

Project Success Stories



Introduction

The Sexual and Reproductive Health for All Initiatives (SARAI) was a USAID funded project whose goal was to increase the modern contraceptive prevalence rate by 2% annually through increased access to and improved quality of FP/RH services from 2015 to 2020. The project was implemented in Luapula, Muchinga and Copperbelt with the aim to provide women of child bearing age the opportunity and choice to plan their families. The project aimed to achieve the stated goal through 1) improving family planning services delivery, 2) strengthening accountability of Family Planning service delivery systems, and 3) increasing healthy Family Planning and reproductive health practices.

While there are many more untold stories, this booklet is a collection of success stories from the many people whose lives were impacted in different ways by the implementation of the project. The stories are a reflection of how this USAID funded project addressed the needs of different people in different parts of Zambia and improving livelihoods through advocacy and quality service provision for Family Planning.

Table of Contents

Introduction	i
Disability Was Not Inability For SARAI	1
SARAI Built My House	1
Headman Chibansa Breaks Masculinity Barrier On Family Planning	2
An Adolescent Re-programming Success Story	3
Contraceptive Changes Story Of An Adolescent In Rural Nakonde.	4
Future Planning – A Prepared Adolescent	5
IUCD Client Moves Up The Stair Way From Trial To Advocacy	6
Uplifting Lives Of Chingola Residents	6
Impact Of GLOW Camps In Luapula	7
Community Based Distributor Wins Award For Community Service Dedication	8
Allen Katai Decides To Have No More Children	9

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DISABILITY WAS NOT INABILITY FOR SARAI

By Ernest Kamunu and Joseph Mkandawire - SFH

Beatrice Mulenga, a 23-year-old peasant farmer from Bulangililo community, and her husband were both deaf and mute, and together, they had one child. Bulangililo is situated in the Northern part of Kitwe, Zambia, with a catchment population of 30,106 people and 7,079 women of child bearing age. The couple experienced tough economic times, as their only sources of income were farming and occasional small jobs. Due to economic challenges, the couple decided they were not ready for another child, but still wanted to have a healthy and enjoyable sex-life. They decided to plan their family by accessing modern contraception through the USAID Family Planning (FP) funded project - SARAI.

At the time, SARAI was providing support and supervision to a number of health facilities throughout the country, and Bulangililo clinic, on the Copperbelt was one of these. The couple were able to access FP services through the SARAI project team at the clinic, where Beatrice was introduced by a community based distributor (CBD), to the different methods of family planning, through a translator. The translator made use of both sign language and the visual aid, which was developed by SARAI. The visual-aid made it possible for the inclusion of the differently abled to learn and make informed choices, as prior to this, the couple was only knowledgeable about the injectable methods.

Comprehensive information, education and communication (IEC), and FP Counselling were



PROJECT SUCCESS STORIES

provided to the couple, despite their low literacy levels, ensuring that they had a complete understanding of all their options before they made a decision. Following the counselling sessions, the couple was able to make an informed decision, and chose implants (a long-term reversible contraception) as their FP method.



SARAI Reproductive Health provider explaining family planning methods using visual aid.

Beatrice was happy with the LARC methods and urged more women with disabilities to access FP methods of their choice, without being subject to discrimination. **END**

