STRATEGIC PLAN 2018 - 2021

"Towards Healthy, Productive and Socio – Economically empowered Communities for National Development "

Preventing disease through healthy environments

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
ABC	Abstinence, Be Faithful and Use Condom
ARV	Antiretroviral
BCC	Behavior Change Communication
CBO	Community based Organization
CT	Counseling and Testing
DATF	District AIDS Task Force
DACA	District Aids Coordination Adviser
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
IGAs	Income Generating Activities
KAP	Knowledge Attitudes and Practices
KDC	Kafue District Council
M&E	Monitoring and Evaluation
NASF	National HIV/AIDS/STI/TB Strategic Framework 2011 - 2015
NAC	National AIDS Council
NGO	Non-Governmental Organization
NZP+	Network of Zambian People Living with HIV/AIDS
OI	Opportunistic Infections
PATFs	Provincial AIDS Task Forces
PRICHO	Pride Community Health Organization
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child HIV Transmission
PWD	People with Disabilities
SG	Support Group

SHARe	Support to HIV/AIDS Responses
SS	Social Services Dept. of Ministry of Community Development
TB	Tuberculosis
UNAIDS	United Nations Aids Programme
UNDP	United Nations Development Programme
WHO	World Health Organization

FOREWORD

The National Long Term Vision 2030 (Vision 2030) is Zambia's first ever written long-term plan, expressing Zambians' aspirations by the year 2030. It articulates possible long-term alternative development policy scenarios at different points which would contribute to the attainment of the desirable social economic indicators by the year 2030. The Vision will be operationalized through the five year development plans which started with the Fifth National Development Plan (2006 2010) and annual budgets. This marked a departure from past practices of preparing and implementing medium-term plans that were not anchored on a national vision.

Pride Community Health Organization`s Strategic Plan also presents a major departure from the past strategic plans, in that the plan is organized around a results based management reporting than rather targeting outputs. A further departure from previous plans is that while it is recognized that all prevention, care and support services are important and should continue to receive the necessary levels of support, prioritization of interventions is of critical importance as the resources and capabilities available are significantly constrained. The focus of the plan is, therefore, high impact interventions which is also the reason the Marginal Budgeting for Bottlenecks was used as the costing methodology for the plan.

Pride Community Health Organization is committed to re-organize and manage programmes in an efficient, effective and prudent manner that will significantly improve health service delivery. It is my considered view that, with appropriate levels of commitment and support from our key partners including the Government, this Plan will aim at significantly improving the quality of lives of people infected and affected by HIV and AIDS especially adolescents and young people through prevention, care and support services and significantly contributes to national development.

I therefore, urge all the individuals involved in the implementation of this plan to fully dedicate themselves to this plan.

Estella Sinkala
Board Chairperson

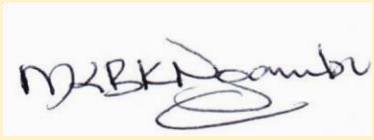
ACKNOWLEDGEMENTS

2018 was an intensive strategic planning year for all the staff as they provided oversight and evidence strategic information required to guide choice of high impact interventions and the next four years strategic direction of community HIV responses. The relentless efforts of Pride staff especially Senior Management, and the inputs of key partners have all been noted.

Pride Community Health Organization is very grateful to the guidance, technical and financial support provided by our partners especially ELMA Philanthropies, Positive Action for Children Fund, Positive Action for Girls and Women, Pediatric Adolescents Treatment Africa, and SRHR Africa Trust formerly Southern Africa AIDS Trust and other partners. The finalization of the Strategic Plan would not have been possible, but for your commitment.

We are most grateful to our external consultants, civil society organizations, adolescents and women groups, people living with HIV and AIDS, and environmental experts who continue to remind us of the reason of our being and our core mandates.

In partnerships, we shall jointly look back to see our much strides we would have all made in strengthening linkages and partnerships at district level and beyond on successful implementation of this Strategic Plan in 2021..



Kenan Ng`ambi
Executive Director

1. EXECUTIVE SUMMARY

Pride Community Health Organization Strategy 2018 - 2021 is built on the gains achieved and lessons learnt during the implementation of the just ended Strategic Plan (SP) 2013-2017. In realization of just how much disease and ill health can be prevented by focusing on environmental risk factors has added impetus to the organizational efforts of encouraging preventive health measures through all available policies, strategies, interventions, technologies and knowledge at community level. Pride Community Health Organization (hereinafter: PRICHO) has been at the forefront of the HIV and sexual reproductive health service responses in the Kafue District since 2004.

The evolving knowledge about environment-health interactions has contributed to Pride Community Health Organization in making a paradigm shift to develop the new Strategic Plan 2018 – 2021 which links Climate Change and its impact to Population Dynamics, HIV, sexual reproductive health, food - insecurity, livelihoods as well as threatening access to safe food supplies, clean water and sanitation. Promoting and supporting the design of more effective preventive public health strategies and interventions, directed at eliminating health hazards and reducing corresponding risks to health. The new Strategic plan has four main components:

- Strengthen the capacity of Pride Community Health Organization to contribute to the delivery of an adolescent friendly and responsive health service
- Increase adolescent health communication for the promotion of healthy behaviors and demand creation;
- Strengthen leadership and governance issues that support the effective delivery of a comprehensive adolescent responsive health system and to enable communities to promote healthy behaviors and the utilization of relevant health services by adolescents and young people.
- Increase knowledge and understanding of the linkage and linkages of Climate Change and Health

1.1 The 2030 Agenda for Sustainable Development and the SDGs:

To transform our World, the 2030 Agenda for Sustainable Development including its 17 Sustainable Development Goals (SDGs) and 169 targets was adopted on 25 September 2015 by Heads of State and Government at a special UN summit. The Agenda is a commitment to eradicate poverty and achieve sustainable development by 2030 world-wide, ensuring that no one is left behind. The adoption of the 2030 Agenda was a landmark achievement, providing for a shared global vision towards sustainable development for all. The sustainable development goals (SDGs), agreed by heads of state at the UN General Assembly in September 2015, re-set the world's commitment to combating the world's pressing development issues over the next 15 years. Within the 17 goals there are clear health-related targets, but these sit alongside environmental and other sectoral areas that strongly influence determinants of health. While the SDGs build on the achievements of the millennium development goals (2000–2015), they also represent a departure from their principles. Critically, the new goals aim not to consider development issues in isolation, but their 169 targets are geared towards establishing relevant and effective links that can bring about the transformational change required, without leaving anyone behind. The SDGs philosophy recognizes issues related to inequality and discrimination, the need for a cyclical, green economy, and the importance of building resilience to mitigate natural and man-made

disasters. Environment-health interventions are based exactly on these principles and, as evidenced in this report, can make a significant contribution towards achieving the SDGs and improving life and health for all.

1.2 Nature and characteristics of the 2030 Agenda

The 2030 Agenda itself consists of 4 sections:

- A political Declaration
- A set of 17 sustainable Development Goals and 169 targets (based on the report of the OWG, with some small modifications)
- Means of Implementation
- A framework for follow up and review of the Agenda.

The scale, ambition and approach of the Agenda are unprecedented. One key feature is that the SDGs are global in nature and universally applicable, taking into account national realities, capacities and levels of development and specific challenges. In addition, the 2030 Agenda integrates in a balanced manner the three dimensions of sustainable development – economic, social and environmental. The 2030 Agenda is also indivisible, in a sense that it must be implemented as a whole, in an integrated rather than a fragmented manner.

1.3 Vision 2030 – Zambia

The Government of the Republic of Zambia in 2005 initiated the process of developing Vision 2030. This was done through a participatory and consultative process that covered at that time all the 72 districts of the Republic. Today, Zambia now has over 110 districts countrywide.

The Vision 2030 reflects the collective understanding, aspirations and determination of the Zambian people to be a prosperous middle-income nation. The document sets out the goals and targets that have to be achieved in the various spheres of the social-economic life over the next generation. In addition, challenges and obstacles that must be overcome in order to realize our aspiration are presented. The Vision 2030 is founded on seven key basic principles. These principles are:

- Sustainable development
- Upholding democratic principles
- Respect for human rights
- Fostering family values
- A positive attitude to work
- peaceful coexistence
- Upholding good traditional values.

Despite the seemingly long time in which the Vision 2030 will be implemented, its realization will depend on the actions and measures that will be undertake by the Government, private sector, cooperating partners, civil society and as individuals through short and medium-term national development plans. The development of the new Pride Community Health Organization 2018 – 2021 plan will ensure creation of necessary conditions upon which our organization will contribute to the long term objectives and targets that must be achieved in the Vision 2030. Since the Vision 2030 will serve as the guide for all development efforts, the commitment and dedication of all the staff members of Pride Community Health Organization to its realization will be of

paramount importance. Our attitudes and collective mindsets, particularly towards work and participation in national developmental affairs will require changing.

2. VISION, MISSION AND CORE VALUES

Vision: Towards Healthy, productive, and socio – economically empowered Communities for National Development

Mission: To provide comprehensive, quality, cost-effective health services and friendly spaces where adolescents, young people, men and women are able to make their own sexual reproductive health and rights informed choices based on dignity, equality and social justice.

The Core Operating Values and Principles of the Organization:

- Integrity - we are truthful, fair and transparent and maintain confidentiality at all levels of the organization.
- Excellence - we maintain the highest standards of professionalism when delivering services.
- Collaboration - we work in partnership and build relationships in order to share best practice and continuously improve the quality of our services.
- Innovation - we take informed risks where the benefits promise to enhance organizational efficiency or value -for- money.
- Accountability - we are answerable at all levels of the organization

2.1.1 Key Principles

The implementation of this Strategy shall be guided by the WHO "quality of care" framework key elements in the context of respect for human rights and fundamental freedoms as well as recognition of the critical role parents, guardians and communities play in the provision of ADH services. The key elements are Equitable, Accessible, Acceptable, Appropriate, and Effective health care services (WHO, 2012).

2.1.2 Objectives and Key Strategies

S/N	Objectives	Key Strategies
1	To promote and encourage availability and accessibility of the integrated adolescent friendly adolescent reproductive health service platform at all service points in Kafue District by the end of 2021	**Collaboration and Partnerships** ▪ Refine and scale out the adolescent health services platform package ▪ Scale out adolescent friendly sexual reproductive services at all health facilities and strengthen integration of services ▪ Prioritize the delivery of comprehensive and integrated adolescent responsive packages of interventions within the key clinical services that are being utilized by adolescents ▪ Strengthen adolescents' participation in the delivery of adolescent responsive services, at district, health facility and community levels (including in planning, organization, implementation, and monitoring and evaluation) ▪ Strengthen district level adolescent health coordination and harmonize efforts of partners in support of adolescent responsive health service delivery. ▪ Train and mentor adolescents to build their competencies in advocating for ASRH.
2	To Increase adolescent health communication for the promotion of healthy behaviors and demand creation;	**Promotion of healthy behaviors and demand creation** ▪ Strengthen adolescent involvement and participation in health communication ▪ Strengthen capacity of community based organizations to promote and generate a protective and enabling community environment for adolescents ▪ Advocate cultural and value shifts through changes in social norms and behaviors, GBV, child marriage, alcohol and substance abuse, etc. ▪ Enhance adolescent's health literacy through behaviors and social change communication activities among adolescents (including for activities designed for adolescents with special needs) ▪ Design and implement targeted innovative BSCC campaigns with adolescents which promote healthy behavioral development and behavior change; and promotes uses of preventative health services, including the scaling up of comprehensive sexuality education (CSE) for adolescents in and out of school ▪ Create demand for and use of relevant health services through peer education outreach

3	Strengthen leadership and governance issues that support the effective delivery of a comprehensive adolescent responsive health system and to enable communities to promote healthy behaviors and the	**Leadership and Governance** ▪ Promote and strengthen Clinic/CBO partnerships and Coordination for an efficient and effective harmonized response to delivering adolescent
	utilization of relevant health services by adolescents and young people	responsive health services ▪ Collect and analyze age and sex disaggregated data ▪ Strengthen multisectoral linkages and collaboration with key government agencies and other partners for effective referrals and follow-up, especially around issues of gender based physical and sexual violence, substance abuse and other key underlying determinants of adolescents risk and vulnerability (youth development, education, employment, labor skills, and social welfare, etc.).
4	Develop Strategic Plans that strengthen the integration of health into climate change planning and include appropriate mitigation actions and support mechanisms.	

