ZHECT

ANNUAL REPORT

April 2014 to March 2015

ZAMBIA HEALTH EDUCATION AND COMMUNICATIONS TRUST (ZHECT)

Plot No. 1551, Church Road

Post Net 221, P/B E835,

Lusaka

Zambia

March 2015

I Acronyms

AIDS	Acquired Immune Deficiency Syndrome
COH	Corridors of Hope
CDC	Centre for Disease Control
HIV	Human Immune Virus
HTC	HIV Testing and Counselling
M&E	Monitoring and Evaluation
MCP	Multiple Concurrent Partnerships
NAC	National AIDS Council
NGO	Non-Governmental Organization
PEPFAR	Presidential Emergency Plan for AIDS Relief
RDA	Road Development Agency
SHARe	Strengthening HIV AIDS Response
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
USAID	United states Agency for International development
ZHECT	Zambia Health Education and Communications Trust

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2.0 Organizational Management

2.1.0 Introduction

The Zambia Health Education and Communications Trust (ZHECT) is a local Non- Governmental Organization (NGO) founded in 2001 and registered under the Registrar of Societies to promote good health of Zambians in general but with specific mandate to contribute to a reduction of the spread of the HIV and mitigating the impact of AIDS. ZHECT was re-registered by PACRA as a non-profit making Company Limited by Guarantee in September 2010

The organisation employs multifaceted responses to HIV/AIDS/STI/Cervical Cancer and unplanned pregnancy prevention and also offers integrated biomedical services to communities, workplaces, youth and people that practice risky sexual behaviours from the general population. Other services offered include Family Planning, Malaria Screening and Treatment, TB screening, HIV/AIDS education, HIV testing and counselling, Sexually Transmitted Infections screening and treatment as well as creating linkages for continuum of care focusing mainly on TB, Mother to Child Transmission of HIV and Cervical Cancer Screening.

2.1.1 Organizational vision, Mission, Goal and Strategic objectives

ZHECT is, in its work, guided by the following Vision, Mission and Core Value:

2.1.1.1 Vision Statement

A healthy, well informed people in health matters with long life..

2.1.1.2 Mission Statement

ZHECT's mission statement is to provide high quality health services, behaviour change interventions and capacity building for the improvement of the health status and general wellness of people in Zambia.

2.1.1.3 Core Values (CREEIP)

ZHECT espouses the following core values:

(a) ***Commitment:*** *Exceed stakeholders' expectations through demonstrated care, compassion and confidentiality.*

(b) ***Respect:*** *Employ the concept of UBUNTU which is to treat all stakeholders with utmost consideration and respect.*

(c) ***Equality/ Equity****: That all people should be treated the same, enjoying the same protection under the law, the same access to health/social services, and the same benefits and burdens, irrespective of race, gender, religion, ethnic / tribal origins, or HIV status.*

(d) ***Effectiveness:*** *Promote self and organizational development, dynamism and cohesiveness.*

(e) ***Integrity:*** *Provide role modelling through adherence to minimum acceptable behaviour standards.*

(f) ***Professionalism:*** *Exhibit the highest level of quality service provision, transparency, accountability, and responsibility in all endeavours.*

2.1.2 Administration structures

The ZHECT is managed by a Board of directors comprising the following distinguished Board members:

1	*Ms Katembu Kaumba*	*Board Chairperson*
2.	*Mr. Felix Banda*	*Board Vice Chair*
3.	*Mr. Ceaser Mudondo*	*Member*
4.	*Ms Namuchana Musiwa*	*Member*
5.	*Dr. Prisca Kasonde*	*Member*
6.	*Ms Prisca Chikwashi*	*Member*
7.	*Mr. Daniel Sichiombo*	*Member*
8.	*Chilufya Mwaba Phiri*	*Ex-Officio*

The ZHECT Board of directors has three sub-committees that discuss relevant issues before they are discussed in the main Board meeting. These are the technical subcommittee, finance and admin sub-committee and the finance subcommittee.

Internal Management Structures

ZHECT is led by a Chief Executive Officer (CEO) who is supported by a management team comprising three heads of department: Director Programs; Director Research Monitoring and Evaluation and Director Finance

Staffing

As at March 2015, ZHECT had a total of 106 employees broken down as follows:

10 COH sites	90
ZHECT Head Office	16

These staff were from the following departments as shown in table 1:

Table 1: The profile of the ZHECT Employees

Profession	**No. of Employees**
Senior Management	4
Technical Staff	54
Finance and Administration	36
M & E	10
HR	01
ICT	01
Total	**106**

2.2.0 Summary of Programmes implemented in the year

Various activities were implemented in the fiscal year ending 31st March 2015. Activities ZHECT implemented included both funded projects and non-funded projects. Among the funded projects ZHECT was in the final years of the two biggest projects –Corridors of Hope (COH) III and Strengthening HIV/AIDS Response (SHARe) II and a short 27 month Road Development Agency (RDA). The IntraHealth Counselling and Testing Project was in its third year. Other short projects that were running albeit for a short period (one year more) included the United Nations Population Fund (UNFPA) and HIVOS Supported 'teenage prevention Projects' and the Female Condom Promotion project.

2.2.1 Project Management activities

1.2.1.1 Board Meetings

The Board of directors meets quarterly in providing organizational oversight functions. In the year the Board met four (4) times.

Among the key decisions that the ZHECT Board of directors made during the year (which are usually classified as action points) among others were:

- Development and completion of the Board Performance tool- which promoted the Boards self-introspection of its oversight function.
- Supporting management develop a business plan
- Conclusion of assets disposal procedure
- Development of a balance sheet and assets depreciation mechanism
- Refining the personnel and admin manuals
- ZHECT management to meet ZRA, NATSAVE and NAPSA managements to discuss the possibility of freezing contributions in view of the deteriorating financial situation of the organization.