SARAI BUILT MY HOUSE

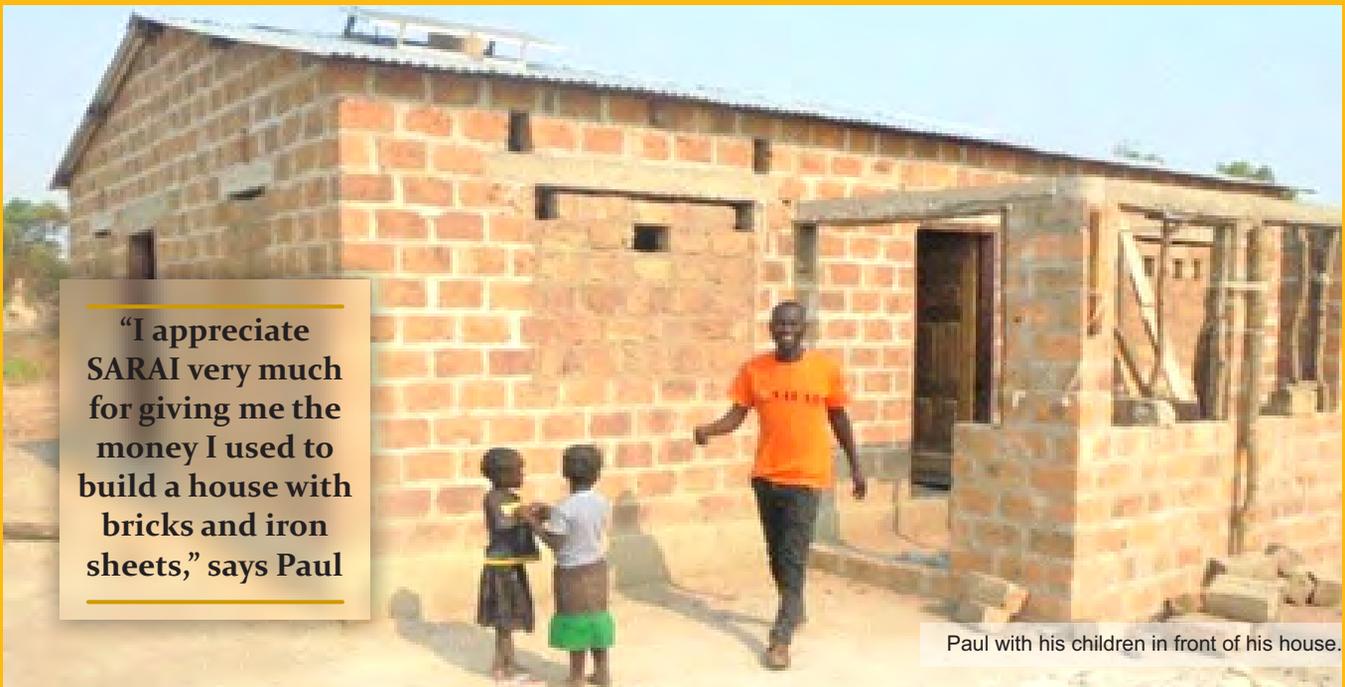
By George Katyetye-SFH

Paul Nyandwe is a 30-year-old Community Based Distributor (CBD) from the Nsonga Rural Health Centre (RHC). Before joining the USAID funded project- SARAI, as a volunteer, Nyandwe lived in a thatched house and had a very difficult life.

He had always wanted to build a decent home for his family. And his dream turned into reality, when he was able to build a house built of bricks and roofed with iron sheets, leaving his community members questioning whether he is on a salary.

Under SARAI, volunteers were supported financially by a once-off grant of K1 800 (\$164)





“I appreciate SARAI very much for giving me the money I used to build a house with bricks and iron sheets,” says Paul

Paul with his children in front of his house.

to each group for Income Generating Activities (IGAs). IGAs consist of small grants that fund businesses managed by a group of people to increase their household income through livelihood diversification. Paul received his once off grant from SARAI in 2018, which he used to buy three pigs and later sold at a profit of K1 000. This profit was later re-invested in purchasing fish for sale, which then enabled Paul to pay back his loan and begin working on his dream.

Paul explained that, in August 2018, after venturing into different businesses, using the funds received, he was able to raise enough money to purchase his first bags of cement, to build a grocery shop near their house, which

would increase their income. Paul has since started building his dream home, and although it is not complete, his family had occupied their home and were already enjoying the solar panels that light it.

Paul has undergone trainings and mentorship in administration of different Family Planning methods such as injectable contraceptives and has been provided with a lot of mentorship by the initiative. Additionally, he has been given a change to kick start his business and home development which has improved his moral and dedication for CBD work, to feed his passion of bringing the source of service and contraceptives closer to where people are.

END

HEADMAN CHIBANSA BREAKS MASCULINITY BARRIER ON FAMILY PLANNING

By Loveness Chifuntwa - DAPP

Being a man; worse more a village headman, culturally requires one to show a clear distinction between issues concerning women and those concerning men in most Zambian tribes. Family planning was culturally among the issues believed to be women’s talk and not a matter for men to discuss. However, village headman

Chibansa, Cletus Chanda broke those traditional beliefs through his voluntary work with the USAID funded project, SARAI. He was a CBD at Chibansa Rural Healthy centre in Mpika, Muchinga Province.