2.1.3 Introduction

Zambia has made strides in making Adolescent Health (ADH) an integral part of the nation's health agenda. The Ministry of Health (MOH) of Zambia has over the years championed the notion that "adolescents are neither older children, nor are they young adults" (WHO, 2015)6, but that they represent a distinct group of individuals aged between 10 to 19 years (WHO, 2001)7. They are further divided into "early adolescents" (10 -14 years) and "late adolescents" (15 – 19 years). **The Pride Community Health Organization Strategy** will be implemented within the framework of the National Health Strategic Plan (NHSP) 2017 to 2021. It will be closely linked to relevant sector and national policies and strategic frameworks such as the 2012 National Health Policy, the 2010 National Population Policy, the 2015 National Youth Policy, The School Health and Nutrition Policy of 2006, The Revised Sixth National Development Plan (R-SNDP) 2014 – 2016, and the Vision 2030 Strategy for Zambia. It will also linked to relevant regional and global policies and strategic frameworks on ADH, like the Ministerial Commitment on Comprehensive Sexuality Education (CSE) and Sexual and Reproductive Health (SRH) Services for Adolescents and Young People in Eastern and Southern Africa (ESA, 2013), and the implementation of the Sustainable Development Goals (SDGs).

2.1.4 Review of past performance: SP 2013 -17

Over the last five years, there has been a magnitude of environmental changes impacting on how HIV has been dealt with at global level, regional level and national level. These changes have impacted on how PRICHO operated and continues to operate by bringing an increased emphasis on HIV prevention, evidenced-based programming, community-based ownership, and technical support such as capacity building in systems strengthening. As an organization, we have also recognized that improved governance – through accountability and transparency - must be embedded at all levels in our organization. What's more, the need to strengthen community advocacy, capacity development of staff especially volunteers, action research and response programming are all critical to the effectiveness of our organization. Lastly, there is recognition that only effective resource-mobilization-capabilities within PRICHO can safeguard lasting success of our organization by providing us continued inflow of funds required to plan and deploy our response programs. Nevertheless, a number of achievements were made, for example, the establishment of the Adolescent Friendly Safe Spaces at service points.

2.1.5 Lessons Learned from implementing the previous SP 2013 – 2017

During the implementation of the previous SP 2013-2017, Pride Community Health Organization has made progress around implementing adolescent responsive health services. The challenges of adolescent ART adherence and SRH are complex and situated within the contexts in which adolescents live. Many factors outside of the intervention site, such as the home and community, impact adolescent health. Child abuse, rape, gender-based violence, forced marriages and HIV stigma are barriers to adolescent SRH and service access. These challenges are compounded by multiple additional stressors such as poverty and unemployment, and impact care giving and household resilience. The organization initiated and strengthened district partnerships and coordination mechanisms, and scaled up adolescents dedicated platforms of services to three wards. Many lessons have been learned around effective processes for convening and harmonizing partnership efforts. These include the need to achieve cultural and value shifts among opinion leaders and within communities; the importance of working with adolescents as partners in the design and delivery of interventions; and the necessity to apply efficiently the limited resources available from both government and cooperative partners through better targeting and tracking of intended interventions and results.

Pride Community Health Organization has undergone rapid growth during the last five years which is a vivid testimony to the robustness of its strategy and response to HIV and sexual reproductive health services. Despite its success, our organization recognizes the severity of HIV epidemic but also the need to evolve with the times in order to remain current and effective in how we formulate our response programs. This requires re-prioritization of its focus and development of new strategy for the coming years, one that will be aligned closer with the Sustainable Development Goals (SDGs) and one that will address adolescent sexual and reproductive health (ASRH); maternal and safe motherhood, newborn care; family planning; prevention and management of sexually transmitted Infections including HIV and AIDS; prevention and management of cervical cancers of the reproductive system; addressing Gender-based Violence; menstrual health, Interpersonal Communication and Counseling; and Health education. The impact of HIV and AIDS in the Kafue District continues to be felt at individual, family, community level. Beyond the obvious physical impact of the disease, PLHIVs especially adolescents and young people still suffer from psychological trauma, as well as stigma and social isolation due to the nature of the disease (or how it is transferred from person to person).

In addition, the financial impact of the diseases is weighed heavily on those directly impacted by it (e.g. through the erosion of food security as well as general capability to generate income and remain productive at work) In addition, families impacted by HIV infections easily become a breeding ground for further spread of HIV infection but also poverty (e.g. through sexual abuse of children by the infected members of the family, taking children out of school, forced prostitution, etc.). At the community level the HIV pandemic drags on the economic resources by diverting these to less productive activities such as taking care of the sick and funerals. What's more, the local community suffers from high crime rates, increased prostitution, general food insecurity, and reduced access to most basic social facilities.

Lastly, the social cohesion, and even sense of belonging among the community, is adversely affected in an environment where the sick are stigmatized and where hatred and even witchcraft are rampant. The past 25 years have witnessed an unprecedented commitment to- and progress towards effective HIV response. In

particular, the introduction of antiretroviral medications and increased recognition of the human rights of PLHIV have contributed immeasurably towards this progress. But new HIV infections and poor adherence still remain challenges at community level. . Lastly, the attention paid to girls and women's health and rights remains insufficient making them in general, disproportionally more heavily affected by HIV than boys and men.

At the same time, funding provided to deal with HIV has generally decreased in the last years reflecting on the economic performances of the western economies. PRICHO has undergone rapid growth during the last five years or so, this being a testimony to the robustness of its response to HIV affecting the community of Kafue. But PRICHO faces critical challenges as a service organization, as it functions in a crowded arena of CBOs and NGOs. In addition, the needs of people infected and affected by HIV and AIDS - and thus the necessary response - will continue evolving in the coming five years but also beyond and, as such, they must be kept pace with by organizations such as ours. This new Strategic Plan 2018–2021 builds on the achievements of the past, but it is also grounded in the realities facing HIV and sexual reproductive health programs today by incorporating recommendations from PRICHO`s strategic review.

The review identified and factored in the needs of adolescents and young people. It has also considered the environmental changes impacting on our activities, and hence the opportunities and challenges such changes present. We have also looked at our current and future organizational capabilities so we, as an organization, can build a total alignment with the needs of our community, our stakeholders (including donors) but also broader environment. All this has led PRICHO to establish, through this Strategic Plan, the key priority-areas for moving forward into the future.

These are described in the remainder of this document.

2.1.6 Effectiveness of our past programs – lessons learned

In looking at its programme effectiveness, organization PRICHO examines the following:

- Project reports
- Reports to funding bodies
- Monitoring and evaluation reports
- Results of a peer evaluation review conducted a year ago.

These documents suggest that the organization has achieved most impact through its work to change behavior in the safe love campaign. This is demonstrated in the scope of work that PRICHO has done in the area of multiple concurrent sexual partnerships, low and inconsistent use of condoms, and mother to child transmission of HIV. The reports also showed that the organization performed least well in its community ART/TB interventions because of inadequate skills of the treatment supporters and lack of uniform reporting on monitoring and evaluation indicators. Although, PRICHO tracked outreach interventions (abstinence and/or being faithful) the data was inconsistently reported. The clients have not achieved the level of self-management has anticipated. From this, the organization has considered a number of strategic programme shifts, including greater emphasis on advocacy work and capacity building and increased emphasis on project funding.

2.1.7 Process

This plan has been developed by Pride Community Health Organization and its key partners through a consultative process that provided for active participation and contributions from the key stakeholder groups. The strategic planning process included the following main stages: Preliminary data collection and analysis: Literature reviewed included the last strategic plan 2013 – 2017 and other relevant national, regional and international policies, strategic frameworks and performance reviews relevant to ADH. Data from the MOH Health Management Information Systems (HMIS), the Zambia Demographic Health Survey (ZDHS) conducted overtime, and the Central Statistical Office (CSO) 2015 Living Conditions Monitoring Survey (LCMS), as well as other relevant sources such as UNAIDS, UNFPA, UNICEF and WHO were analyzed for trends that formed the basis for the situation analysis. An outline of the strategic plan was then produced.

3. BACKGROUND AND INFORMATION

3.1 Pride Community Health Organization - Background

Pride Community Health Organization (or PRICHO) was founded fourteen (14) years ago with the aim of improving the quality of life of PLHIV. The organization was established in December 2003 as a small support group of people living with HIV and AIDS with the primary objective of fighting the stigma that existed at that time in our communities. The origins of PRICHO can be traced to the then Christian Children`s Fund now known as Child Fund Zambia through the then Tithandizane Child and Family Project who facilitated the process of forming and even supporting the initial stages. The demands and challenges of HIV and AIDS prevention and mitigation had assumed such high dimensions that they could not be effectively and efficiently tackled by any one individual and therefore PLHIV realized the importance of unity for a common cause.

Against this backdrop, our support group began, in May 2004, to build networks and partnerships and alliances with organizations such as the Kafue District AIDS Taskforce, the Christian Children`s Fund (now Child Fund Zambia), the District Community Health Office (DCHO), the Support to the HIV and AIDS Response in Zambia (SHARe I project), the Network of Zambian people living with HIV and AIDS (NZP+). The aim of PRICHO has always been and will continue being to improve the quality of lives of people infected and affected by HIV and AIDS through prevention as well as care- and support services rendered in the Kafue District and the surrounding areas. Kafue district is located about 45 kilometers from Lusaka, the Capital City of Zambia and has a population of about 160,853 people of which 78,158 are males representing 48.59% and 82,694 representing 51.41%, and district HIV Prevalence rate standing at 13.3%. Care and support services have been the traditional focus of PRICHO and have included a range of strategies such as antiretroviral /tuberculosis programs and voluntary counseling and testing services.

In order to improve its community service delivery efforts, PRICHO has in the past few years increasingly invested its time and resources in correcting certain socio-cultural behavior among those directly and indirectly affected by the HIV pandemic. The information about HIV and AIDS originating from research of this disease is still misunderstood by many members of the community so heavily affected by the disease. Looking into the future, PRICHO is looking to expand the scope of this activities and to re-orient its focus – this, as outlined in this document. PRICHO undertakes its daily work aided by management support from the Secretariat and strategic guidance and oversight from the Executive Board.

PRICHO recognizes the specific needs of people infected and affected HIV and AIDS by age, gender, location, and/or key population. Decisions are made by the executive director on behalf of the board through the secretariat who manages eight (8) full time staff. The number of donors has increased from one donor in 2004 to fourteen different donors in last nine years.

3.2 Strategic Plan 2018 – 2021: Purpose and Development

The purpose of this Strategic Plan 2018–2021 is to re-iterate that PRICHO's believes that by recognizing and factoring into our activities opportunities and challenges in our broader environment, combined with our comparative advantage, of being a community focused organization that has strengthened its linkages and partnerships with key government agencies and positioned the organization ideally to provide effective and efficient response to the HIV crisis in the Kafue District. In addition, the purpose of this Strategic Plan is to engage our partners, donors and stakeholders in PRICHO's contributory work towards zero new HIV infections, zero deaths, zero stigma, and zero discrimination.

Our Strategic Plan for the period 2018–2021 has been developed under the guidance and oversight of the strategic planning working group (SPWG), which consisted of representatives of our board members, secretariat and external stakeholders. A literature review and numberless consultations have been undertaken to carry out a thorough and exhaustive analysis of our broader environment as well as our internal capabilities (hereinafter: "situation analysis"). We have also looked at the past five years, particularly the lessons we have learned, but without losing from sight the need to focus on the future. The PRICHO Board approved this strategy in January, 2018 and the Secretariat will continue to develop annual work plans and budgets to implement the strategy accordingly.

3.3 Strategic Direction for the PRICHO Strategy 2018-2021

Integrating HIV and Sexual Reproductive Health and Rights Programs into Climate Change a Paradigm Shift

The focus of the PRICHO Strategy for 2018 - 2021 will be integration of sexual and reproductive health and rights (SRHR), population, health and environment (PHE) into the climate change (CC) response matters. A growing body of evidence on the inter linkages of SRHR, PHE and climate change among women especially adolescent girls and affirms the effects of climate change ubiquitously exacerbates the situation in poor rural communities, especially among women. The SRHR/PHE integrated response is a developmental approach that necessitates multi-sectoral collaboration towards addressing poor health, loss of biodiversity (environment), unmet need for SRHR services that is contributing to growing population, large families and climate change especially among poor communities. The approach supports key components: provision of universal access to quality health and SRHR services, natural resource management and biodiversity conservation and economically productive, stable and sustainable livelihoods. All of which are key towards achieving climate change resilient families and resources. Integrating SRHR and PHE approach into climate change policies and practices is a pledge due to women, adolescent girls and other marginalized communities and to the natural resources /environment which they depend upon for food and livelihood.