2.2.1.2 Management Meetings

The ZHECT Management team meets once weekly to review and plan programs and activities for the organization. The management team has been documenting all the meeting minutes and filing them in the CEOs office.

2.2.1.3 **Appraisals Undertaken**

On a bi-annual basis staff underwent performance appraisals. Staff salary adjustments levels were related to the staff performance as a way of motivating them to put in their best.

The Board appraises the CEO, who in turn appraises each of the three management team members who are also heads of their respective departments. The departmental heads appraise all staff in their departments

2.2.2 Resource Mobilization Activities

ZHECT is one of the strong research organizations and has therefore been proving research services on consultancy basis as part of its resource mobilization strategies. This partly supports the organizational financial deficits for non-project activities and staff salaries. In relation to researches undertaken in the year, ZHECT conducted a baseline survey for a project supported by a GIZ in Livingstone for about K145,000.00

ZHECT also continued having discussions with possible partners for upcoming Requests for Proposals (RFPs/RFAs) some of which had started to come out in a bid to replace most of the closing/closed project especially those under President's Emergency Plan For AIDS Relief (PEPFAR). Three proposals were being considered, namely:

I. Eradicate TB- with Management Sciences For Health (MSH)- US $20-25 million; 5yrs
II. Z-CHPP-Behaviour Change Communications Project, US$ 25 million; 5yrs
III. SHOTS- Sustainable Health Outcomes Through Strengthened Systems-US$ 57 million 5yrs

3.0 Project Specific Activities

ZHECT in the just ended year, implemented a number of projects that included the Corridors Of hope (COH) III project, Strengthening HIV AIDS Response (SHARe) II, IntraHealth Project, the Road Development Agency (RDA)/Conduril funded Great East Road HIV/AIDS and Gender sensitization project, the Female Health Company funded second Generation Female Condom (FC2) promotional project, the HIVOS funded "Proudly Kafue Girls Project" and the United National Population Fund supported Teen Pregnancy Prevention Project.

3.1 SHARE II PROJECT

Strengthening HIV/AIDS Response in Zambia (SHARE) is one of the longest projects that ZHECT has implemented since inception. ZHECT has implemented HIV/AIDS prevention services profoundly under the umbrella of SHARe. The current phase of the project (II) started in 2009 and was to run up to September 2015.

In October 2012 ZHECT entered in to partnership with the Support to HIV/AIDS Response (SHARe II) to implement a Leadership project that was aimed at strengthening and expanding HIV /AIDS Workplace programs. The purpose of the project was to contribute to the improvement of the health status and general wellness of employers, employees and spouses/partners of the workforce in the businesses and informal sector through strengthening and expanding HIV /AIDS Workplace programs. ZHECT's mandate in the SHARe II project was to ensure that communities affected by HIV/AIDS access more effective, gender sensitive, and high-quality HIV and AIDS prevention programs, including Testing & Counseling (TC). This was being achieved through implementing effective workplace-based programs by engaging the private-sector leadership and their surrounding communities.
ZHECT's project activities hinged on building the capacities of workplaces and surrounding communities to respond to their specific HIV/AIDS and other health related challenges. This was being done through engaging the trained staff from partner organizations to providing peer education to their co-workers, families as well as members of surrounding communities.

3.1.1 Geographical Coverage

During project implementation, ZHECT had its presence in 4 provinces of Zambia namely Northern, Copperbelt, Lusaka and Northwestern, initially working with a total of twenty (20) organisations. However, in year 3 two organisations namely Southern Sun and Airtel dropped out due to their inactivity in the implementation of the project. These were replaced by new organisations that included Ndola Lime and ZAFFICO on the Copperbelt. The partner organisations were selected based on their ability to produce high pay results in meeting project deliverables. It was hoped that by building capacities of workplaces and surrounding communities to respond to their specific HIV/AIDS and other health related

challenges, ZHECT and the SHARe II project would contribute to mitigating the HIV problem and its concomitant impacts.

The project closed prematurely by the second quarter (Jan-Mar 2015) of the current and final year

3.1.2 Key activities implemented in the year

The project continued with the normal and regular provision of consumables, specifically the provision of Counseling and Testing, condom promotion and supply and information dissemination services to the workplaces and their surrounding communities. The programme was transitioning to focus on key populations as a requirement by PEPFAR to target high yield areas and subpopulations but being mindful that this category of beneficiaries was not very abundant in workplaces.

Strategy 1*- Provision of HIV Counselling and Testing Services*:

Strategy 6 - Building capacity for Management of partner organisations to mainstream HIV/AIDS into their core mandates

***Strategy 7*-Reach out to defined outreach Communities surrounding the partner workplaces**

Strategy 8*- Condom Education, promotion and Distribution*:

3.1.3 Key achievements relative to the target

The project achievements are cumulatively shown in table 2 below running from 2012 to the end of the fiscal year.

Table2: Cumulative Achievements for SHARe II Project from 2012 to date

Indicator	Male	Female	Total	Target
1. P7.1.D	30	36	66	0
10. P11.1.D Couple TC	45	45	90	0
16. P11.1.D Ind TC	6671	3815	10486	0
2. P8.1.D	16117	9332	25449	51036
3. P8.2.D	507	238	745	0
4. P8.3.D	4230	1556	5786	14810
5. P11.1.D	11301	6538	17839	22734
6. Positive	455	387	842	0
7. 12.2.D	2850	1745	4595	4026

8. Referrals	392	328	720	0
9.PE Training	30	36	66	0

3.1.4 Program Implementation Challenges

- High staff turnover in the workplaces resulted in the need to frequently train peer educators in the same workplace/organization but resources were not permitting.
- The shift to target key populations midway through the project slowed down the project performance relative to the targets.
- Implementation of workplace programmes has generally been declining over time. This may be a result of the fact that HIV/AIDs has been around for nearly three decades and become less fearfull.
- In all the organisations, peer educators reported having limited time to conduct their sessions. This was due to the busy schedules in their workplaces.
- The abrupt and pre-mature ending of the project affected the project sustainability in the targeted communities as there was no proper hand over of Peer Educators for example to the organisation management and other local structures such as DATFs and CATFs.
- The premature closure of the project has a potential to tarnish ZHECT image in the eyes of our partner organisations as although they were not legally binding, we did sign MOUs with these partner organisations that indicated that the project would run for 5 years.

