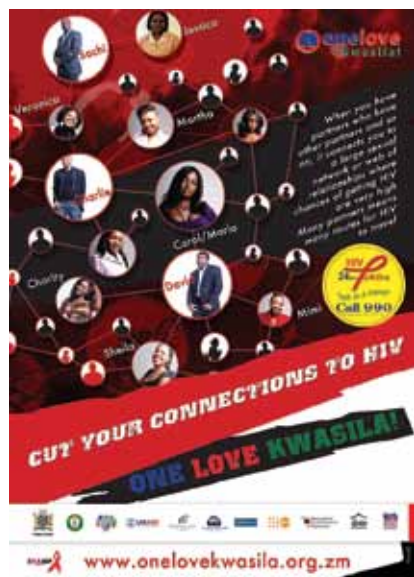


Club Risky Business

A Zambian Television Series Challenges Multiple and Concurrent Sexual Partnerships through the *One Love Kwasila!* Campaign



Source: Media 365, 2009

Club Risky Business' three lead characters and their sexual networks.

"Wow! So David and Charlie have been seeing the same woman without even knowing it! The stories you hear these days, ay? I tell you! But this is exactly why these sexual networks are so scary...you never know who's in there. Could be anyone...next time you're walking down the street take a good look around... chances are some of those people you're walking past are in your sexual network. Hard to believe? It's time to get real about why HIV has affected Zambia so badly. Reduce your risk of being infected with HIV. What are you waiting for? The answer is simple: *One Love Kwasila!*"

—Sam, the Bartender, *Club Risky Business* Episode 8

In June 2009, *Club Risky Business*, a 10-episode fictional mini-series, was broadcast on Zambian television. The series examined multiple and concurrent sexual partnerships (MCP) through the engaging stories of three male friends and their partners in the age of HIV.

Three collaborating organizations developed the drama, along with a six-month multimedia campaign, under the auspices of the Zambian National AIDS Council (NAC). *Club Risky Business* aired on national television with the slogan, *One Love Kwasila!* (meaning, *One Love That's It!*). The program challenged viewers to question—and ultimately reduce—their overlapping sexual partnerships.

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BOX 1. MCP AND HIV TRANSMISSION

- Concurrent sexual partnerships are two or more partnerships that overlap in time.
- MCP results in a wide sexual network. If an individual in the network acquires HIV, the virus can spread rapidly to others.
- A dramatic increase in a person's viral load in the first few weeks after contracting HIV (acute HIV infection) exponentially increases the risk of infecting others.
- Mathematical modeling demonstrates that HIV will spread more rapidly in populations where long-term concurrency is common.
- Modeling also suggests that even small reductions in the number of concurrent sexual partnerships in a population could have a large impact on reducing HIV transmission.

HIV and Multiple and Concurrent Sexual Partnerships in Zambia

Approximately 14 percent of Zambians aged 15 to 49 years live with HIV; urban residents are twice as likely to be living with HIV compared to their rural counterparts. Prevalence increases with age and spikes to 26 percent among women 30 to 40 years old and to 24 percent among men aged 40 to 44. Heterosexual sex accounts for an estimated 80 percent of HIV transmission (Central Statistics Office and Macro International Inc. 2009). While the general perception is that marriage and long-term relationships provide a safe haven, in fact over 20 percent of new infections occur among people who report having only one sex partner (NAC 2009a).

The practice of MCP is thought to play a key role in fueling the HIV epidemic in countries like Zambia, where a generalized epidemic is under way (Epstein 2007; Gregson et al. 2002; Guwatudde et al. 2009; Halperin and Epstein 2007; Mah and Halperin 2010; Morris and Kretzschmar 1997; Msuya et al. 2006; Potts et al. 2008; see Box 1). Only 12 percent of women and 24 percent of men in Zambia believe most married men have sex only with their wives (NAC 2009a).

Creating the Partnership for the *One Love Kwasila!* Campaign

In May 2006, the Southern African Development Community and the Joint U.N. Programme on HIV/AIDS (UNAIDS) convened a Prevention Think Tank to identify the key drivers of the HIV epidemic in member countries: MCP, inconsistent and incorrect condom use, and low rates of male circumcision (Southern African Development Community 2006). In early 2008, Zambia's NAC invited a panel of consultants to discuss these drivers in relation to the epidemic in Zambia. At this meeting, too, MCP emerged as a key factor, and it became a priority goal in Zambia's National HIV Prevention Strategy (NAC 2009b).

