



# Pride Community Health Organization

**“Towards Healthy, Productive and Socio-Economically Empowered Communities for National Development”**

## **Annual Report 2021**



Registration Number: RNGO 101/0036/13 Registered Address: Kafue House  
Luangwa Drive Kafue Estates C 6 Kafue Estates Zambia

**A Special thanks to the Board Members and the Members of Staff who helped Produce the Annual Report**

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## Chief Executive's Review

In our last report, at the end of my sixteenth (16) year of service, I talked about the vital necessity for change within Pride Community Health Organization. This year, we've been right in the thick of it, working to transform our organization from top to bottom while continuing, of course, to mobilize resources, and use it to help community members change their lives for the better. It hasn't always been easy; major change is never easy. But I can say with real conviction that we and our brilliant partners and key stakeholders achieved some incredible results in 2021 and made real progress towards ensuring that Pride Community Health Organization's future will be as successful in contributing to the transformation of Zambia into a prosperous middle income nation by 2030 which will be a "strong and dynamic middle-income industrial nation that provides opportunities for improving the well-being of all, embodying values of socio economic justice."

The advent of Covid -19 at the end of December, 2019 brought about serious disruptions in terms of the provision of prevention, care and treatment services. COVID -19 has become a public health emergency of international concern as the number of cases continued to worry the international community. Zambia has recorded over **289,415 confirmed cases** of Covid-19 with **3,830 deaths** as of December, 2021. The impact of COVID-19 in Kafue district has revealed serious gaps in the delivery of health and education services in terms of human resource, and essential health commodities such as modern contraception which may have contributed an increase in new infections, and teenage pregnancies.

Public accountability systems in Kafue district have been characterized by weak structures and lack transparency, with youth and women's voices particularly marginalized, and feedback mechanisms for development investment have usually been managed by implementing agencies while most communities have been unable to effectively hold implementers to account, resulting in service delivery failures. Kafue district has now eighteen (18) wards which are mainly rural based and constitute a population of 60% of adolescents and young people, where the issue of quality, availability, accessibility and user-friendly services for children in education, health, nutrition, child protection and social protection has and continues to pose grave challenges. During the course of 2021, Pride Community Health Organization expanded its coverage of implementing activities from six (6) to eight (8) constituent wards. At the core of our community work, is the facilitation of health and education support for children as well as the promotion of gender equality and advocacy for the rights and opportunities of these children. The stakes are extraordinarily high. The knock-on effects of Covid -19 on the fight against HIV, TB and malaria and other infectious diseases could be catastrophic. Mitigating that impact will require swift action, extraordinary levels of leadership and collaboration, and significant extra resources. Above all, we must leave no one behind.



Kenan Ng'ambi

**Executive Director**

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## Chairperson's Report

I'm writing this at a time when the COVID-19 pandemic has changed our world immeasurably over the past six months, and is still causing anxiety around the country not least for charities like Pride Community Health Organization, which depend on the generosity of corporate local and international partners. Like everyone else, we can't predict with any accuracy where the road we're on will take us. But I'm pleased we can report that in 2021, we took important steps to make Pride Community Health Organization future-ready (whatever the future holds), and to continue to increase the positive social impact we achieve. Transformation in our organisation is ongoing, as the institution aims at becoming a creative agency for social change. But another hugely significant change concerns how we make best use of our funding partners funds.

Pride Community Health Organization is not a single-issue charity, and that is why it is very critical to set clear guidelines for investing our donors' money as effectively as possible. The organization understands that it can't bring about real impact if our focus is too broad. The organization is currently implementing a four-year strategic plan 2018 – 2021, "whose Vision is **"Towards Healthy, productive, and socio – economically empowered Communities for National Development"** and whose mission is **"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'**. In 2018, the organization started implementing a new strategy, which is firmly based on four focused areas. This enables us to tackle issues where we have already helped to make great strides and achieved significant successes, as well as addressing new issues where we believe we can influence change. The four areas are: HIV prevention; empowerment; women's and girls' rights, and educational support. Despite challenges in resource mobilization due to the impact of COVID-19 pandemic, 2020, was a positive and progressive year for Pride Community Health Organization, and we ended it in better shape than ever to face an uncertain future. Needless to say, we're extremely grateful for all the help and support that we've received, from individual, and corporate funders. Thank you, everyone, including our outstanding group of Trustees and staff team.



