic of Zambia remains committed to providing universal, quality and equitable health care services to the people of Zambia as close to the family as possible. The Government recognizes community health as part of the key strategy for delivering quality primary health care services and improving health outcomes for all Zambians. The strategy aims to provide holistic community health services to the doorstep of all Zambians. Thus, Community Health is a critical component of strong health systems to attain universal health coverage and meeting the United Nations Sustainable Development Goals (SDGs).

Achieving universal health coverage requires adequate resources to implement community health programmes. The National Community Health Strategy (NCHS) 2022- 2026, highlights the need for a fully funded National Community Health Strategy as one of the main objectives for the strategy that can be achieved through; expanding the resource envelop for community health services; increasing and optimizing partner contributions and strengthening local community-based income generating ventures among other initiatives.

Community health is severely underfunded in Zambia. This is the gap that needs to be addressed through the *Zambia Community Health Advocacy and Resource Mobilization Strategy (Z-CHARMS)*. The strategy acts as an advocacy and resource mobilisation tool that initiates actions to influence both private and public stakeholders.

Community Health

Community health refers to the “health status of a defined group of people and the actions and conditions to promote, protect, and preserve their health. Thus, community health focuses on the predominant health care situation of social target groups or whole communities to take responsibilities to maintain and further improve their health status. Community organizations and networks can participate in Community Health through their unique ability to identify the determinants of health that affect their well-being through the physical environment, social status, cultural practices, income, education and working conditions, social support networks and welfare services, genetics, personal behaviour, coping skills and gender to target specific health problems”¹.

Approaches to Advocacy

Approaches to community health advocacy are based on the identification of needs and goals of the community. The advocacy approach can be bottom-up, top-down or a blended model. The bottom-up approach is premised on the idea of empowerment, which is “a process of collective reflection and action in which the grassroots take centre stage in shaping society according to their shared interests”

In contrast, top-down models emphasise the identification of community needs or goals by experts outside of the community or by only the community leaders. These advocates may be professional staff of non-profit non-governmental organisations, national or international professional health organisations, non-health national and international organizations and the public and private sector. A well-researched and methodical approach is critical to the success of advocacy efforts, whether they are conducted from a bottom-up or top-down approach.

Thus, the Z-CHARMS has identified key stakeholders that influence decisions on policy, resource mobilization and allocation that can impact Community Health. These stakeholders range from the executive and legislative arms of Government, the private sector and donor community through to the civic, traditional, religious and local community leaders.

¹ *Department of Health and Ageing, The Kit – A guide to the advocacy we choose to do (1998) 24 at 10 May 2010*

The Z-CHARMS therefore, provides networks to mobilise resources in order to implement community health programmes successfully. The strategy will also be used as central reference point, a ‘one-stop shop’ to advocate for prioritisation and increased resource allocation for community health. Further, the strategy will hold policy-makers and other stakeholders accountable for their commitments, and build a broad social movement to support health for all. Moreover, this strategy is designed to be used by different stakeholders interested in learning more about community health and support community health programmes. It is evidenced that community health and financing are most effective when they are part and parcel of comprehensive human resources for health and health systems strengthening.

The government of the Republic of Zambia has an opportunity to accelerate attainment of universal health coverage through prioritising community health. We believe that government, donors, the private sector and other partners will utilise this strategy to bring the desired resources to finance community health in order to unlock the economic and social returns.

Chapter 2: Situational Analysis

A strengthened Primary Health Care (PHC) is the cornerstone of Universal Health Coverage (UHC), aiming to ensure equitable access to quality healthcare without financial difficulties. Community health platforms, vital for achieving UHC and meeting SDGs, face diverse challenges globally. The Investment Case and Financing Recommendations highlighted a \$2 billion funding gap for community health in sub-Saharan Africa, underscoring the severe underfunding of these platforms.

Despite global efforts, challenges persist, including disparities in access, limited infrastructure, workforce inadequacies, funding constraints, weak governance, and insufficient policies hindering efficient community health services. Marginalized populations bear a disproportionate burden of diseases, limiting access to essential services.

Regional Situation

In sub-Saharan Africa, the investment case accentuates the need for substantial improvement in community health financing. The region grapples with significant disparities in healthcare access and outcomes. The challenges include inadequate infrastructure, workforce limitations, funding gaps, weak governance, and policy deficiencies hindering efficient community health service delivery.

The Investment Case and Financing Recommendations made in 2015 presented a powerful economic and impact case for investing in community health. It outlined principles for building strong community health platforms and revealed a \$2 billion funding gap for community health in sub-Saharan Africa. This financial shortfall underscores the critical need for enhanced funding to address the pressing issues affecting community health in the region.

Zambian Situation

Zambia, among the world's youngest countries, faces a demographic shift with a rapid growth rate. The country's 19.6 million population (2021) is expected to double in the next 25 years, escalating healthcare demand. The high fertility rates, mortality rates, and a double burden of diseases, including communicable and non-communicable, compound the challenge in the healthcare system.

Three governing features characterize the demographic situation in Zambia: a high rate of natural population increase, massive urbanization, and wide variations in fertility and mortality rates between provinces. Research evidence reveals the country experiences a double burden of diseases, showing an increase in both communicable and non-communicable diseases. The incidence rate for Malaria and TB, though showing a decrease between 2013/14 and 2016, indicates the two diseases continue to pose a challenge to the disease burden caused by communicable diseases in the country.

Disease Burden

Malaria and TB remain persistent challenges, despite decreasing incidence rates. The HIV prevalence rate is 11.3%, with efforts focused on prevention and treatment. Non-communicable diseases (NCDs) contribute significantly to total deaths, necessitating targeted interventions.

According to the Stepwise Survey conducted for the country, NCDs were responsible for 29% of the total deaths in 2016. The age standardized mortality rate was high across the four major NCDs (Cardiovascular Disease, Chronic Respiratory Disease, Cancer, and Diabetes) at 938 per 100,000 in males and 599 in females in 2021. Zambia has implemented initial efforts on the NCD progress indicators related to NCD policy and plan, guidelines, tobacco taxes, tobacco smoke-free, and alcohol availability. However, progress is slow and limited to tobacco health warnings, tobacco advertising bans, alcohol taxes and advertising restrictions, trans-fat policies, marketing to children, and physical activity guidelines.

The HIV prevalence rate for the country stands at 11.3% among adults aged 15 to 49. Approximately 92% of HIV+ women receive ARVs for PMTC, and there is a 90% treatment success rate for HIV-positive TB cases.

Maternal, Newborn and Child Health

While Zambia exhibits progress in maternal and child health, achieving SDG targets requires intensified efforts. Vaccination coverage and reductions in under-5 mortality are positive indicators. However, challenges persist in neonatal mortality and the prevalence of stunting, requiring sustained attention.

Over the past five years, Zambia has made significant improvements in population health outcomes. Maternal Mortality Ratio (MMR) has reduced from 398 deaths per 100,000 live births in 2013/14 to 278 in 2018. However, there is a need for heightened interventions to meet the target of 100 and below per 100,000 live births. Further, the country recorded an increase in the number of deliveries conducted by skilled personnel from 54% in 2016 to 70% in 2020, an increase in deliveries conducted at health facilities from 67% to 73.9%, and an increase in first antenatal care attendance within the first trimester from 24.4% to 31.8% in the same period (NHSP 2022-2026). In addition, the Newborn Mortality Rate (NMR) increased from 24 per 1000 live births in 2014 to 27 in 2018. The Country targets to reduce NMR by 2026, is to at least as low as 12 per 1,000 live births.

Health Infrastructure

Zambia faces challenges in healthcare provision due to an increasing population and disease burden which have had a huge impact on the provision of healthcare services. Referral hospitals serve large populations, and health posts and centres cover wider areas often servicing population beyond facility capacity. Inadequate workforce, particularly clinicians per health centre is a significant gap that justifies the need for increases support for community health services.

Presently, some the first hospitals serve huge populations of approximately 80,000 to 200,000 per catchment area. The same is observed for second hospitals and a much higher coverage for the third level hospitals, which are the highest referral level of health system in Zambia. Health posts, which are at the lowest level of the Zambian health care system equally cover a wider population of approximately 3,500 persons in rural areas and 1,000 to 7,000 people in urban settings, while Health Centres cover approximately 30,000 to 50,000 population in urban areas, instead of 10,000 people. In addition, provision of health services is a challenge due to inadequate WASH facilities in most Health Care Facilities to enable healthcare workers fully adhere, practice and/or implement infection prevention and control (IPC) measures.

Workforce and Stakeholder Involvement

The workforce for community health services in Zambia stems from promotive, preventive, curative, rehabilitative, and palliative health care services. In Zambia, where inadequate health workforce hampers the provision of health care services, the presence of Community Health Workers (CHWs) in health facilities has been linked to improved performance. The current number of clinicians per health centre (12.4 per 10,000) is far below the recommended WHO target (22.8 per 10, 1000) highlighting the gaps in the workforce for impactful community health service.

Zambia recognizes the role those different stakeholders play to ensure community health is sustained. Further, the country recognizes the support offered by International Development Agencies, Cooperating Partners, Executive wings, the Private Sector, Civil Society Organizations, the Media, Community Leaders, and other interest groups in shaping community health services. However, more opportunities are available to expand stakeholder involvement and contribution towards robust and sustainable community health.

Achievements and Opportunities

Zambia has made strides in vaccination coverage, maternal mortality reduction, and increased deliveries by skilled personnel. Stakeholder involvement, including International Development Agencies, Cooperating Partners, and the Private Sector, has positively shaped community health services. However, workforce deficiencies and funding gaps remain critical challenges.

Opportunities lie in expanding stakeholder involvement, adopting a multisectoral approach, and prioritizing community health financing. Collaboration with government, innovations for resource mobilization, and evidence-based interventions tailored to community needs are crucial. Implementing laws to strengthen community health systems is foundational for sustainable and equitable healthcare delivery. The government's call for prioritizing community health financing, training health workers, improving infrastructure, and enacting supportive laws underscores the grassroots focus for impactful health outcomes. This strategy therefore, serves as an important advocacy and resources mobilization tool for all stakeholders championing better community health outcomes.

Rationale for Investing in Community Health

The transformative potential of community health extends beyond economic empowerment. It empowers communities to assume control over their health outcomes, fostering capacity building at the grassroots level. A crucial element of this empowerment lies in community structures including Neighbourhood Health Committees, embedded within communities. These committees serve as accountability mechanisms, enabling communities to hold health service providers responsible, identify needs, and collaboratively develop action plans. Presently, the Ministry of Health oversees approximately 16,000 Neighbourhood Health Committees, each tasked with engaging community members to address problems through collective action.

High Returns and Cost Savings

Investments in community health yield a high return on investment and result in substantial cost savings for the broader health system. This impact spans various disease areas, leading to enhanced population health and broader societal benefits. Notably, community health initiatives contribute to a reduced risk of preventable conditions, diminished out-of-pocket healthcare expenses, and increased employment opportunities.