Pride Community Health Organization which has been implementing SRHR interventions at community level with in the context of the Adolescent Health Strategy for 2017-2021 will aim to strengthen the delivery of adolescent responsive health services to increase adolescents' access and utilization of quality health-care services and resulting in; Improved adolescent sexual, reproductive and general health; the reduction of HIV incidence Overall promotion and adoption of healthy living among adolescents.

3.4 Health and Climate Change within International Climate Change and Health Policies

In July 2016 WHO and the Government of France convened the Second Global Conference on Health and Climate, to support the implementation of the Paris climate agreement. This brought together Minister of Health and Environment, senior Government official, technical experts and civil society from around the world, resulting in a comprehensive health action covering increasing the resilience of health systems, and the environmental and social determinants of health, to climate risks; gaining the health co - benefits of climate mitigation measures, particularly through reducing nearly seven million deaths from air pollution; scaling-up financial investments in climate change and health and developing a new approach to link health, economics and climate change; engaging the health community and civil society in communicating and preventing climate risks, and in taking advantage of opportunities for health; and measuring country progress and reporting through the WHO/UNFCCC climate and health country profiles and Sustainable Development Goal indicators.

3.5 Linking and utilizing Innovative Community – Led Models

Pride Community Health Organization will aim at increasing access and uptake to integrated sexual reproductive health services and HIV information for HIV positive and HIV negative adolescents' and young people aged 10 – 24 years by utilizing the **Clinic – based "One Stop Shops"** which have been established at service points. These one stop shops are providing adolescent – friendly sexual and reproductive health (SRH) services integrated into HIV treatment and care with the aim of improving adolescent access to SRH services, retention in care and ART adherence at community level. HIV testing and counselling services are a critical gateway to accessing other HIV care and treatment services by children and adolescents.

Children have a more rapid progression to HIV opportunistic infections than adults, and signs and symptoms of HIV infection of which these infections are not specific. Without access to care, at least one quarter of children born with HIV die before the age of one year and over half of them die before reaching five years of age. Early treatment interventions can markedly reduce child morbidity and mortality and improve the quality of life. However, problems arise due to the lack of guidance on child specific issues such as early infant diagnosis, HIV consent age, disclosure of results, proper provision of counselling for children, and implementation of youth-friendly services

Our organization will also strengthen our partnership and collaboration with the health facilities, government schools, and community using **the CBO/Clinic/Community strategy** which will improve adolescent HIV prevention, treatment, care and support at community level. This approach will also create an entry point for effective collaboration and link communities to service provision, and leaders such as traditional and religious leaders who are influential actors will contribute to garner community support and persuade biological parents, guardians and caregivers to accept the principle of supporting consent for adolescents aged 10 – 14 years.

This supportive counseling process requiring persons under 16 years parental consent to access HIV testing, except in the case of married, pregnant or parent – children could claim a significant contribution to improving UNAIDS first 90 target, and also increase the chances of adolescents girls who are more vulnerable stay HIV negative and thereby improving their chances of a better future because of educational empowerment. This approach will also add value to demand generation, adherence and retention support, mitigation of stigma and discrimination, and contributed to improving SRHR information and service delivery and effectively create a sense of ownership and sustainability.

4. EXTERNAL ENVIRONMENT - ANALYSIS

Although Zambia is now a low-medium income country, poverty levels have still remained high. The link between Climate Change, ill health and poverty has been well established. As a result of poverty, preventable and treatable diseases such as tuberculosis, are contributing to high morbidity and mortality in the country. Women in Zambia are more vulnerable to climate change than men because they are poorer than men; they bear the primary responsibility for growing of food crops and collecting resources like water and firewood, which are becoming increasingly scarce. Frequent drought and erratic rainfall force women to work relatively long hours to secure food, water and energy for their homes. In semi-arid areas girls are more inclined to drop out of school in order to help their mothers with household chores.

Women and children are more likely to die when natural calamities like floods occur because they are less mobile than men. This cycle of deprivation, poverty and inequality undermines the social capital needed to deal effectively with climate change. Various studies have demonstrated women's unique vulnerability to climate change effects. The controversy is that Budget substitution may emerge as health and education expenditures decline in favor of increased welfare transfer expenditures. Kafue district`s health system faces major deficits, beginning with an acute shortage of health care workers, notably doctors, nurses, and midwives. In addition, the health system suffers from poor transportation, communication, and referral systems between communities and health facilities and between health clinics and referral hospitals, as well as shortages or stock outs of basic drugs, supplies, and equipment. Efforts to train and mobilize community volunteers not have successfully increased demand for health services and encouraged women to deliver at facilities.

5. ADOLESCENT HEALTH SITUATION

5.1. Health status and health seeking behaviors

Adolescents' use of health services can be highly influenced by the social values and attitudes (perceived or real) of their peers, parents and other adult gatekeepers including clinicians (WHO, 2015). In the general population, 17.9% rural population and 9.1% urban population reported having been unwell within two weeks of the LCMS survey, with 70.5% persons who reported an illness having consulted over their illness (medical, traditional, church, spiritual institution) while 19.7% resorted to self – administered medication. About a tenth of those who were unwell neither consulted nor used self-administered medicine. Of those who consulted medical institutions, 40.5% were seen by clinical officers, 35.0% by nurses/midwives and 17.1% by medical officers. This pattern was generally the same in both urban and rural areas (CSO, 2015). It is important to note that the health care providers' attitudes are among the major constraints and affects 32% of adolescents.

6. BARRIERS TO ACCESSING HEALTH CARE AMONG FEMALE ADOLESCENTS:

In the 2013-14 ZDHS, women were asked whether or not each of the following factors would be a significant problem for them in seeking medical care: getting permission to go for treatment; getting money for treatment; distance to a health facility; having to take transport, not wanting to go alone; concerns that there may not be a female health provider; concerns that there may not be any health provider; concerns that there may not be drugs available for treatment; and then concerns about rude attitudes among health providers. Among 15-19 year olds, the majority (65.2%) gave distance and transportation problems as being major issues. Details of the barriers to accessing health care are as shown in the graph below (CSO, 2014).

6.1 Gender Based Violence or Violence against Children

Gender Based Violence (GBV), which includes, sexual, physical, psychological, economic, social/cultural violence, is a common problem throughout the world. It is defined as any harmful act that is perpetrated against a person's will and is based on socially ascribed (gender) differences between males and females" (IASC, 2005). In addition, the Council of Europe includes the following as part of gender based violence: forced sterilization, forced abortion, coercive use of contraceptives, female infanticide and parental sex selection" (MOH, 2015).

Ever experienced physical violence is reported by 29.3% of 15-19 year olds. It is also noted to be higher among females aged 15-49 who are married (48.4%) compared to 26.5% among those who have never been married (CSO, 2014). The frequency of physical violence is a mental and physical health indicator, with 13.2% of females 15-19 reporting experiencing physical violence 'often or sometimes'. Intimate partner violence is the predominant physical violence context, with current husbands/partners (63%) and former husband/partners (29%) the main perpetrators of physical violence. The third highest perpetrator is 'mothers', at 8.9%. Among never married females it is 'mothers', at 28% who are the main perpetrators of physical violence, hence the need to put more efforts in programmes to contextualize the concept of 'gender roles' when designing interventions to address physical violence.

In 2014, 8.2% of adolescent girls aged 15-19 had 'ever' experienced sexual violence, defined as a forced sexual act under the DHS, while 4.2% had experienced it within the last 12 months. Only 36% of females 15-19 who had experienced physical and sexual violence had ever sought help to stop the violence. Among all women, their own family and/or partners family were the main source of help for addressing physical or sexual violence, with 69% -own family; 43% partners family). Among all women, only 1.5% sought help for physical or sexual violence from a health provider, according to the 2014 ZDHS. This data has significant implication for the design of interventions under the PRICHO strategy to address both physical and sexual violence.

6.2 Child marriages, Sexual Debut and Teenage Pregnancies

Child and early marriage is a significant issue in Zambia, with 17% of adolescent girls aged 15-19 being in-union in 2014. Among adolescent boys of the same age group, only 1% reported having been married. This data demonstrates a very high level of age disparately among adolescents' marriages, which has been shown to be a high risk context for HIV transmission. There was a decrease in the proportion of 20-24 year old females who reported having been married by age 18 from 42% in 2007 to 31% in 2013-2014. Overall, the median age at first marriage among females 25-49 years is18.4 years and 23.9 years among males in the same age group.

Zambian women generally initiate sexual intercourse a year before marriage, while men do so at least five years before first marriage. There were significant differences among provinces with Western Province showing a median age for girls at first sex of 16.5 years while Lusaka Province showed a median age of 18.2years. Girls who completed secondary school initiate sex later than those with little education (20.9 years vs 16.6 years). Ending Child Marriages at community level will never be achieved in isolation from keeping girls in school, increasing access to information on various methods of contraception and referral to services, providing Comprehensive Sexuality Education.

6.3 HIV/AIDS

Globally, HIV/AIDS was the leading cause of death among both sexes in the age group 10 – 14 years. It was the third leading cause of death among females and fourth among males aged 15 – 19 years. Overall among all adolescents (10 – 19) AIDS as a cause of death is ranked second only to road injury (WHO, 2016), and while deaths due to AIDS have decreased for all other age groups since 2010, among adolescents deaths have actually increased. The majority of these deaths are among maternally infected adolescents who were either long-term progressors who had not been diagnosed until they were very ill or adolescents who, when transitioning from pediatric to adult ART care, had significant adherence challenges and then experienced treatment failure (UNICEF, 2016). Statistics from within Zambia on the actual current HIV prevalence among early adolescents is scarce.

Among the 15 – 19 year olds there is disaggregated trend data available from the Zambia 2007 and 2014 DHS. HIV prevalence among adolescents, like in the general population, has declined from 5.7% to 3.8% among females and from 3.6% in 2007 to 1.8% in 2014 among males. However, the degree of viral suppression among adolescents has been noted to be very low due to poor adherence mainly, and therefore an area of importance in the programming of ADH services for adolescents living with HIV.

The transition from late adolescence to early adulthood shows a significant increase in HIV infection risk, with HIV prevalence going from a low of 3.8% for females and 1.8% for males aged 15-19 to 9.6% for females and 3.5% for males aged 20-24. Condom use however remains low. Therefore progress will need to be made around increasing adolescents' (and young adults') use of this high impact HIV intervention in order for Zambia to have a significant impact on reducing new HIV infections. In addition, with 1 in 20 adolescents aged 15-19 living with HIV, it is very critical that that our Strategy has a significant focus on provider initiated HIV testing for at risk adolescents.

Adolescents living with HIV also need prioritized support to ensure they are initiated into ART services and then supported with adolescent responsive adherence support, as well as sexual health and psycho-social support. Those who are pregnant need support on PMTCT, infant nutrition and care. Other vulnerable adolescents in need of special attention and support in terms of HIV prevention, care and treatment are sex workers, drug abusers and adolescents living with disabilities. Information on modes of transmission and HIV misconceptions among adolescents aged 15 - 19 is around 80%. Comprehensive knowledge, defined as knowing three modes of HIV transmission and two common misconceptions, remains low. It did increase by 21% between 2007 and 2014, with the actual rates of 39% for females and 42% for males, but is still significantly below the 95% target recommended by international standards. In addition, understanding of mother to child transmission of HIV (MTCT) among 15-19 year olds was only 62% among females and 44% among males in 2014.

Although adolescents' knowledge of condoms as an HIV prevention method is high, at 79%, this has not resulted in increased reported condom use at last sex, which is only 36% for females and 42% for males, aged

15-19. These percentages have not increased between the 2007 and 2014 ZDHS. Of note, however, is the fact that HIV testing among sexually active adolescents aged 15-19, increased by 150% for both females and males, from 20% to 50% for females and 11% to 27% among males. Male circumcision also increased by 130% during the same period. The disparity between the increases in the use of some SRH services compared to others points to systems challenges and suggests that HTC and voluntary male medical circumcision (VMMC) services are not effectively promoting condom use among adolescent clients.

Young women's ability to negotiate condom use is often cited as another reason for low levels of use. However, according to the 2014 ZDHS, 74% of females aged 15-19 believe that they could refuse sexual intercourse or would at least ask their partners to use a condom if they thought that they had been unfaithful or may have an STI, which suggests a high level of perceived ability to condom use negotiation. With an 8% increase in adolescents having sex between 2007 and 2014, coupled with the low condom usage, there are approximately 151,000 non married adolescent boys and 118,000 non married adolescent girls who are sexually active and not using condoms and hence are frequently putting themselves at risk of HIV infection (and teenage pregnancy). Despite this, a significant proportion of them however perceive themselves to be generally at low or no risk of contracting HIV.