While past HIV prevention messages supported partner reduction and promoted abstinence and "being faithful," no HIV prevention program in Zambia had yet acknowledged the prevalence and complex dynamics of concurrent sexual partners. According to one stakeholder, NAC laid the foundation for MCP planning by calling for national "branding" through a single MCP campaign that is culturally appropriate and evidence-based.

BOX 2. CAMPAIGN IMPLEMENTERS

HCP Zambia: A U.S. Agency for International Development (USAID)-funded project led by JHU-CCP since 2004. Mandated by USAID to support the MOH in health communication programs on national priority areas such as MCP.

SFH: A Zambian trust partnership established in 1993 between PSI and the Pharmaceutical Society of Zambia to work on a wide range of health programs. Mandated by MOH, USAID, and U.N. Population Fund/Department for International Development (DfID) to develop a communications campaign on MCP and condom use to support the National AIDS Strategic Framework.

ZCCP: A Zambian NGO established with support from JHU-CCP in 2002 and funded under the U.K.'s DfID and other donors via the Soul City Regional 10-country MCP Programme. ZCCP supports NAC Zambia priorities, including the development of a national MCP campaign, aligned with the regional campaign.

Three organizations (see Box 2) from NAC's Prevention Theme Working Group, along with their donors, wanted to tackle MCP. The organizations—Health Communication Partnership (HCP) Zambia, Society for Family Health (SFH), and Zambia Centre for Communication Programmes (ZCCP)—were each funded by a different donor and brought to the effort a different workplan, management approach, and level of resources. Rather than rolling out three separate MCP campaigns, the need for partnering became apparent to all.

SFH was initially keen to develop its own programming because MCP was already on SFH partner Population Services International (PSI)'s global agenda. The partnership between ZCCP and HCP Zambia was forged with relative ease—in part due to their joint ties with Johns Hopkins University Center for Communications Programs (JHU-CCP). With the encouragement of NAC and the flexibility demonstrated by donors to support joint MCP programming, the partners came together to develop a unified national campaign. HCP Zambia spearheaded the partnership planning process which, from conceptualization through implementation, lasted just under 18 months.

Creating the *One Love Kwasila!* Campaign and *Club Risky Business*

In February 2008, the three partners and other stakeholders, including the Ministry of Health (MOH), NAC, donors, and various nongovernmental organizations (NGOs) met and established the following MCP campaign principles: grounding the work in findings from formative research, creating a unified campaign “brand,” and conducting a multimedia communications campaign supported by community-level and interpersonal interventions. A key component of the original campaign concept was a series of informational spots to be aired on television and radio.

Conducting formative research: In loosely coordinated efforts, the partners independently conducted 42 focus group discussions and 10 interviews with key informants across eight urban, peri-urban, and rural communities in Zambia. Interviews were conducted in Zambia's seven major languages with both men and women (married, single, widowed, and divorced).

The formative research from all three partners¹ found MCP to be common, cutting across age, gender, geography, and socioeconomic status (Dube and Sachingongu 2008; Manda and Shliya 2008; Soul City 2008; Underwood 2008). The research shed light on the complexities of why men and women engage in sexual concurrency. Reasons include barter (e.g., sex for cell phone air time, transport, clothes); problems in primary relationship (e.g., suspected or actual infidelity); peer pressure (e.g., keeping up with friends who have many girl/boyfriends); and lack of sexual satisfaction with the primary partner. Research revealed the terms that men used to describe secondary girlfriends (e.g., “plot two,” “side plate,” and “mini-wife”) as well as women’s shorthand for secondary partners (e.g., “air time man” and “Minister of Fashion”), capturing transactional motivations.

While couples used condoms in the early stages of a relationship, this practice was discarded after “trust” was established. Couples in “stable” relationships, especially marriage, rarely used condoms to avoid raising suspicion; mention of HIV testing also signified infidelity, mistrust, and/or disease. Women had little autonomy in discussing these issues with their partners. Fear of the potential consequences hampered disclosure of HIV status: women feared abandonment by husbands/boyfriends, while men were concerned that they could no longer be “Casanovas.”