The tangible benefits of community health are exemplified in Zambia, where the program is estimated to save at least 16,469 lives, ensuring a more productive and healthier society (add ref). Beyond individual lives saved, community health initiatives generate cost savings within the broader health system. This is achieved through task sharing, where care is shifted to a lower and more cost-effective level, and proactive health promotion and disease prevention at the community level. These strategies in general, mitigate future treatment costs at higher levels of the health system.

Detailed Cost Savings in Malaria and HIV Programmes

A meticulous examination of cost savings within the malaria and HIV programs illustrates the financial efficiency of community health interventions. In Zambia, where malaria and HIV collectively account for approximately 50% of total health expenditures, cost savings amount to USD \$31 million. This substantial sum is attributed to the dual approach of task sharing and preventative measures within the community health framework.

For HIV, community-level counselling and testing significantly enhance coverage, leading to increased testing rates, decreased HIV stigmatization and reduced new HIV cases as individuals become aware of their status.

An in-depth analysis between 2018 and 2022 reveals the impactful work of community health workers. Over this period, CHWs confirmed and treated over 158,961 active cases and identified 137,562 passive cases of malaria. The Integrated Community Case Management approach, spearheaded by CHWs, has effectively reduced under-five mortality due to conditions such as pneumonia, diarrhoea, and malnutrition. Moreover, community-level interventions have substantially increased the uptake of antenatal and postnatal care, decreased home deliveries,

and elevated the acceptance of postnatal contraception. The reduction in home deliveries, from 2,251 in 2020 to 588 in 2022 (add Ref), reflects the effectiveness of community health initiatives in promoting facility-based deliveries and enhancing postnatal care

Holistic Community Impact

Beyond promoting health, preventing disease and providing quality curative services, community health interventions have engendered a holistic impact on community wellbeing. In essence, investing in community health transcends the immediate health benefits. It is a strategic investment in community empowerment, promotive and preventative healthcare resulting in economic uplifting and development. The multifaceted impact of community health interventions, as evidenced in Zambia, underscores the imperative need for a sustained investment in community health to build resilient and thriving communities.

Summary

In summary, the situational analysis underscores the global, sub-Saharan, and Zambian contexts in the realm of community health advocacy and resource mobilization. Despite commendable achievements, significant challenges persist, particularly in funding gaps, workforce shortages, and healthcare infrastructure limitations. Zambia's demographic shift and disease burden necessitate targeted interventions, while workforce deficiencies highlight the urgency for increased staffing. Stakeholder involvement, both current and potential, offers avenues for robust and sustainable community health.

Opportunities to leverage interventions include a multisectoral approach to widen the resource base, prioritized community health financing, and evidence-based strategies tailored to community needs. Key audiences targeted for interventions in this advocacy and resource mobilization strategy include policymakers, cooperating partners, Civil society organisations and community leaders at all levels.

Collaboration with government, innovation in resource mobilization, and the enactment of supportive laws are critical components for achieving sustainable and equitable healthcare delivery. As Zambia navigates the complexities of community health, a concerted effort from all stakeholders is imperative to ensure the realization of Universal Health Coverage and the United Nations Sustainable Development Goals.

Chapter 3: Advocacy Strategic Plan

Advocacy Plan by Target Audience

This strategy is anchored upon a single strategic communication priority known as advocacy. Advocacy is an organised attempt to influence the political climate, policy and programme decisions, public perceptions of social norms, funding decisions, and strengthen the voices of communities and societies for social and policy change. Advocacy is directed at different levels of decision makers - the people who have the power to create policies, programmes and structures and to allocate resources. Advocacy is tool to persuade decision makers to foster changes in laws, regulations, and administrative procedures that hinder access to healthcare services, funding, or implementation of specific interventions.

Advocacy involves a range of strategies designed to involve people to catalyse decision making at the organizational, local, national, and international levels, usually involving strategic planning, community mobilization, capacity development, coalition building, and the promotion of changed policies and environments. Effective advocacy should create an environment for cumulative change beyond the level of the individual, and should have a community-defined objective.

This strategy is designed to be an advocacy tool for policy changes, collaboration among stakeholders, increasing financing, improved service delivery, promoting research and innovation at community level to adduce evidence towards a healthier and productivity population through enhanced public health programming.

Advocacy in this strategy targets various audience categories whose roles influence policies, decisions, financing, service delivery, research, and other innovators in order to overcome barriers and facilitate prioritisation of community health.

Key Audiences and their roles

SN	Priority Audience Category	Key Role
1.	The Executive, Legislators and Civic Authorities	Executive authority to guide Ministerial policies and decisions, enact legislation, and supervise policy implementation
2.	Senior Government Officials	Provide strategic direction, lead and supervise policy implementation under their charge
3.	Health Practitioners and Associations	Provision of health services (Promotion, prevention, curative, rehabilitative and palliative care) and Influence health system transformation as well as safeguard healthcare practice
4.	UN Agencies and Cooperating Partners	Provide technical and financial support for community health countries and programs
5.	Community Leaders	Advocate for community health needs and mobilize community members to participate in health programs. Preserve traditional, cultural, religious and social norms
6.	Private sector	Provide private healthcare services; Invest in and support community health services under Corporate Social Responsibility
7.	Civil Society Organizations (CSOs)	Raise awareness on health issues in the community, advocate for and support provision of health and social services.
8.	Academicians	Adduce evidence for policy and program; build capacity in community health

SN	Priority Audience Category	Key Role
9.	Media	Disseminate accurate information on health and other issues; Advocate for and raise awareness on the importance of community health

Overall Advocacy Intents

- Healthy and productive population by end of 2026
- Increased mobilisation and allocation of resources to Community Health by the year 2026

Overall Advocacy Objective

- To advocate for prioritisation of resource allocation to community health in order to accelerate the attainment of Universal Health Coverage by 2030.

Overarching Key Promise

- Investment in Community Health will result in healthier and productive population.

Overarching Support Statements

- Investment in community health accelerates the attainment of Universal Health Coverage
- Prioritized resource allocation to community health will result in:
 - Cost saving on health care expenditure
 - Enhanced human development index
 - Strengthened and sustained health services
 - Accelerated attainment of the government vision of healthy and productive people
 - Enhanced national development

Overall Expected Outcomes

- Increased investment to implement Community Health action plan
- Increased Community Health coverage
- Improved Community Health indicators
- Improved Community Health workforce

Overall Call to Action

- Participate and advocate for increased investment in Community Health for healthier and productive population

Overarching Advocacy Activity Plan

SN	Question	Response
1	What is the Barrier?	<ul style="list-style-type: none"> • Limited understanding of community health • Inadequate resource allocation for community health • Low levels of collaboration among different policy makers • Inadequate skills and knowledge for resource mobilization • Inadequate policy and legislation to support Community Health • Fragmentation of the community health system and structures
2	What Change is Needed?	<ul style="list-style-type: none"> • Prioritize community health financing at all levels • Increased resource allocation for community health • Influence donor community and cooperating partners to provide resources to support community health • Strengthen leadership for local authorities to increase resources to Community Health

SN	Question	Response
		<ul style="list-style-type: none"> • Support attainment of UHC • Enact laws to strengthen Community Health • Strengthen multi-sectoral collaboration, participation and ownership of Community Health • Allocate small grants to support community health in each Ward
3	Who has the Power to Create the Change?	<ul style="list-style-type: none"> • The Executive, Legislators and Civic Authorities • Senior Government Officials • Health Practitioners and Associations • UN Agencies and Cooperating Partners
4	Who is the Advocate? (Change Agent)	<ul style="list-style-type: none"> • Community Leaders • Private sector • Civil Society Organisations (CSOs) • Academicians • Media
5	What Activities will Influence the People in Power?	<ul style="list-style-type: none"> • Hold meetings to design and develop advocacy Toolkits • Hold advocacy meetings with policy makers, the media and Beneficiaries • Conduct exchange visits/trips • Participate in Exhibitions/fares/events • Conduct Lobbying/picketing events • Conduct launches for community health events • Conduct annual awarding ceremonies to best performing wards in community health services (to celebrate success) • Conduct tailored community events/ outreaches in community health • Track budget and expenditure of community health activities • Conduct media activities including press releases /statements • Hold advocacy campaigns • Develop an evidence base - (Conduct research and develop a Repository)
6.	Key Content (material content and sources of information)	<ul style="list-style-type: none"> • Advocacy Toolkits <ul style="list-style-type: none"> ○ Brochures/Flyers ○ Facts sheets ○ Power Points presentations ○ Brochures ○ Posters/Billboards/Banners ○ Videos documentaries and scripts ○ Job Aids/Guidelines/Protocols ○ Interview Guides/Scripts • Investment Case • Community Health Strategic Plan • National Health Strategic Plan • Eighth National Development Plan

Audience Specific Advocacy Activity Plan

1. Audience	The Executive, Legislative, Civic Leaders
Who is the target of this material?	The Executive (The President, Vice President, Cabinet Minister) Legislative (Parliamentarians) Civic Leaders (Town Clerks, Council Chairpersons, Ward Councillors, Ward Development Committee Chairpersons, Section Chairpersons) District Commissioner (DC)
2. Desired Changes	
What do you want the audience to change—perceptions, knowledge, feelings, topics of discussion, skills, or actions—after experiencing your communication?	<ul style="list-style-type: none"> • Prioritize community health financing at all levels • Increased resource allocation for community health • Influence donor community and cooperating partners to provide resources to support community health • Strengthen leadership for local authorities to increase resources to Community Health • Support attainment of UHC • Enact laws to strengthen Community Health • Strengthen multi-sectoral collaboration, participation and ownership of Community Health • Allocate small grants to support community health in each Ward
3. Obstacles and Barriers	
•	<ul style="list-style-type: none"> • Limited understanding of community health • Low levels of collaboration among different policy makers • Inadequate skills and knowledge for resource mobilization • Inadequate policy and legislation to support Community Health
4. Advocacy Intent	
How will the advocacy communication address the key barrier?	<ul style="list-style-type: none"> • Healthy and productive population by end of 2026 • Increased resource allocation to Community Health by the year 2026
Advocacy /Communication Objective	
	<ul style="list-style-type: none"> • To prioritize allocation of resources for community health in order to attain Universal Health Coverage
Key Messages	
	<ul style="list-style-type: none"> • Investing in community Health will accelerate attainment of Universal Health Coverage • Prioritizing community health reduces expenditure on health care delivery and helps to make saving for other developmental needs • Investing in community health leads to healthy and productivity individuals and communities • Community health is a cornerstone of the health system
Activities	
	<ul style="list-style-type: none"> • Hold meetings to design and develop advocacy Kits for policy makers • Hold advocacy meetings with policy makers • Hold meetings with Civic Leaders to advocate for resource allocation to CH • Conduct exchange visits/trips