3.2 COH III Project

The third phase of the project supported by USAID under the Presidential Emergency Fund for AIDS Relief (PEPFAR) started in 2009 and was to end in 2014 after a five year implementation period. Initially targeting the general population, ZHECT's mandate has been to provide a comprehensive package of health services but with special emphasis on HIV Counselling and Testing (HTC). In its last year, PEPFAR revised its prevention strategy to target high yield targets focusing on key populations particularly Female Sex Workers (FSWs) and their clients. The project in its last year was extended twice: April 2014 to September and another extension from October 2014 to June 2015. The project used the following three approaches to reach its targets: (i) COH Wellness Centers, (ii) Fixed Containers and (iii) Mobile Outreach through Door-to-Door

The aim of COH III project in the extension period was to increase uptake and coverage of HTC services among SW, their clients and partners using the three approaches above while changing the Door to Door approach to brothels to brothel. The goal of HTC is to enable SWs know their HIV status, have access to HIV care, treatment and support services for those found to be HIV positive and for those found to be HIV-negative to be reached with risk reduction counseling so that they remain HIV-negative. Throughout the year ZHECT prepared quantitative and qualitative reports to COH IIII Secretariat and IPs for purpose of generating monthly and quarterly reports to USAID/PEPFAR as mandated. In addition monthly progress and in some situations adhoc reports were produced for internal purposes.

3.2.1 Project Achievements in the year.

3.2.1.1 Highlights

The highlights of the COH III project in the year included:

- Re-modelling of the Project target group from the General Population to Key population by PEPFAR and the realignment of the project that led to the dropping of one of the IPs (AfyaMzuri)
- The migration from the RTI developed data base which had started to malfunction as the software had exceeded its limits/capacity to the ROADS II data base that was successfully adapted and integrated into the COH III M&E system.
- The extension of the project from April 2014 to September 2014 and from October 2014 to June 2015 based on the savings of the project.
- Training of the CSW as Peer Promoters and training them in the minimum package. Trainings started November 17th to December 20th 2014 covering all the 10 districts
- Graduation of the Peer Promoters
- Complete personal risk assessment questionnaire
- Revision of the instruction manual
- CSW population size estimation study
- Data quality Assessments
- And preparations for the closeout

Focus on High Yield Targets for the Prevention Efforts

PEPFAR's re-alignment of the HIV/AIDS prevention efforts and the follow up remodeling of the strategy to target Commercial Sex Workers and their clients meant a number of changes to the project though coming at a time when the project was towards completion. The changes included dropping of one of the implementing Partners (Afya Mzuri) which meant that ZHECT took up the responsibility for the provision of Behaviour Change Communication for the CSWs and their clients; it required training of a new cadre of Behaviour Change Promoters (BCPs). It also meant that the project as a whole had to develop a minimum package of services for which capacity needed to be built among the peer promoters. This also led to the need to change the tools that were being used to capture project data.

Extension April 1 to September 30 2014

During this phase of COH III projects focussed on provision of comprehensive and integrated services including biomedical, behaviour change and structural interventions to increase safer sexual practices among Sex Workers (SWs) and their clients/partners. Other activities included capacity building and training of SW as agents of change to influence and empower other SW to adopt protective and health seeking behaviours to decrease exposure to the Human Immunodeficiency Virus (HIV) and other sexually transmitted infections (STIs).

3.2.1.2 Training/Capacity Building

- A total of 150 CSWs were trained across all 10 operational districts (sites).
- 20 HCP retrained/provided update training in comprehensive HIV prevention strategies (ART, STI, FP)

3.2.1.3 HIV Testing and Counselling

- 3,815 SW provided HTC *
- 1,272 clients/partners of SW**

Targets included: To reach 35% of the 10,900 estimated resident population of FSW and 33% estimated clients of 3,815 SW (1259) in 10 COH project districts.

3.2.1.4 Key M&E Accomplishments

The COH III database system has undergone revisions driven by changes in the PEPFAR indicators. The M&E database system was initially developed at the beginning of COH II project by RTI international, an organization which was the prime partner at the time. As the project seamlessly transitioned to COH III in October 2009 the same database continued to be used and later revised in August 2012 following revisions in the PEPFAR indicators. In April 2014 the project was awarded a no cost extension by USAID up to September 2014. Further, the project received a modification to continue implementation of activities up to September 2015. During the no cost extension period, with the help ROADS II

consultant a system was developed and rolled out to sites for use in May 2014. The change was necessitated by the revision of indicators by PEPFAR.

Strengthened systems and procedures:

- Monitoring tools developed and revised in accordance with PEPFAR requirements. Revision of data collection forms for all technical areas that is Behaviour Change and HIV testing and counseling.
- M&E plan in place with guidance on, HR, data collection tools, procedures and standards, reporting and dissemination.
- Instructions manual developed for data collection forms.
- Improved filing system that assisted easy retrieval of records for follow up clients

Management of Information Systems

- Developed a robust database for capturing and reporting data. Successfully developed the new database currently being used by COH project Valuable input was provided by identifying the project data needs, documenting them accordingly.
- Receiving, reviewing (and providing appropriate and timely feedback on collected data) before entering in the database.

3.2.1 Other Successes in the year.

The project touched a lot of lives in the process of implementation. The testimony below highlights one of the so many successes of the COH III project that reflects the effectiveness of the holistic service provision approach that combines information dissemination, provision of biomedical services and referral to continuum of treatment and care services.

