

Zambia

FACTFILE

Title Strengthening PPAZ as a Centre of Excellence in Adolescent Sexual and Reproductive Health Programmes

IPPF Member Association Planned Parenthood Association of Zambia (PPAZ)

Set up in 1972, PPAZ is the country's leading non-governmental organization promoting and providing sexual and reproductive health services.

Aim To contribute to the improvement of the sexual and reproductive health status of young people.

Duration Two years: 2003–2005

KEY ACHIEVEMENTS

- ▶ A youth open point in Livingstone was set up to provide sexual and reproductive health information and services, as well as serve as a base for community-based youth peer educational activities.
- ▶ The combination of peer educators, parent/elder educators and community-based distribution agents was a successful strategy to ensure that a full range of services reached the target population.
- ▶ The project involved the community fully in promoting sexual and reproductive health.
- ▶ Major clinic construction and renovation works were completed.

PROJECT OVERVIEW

Under-15s account for 60 per cent of the total population

The sexual and reproductive health situation of young people in Zambia is of serious concern because 60 per cent of the total population is estimated to be below the age of 15 years. Many young people become sexually active at an early age – at 16 years, on average. Some studies, however, have indicated that some boys and girls have sex as early as 12 years old.

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Tackling sexual and reproductive health challenges

PPAZ faced the following challenges: young people lack basic access to sexual and reproductive health information; no access to services for young people as a result of socio-cultural factors and negative attitudes of service providers; and prevalence of unacceptable and harmful cultural practices such as sexual cleansing and dry sex.

Rates of unwanted pregnancies and sexually transmitted infections, as well as high levels of unsafe abortion, are rising among young people as a result. This adverse situation is compounded by high rates of HIV which affect young people the most.

Meeting the need for youth-friendly services

The project was designed to improve the situation of young people by providing

KEY PROJECT STATISTICS

The project reached 8,579 young people through information, education and communication activities, including group discussions, drama and education in schools.

566 young people accessed youth-friendly sexual and reproductive health services.

3,643 young people accessed the community-based distribution agents for contraceptives, counselling and home visits.

39 volunteers were trained in peer education, community-based distribution of contraceptives and education about HIV/AIDS.

youth-friendly sexual and reproductive health services and information.

A youth sexual and reproductive health centre was set up in Livingstone to provide information and services to young people. The centre was also intended to offer a focal meeting point for young people and serve as a base for community-based youth peer educational activities within Livingstone.

Developing the Livingstone centre involved major renovation work.

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The services made available through community-based outreach included family planning (condoms and oral contraceptives), counselling and referrals.

Vital role of trained peer and outreach educators

The project ran three training workshops, and trained 10 peer educators, 10 community-based distribution agents and 20 parent/elders from two Livingstone and four outreach project sites.

Peer educators reached 391 people (224 females and 167 males) through group discussion sessions and family life education sessions in schools.

Parent/elder educators reached 591 people (286 females and 305 males) through one-to-one sessions, group discussion sessions, referrals, condom distribution, and distribution of information, education and communication materials.

LESSONS LEARNED

Ensuring continuity and 'institutional memory' is essential to project implementation. Despite turnover in management and other staff, there should be systems in place so that new employees can quickly grasp what needs to be done to implement projects even if they have not taken part in the project formulation.

Having a reserve of young people trained in peer education and community-based distribution of contraceptives helps to cope with high drop-out rates.

Involving young people in project planning and implementation offers them ownership, and ensures that services are truly youth-friendly.

Community-based distribution agents reached 92 clients who accessed family planning services: 48 clients (21 females and 27 males) were new users; and 44 were continuing users (37 females and seven males). Of these 92 clients, 33 were young people (25 females and eight males).

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Involving young people at all levels

A youth action movement was launched in the Livingstone branch – an initiative to give young people true involvement and ownership at all stages of the project planning and implementation.

Building links with local government and other stakeholders

The Member Association worked closely with the district health management teams and civil society to develop community services.

A multi-agency steering committee was set up, with the participation of national and international organizations.

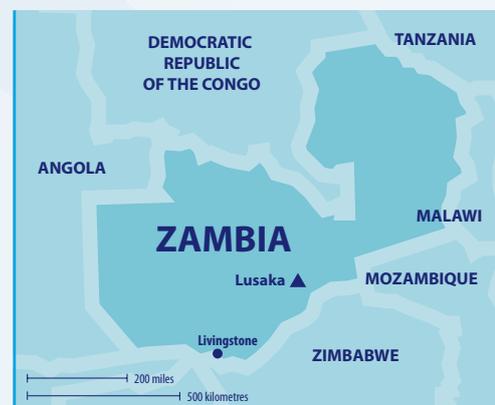
Opportunity for sustainability

PPAZ staff have excellent skills in conducting training programmes for individuals, professionals and private organizations. Such training programmes could be developed further, and provided on a commercial basis to play a contributory role in project sustainability.

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Reorientation of funding and management

At the end of the EC funding period, the project funding was taken over with IPPF resources. The project has continued to expand and successfully provides services to the target population.



COUNTRY STATS

Population is 12.2 million, with 46 per cent under the age of 15. (2008, Population Reference Bureau)

36 per cent of population is aged between 10 and 24. (2006, Population Reference Bureau)

Human Development Index ranking: 165 out of 177 countries. (2005, UNDP Human Development Report 2007/2008)

Average life expectancy at birth is 40.5 years. (2005, UNDP Human Development Report 2007/2008)

The infant mortality rate is 100 per thousand live births. (2008, Population Reference Bureau)

The total fertility rate is 5.6 (2000–2005) with only 34 per cent of married women aged 15–49 practising family planning. (1997–2005, UNDP Human Development Report 2007/2008)

Population living with HIV/AIDS (aged 15–49) is 17 per cent. (2005, UNDP Human Development Report 2007/2008)

Only 43 per cent of births are attended by trained personnel. (1997–2005, UNDP Human Development Report 2007/2008)

