“No Woman Should Die While Giving Life”

Safeguarding Motherhood; Case studies and success stories from the field

Report on the Planned Parenthood Association of Zambia’s

Global Poverty Action Fund

project funded by the UK Department for International Development

2011
It is said that every minute a woman dies of causes related to pregnancy or childbirth. She is most likely to be young, already a mother, and living in a developing country. For each woman who dies, an estimated 100 women survive childbearing but are afflicted by disease, disability, or physical damage caused by pregnancy-related complications. In Zambia out of every 100,000 women who give birth 591 women die.

When a mother dies, children lose their primary caregiver, communities are denied her paid and unpaid labour, and countries forego her contributions to economic and social development. A woman’s death is more than a personal tragedy – it represents an enormous cost to her nation, her community and her family. Any social and economic development that has been made in her life is lost. Her family loses her love, her nurturing and her productivity inside and outside the home.

Maternal deaths are rooted in women’s powerlessness and their unequal access to employment, finances, education, basic health care and other resources. Preventing maternal death and illness is an issue of social justice and women’s human rights. Making motherhood safer requires women’s human rights to be guaranteed and respected. These include their rights to good quality services and information during and after pregnancy and childbirth and the removal of barriers – legal, political and health that contribute to maternal mortality.

It is in this regard that Planned Parenthood Association of Zambia, in partnership with the UK Department for International Development (DFID) invested in the promotion of safe motherhood in Kafue and Lusaka districts to strengthen their commitment and play a part in the efforts to make motherhood safer and reduce maternal mortality. This project connected social interactions, young people’s participation, HIV prevention measures, family planning, health system strengthening and male involvement to ensure a holistic approach to promoting safe motherhood.

The project is implemented in line with the Government of Zambia’s commitment to the Campaign on Accelerated Reduction of Maternal Mortality in Zambia (CARMZZ) whose theme is “No Woman should die while giving life”, and builds upon the Government initiated Safe Motherhood Action Group (SMAGs) volunteer structure.

This document reflects some best practices and real life stories on the impact that our project had on the people; saving the lives of mothers and newborns is our priority and responsibility.

Dr Mary Zulu
NATIONAL CHAIRPERSON
Embracing Safe Motherhood in PPAZ

PPAZ has recorded remarkable achievements in the implementation of safe motherhood initiatives around the country though addressing the three delays of maternal mortality in Zambia. The organisation has embraced the safe motherhood initiative and is in the forefront of implementing CARMMA in Zambia and making sure that no woman dies while giving life. PPAZ has invested hugely in educating and empowering the people to make informed choices regarding sexual and reproductive health, through consistent reinforcement of the importance of family planning, provision of comprehensive abortion care, capacity building of services providers and linking SRH activities with HIV/AIDS.

The Association has taken great care to incorporate national and international directives into its own strategic plan. PPAZ’s safe motherhood and safe abortion strategic direction includes creating an environment in Zambia where:

- Every woman of childbearing age has the right to obtain optimal health care throughout pregnancy and childbirth for herself and her newborns.
- Every woman in Zambia is empowered to demand quality, safe and respectful motherhood services and to help encourage other women to do the same.
- Education programmes which stress the key principles of safe motherhood are available to all women and their partners, families and support groups.
- Every woman and newborn in Zambia has access to essential and life-saving services and appropriate information about safe motherhood.
- All women, men, families and friends come together as active members in the safe motherhood movement, with the knowledge to make decisions that promote safe motherhood within their own communities, work places and surroundings.
- All communities, organisations, groups, corporate bodies and NGOs work together to reduce the impact of HIV/AIDS, violence against women and children, and gender inequalities, all of which can impact on safe motherhood.
- The government works in collaboration with women, their communities and other stakeholders in setting enabling policies and implementing programmes in support of safe motherhood.

A key part of our strategic intent is a strong focus on commitment, mobilisation and accountability.

We look forward to join efforts with everyone to ensure that no woman dies while giving life.

Edford Mutuma
ACTING EXECUTIVE DIRECTOR
About the Project

This project was implemented by the Planned Parenthood Association of Zambia (PPAZ) and funded by the UK Department for International Development (DFID) under the Global Poverty Reduction Fund from October 2010 to September 2011. The project goal was to improve sexual, reproductive, maternal and newborn health of vulnerable people (MDGs 4, 5 and 6).

Although the Zambian Termination of Pregnancy Act of 1972 is one of the most favourable and liberal regarding abortion in Sub-Saharan Africa, unsafe abortion remains one of the major challenges for the country. The maternal mortality rate is one of the highest in the world with 591 deaths per 100,000 live births, including 30 percent resulting from unsafe abortion.

Other major causes of maternal mortality include home-based deliveries (66% of all births in rural areas take place outside health facilities) and teenage pregnancies (33% of women aged 20-24 reporting having their first child by the time they turned 18).

This project complemented the efforts of the Government of Zambia to implement the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and the Ministry of Health National Strategic Plan, and to reach the Millennium Development Goals 4, 5 and 6.

The project was implemented in five target communities in Lusaka and Kafue as well as in three PPAZ clinics in Lusaka, Kitwe and Livingstone, including the catchment outreach communities with a strong support from the Ministry of Health.

The project succeeded in building capacities of 210 volunteers and providers, including 50 in drama, 60 volunteers in safe motherhood, 60 Safe Motherhood Action Groups members, 31 health care workers in focused antenatal care, and 9 providers in comprehensive abortion care. Through these the project has reached 8,554 people with safe motherhood services, 29,340 people with information related to safe motherhood and more than 2 million people every week through radio programmes on ZNBC and Radio Phoenix. At the static clinics 87 clients received comprehensive abortion care services. Over 8,000 clients received family planning services and 444 clients received STI management services. Collaboration with Safe Motherhood Action Groups continued following the training and enhanced service delivery at the community level.

