

Pride Community Health Organization

Strategic Plan 2024 – 2030



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**A special thanks to the entire members of Pride Community Health Organization Board
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LIST OF ABBREVIATIONS

8NDP	:	Eighth National Development Plan
AIDS	:	Acquired Immune Deficiency Syndrome
AU	:	African Union
BDPFA	:	Beijing Declaration and Platform for Action
CEDAW	:	Convention on the Elimination of all Forms of Violence against Women
CEEA	:	Citizens Economic Empowerment Act
CEEC	:	Citizens Economic Empowerment Commission
CSEF	:	Civil Society Environment Fund
CSOs	:	Civil Society Organizations
CSPR	:	Civil Society for Poverty Reduction
DCTA	:	Department of Chiefs and Traditional Affairs
DEBS	:	District Education Board Secretary
DHO	:	District Health Office
DSW	:	Department of Social Welfare
GBV	:	Gender Based Violence
GDI	:	Gender Development Index
GDP	:	Gross Domestic Product
GEEA	:	Gender Equity and Equality Act
GEWE	:	Gender Equality and Women Empowerment
GNI	:	Gross National Income
GPI	:	Gender Parity Index
HIV	:	Human Immunodeficiency Virus
KDSPC	:	Kafue District Social Protection Committee
KTC	:	Kafue Town Council
ICT	:	Information, Communication and Technology
IEC	:	Information, Education and Communication
ILO	:	International Labour Organization
IMR	:	Infant Mortality Rate
M&E	:	Monitoring and Evaluation
MDSR	:	Maternal Death Surveillance Response
MIS	:	Management Information Systems
MMR	:	Maternal Mortality Rate
MOUs	:	Memorandum of Understanding
NGO	:	Non-Governmental Organization
NPO	:	Non-Profit Organization
NMR	:	Neonatal Mortality Rate
PAM	:	Programme Against Malnutrition
PLHIV	:	People Living with HIV
PriCHO	:	Pride Community Health Organization
PrEP	:	Pre-Exposure Prophylaxis
SDGs	:	Sustainable Development Goals
SGBV	:	Sexual and Reproductive Health and Rights
SRHR	:	Sexual Reproductive Health and Rights
TBD	:	To Be Determined
TWGs	:	Technical Working Groups
U5MR	:	Under Five Mortality Rate
VSU	:	Victim Support Unit
ZRA	:	Zambia Revenue Authority

Foreword

As we celebrate 19 years of service to local communities, our commitment towards the provision of quality, comprehensive and cost effective delivery of services through direct capacity and skills development, and investment in community and climate related health, education, water, sanitation and economic empowerment to the marginalized and vulnerable communities in Zambia remains very strong. We have made tremendous progress in health service delivery and HIV program implementation over the last 19 years, and are encouraged to explore what the future holds. Lessons learned over the years and research on the current implementation environment have been an integral part in the development of this Strategic Plan 2024 - 2030.

Over the years, Pride Community Health Organization has transitioned from a support group of people living with HIV/AIDS, and a limited track record of public health program implementation into a recognised brand with geographical foot print across eight of the eighteen constituent wards in Kafue District. The organization portfolio has grown to an annual operational budget of over USD 202,105 by the end of 2022.

The focus for the six year period 2024- 2030 will be on;

1. Health
2. Economic empowerment
3. Education
4. Climate Change Mitigation and Resilience
5. Water, Sanitation and Hygiene
6. Institutional Development and Sustainability

In delivering on its strategic focus, Pride Community Health Organization is fully aware that it does not exist in isolation and hence embraces the larger civil society body and its operating environment. In developing our partnerships and coalitions, we will be driven by our value system and conviction for a better Zambia especially for women and girls. Pride Community Health Organization will heavily invest in digital technology and ensure that it expands visibility beyond Kafue district. Our partners, both state and private actors, remain the backbone of our community led actions.

We are therefore calling upon all our stakeholders to support us on this six year journey and beyond in order to deliver on our vision, that of seeing *“Towards Healthy, Climate Change Resilience, Productive and Socio – Economically Empowered Communities for National and Sustainable Development.”*



Estella Sinkala (Mrs)
Board Chairperson

Acknowledgement

For over 20 years, we have worked alongside communities impacted by the HIV pandemic. Pride Community Health Organization is now embarking on a six year journey, envisioning an expanded scope of work, which will require transparency, accountability, and the promotion and protection of human rights. With this context and with great excitement, I am pleased to present PriCHO's Strategic Plan which will guide the organization's programming work from 2024 through to 2030 in Zambia.

Our work will revolve around six strategic priority areas:

1. Health
2. Economic empowerment
3. Education
4. Climate Change Mitigation and Resilience
5. Water, Sanitation and Hygiene
6. Institutional Development and Sustainability

In addition to outlining our strategic priority areas, this plan also describes how our organization will implement its community, district and nationally driven interventions based on evidence, rooted in partnership and collaboration; grounded in PriCHO's feminist and intersectional approach; and in ways that put impacted communities and Indigenous peoples at the center of decision-making over their livelihoods, resources, and development priorities. The challenges in front of us are unprecedented, but we are energized, focused, and determined that we, together with our partners and allies, can contribute to a just, equitable and better Zambia.



Kenan Ng'ambi

Pride Community Health Organization

Chief Executive Officer



1. Executive Summary

Pride Community Health Organization is a registered non-profit in Zambia, and has been active for over nineteen years (19) years in Kafue district. Pride Community Health Organization was established as a small support group of people living with HIV in 2004, and over the last twelve (12) years has transitioned into a well-functioning non-profit organization, including expanding the scope of its community driven interventions from one ward to eight (8) constituent wards in a district that has a total of eighteen (18) wards with an approximate population of 219,574 (Zambia Statistics Agency: 2022) and covering an area of 4,471 km².

This strategic plan aligns with the Zambian government aspirations of the 8th National Development Plan, the 2022 – 2026 National Health Strategic Plan, Adolescence Health Strategic Plan 2022 to 2026, and National Community Strategic Plan 2022 to 2026. Pride Community Health Organization commits to working towards just and sustainable local communities, and serving the targeted communities with “*dignity, equality and social justice.*”

The Plan has been formulated on the Theory of Change Model and is well anchored on PriCHO’s envisaged transformation agenda in terms of the provision of quality, comprehensive and cost effective delivery of services through direct capacity and skills development, and investment in community and climate related health, education, water, sanitation and economic empowerment to the marginalized and vulnerable communities in Zambia, and will work within the broader but strategic framework of a big world picture with various possible pathways leading to change. This Model will therefore work as a blueprint that will inform PriCHO’s change strategies to bring about the desired results in as far as addressing inequalities and fairness in the delivery of services. Pride Community Health Organization envisages the following key result areas by the end of 2030;

1. Improved protection of the rights and safety of children who enjoy the right to grow up in a safe and supportive environment free from violence, abuse, neglect and exploitation at community level.
2. Improved community led health and well-being of children, adolescents, young people, and men and women living with HIV, and have TB among key priority populations, who know their status and are immediately offered and retained in quality, integrated health care and HIV treatment services.
3. Improved community led access and control to sustainable economic resources (e.g. household assets, land, livestock, agricultural equipment, financial assets)
4. Improved community led primary and secondary school learning environment for marginalized and vulnerable learners
5. Improved community led adaptation, mitigation, resilience and access to social protection services among distressed communities affected by climate change
6. Improved community led access to clean water, sanitation and hygiene facilities among marginalized and vulnerable communities
7. A fully funded, transparent and accountable non-profit organization responding to critical community needs and recognized by funders/donors as a critical driver of systems change.

This Strategic Plan will be used as a basis of financial and technical agreements for institutional and program support from funding partners including ongoing monitoring and evaluation mechanisms.

PART I

1.0 Rationale of the Strategic Plan 2024-2030

Zambia's ¹Eighth National Development Plan (8NDP) sets out the country's strategic direction, development priorities and implementation strategies. The Plan is a critical vehicle to support the attainment of Zambia's international and regional commitments under various frameworks, including in the last decade of action towards the realization of the Sustainable Development Goals (SDGs) and delivery on the Africa We Want, espoused in the African Union Agenda 2063. The 8NDP takes cognizance of the country's developmental context, challenges and opportunities being faced towards actualizing the ²Vision 2030. It has been formulated against the backdrop of a challenging economic situation exacerbated by the COVID-19 pandemic. The current state of development indicates persisting socio-economic challenges which include low diversification of the economy, high youth unemployment, high incidences of poverty and inequality, slow pace of decentralization as well as low education outcomes, coupled with inadequate access to other social services. To overcome these challenges and attain the Vision 2030, the 8NDP introduces strategic interventions anchored on Economic Transformation and Job Creation, Human and Social Development, Environmental Sustainability and Good Governance Environment.

Zambia is a large, landlocked, resource-rich country with sparsely populated land in the center of Southern Africa. It shares its border with eight countries (Angola, Botswana, Democratic Republic of Congo, Malawi, Mozambique, Namibia, Tanzania, and Zimbabwe) that expands its regional market for goods and services. Zambia is experiencing a large demographic shift and is one of the world's youngest countries by median age. Its population, much of it urban, is estimated at about ³19,610,769 with a rapid growth rate of 2.7% per year, reflecting the relatively high fertility rate. As the large youth population attains reproductive age, the population is anticipated to double in the next 25 years, resulting in additional pressure on the demand for jobs, health care, and other social services.

Zambia has been reclassified by the World Bank as a low-income country, with men representing 48.6 per cent of the population compared to women 51.4 per cent. 43.1 per cent of the population residing in urban areas compared to 56.9% in rural areas. According to the ⁴Zambia Demographic Health Survey 11.1 per cent of persons aged 15-49 are living with HIV (14.2% of adult women, 7.5% of adult men). HIV prevalence among children under 15 is estimated to be 0.8 per cent (Spectrum, 2021). There are currently 1,494,701 million people living with HIV, 91 per cent (1,353,652) are estimated to know their HIV status, 79 per cent (1,130,679) are on ART, and 73 per cent (1,096,499) are estimated to be virally suppressed (UNAIDS, 2021). Building on the success and lessons learnt from the implementation of the previous Strategic Plans and informed by the persisting socio-economic challenges facing the country, the PriCHO Strategic Plan now sets the tone for the organization's strategic direction.

¹ EIGHTH NATIONAL DEVELOPMENT PLAN <http://www.zda.org.zm>

² Zambia Vision 2030 – Policies - IEA <https://www.iea.org> ›

³ Zambia Statistics Agency: Census 2022

⁴ Zambia Demographic Health Survey: 2018

2.0 About Us

Pride Community Health Organization is a local non-profit working to achieve social justice, gender equality and poverty reduction. The organization works to enhance the provision of quality, comprehensive and cost effective delivery of services through direct capacity and skills development, and investment in community health, climate change, economic empowerment, education, water, sanitation and hygiene support to the marginalized and vulnerable communities in Zambia. The organization works with communities, public and private actors, women's movements, groups and networks, social movements and other allies to address the structural causes and consequences of inequality in service delivery. We connect the work we do at community level with broader efforts and struggles for dignity, equality, and social justice to make the greatest contribution towards just, equitable and sustainable communities.

Guided by our human rights based principles and approaches, we seek to shift and transform communities through empowerment, advocacy and the generation of innovative ideas to ensure that every person can enjoy a life of dignity and fairness from all forms of oppression. We prioritize the leadership of women and young people, especially those living in poverty and exclusion, in our efforts to achieve social justice, gender equality and poverty reduction. We create platforms for collective action, commitment and community ownership by enabling people to unite and contribute to community development efforts as citizens, supporters, staff and volunteers. Pride Community Health Organization is rooted in the contexts where we operate and proudly upholds our primary objective of being transparent and accountable to the people most affected by unequal power relations. We are committed to gender equality and equity and also demonstration of zero tolerance for any form of discrimination based in any way on gender within our organizational structures and in the communities where we will implement this strategy.

3.0 Track Record

Pride Community Health Organization has a proven track record in engaging with grassroots communities in Kafue District. Pride Community Health Organization has a wide network of multi-sectoral partnerships that enables the organization to offer a wide range of complementary services as well as widen reach and impact. For instance, the organization partnered with the International Labour Organization through the UMBRAF Country Envelop to implement a socio- economic empowerment project that was aimed at HIV vulnerability reduction among adolescent girls, young women and some young key populations in the informal sector. The project aimed to reduce new HIV infections and improve HIV treatment outcomes among adolescents and young girls including young female sex workers and contribute towards ending HIV/AIDS epidemic as public health threat by 2030.

4.0 Our Vision

“Towards Healthy, Climate Change Resilience, Productive and Socio – Economically Empowered Communities for National and Sustainable Development”

5.0 Our Mission

Pride Community Health Organization is a local non-for-profit striving to enhance the provision of quality, comprehensive and cost effective delivery of services through direct capacity and skills development, and investment in community and climate related health, education, water, sanitation and economic empowerment to the marginalized and vulnerable communities in Zambia.

6.0 Our Values

Integrity, requiring us to be honest, transparent and accountable at all levels for the effectiveness of our actions and our use of resources and open in our judgements and communications with others.