"I had sores all over my head and did not know what to do with them. I actually thought the sores were caused by some hair chemicals I was using at some point until COH staff came and helped me with information concerning my situation. I was attended to even on issues concerning STIs and HIV screening and was later referred to the ART center where in the process I was commenced on ART. Now the sores are gone and I take my ARVs every day. I have also learnt to use a condom with every man. Thank you Corridors of Hope for the aid, otherwise the sores could have killed me." **Nalucha Maimbolwa.**

Nalucha's healing progression within a space of 6 months starting Sept. 2014 to March, 2015 after she was introduced to COH III services

3.2.2 Project Challenges

i. The project M&E database's near-failure caused a serious challenge in terms of maintaining data quality. This necessitated pragmatic efforts from COH III HQ and partners to sort out the problem

ii. The re-organization of the project to focus on key populations and the dropping of one of the key partners meant added workload on the remaining partners as they had to take care of the role the dropped partner played.

3.3 INTRAHEALTH PROJECT

3.3.1 Introduction

Zambia Health Education and Communications Trust (ZHECT) is a sub-partner to IntraHealth International in the implementation of a five years CDC awarded project to expand and improve access and uptake of HIV Testing and Counseling (HTC) services for individuals, couples, and families in selected urban and rural populations in Zambia. Of the four project objectives, ZHECT is focusing on evidence based Social and Behavior Change Communication (SBCC) interventions targeting the general population and vulnerable subgroups. ZHECT was also expected to second to the project an SBCC Advisor but due to limitations in the funding; the position was suspended in during the extension period and will remain as such until the funding levels improve.

In response to the geographical realignment as suggested by CDC that IntraHealth and ZHECT have to shift camp out of the low yield sites in the rural areas and move into Lusaka province which has many populated townships with high HIV yield and, ZHECT will in the third year of the project completely move out of the current districts of Kalomo and Namwala to implement activities in three districts of Lusaka province namely Chilanga, Chongwe and Lusaka Urban. It was initially planned that ZHECT's activities and target districts would continue to expand as the project scales-up in subsequent years but due to limited funding, this has not been a possibility thus far.

3.3.2 Key Activities Implemented in the year

Although the strategic shift to provision of prevention intervention s to Key Populations Priority population and vulnerable populations was set in motion the transition had to capture the old indicators that included reaching out to the general population in small groups or one on one; reaching out to traditional leaders with messages to change harmful gender norms; number of condoms (male and female distributed) as well as the number of individuals receiving condoms.

Table 3 overleaf shows the numbers reached relative to the target by March 2015

Table 3: Key achievements relative to the targets

Indicator		Reach	Target
Number of people who receive SBC intervention-general Population	-General Population	18,023	14,500
Number of people who receive SBC intervention-Priority Population	Young men and young women	3191	
Number of people sensitized on other risk reduction messages		13,010	
Number of individuals among key populations reached with information on risk reduction		49	2,821
Number of traditional leaders reached with gender norms messages		127	
			-
Individuals who received condoms		6793	-
Number of condoms distributed		21,622	-

3.3.3 Challenges

The shift to targeting Key Population, Priority Population and Vulnerable populations at the start of the third year as well as the planned shift to high yielding areas affected the performance of the project activities on a number of indicators.

3.4 RDA/Conduril

3.4.1 Introduction

The Zambian Government through the Road Development Agency (RDA) has mandated the road contractors engaged to rehabilitate the Zambian roads to provide comprehensive HIV/AIDs and gender awareness and prevention services to the communities along the road stretches they are working on.

The construction of new and rehabilitation of existing transportation infrastructure in Zambia opens new business opportunities and connects provinces and enhances economic integration; connects local farmers to markets for their produce, it creates new jobs and boosts the economic empowerment of the locals thereby creating a platform for increased income earnings.

These developments, however, can also have negative outcomes such as increased vulnerability to HIV infections, unintended pregnancies mostly among the young and increased gender based violence cases.

RDA through Conduril, the company that was awarded the Nyimba to Sinda great East Road rehabilitation sub-contracted the ZHECT as the lead IP in a consortium of two local NGOs to undertake the GER HIV/AIDs and gender sensitization services for a period of 27 months (slightly over 2years).

The project covered capacity building, information dissemination on HIV/AIDS and Gender Based Violence (GBV), provision of Counselling and Testing (CT) and condom supplies.

3.4.2 Key activities implemented in the year

The project baseline survey- a KAP survey that was initiated towards the end of 2013 and concluded early 2014 was only concluded by June 2014. The Consortium undertook its mandated activities that included provision of CT services to the communities in the three districts and the camp site and referring those that are HIV positive for continuum of care, sensitization through the trained cadres and the ZHECT technical team on HIV/AIDS and gender based violence, provision of condoms to the communities and employees in the camp. ZHECT also completed the development and distribution of IEC materials that included T-shirts, caps, posters, bumper stickers, bill-boards among many.

The table on the next page shows the projects key achievements relative to the targets. The table also gives a cumulative figure (from the start) of the numbers reached

Table 4: Project achievements in the quarter (Jan to Mar 2015)

No	Activity	Cumulative Reached	Number reached	Target	Percentage
1	Information dissemination on HIV/AIDS & gender	18,874	5,376	1,500	1,258%
2	Number of Peer educators trained	75	0	150	50.0%
3	Counselling and Testing	3,058	278	1000	305.8%
4	Condoms distributed	123,738	42,996	-	-
5	Number of condom outlets opened	25	25	-	-
6	Number of individuals referred	75	20	-	-

3.4.3 Challenges

Conduril management did not provide enough support to the trained cadres in the camp in terms of allowing them to conduct information dissemination activities. This meant that activities in the camp had to be conducted by the Consortiums technical team rendering the role of the trained cadres in the camp irrelevant.