Safe Motherhood Action Groups

The Government of Zambia launched the Campaign on Accelerated Reduction of Maternal Mortality in 2010 in an effort to reduce maternal mortality and morbidity in Zambia. While Traditional Birth Attendants (TBAs) were initially part of the strategy to help mothers deliver safely, it was noticed that their work didn’t have any positive impact on the maternal mortality rate. The Ministry of Health therefore decided to re-orient the role of TBAs and incorporate them into the Safe Motherhood Action Groups (SMAGs) in communities. The SMAGs are trained to assist women during their pregnancy, but they must encourage women to deliver in a health centre.

SMAG members disseminate information to community members about pregnancy, childbirth and family planning, and work to change local awareness of maternal health, sensitize the community on the importance and benefits of seeking early antenatal care, and educate people on the benefits of birth preparedness and transferring to a healthcare centre in advance to seek skilled and specialized care once in labour and during delivery. SMAG members are not meant to provide care, but should play an active role in recognizing women and newborns needing care, providing referrals, and assisting with transport, as required.

The overall objectives of the SMAG programme are to:

- Strengthen community participation in maternal, newborn, and child health
- Improve community knowledge on safe motherhood issues through health education
- Enhance the community’s utilization of reproductive health services
- Increase male involvement in safe motherhood activities
- Strengthen partnerships between the community and health system

Under this project PPAZ trained 60 SMAG members from Lusaka (Kanyama, Kalingalinga, Mtendere) and Kafue (Nangongwe and Chanyanya). In addition to providing information to their communities, the SMAG members have played a key role in supporting PPAZ service provider for the provision of mobile services during outreach activities.

1 SMAG Training Manual, MOH, 2011
Privacy

All participants were informed about the purpose of the research and its intended places of publication. All participants consented for their real name, stories and photos to be included in this report and for onward publication.

Dedication

PPAZ would like to dedicate this report to Violet Muswela Phiri, a SMAG member trained under the project who lost her life on the 1st of June, 2011 in Chanyana, Kafue during the delivery of her child.

Acknowledgements

The Planned Parenthood Association of Zambia (PPAZ) would like to thank DFID and the IPPFARO for the opportunity to implement the Safe Motherhood project in Zambia. Special thanks go to Ms Gabriella De Mori who put these incredible stories of success together.

PPAZ would also want to thank its clients, SMAG members, project staff, service providers and young people who volunteered to be part of this report. Their commitment to reduce maternal mortality is beyond admirable; they are the true definition of a community volunteer through their continued support of PPAZ’s commitment to taking services to the community.

Setting the scene...

The PPAZ outreach team arrives in Nangongwe area of Kafue district, and drives through a long strip of market area where everything from drinks, shoes, sunglasses, Kapenta fish and mealie meal is sold; in whatever quantity you desire. Every few metres a bar blasts loud music out of large speakers stacked upon one another for all to hear. Many of the small freezer boxes selling cold drinks are manned by tiny children, lazing around all day on top of the box, beside the box, with their legs on the box, or around the box with their friends, waiting for passersby to exchange a few Kwacha for a cold drink. The PPAZ vehicle, notoriously painted in overlapping layers of green squares, arrives to find the Youth Action Movement drama members gathering the crowd from the beating of the drums. SMAG members are circling the area where the young people will dance, standing out clearly in their bright green Safe Motherhood T-shirts, which read “No woman should die while giving life”, the slogan for the Campaign on Accelerated Reduction of Maternal Mortality (CARMMA). Hoards of young children line the open space; they are so overly excited that they run from one side of the circle to the other, trying to get the best view. A few SMAG members are ensuring there is enough space for the dancers by shooing the kids back with small soft branches from the tree that hangs over the crowd. Mr. Konoso, the sessional service provider for the outreach is usually based at PPAZ Lusaka Clinic. Now in Nangongwe, he finds himself surrounded by dusty children who have rushed to sit by ‘The Doctor’. Clambering around him and above him, they start chanting “Tiye Tiye! Tiye Tiye!” meaning ‘Let’s go! Let’s go!’ to the drama members, but end up yelling it straight into his ears. As a reproductive health service provider at a youth friendly corner, he only laughs at the bemusement and settles the children down around him for the drama performance to start. The PPAZ peer educators unload the PPAZ vehicle from his boxes of posters, pamphlets, condoms, contraceptives and record books, readying for the mobile services to begin...
Lister Cholya is a young Kalingalinga woman with two children, named Happy and Lovemore. Although she is only 23, Lister has been married for 5 years to her husband. She jokes that she doesn’t know what he does for work, but at least he comes home with money!

Lister is one of the many women who come regularly to the mobile Under Five clinic that partner with trained service providers under the DFID funded project from the Government clinic based in Kalingalinga Compound.

Lister has started using Jadelle implant for family planning, after learning about the benefits of child spacing from a door to door visit she received from a SMAG member. The SMAG member told her about mobile services that come every Tuesday in the area, so she doesn’t have to walk far to access both family planning and the under five clinic.

“Before I used to walk very far to the clinic and it’s so congested I don’t like going, you have to wait all day. But here, the services are less a ten minute walk, you come, you get what you want and then you go. The SMAGs even remind you that PPAZ are coming to give services, so it’s very easy for me, I never forget”.

The DFID funded project is helping alleviate the overburdened local clinics by offering mobile services in the community, for thousands of women just like Lister who need family planning, but have previously found it challenging to access the services.

“I used to go to the clinic, walk the whole way then when you get there they tell you the pill is out today, keep coming back. So you go home and keep going back and back hoping they have the pills; it’s a waste of time”.

Lister says the SMAGs have made such a positive impact in the community because she relates to them and they understand each other. They answer all her questions, even on topics other than Safe motherhood, such as cholera, TB and HIV. The SMAG members were selected from existing volunteers in the Government clinics, so they already have a wide variety of knowledge and experience as established community health workers.