1. Audience	The Executive, Legislative, Civic Leaders
	<ul style="list-style-type: none"> • Conduct launches for community health events • Conduct annual awarding ceremonies to best performing wards in community health services (to celebrate success) • Conduct tailored community events/ outreaches in community health
5. Message Brief	
Includes instructions for the design and development of the messages (by writers, designers, and producers)	<p>Presentation before parliament on community health matters, Radio/TV programs, position papers,</p> <p>Activities/Approach:</p> <ul style="list-style-type: none"> • Plan and develop content for communicating to key audiences • Engage the executive (President and cabinet Ministers) to support community health initiatives • Engage CDF committee/ constituency members to support CH activities through CDF • Engage Parliamentary committee on health • Engage Ward development committees – point of information (integration across departments/sectors) • Equip parliamentarians with information to promote community health – e.g., campaign messages on CH (brochures, posters, flyers, policy documents etc.) • Empower community members with knowledge and skills on community health
<p>a. The key promise is the most compelling benefit of taking the desired action. The key promise should:</p> <ul style="list-style-type: none"> • Represent a subjective experience in your audience’s mind • Promise a reward in the (near) future <p>Be truthful and relevant to your audience</p>	<ul style="list-style-type: none"> • The executive will use the advocacy platform to promote policy change that supports community health programs • Support actualization of the one health policy by civic and community leaders for improved community health • The parliamentarians will fulfil government priorities through needs assessments from scorecard and community action plans • The government services will be delivered closer to the people • The community health structures will create a platform for the parliamentarians to interact with the communities and easily realize their political agenda in delivering committed promises to the community • This platform will also help them plan using evidence-based information from the Communities and data from the health information systems • Parliaments function by getting closer to people they are serving
b. The support statement convinces the audience they will actually experience the benefit. It should provide reasons why the key promise outweighs the key constraint (barriers). The support statement often becomes the message.	<ul style="list-style-type: none"> • Healthy people equal healthy and productive communities • Invest in community health for sustainable health benefits • Prevention is better than cure – Invest in Community Health for a healthy and productive Zambia
<ul style="list-style-type: none"> • c. A call to action should tell your audience what you want them to do or where to go to use the new product. 	<ul style="list-style-type: none"> • Prioritize Community health through increasing budget allocation and timely delivery of community health services to serve lives • Include a clause to allocate at least 15% of the national budget to the health sector <p>Include a clause to allocate 15% of Constituency development Fund to community health</p>

1. Audience	The Executive, Legislative, Civic Leaders
6. Key Content	
Outline the material's content and include sources of information for each section	<ul style="list-style-type: none"> • Presentations-Power point / videos • Brochures • Fliers • Posters • Position papers / investment case
Community health situation	<ul style="list-style-type: none"> • CH action plan • CH coverage • CH indicators • CH workforce • Community health service package • Community health strategy 2022-2026
Policies to provide an enabling environment for community health	<ul style="list-style-type: none"> • National health strategic Plan • National Community Health Strategy 2022–2026 • Country Community Health Services Investment Case • UPND manifesto • 8th NDP • NHSP 2022-2026 • NCHS 2022-2026 • NHC guidelines • NHP (2012 – need for policy review) • HiAP Framework
Proven solutions to strengthen community health [Source: Strategy and Investment Case]	<ul style="list-style-type: none"> • Improved coordination among the structures responding to community health • Building a motivated, skilled and evenly distributed workforce • Equal access to health services • Access to information on community health to enable sound decision making • Availability for transport for service delivery and referral • Availability of essential medicines and medical supplies • Community responsiveness/Community led monitoring • Improved community leadership and governance • Improved access to community health services
Benefit to the country (Source: Investment case)	<ul style="list-style-type: none"> • Fiscal multiplier • Social security • Economic benefit • Increased life expectancy • Improved indicators on child health, new born adolescent health and nutrition
Call to action (Specific to audience)	<ul style="list-style-type: none"> • Advocate for increased resource allocation for community health at all levels • Support enactment of community health policies
7. How It Fits the Mix and Creative Considerations	

1. Audience	The Executive, Legislative, Civic Leaders
<ul style="list-style-type: none"> • How does this material or activity relate to other materials or activities you are creating? • What else might be important to keep in mind when creating, producing, or distributing this communication product? <p>Will the material be presented in more than one language? What is the literacy level of your audience? Is there anything particular regarding style, layout, or visuals? What logos need to be used? How will the material be branded?</p>	<ul style="list-style-type: none"> • The illustrative fact sheet will be used in one-on-one meetings and during advocacy workshops with policymakers and parliamentarians. • Fact sheet will also be used in conjunction with a multi-media presentation. • The language for the fact sheet will be English and the literacy level is high for the target audience. • The material will be branded with the government partner logos and partners involved.

1. Audience	Senior Government Officials
Who is the target of this material?	(Permanent Secretaries, Directors, Policy Advisers and Programme Managers)
2. Desired Changes	
	<ul style="list-style-type: none"> • Increased understanding of community health • Support increased resource allocation for Community Health • Increased advocacy for community health • Place community health as a priority • Make community health a policy agenda for action
3. Obstacles and Barriers	
•	<ul style="list-style-type: none"> • Inadequate evidence to support policy and programming on community health • Inadequate understanding of community health • Low prioritization of community health • Inadequate commitment and urgency towards community health • Inadequate resources due to competing needs limiting allocation to community health
4. Advocacy Intent	
	<ul style="list-style-type: none"> • Increased prioritization and resource allocation for community health by the end of 2026
Advocacy Communication Objective	<ul style="list-style-type: none"> • To prioritize allocation of resources to community health to achieve Universal Health Coverage
Key Messages	<ul style="list-style-type: none"> • Advocate for increased resource allocation to community health • Prioritize resource allocation to community health to achieve Universal Health Coverage
Activities	<ul style="list-style-type: none"> • Develop and design advocacy package for policy makers • Develop and implement policies supporting community health • Generate scientific evidence on performance of community health • Hold advocacy meetings with policy makers on community health • Hold press briefing on community health

1. Audience	Senior Government Officials
	<ul style="list-style-type: none"> • Organize symposiums to discuss community health • Launch community health events
5. Message Brief	
Instructions for the design and development of the messages (by writers, designers, and producers)	<ul style="list-style-type: none"> • Meeting to design and develop content • Meet with senior government officials to support community health
a. The key promise.	<ul style="list-style-type: none"> • Investment in Community Health will result in healthier and productive population • Accelerated attainment of Universal Health Coverage
b. The support statement	<ul style="list-style-type: none"> • Prioritized commitment to community health will result in: <ul style="list-style-type: none"> ○ Cost saving ○ Provision of human capital ○ Strengthened and sustained service provision ○ Attainment of Universal Health Coverage
c. A call to action	<ul style="list-style-type: none"> • Advocate for increased allocation of resources for Community Health • Prioritize allocation of resources to Community Health • Develop and implement community health policy • Support implementation of community investment case
6. Key Content	
Proven solutions to strengthen community health	<ul style="list-style-type: none"> • Increased support for the community health workforce • Increased allocation of community health financing • Community health workforce capacity • Strengthened linkages with the community • Increase participation and involvement of the community in community health activities
Benefit to the country (Source: Investment case)	<ul style="list-style-type: none"> • A healthier and more productive population
Call to action (Specific to audience)	<ul style="list-style-type: none"> • Promote the integration of community health into annual plans • Recommend a budget line for community health funding in the national and budgets. • Recommend Increase of the budget thresholds for community health • Facilitate information-sharing among programs/departments to support adequate planning and budgeting for community health objectives
7. How It Fits the Mix and Creative Considerations	
	<p>Power point presentation, Flyers & brochures will provide briefs on community health Video documentaries.</p> <p>These will be used during advocacy meetings and will be in English as the literacy level is high for the target audience. The material will be branded with the government and partner logos.</p>

1. Audience	Health Practitioner and Associations
Who is the target of this material?	Health Practitioners and Associations
2. Desired Changes	
	<ul style="list-style-type: none"> • Increased understanding of community health • Strengthened capacity for advocacy among Health Practitioner and the Associations • Enhanced networking for resource mobilization towards community health • Strengthened capacity for implementation of community health • Increased ownership for sustainability of community health
3. Obstacles and Barriers	
• .	<ul style="list-style-type: none"> • Inadequate understanding of community health • Low prioritization of community health • Inadequate advocacy activities for community health • Perceived poor quality of health service by community-based volunteers • Low participation by health care practitioners in community programmes
s4. Advocacy Intent	
	<ul style="list-style-type: none"> • By the end of 2026, there is increased prioritization and participation of health practitioners and associations to support resource mobilization and allocation towards community health
Advocacy / Communication Objective	<ul style="list-style-type: none"> • To motivate health practitioners and associations to advocate for increased resource allocation and enhance ownership of community health programmes
Key Messages	<ul style="list-style-type: none"> • Community Health is the backbone of the health system • Investing in community health improves the health of the people and leads to increase productivity • Zambia is a party to conventions and declarations towards attainment of Universal health coverage • Improved Community health resources is an accelerator of attainment of UHC • Health practitioners and association are critical resource towards the attainment of UHC • Health practitioners and associations are key to guide evidence-driven policy making to support community health • Study show that investing in community health has resulted in improved health of people and increased productivity
Activities	<ul style="list-style-type: none"> • Development of Advocacy kit for health practitioner and associations • Holding meetings with health practitioner and associations • Participate in exchange visits or Field trips • Hold exhibitions and fairs • Conduct mentorship and technical support • Conduct research
5. Message Brief	

1. Audience	Health Practitioner and Associations
Includes instructions for the design and development of the messages (by writers, designers, and producers)	<ul style="list-style-type: none"> Plan to hold meetings to develop content (presentation slides fact sheets and Job Aids) that will be used for advocacy trainings for health practitioners and associations to enhance advocacy activities at all levels.
Key promise	<ul style="list-style-type: none"> Improved health of the community by increasing participation of health practitioners and association
Support statements	<ul style="list-style-type: none"> Enhanced commitment of health practitioners and association to participate in community health programmes and advocacy activities that will lead to increased resource mobilization and allocation in community health. Increased community ownership and accountability for people to live healthier lives in enabling and health-conducive environment within the community
Call to action	<ul style="list-style-type: none"> Participate and advocate for increased allocation of resources for Community Health
6. Key Content	
Proven solutions to strengthen community health [Source: Strategy and Investment Case]	<ul style="list-style-type: none"> Increased community health work force Increased community health financing Community health work force capacity Strengthened collaboration with community Engagement and involvement of community in community health activities
Benefit to the country (Source: Investment case)	<ul style="list-style-type: none"> Improved population health and productivity
Call to action (Specific to audience)	<ul style="list-style-type: none"> Advocate for increased resource allocation to community health Participate in community health programmes

1. Audience	UN Agencies and Cooperating Partners
Who is the target of this material?	UN Agencies and Cooperating Partners.
2. Desired Changes	
	<ul style="list-style-type: none"> Advocate and prioritize community health financing Increased resource allocation for community health Include community health on the global agenda Advocate for the implementation of treaties and international declarations on community health Advocate for support to accelerate attainment of UHC Strengthen multisectoral collaboration, participation and ownership of Community Health Advocate for policies to support community health
3. Obstacles and Barriers	