Equity and Justice, requiring us to ensure the realization of our vision for everyone, irrespective of gender, race, ethnicity, age, HIV status, disability, location and religion

Mutual Respect, requiring us to recognize the innate worth of all people and the value of diversity

Excellence, requiring us to maintain the highest standards of professionalism when delivering products or services

Collaborating, requiring us to **build** and **nurture** partnerships and relationships in order to share best practice and continuously improve the quality and delivery of our services.

Innovation, requiring us to taking informed risks where the benefits promise to enhance organizational efficiency, and add value when investing in community initiatives

Team work, requiring us to nurture collective efforts and group cohesion for efficiency and effectiveness to achieve our goals

PART II

1.0 Our Strategic Direction

Pride Community Health Organization programmes will significantly shift its way of delivering community led programmes and approach more as a catalyst for change rather than the 'savior of the targeted communities. Our role will span towards implementing sustainable community led projects as we seek to engage marginalized and vulnerable communities in an effort to see sustainable and improved livelihoods that will be self-reliant and responsive to their rights and development needs of their communities. To realize this strategy, Pride Community Health Organization will **ensure rights-based and participatory programming** in partnership and collaboration with key stakeholders, funders, private and public actors and community members leading their change while we shall provide facilitation towards ensuring change, ownership and sustainability.

2.0 Pathway to Innovation

Pride Community Health Organization believes that community driven development is about giving people the opportunity to be free to make their own choices. It means that individuals and communities can look for new ways to live in their environment, they can diversify their income and their diet. They are free to choose a new path, or even to choose the well-trodden path when that seems safer. Pride Community Health Organization's work is not to tell people what to do or how to do it, but it will be to mobilize resources and invest the resources in marginalized and vulnerable communities. Whatever we shall do, we shall ask ourselves "*does our action increase the real choices of the people affected?*"

3.0 Internal Capacity Strengthening

Pride Community Health Organization has restructured its senior management team in order to strengthen the pathway to succession planning and management which is an essential component of the broader human resource planning process.

The organization has already put in place an integrated, systematic approach for identifying, developing, and retaining capable and skilled employees in line with the organization mission. The new structure will still be headed by the Executive Director (Chief Executive Officer) and will be deputized by the Head of Programmes. The other management team members will be the Programme Manager and the Finance Manager. The middle management team will comprise of the Monitoring, Evaluation, and Learning Specialist, Communication Specialist, Program Officers, and Project Accountant. The organization will **prioritize strengthening the institutional capacities** to ensure the sustainability of our programmes and interventions supported with a comprehensive and robust monitoring, evaluation and learning strategy that will ensure programme effectiveness. We will further develop a Knowledge Management System that will enable progressive learning and resourcing for knowledge sharing within and outside the organization. The process of scaling-up will require focused attention, strategic planning, and management. Scaling up and designing innovative projects will demand that Pride Community Health Organization will assess its needs and priorities and allocate development resources accordingly.

4.0 Expansion of Reach and Coverage

The first question to ask is whether a project, program, or policy should be scaled up at all, and, if so, by how much, for how long, and in what direction or dimension. Pride Community Health Organization which has been implementing community led interventions in Kafue district in the last nineteen (19) years. This has been done through targeted community led approaches which have included conducting gender transformative community mapping in target communities. Gender transformative programming emerged from the international development context and the prevention of HIV and AIDS and has proved effective in changing the way communities view, value and assign roles to women and men; developing and strengthening equitable gender roles and relationships; addressing the causes of gender inequality; and influencing behaviour change.

This methodology helped the organization expand its visibility to eight wards, out of the eighteen constituent wards. The plan for scale up and expansion of its investments into other districts and provinces in the next six (6) years will be determined first adapting of granular data collection which will allow Pride Community Health Organization to effectively determine the cause of problems and present them with a strong argument for decisions to be made. In addition, granular data will allow our organization to establish baselines and benchmarks to measure the performance of its key project objectives. The scale up and expansion roadmap will also be determined by the cultural, administrative, economic, geographical, regional needs, and finally the availability of human and financial resources of the selected location.

5.0 Mobilization of Human and Financial Resources

The term **resource mobilization** refers to all activities undertaken by an organization to secure new and additional financial, human and material resources to advance its mission. Pride Community Health Organization will endeavour to inherent its efforts to mobilize resources to build and strengthen its internal organizational capacities which in turn will be able to contribute to the transformation agenda which will aim to broaden the organization's funding base to reflect a hybrid of **revenue** streams that will include funding from donors, corporate sponsors, charitable contributions, and other funding or investment mechanisms. This will allow for a diversification of risk and not threaten the effective implementation of critical programs that improve the lives of PriCHO's beneficiaries. The organization will endeavour to operate in a transparent and accountable manner in its discharge of its local and international obligations.

This action will increase the organization's ability to negotiate better contract terms from funders/donors. Pride Community Health Organization will also endeavour to increase its ability to attract funding agencies that will provide unrestricted, and multi-year funding which will allow the organization to focus on efficiently delivering on its mission and invest for the future.

PART III

1.0 Theory of Change

Pride Community Health Organization will over the next six (6) years continue to work towards just and sustainable local communities in terms of enhancing the provision of quality, comprehensive and cost effective delivery of services through direct capacity and skills development, and investment in community and climate related health, education, water, sanitation and economic empowerment to the marginalized and vulnerable communities. This Strategic Framework aims to transform the systems that have the most significant impact on the lives of people living in extreme poverty or who are marginalized and excluded. Zambia has enacted the Children's Code Act whose aim is to solidify children's rights and protections and officially establishing procedures for regulating foster care, adoption, and childcare facilities.

Pride Community Health Organization will work towards strengthening of children's rights and also advocate for gender equality and against gender-based discrimination and violence; take action to tackle climate change crisis with innovative interventions, and continue to strengthen our governance systems to manage resources in a transparent and accountable manner. Pride Community Health Organization will use the Theory of Change Model as a tool for systematic analysis of its change projects with a well-defined long term impact. This will determine specific programmatic interventions at all levels of the strategic plan implementation.

Given that the Theory of Change Model is both a process and a product, Pride Community Health Organization will use this tool as a roadmap of its strategic outcomes and a framework for implementation. The tool will also be used as a basis of agreements for institutional and program support from funding partners including ongoing monitoring mechanism and end of strategic plan evaluation⁵. In this way Pride Community Health Organization will work to maximize the value of broad based participation that will provide an explanation of why what the organization does will work, given the model's combination of logic, collaboration and results

Our Theory of Change will require that PriCHO works towards achieving the following results;

1. Improved protection of the rights and safety of children who enjoy the right to grow up in a safe and supportive environment free from violence, abuse, neglect and exploitation at community level.
2. Reduced teenage pregnancies and HIV, STI & TB infections among Boys, Girls, and Women and Men.
3. Improved referrals and linkage to health care services
4. Improved climate change adaptations, mitigation, resilience and access to social protection services

⁵ Training Notes from Statistics Sweden (2017): International Training Programme on Gender Statistics

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5. Improved income security and economic autonomy among girls, boys, men and women.
 6. Increased school attendance and performance among learners
 7. Expansion of people's voices and agency, especially women, over the decisions that impact them, including to assert and defend their rights with regards to decision making on service delivery
 8. Increased pool of suitably skilled, competent and committed PriCHO staff at senior, middle and lower management levels.



THEORY OF CHANGE IMPACT

Healthy, climate resilience, productive, socio – economically empowered and Sustainable Communities.

Outcomes

- Improved protection of the rights and safety of children at community level.
- Reduced teenage pregnancies, HIV, STI & TB infections among Boys, Girls, and Women and Men.
- Improved referrals and linkage to health care services.
- Improved climate change adaptations, mitigation, resilience and access to social protection services.

- Improved income security and economic autonomy among girls, boys, men and women.
- Increased school attendance and performance among learners
- Expansion of people's voices and agency, especially women, over the decisions that impact them, including to assert and defend their rights with regards to decision making on service delivery.
- Increased pool of suitably skilled, competent and committed PriCHO staff at senior, middle and lower management levels.

Outputs

Health Programmes: Increased access to, and utilization of comprehensive, cost effective and equitable health services amongst target communities

Climate Change Mitigation and Resilience: Improved community led climate change actions among flood or drought affected communities

Water, Sanitation and Hygiene: Increased safe and clean water access points for the marginalized and vulnerable communities

Education Support: Increased learning opportunities for marginalized and vulnerable learners

Institutional Capacity Development: Increased opportunities for human resource development am board, staff of Pride Community Health Organization

Economic Empowerment: Increased access to financial and skills development opportunities among marginalized and vulnerable girls and young women

Strategies

Health Programmes (HIV, TB, SRHR & Malaria)

Create an enabling environment for target communities to access comprehensive, cost effective health services through strengthened partnerships and collaboration

Climate Change Mitigation and Resilience

Facilitate and support capacity building and skills development among distressed families to mitigate risks, and impacts of climate change and create resilience.

Education Support

Facilitate and support community led efforts to improve the quality of education for marginalized and vulnerable learners.

Economic Empowerment

Facilitate and support relevant capacity building and skills development entrepreneurship opportunities among th marginalized and vulnerable girls and you women.

Water, Sanitation and Hygiene

Create an enabling environment for marginalized communities to access clean and safe water through scaling up and expansion of clean and safe water access points.

Institutional Capacity Development

Create an enabling environment for professional & Skills Development through promoting succession planning, professional training,

Inputs



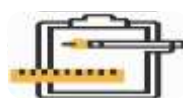
PriCHO Network
Strengthen Partnerships and Synergies with Public and Private Actors



Board and Staff
Build Board and Technical Capacities in Programme Management



Funding
Enhance Ability to Successful Submit RFA: Grant Applications, Concept Notes



Technical Expertise
Increase Solicitation of Consultancy Services



Methodologies
Design Innovative Community Driven and Community Led Models



Policy & Advocacy Partners
Improve Social Media Engagements



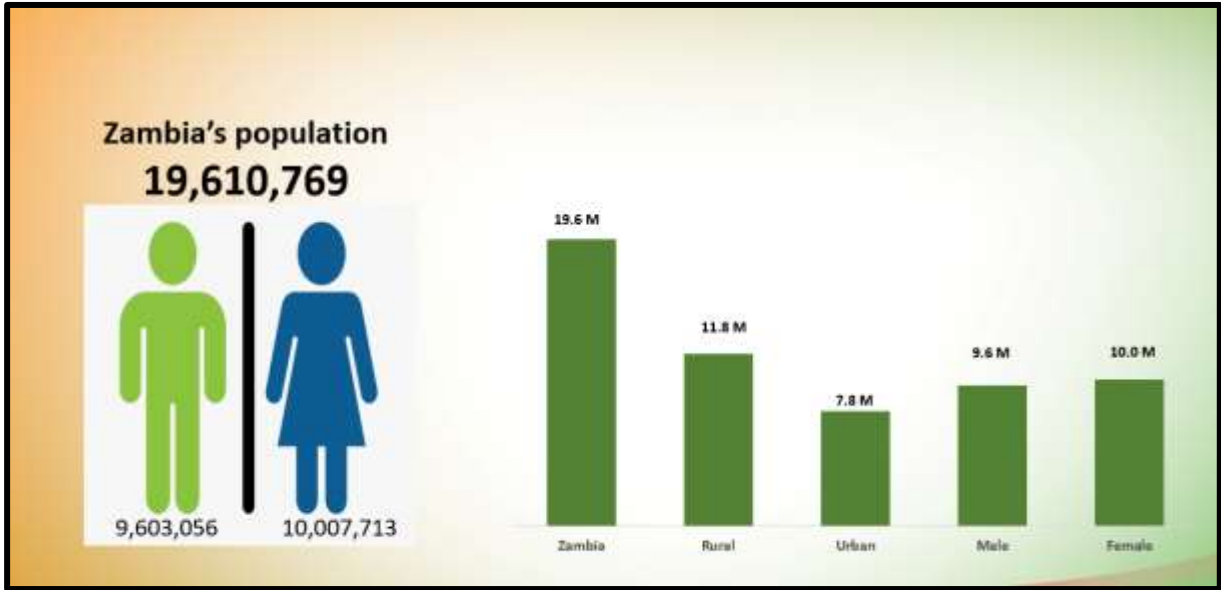
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Improve Brand/Public Image/Visibility



PART IV

1.0 Zambia's Population

Zambia is a large, landlocked, resource-rich country with sparsely populated land in the center of Southern Africa. It shares its border with eight countries (Angola, Botswana, Democratic Republic of Congo, Malawi, Mozambique, Namibia, Tanzania, and Zimbabwe) that expands its regional market for goods and services. Zambia is experiencing a large demographic shift and is one of the world's youngest countries by median age. Its population, much of it urban, is estimated at about 9,610,769 million (ZSA: 2022) with a rapid growth rate of ⁶2.7% per year, reflecting the relatively high fertility rate. As the large youth population attains reproductive age, the population is anticipated to double in the next 25 years, resulting in additional pressure on the demand for jobs, health care, and other social services.