Estella Sinkala  
Board Chairperson

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## 1.0 Executive Summary

In 2020, Pride Community Health Organization's work directly benefited a total of **17,821** people in eight (8) constituent wards namely Matanda, Kasenje, Shabusale, Mungu, Kabweza, Shikoswe, Chikupi and Magoba through community - led advocacy, and scaling up of work in Kafue District. None of funding base continues to be a strength we highly value. We are proud of our financial efficiency and accountability as we work to maximize the value of every dollar we receive. Over the past five years, the revenue of our organization has increased. PRICHO's total revenue in **FY2021** was **Zambian Kwacha 3,330,451.29** coming from international government sources, foundations, and individual donors around the world. 90% of the funds received were devoted to HIV prevention, empowerment, sexual and reproductive health and rights, and educational programmes.

We also are proud that we were able to grow program revenue income from **K2,464,185.00** in **2020** to **K3,330,451.29** representing a **35.2 percentage increase in income received from funding partners**. Much of this growth was for health and socio assistance. Strengthening and expanding our development work is not our only priority, but we continue to invest an increasing share of our resources in advocacy, innovation, learning and capacity building in order to deepen our impact on more lives at a faster rate than we grow our revenue. We are deeply appreciative of all of you who continue to contribute to this mission. We honour that commitment by striving to be as responsible as possible with the resources entrusted to us.

## 2.0 History

Pride Community Health Organization was originally established as a Support Group of People Living with HIV and AIDS (PLHIV) in 2004 in Shikoswe Site and Service before gradually transitioning into a nonprofit nongovernmental organization in 2010. The organization is located in Kafue district which is about forty-five (45) kilometers from Lusaka, the Capital City of Zambia, and the organization has four (4) key thematic areas in which it implements its interventions in eight (8) of the eighteen (18) constituent wards.

The Our mandate empowers us 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. At the core of the community work, is the promotion of gender equality and advocate for the rights and opportunities of girls. It's about challenging social norms and attitudes to achieve transformative change for girls and their communities. Investing in girls has the potential to transform the lives of entire communities and countries, and this is the reason why we advocate for greater attention to be paid to the specific rights and needs of girls in development interventions.

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### 3.0 Vision

**“Towards healthy, productive and socio-economically empowered communities for national development”**

### 4.0 Our 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.” We work within the framework of our publicly stated values, and in all our work we aim to:

- Be transparent and act with integrity.
- Be professional and ensure our work is of high quality.
- Be approachable and actively seek out other people’s views.
- Work with others to help them achieve their mission.
- Learn and improve by reflecting on our experience and being open to new ideas.
- Be both inspirational and practical

### 5.0 Our Values

Our core operating values and principles have always been, and will continue to be:

- 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

### 6.0 Structure, governance and management

Pride Community Health Organization, regulated by the NGO Act of 2009 and the organization is bound by its Memorandum and Articles of Association, copies of which are available on request. It is governed by an Executive Board. Nominations for new board members are considered by the board and may subsequently be invited to join the board. There are currently seven (7) board members and the organization value the knowledge and expertise of these members. These board members were appointed for their skills and experience that they can bring to the organization.

### 7.0 Executive Board

The Board members of Pride Community Health Organization are the people who share ultimate responsibility for governing the organization. During 2020, the Board members were: Estella Sinkala (Chairperson), John Hikanyemu, Astridah Mwenya, Mwangala Kalila, Florister Mutoloki, Blesswell Hankwekwe, and Kenan Ng’ambi. The Board sets governance-level policies and establishes the strategic direction including the development of the organisation purpose, values and the organisation-wide goals and objectives. The Board also exercises leadership, enterprise, integrity and judgement in directing the organization so as to provide assurance of its continuing and lasting prosperity. Pride Community Health Organization is a nongovernmental organization by guarantee. Its purposes are made clear in its constitution. Board members apply and endeavour to achieve the highest possible standards of corporate governance.

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The Board has always discharged its responsibilities in a manner based on transparency, accountability and responsibility. In discharging their responsibilities, the Board, and individual Board members, has always endeavoured to act in the best interests of Pride Community Health Organization as a whole, irrespective of personal, professional, commercial or other interests, loyalties or affiliations. The board members currently comprise of six members who are all technocrats in the field of education, health, agriculture and the social sector.