Research further revealed that low levels of sexual concurrency were not viewed as risky. One case study informant noted that, “having [only] two [or] three sexual partners is not viewed as MCP, and ‘plot two’ is not considered marital infidelity.” Moreover, informants viewed faithfulness in marriage in terms of being a faithful provider and not in terms of sexual monogamy. Participants also had limited understanding of acute HIV infection and the role it plays in HIV transmission.

Developing campaign objectives: The partners convened a workshop in July 2008 to set the creative course for the MCP campaign. Thirty stakeholders took part, including NGOs, MOH, NAC, and media outlets.

Participants decided that the first phase of the campaign needed to focus on men because research findings showed that men hold much of the power in sexual relationships. A second phase, pending future funding, would focus on women. Participants defined the primary target audience: urban and peri-urban men 25 to 50 years old who were educated and earned medium to high incomes. A secondary audience would be the wives and girlfriends of these men: 15- to 45-year-olds with low to medium levels of education and income.

While recognizing that the campaign could only *start* the behavior change process, workshop participants nonetheless identified a set of long-term behavioral goals: reducing the number of sex partners to one partner at a time; increasing consistent condom use with all sex partners; increasing HIV testing; and disclosing HIV status within relationships.

To support these goals, the partners agreed that the campaign would take on five objectives:

- Providing basic information about the risks of MCP
- Generating dialogue about MCP
- Increasing self-risk perception
- Enhancing communication within primary relationships
- Increasing knowledge of risk reduction behaviors including condom use.

¹ Available at www.aidstar-one.com/prevention.

Following the workshop, HCP Zambia took the lead in drafting a six-page creative brief.² This document outlined the formative research findings and the risks of MCP in Zambia, identified behavior change and communication objectives, established the primary and secondary target populations, clarified the format to be used, and articulated the primary campaign messages. These messages were the following: have one partner at a time, know your and your partner's HIV status, and using condoms shows your partner that you care. The brief identified priorities to consider during script development, such as resonating with Zambian culture, avoiding the concept of faithfulness, presenting sex in a positive light, and emphasizing partner communication (HCP Zambia, Society for Family Health, and Zambia Centre for Communication Programmes 2008).

Selecting a media agency and finalizing the campaign slogan:

A second smaller workshop, focused on developing characters for the television spots, took place in August 2008. Among the media agencies invited was Media 365, a recently formed Zambian media company run by a social media expert well known in the NGO community. During the workshop, participants drafted three scripts for the spots and profiled the three male characters for each spot. After the workshop, the partners selected Media 365 to finalize the draft scripts. A few days later, the Media 365 team recommended a 10-episode television series. Each episode would build on the other and be five minutes long, resulting in a total drama of 50 minutes to do justice to the complex subject matter. The partners agreed, and Media 365 took its place alongside the partners to design the MCP campaign, with HCP Zambia leading the consortium.

Meanwhile, to brand the overall campaign, the three partners pre-tested various slogans with

the community, including “One Love,” which was part of Soul City’s regional campaign slogan. Pre-testing results favored a campaign slogan that, NAC agreed, would unify all MCP activities in Zambia: *One Love Kwasila!*

Solidifying the partnership: In January 2009, HCP Zambia, SFH, and ZCCP developed a memorandum of understanding (MOU) that promoted a shared vision and approach. The MOU stipulated that all parties would share technical direction and outlined the roles and responsibilities of HCP Zambia, SFH, and ZCCP in terms of content development, management of production and media buying, and payments for each component of the campaign. Under the *One Love Kwasila!* slogan, branded materials would include the logos of MOH, NAC, HCP Zambia, SFH, ZCCP, and their funders.

Design and Implementation of Club Risky Business

The creative team used the three male character profiles developed during the second design workshop to create a story. The team decided to place the action in a bar to provide a realistic setting for men to share their stories. The characters received neutral names—David, Sachi, and Charlie Lucky—to avoid tribal associations. The series took the title *Club Risky Business*, the name of the fictitious bar. While the series became commonly known by the campaign slogan—*One Love Kwasila!*—*Club Risky Business* was undeniably the campaign’s flagship as it was linked, through the characters, to all other outreach activities.