The Safe Motherhood Action Groups are just one successful component of the DFID sponsored project that aims at building capacity of community health workers, and service providers in safe motherhood, to increase the number of service users for maternal and child health services in Zambia. By partnering with existing service providers and clinics, PPAZ makes the project more sustainable, relieves the over burdened demands at the static site, and reaches a higher number of women in the community who live far from the clinic. So far, 1733 women have accessed services in Kalingalinga Compound during the project.
THE ONE-STOP-SHOP FOR MATERNAL AND CHILD HEALTH SERVICES: The efficiency of integrated maternal and child health services

Susan Mubanga, Kalingalinga, Lusaka

Susan Mubanga from Kalingalinga Compound in Lusaka is the proud mother of two healthy young babies; Ivy Bwalya, who is four years, ten months and her son Bright who is three years and exactly four days old. Susan and her husband plan to have four children, but have learnt about the benefits of child spacing from local SMAG members in their community.

Safe Motherhood Action Group (SMAGs) members were trained under the DFID funded Safe motherhood and Abortion project in Lusaka and Kafue, Zambia.

SMAG member who discussed family planning options with her and led her to the service provider offering a variety of methods.

At just twenty three years old and with two children already, Susan and her husband are benefiting greatly from the wise advice from the SMAGs. She sits next to a SMAG member Priscilla Mumba, who has monitored her in the community and advised her to space children and use family planning. In addition to this, Priscilla is also disseminating information about taking care of her children.

Susan says that “If I have a problem I go to the SMAG first because they advise us not to sleep at home with a sick baby praying about it, you must go straight to the clinic. I learnt everything I know about child spacing through the SMAGs, they are so helpful in the community.” The [PPAZ] programme is so good because it teaches us everything you need to know about your life”.

Susan plans on using Jadelle until 2012 when she wants to have her third child. “I want Bright to be four years before the next one, so that Bright will be healthy. I want four children altogether, so does my husband, so we agree on child spacing together since talking to the SMAGs”.

Today she came to the clinic only with her youngest, Bright. When asked why she didn’t come with Ivy she said she thought Ivy was old enough and didn’t need to be checked any more. Priscilla jumps in and reminds her that it is called ‘Under five’, so that means the baby has to come every month until the baby is five years old.

Integrating services is proving to be time efficient and increases uptake of services. It’s a perfect marriage between family planning and under-
five clinic; women coming for under-five obviously have a young child, and are perfect candidates for family planning methods to space their next children. Often women bring two or three of their children, all under the age of five.

Nivel Masaka, Kalingalinga SMAG member, knows this approach works well. As a volunteer based at the clinic, he knows that women wanting both services would have to queue in two separate long queues, one after the other. The service provider wouldn’t be able to offer family planning and under-five in one sitting. Worse still, family planning and under-five services may be designated on two different days at the clinic, warranting two trips for two services. This project however, offers them at the same time, at the same site.

Nivel notes that “The project has helped the community so much as we have connected the Family Planning. So the SMAG members for the under-five then alert them to the PPAZ service provider waiting for contraceptives. If we didn’t have this PPAZ service, they wouldn’t be accessing the services and we wouldn’t be able to offer the service because the clinic is already so overwhelmed”.

Susan is just one of many of the thousands of women who have accessed much needed family planning services and child health information through increased service delivery points to vulnerable communities, a key objective of DFID’s Global Poverty Action Fund project run through the Planned Parenthood Association of Zambia.

Nivel Masaka is a self reported compound superstar. The Community health worker from the Kalingalinga compound near Lusaka is now a trained SMAG member under PPAZ’s DFID funded Safe motherhood and Safe abortion project, and he couldn’t be prouder.

“Because we are famous in the community, everybody comes up to us. Many women come up and congratulate us and appreciate our how work and tell us it is so hard to go to the clinic because it takes all day. But with this PPAZ project, they get the service within an hour and then they can go back to their markets and businesses”

Nivel is obviously honoured to be a SMAG member. It’s the next step in his career as a community health worker, fully supported by PPAZ’s Safe Motherhood Action Group Programme, through training, incentives and mentorship. Nivel was selected for SMAG training that not only built his skills, but his confidence. After the 5-day training he now takes the information to the community with authority, especially on his favourite topics of family planning, child spacing and birth plans. He relates these issues to poverty, and is inspired to improve maternal health to stop the cycle.

He explains, “Most of the time you find poverty comes to your family because you haven’t planned. The family finds they have a child every year and budgeting becomes impossible”.

As a clinic based volunteer, he knows all too well the challenges of getting women to access services and support that transforms their life.

“The problem was that at the clinic it was so congested, the women don’t have time to queue all day. So these PPAZ mobile services are so important. Before they would just stay home and get pregnant.”

Nivel notes that the mobile services have helped so much because women access the services in small groups, making it faster. He and his fellow SMAG members team up to divide the compound among themselves and sensitise the women on the topics,
while advertising the weekly mobile services in the compound. They again remind the women in the morning of the services by megaphone and work with the young people’s drama group to get the women’s attention and direct them to the service provider.

A key success strategy in the PPAZ programme has been the set weekly days for mobile outreach. Each compound is designated a different day of the week, meaning that women know exactly when to come for services, and are assured they will be available. By holding weekly sessions, they ensure women have continuous access to information, services, family planning and support. PPAZ has provided 87 mobile outreach sessions, reaching a total of 8566 women in just one year.

Yet the support doesn’t end there; by having SMAG members from the communities, it means there is a constant source of support and information available to women at any time of the day. When the SMAG members walkthrough the compound in their bright green SMAG t-shirts, they are always available to answer questions. On a busy day, Nivel can stop and talk to 15 community members. Nivel knows that the work never ends, even when they are at home resting.