### **8.0 Management Team**

The management team holds the executive responsibility for implementing the policies and strategies approved by the board. The management team is made up of the Executive Director, Programmes Manager, Finance Manager and Program Analyst and is responsible for the overall day-to-day management of the organization. Stiff competition for the meager resources in HIV and SRHR in the marketplace necessitated organizational changes. A new position of Program Analyst was created to streamline its capacity to compete and be able to stay relevant to the HIV and SRHR responses. The Board has redefined the roles and functions of staff in terms of implementation of interventions. It took into consideration that the organization has transitioned into a fully-fledged non-governmental organization, and as a result of PRICHO's growth, there is need to carry out reforms in the organization. Successful NGOs and grassroots provide high quality services to beneficiaries. To work successfully and meet the goals, Pride Community Health Organization staff have to continually improve and professionalize their work, which will contribute to putting more and more demands on the senior management and other employees of our organization.

### **9.0 Current Country Overview of HIV**

Zambia has achieved significant success in the AIDS Response since the first National AIDS Strategic Framework was launched in 2002. During the current NASF which was launched the same year as the 2011 high level meeting Political Declaration and Commitments, the Government of the Republic of Zambia has been fully committed to halt HIV and AIDS, and has provided political leadership to the response by prioritizing the AIDS response and domesticating the SDGs as well as the 2016 high level meeting Political Declaration targets in its 5th and 6th National Development plans consecutively.

Over the past decade, Zambia has made progress in the HIV response. According to UNAIDS, annual HIV infections (for all ages) in Zambia have declined from 60,000 in 2010 to 51,000 in 2019. New infections among children 0-14 years declined from an estimated 10,000 in 2010 to 6,000 in 2019. Annual AIDS-related deaths have also declined significantly from 24,000 in 2010 to 19,000 in 2019, a decline of about 30 per cent, and there are 1,300,000 Zambians estimated to be living with HIV/AIDS, and 1,176,000 are on treatment.

Despite the progress, the HIV burden remains high and disproportionately affects females. In 2019, it was estimated that there were 26,000 new HIV infections among women 15+ years, compared to 19,000 among their male counterparts. The Zambia Demographic and Health Survey (2018) reports that HIV prevalence among females aged 15-49 years is 14.2 per cent, compared to 7.5 per cent for males of the same age. With an HIV prevalence of 15.4 per cent and 15.1 per cent, Copperbelt and Lusaka provinces respectively have the greatest HIV burden, with Muchinga province being the least burdened at 5.4 per cent.

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## 10.0 Progress towards 90-90-90 targets in Zambia

The first of 10 core commitments within the UN General Assembly's 2016 Political Declaration on Ending AIDS were the 90–90–90 targets, whose aim was to bring HIV testing and treatment to the vast majority of people living with HIV by 2020, and to reduce the amount of HIV in their bodies to undetectable levels that will keep them healthy and prevent further spread of the virus. Achieving the 90–90–90 target results in a minimum of 73% of people living with HIV having suppressed viral loads. At the end of 2019, 14 countries three regions had achieved the 73% target—Australia, Botswana, Cambodia, Eswatini, Ireland, Namibia, the Netherlands, Rwanda, Spain, Switzerland, Thailand, Uganda, Zambia and Zimbabwe. Each has used epidemiological and programme data to dig deeper and bring HIV services to underserved subpopulations. Eswatini and Switzerland have made the remarkable achievement of surpassing the 2030 targets of 95–95–95, meaning that a minimum of 86% of people living with HIV have suppressed viral loads.

At the end of September, 2020, Zambia had attained the 90:90:90 UNAIDS targets for HIV epidemic control, and according to the GRZ antiretroviral treatment (ART) data, Zambia has approximately 85% of PLHIV on ART (surpassing the 90/90/90 target). However, HIV models suggest that the number of new HIV infections still exceeds the number of AIDS related deaths and they have not declined to the levels that epidemic control should illustrate. Recognizing this, PEPFAR Zambia is focusing retaining PLHIV on treatment and on interrupting the HIV transmission cycle by finding and retaining men (20-34) and adolescent girls and young women (AGYW) (15-24) in geographic areas with the largest treatment gaps.