Media 365 brought in a well-known actor and director in Zambian media to direct the series. The scripts went through three drafts, each reviewed by

² Available at www.aidstar-one.com/prevention.

all partners. Mindful of HCP Zambia's impending agreement closure, Media 365 accelerated production. An editor worked with Media 365's creative team, editing hundreds of hours of footage to complete the 10-episode *Club Risky Business* series in June 2009.³

The cast of characters: The three lead characters in *Club Risky Business* reflect attitudes and behaviors that formative research revealed to be common among men in Zambia. The first character, David, is a rich businessman in his early 40s with a wife and three children. He cannot communicate his sexual dissatisfaction to his wife and so seeks comfort and distraction with three other women including a co-worker and a college

student. Sachi, in his late 30s, is a middle-income civil servant with an infertile wife and a girlfriend who is the mother of his one-year-old son; he loves both women. The third character is Charlie Lucky. A "player" in his late 20s, he is single with many girlfriends; he had a relative who died of AIDS and now uses condoms during every sexual encounter.

The friends meet at Club Risky Business and exchange stories about their relationships. The drama intensifies as their stories illustrate each man's sexual networks. Sam, the bartender, is a wise, impartial listener whose narration clarifies and emphasizes complex themes. As professional actors, the bartender and two other male leads brought a high level of recognition and credibility to the series. Because of budget constraints, all other characters were played by amateur actors.

Campaign approach and messages: The creative team drew on behavioral theory to portray the male characters' behavior change processes and show how their relationships with one another supported new behaviors. An important creative consideration was given to ensure that the messages were non-judgmental and non-prescriptive. The structure of each episode followed a strict format: a brief recap of the prior episode, the main action, a concluding question for audience reflection, and/or a call to action. To further reinforce key MCP messages, a question was posed at the end of each episode for viewer response. By responding via text messaging, viewers automatically entered the *One Love Kwasila!* SMS competition. The episodes carefully blended research-based public health messages with common Zambian expressions used in a familiar context with plausible, fallible characters and storylines (see Table 1).

Although women were not the primary target audience of the series, female characters were carefully constructed as decision makers rather than victims in concurrent relationships. Women in the series disclose HIV risk stemming from other



Source: Media 365, 2009

Poster featuring *Club Risky Business* character Sachi.

³ The series may be accessed at www.youtube.com or by following links at www.aidstar-one.com/prevention.

TABLE 1. LINKING FORMATIVE RESEARCH TO CLUB RISKY BUSINESS' STORYLINE

Formative Research Finding	Storyline
Men engage in MCP for different reasons, including sexual dissatisfaction, poor communication, and infertility.	<ul style="list-style-type: none"> David and his wife communicate poorly; David seeks sexual and emotional connection through girlfriends. Sachi's wife is infertile; he has a son with his long-term girlfriend.
There is frequently a transactional element to MCP.	<ul style="list-style-type: none"> David buys the latest cell phone model for his young girlfriend. Sachi buys two bags of groceries: one for his wife, another for his girlfriend and their child.
Cell phones facilitate MCP; desire for cell phones and other material goods may influence young women to seek older men to exchange these goods for sex.	<ul style="list-style-type: none"> The three friends and their girlfriends communicate using cell phones.
Social, family, and peer pressure influence MCP.	<ul style="list-style-type: none"> David's wife is told by her mother to accept his other girlfriends. The three friends communicate openly about the downside of having one partner at a time.
It is challenging to disclose HIV status.	<ul style="list-style-type: none"> David's married girlfriend struggles to inform him that her husband tested HIV-positive; she encourages David to tell his wife.
HIV testing in long-term partnerships signifies mistrust.	<ul style="list-style-type: none"> David is afraid to tell his wife that they need to get tested for HIV. David and his wife seek couples' testing for HIV.
Condoms signify mistrust and disease and are rarely used in long-term relationships.	<ul style="list-style-type: none"> Sachi does not use condoms with his wife and long-term girlfriend because he trusts them. Charlie demonstrates concern for his sex partners by always using condoms.
The "window period" of acute HIV infection is not well understood.	<ul style="list-style-type: none"> The window period is explained by Sachi's wife, who is a nurse, and through animated visuals.
Communication in relationships is challenging.	<ul style="list-style-type: none"> Sachi, when confronted by his wife, initiates a discussion to end the relationship with his girlfriend. David reconnects with his wife.
Long-term sexual relationships, even when concurrent, are not typically seen as a risk.	<ul style="list-style-type: none"> Animated visuals convey the riskiness of overlapping sexual partnerships to support the storyline. The audience is surprised to find out who is HIV-positive at the end of the story.