“My women have so many questions, since we are in the community, they can leave their business shortly and ask us a question. We stay with them in the area and they know us. They come and visit us at our homes and ask us more questions.”

Nivel takes it all in his stride. When asked how he feels to be a SMAG member, he smiles widely and beams.

“I have enjoyed the fact that I’ve gained so much knowledge and confidence to speak to the community. We get respect from the community and it makes me feel so good that they keep on coming to ask more questions, so I know we are making a difference in the community”

He is one of the 60 SMAG members trained under the DFID project. The project relies on the tireless and earnest efforts of countless volunteers which form the basis of the decentralised approach to all of PPAZ’s work - promoting community ownership of all its projects.

“I was a volunteer at the clinic and they picked us to be trained as SMAGs. I felt so good at being picked because I knew I would gain so much knowledge. The training was fantastic!”

Priscilla Mumba is an extremely committed SMAG member of Kalingalinga compound. She has a calming voice and a non-judgemental manner when interacting with the community members who have come for mobile services. Priscilla was already a TB and HIV counsellor, but in her 10 years at the clinic, her training never expanded to reproductive health. What Priscilla enjoyed most about the SMAG training was the variety of topics covered that she hadn’t heard about before.

“I didn’t know about abortion, cancer of the cervix, all these different methods of breastfeeding. Not like the breastfeeding I know where you do it for two minutes then you put the baby down. The PPAZ facilitators were fantastic and they made us feel so comfortable. We asked all our questions and went home with all of them answered”.

Priscilla is knowledgeable about the challenges of accessing sexual and reproductive health services in the community. She notes that there is a lot of ignorance in the community, because women never want to go to the clinic. There is somewhat of a fear of the unknown, combined with having to stay there for so long just to see a service provider. As a SMAG member, the approach is different.

“We go door to door sensitizing them and tell them when the next mobile service is available and why they should go. If we tell them to go to the clinic they say “Hey! I can’t go there all day and not cook, my husband will beat me!”
She smiles and gently shakes her head, accepting the challenges of being a woman in the area, but patiently reaches as many as she can to ensure they go for services that will, at the end of the day, benefit both her and her husband. Educating male counterparts is what she has become particularly good at. The SMAGs in the area now organise regular male only sessions at the clinic, after hearing the concerns of women in the communities as to why they couldn’t go for family planning.

“Most women tell us that their husbands don’t allow them to get family planning because they fear the loop will get lost. Or they will have prolonged menstrual period and the husbands can’t ‘meet’ with their wives, so they don’t want them on family planning.”

Priscilla found this was a common concern when she would meet her fellow SMAG members and discuss the emerging issues in their community work. So they decided to take action and involve the men by sensitising them on family planning in groups. The extra work didn’t faze Priscilla, knowing that the concerns didn’t come from a negative place, more out of concern for their wives health. She notes that it was mainly fear of the side effects preventing them from allowing their wives to access family planning, not because they didn’t want to space or limit their families.

“So we tell them about the benefits of family planning and clear the myths, then they say ‘Ah now we understand, before we just heard in the community they were bad.’”

Nivel Masaka, another Kalingalinga SMAG volunteer has the same experience. As a male SMAG member, he gets many male clients asking him questions, the most common of all being which family planning methods are available for their wives. Edwin Tembo, a male SMAG member from Nangongwe, Kafue, jokes that the most common question men ask him is why he is always found amongst the women! “They think it’s so funny…. but then after they ask me about condoms and family planning.”

Priscilla said that the men felt like they weren’t included in family planning sensitisations before. When the SMAGs go door to door, most of the men are out working, so they rarely get the information with their wives. Now because of the efforts of the SMAGs they feel empowered to plan their families and reduce poverty in their families. Priscilla uses poverty as the main rationale when discussing the benefits of child spacing and limiting, explaining that if you have fewer children, they will eat more, have more clothes and all of them can go to school. But with nine children, they know that they can only afford for two of them to go to school.

“So when we meet women who say they can’t go for family planning because their husband wants 10 children, we invite that man nicely to come to the clinic. Afterwards they always let their wives come because we involved them and educated them”.

The men in the community now refer their wives to the SMAGs when they have a question, or even come ask the SMAG members themselves. Male involvement in community projects is essential to the success of programmes that encourage decision making and planning amongst women, and is proving helpful in increasing the uptake of women in vulnerable communities to maternal and child health services offered through PPAZ’s Safe Motherhood and safe abortion community operated project, funded by DFID.
If there was ever a gap in connecting the services, education and outreach of this successful project: It was transport. Between far distances, dusty roads and emergency phone calls, transport was the ever elusive link between perfecting the system of Safe Motherhood Action Groups (SMAGs). SMAG members involved in the Safe motherhood project were recently given bicycles to continue their community work, a gift that has the entire cohort of SMAG volunteers beaming from ear to ear.

The bicycles were presented by PPAZ Acting Executive Director, Mr. Edford Mutuma, and are one of the many incentives given to the SMAG volunteers, albeit the most special one. Under the project SMAG members were equipped with a SMAG trunk that included gumboots, six meters of Chitengi material, an umbrella, a handbook, carry bag and two bright T-shirts for identification. The materials enable the SMAG volunteers to be identified in the community, making it easier for women to know who to approach, but they are also materials worn with pride by the SMAG volunteers.

It’s the bicycle however that truly connects the dots of the project. Nivel Masaka, a male SMAG member from Kalingalinga, Lusaka, stands proudly next to his bicycle as if it is an extension of him.

He explains “The bicycles have helped us so much. We got them last week and we are using them every day. Now it’s easier to move from the clinic to the community. It has helped so much with the referrals and to keep contact with other SMAG members. Now we can reach women from one end of the compound to the other.”