“I was selected to be a CBD in my Zone in 2017 during a community dialogue meeting. However, I was criticized by the

other six village headmen who attended the meeting, because they thought that issues of family planning are for women only”, headman Chibansa narrated.

Cletus started going to nearby villages conducting meetings in which he informed people of the benefits of Family Planning. The Headman received the



initial 10-day CBD training followed by an additional 5-day Depo IM training.

Relentlessly, headman Chibansa continued sensitizing the communities of both

women and men on the benefits of Family Planning. Eventually, the other 6 Headmen began inviting him to share his knowledge every time there were meetings in communities on family

planning. Currently, he is working with 89 households in his village with a total number of 35 regular clients who receive Family Planning. He visits his clients in their homes and they introduce him to new clients. The community has finally accepted him and are supportive of his work.

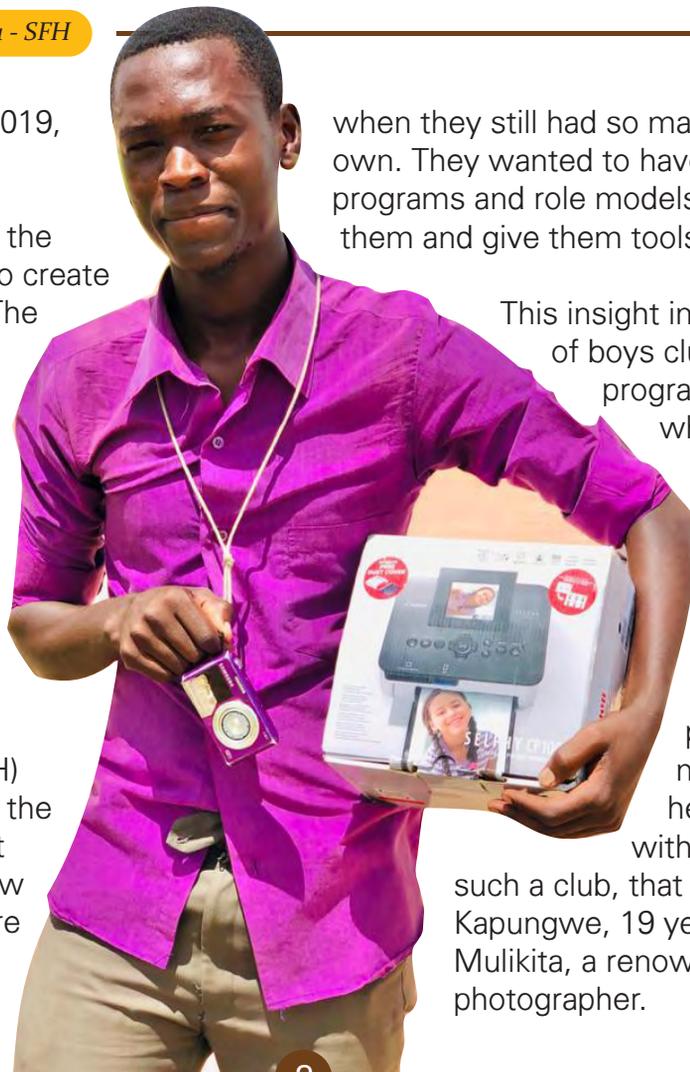


“I am working with 35 households in my village with a total number of 89 regular clients who receive Family Planning. I visit my clients in their homes and they also introduce me to new clients. My friends who were not happy with me for being a CBD are now very happy with my work.” Narrated the Headman.

AN ADOLESCENT RE-PROGRAMMING SUCCESS STORY

By Clara Wakutaipa - SFH

In the third quarter of 2019, SARAI embarked on a mission to improve adolescent programming in the project by getting youth to create their own interventions. The insights generated during the formative research that preceded the design workshop revealed that adolescent boys had insurmountable pressures put on them by society and they needed a trusted resource to rely on for guidance in Sexual Reproductive Health (SRH) and general life skills. For the adolescent boys, they felt that they deserved to grow up knowing that they were not responsible for everyone in their lives



when they still had so many needs of their own. They wanted to have access to programs and role models or adults to guide them and give them tools to succeed.