partnerships. They initiate discussions around HIV testing, counter normative messages supporting MCP, and insist (successfully) that additional sexual partnerships be terminated: "I deserve better," Sachi's wife tells him.

The launch and implementation of *Club Risky Business*: The *Club Risky Business* series launch took place on June 16, 2009, at a

high-profile, red-carpet event held at an upscale Lusaka movie theater. The main address was delivered by the chairperson of the NAC Board. Attendees at the launch included a senior MOH official, and many voiced great pride in learning that *Club Risky Business* was a Zambian production. Four days later, the first episode of *Club Risky Business* aired on the Zambian national television station and a Lusaka-based satellite station. The

series was aired twice over a two-month period on both channels, bolstered by animerts (animated commercials) that aired alongside.

The *One Love Kwasila!* campaign, around which *Club Risky Business* was created, used all available media to echo the message about limiting the number of concurrent sexual partnerships. Reflecting on the period just following the launch, a stakeholder remarked, “Given how wide and deep the issue of MCP is, we felt it was not enough to only have something on television. After people see the series on television, then what?” The other campaign components rolled out incrementally over the next six months. They included a 10-week live television talk show segment and a 12-week, 50-minute interactive radio talk show, also called *Club Risky Business*, which encouraged listeners to call in or text questions and comments. Discussions about MCP also took place during a well-known primetime television show and a health-related radio call-in show for university students; radio spots aired on various local stations. The project also developed transit media (e.g., billboards) and print materials, including a *Club Risky Business* discussion guide, a newspaper supplement on MCP, a magazine on the subject of MCP, and a short newsletter that was distributed at a meeting of the Cabinet Committee on HIV and AIDS.⁴

An innovative feature of the campaign was the use of new media, including a campaign website featuring a self-risk assessment quiz, health-related blogs, polls, and discussion boards on MCP. The project also developed a Facebook page, which thousands of fans began populating with comments and discussion on MCP. Weekly text messaging competitions were held based on the issues raised at the conclusion of each *Club Risky Business*



Source: Media 365, 2009

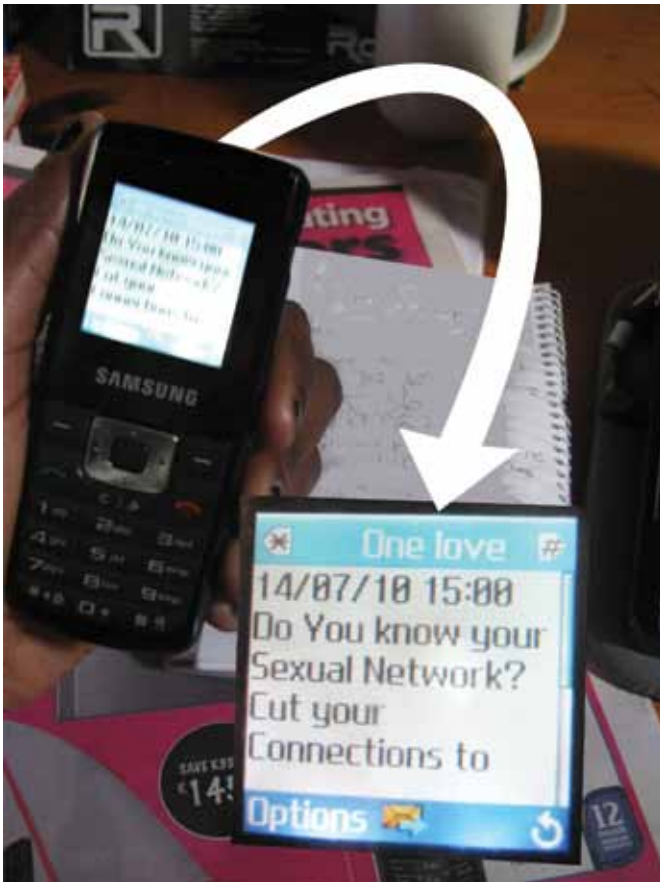
Bus banner promotes the television series in downtown Lusaka, Zambia.