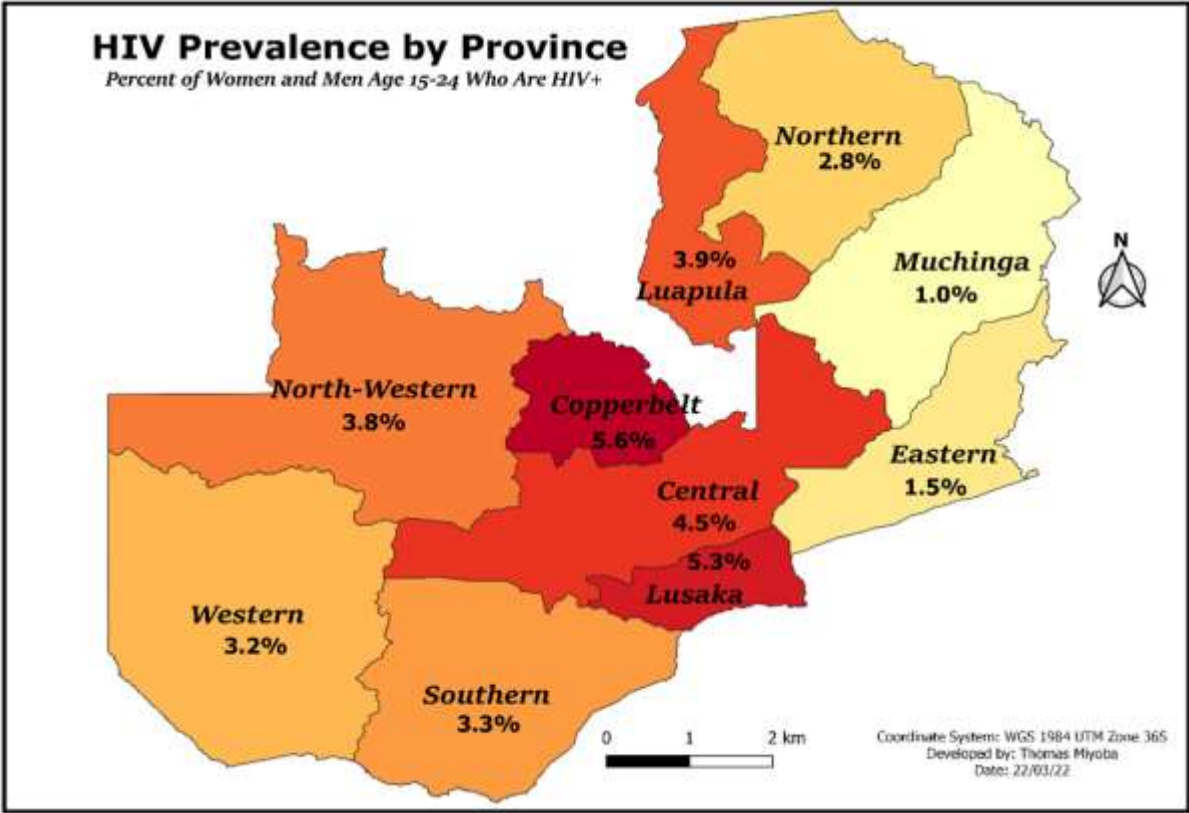
2.0 HIV in Zambia at a glance

Zambia has been reclassified by the World Bank as a low-income country, and the current population stands at approximate 19,610,769 (Zambia Statistics Agency: Census 2022). Men represent 48.6 per cent of the population compared to women 51.4 per cent. 43.1 per cent of the population resides in urban areas compared to 56.9% in rural areas. Prevalence among adults in Zambia has changed little over the last decade despite decreasing infection rates. As a result, HIV prevention has been a key focus in recent years – PrEP has been rapidly scaled up and comprehensive sexuality education is now offered in primary and secondary schools. Zambia's HIV epidemic affects different groups in different ways. Women are far more likely to have HIV than men, and young women (ages 15-24) are three times as likely to get HIV as their male peers, for example. But men are more likely than women to die from an AIDS-related illness because they are less likely to test for HIV and seek treatment. There are also regional variations, with HIV prevalence highest in the urban provinces of Lusaka and Copper belt. Violence against women remains common and helps to drive the epidemic among females.

⁶ Census 2022

Demographic Household Survey data ⁷(ZDHS, 2018) suggests that, from the age of 15 onwards, almost half of all Zambian women will experience physical violence from a partner or others, and 11.1 per cent of persons aged 15-49 are living with HIV (14.2% of adult women, 7.5% of adult men). HIV prevalence among children under 15 is estimated to be 0.8 per cent (Spectrum, 2021). There are currently 1,494,701 million people living with HIV, 91 per cent (1,353,652) are estimated to know their HIV status, 79 per cent (1,130,679) are on ART, and 73 per cent (1,096,499) are estimated to be virally suppressed (UNAIDS, 2021). Zambia criminalizes men who have sex with men (who face a prison sentence of up to 14 years), sex workers and people who use drugs. This stops many people from these groups from getting the HIV prevention, testing and treatment they need, despite being at high risk of infection. As a result, these groups are extremely vulnerable to HIV, although data on HIV prevalence is limited. Abortion is only legal in limited circumstances on health grounds (for example, to save a woman's life or in cases of foetal impairment). HIV-related stigma remains an issue in Zambia, as one in four people hold discriminatory attitudes towards people with HIV.

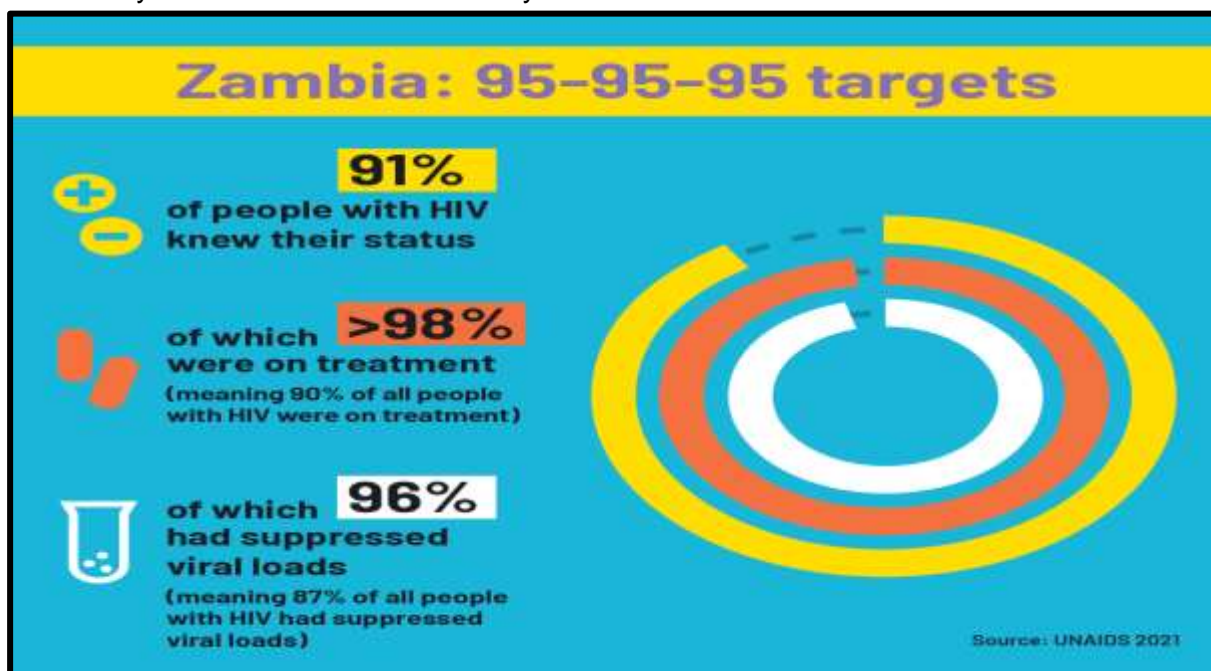
Zambia's HIV response is reliant on international funding, which accounts for 95% of HIV-related spending. In 2019, the Zambian Government introduced a National Health Insurance Scheme to increase domestic resources for the health sector, including for HIV. But the fallout of the COVID-19 pandemic means the government is now cutting public spending, which is likely to affect health. By 2026, government spending (as a share of gross domestic product) will be roughly half the amount that was spent in 2020.



⁷ Zambia Demographic Health Survey, 2018

3.0 Progress towards targets

The current targets for HIV testing and treatment are called the ⁸95-95-95 targets and must be reached by 2025 in order to end AIDS by 2030.



4.0 Macro-economic developments and outlook

Zambia's economy rebounded in 2021, with real GDP growing at 4.6%, from a contraction of 2.8% in 2020, supported by firmer copper prices, favorable external demand, good rainfall, and post-election market confidence. In 2022, challenges in agriculture, mining, and construction slowed down the pace of post-pandemic recovery. Real GDP grew by 3.7%, year-on-year, in Q1–Q3, driven by services. The current account surplus narrowed to 2.3% of GDP in 2022 as spillovers from the war in Ukraine raised Zambia's import bill while falling copper prices and output slowed growth in nominal export revenue. Uncertainty about debt restructuring reversed portfolio capital flows, triggering a more than 30% depreciation of the kwacha between September 2022 and March 2023 and placing pressure on official reserves. Zambia's recovery is expected to strengthen, with GDP growing by around 4.5% annually over 2023–25. Firmer copper demand from China and commencement of fertilizer production at a newly established domestic plant will broaden the base of GDP growth. Completion of reforms to agricultural policies, business regulations, and the energy sector will boost fiscal sustainability and promote private sector-led growth.

However, the Bank of Zambia expects inflation to rise and remain above its target band of 6–8% over the next two years on account of inflationary pressure from sustained exchange rate depreciation, increase in energy costs, and lingering external headwinds. Zambia ranks among the countries with the highest levels of poverty and inequality globally. The incidence of poverty worsened with the onset of the ⁹COVID-19 pandemic, but it is projected to slowly return to pre-pandemic levels by 2025, reflecting the sustained growth in the services and construction sectors that are expected to benefit the urban poor and reverse the recent

⁸ Source: UNAIDS 2021

⁹ Zambia: WHO Coronavirus Disease (COVID-19) Dashboard ...<https://covid19.who.int>

increase in urban poverty. Progress with rural poverty, however, is more uncertain. While the agriculture sector is projected to grow, rates are just above population growth and the sector is subject to high volatility. Structural barriers to agricultural productivity and limited ability to cushion external shocks among the rural poor mean that additional support may be needed to improve their livelihoods. More than 61% (2015) of Zambia's 19.6 million people earn less than the international poverty line of \$2.15 per day (compared to 41% across Sub-Saharan Africa) and three-quarters of the poor live in rural areas.

5.0 Political Context

Zambia gained its independence in 1964, under the leadership of first President Kenneth Kaunda. The nation is considered a stable country with successful democratic elections held every five years. After many years of a one-party state, Zambia became a multi-party state in 1991. Zambia's democracy is evident by the nine Presidential elections and four different political parties that have so far ruled the country. Among them are the United National Independence Party (UNIP 1964-1991), Movement for Multiparty Democracy (MMD 1996-2011), Patriotic Front (PF2011-2021) and currently the United Party for National Development (UPND). Current President Hakainde Hichilema of the UPND was elected in August 2021, after defeating then-incumbent President Edgar Lungu of the Patriotic Front. The next presidential elections in Zambia will be held on August 12, 2026.

6.0 PriCHO Strategic Direction 2024 – 2030

The priority areas which Pride Community Health Organization will embark on from 2024 to 2030 will be capacity and skills development, and investment in community and climate related health, education, water, sanitation and economic empowerment to the marginalized and vulnerable communities. Pride Community Health Organization will focus on those goals and strategic actions most relevant to the context in which they are working, and those which will be consistent with relevant national, district and local strategies and plans.

7.0 Overview of Strengths and Opportunities

A synthesis of the emerging trends and patterns from the operational context analysis revealed the following strengths and opportunities which Pride Community Health Organization will seek to utilize during this strategic period 2024-2030;

Strengths

1. Good, reputable and strong leadership.
2. Skilled, knowledgeable and committed staff.
3. Strong accountability mechanisms in place and use.
4. Sound organizational policies, procedures and structures.
5. Good relations, networks and contacts with key public and private actors.
6. Clear organization identity, legitimacy, focus and mandate.
7. Strong community led grassroots presence.

Opportunities

1. Possible district and national level engagements and leveraging of resources
2. Good possibilities for knowledge and evidence generation and sharing.
3. Possibilities to tap on local and own generated resources.
4. Existence of good networks (useful for expanding reach and presence).
5. Possibility for greater ICT exploration for greater reach and visibility.
6. Potential for programme diversification, integration, replication and acceleration.

Learning in Pride Community Health Organization is informed by acknowledging weaknesses and threats and identifying comprehensive solutions.

PART IV

1.0 Strategic Area 1: Health

1.1 By the end of 2030, contribute to improving the physical, mental and social wellbeing of children, adolescents, young people, and women and men of the reproductive age including persons with disability through strengthening linkages and access to quality, comprehensive and cost effective healthcare services at community level.