6.4 Alcohol and Substance Abuse:

Adolescents experience intense physical, psychological, emotional and economic changes as they make the transition from childhood to adulthood. Many people have their first experience with tobacco, alcohol and illicit drugs during adolescence, partly out of a need to explore boundaries as they begin to develop their individuality (UNICEF, 2013). Alcohol and substance abuse are linked to risky sexual behaviors leading to risk of acquisition of HIV and other STIs. There is a general perception of high substance abuse by many in and out of school adolescents, particularly those found to be on the streets ("street kids"). There was a general decline in reported alcohol use among adolescents from 9.1% in 2000 to 2.4% in 2009 for boys and from 8.4% to 1.3% for girls. Among 15-19 year olds, 5% of girls had sexual intercourse when drunk or with a partner who was drunk as opposed to 1.6% of boys in 2013-14.

This was a drop from the Zambia Sexual Behaviors Survey (ZSBS) 2009, which reported an increase from 9% in 2005 to nearly 11% in 2009 among adolescent girls having sex while they or their partner were drunk in the 12 months prior to the survey. The amount of cannabis seized by the Zambia Drug and Enforcement Commission (DEC) increased steadily from 2008, reached a peak in 2010, and thereafter showed a downward trend. Miraa/khat is the second most common substance being used after cannabis in Zambia with trends between 2008 and 2012 showing an upward swing. Seizures of drugs like cocaine and heroin have also been reported in Zambia. In 2012, the DEC reported seizures of 21.30 kilograms of cocaine and 431.44 grams of heroin. This was a notable increase over 1.29 grams of heroin seized in 2011, (DEC: 2012). The abuses of some substances, like alcohol or opiates, have significant implication for adolescent health, both in the short-term and in the longer term, in terms of their overall health status. Sexual intercourse when one or both partners are under the influence of alcohol is more likely to be unplanned, and couples are therefore less likely to use condoms.

6.5 Keeping girls safe in schools

Further unpacking of the ZDHS 2013-14 teenage pregnancy data shows that teenage childbearing was highest among adolescent girls with no education (at 53%) and from the poorest families (45%). Child bearing was 36% among girls with primary education, 23% among those with secondary school education and only 10%

of adolescent girls from the wealthiest households. Adolescent girls with secondary education accounted for 59% of all the girls who had started child bearing and 28% of the girls came from the wealthiest families. These girls have significantly higher levels of reproductive health knowledge compared to the others, but account for a significant amount of the adolescent childbearing; hence, it will be important to ensure that the programming applies a differentiated response for both poor girls with primary education and girls from more well-off households with some secondary education.

6.6 Non Communicable Diseases

The health-related behaviors and conditions that underlie the major non communicable diseases usually start or are reinforced during the second decade: drug and alcohol use, diet and exercise patterns, overweight and obesity. These behaviors and conditions have a serious impact on the health and development of adolescents today but devastating effects on their health as adults tomorrow (WHO, 2014).Nutrition Issues of nutrition concerning adolescents have been identified as serious in Zambia for a long time. For example, in the 2004 Zambia Global School Health Survey 34 out of the 2257 learners from grade 5 to 7 who were assessed, 31% of the females and 27% of the males were noted to have gone hungry most of the time or always during the previous 30 days due to not having enough food at home. Another study conducted in Mongu and Mumbwa districts among 410 adolescent girls aged 14 to 19 found that only 42% had breakfast regularly, and only 41% reported easy access to food at any time (WFP, 2016).

6.7 Multiple and concurrent sexual partnerships

In the Kafue District, the socio-cultural beliefs held and practiced by members of the local community include polygamy and to some extent sexual-cleansing. Other cultural practices include the practice of dry sex. It is culturally acceptable and common for men to have multiple and concurrent partners whether married or not. On the other hand, women are usually economically vulnerable which leads them to having more than one partner in order to sustain them through exchange for sex with money. Both of these factors predispose women to higher risk of HIV infections.

6.8 Misconceptions and misperceptions

There are still some members of the communities who are not fully aware of how HIV and AIDS are spread while some older men hold the myth that sleeping with a virgin can cure HIV and AIDS. These have been made worse by traditional healers who mislead people in the communities by expressing similar beliefs.

6.9 Low and inconsistent use of condoms

Having multiple and concurrent sexual partners is a key driver of HIV infection in communities, as noted earlier. This is exacerbated by low number of men who use condoms.

6.10 Low levels of male circumcision

In order to reach the national male circumcisions targets, as outlined in the Country Operational Plan (COP), an estimated 1.9 million men and boys must undergo this treatment by 2015. Effective communication strategies are needed to educate and motivate millions of men, but also their female partners and parents, to partake in the VMMC process. This should go hand-in-hand with efforts to reinforce safer sexual behavior among sexually active men and women, in line with existing HIV prevention guidelines. In the Zambia Health Demographic Health Survey, 2007, only 13 % of men aged 15-49 were reported to have been circumcised.

6.11 Poverty in rural areas

Poverty is higher in the rural areas, and it stands at 77.9 % compared to the urban areas at 27.5 %. These high levels of rural poverty are attributed to dependence on agriculture as source of income, pervasively low

agricultural productivity couples with poor use of technology – all this resulting in low disposable incomes at rural households. Furthermore, poverty is exacerbated by poor access to socio-economic services such as agriculture implements.

6.12 Labor mobility and migration

The Kafue district has become an area where many people transit on their way to/from their work in Lusaka or where they choose to settle because of the lower costs of rentals. In addition, Kafue District is involved in fish farming and attracts traders from all over the country. In Chanyanya, where fish farming is concentrated, women trade and exchange sex for fish. There are stories that some even have temporally marriages (marriages between fish women traders and fish mongers) as a way of maximizing income from fish trading. The Great North Road serves as an exit route to Zimbabwe and South Africa, making the Kafue District a stopover location especially for many truck drivers. This situation has fueled the existence of commercial sex workers in the District. Most of these commercial sex workers do not insist on the use of a condom by their clients (due to the cost of condoms).

Lastly, the high poverty levels in the Kafue District has led many women to resort to promiscuous behavior, including engaging in paid sex, as a means of gaining livelihood. Plants such as Nitrogen Chemicals of Zambia, which used to employ a large proportion of the local workforce, have not been able to re-employ their former workers even after recent recapitalization – a situation that sustains poverty in Kafue. In addition, many young girls are being forced into early marriages to compliment incomes as many parents/guardians opt to be paid dowry and this leads them to abandon their schools and become mothers at a very early age. To make matters worse, HIV infections weaken such already vulnerable families – especially if the man (being typically a bread-winner in the family) gets infected with HIV and is unable to work, or worse, dies. All this predisposed many women to HIV infections but also leads to continued poverty in the Kafue District.

6.13 Mother-to-child transmission (MTCT)

Some Women that test positive for HIV choose not to disclose this fact to their husbands fearing retribution, violence or even divorce. The government's priority is to reduce the mortality rate among children under five years old from the current 119 deaths per 1000 live births to 63 by 2015. The government's targets also include the reduction of the maternal mortality ratio from the current 591 deaths per 100,000 live births to 159 by 2015.

The other factors attributed to low male involvement are that most men are bread winners and are busy working and don't have the time to attend PMTCT. Culture also has led to the limited male involvement as Antenatal care was seen as just an issue for women only in the past.

6.14 Challenges in Eliminating Pediatric AIDS

The goal of eliminating pediatric AIDS will elude us, however, if we continue to rely solely on PMTCT scale-up. Since the announcement of the Global Plan, the number of new infections has decreased by only 38% in the 21 priority countries where 90% of HIV-positive pregnant women reside. Challenges that remain in these countries include low antenatal clinic attendance and retention in care, suboptimal adherence to therapy, and limited existent case finding measures to identify HIV-infected children.

Eliminating pediatric AIDS requires developing and expanding strategies to reach children missed by current programming. Early treatment for HIV-positive children offers their best hope for survival, and we have the ability to diagnose and deliver such treatment. Despite impressive scale-up of PMTCT programming and the

implementation of Option B +, vertical transmission and pediatric HIV infection still remains significant challenges in our country.

6.15 Stigma and discrimination

Stigma and discrimination still poses as a great challenge in communities because it prevents people from seeking HIV and sexual reproductive health services. Many people are dying or have died because of not knowing their HIV status, a critical factor when it comes to effective medical treatment.

6.16 Inadequate recreation facilities for adolescents and young people

The young population is rapidly growing and currently accounts for 60% of the Kafue's District population. The District has inadequate social support services, such as recreation facilities or community center where youth could spend their free time. Logically, absence of appropriate facilities has led to the youths indulging in alcohol- and drug abuse and this predisposes them to HIV infections through high risk behaviors and attitudes.

6.17 Integrating SRHR, Population, Health, Environment, and Climate Change

A study on Linking Sexual and Reproductive Health and Rights (SRHR), Population, Health, Environment (PHE) and Climate Change (CC) Initiatives on Women and Fishers in the Philippines was conducted by PATH Foundation Philippines, Inc. with support from the Asian-Pacific Resource and Research Centre for Women (ARROW). The study aimed to determine the awareness/knowledge on climate change; inter linkages of SRHR, PHE and climate change; benefits of integration and; the factors and actions towards climate change; benefits of SRHR, PHE and Climate Change.

7. THE IMPACT OF HIV PANDEMIC

The Zambia Population-Based HIV Impact Assessment (ZAMPHIA), a household-based national survey, was conducted between March and August 2016 in order to measure the status of Zambia's national HIV response. ZAMPHIA offered HIV counseling and testing with return of results, and collected information about uptake of care and treatment services. This survey is the first in Zambia to measure national HIV incidence, pediatric HIV prevalence, and viral load suppression. The results provide information on national and subnational progress toward control of the HIV epidemic. Annual incidence of HIV among adults' ages 15 to 59 years in Zambia is 0.66 percent: 1.0 percent among females and 0.33 percent among males. This corresponds to approximately 46,000 new cases of HIV annually among adults' ages 15 to 59 years in Zambia. The quality of life of PLHIV has significantly improved since the inception of the epidemic decades ago. PLHIV are living longer, healthier, and more productive thanks to improved access and quality of medical care. Anti-retroviral treatment has transformed HIV from a fatal disease into a chronic and thus manageable condition. PRICHO's own research indicates that in some places the increased general awareness and knowledge about HIV have resulted in reduced stigma and discrimination. However, progress has not been equal, and there is ample evidence of suffering from stigma and discrimination by many PHLIV within their families, their workplace, and their communities at large. Kafue District continues to see high rates of teenage pregnancy, adolescent HIV prevalence, early forced marriage and child and adolescent sexual abuse. ALHIV are still displaying disproportionally poor treatment outcomes, including low retention in care and adherence levels due to inadequate psychosocial support. Early adolescence represents a window of opportunity to promote positive and sustained health behaviors, and the involvement of the community from "ground-up" is critical to gaining a full understanding the consequences of the disease. With such understanding it is not just

easier for PRICHO to assess the real needs of all those affected by HIV but it is a prerequisite for formulating effective support programs.

8. ENVIRONMENTAL – TRENDS AND DEVELOPMENTS

At a global level we, as PRICHO, see the following key factors and developments impacting on our strategy:

- Diminishing donor funding
- Increased focus on adolescent sexual reproductive health and rights programming
- Increased programming focus on girls and women
- Increased focus on community systems strengthening
- International aid is increasingly being seen as social investment
- Increased emphasis on integrating Climate Change, HIV, SRHR, TB and Malaria
- Increased call for transparency and accountability
- UNAIDS - Getting to Zero
- UNAIDS 90 – 90 – 90 targets
- New UNAIDS Investment Framework
- The Paris Agreement on Climate Change

At regional level three particular factors impact on our organization, these are:

- Southern Africa remains the epicenter of the epidemic
- Regional HIV Strategies (COMESA and SADC)
- The Maputo Plan of Action for the Operationalization of the Continental policy Framework for SRH&R
- SDG targets 13.1 (strengthening resilience and adaptive capacity to climate change)

Lastly, at the national level the activities of PRICHO are influenced heavily by the following developments:

- National HIV and AIDS Strategic Framework 2017 – 2021
- National Health Strategic Framework 2017 – 2021
- Adolescent Health Strategy 2017 – 2021
- Vision 2030
- Sustainable Development Goals
- UNGASS country progress reports
- Revised Seventh National Development Plan
- UNAIDS 90 – 90 – 90 Targets
- The Human Development Index

People at greatest risk of adverse health effects associated with climate change include the very young, the elderly, and the medically infirm. Socioeconomically disadvantaged groups and areas where infrastructure and/or social services (including health) are weak will have most difficulty adapting to climate change and related health hazards. These developments are the evidence that international priorities focus on adolescent health services, family planning and women's health, integrated (and hence cost-effective) medical approach to tackling HIV/AIDS, putting donor resources into programs with clear payback, transparency and accountability of organizations that coordinate HIV and sexual reproductive health services response, and ongoing measurement and monitoring of aid programs.