This insight inspired the creation of boys clubs; a big brother program (tent or shelter) where adolescent boys could find a trusted resource for SRH and other life skills. The boys were given a chance to be linked to potential role models who would help guide them with life skills. It was at such a club, that Jonathan Kapungwe, 19 years old, met Jason Mulikita, a renowned Zambian photographer.



Jonathan had a passion for photography. When he was in the eighth grade, he was able to buy himself a small camera to pursue his dream. Jonathan would raise small amounts of money from the photographs that he would take and sell. His efforts helped him complete school and also purchase a low-grade photo printer. Jason, a professional photographer, took interest in Jonathan's story and was inspired

by his passion and drive. Through the boys' club, he was inducted as Jonathan's mentor. He did not only connect Jonathan to the national photographer's association but also mobilized resources for him to get a bigger, more professional camera. Jonathan continues to attend the boys club, meeting his peers and counsellors to talk about SRH whilst building his dream that could become his profession.

CONTRACEPTIVES CHANGES STORY OF AN ADOLESCENT IN RURAL NAKONDE

By Grace Mulenga - SFH

Prisca Namonje, a 20 year old, is the first wife in a polygamous marriage. She had a 3-year-old, an 11 month old and was pregnant when she received information at Musiyani health post on family planning methods during an outreach Maternal and Child Health (MCH) talk during an antenatal visit.

Lack of knowledge on family planning coupled with early marriage was one of the health challenges faced by young girls in Ntatumbila, a rural part of Nakonde, as well as in many other rural areas in Zambia. The girls were affected negatively because they are married off early, usually soon after they attain menarche, often with little or no formal education or information on family planning.

SARAI's work supported rural areas and in November 2017, the project trained health providers on how to insert the Levonorgestrel-Releasing Intrauterine system (LNG-IUS) family planning method. This method could be inserted immediately after giving birth,

and the health provider at Ntantumbila had been creating demand for family planning through health talks at MCH static and outreach stations. SFH staff oriented the health workers and the CBDs at the facility in family planning messaging encompassing all the methods

Prisca learnt that LNG IUS

could be inserted immediately after delivery did not want to become pregnant again shortly after giving birth. Therefore, she made a decision to have it inserted as soon as she gave birth, on April 23, 2018.

Prisca is happy that she has a method that allows her to rest until she is ready for her next pregnancy.



FUTURE PLANNING – A PREPARED ADOLESCENT

By George Katyetye - SFH



implants- a five-year family planning method, as her method of choice.

Edith was happy to have been able to receive a contraception method that did not inconvenience her with frequent revisits to the health facility. She was also glad to have had experienced no side effects since she accepted the contraceptive method. She stated that she was taking up contraception

as part of her plan to stay in school, and pursue her

dream of becoming a teacher. This was

made possible by work of the

refurbished youth friendly corner in her

community, where youth such as

herself, who needed information and

services, were able to learn more about the health

topics that impact them, including Sexual

Reproductive Health (SRH)

Edith Chitapa, a 14-year-old seventh grader, demonstrated how addressing the unmet need of Family Planning among adolescents can positively impact lives. Edith is from Chiengwe district, a rural area in Zambia that has a high rate of early marriages and adolescents engaging in early sexual activities.

After learning from her peers at a newly revamped youth friendly space (at a SARAI supported clinic) Edith discreetly approached a clinical staff to access family planning.

The Reproductive Health Provider (RHP) had witnessed what most of the girls in Edith's community were going through as a result of unplanned pregnancies and was happy to be of help. Edith explained to the RHP that even though she was already sexually active, she was not ready to have a child. The RHP gladly counselled her and presented her with contraception methods to choose from, including the use of condoms to prevent Sexually transmitted infections (STIs). Edith selected Jadelle



“unwanted pregnancies may also lead to unsafe abortions and difficult child birth.” Chiengwe RHP