episode, and a partnership with AfriConnect, a mobile phone company, enabled competition participants to send messages across Zambia (e.g., “Cut your connections to HIV! One Love Kwasila!”). At the end of the campaign, the series was posted on YouTube.

Some outreach efforts were tailored specifically to the needs of policymakers and opinion leaders. The Zambian Cabinet Committee on HIV received a briefing on MCP and previewed *Club Risky Business*. National Assembly staff received print materials on MCP during World Voluntary Counseling and Testing Day. Also, 40 religious leaders from various denominations received orientation on MCP during a workshop organized by the Zambia Network of Religious Leaders Living with or Affected by HIV.

Critical response to the campaign was very positive. *Club Risky Business* won a national award for Best Drama Series in Zambia (2009) and also won the AfriComNet 2010 Award for Best HIV/AIDS Multichannel Campaign in Africa. Other African countries have expressed interest in adapting or creating MCP programs inspired by *Club Risky Business*.

⁴ Available at www.aidstar-one.com/prevention.



Source: Media 365, 2010

A staged rendering of one of eight campaign messages sent to targeted mobile phones across Zambia.

Campaign Monitoring and Evaluation

The campaign outcomes and impact were never measured. HCP Zambia developed an evaluation tool,⁵ but was unable to implement the tool because the end of HCP Zambia's five-year agreement with USAID nearly coincided with the MCP campaign's conclusion in November 2009. However, as part of HCP Zambia's broader project close-out survey, they were able to include a few *Club Risky Business* exposure questions. Though the survey was conducted outside Lusaka and only two weeks

after the campaign start, it found that 49 percent of urban and peri-urban television viewers recalled the campaign slogan, and 32 percent had either watched or heard of the *Club Risky Business* television drama (HCP Zambia 2010). Condom sales and hotline call data were not captured, though the campaign promoted condoms and an HIV hotline.

The partners intended to reach a wide swath of urban and peri-urban Zambia through the *Club Risky Business* television series. According to its own analysis, ZNBC—the government's national television station—reaches 75 percent of the Zambian population, and the satellite channel reaches those Zambians who have a satellite dish. The radio call-in program reached an estimated 3 million listeners. During the text messaging competition, over 17,000 text entries were received in response to questions posed at the end of the episodes. Media 365 then targeted these respondents, via text messaging, with eight campaign messages. Facebook fans more than doubled from 2,000 at the end of the campaign to over 5,000 in August 2010.

Despite not being evaluated, anecdotal evidence suggests that the campaign achieved broad penetration in the target market. Discussions with a cross-section of the people in Lusaka during the course of a field visit in preparation of this case study suggest that the series was widely viewed and that it opened a dialogue on topics not previously discussed. When asked what *Club Risky Business* means to them, hotel staff, taxi drivers, waiters, and others replied, "*One Love Kwasila!*"

Anecdotal feedback also points to a potential effect of the series. As one case study informant remarked, "People generally do not make the link between MCP—their behaviors—and HIV, but the stories told in the *Club Risky Business* series have helped people to make that link more clearly." According to a health professional who

⁵ Available at www.aidstar-one.com/prevention.

attended the initial campaign planning meetings, “The series woke Zambia up and broke a huge silence around MCP. Furthermore, the wake-up happened on primetime television, and went into homes, directly to families and couples.” On the impact of *Club Risky Business* in his community, a young man said, “When we watch it, we see ourselves, our friends, our family.” Viewers across gender, age, and socioeconomic status did not point fingers at others, but rather were eager to talk about how MCP affects them personally. A program stakeholder concurred, “*Club Risky Business* makes people reflect on their own lifestyle.”