9. CHALLENGES AND OPPORTUNITIES

9.1 Resource constraints for HIV and Sexual Reproductive Health Services

Driven by the economic crisis across the world and shifting donor priorities it is becoming evident that international resources dedicated to fighting the HIV epidemic are generally on the decrease. This trend specifically applies to the two main traditional sources of funding of HIV programs and services — the Global Fund (GFATM) and PEPFAR. Additionally, many government's domestic budgets for HIV and health and social services have also been cut. On the other hand, the number of PLHIV is on the increase due to access to- and effectiveness of ART, which saves and extends the lives to people infected. It is not surprising therefore that the total cost of treatment is likely to increase in the future. There is an obvious dissonance between the demand for funding on one hand and its availability. Put differently, the sustainability of effective HIV treatment for PLHIV is at an enormous risk.

9.2 Networking and use of the social media

In the past years, the number, diversity and sophistication of networks of people in the Kafue region, but also beyond it, has increased enormously. Admittedly, much of this increase can be attributed to the advent of the internet and social media – especially among youth which makes up more than 60% of the local population. PRICHO will aim to be community-driven and has recognized the need to embrace new and/or inadequately reached networks of people in the Kafue District such as sex workers and people with disabilities. Recent advances in social media have set up an opportunity for community networking, capacity building, and advocacy in ways that are infinitely faster and more effective than traditional modes of communication. PRICHO will be committed to exploring the use of DATA Revolution for Health as means of communicating its achievements, lessons learnt and challenges.

9.3 Beyond HIV exceptionalism

Over the past decade, HIV has been decreasingly viewed by the international community as an exceptional global health problem and so it has not attracted as much donor resources as it used to. This has generated a new set of challenges and opportunities, such as the need for more integration of medical care for HIV/Malaria and TB (one-stop shop approach) but also fewer resources for HIV. As a consequence of these developments, PRICHO must form new strategic partnerships beyond the immediate circle of organizations involved in fighting of HIV, for example, government agencies, mining companies or private health facilities – this to maximize the organization`s participation in HIV programming

9.4 Partnership and ownership

The central principles of the initiative are country ownership, and an open partnership for delivery. A wide range of national health actors, civil society health groups, development agencies and other UN agencies are already making important contributions to protect health. Strategic partnerships must be encouraged, promoted

and strengthened. Pride Community Health Organization is a community led and focused organization, and partnership development is a crosscutting strategy for the future. PRICHO will continue to initiate, nurture, and strengthen partnerships with government agencies, local and international partners, policy organizations and platforms, such as National AIDS Council to coordinate community advocacy efforts and provide technical and/or organizational support and service delivery.

10. INTERNAL ENVIRONMENT - ANALYSIS

10.1 Financial and human resources

PRICHO has accumulated a lot of community experience since 2004 in providing prevention, care and support services in Kafue District. Having been originally established as a support group of people living with HIV and AIDS and having evolved into a non- governmental organization in the last three years or so, PRICHO has established itself as a community driven organization and has strengthened its networks with key USAID funding partners such as Communication Support for Health (CSH), Local Partners Capacity Building Program (LPCB), Southern Africa AIDS.

Trust, Egmont Trust United Kingdom and Positive Action for Children Fund (PACF), and more recently Jhpiego, Positive Action for Girls and Women, Pediatric Adolescent Treatment for Africa, ELMA Philanthropies . Over the last two years, PRICHO has engaged competent and qualified staff and has expanded visibility to from one community to five wards. Over the last eight years or so, PRICHO has been funded by more than 14 different funders in the areas of prevention, care and support services.

10.2 Strengths, weakness, opportunities and threats

Based on internal environment analysis and organizational capacity assessment of Pride Community Health Organization, the following observations were made;

Strengths	Opportunities
▪ Pride Community Health Organization has extensive experience of working in partnership with local partner service organizations. ▪ The staff is experienced and has strong organizational capacity building skills. ▪ The organization is committed and engaged with policy- makers at district and community levels ▪ The Newly Constituted Ward Development Committees	▪ The government is receptive to new legislation on the rights of people with disabilities. ▪ People with disabilities (PWDs) are keen to engage in self-advocacy. ▪ The enactment of the NGO Act of 2011 ▪ The inclusion in the National Health Strategic Plan issues that affect ADH issues directly and indirectly, e.g. infrastructure, manpower, drug supply, etc. ▪ Available Resources in Climate Change and Adolescent Health Programs
Weaknesses	**Threats**

▪ Past programmes to build organizational capacity and develop self-advocacy skills have not been well monitored, so their impact is unclear. ▪ The organization lacks programme staff with well-developed advocacy skills. ▪ Lack of permanent office space ▪ Staff turnover ▪ Sustainability of funding ▪ Lack of our own transport to implement activities ▪ Global concern and goodwill for ADH generally, as well as specific areas, such as adolescent nutrition. ▪ Availability of laws and regulations on a number of issues that affect adolescents: access to services; to substances; against of abuse by adolescents, ending child marriage, Anti-GBV Act, etc. ▪ Presence of well-informed traditional leaders and gatekeepers. ▪ Climate related hazards such as prolonged dry spells, droughts, erratic rains, and floods have become more frequent, intense, and unpredictable, thereby undermining food security and poverty eradication efforts. ▪ Weak coordination mechanisms for population and climate change programs ▪ Lack of networking and knowledge sharing among professionals working on population and climate change issues	▪ Government ministers or the government may change. ▪ PWDs lack representative organizations and leadership skills ▪ Diminishing resources from funding partners ▪ Barriers to access of certain services due to a number of constraints e.g. communication barriers, physical barriers, lack of confidentiality issues due to a need for a third party for interpretation ▪ High unemployment levels among adolescents leading to high poverty levels and thereby increasing the risk and vulnerability to risky behaviors and their consequences ▪ Societal norms (adolescents exposed to drunken elders) and reports of drug trafficking in and out of the country exposes adolescents and makes them more vulnerable for use, addiction and other consequences ▪ Inadequate financial support, lack of suitable infrastructure as well as transport in some cases

11. POLICY ENGAGEMENT

11.1 Policy Framework for Linking Population Dynamics and Climate Change

Given the strong links between population and climate change, it is important that these issues are tackled jointly at policy and program levels. Addressing the two together would help identify people who are particularly vulnerable as well and make it easier to devise strategies to help them adapt.

PRICHO is engaged in the development and enforcement of national and local HIV/TB and sexual reproductive health policies and collaborates closely with a number of key policy makers, such as the Kafue District Council, the Kafue District Medical Office, the Kafue District AIDS Task Force and the District Education Board (DEBS). PRICHO will contribute to the implementation of all four NASF, ADH strategies 2017 – 2021 and also to the purposive course of action detailed in the National HIV and AIDS Communication and Advocacy Strategy (NACAS, 2011-2015) and National TB Control Program.

PRICHO will work with the Kafue Town Council to stimulate social behavior change communication at community level through the Ward Development Committees through participating in the annual national events such as Youth Day, Women's Day, National HIV Testing and Treatment Day, 16 Days of Gender

Activism, World AIDS and TB Days. PRICHO will also work closely with the District Education Board and Ministry of Education to run educational workshops/meetings in schools through the anti-AIDS clubs. PRICHO's activities also play a pivotal role in the implementation of four of the six drivers of the Zambian HIV epidemic detailed in the National HIV Prevention Convention Report, 2009.

This includes addressing multiple concurrent partnerships, low and inconsistent condom use, vulnerability among marginalized groups, and elimination of mother-to-child transmission. Improved policies, better coordination, and adequate financial and human resources are needed to ensure effective implementation of programs. Meeting women and their partner's needs for family planning and enhancing resilience to climate change effects should be priorities for development in Malawi. Unless this happens, it will be very difficult for Malawi to achieve sustainable development.

12. COMPARATIVE ADVANTAGE OF PRICHO

The HIV civil society has diversified and includes many players working on the topic of HIV or for the benefit of people infected and affected by HIV and AIDS. The Strategic Review confirmed that partners perceive PRICHO as the key organization with a clear mandate. With the constraint on resources and more community-based organizations emerging, PRICHO must strive as 'the voice of adolescents and young people" to remain relevant to the needs of community HIV and sexual reproductive health and rights responses in Kafue District and beyond.

13. STRATEGY FOR 2018 - 2021

13.0 Key strategic issues

13.1.1 Need for advocating integrated Climate Change and HIV and SRHR Interventions

The United Nations' (U.N.) report, Our Common Future, defines sustainable development as "Development that meets the needs of the present without compromising the ability of future generations to meet their own needs." Using this definition, the U.N. built a sustainable development framework with three pillars of sustainable development: environmental protection, economic growth, and social equity. Population falls under the social pillar in this framework. However, population size, growth, distribution, density, age structure, migration and urbanization matter for all three pillars. The combined effects of climate change and population dynamics are escalating food insecurity, environmental degradation, and poverty levels in many African countries, including Zambia.

However, these two issues are not prioritized in broader development plans and resource allocation, and interventions to address them are implemented separately. Despite the links between population, climate change and sustainable development, there is limited effort to address the two issues together in Zambia. Environmental and social determinants of health are closely interlinked. Social determinants are functions of the circumstances in which people live, work and grow; largely shaped by the distribution of resources and power. These determinants are closely linked to and mediate exposure to environmental risk factors such as working conditions, housing, water and sanitation or healthy lifestyles. The demand for HIV and sexual reproductive health services (and medical treatment in particular) will continue to increase as more people are diagnosed with HIV. This will create a challenge for the health systems to meet the increasing needs for low-cost medicines, diagnostics, counseling, and other human resources. The needs of PLHIV including sexual reproductive health services, tuberculosis (TB) treatment, and mental health services will also increase. Similarly, maternal mortality which is HIV-related could be drastically reduced if HIV and sexual reproductive health services are integrated.

13.1.2 Greater involvement of adolescents and young people

Calls for the active and meaningful participation of adolescents and young people infected- and affected by HIV at the inception, development, implementation, monitoring, and evaluation of policies and program has gained a lot of ground in the recent years. There is plentiful of evidence to suggest that to be successful in dealing with HIV, the involvement of young people is an absolute necessity and must be embedded across all aspects of the HIV response, including prevention, treatment, care and support. Involvement of adolescents and young people has remained a challenge due to a variety of factors such as insufficient knowledge and financial resources. This can be changed by involving young people who have increasingly and effectively organized in new platforms, aided by information- and communications technologies and social media in particular, according to age, gender, sexuality, and/or specific need. PRICHO recognizes the need to adapt as a non-government organization to reflect the ways in which adolescents and young people currently choose to organize and interact with each other. In light of the strategic review and with this new Strategic Plan, PRICHO aims to re-orient its communication strategy and how it approaches and deals with younger generation. The following key factors and developments have influenced our desire to involve young people at community level:

13.1.3 Policy engagement

PRICHO will continue to engage in policy dialogue at community level to effectively make even a greater impact in the next five years and clearly PRICHO has a duty to respond. Efforts to mitigate the impact of Climate Change and Population Dynamics will need to move beyond basic information messages to effective impact management. This means devising strategies to ensure that the individuals who are HIV negative remain that way, and that those who are living with the virus are protected from discrimination and enabled to lead healthy and productive lives.

13.1.4 Other

13.1.5 Review and deepen the existing direct support and services over time to people living with and affected by HIV and AIDS to improve their quality of lives.

13.1.6 Further assess community needs to identify gaps or needed shifts in service delivery. This assessment will serve as the basis for expanding or adding new services.

13.1.7 Explore the feasibility of expanding the organization's visibility in the community and making greater use of volunteers.

13.1.8 Emphasize building its discretionary financial resources to invest in providing quality services. This will include promoting the creation of a consortium of stakeholders to apply for funding and expanded business development services

13.1.9 Development of technical and organizational capacities of CSOs can contribute effectively to reducing power differentials that often lead to a conflicting versus complimentary relationship.