FAMILY PLANNING CLIENT MOVES UP THE STAIR WAY FROM TRIAL TO ADVOCACY

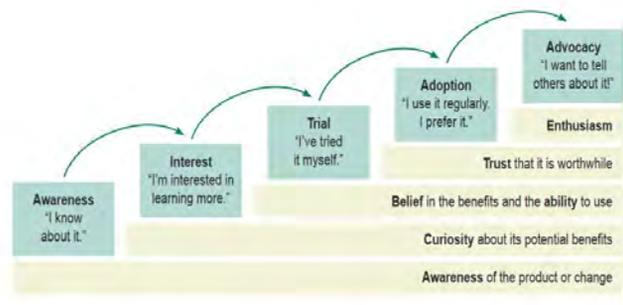
By Gloria Fulo - SFH

Jacqueline Hangoma, is a 31-year-old mother of two, from Lubuto community in the Eastern part of Ndola. After the birth of her first child, she received information on Family Planning (FP) from a SARAI trained provider whom she met at Twapia clinic. Through informed choice, when she was given options to choose from several contraception methods, knowing the details, benefits, risks and expected outcome of each, she chose to use a Copper T380A (Loop). After two years on the loop, she went off the contraception to try for another child and got re-inserted after the birth of her second child through SARAI's dedicated Provider.



In Family Planning service delivery, it is important to take the clients slowly up the Adoption Stairway, so that clients do not fall backwards as they use different types of family planning methods. The adoption stairway, describes the transition that a person goes through, from one stage to the next, as they try to take up something new. The stages are: awareness (knowing the product or service is available), interest (the desire to learn more), trial (try the product or give it to a client), adoption (provider uses it regularly), and finally advocacy (champion the product and tell others).

Jacqueline was very satisfied with the method and believed that the benefits are worthwhile such that she began to advocate for contraception and escorting family and friends to



access FP. As a result of what she is doing in the community, she serves as a family planning champion at the SARAI supported clinic, Twapia.

END

UPLIFTING LIVES OF CHINGOLA RESIDENTS

By Ernest Kamunu - SFH

Chingola is a town in Zambia's Copperbelt Province, the country's copper-mining region, with a population of 216,626. Within Chingola, is Kasompe Clinic with 580 women of child-bearing age that have received Family Planning (FP) services brought to their doorstep by Community Health Distributors (CBDs) under SARAI's CBD Model. This service delivery model ensures that it is convenient and possible for the client to obtain and use contraceptives, as well as acquire information that is accurate, reliable and understandable, so that the client can make informed choices about the method they wish to use.

Patrick Mubita, is one of the exceptional CBDs who reaches beyond the clinic walls to provide contraceptives in the communities where people live. Aside from improving community accessibility of contraceptive services and supplies in reaching and being utilized by individuals who need them; Patrick has



benefited from the Income Generation Activity grants (IGAs) of K1,800 (\$164) that he received from the SARAI project to sustain his family, for volunteering to be a CBD. IGAs consist of small grants that fund businesses managed by a group of people to increase their household income through livelihood diversification.

Upon receiving the loan from the project, Patrick invested it in chicken production, starting with 60 chickens and later increased to 110. He managed to move away from using charcoal and a paraffin heater, as he was able to add electricity to chicken-run by using his profits. He stated that after paying back his loan of K 1,800 he was able to go into agriculture (producing maize for sale and home consumption), as well as start a grocery

business, from which he continues to make a profit. Being a father of 3, Patrick used his earnings to send his children, as well as 2 dependents to school.

Patrick has worked tirelessly since he volunteered under SARAI as a CBD, covering a radius of 12 kilometers away from Kasompe Clinic. He has not missed any of the monthly review meetings and always ensures that the reports are submitted on time. He is happy about the work that SARAI has done in his community, and he feels grateful to have contributed to reinforcing people's rights to determine the number and spacing of their children through FP and also preventing unintended pregnancy, family planning /contraception prevents deaths of mothers and children. **END**

IMPACT OF GLOW CAMPS IN LUAPULA

By Edith Mwenya-SFH

Muyembe is situated about 20km from the Kawambwa district medical office. With a high number of adolescents in adolescence, Muyembe rural health center received many requests for the formation of a

With the aid of SARAI, headed by Childfund, and the facility staff, Muyembe RHC revamped the already existing youth friendly corner and saw a remarkable number of adolescents from the community joining. This group

relevant, accessible, attractive, affordable, appropriate and acceptable to the adolescents and young people. One of the challenges that they faced was how to keep their bodies clean and avoid infections during their menstrual periods. The girls were unable to buy branded sanitary pads, as a result of the economic challenges being faced by the community.