### 11.0 Our Purposes and Activities

Pride Community Health Organization today serves more than 20,000 urban and rural dwellers in eight (8) wards in Kafue district, Zambia, and continues to remain relevant to the HIV and Sexual Reproductive Health and Rights responses despite the population expanding rapidly, including an emerging pattern of high-risk behaviors, stigma and discrimination which impedes many people from accessing and utilizing HIV and SRH services. Despite these challenges, our organization still understands the local dynamics, and has continued to expand its reach of implementing high impact HIV and SRHR intervention prevention programmes which target groups most at risk of HIV.

We work to build and nurture partnerships with traditional and civic structures for both urban and rural dwellers, with a focus on adolescents, and young people as the key to community transformation. To achieve this, we are facilitating and supporting the provision of community-based service delivery systems in that provide a channel for social investment in health-related programmes by key partners, including the government through the local council authority. Our goal is to reach 40,000 beneficiaries with dignified access to critical services by 2030.

### 12.0 Performance and Achievements in 2021

Despite the impact of the COVID-19 pandemic and the measures taken by the Ministry of Health to control its spread, Pride Community Health Organization worked tirelessly to ensure that our target audiences including vulnerable children and family members in their communities could continue to access vital HIV treatment and healthcare, nutritional support, and facilitated and supported vulnerable learners to access education.

Pride Community Health Organization partnered with the Kafue District Health Office to facilitate and support logistics such as providing fuel and physical transport to carry the Covid -19 tests samples from sites to the DHO ZAPHI Centre. Our role

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was to engage and mobilize the communities to test for Covid-19 and sensitize communities in collaboration with the health promotion unit to address the issues of myths and misconceptions surrounding Covid-19 vaccinations.

The organization extended its donation of Covid-19 hygienic and protective materials in terms of handwashing basins, reusable face-masks, detergents, sanitizers, chlorine, brooms, mopos, and integrated public information and education campaigns into our community work. A total of sixteen (16) primary and secondary schools, two (2) maternity wards, thirty-six (36) vulnerable households, and ten (10) health facilities benefited from the donations. While Covid-19 pandemic affected the implementation of our community work, the organization stayed resolute and focused its energy towards contributing to maintaining the gains that have been achieved in the past decade or so. The number of people living with HIV at community level continues to grow and sadly the capacity of the social safety nets in our country is diminishing by the day.

### 13.0 Performance by Thematic Area

#### HIV Prevention Programme

HIV testing is an important and effective strategy for preventing HIV infection. Infected individuals who know their HIV serostatus are less likely to engage in high-risk sexual behavior. Increasing access to testing and counselling services means those who test positive are able to access ART treatment and those who test negative can continue to take measures that reduce their chance of infection. It is also critical to ensuring those who are living with HIV adhere to their ART regimens and can access appropriate treatment, care and support.

#### Access to HIV Testing, Treatment and Care

Indicator	Target for 2021	Actual Achieved	Variance
Increase in number of community members accessing and utilizing HIV testing services	1,777	943	834
Increase in percentage of males participating in elimination of mother to child transmission of HIV (eMTCT)	17%	13%	4%
Increase in number of adolescents recipients of care who remain in care	200	498	-298
Increase in number of malnourished children who receive nutritional care	83	286	-203
Increase in number of condoms distributed to individual community members	1,667	812	855
Number of targeted adolescent girls and boys aged 10 – 19 years accessing school based SRHR information	1,000	1,922	-922
Number of targeted adolescent girls and boys utilizing school-based HIV of Testing Services	933	161	772
Number of targeted adolescent girls utilizing school-based Pregnancy testing services	500	0	500
Number of targeted adolescents, young people, women and men who access comprehensive HIV Prevention information	2,500	17,821	-15321
Number of adolescents, young people, women and men who utilize HIV services and know their status	1,667	998	669
Number of males participating in eMTCT programmes at community level	100	119	-19
Number of malnourished children receiving nutritional support at community level	100	208	-108
Number of targeted primary beneficiaries reached with information	2,500	10,058	-7558
Number of targeted primary beneficiaries who respond positively	1,133	663	470
Number of key stakeholders and partners who respond positively	10	10	0

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### Key Programme Observation