13.1.10 Strengthening of Clinic – CBO Collaboration, Coordination and Cooperation can contribute to demand generation in terms of adherence and retention support, mitigation of stigma and discrimination and designing and implementation of innovative community based service delivery models

14. STRATEGIC GOALS AND DIRECTION

The findings and guidelines resulting from the most recent strategic review conducted by PRICHO and its Strategic Planning Working Group (SPWG) confirm that PRICHO is uniquely positioned to provide effective

and cost-efficient response to the HIV and sexual reproductive health services in the Kafue District. We believe to have key strengths that include the organization's ability to provide community leadership. PRICHO has demonstrated ability to provide HIV and AIDS prevention, care and support services, which have helped community members including vulnerable children, adolescents', people with disabilities, live a fuller life in the community level. Our strategy is of course aimed at our partners, and hopes to engage government agencies, PLHIV, society at large, and donors so we can all work together to provide full and equitable access to integrated HIV and sexual reproductive health services for all those in need of it. Our approach will be results-based with data gathering, measuring and operational reporting being the foundation of everything we do.

15. KEY FOCUS AREAS

Pride Community Health Organization key focus areas will be Community Advocacy, Service Delivery, Research, Women's Rights, and Adolescent Girls and Young Women. Pride Community Health Organization has been implementing SRHR interventions at community level with in the context of the Adolescent Health Strategy for 20172021 which aims at strengthening the delivery of adolescent responsive health services to increase adolescents' access and utilization of quality health-care services and resulting in ;

- Improved adolescent sexual, reproductive and general health; the reduction of HIV incidence Overall promotion and adoption of healthy living among adolescents.

In order to achieve to contribute towards achieving the overall strategy outcomes intends to link to SAT priorities through incorporating the Girl Plan which aims at guiding and supporting key players while striving that;

- All girls should believe in themselves and their own potential and should have the urgency to make productive life decisions
- All girls should be safe and secure and that no girl should suffer sexual or emotional abuse
- All girls should finish school before deciding when and whom they will marry after the age of 18
- All girls should complete their high school education
- All girls should understand fully their own bodies, reproduction, and how to have happy, healthy sex lives
- All girls of all ages should continue to access to SRH services and be able to make their own reproductive decisions

16. KEY PROGRAMME FOCUS AREAS

Pride Community Health Organization`s Key Programme Focus Areas will be in the following areas;

- Community HIV Prevention Programming
- Community Economic Empowerment Programming
- Community Girls and Womens Rights Programming
- Community Education Support Programming

17. KEY RESULT AREAS

17.1 Gender Based Violence or Violence against Children

This is clearly an area of the Girl Plan that affects girls and boys equally. Violence against children remains a scourge in our communities. Pride Community Health Organization will work in **collaboration** with Victim

Support Unit (VSU), Schools and Health facilities. These collaborating partners will work closely with our organization identifying cases of child abuse and reporting them to ensure girls are protected within the communities they live.

17.2 Ending child marriage

Ending Child Marriages at community level will never be achieved in isolation from keeping girls in school, increasing access to information on various methods of contraception and referral to services, providing Comprehensive Sexuality Education. Pride Community Health Organization intends to design innovative community – led models that promote community support for girls by engaging community champions as advocates of change in ensuring no girl child is married before the age 18. Community champions will be tasked to identify report and protect the girls within their communities.

17.3 Keeping girls in safe schools

Though making schools safer places will be covered in the GBV, and creating an external climate in which girls do not leave school to get married is also covered in the ending child marriage, our organization intends to strengthen the tracking of pupil dropouts especially girls and making sure that they are being readmitted in to schools. Our organization will establish effective referrals between schools and health, this process will provide support to girl children that need other sexual reproductive services such as access to contraception.

17.4 Comprehensive Sexuality Education (CSE) for Positive Adolescents

Pride Community Health Organization will strive to build and strengthen its collaborative engagement with networks of young positive activists at district and national levels regional level via participation in civil society forums. Our organization will build the capacity of teachers in CSE through partnerships with district education board to re-enforce CSE for positive adolescents.

17.5 Increased Adolescent Access to Services

Grass root Civil Society Organizations (CSOs) and the communities are key players in the delivery of health services, as they have unique advantages in advocacy, demand creation and linkage of communities to services. Our organization will expand and strengthen collaboration and coordination with health facilities. This will add value around demand generation to accessing modern contraception, removal of legal barriers to adolescents' access through engagement of their legal and biological parents, adherence and retention support, mitigation of stigma and discrimination, and design and implementation of innovative community-based service delivery models through an all-inclusive agenda of increasing youth participation in the accessibility of services.

17.6 Assessment of human resource (staff) needs

PRICHO Secretariat has current staffing of eight (8) full time personnel. The previous structure did not cope with the addition research functions that this plan intends to put in place. It would have put pressure on the existing staff and consequently reduce the level of involvement of staff in skills and capacity building, information sharing and networking functions. The Secretariat revised its existing structure and put in place a more robust senior management structure. The revised structure allowed for the creation of a new senior position of Planning, Implementation, Evaluation and Research Manager. PRICHO will also invest in enhancing its internal capacity (operational systems and additional staff) with focus on the Monitoring and Evaluation System, database, human resource and communication systems.

17.6.1 Job Descriptions/Terms of Reference:

Good job descriptions are vital management tools. Staff will be given clear, complete and current description of the duties and responsibilities of all the positions which shall be filled. This will be critical for the growth of the organization and reviewed and updated at least every two years, or whenever those involved in the position changes.

18. RESOURCE MOBILIZATION AND FINANCIAL MANAGEMENT

PRICHO`s Secretariat is responsible for financial management of its organization and programs. Financial management entails budgeting, accounting and financial reporting to the Executive Board and of course donors. The Secretariat will regularly update the resource mobilization strategy to be presented and ratified by the Executive Board. The Secretariat will develop proposals for core program funding, this in line with the imperatives of this Strategic Plan 2018 – 2021. To mobilize resources (Financial and Human) for program and operational costs, Pride Community Health Organization will aggressively use the following strategies;

- Create a Resource Mobilization Committee to carry out ongoing resource mobilization activities
- Develop joint proposal with our partners, as a consortium
- Lobby and advocate for sub granting status
- Develop a website and use more innovative resource mobilization approach**.**

PRICHO's Strategic Plan implementation will be based on annual work plans linked to the results and targets set in this document. The strategic plan will guide the annual budgeting and resource mobilization plan for the organization.

19. MONITORING AND EVALUATION

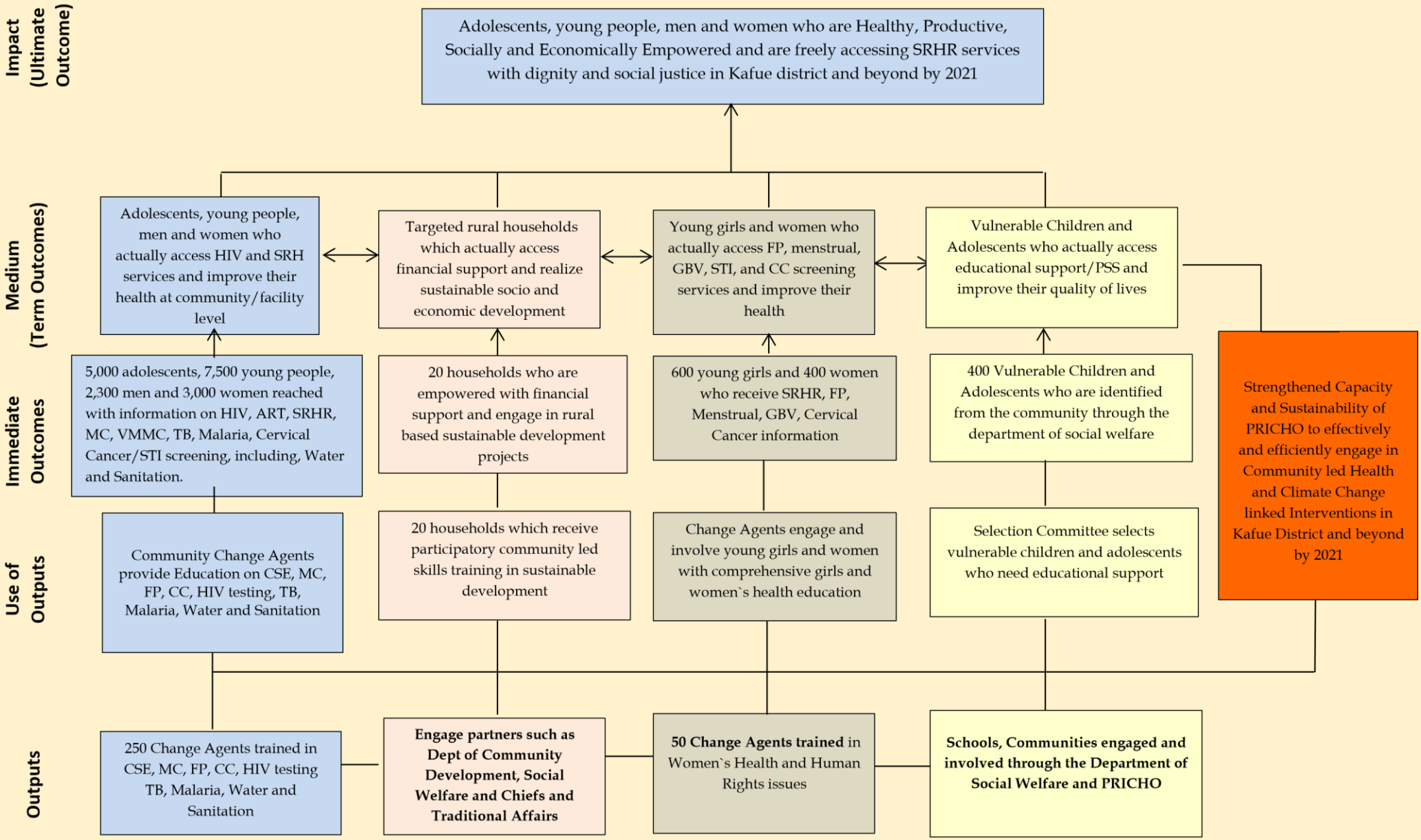
To ensure truly effective use of donor resources, PRICHO is committed to adopt results-oriented approach and will ensure that data gathered in the field will serve to generate quarterly progress reports, mid-term reviews and annual reviews. The organization will also develop a Web based application that will show when and where individuals got tested for HIV. For security and privacy reasons only selected health personnel will have full access to results and other clients' related information.

The mid-term review and final evaluation will feed into both the implementation process and the design of future programs. PRICHO's Executive Board and the Secretariat are eager to monitor the cost-effectiveness and relevance of PRICHO's work, including but not limited to individual projects and activities.

The Strategic Plan 2018–2021 contains a logical framework which specifies the objectives, indicators, and means of verification (see Annex). It is PRICHO's firm commitment to continuously monitor the progress of overall and individual project work plans and update the results through annual progress reports.

In addition, PRICHO's Executive Board will commission a mid-term review in 2019 and another strategic review to assess progress towards the strategic imperatives laid out in this Strategic Plan, including evaluation of PRICHO's operational efficiency in delivering its programs.