His fellow Kalingalinga SMAG member Priscilla adds “I was a government SMAG member for 10 years at the clinic and I never got a bicycle to help me. Now for my efforts I’ve been rewarded to further help me; it helps us reach all areas because with the megaphone you just can’t manage. Now with the bikes we meet and send different people in different directions to sensitize all areas and we reach all women.”

The materials enable the SMAG volunteers to be identified in the community, making it easier for women to know who to approach, but they are also materials worn with pride by the SMAG volunteers.
The Nangongwe SMAG members in Kafue are also ecstatic.

Edwin Tembo, Beatrice Silwizya and Goretti Tembo are excited to reach the community near the Kafue river with their new bicycles, an area they had managed to sensitise yet due to transport issues.

Edwin Tembo, Goretti Tembo and Beatrice Silwizya say “The bicycle issue is wonderful! We salute you! I tell you, we could never reach the Kafue River, but now with the bicycles and with our team, we can go to all the areas that we want to. We really appreciate a lot for the bicycle.”

The Kafue River falls in the furthest zone in the area, a zone that has received less sensitisation due to transport. Now with the bicycles, the team is eager to reach the highlands where they know there are a lot of problems, Goretti Tembo explains.

“We have achieved a lot but we still have a lot of other people to reach, such as near the Kafue River. Because they are fishermen, they are not educated, and they need to be reached. There is no family planning, many unwanted pregnancies and home deliveries because they are across the river so they give birth at home, they never come to the clinic. The fisher women even have to sell their sex to keep safe at the fisher area so it’s really important we tell them to use condoms, which is double protection.”

Beyond sensitizing women for the services, the bicycles are saving lives during delivery. In Chanyana, a far away zone in Kafue District, the need for bicycles is unavoidable. Driving into the area it is immediately clear that bicycles are essential. The road is long, dry and desolate. The 45 minute journey is entirely uninterrupted by any other vehicle or even bicycle along the way, in fact our car is doing the interrupting-moving people off the road so we can pass, while they stop to stare and wonder what a car is doing along here.

We arrive in the rural town where only a few people are spotted around. The sun is blazingly hot and you become thirsty just looking at the dust, worrying if you’ll be able to find someone selling water before you dehydrate. It’s not the place you’d enjoy walking around.

Rosemary Soteli, a SMAG member dressed in a bright yellow t-shirt, apron and matching yellow earrings, explains how bicycles are helping in the area.

“We are very grateful with the bicycles; when a child is sick or someone is sick, they [service providers] come and ask us to take the patient to them. Before the bicycles came, when they people came to the clinic to ask us for help, we had to use cows or goats or we had to borrow a bicycle from a neighbor” She continues with a story that illustrates the need.

“Last year, when I was going to church, I found a pregnant woman walking by herself to the clinic, so we started chatting; she said she wasn’t feeling well, she knew she was delivering, so I was just standing there with my bible shaking my head that there was there all alone. So I walked with her back to the clinic, I delivered her myself, she was a baby girl and we gave her my name, Rosemary. She said thank you very much, you’ve done a lot, god bless you”

But what if Rosemary and the woman weren’t close enough to walk to the clinic? In a far away zone towards the Kafue River, many women from the highlands are found delivering along the road by themselves. Chanyana Clinic nurse Edith Nhataka, who was trained in Focused antenatal Care under the project, explains that the women from that area always start off too late and haven’t planned the birth. Their husband is at the bar or in the farms and they have to send someone out to find him for his permission to take the woman to the clinic. Or they rush around looking for an ox cart- meanwhile the labour is progressing and the woman is still at home, far from the clinic. “But now with the bicycles, the SMAGS can pedal out and get them and bring them here immediately. There are no more deliveries along the roads anymore”

With the bicycles, they are now able to sensitise the women reaching far out to the highlands, the furthest corner of the district. Rosemary tells doesn’t take no for an answer, an excuse not to deliver at the clinic is not good enough for her - no matter how far you live.

“We tell them ‘No…the labour starts and you get a warning, even if it is an night you have my phone number, so if you know your pregnancy is 9 months you should expect labour can ring me any time and I will come with my bicycle”

Rosemary, a tall and boxy women who stands well above anyone around her, then peddles out to get the woman and puts her on the bike seat, peddles her back to the clinic, then assist in the delivery. There is no other instance in which two tires and a steel frame could save so many lives in emergencies, other than the bicycles in the safe motherhood programme. A total of 60 bicycles were donated to the SMAG members under the DFID funded project.

Rosemary, who delivered a woman she found walking to the clinic during labour, rests the shade in new Kawama, Chanyanya.
Safe Motherhood Action Group Training solved a superstitious puzzle in Sandy Tembo’s family, which had been lingering for years. While the family debated and argued and mystified the symptoms, his niece lay soaking in her own urine, being accused of cheating on her husband and ‘paying the price for her shameful misbehavior’. The criticism and shame went on for years until 2010 when Sandy Tembo learnt about Obstetric fistula through PPAZ’s SMAG training in February 2010, and reported back to his family what really happened.

Sandy has been a community health worker since 2004. Since that time, he has become more knowledgeable in issues pertaining to the busy and overpopulated compound community of Mtendere. Poverty, malnourishment, HIV, sex work and street children are common occurrences in the area. Yet he’d never heard about fistula before.

In 2010 he was selected to be trained as a SMAG member under the PPAZ Safe Motherhood and Safe Abortion project. A certain session about fistula sparked his memory about his niece, the symptoms matched up and he finally solved the problem of what had happened to the young girl—she had suffered from an obstetric fistula.