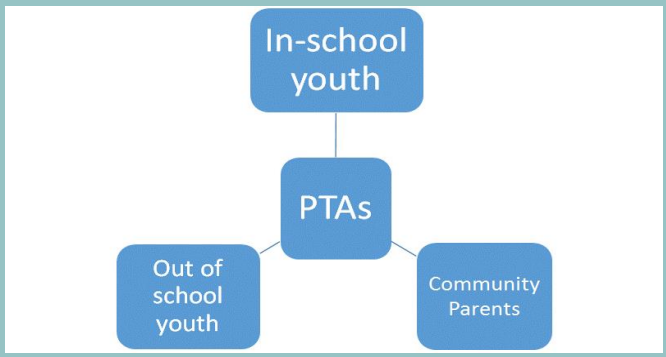
3.5 HIVOS-PROUDLY KAFUE GIRL

3.5.1 Introduction

This is a project which ZHECT is implementing in partnership with HIVOS in Kafue district of Zambia. The project is similar to the one implemented with UNFPA. It is an innovative project aimed at contributing to the empowerment of young vulnerable girls through the implementation of interventions around Sexual, Reproductive and Psychosocial Health of young girls and boys. The project was introduced to empower young vulnerable girls with skills to enhance their self-esteem, and to change their attitudes and behaviors in the urban and rural areas of Kafue District in Lusaka Province so as to reduce the rate at which the young girls fall pregnant.

ZHECT is working to activate, motivate, coordinate and work with all sectors in Kafue district i.e. community, religious, political and business sectors, in order to meet the project goal, which is, to empower young vulnerable women and girls in the district with a view to reduce unplanned/unwanted pregnancies.

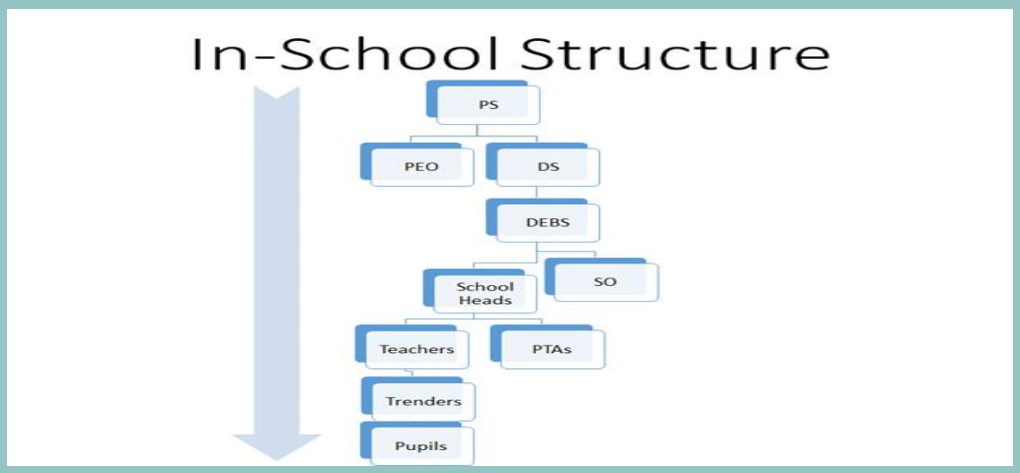
The first quarter of the project activities were mainly centered on identifying, selecting, training and putting in place the in-school structures of the project. The second quarter (Jan to Mar 2015) concentrated on identifying and training out-of-school structures that would help deliver the behavior change communication at community level as well as ensure that there is existence of supportive structures to make the system functional. The structure below shows how the in-school activities would be linked with the out-of-school youths and parents from the community.



Figure….The Project's School/Community Design Structure

3.5.2 Key activities implemented in the year

The activities of the project started in in Quarter 1 (October to Dec 2014). ZHECT trained a total of 28 in-school Trenders (peer educators) and 21 in-school Patriarchs/Matriarchs (Teachers).