1. Audience	UN Agencies and Cooperating Partners
	<ul style="list-style-type: none"> • Inadequate funding to community health • Inadequate advocacy for community health. • Limited awareness at a high-level on the role of community health in improving health and development • Inadequate social accountability • Inadequate evidence on community health performance • Inadequate national framework or policies to support community health
4. Advocacy Intent	
	<ul style="list-style-type: none"> • Member states have frameworks and policies on community health by the end of 2026 • Increased resource allocation to Community Health by the end of 2026 • Place Community health as a global agenda by the end of 2026
Communication objective	<ul style="list-style-type: none"> • To advocate for prioritization of resource allocation and delivering on commitments to support community health both locally and internationally
Key messages	<ul style="list-style-type: none"> • Investments in community health is a catalyst for sustainable development and better quality of life • Community health is key for the acceleration of the attainment of UHC • Including community health on the global agenda will improve the health of the population and lead to high productivity • Become ambassadors of community health to reduce health inequalities • Cooperating partners are key to supporting global activities and treaties • Play your part in the reduction of health inequalities. • Collaborate with other cooperating partners for enhanced resource allocation to community health.
Key activities	<ul style="list-style-type: none"> • Holding meeting with the UN agencies and cooperating factors to develop advocacy kits • Assessments of donor reports • Organize webinars and online forums, symposiums, conferences • Facilitate study visits, exchange visits, field visits • Convene local and international conferences to share best practices • Conduct Joint Annual Review meetings
5. Message Brief	
	<p>Presentation before UN country representative and Heads of UN agencies and cooperating partners on community health</p> <p>Activities/Approach:</p> <ul style="list-style-type: none"> • Hold meeting to plan and develop advocacy kits • Hold advocacy meetings with UN agencies and cooperating partners on community health
Key promise	<ul style="list-style-type: none"> • Investment in Community is an accelerator towards attainment of Universal Health Coverage
Support statement	<ul style="list-style-type: none"> • Health people equals health and productive communities, invest in community health for sustainable health benefits • Prevention is better than cure – Invest in Community Health for a healthy and productive Zambia

1. Audience	UN Agencies and Cooperating Partners
Call to action	<ul style="list-style-type: none"> • Advocate for increased investment in Community Health for healthier and productive population
6. Key Content	
	<ul style="list-style-type: none"> • Presentations-Power point / videos • Brochures • Fliers • Posters • Position papers / investment case
Proven solutions to strengthen community health [Source: Strategy and Investment Case]	<ul style="list-style-type: none"> • Improved coordination among the structures for community health • Building a motivated, skilled and evenly distributed workforce • Equal access to health services • Access to information on community health to enable sound decision making • Availability for transport for service delivery and referral • Availability of essential medicines and medical supplies • Community responsiveness/Community led monitoring • Improved community leadership and governance • Improved access to community health services
Benefit to the country (Source: Investment case)	<ul style="list-style-type: none"> ○ Fiscal multiplier ○ Social security ○ Economic benefit ○ Increased life expectancy ○ Improved indicators on child health, new born adolescent health and nutrition
Call to action (Specific to audience)	<ul style="list-style-type: none"> • Advocate for increased resource allocation for community health at all levels • Support enactment of community health policies

1. Audience	Community Leaders
Who is the target of this material?	(Traditional Leaders, Traditional Health Practitioners, Religious Leaders & Section Leaders)
2. Desired Changes	
	<ul style="list-style-type: none"> • Increased understanding of community health • Advocate for increased resource allocation to Community Health interventions • Support Community-Based Volunteers in the communities • Support and place Community Health as a priority in the community • Strengthened linkages and referral system in the community • Strengthened leadership and governance for community health • Strengthen ownership and participation in all community program

1. Audience	Community Leaders
3. Barriers	
	<ul style="list-style-type: none"> • Inadequate understanding of community health • Inadequate participation of community • Inadequate ownership of community health • Weak linkages and referral system in the community • Low prioritization of community health • Inadequate support for community-based volunteers in the community • Cultural and religious beliefs • Poor health-seeking behaviours
4. Advocacy Intent	
	<ul style="list-style-type: none"> • Increased ownership of community health by the end of 2026 • A Healthy and productive people by the end of 2026
Advocacy Objectives /Communication Objectives	<ul style="list-style-type: none"> • To motivate Community leaders to mobilize resources for community health and strengthen community ownership
Key Messages	<ul style="list-style-type: none"> • Community leaders are advocates for mobilizing resources for community health • Community leaders champion community participation and take ownership of community health in communities • Community leaders are key in creating awareness of the benefits of early health-seeking behaviours in communities for the health and well-being of communities • Community leaders promote interactions within communities for people to connect, exchange skills and ideas to live healthy and productive lives • Community leaders are change champions for healthy and productive communities
Activities	<ul style="list-style-type: none"> • Conduct meetings to develop and design information packages for Community leaders • Conduct orientation meetings (traditional, religious, community section leaders and Traditional Health Practitioners) • Conduct capacity-building training for community drama groups • Conduct sensitization meetings with (Traditional leaders, religious leaders, Traditional Health Practitioners and Section Leaders) • Conduct TV/Radio discussions • Conduct community drama performances • Conduct community shows (cinema) • Document success stories on community health • Conduct formative and evaluation KAP studies • Conduct quarterly meetings • Air TV/Radio Public Announcements

1. Audience	Private Sector Partners
Who is the target of this material?	(Mining, Manufacturing, Retailers, Financial Institutions etc.)
2. Desired Changes	

1. Audience	Private Sector Partners
	<ul style="list-style-type: none"> • Increased understanding of the importance of community health • Improved Public Private Partnership for community health at all levels • Increased corporate Social Responsibility towards community health • Increased support towards capacity building for community health programs • Better understanding of economic gains for investing in community health • Mobilize resources for Community health • Be Champions for Community Health
3. Obstacles and Barrier	
	<ul style="list-style-type: none"> • Limited understanding on the role community health plays in improving health and economic development. • Perception that communities lack capacity for accountability • Inadequate Corporate Social Responsibility
4. Advocacy Intent	
	<ul style="list-style-type: none"> • A healthy and productive community by the end of 2026
Advocacy /Communication Objective	
	<ul style="list-style-type: none"> • To advocate for resource mobilization for community health for Zambia to be the middle-income country.
Key Messages	
	<ul style="list-style-type: none"> • Investing in community Health helps create good corporate image • Investment in community health improves health and productivity of the community • A healthy workforce is key to a productive business • Corporate Social Responsibility is a tool for advertising and promoting services and products • Investing in community health increases corporate networking and partnership with the community • Good community health is an asset for business growth
Activities	<ul style="list-style-type: none"> • Hold meetings to develop advocacy kits for private sector Partners • Hold meetings to develop memoranda of understanding • Hold advocacy meetings with private sector partners • Conduct advocacy on community health services and products • Develop and publicize success stories on community health • Support community Health events • Conduct tailored community events/ outreaches in community health • Hold advocacy meetings with health practitioners in private sector on community health • Conduct annual awarding ceremonies to best performing wards in community health services (to encourage best practices)

1. Audience	Civil Society Organisations (CSOs)
Who is the target of this material?	CSOs (eg. NGOs, CBOs, FBOs)
2. Desired Changes	
	<ul style="list-style-type: none"> • Advocate for prioritization of community health • Advocate for policies that will support community health • Hold policy-makers and cooperating partner accountable for their commitments to support community health • Build capacity for Community Health at all levels • Mobilize and network with all CSOs to support community health • Mobilise resources to support community health • Create community linkages, collaborate and coordinate between communities and other health actors
3. Obstacles and Barriers	
•	<ul style="list-style-type: none"> • Inadequate networking and coordination • Inadequate engagement and participation in community health • Inadequate understanding of community health • Inadequate Community health advocacy tool kit • Inadequate framework to guide community health programmes
s4. Advocacy Intent	
	<ul style="list-style-type: none"> • By the end of 2026, there is increased participation of CSOs to advocate and support resource mobilization and allocation towards community health • By the end of 2026, there is increased networking and improved coordination of community health.
Advocacy /Communication objectives	<ul style="list-style-type: none"> • To empower CSOs with knowledge and skills to advocate for increase resource allocation and foster social accountability in Community Health
Key messages	<ul style="list-style-type: none"> • CSOs have the power to hold the government and cooperating partners accountable to support community health in line with Regional and international declaration, which include the Abuja and Astana Declarations • CSOs are champion to foster for equity and equality to access to health care • CSOs are a voice of the voiceless • Investing in community health improves the health of the people and leads to increase productivity • Zambia is a party to conventions and declarations towards attainment of Universal health coverage • Improved Community health resources is an accelerator of attainment of UHC • Study show that investing in community health has resulted in improved health of people and increased productivity.

1. Audience	Civil Society Organisations (CSOs)
Activities	<ul style="list-style-type: none"> • Develop Advocacy kit for CSOs • Holding meetings with CSOs • Exchange visits or Field trips • Hold exhibitions and fairs • Lobbying and picketing • Track budget and expenditure of community health activities • Conduct media activities including press releases /statements • Hold advocacy campaigns • Develop an evidence base
5. Message Brief	
Includes instructions for the design and development of the messages (by writers, designers, and producers)	<ul style="list-style-type: none"> • Plan to hold meetings to develop content (presentation slides fact sheets and Job Aids) that will be used for advocacy trainings for CSOs to enhance advocacy activities at all levels. • Conduct field trips /exchanges visits to appreciate what other countries are implementing community health
The key promise	<ul style="list-style-type: none"> • Improved health outcomes in the community by increased participation of health practitioners and association
The support statement	<ul style="list-style-type: none"> • Enhanced commitment of health practitioners and association to participate in community health programmes and advocacy activities that will lead to increased resource mobilization and allocation in community health. • Increased community ownership and accountability for people to live healthier lives in enabling and health-conducive environment within the community
Call to action	<ul style="list-style-type: none"> • Participate and advocate for increased allocation of resources for Community Health
6. Key Content	
Outline the material's content and include sources of information for each section	<ul style="list-style-type: none"> • Advocacy kits for health practitioners and associations • Facts sheets • Power Points presentations • Brochures • Job Aids
Proven solutions to strengthen community health [Source: Strategy and Investment Case]	<ul style="list-style-type: none"> • Increased community health work force • Increased community health financing • Community health work force capacity • Strengthened collaboration with community • Engagement and involvement of community in community health activities
Benefit to the country (Source: Investment case)	<ul style="list-style-type: none"> • Improved health outcome and productivity
Call to action (Specific to audience)	<ul style="list-style-type: none"> • Advocate for increased resource allocation to community health • Participate in community health programmes