1.2 Health promotion and education

Health promotion is the process of enabling people to increase control over and to improve their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and realize aspirations, to satisfy needs, and to change or cope with the environment. Half of Zambia's population is under the age of 15 and approximately 20% are children under five. The country's literacy rate is at 66% (women) and 82% (men) aged 15-49 years. The country is grappling with disproportionately high dual disease burden (communicable and non-communicable diseases) leading to high morbidity and mortality. Preventable diseases account for nearly 80% of the total deaths in Zambia, the majority of which are caused by malaria, tuberculosis, childhood diseases (diarrheal and respiratory) and HIV-related opportunistic diseases. However, community health literacy on preventable diseases and promotion of healthy lifestyles is still low, leading to risky behaviours which result in increased morbidity and poor health outcomes. According to ZDHS 2018, the knowledge, attitudes and practices related to HIV prevention showed:

1. Low comprehensive knowledge of HIV with less than half (46%) among women and men aged 15-49 years.
2. Low knowledge of Mother-To-Child-Transmission of HIV with 60% of women and 50% of men aged 15-49 years know that HIV can be transmitted a baby during pregnancy, labour/delivery, or breastfeeding.
3. High multiple sexual partners with 2% of women and 15% of men aged 15-49 reported having two or more sexual partners in the 12 months prior to the survey
4. Low condom use, with 35% of women and 54% of men reported using a condom during their last sexual intercourse with a non-marital or non-cohabiting partner.
5. Coverage of HIV testing at 85% of women and 75% of men aged 15-49 have been tested for HIV and received the test results.
6. Male circumcision at 32% of men aged 15-49 years.

Challenges

1. Policy gaps.
2. Inadequate health knowledge.
3. Myths and misconceptions.
4. Low risk perception by community members.
5. Low self-efficacy to undertake behavioural change.
6. Inadequate Health Promotion personnel positions for sub-national level.
7. Emerging diseases and other health threats.

Key strategic actions

Innovative approaches to working with communities will be promoted and encouraged, as this action will provide the foundation for multilevel interventions. The organization have learned a great deal over the past nineteen (19) years about how to engage communities and develop effective partnerships. Community readiness and capacity to address change will key factors towards influencing community health promotion efforts. Accordingly, Pride Community Health Organization will analyze the community capacity (i.e., a community's resources, skills, networks, leadership, values, history) which will facilitate process of a deeper understanding of community dynamics and ways to mobilize a particular community for public health actions. Pride Community Health Organization will in the next six (6) years focus on implementing community driven health solutions which will contribute to the attainment of the national and global health goals, and ensure communities have access to equitable, quality healthcare services, Leaving No One Behind.

1.2 HIV prevention

Annual incidence of HIV among adults aged 15+ years in Zambia was ¹⁰0.31%, which corresponds to approximately 28,000 new cases of HIV per year among adults. HIV incidence was 0.56% among women and 0.06% among men. Zambia's HIV epidemic is generalized, with a persistently high prevalence of 11.7 per cent and annual incidence of 0.61 per cent among adults 15-59 years old. ¹¹Daily pre-exposure prophylaxis (PrEP) for HIV prevention is highly effective, but has not yet been widely deployed and acceptability levels are still very low because of inadequate communication of the benefits of oral PrEP. Life expectancy among people with HIV has improved significantly as a result of scaled-up treatment programmes in recent years, but Prevalence among adults in Zambia has changed little over the last decade despite decreasing infection rates.

Women in Zambia remain disproportionately affected (61.6%); adolescent girls and young women between 15 and 24 years of age have an incidence rate of 0.8 per cent compared to 0.2 per cent for adolescent boys and young men in the same age group. New infections among young women are consistently more than double those among young men. As a result, HIV prevention has been a key focus in recent years, and though PrEP has been rapidly scaled up in urban areas, and comprehensive sexuality education is now offered in primary and secondary schools, accessibility and acceptability still remains a challenge including hard to reach rural areas.

The risk of ¹²HIV transmission among key populations and their sexual partners is the major contributor to new HIV infections in eastern and southern Africa, and this risk is growing steadily in Zambia, and to close the gaps in ¹³HIV prevention, the urgent strengthening of tailored, high-impact, evidence- and rights-based combination HIV prevention, including the realization of the full potential of treatment as prevention, are key, transformative elements of the new Strategy. High rates of HIV acquisition persist among adolescent girls and young women, stemming from multiple vulnerabilities such as harmful social norms and practices, sexual and gender-based violence, lack of access to education or completion of secondary

¹⁰ The Zambia Population-based HIV/AIDS Impact Assessment 2021 (ZAMPHIA 2021)

¹¹ Accessibility to PrEP Changing Lives in Zambia <https://www.ghsupplychain.org>

¹² JC3053_2022-HIV-Road-Map-Publication_En_v6.pdf (unaids.org)

¹³ HIV/AIDS | UNICEF Zambia <https://www.unicef.org/Zambia>

school, poverty and age-disparate sex. Combination HIV prevention, including primary prevention, especially for young people, is also vital to eliminate vertical HIV transmission.

Challenges

1. Stigma and discrimination.
2. Stigma and discrimination associated with condoms
3. Rural areas not easily reached where there are no mobile outreach services.
4. Due to long distances some HIV positive clients find it difficult to return for linkages to further services.
5. Health workers and lay counsellors overwhelmed due to heavy workloads.
6. Stock outs of testing kits in some cases.
7. Poor uptake of pre -exposure prophylaxis (PrEP).
8. Low female condom consumption.
9. Lack of a well-defined total market approach to condom programming.
10. Lack of a well-coordinated community-based condom distribution mechanism
11. Lack of a coordinated M&E system to track condom distribution from the central level to end users.

Key strategic actions

Pride Community Health Organization will adapt new innovative community and facility based HTC interventions which have been proven to increase social and behavioural outcomes, such as increased knowledge of HIV, social norms for HIV testing, positive attitudes towards people living with HIV, condom use, and decreased multiple partner and casual sex behaviour compared to facility-based HTC. Implementation of community and facility based HTC with linkage to prevention, care, and treatment services still remains the primary choice to stop HIV transmission at individual and community levels. The organization will also prioritize adolescent girls and young women (AGYW), ages 16–25 years, who face alarmingly high rates of HIV in Zambia. AGYW will be a priority population for effective HIV prevention options, including oral pre-exposure prophylaxis (PrEP) during the implementation of the strategic plan.

1.3 Tuberculosis prevention and treatment

TB remains a disease of public health concern in Zambia and ranks among the top ten causes of mortality. However, the country has made tremendous progress in responding to the TB epidemic in the country. Between 2016 and 2021, TB incidence in Zambia declined from 376/100,000 population to 319/100,000 population (WHO Global Report 2021/MoH TB annual report 2021). Zambia is among the 30 high TB and TB-HIV burden countries. TB in Zambia remains a major cause of ill health and deaths especially among people living with HIV (PLHIV). In our setting, TB alone is responsible for at least 40% of the deaths among people living with HIV in Zambia. The World Health Organization in 2022 estimated the TB incidence to be at 307 per 100,000 a drop from 346 per 100,000 population. Overall, this represents a 60% reduction in the burden of TB in Zambia when compared with the level in 2000 (759/100,000 population).

TB related deaths have reduced by 65% in 2022 when compared to 2015. The mortality rate in 2015 was estimated to be 115/100,000 while in 2021 the TB mortality rate stood at 40/100,000. TB infections rate among PLHIV has reduced from 60% in 2018 to 34% in 2022. TB treatment coverage has increased from 58% in 2018 to 85% in 2022, meaning in 2018, Zambia was only detecting and treating 58% of the estimated incident cases and now is detecting and treating 85% of the estimated new cases of TB. While there has been palpable progress in there remains some gaps; 15% of new TB cases are not reached and treated, 55% of children exposed to TB patients are not provided the much needed TB preventive therapy,

stigma to TB, myths and misconceptions remains rife, knowledge level about TB by the public remains low. At present the TB laboratory diagnostic network can only readily meet the needs of 66% of the population with the 20Km radius, meaning. Meaning 44% are accessing TB diagnostic services by referral to nearby facilities.

Challenges

1. Sub-optimal multi-disciplinary involvement in TB management.
2. Low coverage of drug susceptibility testing to inform management of patients especially in cases of INH resistance
3. 3-4% of TB patients do not know their HIV status.

Key strategic actions

Pride Community Health Organization will implement community-based TB activities that will cover a wide range of activities contributing to prevention, diagnosis, improved treatment adherence and care that positively influence the outcomes of drug-susceptible, drug-resistant and HIV-associated TB. The activities will include community mobilization whose aim will be to promote effective communication and participation among community members to generate demand for TB prevention, diagnosis, and treatment and care services.

1.4 Antiretroviral treatment services

Zambia has attempted to create universal access to antiretroviral therapy. However, barriers still remain at the individual, institutional and national levels to access ART. The prevalence of HIV infection in Zambia is 15.1% among women and 11.3% among males with an overall prevalence of 13.3% among persons of age 15-49 years. Antiretroviral drugs (ARVs) were registered for use in Zambia in 2002, but the drugs were not provided free of cost until June 2004. ART not only prolongs the lives of people living with HIV (PLHIV); it also benefits HIV-negative people by reducing the risk of acquiring infection. Though there is widespread ART coverage in Zambia, PLHIV still face many challenges when accessing ART.

Barriers at three levels – individual, institutional and national – hinder people's attempts to access ART and following them in their own centres (outreach) could improve accessibility to ART. Prevalence of 14VLS among adults aged 15+ years living with HIV in Zambia was 86.2%: 86.6% among women and 85.5% among men. Note that these estimates of viral load suppression prevalence are among adults living with HIV, regardless of their knowledge of HIV status or use of antiretroviral therapy (ART). HIV positive children and adolescents and young people face various challenges including disclosure, adherence, cognitive delays and clinical conditions.

Even when access to treatment and adherence support is in place, complex social issues such as stigma, psychological distress and fear, family conflict and caregiver challenges contribute negatively to the health of HIV-positive children and adolescents. Poverty and household illness reduce the resilience of HIV-affected families to cope with livelihood stressors and disease burden. HIV-positive children and adolescents and young people face various challenges including disclosure, adherence, cognitive delays and clinical conditions. Even when access to treatment and adherence support is in place, complex social issues such as stigma, psychological distress and fear, family conflict and caregiver challenges contribute negatively to the health of HIV-positive children and adolescents.

¹⁴ The Zambia Population-based HIV/AIDS Impact Assessment 2021 (ZAMPHIA 2021)

Challenges

1. High incidence of HIV especially among adolescents and young people
2. High HIV associated mortality
3. Lower rates of HIV identification, treatment coverage and viral load suppression rates in children.
4. Higher HIV testing, treatment coverage, viral load suppression rates and mortality among men compared to females.
5. Inadequate coverage of diagnostic services for STIs in primary health care facilities.
6. Suboptimal viral load coverage and suppression in certain provinces of the country (Luapula, Northern and Muchinga provinces).
7. Poor uptake of pre -exposure prophylaxis (PrEP).
8. Low and inconsistent condom use
9. Mother to Child Transmission (MTCT) of HIV still happening especially during the breastfeeding period.
10. Transactional and intergenerational sex (AYP)
11. Low coverage of ART among children, adolescents and key populations
12. There are weak linkages and retention in treatment and care for children, adolescents, men
13. Follow up of defaulting clients difficult due to inadequate resources particularly transport
14. Inadequate treatment literacy/information given to clients.

Key strategic actions

Emerging data from both resource rich and limited settings have demonstrated that a substantial reduction in patient retention in clinical care occurs between each stage of the HIV treatment continuum from diagnosis and linkage to care, assessment of ART readiness to acceptability, receipt of initial ART, adherence and long-term retention in care, and treatment success as reflected by virologic suppression. Success along the HIV treatment cascade is even worse in key populations, namely, pregnant women, children and adolescents, sex workers, and men who have sex with men, and they are at high risk of acquiring as well as transmitting HIV to others, thus experiencing poor clinical and public health outcomes. Pride Community Health Organization will adapt community-based programs whose aim will be to promote retention in HIV care and/or ART adherence. These programs are now increasingly being recognized as an important and sustainable approach that could contribute significantly toward the UNAIDS 90-90-90 target and ultimately an AIDS-free generation.

1.5 Antenatal and growth monitoring services

In Zambia, the majority of women (97%) age 15 - 49 receive antenatal care (ANC) from a skilled provider (doctor, nurse, midwife and clinical officer), most commonly from a nurse/midwife (93%). The timing and number of ANC visits are also important. Thirty-seven percent of women had their first ANC visit in the first trimester, as recommended. Nearly two-thirds (64%) of women made four or more ANC visits. Male participation in the elimination of mother-to-child transmission (eMTCT) of HIV has been determined as one of the key factors in Zambia, but its realization is challenging because of male-related and institutional factors. Antenatal care is one of the key strategies that has been proven to prevent maternal bad outcomes. In Zambia, studies have shown that pregnant women are undergoing challenges in adhering to the recommended four antenatal care visits.

In 2018 for example, the percentage of pregnant women who managed to attend the first antenatal visit was 97 % but this dropped to 64 % among those who managed to attend four or more visits. In 2013 – 14, about 96% of pregnant women attended Antenatal care visits at least once during pregnancy period, but only 24% commenced antenatal care in the first trimester. It has been reported that most women commence their antenatal visits at 4.8 months of gestation. A scary and unacceptable statistic, and the maternal mortality rates (MMR) reported by ZDHS in 2018 was at 252 deaths per 100,000 live births while the neonatal deaths has increased from 24 deaths per 1,000 in ZDHS 2013 -14 to 27 deaths per 1,000 live births.