Annex 1; PRICHO Results Chain 2018 - 2021



ANNEX 2. TARGETS

1. Community HIV Prevention Programme

Programme Area	Result Area 1	Ward/Community	Planned Target Audience	Planned Targets				Grand Total
				Y1	Y2	Y3	Y4	
	Comprehensive, Equitable, and Inclusive systems for Health **(SDG 3)**	*Kasenje*	*Adolescents*	*480*	*480*	*480*	*480*	*1920*
			Young people	*560*	*560*	*560*	*560*	*2240*
			Women	*560*	*560*	*560*	*560*	*2240*
			Men	*200*	*200*	*200*	*200*	*800*
		Shabusale	*Adolescents*	*240*	*240*	*240*	*240*	*960*
			Young people	*300*	*300*	*300*	*300*	*1200*
			Women	*240*	*240*	*240*	*240*	*960*
			Men	*300*	*300*	*300*	*300*	*1200*
		Kafue	*Adolescents*	*360*	*360*	*360*	*360*	*1440*
			Young people	*360*	*360*	*360*	*360*	*1440*
			Women	*180*	*180*	*180*	*180*	*720*
			Men	*100*	*100*	*100*	*100*	*400*
		Chikupi	*Adolescents*	*80*	*80*	*80*	*80*	*320*
			Young people	*100*	*100*	*100*	*100*	*400*
			Women	*110*	*110*	*110*	*110*	*440*
			Men	*40*	*40*	*40*	*40*	*160*
		Mungu	*Adolescents*	*40*	*40*	*40*	*40*	*160*
			Young people	*100*	*100*	*100*	*100*	*400*
			Women	*60*	*60*	*60*	*60*	*240*
			Men	*40*	*40*	*40*	*40*	*160*
		Total		**4450**	**4450**	**4450**	**4450**	**17800**

2. Community Household Economic Empowerment Programme

Programme Area	Outcome Result Area	Ward/Community	Planned Target Audience	Planned Targets				GT
				Y1	*Y2*	*Y3*	*Y4*	
Community Household Economic Programme	*Improved Household Economic Situation*	*Kasenje*	*Households*		*3*	*3*	*3*	*9*
		Shabusale	*Households*		*3*	*3*	*3*	*9*
		Kafue	*Households*		*3*	*3*	*3*	*9*
		Chikupi	*Households*		*3*	*3*	*3*	*9*
		Mungu	*Households*		*3*	*3*	*3*	*9*
			Total	**15**	**15**	**15**	**15**	**45**

3. Community Girls and Women`s Health and Rights Programme

Programme Area	Result Area 3	Ward/Community	Planned Audience	Planned Targets				
				Y1	*Y2*	*Y3*	*Y4*	*GT*
Community Girls and Women`s Health and Rights Programme	**Supportive environments where girls and women can realize their rights and well-beings (SDG 5)**	*Kasenje*	*Girls*	*20*	*20*	*20*	*20*	*80*
			Women	*30*	*30*	*30*	*30*	*120*
		Shabusale	*Girls*	*30*	*30*	*30*	*30*	*120*
			Women	*30*	*30*	*30*	*30*	*120*
		Kafue	*Girls*	*30*	*30*	*30*	*30*	*120*
			Women	*30*	*30*	*30*	*30*	*120*
		Chikupi	*Girls*	*30*	*30*	*30*	*30*	*120*
			Women	*30*	*30*	*30*	*30*	*120*
		Mungu	*Girls*	*30*	*30*	*30*	*30*	*120*
			Women	*30*	*30*	*30*	*30*	*120*
		Total		**290**	**290**	**290**	**290**	**1600**

4. Community Educational Support Programme

Program Area	Result Area 4	Ward/ Community	Planned Audience	Planned Targets				Grand Total
Community Education Support Program	Improved Education and Physical Well-being of Vulnerable Children and Adolescents			Y1	Y2	Y3	Y4	
		Chikupi	Male Vulnerable Child	10	20	30	40	100
			Female Vulnerable Child	10	20	30	40	100
		Mungu	Male Vulnerable Child	10	20	30	40	100
			Female Vulnerable Child	10	20	30	40	100
		Total		40	80	120	160	100

Annex 3; Organizational Capacity and Sustainability

Orientation	Mentoring	Training	Capacity Area Institutional Capacity Needs	Y1	Y2	Y3	Y4
	✓		Project Design				
	✓		Resource Mobilization				
	✓		Proposal Writing				
		✓	Planning and Research				
✓			Monitoring and Evaluation				
✓			Data Analysis				
✓			Gender Analysis				
		✓	Advocacy				
		✓	Program Design				
		✓	eMTCT				
		✓	GBV				
			Communication				
		✓	Social Behaviour Change Communication				
	✓		Financial Management				
✓			NGO Act				
✓			HIV and AIDS Policy				

Annex 4; Logical Framework

PERFORMANCE AREA	INDICATORS	MEANS OF VERIFICATION	ASSUMPTION
Impact (Ultimate Outcome) Adolescents, young people, men and women who are Healthy, Productive, Socially and Economically Empowered and are freely accessing SRH services with dignity and social justice in Kafue district and beyond by 2021	1. Reduction in District HIV Prevalence Rates 2. Reduction in District Maternal and Child Mortality Rates 3. Improved Household Income Levels 4. Improved School Retention rates of Girl pupils	1.1 District Health Office (HMIS Reports) 1.2 DEBS Quarterly Reports 1.3 District Child Protection Committee Reports 1.4 NAC/KDATF Quarterly Reports	
Medium Term Outcome 1: 1. Adolescents, young people, men and women who actually access integrated HIV and SRH services and improve their health at community/facility level	1.1 % of adolescents (10 -19) in the target area accessing HIV Testing, STI, VMMC TB and SRH services (nominator: 1.2 # of adolescents reached with information on SRH and referred area/ denominator: # of adolescents who access services after being referred for a service at health points in the target area) 1.3 % of young people (15 - 24) in the target area accessing HIV Testing, cervical cancer, STI, VMMC, TB and SRH services (nominator: # of young people reached with information on SRH and referred area/ denominator: # of young people who access services after being referred for a service at health points in the target area)	• Health Facility Records • PRICHO bulletins • District Child Protection Committee Quarterly Reports • Partner Quarterly Reports • School Records	1. Community and the Key partners, gatekeepers and allies such as; (Civic, Traditional and Opinion leaders, Health providers) embrace the programme in the targeted communities

	1.4 % of men (25 +) in the target area accessing HIV Testing, STI, VMMC TB and SRH services (nominator: # of men reached with information on SRH and referred area/ de# of men who access services after being referred for a service at health points in the target area) 1.5 % of women (25 +) in the target area accessing HIV Testing, cervical cancer, STI, TB and SRH services (nominator: # of women reached with information on SRH and referred area/ denominator: # of women who access services after being referred for a service at health points in the target area) nominator		
Immediate Outcome 1 1.1 5,000 adolescents, 7,500 young people, 2,300 men and 3,000 women reached with information on HIV, ART, SRHR, MC, VMMC, TB, Malaria, Cervical Cancer/STI screening, including, Water and Sanitation.	1.1.1 # of adolescents, young people, men and women reached with health promotion messages in target areas.	• PRICHO Outreach registers • PRICHO Reports	1. Individuals reached with health promotion massages make informed healthy decisions
1.2 90% of adolescent, young people, men and women reached with health promotion messages are referred for services at service points**.**	1.2.1 # of adolescents, young people, men and women referred for health services at service points.	• PRICHO referral slips • Health facility records	

1.3 75% of adolescents, young people, men and women referred for services at service points access health services	1.3.1 # of adolescents, young people, men and women receiving integrated HIV /SRH services at service points	• Health facility records	
Use of Output 1 1.1 Community Change Agents disseminate Health promotion messages and create demand for services	1.1.1 # of community change agents actively participating in dissemination of health promotion messages in target areas	• Quarterly Reports • PRICHO M & E Reports • Activity Reports	1. Staff and community change agents able to carry out tasks with support from community members in the targeted communities
Outputs for Outcome 1 1.1 250 change agents trained in CSE, VMMC, FP CC, HCT, TB, malaria and Water & Sanitation. 1.2 Scale-up community sensitization Campaigns 1.3 Scale-up advocacy meetings with key influential focal persons 1.4 Scale-up health meetings 1.5 Scale-up HCT services 1.6 Scale-up friendly adolescent spaces 1.7 Scale-up ART support Clubs 1.8 Scale-up Nutritional services 1.9 Scale-up clients/patient tracking 1.10 Scale-up comprehensive condom distribution	1.1.1 # Of change agents with skills and knowledge of CSE. VMMC, FP CC, HCT, TB, malaria and Water & Sanitation. 1.1.2 # Events conducted with specific focus on HCT, advocacy meetings and support clubs 1.1.3 # of products acquired and distributed	• Attendance register • PRICHO reports • Inventory register	1. Staff and community change agents able to carry out tasks with support from community members in the targeted communities
Activities for Outcome 1 1.1 Training of community change agents 1.2 Community Sensitization campaigns/ Inter personal communication	1.1 # of community agents trained 1.2 # of planned Events conducted in target areas 1.3 # of advocacy meetings held with target focal point persons	• PRICHO M & E Reports • Condom distribution list	1. Staff and community change agents actively participate in implementation of activities with support from community members in the targeted communities

1.3 Advocacy Meetings with key community /district Focal point persons 1.4 Conduct dialogue for Health Meetings 1.5 Conduct community HIV Counselling Testing 1.6 Adolescent / Youth friendly services 1.7 Create Skills Plus HIV support Group Clubs in schools **1.8** Conduct Nutritional Counselling Support to targeted ART/TB clients 1.9 Conduct ART/TB defaulter tracking at community level 1.10 Conduct community Condom Distribution	1.4 # of dialogue for health meetings held in target areas 1.5 # of HCT services held in target area 1.6 # of AYFS established and functional 1.7 # of Skills plus support clubs established and actively holding meetings according to work plan 1.8 # of nutritional counselling sessions held 1.9 # of follow-up made to defaulting clients/patients 1.10 # of male and female condoms distributed in catchment target area	• Activity Reports • Attendance register • Quarterly Reports • Success stories	
Medium Term Outcome 2 2. Improved Household Economic Situation of 75 households in the five communities of Kafue District and beyond	2.1 90% of identified households in the five communities of Kafue District, linked to the Department of Community development and accessing social safety net packages by 2021	• Department of Community Development Reports • DDCC Reports • Kafue District HIV/AIDS Committee Reports	1. Community and the Key partners, gatekeepers and allies such as; (Civic, Traditional and Opinion leaders and health providers) embrace the programme in the targeted communities of Kafue district
Immediate Outcome 2 2.1 Increased income levels of households in the five communities Kafue district and beyond by end the of 2021 2.2 Greater access and control of resources, especially among vulnerable girls and women in households of the five communities of Kafue District and beyond 2.2 Increased number of households who receive access to	2.1.1. 75 households are running sustainable economic livelihoods activities in the five communities of Kafue District by the end of 2021.	• Activity Reports • Board Reports • Management Reports • M & E Reports	1. Community and the Key partners, gatekeepers and allies such as; (Civic, Traditional and Opinion leaders and health providers) embrace the programme in the targeted communities of Kafue district

micro – finance opportunities in the five communities of Kafue district and beyond 2.3 Increased access of vulnerable and eligible individuals to skills training in management of small businesses in the five communities of Kafue District and beyond			
Use of Output (for Outcome 2) • Vulnerable households engaging in sustainable economic empowerment programs • Vulnerable households collaborating with other partners to strengthen linkages	• Number of vulnerable households are engaging in sustainable economic empowerment programs	• Success stories • Activity Reports	1. Community and the Key partners, gatekeepers and allies such as; (Civic, Traditional and Opinion leaders and health providers) embrace the programme in the targeted communities of Kafue district
Outputs for Outcome 2 • 75 Vulnerable households linked to pro poor programs at community level • 75 households trained in sustainable economic empowerment programs • 75 identified and selected to engage in economic empowerment programs	• Number of Vulnerable households that are being linked to pro- poor programs • Number of Vulnerable households that are receiving training in sustainable economic empowerment programs	• Success stories • Activity Reports	1. Staff and the Key partners, and allies such as; (government, donors/funders, CSOs,) embrace the programme in the targeted communities of Kafue district
Activities for Outcome 2 2.1 Scaling-up existing promising community based economic empowerment programmes 2.2 Skills building in sustainable economic empowerment programmes at community level 2.3 Link promising projects to institutions that provide micro-loans.	2.1.1 Number of existing promising community based economic empowerment programmes that are being scaled up 2.1.2 Number of skills building in sustainable economic empowerment programmes being conducted at community level 2.1.3 Number of promising projects that are being linked to	• Activity Reports • Success stories	1. Staff and the Key partners, and allies such as; (government, donors/funders, CSOs,) embrace the programme in the targeted communities of Kafue district

	institutions that are providing micro – loans		
Medium Term Outcome 3 3.Improved access to sexual reproductive health and rights of 700 Women and 750 Girls in the five communities of Kafue district and beyond by 2021	3.1. Reduction of Maternal and Child Mortality Rates from 591/100,000 in 2013 to 220/100,000 in the five communities of Kafue District by end of 2021 3.2. Increase in the number of women and girls accessing of integrated Sexual Reproductive Health Services in the five communities by 10% from the baseline in 2013 by the end of 2021.	• Kafue District Health Office Reports (HMIS) • Kafue District AIDS Taskforce Reports • Provincial Quarterly Health Bulletin	1. Community and the Key partners, gatekeepers and allies such as; (Civic, Traditional and Opinion leaders and health providers) embrace the programme in the targeted communities of Kafue district
Immediate Outcome 3 3.1 Increased access and uptake of integrated HIV and SRH services by women and girls in the five communities and surrounding areas of Kafue district and beyond by end the of 2021 3.2 Increased access to modern family planning methods by adolescents and women of reproductive age in the five communities and surrounding areas of Kafue district and beyond by end the of 2021 3.3 Reduced cases of gender based violence in the five communities of Kafue District and beyond 3.4 Greater empowerment of women and girls and the fulfillment of their sexual reproductive health	3.1.1 150 each (750) young girls who have accessed one (1) or more modern fertility management methods in the five communities of Kafue District. 3.1.2 140 each (700) women of reproductive age who have accessed 1 or more modern fertility management methods in the five communities of Kafue District 3.1.3 No. of men and women who can correctly identify norms and practices which are harmful to women and girls in their communities. 3.1.4 No. of women and girls who demonstrate growth in their leadership roles in SRHR programming. 3.1.5 No. of women and men reached with leadership curriculum products.	• Health Facility Records • Activity Records • Success stories	1. Community and the Key partners, gatekeepers and allies such as; (Civic, Traditional and Opinion leaders and health providers) embrace the programme in the targeted communities of Kafue district