1. Audience	Academicians
Who is the target of this material?	Academicians (Researchers, Lectures & Scholars)

1. Audience	Academicians
2. Desired Changes	
	<ul style="list-style-type: none"> • Adduce evidence to support community health • Advocate with policy-makers to support community health • Produce evidence that will be used to advocate for increased allocation of resources to community health
3. Obstacles and Barriers	
	<ul style="list-style-type: none"> • Limited publications on community health • Low prioritization of community health research • Inadequate resources to support research in community health
4. Advocacy Intent	
	<ul style="list-style-type: none"> • Published evidence to support resource allocation for community health by the end of 2026 • Increased advocacy with policymakers to prioritize community health by the end of 2026
Advocacy Communication Objective	<ul style="list-style-type: none"> • To advocate for increased resource allocation to community health using scientific evidence
Key Messages	<ul style="list-style-type: none"> • Generate evidence to inform policy action • Advocate for increased resource allocation to community health anchored on evidence
Activities	<ul style="list-style-type: none"> • Conduct research to generate information on community health and share with stakeholders • Conduct symposiums to share evidence on community health • Participate in conferences to share empirical evidence on community health • Conduct advocacy meeting with policy makers, senior government officials and donors to support community health • Motivate and coach students to conduct research in community health
5. Message Brief	
Includes instructions for the design and development of the messages (by writers, designers, and producers)	<ul style="list-style-type: none"> • Design and develop content • Meet with academicians to support community health

1. Audience	Media (Public and Private Media)
Who is the target of this material?	Media (Public and Private Media)
2. Desired Changes	
	<ul style="list-style-type: none"> • Increased understanding of community health • Increased media coverage of Community health programs and advocate for support to community health to policymakers • Offer slots for community health coverage
3. Obstacles and Barriers	

1. Audience	Media (Public and Private Media)
	<ul style="list-style-type: none"> • Inadequate understanding by the media of community health • Low prioritization by media to cover community health • Inadequate funding for community health programs • Commercial interests by the media hinders coverage of community health
4. Advocacy Intent	
	<ul style="list-style-type: none"> • Increased media coverage on community health by the end of 2026 • Increased participation of the media in community health by the end of 2026
Communication objective	<ul style="list-style-type: none"> • To advocate for resource allocation to community health and hold stakeholders accountable
Key messages	<ul style="list-style-type: none"> • Amplify the voices for community health and inspire positive change for a healthy nation • Advocate for increased resource allocation for community health • Hold stakeholders accountable for resources allocated to community health • Hold leaders accountable towards commitment to attain UHC • Media are ambassadors for community health • Prioritise community health coverage
Key Activities	<ul style="list-style-type: none"> • Design and develop community health advocacy kit for the media • Hold advocacy meetings with media houses • Cover press conferences and briefs on community health events • Publish press releases on community health • Media participation in community health events, fares, exhibitions and exchange visits • Document best practices on community health

Chapter 4: Advocacy Action Plan

Audience:

1. Executive (The President, Vice President, Cabinet Minister)
2. Legislative (Parliamentarians)
3. Civic Leaders (Town Clerks, Council Chairpersons, Ward Councillors, Ward Development Committee Chairpersons, Section Chairpersons); District Commissioners (DC)

SN	Activity	Materials to advocacy support activities	Timelines	Proposed responsible Persons	Resources / Possible supporting organizations
1	Hold meetings to design and develop advocacy Kits	<ul style="list-style-type: none"> • Policy documents • Flip chart 	2024	Director PHR	<ul style="list-style-type: none"> • Funds • Transport • Human resources
2	Hold advocacy meetings with policy makers	<ul style="list-style-type: none"> • Advocacy tool kit • Fact sheet/card • Policy Briefs • Information Brief • Advocacy video • Success stories 	2024	Director PHR	<ul style="list-style-type: none"> • Funds • Transport • HR
3	Hold meetings with Cooperating partners				
4	Hold meetings with Civic Leaders				
5	Conduct exchange visits/trips				
6	Hold Media Briefing on CH				
7	Conduct launches for community health events				
			Annually	Minister of Health	
7	Conduct tailored community events/ outreach activities in community health	<ul style="list-style-type: none"> • Written speeches • Documented successes 	Recurring event	PS/ Directors	
			Recurring event	PS/ Directors/ Program managers	
8	Conduct annual awarding ceremonies to award best performing wards in community health services (to encourage best practices)	<ul style="list-style-type: none"> • Prize winning certificates • Documented successes • Prizes to be awarded • Branding materials 		Mayor/CC	

Senior Government Officials (Permanent Secretaries, Directors, policy advisers and program managers)

SN	Activity	Materials to advocacy support activities	Timelines	Proposed responsible Persons	Resources / Possible supporting organizations
1	Develop and design advocacy kit	<ul style="list-style-type: none"> • Concept notes 	2024	Program Manager	<ul style="list-style-type: none"> • Transport • Funds
2	Hold advocacy meetings with senior government officials on community health	<ul style="list-style-type: none"> • Power point presentations • Flyers & Brochures, • Documentary videos • Advocacy video 	2024	Program Manager	<ul style="list-style-type: none"> • Transport • Funds • Stationary • Conference package
3	Press briefing on community health	<ul style="list-style-type: none"> • Press coverage • Policy Briefs • investment case 	2024	Permanent Secretary	<ul style="list-style-type: none"> • Funds • Transport
4	Organize symposiums to discuss community health	<ul style="list-style-type: none"> • Discussion guide • Presentation • Case studies 	2025	Director	<ul style="list-style-type: none"> • Transport • Funds • Conference package
5	Launch community health events	<ul style="list-style-type: none"> • Advocacy Kits • Banners • Pop up • Backdrops Drops • Public Address system • Entertainment 	2024	Director	<ul style="list-style-type: none"> • Transport • Event hire • Snacks and Refreshments • Funds

Health Practitioner and Associations

SN	Activity	Materials to advocacy support activities	Timelines	Proposed responsible Persons	Resources / Possible supporting organizations
1	<ul style="list-style-type: none"> • Development of Advocacy kit for health practitioner and associations 	<ul style="list-style-type: none"> • Concept note for resource mobilization • Policy documents • Advocacy tool kit done by other countries 	2024	Assistant director health promotion and community health	Funds, Consultant, conference package, stationery
2	<ul style="list-style-type: none"> • Holding meetings with health practitioner and associations 	<ul style="list-style-type: none"> • Facts sheets • Power Points presentations • Brochures • Job Aids 	2024-2026	Director public health and Research	Conference package, Funds, transport, stationery

SN	Activity	Materials to advocacy support activities	Timelines	Proposed responsible Persons	Resources / Possible supporting organizations
		<ul style="list-style-type: none"> • Advocacy video • Documentaries from other countries 			
3	<ul style="list-style-type: none"> • Participate in exchange visits or Field trips 	<ul style="list-style-type: none"> • Memorandum of understanding • Evidence based data 	2024-2026	Director Public Health and Research	Funds
4	<ul style="list-style-type: none"> • Hold exhibitions and fairs 	<ul style="list-style-type: none"> • Facts sheets • Power Points presentations • Brochures • Job Aids • Advocacy video • Documentaries from other countries 	2025-2026	Assistant Director Health Promotion and Community Health	Transport, Venue hire and Funds
5	<ul style="list-style-type: none"> • Conduct mentorship and technical support 	<ul style="list-style-type: none"> • SOP guideline 	2024-2026	Assistant Director Health Promotion and Community Health	Human capital and Funds
6	<ul style="list-style-type: none"> • Conduct research 	<ul style="list-style-type: none"> • Approved research proposal • Research assistants 	2026	Assistant Director Health Promotion and Community health	Consultants, Human capital and Funds

Audience: Private Sector Partners

1. Mining
2. Manufacturing Companies, Retails and Financing Institutions
3. Private Health Practitioners

SN	Activity	Materials to advocacy support activities	Timelines	Proposed responsible Persons	Resources / Possible supporting organizations
1	Hold meetings to develop advocacy kits for private Sector Partners	<ul style="list-style-type: none"> • Policy documents • Fact sheet/card • Private sector • Policy Briefs • Advocacy video • Success stories 	By Qtr 2, 2024	Assistant Director HP	Funds Stationary Conferencing

SN	Activity	Materials to advocacy support activities	Timelines	Proposed responsible Persons	Resources / Possible supporting organizations
2	Hold meetings to develop memoranda of understanding	<ul style="list-style-type: none"> • Power point presentation • Advocacy tool kit 	2024	Director PHR	Funds Stationary Conferencing
3	Hold advocacy meetings with private sector partners	<ul style="list-style-type: none"> • Advocacy tool kit • Fact sheets/Card 	2024	Director PHR	
4	Conduct advocacy on community health services and products	<ul style="list-style-type: none"> • Documented success • Investment case 	2024	Director PHR	
5	Develop and publicize success stories on community health	<ul style="list-style-type: none"> • Power Point Presentation 	2024	Director HP/CH	
6	Support community Health events		2024	Assistant Director HP/CH	
7	Hold advocacy meetings with health practitioners in private sector on community health				Funds Conference Stationary
8	Support annual awarding ceremonies to best performing wards in community health services (to encourage best practices)	<ul style="list-style-type: none"> • Speeches • Branding materials • T-shirts/Corporate shirt ❖ Banners ❖ Company Pop ups ❖ Leaflets/ brochure 		Director PHR	Funds Conferencing Prizes Certificates T-Shirts Stationary
9	Conduct tailored community events/ outreaches in community health				Transport Medical supplies and Logistic Funding

Civil Society Organisations (CSOs - NGOs, CBOs, FBOs)

SN	Activity	Materials to advocacy support activities	Timelines	Proposed responsible Persons	Resources / Possible supporting organizations
1	<ul style="list-style-type: none"> • Develop Advocacy kit for CSOs 	<ul style="list-style-type: none"> • Concept note for resource mobilization • Consultant 	2024	Assistant director health promotion and community health	Funds, Consultant, conference package, stationery
2	<ul style="list-style-type: none"> • Holding meetings with CSOs 	<ul style="list-style-type: none"> • Facts sheets • Power Points presentations • Brochures • Job Aids 	2024-2026	Director public health and Research	Conference package, Funds, transport, stationery

SN	Activity	Materials to advocacy support activities	Timelines	Proposed responsible Persons	Resources / Possible supporting organizations
		<ul style="list-style-type: none"> • Short Advocacy video • Documentaries from other countries • Stationery 			
3	<ul style="list-style-type: none"> • Exchange visits or Field trips 	<ul style="list-style-type: none"> • Memorandum of understanding • Evidence based data 	2024-2026	Director Public Health and Research	Funds
4	<ul style="list-style-type: none"> • Hold exhibitions and fairs 	<ul style="list-style-type: none"> • Facts sheets • Power Points presentations • Brochures • Job Aids • Advocacy video • Documentaries from other countries 	2025-2026	Assistant Director Health Promotion and Community Health	Transport, Venue hire and Funds
5	<ul style="list-style-type: none"> • Lobbying and picketing 	<ul style="list-style-type: none"> • CH advocacy tool kit • Brochure 	2025-2026	Assistant Director Health Promotion and Community Health	Human capital and Funds
6	<ul style="list-style-type: none"> • Track budget and expenditure of community health activities 	<ul style="list-style-type: none"> • Annual budgets and expenditure • Questionnaire or interview guide 	2024-2026	Director Public Health and Research	Transport and Funds
7	<ul style="list-style-type: none"> • Conduct advocacy campaign and media activities including press releases /statements 	<ul style="list-style-type: none"> • Talking points • Discussants • Radio discussion guide • Advocacy video • Brochures • Fact sheets 	2024-2026		Transport and funds
8	<ul style="list-style-type: none"> • Develop an evidence base 	<ul style="list-style-type: none"> • Approved research proposal • Consultants • Research assistants • ICT equipment 	2026		Human capital and funds