Challenges

1. Delays in results for DBS and sometimes samples are lost.
2. Stigma and discrimination.
3. Loss to follow on account of distance and transport challenges.
4. Discrimination and stigmatization of HIV positive mother's especially adolescent mothers at maternity centres.
5. Post-natal care challenges as mothers in the rural areas do not return for visits.
6. Late ante natal booking.
7. Low male involvement in ANC
8. Lower rates of HIV identification, treatment coverage and viral load suppression rates in children
9. Mother to Child Transmission (MTCT) of HIV still happening especially during the breastfeeding period.

Key strategic actions

Pride Community Health Organization will increase its support to community and facility based antenatal and growth monitoring services. Child growth and development is a problem in Zambia, where children under five years old are stunted and are underweight. Poor growth of children is associated with increased child mortality due to severe infections and more vulnerable to common childhood illnesses, which contributes to over one third of all deaths of children under five. Promotion of child growth is an international health priority in relation to control of the under-five mortality rate (Millennium Development Goal, MDG 4), and poverty reduction (MDG 1); and is a widely accepted practice strongly supported by health professionals.

1.6 Modern contraception or family planning services

In Zambia, the overall unmet need for contraceptives among married women stands at 21%, of which 14% are spacers and 7% are limiters. The contraceptive prevalence rate (CPR) is at 47%, with a noticeable difference between rural and urban communities. Currently, women in have an average of 4.7 children, and since 1992, fertility has decreased from 6.5 children per woman to the current level. Fertility varies by residence and province. Women in rural areas have an average of 5.8 children, compared with 3.4 children among urban women. By province, fertility ranges from 3.4 children per woman in Copperbelt to 6.0 children per woman in Luapula. Fertility also varies with education and household wealth.¹⁵ The use of family planning has increased from 15% in 1992 to 50% in 2018. Additionally, modern use among married women increased from 9% in 1992 to 48% in 2018. Among sexually active, unmarried women age 15-49, 43% use a modern method and 1% use a traditional method.

¹⁵ <https://dhsprogram.com/pubs/pdf/SR265/SR265>.

The most popular methods among sexually active, unmarried women are injectables (21%), implants (9%), and the male condom (7%). Women with higher education have an average of 2.4 children, compared with 6.4 children among women with no education. Fertility decreases as the wealth of the respondent's household increases. Most interventions have been unable to successfully address this unmet need due to various community and health system level factors. Identifying these inhibiting and enabling factors prior to implementation of interventions forms the basis for planning efforts to increase met needs.

Challenges

1. Long distances to health facilities
2. Undesirable healthcare provider attitudes
3. Stock-outs and lack of long acting reversible contraceptives
4. Lack of policies facilitating contraceptive provision in schools
5. Lack of policies facilitating contraceptive provision in schools
6. Myths, rumours and misconceptions about contraceptive methods
7. Stigma towards certain user categories (adolescents and unmarried)
8. Religious beliefs

Key strategic actions

Although community participation has been identified as being important for improved and sustained health outcomes, designing and successfully implementing it in large scale public health programmes, including family planning and contraceptive (FP/C) service provision, remains challenging. Pride Community Health Organization will strengthen its community partnerships and coalitions of government officials, implementing partners, and civil society to improve service delivery and impact around access to modern contraception and family planning services.

1.7 Sexual Reproductive Health Services

Sexual and reproductive health and rights, are fundamental human rights that are related to sexuality and reproduction. These rights allow people to make informed and meaningful decisions about their own sexual wellbeing, such as their sexual orientation, relationships, sexual activity, family planning or their bodies. Knowing your rights is important to have a good sexual and reproductive health. Sexual and reproductive health and rights are in particular important to young people because it is their right to have access to the correct information and services to positively influence their sexual health and future lives. Young people in Zambia are faced with a range of problems related to their sexual and reproductive health such as unwanted pregnancies, unsafe abortions, STI/HIV infections and Gender Based Violence (GBV).

However, discussion of subjects such as sexual health and sexuality is still regarded as inappropriate in many areas of the country, especially in rural communities. Therefore, young people in Zambia do not get appropriate guidance on how to avoid pregnancies. This has necessitated the introduction and development of several interventions aimed at improving the SRH among the youth. One such intervention is the provision of Comprehensive Sexual and Reproductive Health education (CSRHE) and life skills education. Sexual and reproductive health and rights encompass efforts to eliminate preventable maternal and neonatal mortality and morbidity, to ensure quality sexual and reproductive health services, including contraceptive services, and to address sexually transmitted infections (STI) and cervical cancer, violence against women and girls, and sexual and reproductive health needs of adolescents.

Zambia is also amongst the 20 hotspots in the world as regards the incidence of child marriage. The overwhelming majority of child marriages, both formal and informal, involve girls under 18 years old, although at times their spouses are also under-age. Universal access to sexual and reproductive health is essential not only to achieve sustainable development but also to ensure that this new framework speaks to the needs and aspirations of people and leads to realization of their health and human rights in Zambia.

Challenges

1. High teenage pregnancies.
2. Inadequate service providers and peer educators trained in adolescent health
3. Inadequate adolescent health spaces at facility and community level
4. Services provided to adolescents are not comprehensive or integrated
5. Unprotective/unsupportive environment requiring participation of parents and community gatekeepers
6. Low health literacy levels among adolescents.

Key strategic actions

Adolescents (young people aged between 10 and 17 years) have health care needs that are distinct from those of adults, particularly in the area of sexual and reproductive health and rights (SRHR). Neglect of their specific health needs leads to negative outcomes such as unwanted pregnancies, early marriages, sexually transmitted infections, and sexual violence. Pride Community Health Organization will strengthen its community-based interventions whose aim will be to provide SRHR information and services that could in long term contribute to reducing SRHR health challenges associated with increased new HIV infections, teenage pregnancies, early and forced marriages.

1.8 Children's Rights and Protection

Zambia has recently adopted the new **Children's Code Act**, a milestone legislation that consolidates and codifies the laws relating to the country's nine (9) million children. Protecting children's rights is crucial to the survival, health and well-being of Zambia's new generation, from children's rights to education and privacy to adoption and parenting laws, the provisions of the code cover the overall well-being of children. The Act not only states the legal definition of a child as any person below the age of eighteen (18), but also brings the country's measures for its children to meet international standards in child protection. Child defilement cases have been on the rise in recent years. The Zambia Police Service reported that in the second quarter of 2021, 576 children were defiled. That number increased by 10% from that reported in the first quarter of the same year. Children have also fallen victim to Gender-Based Violence (GBV). As of February 2022, 1,814 children were abused countrywide, representing 22.9% of all the victims of GBV reported. Girl children were the most affected with GBV, accounting for 1,342 (74%) cases compared to boys at 472 (26%) cases. It should be noted that the reported cases are just a fraction of the many incidences that remain unreported.

Challenges

1. High sexual violence rates
2. Inadequate service providers competent in children's rights and protection
3. Inadequate children's health spaces at facility and community level
4. Services provided to children are not comprehensive or integrated
5. Unprotective/unsupportive environment requiring participation of parents and community gatekeepers

Key strategic actions

The neglect of children's specific health needs after being sexually abused leads to negative outcomes such as unwanted pregnancies, early marriages, sexually transmitted infections, and sexual violence. Pride Community Health Organization will strengthen its community-based interventions whose aim will be to provide consistent and correct information and services on children's rights and protection that could in the long term contribute to reducing health challenges associated with increased new teenage pregnancies, HIV infections, early and forced marriages. This will also include the provision of training of parents and community gatekeepers on children's rights and protection and promoting protective and supportive environment which links to the integrated network of services for children at community level.

1.9 Nutritional services

Access to good nutrition is a major determinant of health, particularly among children and women. In Zambia, prevalence of malnutrition in children under the age of 5 years is high, leading to wasting, under-weight and stunting. Levels of wasting have declined from 6% in 1992, 5% in 2007 to 4% in 2018. Underweight prevalence has also declined from 21% in 1992, 15% in 2007 to 12% in 2018. However, prevalence of stunting has remained high at 35% in 2018. In Zambia, the prevalence rate of stunting is 35 per cent ¹⁶(DHS 2018), down from 40 per cent in 2014. A further 9 per cent of children have a low birth weight of less than 2.5 kg. This can be an indication of lower than normal development before birth, which can be a result of maternal malnutrition. In most instances, this is not something that is detected, as a large number of newborns are not weighed at birth.

Sub-optimal feeding practices are also highly prevalent. HIV positive women access food from the social welfare, community development and agriculture. The problem is that these departments are under-funded and, in most cases, go for months without any funding allocation. As this is usually the case most vulnerable women are subjected to hunger. Activities support and help vulnerable households improve food security through strengthened economic resilience and improved nutrition status. Nutrition activities are also designed in collaboration with other donors as part of the global Scaling up Nutrition Initiative. Pride Community Health Organization will contribute to improve the nutritional status of Zambian population, particularly for children, adolescents and women in child bearing age in line with the Global Nutrition Targets 2030.

Challenges

1. The prevalence of malnutrition still remains unacceptably high, with stunting currently at 35%, against the target of 14%, ranking third highest in the southern region.
2. Wasting at 4% against the target of 1%
3. Underweight at 12% compared to the target of 2%.
4. Sub-optimal feeding practices are also highly prevalent.

Key strategic actions

Malnutrition has remained one of the major public concerns in Zambia. The causes of malnutrition are numerous ranging from basic, immediate, and underlying factors. Pride Community Health Organization promote and support parents, caregivers and communities to improve their nutrition, with healthy, diverse and sustainable diets, good care and hygiene practices, and with a focus on the first 1,000 days of life.

¹⁶ DHS 2018

The organization will support community cooking demonstrations and food preservation, and will also partner with designated government health facilities, nutritional support group promoters and volunteers for outreach programs whose aim will be to screen and manage malnourished children. The approach is against the backdrop that partnering with promoters and volunteers working directly with households of pregnant and lactating mothers plus care givers under the mentorship of health providers will strengthen the process of positive identification of malnourished children in targeted communities.

1.10 Malaria prevention

Malaria remains endemic in Zambia, with the entire population considered to be at risk of contracting the disease. Risk is highest in the wetter, rural, poor provinces of Luapula, Northern, Muchinga and North-Western. Despite significant progress in control interventions since 2000, epidemiologic trends in malaria indicators worsened in 2020. To protect gains, Zambia's malaria elimination strategic plan identified that indoor residual spraying (IRS) needs to be undertaken at a near-universal level throughout 2022. From 2023, IRS will be scaled back and deployed only in malaria hot spots, with long-lasting insecticidal nets being used as the primary vector control intervention.

Malaria remains a major public health concern, leading to significant illness and death. According to national estimates, in 2021, there were 340 malaria cases per 1,000 population, against the target of less than 5 cases per 1,000, and 8 in-patient malaria deaths per 100,000 population. In the same year, Zambia recorded a total of 6,262,775 cases and 1,480 deaths due to malaria. Though major achievements have been made in malaria control, the disease remains a significant cause of morbidity and mortality in Zambia, with one in five children under age five infected with malaria parasites, and other vulnerable population groups at risk. The goal of attaining malaria elimination remains the national aspiration.

While recognized internationally for its ambitious goal of malaria elimination and for having attained pre-elimination levels in Southern Province, Zambia, as a whole remains a highly endemic malaria country, with the entire population considered to be at risk of contracting malaria. It is among the 20 countries with the highest malaria incidence and mortality globally, and the country carries 2% of the global malaria case burden and 6.1% of the case burden in East and Southern Africa. Risk is highest in the wetter, rural, impoverished provinces of Luapula, Northern, Muchinga and North Western (11–30% prevalence in 2018), and lowest in Lusaka Province (0.1% and Southern Province (<0.1%).

Zambia's 2018 Malaria Indicator Survey highlighted several encouraging trends;

1. The national infection rate in children under five years of age had decreased from 22% in 2006 to 9 % in 2018.
2. 80% of households in 2018 owned at least one insecticide-treated mosquito net (ITN), an increase from 38% in 2006.
3. 77% of children in rural areas, where risk is greatest, slept under bed nets in 2018, an increase from 42 % in 2008.
4. 81% of pregnant women in 2018 received medications to prevent malaria, an increase from 59 % in 2006.

Challenges

1. Climate change effects
2. Mosquito resistance to insecticides
3. Distributed mosquito nets are intended to be used for malaria protection, yet communities living in poverty use them for fishing, providing fresh concerns for already overfished coastal ecosystems

Key strategic actions

Community engagement (CE) is important for malaria prevention, control and ultimately elimination. Pride Community Health Organization will strengthen its community engagement approaches which will enhance health promotion practices and policy to drive malaria transmission down further. A variety of activities have been implemented for malaria prevention, control and elimination based on CE. The organization will work with community leadership groups which will comprise of local decision-makers, elderly and young people. The organization will also include drama campaigns and health education programmes that will be conducted in local languages and delivered in schools and churches. Other activities will include house-to-house visits by community health volunteers to improve early detection and timely treatment in rural areas with high levels of migration; and participatory action malaria research led by the community.

2.0 Strategic Area 2: Economic Empowerment

2.1 By the end of 2030, contribute to creating a sustainable inclusive community driven system that alleviates poverty through the provision of entrepreneurship skills and financial resources to improve and sustain income levels of informal sector businesses.