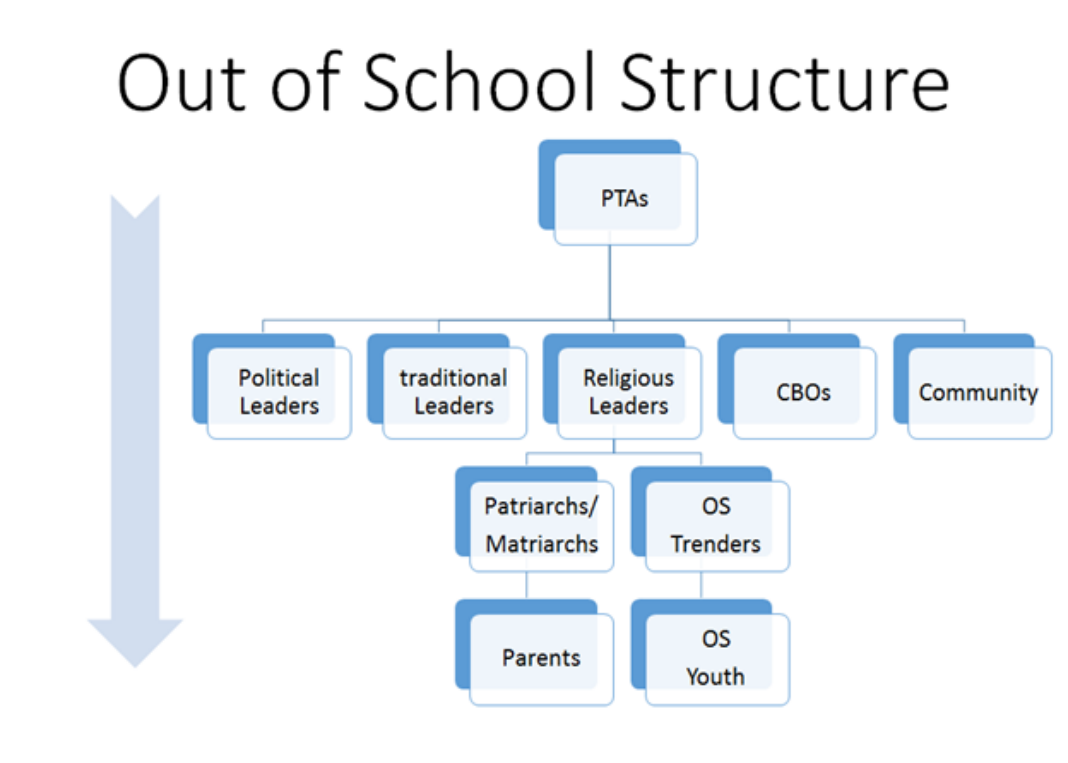
Figure…..In-School Structure

The figure on the previous page shows the in-school pregnancy prevention project. The structure shows that the project involves all decision makers in the education system.

Plate….Training of teachers (Trenders)

The out of school structures were identified and selected through engaging the religious, political and traditional structures using the Parent Teacher Associations as the entry point into the community. This was cardinal because the communities had to understand how the programme extended to the schools and that their activities would not be in isolation but are a part of a larger campaign. In working with these structures, ZHECT also engaged other stakeholders like the government through the office of the District Health Office, partner organisations like the Planned Parenthood Association of Zambia (PPAZ) which has trained and forged partnerships with the 'Safe

Motherhood Advocacy Groups' (SMAGs) and Community Health Workers (CHWs), and other organisations like 'Pride Communication Health Organisation' (PRICHO). All these partners and structures contributed to identifying and selecting the trenders and the patriarchs/matriarchs for the out of school structure.



Figure…..Out of school structure

In quarter 2 ZHECT trained a total of 24 out of school trenders and 23 out of school Patriarchs/Matriarchs.

However it is important to note that most of the data was difficult to collect because schools are closed until May and most of the teachers go for residential school during the holidays as part of the government's policy to upgrade the teacher qualifications to a minimum of a degree.

The trained cadres have been conducting activities in earnest reaching a total of 2, 466 individuals mostly youths in the quarter. See table below:

Table 5: Individuals reached with information to reduce teen pregnancy

Groups	Pupils		Out of School Youths		Other (Parents etc)	
Sex	Male	Female	Male	Female	Male	Female
Number reached	1005	1259	400	204	98	190
Sub-Totals	2264		604		288	
Grand Total	**3156**					

Impact of the Project

ZHECT collected baseline information on teen pregnancy that showed the following:

Table 6: Number of Pregnancies for each of the selected Schools in Kafue in 2014

School	Number of Pregnancies
Mutendere	34
Kafue |Day	29
Chikupi	7
Mugurameno	8
Chipongwe	-
Naboye	33
Chanyanya	2
Total	113

Although it was too early to collect statistics on number of pregnancies in the project schools to compare with the base line data, preliminary discussions with school authorities reflected increased happiness on the activities of the project. The headmaster at Mutendere praised her trained team on how effectively they have organized their program. She said:

"The team provides information on the teen pregnancy prevention every morning at the parade and follow it up with scheduled class visits"

She has therefore taken it upon herself to monitor the activities of the group and has asked them to report to her all their activities. She is even the one who stamps the data report forms after going through. It was interesting during the monitoring visit to see that there was no single mistake on her teams reports

3.5.3 Challenges

The schools that were identified and picked for this project by the Ministry of Education through the office of the District Educational Board Secretary (DEBS), as schools that are in need of the attention of such a project due to their high numbers of school dropouts due to teenage pregnancies, are geographically far apart and so it became a challenge to train all the groups of the schools trenders, patriarchs/matriarchs and the out of school trenders, matriarchs/patriarchs, all at the same time for each group.

Way Forward

In order to avert the challenge of getting all participants for each group at the same time, the area was zoned and Mugurameno School which is furthest from the rest was left out of the trainings. ZHECT would conduct trainings for remaining school separately next school term from the school itself.

3.6 UNFPA

3.6.1 Introduction

The United Nations Population Fund (UNFPA) has supported the Teen Pregnancy Prevention Project among in-school adolescents and has engaged the Zambia Health Education and Communications Trust (ZHECT) to implement the project in Luapula, North Western and Western provinces starting June 2014. Prior to the implementation of this project, ZHECT collected provincial, district and school based data to better understand the problem (baseline).

Eighteen schools were selected in all the three provinces. In each province two districts were selected and in each district three schools were selected based on felt need. In the whole process the whole education system was involved at all stages-national, provincial and district.

The project is using school as well as community based structures to support the information dissemination through training of pupil-peer educators, teacher mentors, out of school youths and selected parents (mothers and fathers). The concept is premised on the belief that young people need to be reached with appropriate information from different angles- school (peers and from teachers during learning) and community (Peers and Parents). The community structures also link with schools through the Parent-Teacher Associations.

3.6.2 Activities implemented in the year

3.6.2.1 Baseline (Situation Analysis: Teenage Pregnancies in Zambian Schools)

The baseline was conducted primarily using FGDs with the pupils in all the schools where the project was going to be implemented. The report captured baseline data on pregnancies, discussed with the pupils and teachers on causes, effects e.t.c of teenage pregnancies.

3.6.2.2 Capacity Building

Trainings were initially conducted for teachers then pupils. These would be followed by the training of parents and later out-of-school youths in the coming quarter.

45 pupils were trained from each district or 15 pupils from each school giving 270 total
15 teachers were trained from each district (or 5 from each school) giving approximately 90 teachers

Plate…..Peer education training for pupils in Kaoma

3.6.2.3 Conducting of Sensitisation Sessions

The trained cadres went flat out to sensitize youths and their parents on teenage pregnancy prevention initiatives. The results of the youths sensitised by all the trained cadres by March 2015 are as shown in table 7 below.