Academicians (Researchers, Authors, Lectures))

SN	Activity	Materials to advocacy support activities	Timelines	Proposed responsible Persons	Resources / Possible supporting organisations
1	Conduct research (by academicians and students) to generate information on community health	<ul style="list-style-type: none"> • Concept note • Brief on community health services investment case 	2024	Researcher	<ul style="list-style-type: none"> • Research grants
2	Hold research dissemination meetings with stakeholders	<ul style="list-style-type: none"> • Research findings 			<ul style="list-style-type: none"> •
3	Conduct symposia to share evidence on community health	<ul style="list-style-type: none"> • Power point presentations, • Case studies, • Brochures, • Flyers, • Documentary videos • Success stories 	2024	Lecture	<ul style="list-style-type: none"> • Venue hire • Transport • Funds
4	Convene conferences to share empirical evidence on community health	<ul style="list-style-type: none"> • Power point presentations, • Case studies, • Publications 	2024	Authors	<ul style="list-style-type: none"> • Venue hire • Transport • Funds
5	Conduct advocacy meeting with policy makers, senior government officials and donors to support community health	<ul style="list-style-type: none"> • Power point presentations, • Case studies, • Brochures, • Flyers, • Documentary videos • Success stories 	2024	Researcher/Authors	<ul style="list-style-type: none"> • Venue hire • Funds • Transport

Audience: UN agencies and Cooperating Partners

SN	Activity	Materials to advocacy support activities	Timelines	Proposed responsible Persons	Resources / Possible supporting organisations
1	Holding meetings with the UN agencies and cooperating partners to develop advocacy kits	<ul style="list-style-type: none"> • Concept note • Power point presentations • Community Health Strategy • Case studies 	2024	Permanent Secretary- Ministry of Health	<ul style="list-style-type: none"> • Transport • Conferencing • Funds • Human Resource • Stationery

SN	Activity	Materials to advocacy support activities	Timelines	Proposed responsible Persons	Resources / Possible supporting organisations
		<ul style="list-style-type: none"> • Success stories on community health • Statistical data 			
2	Organize webinars and online forums, symposiums, conferences	<ul style="list-style-type: none"> • Webinar platforms or software for online events • Technical equipment 	2024-2026	Director Public Health- Ministry of Health	<ul style="list-style-type: none"> • Human Resource • Funds • IT Equipment • Conferencing
3	Facilitate study visits, exchange visits	<ul style="list-style-type: none"> • Evidenced based data • Memorandum of understanding • Documented best practices 	2024-2026	Permanent Secretary	<ul style="list-style-type: none"> • Funds • Transport • Accommodation • Human resource
4	Convene local and international conferences to share best practices	<ul style="list-style-type: none"> • Host agreements • Conference agenda and schedules • Conference program booklets • Presentation slides and handouts from speakers • Media kits/ media adverts • ICT equipment 	2024	Permanent Secretary	<ul style="list-style-type: none"> • Funds • Conference facilities • Accommodation • Transport • Human resource

Audience: UN agencies and Cooperating Partners

SN	Activity	Materials to advocacy support activities	Timelines	Proposed responsible Persons	Resources / Possible supporting organisations
1	Design and develop community health advocacy kit for the media	<ul style="list-style-type: none"> • Concept Note • Consultant • Community Health Strategy 	2024	Assistant Director Health Promotion and Community Health	<ul style="list-style-type: none"> • Transport • Fuel • Funds • ICT equipment
2	Document best practices on community health	<ul style="list-style-type: none"> • AV Equipment • Translation services 	2024	Assistant Director Health Promotion and Community Health	<ul style="list-style-type: none"> • Stationery • ICT equipment

SN	Activity	Materials to advocacy support activities	Timelines	Proposed responsible Persons	Resources / Possible supporting organisations
		<ul style="list-style-type: none"> • Writing and editing resources • Graphic designers 			
3	Hold advocacy meetings with media	<ul style="list-style-type: none"> • Advocacy Kit • Consultant 	2024	Assistant director health and community health	<ul style="list-style-type: none"> • Conferencing facility • Funds • Transport • Advocacy materials
4	Cover press conferences and briefs on community health	<ul style="list-style-type: none"> • Cameras • Audio and video recording equipment 	2024	Assistant director health promotion and community	<ul style="list-style-type: none"> • Venue • Transport • funds
5	Publish press releases on community health	<ul style="list-style-type: none"> • Press Statement 	2024	Assistant director health promotion and community	<ul style="list-style-type: none"> • Stationary • Funds • transport
6	Media participation in community health events, fares, exhibitions and exchange visits	<ul style="list-style-type: none"> • Advocacy kits • Cameras • Audio and video recording equipment 	2024	Assistant director health promotion and community	<ul style="list-style-type: none"> • Funds • Transport • accommodation

Community Leaders: (Traditional, Religious, Section Leaders and Traditional Health Practitioners)

SN	Activity	Materials to advocacy support activities	Timelines	Proposed responsible Persons	Resources / Possible supporting organizations
1	Conduct meetings to develop and design packages for Community Leaders	<ul style="list-style-type: none"> • Policy documents • Policy brief • Documentary of success stories • Power point presentations 	2024	Director Health Public	<ul style="list-style-type: none"> • Financial, • Human Resource • Material & Equipment • Stationary
2	Conduct orientation meetings with: <ul style="list-style-type: none"> • Traditional • Religious • Community Section leaders • Traditional Health Practitioners 	<ul style="list-style-type: none"> • Advocacy toolkit • Advocacy video • Billboards • Theatre for community action (TCA) • Certificates for change champions • Presentations • Documentaries on success stories 	2024 - 2026	Director Health Public	<ul style="list-style-type: none"> • Financial • Human Resource • Material & Equipment
3	Conduct training for theatre groups	<ul style="list-style-type: none"> • Stationery • Drama Scripts • Presentations • Documentary on success stories 	2024- 2026	Director Health Public	<ul style="list-style-type: none"> • Financial • Human Resource • Material & Equipment • Venue
4	Conduct community advocacy meetings with: <ul style="list-style-type: none"> • Traditional leaders • Religious leaders • Community Section Leaders • Traditional Health Practitioners 	<ul style="list-style-type: none"> • Presentations • Brochures • Fact sheets 	2024 - 2026	Director Health Public	<ul style="list-style-type: none"> • Financial • Human Resource • Material • Venue
5	Conduct TV/Radio discussions with community leaders	Discussants TV/Radio discussion guides	2024 - 2026	Director Health Public	<ul style="list-style-type: none"> • Financial • Human Resource • Transport
8	Document success stories on Community Health	Equipment	2024-2026	Director Health Public	<ul style="list-style-type: none"> • Financial • Human • Material equipment

SN	Activity	Materials to advocacy support activities	Timelines	Proposed responsible Persons	Resources / Possible supporting organizations
9	Conduct formative and evaluation KAP Studies	Stationery	2024 and 2026	Director Public Health	<ul style="list-style-type: none"> • Financial • Human Resource • Materials
10	Conduct quarterly meetings for community leaders	Stationery	2024-2026	Director Public Health	<ul style="list-style-type: none"> • Financial • Human Resource • Material • venue

Chapter 5: Monitoring and Evaluation

The monitoring and evaluation framework provides guidance of what the strategy seeks to measure. This community health advocacy and resource mobilisation strategy seeks to address social determinants of health, health inequalities and personal, social and structural barriers that hinder provision of effective community health services in the country. It focuses on using advocacy and communication as an approach to addressing modifiable factors in order to achieve the desired changes. This monitoring and evaluation framework highlights some of the indicators that can help measure progress towards the achievement of set goals.

Audience	Activities	Indicator	Means of Verification	Frequency of monitoring	Process/ output
Executive, Legislative, Civic Leaders	Hold meetings to design and develop advocacy Kits	<ul style="list-style-type: none"> The number of meetings held to develop advocacy kits 	<ul style="list-style-type: none"> Meeting minutes 	Quarterly	<ul style="list-style-type: none"> No. of kits developed
	Hold advocacy meetings with policymakers	<ul style="list-style-type: none"> The number of advocacy meetings held with policy makers 	<ul style="list-style-type: none"> Meeting Minutes 	Quarterly	<ul style="list-style-type: none"> The number of policymakers reached
	Hold advocacy meetings with Cooperating partners	<ul style="list-style-type: none"> The number of meetings held with Cooperating Partners 	<ul style="list-style-type: none"> Meeting minutes 	Quarterly	<ul style="list-style-type: none"> Number of cooperating partners reached
	Hold meetings with Civic Leaders	<ul style="list-style-type: none"> The number of meetings held with Civic leaders 	<ul style="list-style-type: none"> Meeting minutes 	Quarterly	<ul style="list-style-type: none"> Number of civic leaders reached
	Conduct exchange visits/trips	<ul style="list-style-type: none"> Number of exchange visits/trips conducted 	<ul style="list-style-type: none"> Trip/visits reports 	Annually	<ul style="list-style-type: none"> Number of exchange visits undertaken/conducted
	Hold a media briefing on Community Health	<ul style="list-style-type: none"> The number of media briefings held 	<ul style="list-style-type: none"> media briefing copies/reports/clips/pictures/and videos 	Quarterly	<ul style="list-style-type: none"> Number of media briefing conducted
	Conduct launches for community health events	<ul style="list-style-type: none"> The number of events where community health events were launched/planned launches 	<ul style="list-style-type: none"> Event reports/clips/pictures/videos 		<ul style="list-style-type: none">
	Conduct tailored community events / outreach activities on community health	<ul style="list-style-type: none"> Number of events/ outreaches conducted with community health-tailored activities/planned activities 	<ul style="list-style-type: none"> Activity Reports 	Monthly	<ul style="list-style-type: none"> Number of people reached during the outreach