Postcampaign status: Although the campaign has ended, dialogue continues online. *One Love Kwasila!* is still available on Facebook and YouTube. Three Lusaka-based Blockbuster video rental outlets display *Club Risky Business* posters and rental DVDs donated by the partners, though few customers have opted to pay to watch the series at home. *Club Risky Business* DVDs and discussion guides are housed at a health communication clearinghouse for distribution to NGOs. Recently, a new Lusaka cable channel requested permission to air the series on Sundays.

ZCCP and SFH, two of the three core implementing partners, are still carrying out HIV program activities in Zambia. As part of the Soul City regional initiative, ZCCP is continuing MCP programming in Zambia under the *One Love Kwasila!* banner. While SFH’s work does not expressly address MCP, they obtained funding to re-air 45-second spots from the series on national television eight months after the campaign’s end. Materials from the *One Love Kwasila!* campaign are also reported to be used by other projects, workplaces, and churches to stimulate discussion around MCP.

In February 2010, a group of campaign stakeholders including MOH, NAC, SFH, ZCCP, and Media 365 convened to discuss planning for the next phase of the campaign. Several ideas surfaced, including

the creation of a new television series addressing the female perspective and a road show to spur community dialogue. However, at that time, funding had not yet been allocated for any follow-on efforts.

What Worked Well

All key stakeholders felt that the *One Love Kwasila!* multimedia communications campaign surpassed expectations for three reasons: the country had never before seen a health campaign of this caliber; the campaign opened a dialogue about a subject that had never been discussed in public; and opinion leaders embraced its messages despite their potentially controversial nature.

Engaging national leadership: The partners took the national MCP mandate and translated it into a campaign that supported the goals of NAC and MOH. This resulted in the endorsement of the gamut of stakeholders—religious and political leaders in particular—without negative fallout. Cabinet Ministers who viewed *Club Risky Business* before its national launch felt that the stories accurately reflected what was happening in Zambia. The core partners had ensured buy-in at the highest levels without losing sight of the research findings that guided the series.

Focusing leadership to strengthen the partnership: While the campaign benefited from the complementary strengths of each of the core partners under the auspices of NAC, HCP Zambia played a critical role in maintaining momentum, managing opposing viewpoints among partners, working alongside Media 365, and staying focused on the campaign goals. HCP Zambia emphasized consensus building, and each partner was invited to yield to the strengths of others in the interest of the final product.

Creating resonance with viewers: To enhance the viewer’s self-risk perception, the series drew complex characters and showed relatable

motivations for engaging in MCP. Thus, rather than skipping over the challenges of ending concurrent sexual partnerships, the series showed how people try to navigate these difficult issues as well as the benefits and hazards that arise along the way. The series entertained audiences while also educating them on MCP. The high production value allowed viewers to slip into the story, and the inclusion of thoughtful questions in each episode gave viewers an opportunity to assess their own risk. Responses to radio and television call-in shows, the number of Facebook fans, and the volume of text messages (both spontaneous and in response to the SMS competition) about the show demonstrated strong public engagement.

Reinforcing messages through social media tools: The multimedia communications strategy for promoting the series was intended to garner broad message exposure and recall in a short period of time. Using social media tools, such as mobile phones and social networking sites, allowed the campaign to reinforce HIV prevention messages while gathering feedback from users through texting and online discussion boards.

Challenges

Differing agendas and timelines: Each partner, though committed to the process, followed an individual workplan and timeline. The MOU catalyzed and helped to solidify the partnership, but only after campaign development had been underway for nearly a year. All three organizations acknowledged that the MOU should have been executed much earlier in the process.

Untapped opportunities for grassroots impact: Other than a discussion guide, the community mobilization and interpersonal communication activities originally envisioned to support the multimedia communications campaign

have not been implemented to scale. These components are thought to be critical for moving beyond dialogue and changing social norms and individual behaviors.

Limited planning and funding for campaign continuity: Donor funding for the campaign was limited to the development and implementation phases. Plans for campaign continuity were not clearly outlined at the outset or close of the *One Love Kwasila!* campaign. The February 2010 meeting to plan a next phase yielded several ideas. Yet all acknowledged the need for continued funding to build on the *Club Risky Business* experience under the *One Love Kwasila!* campaign.