rights in the five communities of Kafue District and beyond **3.5** Increased access to information and education on gender and human rights issues by women and girls in the five communities and surrounding areas of Kafue District and beyond by the end of 2021 3.6 Increased male participation of young and adult men in PMTCT activities in the five communities and surrounding areas of Kafue district and beyond by the end of 2021 3.7 Increased access and uptake to HIV testing among youth women and men in the five communities of Kafue district and beyond by the end of 2021 3.8 Increased access to economic opportunities of women and girls through pro- poor government policies at community level	3.1.6 No. of women and young girls who tested for HIV or other SRH and who know their status. 3.1.7 No. of pregnant women and girls who attended at least all the four ANC sessions in the past 12 months. 3.1.8 No. of women and girls who received economic empowerment through pro- poor government programs at community level 3.1.9 No. of males who participated in PMTCT activities at Health Facility		
Use of Output for 3 3.1 Peer Educators provide information on HIV prevention such as ; Correct and consistent use of male and female condoms 3.2 Peer educators create demand and access to integrated HIV and SRH Services 3.3 PMTCT Counselors conduct PMTCT activities 3.4 Health providers collaborating with other partners to strengthen linkages	3.1.1 Number of Peer Educators who are providing information on HIV prevention 3.1.2 Number of Peer Educators who are creating demand 3.1.3Number of PMTCT who are conducting PMTCT activities 3.1.4 Number of Health Providers collaborating	• Activity Reports • Success stories	1. Staff and the Key partners, and allies such as; (government, donors/funders, CSOs,) embrace the programme in the targeted communities of Kafue district

Outputs (for Outcome 3) 3.1 Peer educators each 10 (50) trained as Change Agents in five communities. 3.2 PMTCT Counselors promoting ANC in the communities 3.3 PMTCT Counselors oriented on Option B plus (PMTCT) 3.4 Linkages strengthened at community and facility level	3.1.1 # of peer educators who are providing information on HIV prevention 3.1.2 # of peer educators who are creating demand on cervical cancer screening 3.1.3 # of peer educators who are creating awareness on GBV 3.1.4 # of peer educators who are creating awareness on SRH Services 3.1.5 # of PMTCT Counselors who are oriented on Option B plus (PMTCT)	• Board Reports • Management Reports • M & E Reports	1. Staff and the Key partners, and allies such as; (government, donors/funders, CSOs,) embrace the programme in the targeted communities of Kafue district
Activities for Outcome 3 3.1 Create awareness on Sexual and Gender Based Violence 3.2 Conduct community based social behavior change communications activities 3.3 Referring HIV positive mothers to ART and Family Planning Services	3.1.1 # of awareness activities on SGBV conducted 3.1.2 # of SBCC activities conducted 3.1.3 # of HIV positive mothers who are being referred to ART and Family Planning Services 3.1.4 Number of pregnant women who are testing negative being monitored 3.1.5 Number of HIV counseling and testing sessions being conducted 3.1.6 Number of regular antenatal care that are being attended to with their male partners	• Activity Report • Management Reports • M & E Reports	1. Staff and the Key partners, and allies such as; (government, donors/funders, CSOs,) embrace the programme in the targeted communities of Kafue district
Medium Term Outcome 4 4. Improved Education and Physical Well-being of 600 Vulnerable Children and Adolescents in the five communities of Kafue district and beyond by 2021	4.1 Increase in the number of girl gross enrolment rate (Gender Parity Index) in primary and secondary school from 10% to 65% in (7) seven primary (2) two secondary schools by the end of 2021 4.2 Increase of girls and boys pass rate in both primary and secondary school	• DEBS enrolment Record • Identification Register • School Reports • District Child Protection Committee Reports	1. Community and the Key partners, and allies such as; (government, donors/funders, CSOs,) embrace the programme in the targeted communities of Kafue district

	exams from the baseline in 2013 to 80% by the end of 2021.		
Immediate Outcome 4 4.1 Increased provision of secondary and primary school bursaries to eligible children and adolescents in the five communities of Kafue District and beyond by the end of 2021 4.2 Increased access to life skills HIV and AIDS education to OVCs in the five communities of Kafue District and beyond by the end of 2021. 4.3 Increased access to nutritional support and counselling to children and adolescents in the five communities of Kafue District and beyond by the end of 2021 4.4 Increased access to psychosocial services of traumatized children and adolescents in the five communities of Kafue District and beyond by the end of 2021	4.1.1 600 children and adolescents who have been selected for bursary support in the five communities of Kafue District. 4.1.2 600 children and adolescents who are receiving life skills HIV and AIDS education in the five communities of Kafue District 4.1.3 600 in school children able to make informed decisions about their SRHR 4.1.4 # of women and young girls who tested for HIV or other SRH and who know their status.	• Activity Reports • PRICHO M & E Reports • Success stories	1. Community and the Key partners, and allies such as; (government, donors/funders, CSOs,) embrace the programme in the targeted communities of Kafue district
Use of Output for Outcome 4 4.1 Peer Educators provide information on HIV prevention such as; Abstinence, Correct and Consistent use of male and female condoms. 4.2 Technical Review Committee selects eligible children and adolescents 4.3 Children and adolescents identification committee formed 4.4 Children and adolescents identified in the communities	4.1.1 Number of peer educators who providing information on HIV prevention 4.1.2 Number of eligible children and adolescents who the Technical Review Committee selects 4.1.3 Number of children and adolescents who have been identified in the communities 4.1.4 Number of children and adolescents committees formed in the communities	• Activity reports • PRICHO M & E Reports • Success stories	1. Staff and the Key partners, and allies such as; (government, donors/funders, CSOs,) embrace the programme in the targeted communities of Kafue district

Output for Outcome 4 4.1 10 peer educators trained to provide information on HIV prevention such as; Abstinence, Correct and Consistent use of male and female condoms 4.2 7 members constituted on Technical Review Committee to selects eligible children and adolescents 4.3 600 children and adolescents identified in the communities 4.4 5 children and adolescents identification committees formed	4.1.1 Number of peer educators who are providing information on HIV prevention 4.1.2 Number of eligible children and adolescents who the Technical Review Committee selects 4.1.3 Number of children and adolescents who have been identified in the communities 4.1.4 Number of children and adolescents committees formed in the communities	• Activity Reports • PICHO M & E Reports • Success stories	1. Staff and the Key partners, and allies such as; (government, donors/funders, CSOs,) embrace the programme in the targeted communities of Kafue district
Activities for Outcome 4 4.1 Distributing primary and secondary bursaries 4.2 Providing life skills HIV and AIDS education for children and adolescents 4.3 Providing nutritional support and counselling 4.4 Providing psychosocial services 4.5 Formation of Technical Review Committee to select eligible children and adolescents 4.6 Eligible children and adolescents identified in the five communities 4.7 Formation of Community Committees to identified eligible children and adolescents in the five communities.	4.1.1 Number of primary and secondary school bursaries allocated to eligible children and adolescents 4.1.2 Number of eligible children and adolescents who are receiving life skills HIV and AIDS education 4.1.3 Number of eligible children and adolescents who are receiving nutritional support and counseling services 4.1.4 Number of Committees which have been formed 4.1.5 Number of eligible children and adolescents identified in the community	• Activity Reports • PICHO M & E Reports • Success stories	1. Staff and the Key partners, and allies such as; (government, donors/funders, CSOs,) embrace the programme in the targeted communities of Kafue district
Medium Term Outcome 5 5. Strengthen Capacity and Sustainability of Pride Community Health Organization to Effectively and Efficiently engage in Community HIV and Social	5.1 Improved Institutional Development capacity to effectively and efficiently engage in Community and Social-economic interventions in the five communities of Kafue District	• SOCAT Assessment tool • Institutional Development Framework Assessment tool • Audit Report	1. Staff, Volunteers and the Key partners, and allies such as; (government, donors/funders, CSOs,) embrace the

Economic Interventions in the five communities of Kafue District		• Board Performance Appraisal	programme in the targeted communities of Kafue district
Immediate Outcome 5 5.1 New funding opportunities sourced 5.2 Staff participation in formulating new concept notes	5.1.1 Improved Individual Skills Development of 15 members of staff and volunteers in Planning, Research, Project Design, Resource Mobilization, Advocacy, Communication, Monitoring and Evaluation	• Individual Appraisals • Number of new funding partners and projects • Number of MOU • Number of new areas of operations • Increase in skilled and competent staff	1. Staff and the Key partners, and allies such as; (government, donors/funders, CSOs,) embrace the programme in the targeted communities of Kafue district
Use of Output for Outcome 5 5.1 Organization being able to sustain long term programs/projects at community level 5.2 Organization being able to develop proposals that buy into funding partners set goals/objectives in HIV programming 5.3 Organization being able to attract funding opportunities 5.4 Organization being able to upgrade competent and skilled human resource and able to retain them	5.1.1 Number of long term running programs/projects at community level 5.1.2 Number of submitted proposals funded 5.1.3 Number of new partnerships created 5.1.4 Number of new MOU signed	• Grant contracts signed • Board Reports • Management Reports	1. Staff and the Key partners, and allies such as; (government, donors/funders, CSOs,) embrace the programme in the targeted communities of Kafue district
Output for Outcome 5 5.1 Long term funded programs/projects approved 5.2 Evidence based programs/projects designed according to the global trends 5.3 Research based project proposals designed according to funding/donor requirements	5.1.1 Number of approved long term programs/projects 5.1.2 Number of evidence based projects designed 5.1.3 Number of research needs conducted	• Grant contracts signed • Board Reports • Management Reports	1. Staff and the Key partners, and allies such as; (government, donors/funders, CSOs,) embrace the programme in the targeted communities of Kafue district

5.4 Mentorship and training programs enhanced and sustained			
Activities for Outcome 5 5.1 Designing and development of evidence based project proposals by skilled and competent staff 5.2 Conduct in house training programs in collaboration with capacity building partners 5.3 Conduct in house mentoring programs to staff at all levels	5.1.1 Number of skilled and competent staff who are designing project proposals 5.1.2 Number of staff who are attending mentoring programs	• Monthly Action Plans • Activity Plans	1. Staff and the Key partners, and allies such as; (government, donors/funders, CSOs,) embrace the programme in the targeted communities of Kafue district

Annex 5: Projected Budget for the (4) Year Period

Area	Code	Programme	Medium Term Outcomes Year 1	Year 1	Year 2	Year 3	Year 4
1	P 9:1	**Community HIV Prevention Programme**	Improved Health Status of children, adolescents, and young people, Women and Men	**409,302**	**450,232**	**551,423**	**544,781**
2	P 9:2	**Community Economic Empowerment Programme**	Improved Economic Situation for vulnerable households	**456,610**	**502,271**	**552,498**	**607,747**
3	P 9:3	**Community Girls and Women`s Health and Rights Programme**	Improved Accessed to Sexual Reproductive Health Services for Girls and Women	**470,000**	**475,000**	**480,000**	**485,000**
4	P 9:4	**Community Education Support Programme**	Improved Education and Physical well- being of Vulnerable Children and Adolescents	**193,980**	**292,592**	**234,716**	**492,904**
		Sub Total		**1,529,892**	**1,720,095**	**1,818,637**	**2,130,432**
		Operational Costs					
5	P 9:5	**Organizational Capacity and Sustainability**	**Strengthened Capacity and Sustainability of Pride Community Health Organization**				
		Administrative Costs		410,000	420,000	420,000	420,000
		Office equipment and furniture		513,331	564,664	300,000	300,000
		Sub Total		**923,331**	**984,664**	**720,000**	**720,000**
		Grand Total		**2,453,223**	**2,704,759**	**2,538,637**	**2,850,432**

Annex 6; Reference

District Situation Analysis (DSA)

DHO statistics

Kafue District HIV and AIDS Strategic Plan

National AIDS policy

NASF 2017 -2021

Vision 2030

ADH strategy 2017 – 2021

National Health Strategy 2017 – 2021

Pride Community Health Organization Constitution

Pride Community Mapping Report, September 2013

Provincial Statistical Bulletin Lusaka Province, 2012

Revised Seventh National Development Plan (SNDP)

Southern Africa Development Community SP (SADC), 2010 – 2015

Published by

Pride Community Health Organization

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