Audience	Activities	Indicator	Means of Verification	Frequency of monitoring	Process/ output
	Conduct annual award ceremonies to award best-performing wards in community health services.	<ul style="list-style-type: none"> The number of awards ceremonies held/planned Number of wards awarded/planned ceremonies 	<ul style="list-style-type: none"> Reports/pictures/ and videos 	Annually	<ul style="list-style-type: none"> Number of wards awarded
Senior Government Officials	Hold 4 meetings to develop advocacy kit	<ul style="list-style-type: none"> Number of meetings held 	<ul style="list-style-type: none"> Meeting Reports copies of designed advocacy kits 		<ul style="list-style-type: none"> Advocacy kit developed
	Hold advocacy meetings with senior government officials on community health	<ul style="list-style-type: none"> The number of advocacy meetings held 	<ul style="list-style-type: none"> Meeting minutes 	Quarterly	<ul style="list-style-type: none"> The number of government officials reached
	Hold advocacy meetings with senior government officials on community health	<ul style="list-style-type: none"> Number of advocacy meetings/ events held 	<ul style="list-style-type: none"> Meeting minutes 	Monthly	<ul style="list-style-type: none"> The number of senior government officials reached
	Launch/officiate community health events.	<ul style="list-style-type: none"> Number of community health events launched 	<ul style="list-style-type: none"> Activity reports 	Quarterly	<ul style="list-style-type: none"> Community health events launched
Health Practitioners and Associations	Hold meetings to develop an Advocacy kit for health practitioners and associations	<ul style="list-style-type: none"> Number of meetings held 	<ul style="list-style-type: none"> Meeting Reports 	Quarterly	<ul style="list-style-type: none"> Advocacy Toolkit for Health Practitioner-and Association developed
	Hold advocacy meetings with health practitioners and associations	<ul style="list-style-type: none"> Number of meetings held 	<ul style="list-style-type: none"> Meeting reports 	Quarterly	<ul style="list-style-type: none"> Advocacy meetings held
	Participate in exchange visits or Field trips by health Practitioners and Association	<ul style="list-style-type: none"> Number of Exchange visits conducted 	<ul style="list-style-type: none"> Trip Reports 	Annually	<ul style="list-style-type: none"> Exchange visits/ Field trips conducted
	Hold exhibitions and fairs on Community Health	<ul style="list-style-type: none"> Number of Exhibition and fairs held 	<ul style="list-style-type: none"> Exhibition Report 	Quarterly	<ul style="list-style-type: none"> Exhibitions and fairs conducted

Audience	Activities	Indicator	Means of Verification	Frequency of monitoring	Process/ output
	Conduct mentorship and technical support visits	• Number of mentorship and technical support visits conducted	• Visit Reports	Quarterly	• Mentorship and technical visits conducted
	Conduct research	• Number of research papers conducted	• Research reports/Findings	Annually	• Research Conducted
		•	•		•
Private Sector Partners	Hold meetings to develop advocacy kits for private Sector Partners	• Number of meetings held	• Minutes of the meetings	Quarterly	• Advocacy meetings with private sector held
	Hold advocacy meetings with private sector partners	• Number of meetings held	• Minutes of meetings	Quarterly	• Advocacy meetings held
	Hold meetings to develop MOU with the private sector	• Number of meetings held	• Minutes of the meetings	Annually	• Memoranda of Understanding developed and signed
	Conduct advocacy activities on community health services and products (Consider revision for clarity)	• Number of activities conducted	• Activity Report	Quarterly	• Advocacy Activities conducted
	Document and publicize success stories on community health	• Number of success stories documented	• Stories/Reports	Bi-Annually	• Success stories documented
	Support community Health events	• Number of Community Health events supported	• Activity Report	Quarterly	• Health Evident supported
	Hold advocacy meetings with health practitioners in private sector on community health	• Number of advocacy meetings held	• Minutes of meeting	Annually	• Advocacy meetings with Health practitioners in the private sector held
	Support annual awarding ceremonies to best-performing wards in community health services (Harmonise with the earlier under-policy audience)	• Number of annual awarding ceremonies held	• Activity report	Annually	• Best performing practices awarded
	Support tailored community events/outreaches in community health	• Number of Community Health events/outreaches supported	• Activity report	Quarterly	• Community health outreaches and event supported
		•	•		•
Civil Society	Hold meetings with CSOs	• Number of meetings Held	• Meeting Reports	Bi-annually	• CSOs meeting held

Audience	Activities	Indicator	Means of Verification	Frequency of monitoring	Process/ output
	Conduct exchange visits or Field trips	<ul style="list-style-type: none"> Number of exchange visits Held, Number of field trips conducted 	<ul style="list-style-type: none"> Trip/field visit reports 	Annually	<ul style="list-style-type: none"> Exchange visits and field trips conducted
	Conduct exhibitions and fairs	<ul style="list-style-type: none"> Number of exhibitions Held Number of fairs conducted 	<ul style="list-style-type: none"> exhibitions/Fairs reports 	Quarterly	<ul style="list-style-type: none"> Exhibition and fairs conducted
	Conduct lobbying and picketing	<ul style="list-style-type: none"> Number of lobbying and picketing activities conducted 	<ul style="list-style-type: none"> Lobbying/picketing reports 	Quarterly	<ul style="list-style-type: none"> Lobbying and picketing conducted
	Track budget and expenditure of community health activities	<ul style="list-style-type: none"> Budgets tracked 	<ul style="list-style-type: none"> Budgets and Expenditure reports 	Annually	<ul style="list-style-type: none"> Budgets and Expenditure on community Health tracked
	Conduct advocacy campaign and media activities including press releases /statements	<ul style="list-style-type: none"> Advocacy and campaign media activities conducted 	<ul style="list-style-type: none"> Media and campaign reports 	Quarterly	<ul style="list-style-type: none"> Advocacy campaigns and media activities conducted
		•	•		•
Academicians	Conduct Research to generate information on community health	<ul style="list-style-type: none"> Number of research conducted on Community Health 	<ul style="list-style-type: none"> Articles published 	Bi-annually	<ul style="list-style-type: none"> Articles published
	Hold research dissemination meetings with stakeholders	<ul style="list-style-type: none"> Number of dissemination meeting held 	<ul style="list-style-type: none"> Research dissemination reports 	Bi-annually	<ul style="list-style-type: none"> Research disseminated
	Hold symposium to share evidence on community health	<ul style="list-style-type: none"> Number of symposiums held. 	<ul style="list-style-type: none"> Symposium reports 	Bi-annually	<ul style="list-style-type: none"> Symposium held
	Convene conferences to share Abstract evidence on community health	<ul style="list-style-type: none"> Number of abstract evidence shared on community health. 	<ul style="list-style-type: none"> Meeting reports 	Bi-annually	<ul style="list-style-type: none"> Abstract shared
	Conduct advocacy meetings with policymakers, senior government officials, and donors to support community health	<ul style="list-style-type: none"> Number of advocacy meetings on CH conducted 	<ul style="list-style-type: none"> Meeting report 	Quarterly	<ul style="list-style-type: none"> Advocacy meetings conducted

Audience	Activities	Indicator	Means of Verification	Frequency of monitoring	Process/ output
	Develop an evidence-based database (Repository)	<ul style="list-style-type: none"> Repository of evidence-based data developed 	<ul style="list-style-type: none"> Presence of developed database 	One off	<ul style="list-style-type: none"> Database repository Developed
		<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 		<ul style="list-style-type: none">
UN agencies and Cooperating Partners	Hold meetings with UN agencies and cooperating partners to develop advocacy kits	<ul style="list-style-type: none"> Number of meetings held 	<ul style="list-style-type: none"> Meeting reports 	Quarterly	<ul style="list-style-type: none"> Meetings held and tool kit developed
	Organize webinars and online forums, symposiums, conferences	<ul style="list-style-type: none"> Number of webinars, online forums, symposiums, and conferences organised. 	<ul style="list-style-type: none"> Meeting reports 	Quarterly	<ul style="list-style-type: none"> Webinars, online forums, symposiums and conferences organised
	Facilitate study visits, exchange visits	<ul style="list-style-type: none"> Number of exchange visits facilitated 	<ul style="list-style-type: none"> Trip reports 	Quarterly	<ul style="list-style-type: none"> Exchange visits facilitated
	Convene local and international conferences to share best practices	<ul style="list-style-type: none"> Number of local and international conferences on best practices convened 	<ul style="list-style-type: none"> Meeting reports 	Quarterly	<ul style="list-style-type: none"> Conferences on local best practices were convened. Conferences on international best practices convened.
		<ul style="list-style-type: none"> 			<ul style="list-style-type: none">
Media	Design and develop a community health advocacy kit for the media	<ul style="list-style-type: none"> Advocacy kit for media developed 	Meeting report	Annually	<ul style="list-style-type: none"> Media toolkit developed
	Document best practices on community health	<ul style="list-style-type: none"> Best practices documented 	Activity report	Quarterly	<ul style="list-style-type: none"> Best practices documented
	Hold advocacy meetings with the media	<ul style="list-style-type: none"> Number of advocacy meetings with media held 	Meeting reports	Quarterly	<ul style="list-style-type: none"> Media advocacy meetings held
	Cover press conferences and briefs on community health	<ul style="list-style-type: none"> Number of press conferences and briefs on community health covered 	Press reports	Quarterly	<ul style="list-style-type: none"> press conferences and briefs on community health covered
	Publish press releases on community health	<ul style="list-style-type: none"> Number of press releases on community health 	Press report	Quarterly	<ul style="list-style-type: none"> Press releases on community health

Audience	Activities	Indicator	Means of Verification	Frequency of monitoring	Process/ output
	Publicise community health events, fairs, exhibitions and exchange visits	<ul style="list-style-type: none"> Number of community health events, fairs, exhibitions, and exchange visits publicized 	Activity reports	Quarterly	<ul style="list-style-type: none"> community health events, fairs, exhibitions and exchange visits publicised
		<ul style="list-style-type: none"> 			<ul style="list-style-type: none">
Community Leaders	Conduct meetings to develop and design packages for Community Leaders	<ul style="list-style-type: none"> The number of meetings conducted 	Meeting reports	Bi-annually	<ul style="list-style-type: none"> meetings to develop and design packages held
	Hold orientation meetings with: <ul style="list-style-type: none"> Traditional Religious Community Section leaders Traditional Health Practitioners 	<ul style="list-style-type: none"> Number of orientation meetings held 	Orientation report	Quarterly	<ul style="list-style-type: none"> orientation meetings held: <ul style="list-style-type: none"> Traditional Religious Community -Section leaders Traditional Health Practitioners
	Conduct training for theatre groups	<ul style="list-style-type: none"> Number of theatre group training conducted 	Training report	Quarterly	Theatre groups trained
	Hold community advocacy meetings with: <ul style="list-style-type: none"> Traditional leaders Religious leaders Community Section Leaders Traditional Health Practitioners 	<ul style="list-style-type: none"> Number of community advocacy meetings Held 	Advocacy meeting reports	Quarterly	<ul style="list-style-type: none"> advocacy meetings Held: <ul style="list-style-type: none"> Traditional Religious Community -Section leaders. Number of people reached with advocacy messages (traditional, and health) Traditional Health Practitioners
	Conduct TV/Radio discussions with community leaders	<ul style="list-style-type: none"> Number TV /radio discussion with community leaders held 	TV /Radio discussion report	Quarterly	TV/Radio programs held
	Document success stories on Community Health	<ul style="list-style-type: none"> Success stories on community health documented 	documentaries	Quarterly	documentaries on community health documented

Audience	Activities	Indicator	Means of Verification	Frequency of monitoring	Process/ output
	Conduct formative and evaluation KAP Studies	<ul style="list-style-type: none"> • No. KAP studies done 	Research reports	Annually	KAP Studies conducted
	Conduct quarterly meetings for community leaders	<ul style="list-style-type: none"> • Number meetings held 	Meeting reports	Quarterly	Number of community leaders met

Chapter 6: Conclusion

Achieving universal health coverage requires adequate resources to implement impactful community health programs. The primary objectives of the National Community Health Strategy (NCHS) 2022-2026 and the Zambia Community Health Advocacy and Resource Mobilization Strategy (Z-CHARMS) clearly resonate: to provide universal, quality, and equitable health services for better community health outcomes.