“I had a cousin, she was pregnant, but eventually she was smelling and when she went to the toilet she would have loose stools coming out from both sides, so we tried traditional medicines, but eventually because there was no solution, she was depressed and she was suffering from a lot of infections. She would try to wash as much as she could but there was stigma from our family. It was really bad because it was our first time to have such a problem in our family, so we believed she was bewitched. People in her family thought she had gone out with another man and been unfaithful. She died and no one knew why. We only knew she died because of that problem, but deep down we really didn’t know why. So at the training we were told the causes of fistula and it had nothing to do with cheating on your husband, it had to do with the birth.”

Sandy would now have a different approach. If he knew someone was suffering from a fistula in the community, he would educate her on what the problem is, take her to the clinic and make sure she gets a referral to go for higher care to fix her fistula, which he now knows is possible and preventable. The consequences of the problem are severe and Sandy is more than ever passionate and committed to safe motherhood.

“Women weren’t delivering at the health centre before, they weren’t even planning for their pregnancies. I teach them now about making a birth plan and that immediately she knows she is pregnant, she has to go to the health centre for ante-natal care (ANC), and she will be advised her next date for ANC. She has to have a plan to have the necessities for the child and keep money for transport so that she can deliver safely at the health centre.”

Each of these steps will reduce the chances of developing a fistula during delivery. Obstetric fistula is just one of the many topics included in the SMAG training curriculum, along with Family Planning, child monitoring, abortion, breast and cervical cancer, that has elevated the community health workers skills to a new level, safe guarding motherhood and improving the health of newborns. A total of 60 SMAG members were trained under the project, from four areas in Lusaka and Kafue, Zambia.
Edith Nkhata is enjoying a rare moment of silence at the busy Chanyanya rural health centre, in Kafue district. She relaxes by playing games on a laptop but smiles and greets the SMAG members warmly when they come to visit. Edith has benefited from the SMAGs who have become the eyes in the community, and relieved the overburdened clinic she was struggling to manage at the site, let alone in the community.

“For the issue of outreach, we are unable to go to the far places because of transport, we don’t have a car, so the PPAZ car and mobile services are invaluable to really make a difference in their life”.

With few service providers stationed at the clinic and constant queues of clients, outreach is completely out of the question. It’s just one of the ways the SMAGs are taking health care to the community under the PPAZ project.

“The PPAZ programme is reaching out to the community, giving health education through drama and then afterwards they provide family planning, including condoms, and they do ANC and PNC during mobile outreach. It’s a great strategy that PPAZ is helping us by doing outreach because we don’t have outreach here. It helps reduce our burden we really worry about the people far away due to long distances, so the way PPAZ goes to different areas different days, it’s really helping a lot to get more services to other people. For the women in the most further zones it would take them up to three hours to walk to the clinic, so it’s really important to bring the services to them, particularly antenatal care, family planning and postnatal care”.

Without the newly trained SMAGs, Edith doesn’t know how she would manage the 11,459 people that the clinic is responsible for; follow ups and continuity of care usually took a backseat, until she engaged the SMAGs to help her.

“The SMAGs are very helpful, as we don’t usually have time to have follow ups, so say a mother delivered at a centre, but she never came for PNC, we asked the SMAGs to follow up the mother in the community. We advise them to identify the pregnancies in the communities and ensure that they come to the clinic for services and delivery.”

For Edith, the year in which the DFID sponsored project has been running has seen immediate changes. Although she knows change is slow-the difference the SMAGs make is undoubtedly clear to her.

“We had a low number of mothers delivering at the centre, ever since I came here five years ago. But now, there is an increase, I have seen an improvement. It was usually less than 10 in a month. Now since the SMAG programme we have at least 15-20 deliveries in a month. That is a big improvement. Also the numbers for ANC and PNC are improving which is big because we have always had very low numbers of PNC, especially for the six week check up”.

Edith has become recommitted to focusing on Safe motherhood, after undergoing Focused antenatal care training under the PPAZ project. For
ANC and PNC, she’s given herself a mighty challenge: Most of the mothers in the area book extremely late for their first ANC visit, making four visits nearly impossible.

Pregnant women used to come for their first visit after 24 weeks, some would even come just as they are about to deliver and the nurse had never met them before. With the average age of first delivery in the area 14-15, this couldn’t be more dangerous. Now, Edith can utilise the SMAGs to identify pregnant women in the community straight away and assist them in booking for ANC as soon as possible.

“After training with PPAZ, I felt empowered by learning about how my fellow service providers are working, and we evaluated ourselves and how to work on our weak points. And then with our strengths we can help our friends. The FANC training was a very helpful programme”.

The young nurse is also focusing on integrating services, a skill that was reiterated at the FANC training time and time again.

“Suppose a mother comes for six weeks PNC, you don’t just look at the baby, you also have to look at the mother and ask if she is willing to start family planning instead of waiting for her to suggest it and asking her to come at a later date. It’s the same for under-five. So if the child comes for an injection and the child is six weeks, we can just give the injection there, we don’t tell her to come back on immunization days, she might never come back”.

After five years at Chanyanya clinic, Edith knows the challenges in the community. Through the FANC training she received, and the establishment of SMAGs in the community, her burdens are now shared amongst the SMAG members, and she feels empowered to fight the challenges that are threatening mother’s lives in the community.

Edith was one of 19 service providers trained in Focused Antenatal Care in August 2011 under the DFID sponsored PPAZ Safe motherhood and Safe Abortion project.
Rosemary Soteli and Rhodah Joloezya are a tag team to be reckoned with! The two women safely transported and delivered a young mother who was in the far stages of delivery to the clinic, and saved the baby’s life when it was born with the umbilical cord tangled tightly around its neck.

The two best friends are both Safe Motherhood Action Group (SMAG) members that take their work very seriously. Rosemary, the more talkative of the two, is so tall and intimidating that just by looking at her you wouldn’t want to go against her advice! It’s lucky that when she talks she is as sweet and as soft spoken you could ever want your neighbor to be.