In the fourth quarter of 2016,



youth friendly corner that would help address issues that adolescents were facing, especially in reproductive health.

was trained in peer education and the facility in charge received Adolescent Friendly Health training, equipping the youth friendly space with high quality services that are



SARAI hosted a one week 'Girls Leading Our World' (GLOW) camp in Kawambwa. Three of the participants came from Muyembe catchment. The girls had an opportunity, among other things, to learn how to make reusable sanitary pads. They also learned how to reuse the pads by washing them in warm soapy water and ironing them after use. With the knowledge the girls acquired from the girl's camp, they have educated other members of the youth friendly corner and are now making and selling the pads.

The few weeks following the camp, the girls had sewn 80 home-made sanitary pads and sold 23 of these pads at the price of K2 each. The community felt that the pads



were affordable and comfortable. SARAI provided the materials that were required for this project. The earnings were used to purchase more material for continuity of this activity. The girls are also planning to save

some of the profit from this activity so that they can use the money for personal needs. This was one among many GLOW camps were the youth positively benefited from SARAI innovations. **END**

COMMUNITY BASED DISTRIBUTOR WINS AWARD FOR COMMUNITY SERVICE DEDICATION

By Maureen Natala – DAPP



Mary Chanda is a 62-year-old CBD and mother of six. She works under Kabundi Clinic in the Kapisha Central Zone of

Chingola district. The area covers a population of 4,381 of which 1,058 are women of child bearing age. In 2016 when Community Based Distributors (CBDs) were about to be trained in how to administer contraceptive injection, Mary was adamant to continue her CBD work, even though she was one of the first CBDs under SARAI. She was not ready for the training as she had a phobia of injecting someone. Regardless of her fears, the SARAI project leader continued counselling her to make her understand that she could manage this task, especially

“I am now a happy and fulfilled CBD who feels like a qualified nurse whenever I am rendering family planning services to the mothers in my zone.”.

since she had been dedicated to community work and was doing her work very well.



"SARAI was introduced in 2015 in the district, I was among the first selected CBDs", Mary narrates. Aside from her fear of injections, Mary felt that her age would not allow her to continue with educational activities as the project had a lot of paperwork, and this discouraged her so much that she almost gave up. The SARAI project leader who believed

that she had a lot of potential to do very well as a CBD continued to encourage her. He explained to her that learning does not end.

The tireless encouragement from the SARAI staff finally lead Mary to take up CBD work. She went on to be a District Agricultural Show award winner for her dedication for

community service. She was voted the best and most hardworking CBDs in the District. With her passion for to see the community prosper, she began working with adolescents, identifying boys who she coaches in income generating skills such as how to make metal basins, braziers and charcoal geysers. **END**

ALLEN KATAI DECIDES TO HAVE NO MORE CHILDREN

By Praxidex Bukoko - DAPP

At the age of 47, Allen Katai from Loti village under Muyembe Health facility had had 12 pregnancies, of which 4 children died before they turned five. Allen felt she had had enough children. She spoke with her husband about using family planning in the future owing to their economic status and daily hardships of looking after 8 children. Allen stated that she wanted all of her children to go to school but due to lack of resources only 3 completed grade 12 and only one of the three proceeded to University. When her husband agreed to her suggestion, she started taking oral contraceptive pills.

"In 2018 I stayed without any form of family planning while I was experiencing a normal menstruation cycle. I got worried that I would fall pregnant again especially when I saw a woman older than me at the hospital carrying a baby. My sister-in-law had told me that I can still conceive as long as I am having my menstruation cycle" she narrated.

On one fateful day, while at Muyembe RHC taking care of her



pregnant second born daughter, she met a SARAI team member. This was two years after she had been relying on oral contraception. Allen was counselled on all her family planning options and she chose to switch to the implant as it last for 5 years. **END**

"With the burning issue in my head I quickly approached them; and I feel I took a wise decision because now I am on a family planning method that will make me safe for 5 years; meaning at the time of removal I will be over 50 years old. I am happy to share with my fellow women the benefits of family planning that I am experiencing; especially that my second born daughter now has her fourth child", Allen revealed.





Society for Family Health

Plot No. 549 Ituna Road Ridgeway

Box 50770 Lusaka – **Zambia**

T: +260 211 257407

www.sfh.org.zm