Even though gender equality is a fundamental human right and essential to achieve sustainable development, Zambia is far from being gender equal. Women's equality and empowerment (SDG 5) is also integral to all dimensions of inclusive and sustainable development. Women's and girls' social and economic empowerment also contributes to their ability to pursue their right to a healthy life. In all societies, power is not equally distributed. Economic and social empowerment puts women and girls in a stronger position and gives them the agency to make decisions that promote their own health and wellbeing, as well as that of their families. We believe that social and economic empowerment is a key factor to improving sexual and reproductive health and rights (SRHR) of women and girls. It enhances their ability to have a voice in decision making processes like marriage and pregnancy.

Women make enormous contributions to economies, whether in businesses, on farms, as entrepreneurs or employees, or by doing unpaid care work at home. But they also remain disproportionately affected by poverty, discrimination and exploitation. Gender discrimination means women often end up in insecure, low-wage jobs, and constitute a small minority of those in senior positions. It curtails access to economic assets such as land and loans. It limits participation in shaping economic and social policies. Pride Community Health Organization commits to investing in capacity building and skills development programmes. This action will contribute to women and girls receiving capacity building and skills development training which will improve their capacity to receive economic empowerment in form of financial support, and enable them to develop and eventually sustain their small businesses, and change the discourse that excludes them and keeps them in poverty.

Challenges

1. Zambia's national poverty rate remains stubbornly high.
2. Levels of inequality between rural and urban areas continue to rise affecting girls and women disproportionately.
3. With the poverty rate in rural Zambia at 78%, women and adolescent girls are particularly vulnerable due to lower human capital accumulation.
4. Lack of commitment and ownership to come out of poverty by target beneficiaries

Key strategic actions

Pride Community Health Organization will support the social and economic emancipation of vulnerable but viable community groups such as cooperatives, savings groups, small businesses, especially businesses owned by women and girls. This will be done through provision of skills development and financial support to already existing groups with the aim of facilitating the transition to formality in the informal sector. The capacity building will also facilitate access to mainstream economic resources. This action will facilitate the provision of effective legal and social protection and bringing these informal sector businesses into the ambit of formal arrangements and enhance the sustainability of their small businesses, household income and food security which ultimately contribute to poverty reduction in the communities.

3.0 Strategic Area 3: Education

3.1 By the end of 2030, contribute to strengthening an inclusive community driven child rights and protection system which actively responds to educational opportunities for less privileged children.

The Zambian Government plans to promote equitable and inclusive opportunities for girls, learners with disabilities and vulnerable children and youth. These plans come with their own challenges. For learning to take place or for a teacher to effectively deliver the lesson and achieve the behavioural objectives, a lot of factors have to be considered which include among many of them; 1. A conducive environment 2. Availability of appropriate teaching aids, 3. Clean and healthy surrounding especially toilets and other amenities, 4. Greater attention to detail of teachers preparation of lesson plans, 5. Schemes of work, 6. Week focused and records of work for monitoring and evaluations. Notwithstanding, should the standards highlighted above be compromised, the output is likely to be the worst. There are two types of lens which are used when it comes to sectors like education; the political which always has had a serious effect on the curriculum and the technical lens which seeks to maintain or improve the standards.

One hand wants to impress by quantity while the technical is concerned with quality control. Unfortunately, the political will always overrides the technocratic point of view. The provision of free education from early childhood education to secondary school level affords an opportunity to the disadvantaged from low-income families to access education. However, the continuing shortage of teachers and inadequate school infrastructure heightens the overcrowded nature of Zambian classrooms. Pride Community Health Organization will invest in primary and secondary education sector through providing support to marginalized and vulnerable learners in hard to reach communities. The investment will be in form of school requisite such as books, school fees in community schools, shoes, jerseys, school bags, pens, pencils, and donation of school desks. This action will contribute to ensuring that inclusive and equitable quality education and promoting lifelong learning opportunities is sustained.

Challenges

1. Lack of adequate infrastructure
2. Inadequate funding to schools.
3. Overcrowding in classrooms
4. Compromised teacher - learner ratio
5. Lack of adequate materials to aid learning.

Key strategic actions

Promoting inclusive and quality education at community level is an important goal that has the potential to transform the lives of individuals and communities. Quality education can provide individuals with the knowledge and skills they need to succeed in the workforce and contribute to their communities. It can also help to break the cycle of poverty, as educated individuals are more likely to be able to access higher paying jobs and better opportunities. Pride Community Health Organization will implement early childhood activities whose aim will be to enhance knowledge, skills, and resilience, which will contribute to promoting parenting behaviours that will help parents/guardians fulfil their roles as first teachers and first protectors for children in their first 1,000+ days of life. The organization will also support community and government schools with basic school requisites. The organization will also respond to children's rights on education, and **donate school desks to selected community and government schools.**

Strategic Area 4: Climate Change Mitigation and Resilience

4.1 By the end of 2030, contribute to promoting an inclusive effective community driven disaster risk reduction and management system of the impact of climate change.

Climate change is a major global threat to health, and is becoming a major problem for Zambia. Climate change leads to floods or droughts. Floods bring about epidemics such as diarrhoeal diseases, while droughts can lead to food shortages impacting negatively on nutrition status of the population. This critical pathway aligns with SDG 13 (climate action), and livelihood instability has increased in agricultural families mainly due to declines in agricultural yields and production related to major impacts on vegetation cover and levels of organic matter in soils, reliability and predictability of rainfall, length of period, temperature changes, high incidences and unpredictability of floods and drought. Farming families in Zambia are experiencing a slow and silent climate crisis that has driven about 13 per cent of the population into severe food shortages and which is having a knock-on effect across the country.

About 1.58 million people including an estimated 821,000 children are now facing an underreported environmental disaster, including late rains, prolonged dry spells, extreme high temperatures, devastating insect swarms, and floods. Zambia topped a list of the world's underreported crisis in 2021 as other emergencies overshadowed the slow creeping yet catastrophic suffering and enormous needs in this large, peaceful country in Southern Africa. Rising hunger levels are impacting the ability of children to go to school, with some staying home due to hunger pains, and contributing to some of the highest malnutrition rates in the world. After 15 years of economic progress, including achieving lower middle-income status in 2011, Zambia's economy has stalled, and the country now has among the highest wealth inequality in the world. This year, 2023 Zambia has experienced devastating floods that have experienced loss of lives, destroyed a lot of houses, businesses, and separated families.

This has had direct and indirect impact on people's mental health and psychosocial well-being. Several environmental, social and economic determinants of mental health have been negatively affected by climate change, and certain groups of people have been disproportionately at risk from climate change-related hazards, including people with pre-existing mental health conditions. Pride Community Health Organization will invest in the provision of mental health and psychosocial support (MHPSS) among the affected and displaced communities including those relocated into temporary shelters. The organization will address the effects of climate change such as the emergency of water borne diseases namely cholera, malaria and diarrhea.

Challenges

1. Increase in frequency and severity of seasonal droughts
2. Occasional dry spells
3. Increased temperatures in valleys
4. flash floods
5. Changes in the growing season.

Key strategic actions

Climate change poses serious threats to human health and well-being. It exacerbates existing health inequities, impacts on the social determinants of health and disproportionately affects vulnerable populations. Pride Community Health Organization will implement mental health counseling and psychosocial support programmes in affected areas. The organization will also promote climate adaptive and disaster resilient programmes for affected and displaced families in terms of building greater local control, resilience and diversity in agricultural and food systems to address food insecurity. The organization will also promote and encourage tree planting projects to enhance environmental sustainability.

5.0 Strategic Area 5: Water, Sanitation and Hygiene

5.1 By the end of 2030, contribute to the reduction of water borne diseases through investing in water, sanitation and hygiene inclusive community driven programmes.

In Zambia, 72% of households have access to an improved water source. Poor access to safe water and improved sanitation at 54% (ZDHS, 2018) has continued to drive diseases, such as diarrhoea, including cholera. Access to clean water is a fundamental human right, but many lack this basic necessity, especially those in rural communities, and access to safe and sustainable water, sanitation and hygiene reduces stunting, improves education quality and learning outcomes, and is essential for a child's health and well-being. Poor water, sanitation and hygiene (WASH) are the main causes of infections like cholera and diarrhoea, and inadequate WASH continues to be the leading cause of death of children under the age of five in sub-Saharan Africa. Girls and women are particularly affected by poor WASH conditions. The drudgery of hauling water leads to loss of productivity and leisure time and the lack of toilets negatively impacts their dignity.

Zambia's high rate of child stunting (35 per cent) is in part a result of poor sanitation. Research indicates that adequate sanitation can decrease the risk of stunting. In Zambian schools, lack of access to adequate water supply, sanitation and washing facilities negatively affects learners and contributes to high dropout rates, especially among girls. With separate toilets for girls and boys, and privacy for menstrual hygiene management, girls are more likely to remain in school, delay pregnancy and marriage, and have stronger employment opportunities.

Without safe water, children miss a lot of school, and fall behind and drop out. Access to basic water, sanitation, and hygiene (WASH) is widely acknowledged as an essential part of a healthy learning environment. For adolescent girls, schools offer a critical entry point for addressing menstrual hygiene management (MHM) barriers, especially if they are struggling to manage their menstruation with dignity and confidence in school settings that lack adequate MHM support, not to mention private, clean, and safe facilities. In January 2020, ¹⁷World Health Organization (WHO) cited the absence of water, toilets, soap, and waste management in health care facilities among the most urgent global challenges of this decade.

The Zambian government has recognized that menstrual health and hygiene management is an integral part of young girls' way of life and can impact the educational experience and choices of girls, particularly in rural communities. Therefore, water safety and quality are fundamental to human development and well-being. Providing access to safe water is one of the most effective instruments in promoting health and reducing poverty.

Pride Community Health Organization will invest in WASH programmes such as civic engagement, supporting children, including adolescent girls and families, with sustained access to safe and clean drinking water, promote the adoption of adequate sanitation and hygiene practices. The organization will also prioritize investments in schools in terms of menstrual health and hygiene management, and in health facilities to improve the quality and accessibility of these basic services.

Challenges

1. Poor sanitation reduces human well-being, social and economic development
2. Poor sanitation is linked to transmission of diarrhoeal diseases such as cholera and dysentery, as well as typhoid, intestinal worm infections and polio.
3. Poor sanitation exacerbates stunting and contributes to the spread of antimicrobial resistance.
4. Lack of access to clean and adequate **water** supply

Key strategic actions

Access to safe water is one of the most effective ways to improve the overall health of a community. Water, sanitation and hygiene programs are paired because each one impacts the others. Lack of sanitation through proper latrines or toilets can lead to contaminated water. Lack of clean water can impair hygiene. Lack clean water, sanitation and hygiene leads to health issues like intestinal infections, cholera and other illness than can lead to death. Pride Community Health Organization will facilitate and support access to safe and clean water programmes. The organization will also facilitate and support dignified sanitation and effective hygiene practices in target communities, schools and healthcare facilities, **and also** facilitate and support menstrual health hygiene practices.

¹⁷ Water, sanitation and hygiene in health care facilities Status in ...<https://apps.who.int>

6.0 Strategic Area 6: Enhancing Partnerships for Sustainability

6.1 Enhance organizational visibility and credibility through strengthening governance, management structures and systems to foster long-term institutional growth and sustainability

It is a well-known fact that African visionaries are achieving remarkable impact by partnering with communities to build accessible health infrastructure, inclusive health and education systems, strong local economies, and equitable societies. Local African non-for-profit organizations work hard to accomplish a world of good, but running one is much harder than it looks. Aside from the common issues that any company faces, like adapting to new technology and staying up to date with accounting and regulatory requirements, local nonprofits face additional challenges and problems specific to their sector. Having a steady income from any source is hard especially for local African nonprofits, and that can make budgeting a real challenge.

Pride Community Health Organization will strengthen its institutional structures through succession planning which will prepare for the eventual planned and permanent changes in leadership to ensure the organization achieves stability, transparency and accountability. This action will facilitate the creation of effective job designs, varied internal development opportunities and partner smart organizational structures as the means to promote the achievement of organizational objectives while creating an environment that will also promote employee engagement and retention. Pride Community Health Organization will endeavour to grow the organization by being transparent and accountable to the funders/donors, community and to board and staff members. Our organization knows that the level of transparency expected from nonprofit organizations is higher than that of for-profit organizations. Therefore, the institution will take the following steps to remain transparent.

Challenges

1. Brand and scale up visibility through media outreach and social media platforms
2. Update the main website content and social marketing, media relations
3. Conduct an environmental scan and provide donor intelligence to increase probability of attracting funds
4. Spearhead proposal development efforts ensuring efficient coordination with teams and the submission of high quality grant proposals in strategic priority areas
5. Continually seek innovative means of attracting new donors
6. Focus energy on developing a fortified annual reports that will be shared widely both locally and internationally via announcements and social networks.
7. Share a variety of media showing our organization in action through uploading images and videos to ensure and earn funders/donors trust
8. Pride Community Health Organization will own up to any challenges. The organization will share the challenges and how they will be addressed in a timely manner. Whether prioritizing sustainability in the programming or being transparent about failing to reach a fundraising goal.