Rosemary explains that the New Kawama Area, where they are based, is a settlement area of fisher people who moved from the highlands when the waters rose several years ago, and never went back. They brought with them not much, and the area remains a housing area only, with a disproportionate amount of Jehovah’s Witness Kingdom Halls dotted around the area.

What they did bring with them was a tradition for never visiting the clinic, as when they were in the highlands, it was too far to be a conceivable option.

Rosemary and Rhodah have their work cut out of them, but they enjoy their work as SMAG members and take great pride in walking us through the housing areas to meet a young woman whom they delivered together just a few days ago.

Sherry Sampa is a 21 year old newly married woman, who has just delivered her second baby, who is yet to be named. She is unable to name her newborn son until the father returns, whenever that may be. Her husband left her at home to go travelling weeks ago, and still hasn’t returned, leaving Sherry in a scary situation when she went into labor. Sherry is incredibly shy but sits next to Rhodah and holds her hand as they share her story. Rosemary is talking outside to neighbors and relatives of the girl and sharing safe motherhood information, surveying the area for any pregnant women or new born children.

Sherry’s first baby, Nancy, was delivered via emergency cesarean, as her hips were too small for normal delivery. The service provider made a smart decision, but didn’t tell her to space her next child. A year later Sherry was pregnant, again! She admits the baby was a mistake, knowing they are too close together, but with no family planning, it couldn’t have been much of a surprise. Sherry

New mother Sherry Sampa stands next to SMAG member Rhodah Joloezya who assisted the young mother to book for ANC and deliver at the health facility
New mother Sherry, far right, stands with the two SMAG members who helped deliver her second child (in yellow and purple) and with visiting relatives, three days after giving birth at Chanyanya Clinic.

► is new to the area, but luckily, during her second pregnancy she carried in the area, the SMAG members were onto her.

“I never knew about going to ANC and I didn’t go with my first baby. But the SMAG member with the second pregnancy identified me and told me that I had to go for ANC, and even picked me up and took me for the ANC. The SMAG member encouraged me to go to the clinic and advised me to go for ANC to be checking if the baby is in the right position and how the baby is in the womb and to test for malaria and HIV.”

At home alone, Sherry paced around the house after her labour started unsure what to do. She called Rhodah, a fellow Tonga woman, who rushed to her house, and found that Sherry was already about to crown. She peddled her on the back of the bicycle to the Clinic, which fortunately isn’t too far away. She met Rosemary there and they delivered the baby after seven more hours of labour, together with the help of the awaiting service provider.

She breaks to smile when asked if she felt better that the SMAG member comes, she continues smiling and looks up and shake her head with relief, thinking about the experience.

“If the SMAG member wasn’t there... If the bicycle wasn’t there, I don’t know how I would have got to the clinic, because none of my relatives were around to help me”.

The baby is brought out and is peacefully sleeping, wrapped in several new baby blankets. Sherry is relaxed and glowing and moving freely around the house. The SMAG member is so happy to see the baby and mother healthy.

Rhodah holds the baby and thinks to herself for a while, before saying that the programme must continue. She is very thankful to PPAZ for introducing the programme because she knows that the deliveries are not the same, there are some complications. If Sherry remained stuck at home, who knows what would have happened with the baby and the cord.

SMAG Members Rosemary Soteli in yellow and Rhodah Jolozya in Purple, stand with newborn baby they helped deliver and her proud aunty who has come to see the newborn.
It is very clear that married women benefit enormously from the paradigms of safe motherhood. The lessons of child spacing, methods of breastfeeding, birth planning, the under five clinic for their children are all directed at mothers.

But where are the young women? Indeed many of the married women we meet are in fact still classified as youth; there is no denying that just by looking at their young faces. But what of the young single women who don’t have children yet, how do they benefit from the programme. Further, how are young people involved? PPAZ Kafue Branch person, Kamuchizya ‘Kells’ Mutambo explains just how involved youth are in all of PPAZ’s operations.

Kells has an incredibly friendly demeanor and openness to him, no doubt characteristics which have seen him do well as chairperson for Kafue Youth Action Action Movement (YAM) of PPAZ. He assists ‘Uncle Konoso’, the PPAZ service provider for the day load contraceptives while taking calls from the SMAG members, letting them know when the team is starting off and how far they will be. He has in fact already travelled an hour up from Kafue this morning, where he lives, to help pack the car, and then travels back to Kafue to assist with mobile outreaches, a routine he does every Thursday and Friday when the PPAZ mobile outreach team targets Kafue district. It doesn’t seem like a major effort to him at all; despite the year long project coming to an end soon, he is more than ever excited, committed and passionate about this safe motherhood project and young people’s involvement. Despite having other hobbies, it is volunteering with PPAZ that makes him feel most at home.

“When I became a volunteer for PPAZ and then the YAM chairperson for Kafue, PPAZ came into me so much that I now love doing voluntary work all the time. I am always trying to learn more about the organisation and beyond it. I appreciate my friends who are within PPAZ because we talk the same language. With PPAZ volunteers, we share the same views, we share the same passion for saving young people and helping them have better experiences with sexuality and we are advocates for their rights, so we share common vision of where we want to find YAM tomorrow.”

In Kafue district, less than an hour out of Lusaka city, YAM is known for their drama performances. Kells and his fellow young people are now trying to expand the branches reputation and the Safe motherhood and Safe abortion project was the perfect opportunity. But the drama group, comprised entirely of young, energetic and incredibly talented dancers and well trained actors, remain paramount.

“The drama group is so well known and they’re so talented, plus when they hear PPAZ, they see drama, but there is far more beyond drama, we just use it as a method for information and communication and a way of promoting a particular way of life. It gets their attention, then we can discuss issues of sex, condoms or whatever we want. The Safe motherhood project has been a great project for Kafue, it has revamped the PPAZ branch and young people have been given the knowledge about safe motherhood, then the community gets the knowledge through the young people. So it’s a fantastic way that PPAZ has designed it. Young people are instrumental in championing giving safe life to babies, with the slogan that no woman should die giving life.”