1. The target for the number of males accessing eMTCT services with their partners was not achieved. HIV related Stigma is still a challenge amongst men in terms of participation in eMTCT programmes at community level
2. The number of adolescents brought back into care and remaining in care increased from targeted number by 40%
3. Despite Covid-19 restrictions and closure of schools, the number for adolescent girls and boys accessing SRHR information surpassed the target number by 52%
4. Our school-based pregnancy testing services which are conducted in collaboration with the relevant health facility staff in designated communities fell short of our target largely because of stock outs of testing kits due to Covid -19
5. However, our community programme relating to HIV prevention was very successful because of our community partnership with the DHO in which our organization integrated its activities with Covid-19 and facilitated and supported the rapid response in the hotspots of Kafue district
6. There was an increase in nutritional support to malnourished children from the target of 83 to 286

### Women's Economic Empowerment Programme

By and large, it has been acknowledged that women's economic empowerment is central to realizing the 2030 Sustainable Development Goals especially SDG5, "Achieve gender equality and empower all women and girls". Therefore, mechanisms to end gender discrimination and inequality will open up more opportunities to improving women's capacities to empower them economically and socially towards the transformation agenda. PriCHO is committed to advancing women's economic empowerment as an essential part of the efforts to promote gender equality.

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Indicator	Target for 2021	Actual Achieved	Variance
% Increase in income levels by targeted women and girls	17%	71%	-54%
% Of targeted women that generate income with productive resources they own	10%	89%	-79%
Number of targeted women benefitting from finance/credit through village banking	10	0	10
Number of targeted rural based women that report having control over household finances	10	16	-6
Number of rural based women who set up village banking groups	10	0	10
Number of rural based women who are willing to save money	10	16	-6



### Key Programme Observation

1. The programme supported 28 households with economic empowerment to cushion the effects of Covid-19 pandemic which had severely affected their livelihoods in rural communities of Kafue district
2. Most of these households were vulnerable women's groups, and positive HIV positive young mothers
3. The target of assisting rural based women to set up village banking groups was not achieved largely because of Covid -19 restrictions

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## Sexual Reproductive Health and Rights Programme

### Access and Utilization of SRH Services

The right to decide over and exercise control over one's body and reproduction and its linkages to HIV and AIDS is a fundamental human rights agenda. It is also undisputable that poverty perpetuates vulnerability to disease and women and children often face the brunt of this predicament. This further hinders households' ability to meet nutritional requirements especially in rural areas where basic social services are inadequate.

Indicator	Target for 2021	Actual Achieved	Variance
% Of girls engaged in child marriages	0	0	0
% Of girls brought back into school after dropping out because of pregnancy	25%	60%	-35%
# Of adolescent girls (aged 10-19 years) accessing sexual and reproductive health information	17%	58%	-41%
# Of adolescent boys (aged 10-19 years) accessing sexual and reproductive health information	17%	65%	-48%
# Of adolescent girls (aged 10-19 years) utilizing sexual and reproductive health services	17%	12%	5%
# Of adolescent boys (aged 10-19 years) utilizing sexual and reproductive health services	17%	9%	8%
# Of adolescent girls (aged 10-19 years) recording positive pregnancy tests	1%	0%	1%
# Of adolescent girls (aged 10-19 years) dropping out of school.	5	5	0
# Of adolescent girls (aged 10-19 years) brought back into school	25%	60%	-35%
# Of in - school adolescent girls and boys trained in adolescent sexual and reproductive health	27	0	27
# Of in and out of school adolescent girls and boys accessing correct and consistent sexual and reproductive health information	1,500	2,077	-577
# Of in and out of school adolescent girls and boys utilizing sexual and reproductive health services at designated services points	1,333	459	874
# Of adolescents amplifying their community voices to demand for accountability in service delivery of SRH	83	27	56

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### Key Programme Observations

1. The number of girls brought back into school after dropping out because of pregnancy increased from 25% to 60% in 2021. This can be attributed to the effects which Covid-19 has had on rural based communities
2. The number of in and out of school adolescent girls and boys accessing correct and consistent sexual and reproductive health information
3. The target number for in and out of school adolescent girls and boys utilizing sexual and reproductive health services at designated services points was not achieved mainly because of stock outs at designated sites

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## Education Support Programme

### Access to Education

Reducing school failure pays off for both society and individuals. It can also contribute to economic growth and social development. Indeed, the highest performing education systems in any society are those that combine quality with equity. Equity in education means that personal or social circumstances such as gender, ethnic origin or family background, are not obstacles to achieving educational potential (fairness) and that all individuals reach at least a basic minimum level of skills (inclusion). In these education systems, most students have the opportunity to attain high level skills, regardless of their own personal and socio-economic circumstances.