Key strategic actions

Pride Community Health Organization will strengthen its institutional structures through succession planning which will prepare for the eventual planned and permanent changes in leadership to ensure the organization achieves stability, transparency and accountability. This action will facilitate the creation of effective job designs, varied internal development opportunities and partner smart organizational structures as the means to promote the

achievement of organizational objectives while creating an environment that will also promote employee engagement and retention. Pride Community Health Organization will endeavour to grow the organization by being transparent and accountable to the funders/donors, community and to board and staff members. Our organization knows that the level of transparency expected from nonprofit organizations is higher than that of for-profit organizations. Therefore, the institution will take the following steps to remain transparent.

PART VI

Management and Governance

Implementation Structure

The Board of Directors is the highest governing body of Pride Community Health Organization and is charged with providing strategic and policy direction as well as oversight over the strategic, financial, operational and programme matters. The board has two standing committees, namely Programmes and Finance committees. However, on needs basis, they constitute ad hoc board committees. The board delegates its strategic oversight role to the Chief Executive Officer, and is charged with setting priorities, overseeing Strategic Plan implementation, resource mobilization and stewardship over organizational resources. Pride Community Health Organization has a management team comprising the Chief Executive Officer and the Head of Programmes, Programme Manager, and the Finance Manager. The management team is responsible for overseeing the day to day operations of Pride Community Health Organization's programmes, finance, human resource and administration.

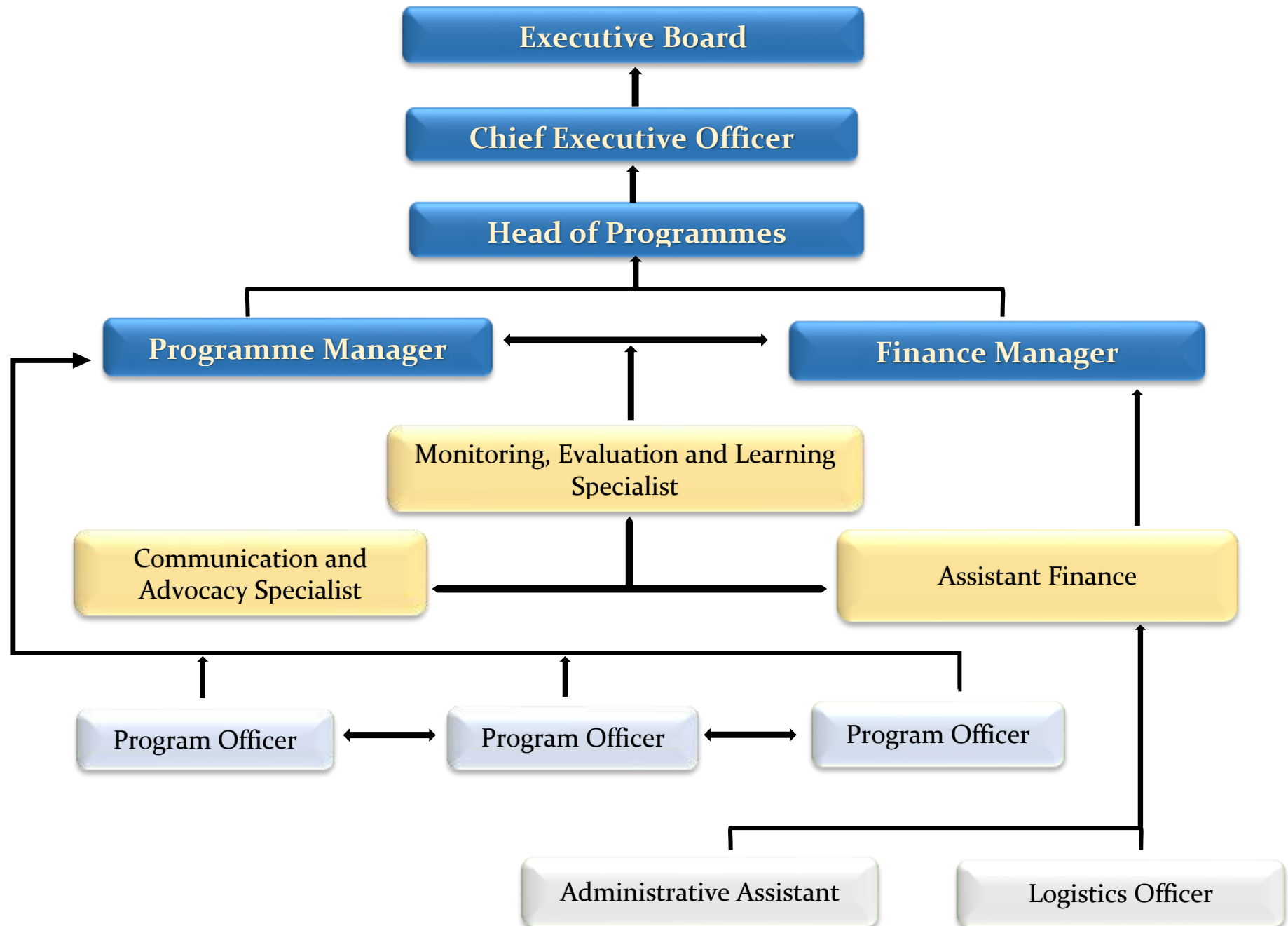
PART VII

Monitoring and Evaluation

In implementing the six-year Strategic Plan 2024-2030; Pride Community Health Organization will develop a detailed Monitoring and Evaluation System and Framework which will highlight the strategic objectives, clear outcomes, outputs and indicators. As a primary data collection tool at programmatic level, results will be captured on a cumulative performance basis in line with the objectives with questions defining the indicators either by outcome or by output. These will be updated on a quarterly basis. Additional data collection tools to be used to measure outputs at activity level will include checklists, attendance lists (disaggregated by age and sex) minutes of engagement meetings, reports, and many other supporting tools. These will be analysed at all times using gender statistics which will highlight sex, age groupings, and geographical area, focus areas, among others)

This Strategic Plan 2024-2030 will be monitored through the Monitoring and Evaluation Specialist under the **Monitoring, Evaluation and Research Unit**. The work will involve weekly and monthly monitoring of output indicators, quarterly output and short term outcome indicators and six monthly and annual outcome indicators. Any deviations of unintended outcomes will be recorded and corrective interventions such as reviews of actions and interventions are necessary. A mid-term independent evaluation of long term outcomes and impact indicators will be undertaken mid-way into the implementation of the Strategic Plan to review the progress of achieving the planned long term objectives and meeting the goals of the six-year plan. The end term evaluation will conclude the results ascertainment of the success or not of the implementation of the Strategic Plan 2024-2030 as measured against the planned goal, strategic objectives, outcome and indicators of success as agreed at strategy formulation stage.

PRIDE COMMUNITY HEALTH ORGANIZATION ORGANOGRAM



THEORY OF CHANGE 6 YEAR PROGRAM MATRIX

LOGICAL FRAMEWORK 2024 – 2030				
PROGRAMME FOCUS AREA 1: HEALTH Good Health and Wellbeing				
Long-term Outcomes	Indicator	Target	Baseline	Sources of Verification
<p style="text-align: center;">Pride Community Health Organization's Commitment</p> <p>Contributing to improving the physical, mental and social wellbeing of children, adolescents, young people, women and men of the reproductive age including persons with disability through strengthening linkages and access to quality, comprehensive and cost-effective healthcare services at community level levels by 2030.</p>	1. By 2030, contribute to the reduction of communicable diseases through empowering individuals, families, households and communities with knowledge and skill to realize the highest level of health and well-being in Pride Community Health Organization's target areas	50,000	0	<ol style="list-style-type: none"> 1. Country SDGs Progress Report 2. Quarterly HMIS Reports 3. Zamphia Research Reports 4. Country UNAIDS Progress Report Zambia 5. National AIDS Council Reports 6. Monitoring surveys
	2. By 2030, contribute to a reduction in new HIV infection cases among adolescents and young people aged 10 – 19 years through facilitating and supporting uptake, linkages and referrals in HIV testing, ART based preventive technologies in Pride Community Health Organization's target areas	25,000	0	
	3. By 2030, contribute to a reduction in new incidences of tuberculosis cases through enhancing patient follow-ups/scale up treatment support among the co-infected clients in Pride Community Health Organization's target areas	15,000	0	
	4. By 2030, contribute to an increase in the proportion of pregnant girls and women attending ANC within the first trimester through facilitating and supporting community led maternal and child health services in Pride Community Health Organization's target areas	6,000	0	
	5. By 2030, contribute to an increase in access and uptake of contraceptives among the reproductive age group through facilitating and supporting the distribution of commodities in Pride Community Health Organization's target areas	26,000	0	
	6. By 2030, contribute to an increase in access and uptake of sexual and reproductive health services among adolescents and young people through facilitating and supporting the concept of one stop shop with integrated sexual reproductive health services, and provision of Comprehensive Sexuality Education to in-school and out of school young people in Pride Community Health Organization's target areas	30,000	0	
	7. By 2030 contribute to improving the protection of the rights and safety of children who enjoy the right to grow up in a safe and supportive	10,000	0	

	environment free from violence, abuse, neglect and exploitation at community level.						
	8. By 2030, contribute to strengthening infant and young child feeding programmes through facilitating and supporting nutritional services by distribution of high energy proteins supplements (HEPS) in government health facilities in Pride Community Health Organization's target areas	5,120		298			
	9. By 2030, contribute to the reduction in malaria infections and deaths, through facilitating and supporting facility and community based case management in Pride Community Health Organization's target areas	3,000		0			
Short-term Outcomes	Indicator	Target	Baseline	Sources of Verification	Key Partners	Assumptions	
Increased access and utilization of equitable, cost effective, quality health care services at local and district levels	Number of designated community members receiving health promotion and education messages and accessing quality health care services at local and district levels	155,600	0	<ol style="list-style-type: none"> 1. Project Reports 2. Project Baseline Survey Reports, 3. Project Monitoring Reports 4. Project Evaluation Reports 	<ol style="list-style-type: none"> 1. District Health Office 2. Department of Social Welfare 3. Kafue District Social Protection Committee 4. District Education Board 5. District HIV/AIDS Committee 6. Local Authority 7. Key CSOs 8. Funding Partners 	Willingness by the stakeholders to collaborate, share and strengthen linkages	
Outputs	Indicator	Target Per Year	Activities		Budget (K)	Responsibility	Assumptions
Implementation of relevant gender-sensitive and responsive high impact community led interventions to contribute towards attainment of the national and global health goals, and ensure equitable access to quality healthcare to all in Zambia. Parents and community gate keepers trained on Child rights and protection.	Number of community members receiving health promotion and education messages	8,333	Facilitate and support community engagement, mobilization, linkages, referrals, joint planning, coordination and monitoring through approved community led projects			Head of Programme Programme Manager Program Officers	Community and the Key partners, gatekeepers and allies embrace the programme in the targeted communities
	Number of adolescents and young people aged 10 – 24 years who receiving health promotion and education messages and access maternal and reproductive health services	4,167	Facilitate and support community engagements, mobilization, linkages, referrals, one stop AYFS through approved community led projects				
	Number of patient follow-ups community visits conducted	16 visits/year	Facilitate and support patient follow up community visits through approved community led projects				
	Number of pregnant girls and women who attend ANC within the first trimester	1,000	Facilitating and support community led maternal and child health services through community engagements, mobilization, linkages, referrals, one stop AYFS through approved community led projects				
	Number of contraceptives distributed	4,333	Distribution of contraceptives				

	Number of parents and community gatekeepers trained in Child Rights and Protection	500	Conduct a training to parents and community gatekeepers on Child rights and protection.			
	Number of adolescents and young people accessing integrated sexual reproductive health services and CSE at facility and community level	5,000	Facilitating and supporting community engagement, mobilization, linkages, referrals, one stop AYFS through approved community led projects			
	Number of malnourished infants and children receiving high energy protein supplements	853	Facilitating and supporting community engagements, mobilization, linkages referrals through approved community led projects			
	Number of households receiving treated insecticide nets	200	Facilitating and supporting distribution of treated mosquito nets			

PROGRAMME AREA 2: ECONOMIC EMPOWERMENT

Gender Equality

Long-term Outcomes	Indicator	Target	Baseline	Sources of Verification		
Pride Community Health Organization's Commitment Contribute to creating a sustainable inclusive community driven system that alleviates poverty through the provision of entrepreneurship skills and financial resources to improve and sustain income levels of informal sector businesses by 2030.	Increased access and control over resources among vulnerable girl, young women and women	3,600	97	1. Ministry of Small and Medium Enterprises Reports 2. Civil Society for Poverty Reduction Reports 3. Jesuit Centre for Theology Reflection Reports 4. Zambia Statistical Agency Surveys		
	Increased number of girls and young women with greater voice and decision making capacity.	150	10			
Short-term Outcomes	Indicator	Target	Baseline	Sources of Verification	Key Partners	Assumptions
Increased number of young girls and women in Pride Community Health Organization's operational areas accessing social and economic opportunities to improve their livelihoods	Number of targeted young girls and women that have accessed social and economic opportunities in Pride Community Health Organization's operational areas	600	0	1. Project Reports 2. Baseline survey reports 3. Monitoring reports	1. Departments of Social Welfare 2. Department of Community Development 3. Department of Small and Medium Enterprises 4. Department of Fisheries 5. Department of Livestock	Willingness by women to improve livelihoods
More vulnerable and marginalized girls and women secure access to and control over resource	Number of girls and women owning small, medium and large enterprises	600	0			
More women own or better manage small, medium and large enterprises						