3.6.2.3.1 In-School Sessions

Regarding the in-school structure, quarter 2 of 2015 saw a total of 1,304 pupils being reached with one on one and small group sessions conducted by the in-school peer educators (Pupils) and the in-Teachers Champions in the 18 partner schools across the three provinces. See table 1 below.

Table 7: Number of Individuals sensitised by trained cadres

Province	**Number sensitized by Teachers and Pupils**		
	Male	Female	Total
Western	375	368	**743**
N/Western	44	12	**56**
Luapula	244	261	**505**
Total	**663**	**641**	**1304**

3.6.2.4 Impact of the Project

The project has been received with a lot of interest by the selected school authorities, district and provincial-based Ministry of Education staff. This has led in some of the schools to innovate on the strategies of implementation: In Mongu at Kambule Secondary the trained teachers and pupils resolved to increase the number of educators to enhance the effectiveness of the team realising that the population of the school was far too high compared to the trained cadres. When the ZHECT

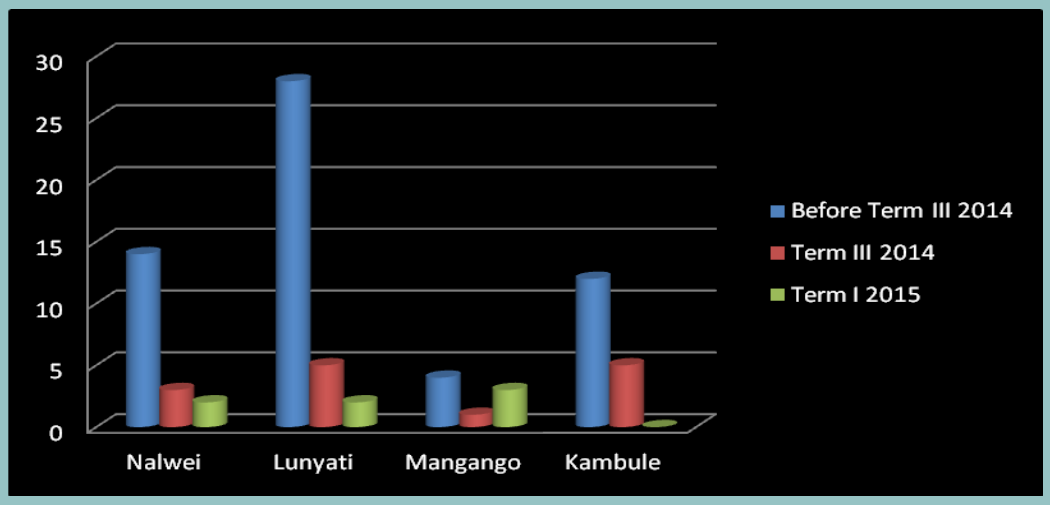
team visited the school during the data collection process in June 2015 the team paraded one of their "own-trained" peer educator in action when he sensitised a group of grade 10 pupils. The ZHECT team observed no dilution effect to the information the school-trained educator provided.

At Kaoma secondary school trained teachers shared trained pupils among themselves and divided the student hostels among the teams for effective coverage. They go to the hostels on scheduled times and sensitise the whole hostel occupants in the night. This raises serious debates and has thus increased their reach. The school has further partnered with a local health facility to facilitate priority treatment for pupils on SRH services and other tests (CT, cervical cancer screening). To this end the health centre has assigned two nurses to deal with the pupils

At Nalwei in Mongu, the school has deliberately agreed with the PTA committee to put the issue of teenage pregnancy prevention as part of every meeting agenda. This means parents are part of and are aware of every step being taken thus increasing sustainability.

The effect of the wholesome implementation of the project is an apparent reduction in the number of teen pregnancies as seen in the figure below comparing three time periods: the period before the interventions (trainings) were implemented, the time immediately after the training (last quarter of 2014) and the first quarter of 2015.

Figure….Trends in Pregnancies in some schools before and after the training



The involvement of traditional leadership in the project has also added impetus to the fight against teen pregnancy. Chief Kasimba in Kaoma and supporting activities at Lunyati school has put his

weight towards the project and has declared that he doesn't want to see children in lower primary get pregnant like the situation is currently.

3.6.2.5 Challenges

The training of the peer educators and teachers was conducted in the early part of the third term (October). This was a critical time for both pupils in exam classes and teachers and the school activities swung into exam preparation mode. This affected the pace at which activities were undertaken.

3.7 Female Condom II promotion Project- FC2

3.7.1 Introduction

Working with the Female Health Company the manufacturers of the second generation female condom (FC2), ZHECT through the "SUPPORT Project" is implementing a Female Condom Education and Distribution Project in selected districts of Eastern, Western, Southern, Northern and Lusaka Provinces of Zambia. The aim of the project is to increase the up-take and use of the Female Condom which has been found to be the only available woman controlled product that offers triple-protection i.e. against unwanted or unplanned pregnancies, HIV and other Sexually Transmitted Infections including cervical cancer

3.7.2 Capacity Building

ZHECT trained Health Care Providers and Community Condom Promoters in Southern Province Northern and Muchinga provinces the included 10 Health Care Providers and 10 Community Promoters. These have added the numbers to our existing volunteers and we are expecting them to start sending us reports of their activities from the 1st of July 2014.

3.7.3 Commemoration of Important events and Increasing Visibility.

2.2.1Participation in the National Intercompany Relay Event

The Zambia Inter-Company Relay (ICR) is a fund-raising event for the Zambia Armature Athletics Association (ZAAA) as well as a time for participating organisation i.e. government, NGOs and Private Sector to come together to give back to the communities in which they operate, while promoting an integrated Approach to Health Response and Wellness. The ICR is epitomized by various Races which include the 11.5km Relay Race undertaken b 8 persons,100meters Chief Executive Race, 5KM Health Walk, Kids Athletics and Health and Wellness Activities. The event also offers an opportunity for Product Display where different organizations exhibit and educate the public on services they offer.