Indicator	Target for 2021	Actual Achieved	Variance
% Of vulnerable children who report increased opportunity to attend school due to access to education support	0	515	515
% Of adolescent girls who dropped out of school and report returning back to school	0	3	3
# Of vulnerable children selected through the social protection systems	0	8	8
The proportion of teenage mothers returning back to school (after dropping out due to pregnancy)	0	3	3
# Of vulnerable girls and boys selected for education support	320	515	-195
# Of girls aged 10 – 19 years who return to school	10	3	7
# Of girls and boys utilizing sexual and reproductive health services at facility level	500	386	114



#### Key Programme Observations

1. The programme increased education support from the target number of 320 to 515 of vulnerable learners mostly in rural based communities
2. The target number of adolescent girls and boys who utilized SRH services at the adolescent health friendly spaces were 386 representing 77% of the target number of 500

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Towards a Socio Economically Empowered  
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## 14.0 Covid – 19 Situation in Kafue District

In Kafue District, the advent of Covid-19 pandemic revealed serious gaps in the country's health system in terms of inadequate and demotivated human resource, inadequate essential hygienic and protective supplies, inadequate logistical supplies such as transport and fuel. Travel and movement restrictions had a devastating impact on livelihoods for vulnerable populations, particularly those without a salary who rely on informal sectors to earn a living. The women, who account for the majority of workers in informal sector (including street vendors) have been particularly affected as the government put in place restrictions on social interactions. Other vulnerable groups who rely on the informal sector to support their basic needs such as person living with HIV/AIDS, women, children, adolescent girls and the elderly have also been adversely affected.

### Our Rapid Response Actions

Pride Community Health Organization partnered with the Kafue District Health Office to implement the Covid-19 rapid response in the hotspots of the district. Pride Community Health Organization's role was to engage and mobilize the communities, and while the role of DHO was to screen the community members and generate the data, and provide guidance. The Board and Management of Pride Community Health Organization resolved to facilitate and support the procurement of protective and hygienic materials such as gloves, usable and reusable face masks, detergents, brooms, mops, hand sanitizers, liquid hygienic soaps, sanitary wares, reams of paper, and high energy nutritional supplements, and the amount spent was **Zambian Kwacha 239,023.00**. The beneficiaries of this donation were the District Administration Office, the District Health Office, fifteen (15) primary and secondary schools, eleven (11) health facilities, three (3) maternity wards, and nine (9) churches.



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## 15.0 Revenue Recognition

### Income Received

01<sup>st</sup> January – 31<sup>st</sup> December, 2021

Funds received from funding partners in 2021			
S/N	Name of Funder	2020	2021
1	Positive Action (PA)	334,600.00	640,797.22
2	SRHR Africa Trust (SATZAM)	413,027.00	161,456.13
3	Norwegian Agency for Exchange Cooperation (Norec)	824,153.00	1,378,936.20
4	Pediatric Adolescent Treatment Africa (PATA)	104,600.00	125,246.84
5	ELMA Foundation	719,121.00	750,960.00
6	Nongovernmental Gender Organizations Coordinating Council	68,684.00	-
7	Otto Mille Italy		273,054.90
		2,464,185.00	3,330,451.29

## Programme Expenditure

01<sup>st</sup> January – 31<sup>st</sup> December, 2021

S/N	Description	Amount Expended
	Program Costs	1,125,757.00
1	Health Programmes	928,889.00
2	Educational Programmes	136,070.00
3	Community Development Programmes	60,798.00
		1,125,757.00

## 16. Funding Partners

1. ELMA Philanthropies (South Africa)
2. Positive Action (UK)
3. Otto Mille (Italy)
4. SRHR Africa Trust
5. Norwegian Agency for Exchange Cooperation
6. Paediatric Adolescent Treatment Africa
7. Irena Byrdina (Individual)

## 17. Collaborating Partners

- |  |   |
|--|---|
| 1. Kafue District Administration                     | 6. Department of Community Development        |
| 2. Kafue District Health Office                      | 7. Department of Social Welfare               |
| 3. Kafue District Adolescent Technical Working Group | 8. Department of Rural Development            |
| 4. Kafue District HIV/AIDS Committee                 | 9. Twatasha Disabled and OVC Organization     |
| 5. Kafue District Education Board                    | 10. Kafue District Child Protection Committee |

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