Greater voice and decision making among girls and young women	Number of girls and young women engaged in decision making at family level and community level		600	0		6. Department of Agriculture		
Outputs	Indicator	Target per year	Base-line	Activities		Budget (K)	Responsibility	Assumptions
Linkages and referral systems created for rural based girls and young women to access economic empowerment opportunities and improving their livelihoods and incomes	Number of vulnerable young girls and women identified	600	0	Facilitate and support girls and women with sustainable economic opportunities through capacity building and skills development			Head of Programmes Programme Manager Program Officers	Availability and willingness of rural based women to participate in the activity
PROGRAMME AREA 3: EDUCATION Quality Education								
Long-term Outcomes	Indicator			Target	Baseline	Sources of Verification		
Pride Community Health Organization's Commitment Contribute to strengthening an inclusive community driven child rights and protection system which actively responds to educational opportunities for less privileged children by 2030.	Increased number of marginalized and vulnerable learners accessing quality education and are socially and economically empowered in Pride Community Health Organization's target schools by 2030			2,142	290	<ol style="list-style-type: none"> Monitoring surveys Periodic reports Evaluation reports District Education Board Reports 		
Short-term Outcomes	Indicator	Target	Baseline	Sources of Verification		Key Partners		Assumptions
Improved learning environment for vulnerable and marginalized learners through the provision of desks, books, uniforms and WASH services.	Number of marginalized and vulnerable learners that received school requisites and accessing WASH facilities.	357	0	<ol style="list-style-type: none"> Monitoring report Project reports School reports Baseline survey report 		<ol style="list-style-type: none"> District Education Board Department of Social Welfare 		Willingness by communities to support girls' education
Reduction in the number of pregnancies and school dropouts among vulnerable and marginalized learners	Number of pregnancies and school dropouts recorded among learners	0	0					
Outputs	Indicator	Target	Baseline	Activities		Budget (K)	Responsibility	Assumptions

Increased number of vulnerable learners accessing education opportunities to improve their quality of lives	Number of school requisites purchased such as books, desks, and school uniforms	1,300	650	Facilitate and support the purchase of books, and school uniforms.	Head of Programmes Programme Manager Program Officers	Willingness by communities to support girls' education
	Number of school desks purchased	160 (40 per School)	20	Facilitate and support the provision of school desks Pride Community Health Organisation Target Schools		
	Number of learners reached with SRHR information	6,220	1,555	Facilitate and support dialogue for health with learners.		
	Number of learners tested for HIV	1,500	0	Facilitate and support in school HTC services		
	Number of learners tested for pregnancy	750	0	Facilitate and support in school pregnancy testing		

PROGRAMME AREA 4: CLIMATE CHANGE MITIGATION AND RESILIENCE
Climate Action

Long-term Outcomes	Indicator	Target	Baseline	Sources of Verification		
Pride Community Health Organization's Commitment Contribute to promoting an inclusive effective community driven disaster risk reduction and management system of the impact of climate change by 2030.	Number of displaced and affected families accessing mental health counselling and psychosocial services	1,200	0	1. Community development and social services 2. Disaster Management and Mitigation Unity 3. Ministry of Agriculture and Livestock 4. Zambia Environmental Management Agency 5. Monitoring reports 6. Project reports		
	Number of community members with improved climate change adaptations and resilience strategies	1,200	0			
Short-term Outcomes	Indicator	Target	Baseline	Sources of Verification	Key Partners	Assumptions
Increased number of displaced and affected community members coping with and adapting to change and uncertainty	Number of displaced community members reached with mental health and psychosocial counselling	200	0	1. Community development and social services 2. Disaster Management and Mitigation Unity 3. Ministry of Agriculture and Livestock 4. Zambia Environmental Management Agency 5. Monitoring reports 6. Project reports	1. District Disaster Management Team 2. Department of Social Welfare 3. Department of Agriculture 4. Department of Fisheries 5. Department of Livestock 6. District Health Office	Willingness of community members to own the initiative
Increase the number of household sleeping under treated mosquito nets	Number of displaced community members sleeping under a treated mosquito net	200	0			
Increased food security among displaced communities	Number of displaced community members using drought resilient crops or plants.	200	0			

Outputs	Indicator	Target	Baseline	Activities	Budget (K)	Responsibility	Assumptions
Increased number of displaced and affected communities accessing relief aid including accessing mental health services	Number of displaced community members accessing mental health and psychosocial services	200	0	Facilitate and support the provision of mental health and Psychosocial counselling to displaced communities		Head of Programmes	
	Number of insecticide treated nets distributed to displaced communities	200	0	Facilitate and support the distribution insecticide treated nets to displaced community members		Programme Manager	
	Number of displaced community member reached with climate change information	200	0	Facilitated and support the dialogue for Health on climate change mitigation and resilience		Program Officers	
	Number of climate change resilience crops distributed among affected communities and districts	2,400	0	Facilitate and support the distribution drought resilient crops in drought affected communities			

Programme Area 5: Water, Sanitation and Hygiene
Clean Water and Sanitation

Long-term Outcomes	Indicator	Target	Baseline	Sources of Verification
Pride Community Health Organization's Commitment Contribute to the reduction of water borne diseases through investing in water, sanitation and hygiene inclusive community driven programmes by 2030.	Number of water borne disease cases reported at health facilities in Pride Community Health target areas	< 100	0	1. Monitoring surveys 2. Periodic reports 3. Evaluation reports
	Number of Children <36 months old who suffered from diarrhoea diseases	< 100	0	
	Number of households with year –round access to improved water source points such as boreholes	4,800	0	

Short-term Outcomes	Indicator	Target	Baseline	Sources of Verification	Key Partners	Assumptions
1. Change in attitude and Practices towards WASH Hygiene and menstrual health management among adolescents and young women and men	Number of community members accessing and utilizing constructed or renovated public hygienic sanitation facilities such as toilets, bathrooms and latrines by PriCHO	4,800	0	4. District Health Report 5. School Reports 6. Ministry of water Development and Sanitation Report	1. Head of Programmes 2. Programme Manager 3. Program Officers	Willingness of community members to own the initiative
2. Increased number of marginalized and vulnerable learners and community members to access and	Number of learners accessing and utilizing constructed or renovated school hygienic sanitation facilities by PriCHO	48,000	0			

utilization of cleaning water and hygienic sanitary facilities.	Percentage pass rate among girls and young women		75%	0	7. Monitoring surveys 8. Periodic reports		
3. Contribute to the increased school attendance, retention and performance							
Outputs	Indicator	Target	Base-line	Activities	Budget (K)	Responsibility	Assumptions
Increased opportunity for Identified vulnerable and marginalized communities and schools to access safe and clean water through renovated and/or construction of WASH infrastructures and boreholes Increased knowledge levels among targeted boys and girls, young women and men on water, sanitation and hygiene practices including menstrual health management	Number of WASH facilities installed or rehabilitated in communities and learning institutions	8 (2 per District)	0	Facilitate and support the installation or rehabilitation of WASH facilities learning institution and communities		1. Head of Programmes 2. Programme Manager 3. Program Officers	Willingness of community members to own the initiative
	Number of boreholes sink in vulnerable and marginalized communities and learning institution	4 (1 per District)	0	Facilitate and support the installation of Boreholes in vulnerable and marginalized communities and learning facilities.			
	Number of people reached with WASH information	4,800 (1,200 per District)	0	Facilitate and support dialogue for health with community on strengthening water, sanitation and hygiene programmes			
	Number of sanitary pads distributed	4,000 (1,000 per District)	0	Facilitate and support the distribution of menstrual hygiene products (sanitary pads)			
Institutional Development and Sustainability <i>Financial and Human Resource Management</i>							
Long Term Outcome	Indicator	Target	Baseline	Sources of Verification			
A well-positioned and functioning organization with improved performance in critical areas leading to measurable results in achieving Pride Community Health	Number of board, staff and volunteers receiving capacity building and professional skills development	40	40	Internal Reports			
	Number of professional staff who have upgraded their professional	6					

Organization's goals and objectives, and ability to mobilize resources to sustain operational and programme costs	Number of staff identified and promoted through internal staff succession planning methodologies			4			
Short Term Outcomes	Indicator	Target	Baseline	Sources of Verification	Key Partners	Assumptions	
Strengthened governance and management structures and systems in Pride Community Health Organization's Secretariat	Number of organizational policies reviewed, adopted and approved by the board	5	5	1. Board Reports 2. Organizational Assessment Reports			
Increased financial resources to support Pride Community Health Organization's institutional programmes	Number of new long term funding contracts successfully negotiated	12	5				
Enhanced organizational visibility and credibility of Pride Community Health Organization	Number of new partnerships initiated/old partnerships strengthened	10	4				
Outputs	Indicator	Target	Baseline	Activities	Budget (K)	Responsibility	Assumptions
Implement internal organizational capacity building framework	Number of board meetings conducted	18	1	Conduct quarterly board meetings	12	Head of Programmes	
	Number of weekly staff meetings	288	288	Conduct weekly staff technical meeting	288		
	Number of Staff evaluation meetings	6	6	Conduct semi and annual staff evaluation meetings	12	Programme Manager	
	Number of staff appraised	12	7	Conduct staff appraisals	12		
	Number of projects review meetings	24	0	Conduct semi-annual project progress review meetings	0	Program Officers	
	Number of financial audit	6	6	Conduct yearly financial auditing	6		
	Number of active social media platform	4	4	Conduct community engagement and social media platform to enhance PriCHO's credibility and visibility	4		



**BUDGET ESTIMATES
2024 – 2030**

Area Code	Key Programme Areas	Long Term Outcomes	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	
Direct Costs									
1	P 9:1	Health Programme	By the end of 2030, contribute to improving the physical, mental and social wellbeing of children, adolescents, young people, and women and men of the reproductive age including persons with disability through strengthening linkages and access to quality, comprehensive and cost effective healthcare services at community level.	948,500.00	948,500.00	948,500.00	1,129,700.00	1,129,700.00	1,129,700.00
2	P 9:2	Economic Empowerment Programme	By the end of 2030, contribute to creating a sustainable inclusive community driven system that alleviates poverty through the provision of entrepreneurship skills and financial resources to improve and sustain income levels of informal sector businesses.	300,000.00	300,000.00	300,000.00	400,000.00	400,000.00	400,000.00
3	P 9:3	Education Programme	By the end of 2030, contribute to strengthening an inclusive community driven child rights and protection system which actively responds to educational opportunities for less privileged children.	250,200.00	250,200.00	250,200.00	250,200.00	250,200.00	250,200.00
4	P 9:4	Climate Change Mitigation and Resilience Programme	By the end of 2030, contribute to promoting an inclusive effective community driven disaster risk reduction and management system of the impact of climate change.	350,750.00	350,750.00	350,750.00	350,750.00	350,750.00	350,750.00
5	P 9.5	Water, Sanitation and Hygiene Programme	By the end of 2030, contribute to the reduction of water borne diseases through investing in water, sanitation and hygiene inclusive community driven programmes.	280,000.00	280,000.00	280,000.00	280,000.00	280,000.00	280,000.00
6	P 9.6	Institutional Development and Sustainability	A well-positioned and functioning organization with improved performance in critical areas leading to measurable results in achieving Pride Community Health Organization's goals and objectives, and ability to mobilize resources to sustain operational and programme costs	110,000.00	110,000.00	110,000.00	110,000.00	110,000.00	110,000.00
Sub Total				2,239,450.00	2,239,450.00	2,239,450.00	2,520,650.00	2,520,650.00	2,520,650.00
Operational Costs									
7	P 9:7	International Travel Costs	Enhancing institutional and program management structures	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00
8	P 9:8	Local Travel Costs	Facilitate programme service delivery	70,000.00	70,000.00	70,000.00	70,000.00	70,000.00	70,000.00
9	P 9:9	Running Costs	Internal and external costs	95,000.00	95,000.00	95,000.00	95,000.00	95,000.00	95,000.00
10	P 9:10	Capital Expenditure Costs	Building and maintenance of organization property/assets	90,000.00	90,000.00	90,000.00	90,000.00	90,000.00	90,000.00
11	P 9:11	Professional Costs	Wages and salaries	1,323,300.00	1,323,300.00	1,323,300.00	1,455,630.00	1,455,630.00	1,455,630.00
Sub Total				1,678,300.00	1,678,300.00	1,678,300.00	1,810,630.00	1,810,630.00	1,810,630.00
Grand Total				3,917,750.00	3,917,750.00	3,917,750.00	4,331,280.00	4,331,280.00	4,331,280.00

Annex 2

References

Zambia Statistics Agency Data

District Situation Analysis (DSA)

DHO statistics

National AIDS policy

Revised NASF 2018 -2023

Vision 2030

ADH Strategic Plan 2022 – 2026

National Health Strategic Plan 2022 – 2026

Revised Pride Community Health Organization Constitution, 2021

Pride Community Mapping Report, September 2022

Eighth National Development Plan (8NDP)

Zambia Demographic Health Survey 2018