Lack of campaign evaluation: Given the fast pace of the planning and implementation phases, episode pre-testing was not built into the timeline. Instead, the formative research used for message development served as a proxy for audience research. Moreover, because no post-intervention evaluation took place, the key question remains unanswered: How exactly has *Club Risky Business* affected MCP awareness, risk perception, and, ultimately, behavior in the target populations?

Future Programming

For almost six months, the *One Love Kwasila!* campaign flooded urban and peri-urban Zambia with messages supporting sequential sexual partnerships and the importance of condom use. Then the airwaves went silent. However, despite the sudden halt in campaign activities after November 2009, opportunities exist to build on the experience and momentum of the MCP campaign.

Use existing campaign content: As SFH is doing in re-packaging the series through 45-second television spots, it is possible to extend the reach of *Club Risky Business* and the *One Love Kwasila!* campaign without creating new

content. For example, to reach rural Zambia, several stakeholders suggested dubbing the series in the country's seven main languages (or a blend of languages), as was originally envisioned. NGOs and funded projects could use the DVD and discussion guide—through trained community health workers—to generate dialogue on factors that perpetuate MCP. Doing so would support community-level discussions on MCP and activate dialogue among married couples as well as youth.

Develop a series focusing on women: Just as the series targeting men resonated with women, a series with female protagonists would likely also hold men's attention. Several stakeholders suggested a follow-up campaign that builds on existing messages and further develops the female characters.

Replicate the collaborative planning process: *Club Risky Business*, Zambia's first MCP campaign, was a product of multiple stakeholders and a true collaborative partnership. Replicating this consortium approach for future MCP and HIV prevention programming will likely enhance the quality and cost-effectiveness of messaging. This experience shows that it is critical to have an MOU at the outset to determine who will lead the consortium, but it is equally important to ensure that the MOU specifies how to sustain activities by all stakeholders—government, donors, and NGOs—beyond the campaign's life.

For now, the monthly NAC Prevention Theme Working Group meetings and monthly USAID planning meetings provide venues to discuss integrating elements of the *One Love Kwabila!* campaign into ongoing HIV programs in Zambia.

Recommendations

Zambia's *One Love Kwabila!* campaign offers many valuable insights into future MCP programming. Others embarking on similar multimedia

communications campaigns might consider key lessons arising from this experience.

Clarify MCP messages: Clarifying MCP behavior and related risk is particularly important, given the confusion among public health professionals and the public as to what constitutes risk. Formative research showed that many perceive MCP to be normal, acceptable, and low risk. Past interventions focused on the number of partners rather than on sexual concurrency. Additionally, formative research, supported by recent literature, shows the danger of “be faithful” messages in the context of MCP. In the minds of many Zambians, a person can be faithful to many partners simultaneously, since to them faithfulness does not imply sexual fidelity, but rather financial support and care for a partner (Family Health International 2010; Underwood 2008). *Club Risky Business* attempts to clarify that what is risky is not only multiple sexual partners, but also sexual concurrency. To be effective, public health messaging must explicitly link concurrent sex partners and HIV. Moreover, it is critical to clarify the intersecting issues of transactional sex and intergenerational sex, which often occur in the context of MCP.

Draw on formative research and local talent: Conducting in-depth formative research enabled the creators of *Club Risky Business* to realistically present the different types of overlapping sexual relationships. The show's creators used recognizable and credible characters grounded in research findings. The series held up a mirror to people's lives while also modeling alternatives that did not include sexual concurrency. This was possible in part because the script writing, cast, crew, filming, and editing were all done in Zambia by Zambians. This project provided a platform on which local capacity can be built.

Develop multi-level prevention programming: A single campaign—no matter how compelling—cannot shift and sustainably

change behavior that is considered normal. A multimedia communications campaign such as *One Love Kwasila!* could be amplified by community-level and interpersonal engagement along with continued national support in order to move from dialogue to behavior change. Multi-level programming is likely to reach people in different settings and support behavior change messages through various channels.

The hope for future MCP programming is that other programs learn from the experience of the *One Love Kwasila!* campaign and, as suggested by one stakeholder, “pick up from where we left off.” ■

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