This year's event took place on Saturday the 14th of June as scheduled in the show grounds. ZHECT took part in the activities as a part of the National AIDS Council (NAC). This meant that ZHECT did not pay for the exhibition stands as it was paid for by NAC in addition ZHECT also partnered with the Coca cola Company who provided us with a both as a way of appreciating the work we do in the area of wellness visibility. So ZHECT had a total of three stands, through which we distributed 3392 female condoms and 16 913 male condoms

During the event ZHECT conducted

- Conducting one-one or Small Group Discussions sensitisations on FC2
- Distribution of IEC Materials (Brochures)
- Distribution of FC2
- Worked with and utilize performances by a popular musician (The Liseli Sisters) to promote use of the FC2

To Increase advocacy to Policy and Decision Makers on FC2' , and Influence government & Stakeholders to increase procurement of FC2 and increase budgetary allocations to health sector

During the event ZHECT partnered with the UNFPA through the NAC (Condomise Campaign), and enhancing the FC2 distribution capabilities with our aggressive distribution approach, and by so doing, indirectly showed UNFPA the increasing demand of FC2. The event was also graced by the former Zambian First Lady who is a Medical Doctor and an advocate for Female Health.

The Former First Lady Dr. Christine Kaseba Sata (blue top) participates in the relay

3.7.4 Information Dissemination by Health Care Providers & Community Condom Promoters

The trained HealthCare Providers and Community Condom Promoters have continued conducting their activities in their respective areas. Reports coming from the districts are that people have started appreciating the Female Condom as a result of the dispelling of the myths and misconceptions by our trained volunteers. The Petauke District AIDS Coordinating Advisor in Eastern Province has reported an increase in the number of Female Condoms being report to the District Development Committee and that the numbers are coming from both the health facilities and community outlets. We have similar reports coming from Kasama in the Northern part of the country.

3.7.5 Accomplishments

- Distributed FC2 to all our target provinces and "other" outlets (See figures in the quantitative table)
- Distributed IEC Materials
- Conducted trainings for both Health Care Providers and Community Condom Promoter in Southern Province.
- Increased FC2 visibility through participation in the Zambia Intercompany Relay Event

3.7.6 Challenges

From March 2015, ZHECT was expected to change the strategy from being that of demand creation through education and distribution, to one that would prioritize activities on advocacy, partnerships and linkages with the government and respective donor and support agencies.

Female Condom Promoter explaining FC2 use

4.0 Non-Project Activities

4.1 Resource Mobilization

4.1.1 Private sector/Income Generating Activities

ZHECT Management appointed one of its long-term employees to spearhead resource mobilization targeting the private sector support to general wellness activities through Consultancy services. Among the key activities targeted in this sector are HIV/AIDS information dissemination to employees, other wellness services including cervical cancer and TB screening as well as STI screening and treatment

4.1.2 Researches

ZHECT has been actively providing research services on Consultancy basis and as part of programming. ZHECT has therefore been providing baseline surveys, mid-term evaluations, end of projects evaluations and other socio-behavioral and health related assessments especially KAP and HIV prevalence surveys.

In the year ZHECT provided consultancy services to GIZ by undertaking a KAP survey on HIV in Livingstone for a project the organization was beginning to undertake.

4.2 Financial Situation

4.2.1 Income and Expenditure Situation

From the consolidated income and expenditure-

The budgeted income was K63,211,851.00 while the actual that was available was K56,780,631.00 giving a variance of K6,431,220.

On the other hand the budgeted expenditure was K76,244,175 giving a deficit of K13,032,324 from the budgeted income and an actual expenditure of K56,811,505 giving a deficit of K30,874 from the actual income.

The whole budget gave a variance of K-13,001,450.

4.2.2 Achievements

ZHECT has good financial policies that have led to the organization performing very well in terms of audit obligations. ZHECT has undergone both statutory and USG audits by March 2015

and is getting ready for another round of audit for both Statutory and USG audits. These are preparing ZHECT for its desired status of receiving donor funds as a prime rather than a sub recipient. In this regard also one of the partners (COH) had given ZHECT an opportunity funders to look for an organization to build its capacity for this role.

ZHECT has therefore grown from an organization that was receiving only about $300 to now when it is handling about $8,000,000 annually.

4.2.2 Challenges

The above situation has not been helped by the premature closure of some of the projects. Among these were- SHARe and ZPI which finished prematurely and COH (our biggest project) would be coming to an end by June 2015.

The result has been that ZHECT has not been able to meet statutory obligations such as PAYE (with K240,000) and some gratuities (K210,000) still outstanding as at March 2015. This has resulted in

- Failing to pay office space in full with a K63,000 still outstanding.
- Inability to pay PAYE
- Inability to continue paying rentals for the lower offices
- Not being able to develop staff
- Not being able to respond to changes in the labour market- resulting in inability to retain qualified and experienced staff
- Inability to conduct activities that will show ZHECT's visibility and
- Inability to sustain certain activities citing an example of PRISM

She further stated that in-spite of this challenging situation, ZHECT had an effective Risk Management measures put in place in order tom safe guard its resources including:

- Internal controlling
- Financial reviews by individual donors
- Insurance of property
- Group life insurance for staff
- Health insurance
- Funeral policy

5.0 Conclusions and Lessons learnt

ZHECT through the different projects it is implementing is touching lives in many ways. The organization find itself with an increasing demand for its services country-wide. This requires a sustained project implementation that equally requires support from funding agencies.

In addition to the need for enhanced support from donors, ZHECT should strengthen its resource mobilization efforts.