The strategy highlights the potential public health and social economic benefits for investing in community health with substantial cost savings. The document recognizes the achievements in critical aspects of community health, such as vaccination coverage and maternal mortality reduction, while also acknowledging persistent challenges like workforce deficiencies and funding gaps. The proposed solutions underscore the importance of collaboration and methodical efforts from various stakeholders, ranging from government bodies to private and donor communities.

While Z-CHARMS is positioned to mobilize resources and advocate for prioritization, it is crucial to address potential concerns and challenges. Sustained efforts, expanding stakeholder involvement, adopting a multisectoral approach, and innovative resource mobilization are identified as vital components. Additionally, laws to strengthen community health systems are deemed foundational for sustainable and equitable healthcare delivery.

Prioritizing community health will accelerate the achievement of not only national health goals but also contribute significantly to the United Nations Sustainable Development Goals. A collective effort of all stakeholders will make a lasting impact on community health. By implementing policies and strategies espoused in this document, we pave the way to build a more resilient community health, where health disparities are reduced, communities thrive, and Zambia successfully attains its vision: *a nation of healthy and productive people*

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APPENDIX 1: Stakeholder Analysis

Stakeholders/Theme	Role	Strengths	challenges /Barriers
The Executive			
President/Vice President	Head of Government and the defence forces	<ul style="list-style-type: none"> • Direct policy direction of the Country • Voice for resource mobilization • Give Executive orders 	<ul style="list-style-type: none"> • Busy schedule with competing needs • Long bureaucratic processes to engage
Cabinet Ministers	<ul style="list-style-type: none"> • Executive authority to guide Ministerial policies and decisions 	<ul style="list-style-type: none"> • Powerful for resource mobilization And Influence policies 	<ul style="list-style-type: none"> • Competing needs amid resource limitations
District Commissioners	<ul style="list-style-type: none"> • Head of the district and supervises policy implementation at district level on behalf of the Executive 	<ul style="list-style-type: none"> • Capacity to resource mobilization • Guides for policy implementation 	<ul style="list-style-type: none"> • Limited resources in the district
Legislature			
Parliamentarians	<ul style="list-style-type: none"> • Enact laws • Approve Budget and national development plans • Support development programs in constituencies 	<ul style="list-style-type: none"> • Have power to formulate and enact laws • Act as link between government and community 	<ul style="list-style-type: none"> • Political position subject to change • Limited resources
Civic Leaders			
<ul style="list-style-type: none"> • Mayors/ Council Chairpersons • Councillors • Ward Development Committee • Section Chairpersons 	<ul style="list-style-type: none"> • Responsible to deliver Civic responsibilities • Interpret and implement policies • Mobilise and allocate resources • Monitor and supervise community projects/ programs 	<ul style="list-style-type: none"> • Influence resource allocation • Link between community and arms of government • They have a voice to advocate for community action 	<ul style="list-style-type: none"> • Limited resources in the district • Limited prioritisation of Community Health • Limited capacity for advocacy to implement community programs
Private Sector Partners			
Mining	<ul style="list-style-type: none"> • Support community Health services under Corporate Social Responsibility 	<ul style="list-style-type: none"> • Have capacity to provide resources (financial, products and services) to support community Health 	<ul style="list-style-type: none"> • Limited presence • Limited resources against competing needs

Stakeholders/Theme	Role	Strengths	challenges /Barriers
	<ul style="list-style-type: none"> Act as financiers for community health services/events Building partnerships with other stakeholders for community health Support community under public private partnership Provide services and products to support community health 	<ul style="list-style-type: none"> Key for resource mobilization (from other stakeholders) Influential for community health advocacy Key partners for socioeconomic development 	<ul style="list-style-type: none"> Effects of Mining/ manufacturing industries pose a threat to community health Community health not recruited business for the industry Community health not a priority
Manufacturers, Retailers, Financial Institutions			
Private Health Practitioners	<ul style="list-style-type: none"> Provide private healthcare services in the community Integrate health service delivery with public health institutions 	<ul style="list-style-type: none"> Supplements efforts for public health institution Contributes to community health in their service delivery 	<ul style="list-style-type: none"> High cost of implementing health services
Senior Government Officials			
Permanent Secretaries, Directors, Policy Advisers and Program Managers	<ul style="list-style-type: none"> Prioritise and advocate for increased allocation of resources to Community health Lead the Implementation of community health programs 	<ul style="list-style-type: none"> Influence policy direction Power to allocate resources to community health Power to advocate policymakers for policy direction 	<ul style="list-style-type: none"> Inadequate resources due to competing needs limiting allocation to community health Limited participation community health
Academicians			
Researchers, Scholars, Lectures	<ul style="list-style-type: none"> Adduce evidence for policy and program Build capacity in Community Health 	<ul style="list-style-type: none"> Knowledge and skill to conduct research Capacity to influence policy makers Capacity to mobilise resources 	<ul style="list-style-type: none"> Low prioritization of community health research
UN Agencies and Cooperating Partners			
UNICEF UNDP FAO WFP UNESCO WHO	<ul style="list-style-type: none"> Provide technical and financial support to countries Provide policy guidance Shape global agendas Promote evidence-based practices 	<ul style="list-style-type: none"> Technical and financial capacity Capacity to influence political-will Convene stakeholders Shape global agenda Capacity to mobilise and allocate resources 	<ul style="list-style-type: none"> Competing needing and priorities

Stakeholders/Theme	Role	Strengths	challenges /Barriers
	<ul style="list-style-type: none"> Provides technical and financial support to health programs 		
CDC PMI USAID	<ul style="list-style-type: none"> Provide technical and financial support 	<ul style="list-style-type: none"> provide financial and technical support Collaborate with governments, NGOs to implement community health programs Strong evidence-base 	<ul style="list-style-type: none"> Diverse priorities Coordination challenges Great focus on specific funder priority
Global Fund	<ul style="list-style-type: none"> Strengthen country health systems in HIV/AIDS, community health & Malaria, including the capacity for resilience 	<ul style="list-style-type: none"> To strengthen health systems Support Community Health 	<ul style="list-style-type: none"> Targeted funding
World Bank	<ul style="list-style-type: none"> Provide technical and financial support to countries 	<ul style="list-style-type: none"> Provision technical and financial support 	<ul style="list-style-type: none"> Competing needs
Media Houses			
Print Media Online Electronic	<ul style="list-style-type: none"> Inform and educate the public on various issues including health 	<ul style="list-style-type: none"> Capacity to reach wide coverage with information Raise awareness on various issues Capacity for resource mobilisation 	<ul style="list-style-type: none"> Business motives Focus on their own agenda Limited resources and time constraints May be sensational or misrepresent
Community Leaders			
Traditional Leaders Religious Leaders Section Leaders	<ul style="list-style-type: none"> Preserve customary and traditional cultures Reinforce social unit and stability Promote spiritual and moral values Perform administrative tasks and duties 	<ul style="list-style-type: none"> Have authority Have power to influence change Act as Change Agents Capacity to mobilize resources Capacity to mobilize community 	<ul style="list-style-type: none"> Inadequate understanding, participation and ownership of community health Low prioritization of community health Inadequate support for Community-Based Volunteers in the community Cultural and religious beliefs Poor health-seeking behaviours

Stakeholders/Theme	Role	Strengths	challenges /Barriers
Traditional Health Practitioners	Provide alternative health care services using traditional methods	<ul style="list-style-type: none"> • Influential to the community 	<ul style="list-style-type: none"> • Inadequate understanding of community health • Weak linkages and referral system in the community • Competing interest in the provision of services with the conventional health systems • Cultural and religious beliefs • Poor health-seeking behaviours
Health care practitioners			
(Public health specialists, clinicians, nurses and paramedics)	Provision of health services (Promotion, prevention, curative, rehabilitative and palliative care)	Technical knowledge and skills Available at all levels	Inadequate understanding of community health Low participation by health care practitioners in community programmes
Health Associations /Unions			
Professional Associations (ZMA & HWAZ)	Influence health system transformation Promote, develop and safeguard health care practice	Technical expertise, knowledge and skills	Low participation by health Associations in community programmes
Regulatory Boards (HPCZ, NMCZ)	Register and regulate professional practice	Ability to enforce ethical and professional practice	Limited mandate to regulate in community health practitioners
Unions (ZUNO, HWUZ, RDAZ, EPHUZ, etc.)	Mediates on behalf of employees with employers	Power to advocate for improved condition of services for the employee	Low participation by UNIONS in community programmes
CSOs (e.g. NGOs, CBOs, FBOs)			
World Vision	Provision of social services in the community	Strong Community presence	Not found every where
CHAZ	Provision of health services (Promotion, prevention, curative, rehabilitative and palliative care)	Technical knowledge and skills Available at all level	Limited operations

Stakeholders/Theme	Role	Strengths	challenges /Barriers
WaterAid	Support WASH programmes	Community presence	Not found everywhere
CRS	strengthens local partners, develops local solutions and works in remote areas often neglected by existing health and social service systems	Capacity to support community programmes Community presence	Limited operations
CHILD FUND	Provide comprehensive healthcare to children growing up in under-resourced communities and advocates for the health and well-being of all children.	Capacity to support community health programmes	Support is limited only to children
BAZ	Support one health approach	Community presence	Limited scope of operation
PATH	Advocates for policies and resource commitments that address health priorities	Ability to mobilise resources to support community health	Limited operation
CIDRZ	Address priority health issues in line with national research agenda	Apply research evidence to practice, policy making and programme implementation	Limited scope operation
PACT	Strengthen accountability for social impact	Plan, implement, monitor and evaluate social and community programmes	Limited scope of operation
CHAI	Assist government to develop health work force by enhancing capacity to train highly qualified health workers	Capacity to support health workers trainings	Limited scope of operations
ZRCS	Supports international and local agencies' efforts in providing humanitarian services to the most vulnerable during disasters	Capacity to support emergencies	only support community during emergencies
MGCL	Provision of technical support to increase uptake of RMNCAH WASH/IPC services	Technical knowledge of community health systems strengthening, and service delivery	Limited funds for direct implementation and operation in 2 provinces

Stakeholders/Theme	Role	Strengths	challenges /Barriers
FHN	Provision of technical support to increase uptake of RMNCAH- N services	Technical knowledge of community health systems strengthening and service delivery	Limited funds for direct implementation and operation in 5 Provinces

Appendix xx: List of Contributors

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