Kells recites the slogan for the Campaign on Accelerated Reduction of Maternal Morality (CARMMA), that “No woman should die giving life”, an international movement, with such ease that it is clear PPAZ has done well to popularize the campaign and incorporate it well into the training of young people in Safe motherhood.
Under the DFID sponsored project, young people and young drama members were trained in topics of safe motherhood in December 2010 and June 2011.

“It’s a great project. Everything begins with young people, which is why it’s so good we have been so involved. Our role is very important, if older people hear the messages from young people they will be interested that young people care so much about this issue, that it must be important, and it’s easier for young people to get information about sex from fellow young people.”

Young people who are trained as peer educators accompany the drama group for outreach, and survey the crowd looking for people to start one-on-one conversations with. Young people connect the community to the services by starting with entertainment of the drama performance. They then steer community members towards the service provider ready to attend to them away from the drama group, usually established in a tent or in the shelter of an abandoned house.

If they uncover a situation that is complex they refer them to the nearest health centre that has service providers trained in Safe motherhood and Focused antenatal care (FANC). The young people report that most of the times they uncover issues to do with pregnancies and STIs, which are very common amongst young people.

Kells and his other young peer educators remain in contact with the young people they meet, readily giving out their mobile numbers and telling them where they can be found. He notes that not all young people are ready to access the services that day. Maybe they need to think about it, consult their partner or are in a rush to leave. Having Kells and the peer educators based in the community, however, means that that potential client is not lost, and Kells can help them through any process they embark on, being well aware of the challenges young people face accessing services, let alone judgment-free and affordable, youth friendly health services.

“There was one time we were in the community, one of my fellow YAM members met this young lady aged 21 and he referred her to me. So her story was that she was pregnant two years ago when she was 19, and gave birth via cesarean section. Two years after having the baby, she got pregnant again, yet she was advised by the doctor to space her children for about 5 years, as the caesarian section wasn’t fully healed. So she wanted to have an unsafe abortion. When she came to me I advised her to go to the nearest health centre but they charged her too much and wouldn’t help her with a safe abortion.
So she came back to me again, told me what happened at the hospital and said that she can’t manage to pay that much. I called the Lusaka YAM chairperson who brought her to the PPAZ clinic in Lusaka and there she received a safe abortion service from the PPAZ clinic to save her life. I always remember her because we saved her so much despite the challenges, and now she is a member of YAM in Kafue. She was so relieved to find people to help her and support her through the whole process she was motivated to join YAM, and she is still very active.”

If Kells wasn’t there as a constant source of support, the young girl may have been one of the 30% of maternal deaths due to unsafe abortions that contribute to Zambia’s horrific 591:100,000 maternal mortality ratio. The story highlights several issues that young people face in Zambia.

Teenage pregnancies and unwanted pregnancies are rife amongst young women, despite family planning being available. Why the conundrum? Mr Konoso, reproductive health service provider for PPAZ explains that the myth that family planning will lead to infertility, is so deeply rooted in young people, it takes a concerted effort to convince them that it is a safe and smart way to protect their health. Kells agrees, having to clear that myth regularly, but adds that “Service providers in government clinics are not friendly, so young people shy away because the service providers are so harsh to them, leading to discrimination. Our mobile services are bringing services to their doorstep, and the service is on a regular day and they have come to know the service providers, the vehicle and they know what the SMAGs do; They’ve come to know the programme so well, and the project is well popularized.”

The other benefit of mobile services is that the service providers are from PPAZ Lusaka, meaning they come into the community as outsiders, not from the Government clinic. By doing this, it eliminates a well found fear of young people that they will find someone they know at the clinic who will report back to their family they were seeking family planning or condoms.

Coming from the background of PPAZ which is youth focused, there is no judgment for providing services for young people, it is actually what the Association promotes and focuses on. For PPAZ, family planning and safe motherhood isn’t just a married woman’s issue, it’s a young people’s issue too. And who better to teach fellow young people, than young peer educators themselves. 55 Peer educators were trained in safe motherhood under the DFID sponsored Safe motherhood and Safe Abortion project.
After four years of abstinence since giving birth at just 17, Mavis wants to start having sex again. But she doesn’t plan on going to Nangonwge clinic for family planning because she says it’s just too far.

Mavis Mwala yelps like a big baby when Mr Konoso injects Depo Provera into her right arm, and everybody looks. The young girl has her tongue poked out and her face is crumpled up, looking away from the needle, which is not even in her anymore. The women around her start to laugh, and sigh “Ya ya ya ya ya” as in, what a drama queen! Mr Konoso holds her arm as he disposes of the needle and equally laughs.

The young girl then starts laughing to herself after realizing the needle is nowhere near her anymore and gets up, slightly embarrassed. She is very boyish, in the way she walks and slumps down in front of us, with her Manchester United T-shirt and matching white hat to tell us her story. She finds it all very quizzical and just another step in this exciting morning she never planned to have.

The 22 year old was walking along the market as usual when she heard the drums of the PPAZ drama group beating, so she stopped to see what was happening and enjoy the sketch. She was approached by PPAZ Peer educators soon after and they started chatting.

Mavis was doing well in school, but fell pregnant in grade 11 to a fellow student and had to drop out. She wanted to return, but her mother never took her seriously enough, saying she would probably get pregnant again and she wasn’t worth the additional school fees, so now she does ‘business’. She laughs with an equal amount of humour and shyness when asked why she wasn’t using family planning, and did she know that having sex could lead to pregnancy. She finally answers “We were just having fun, we took it for granted, it was a mistake”. The lack of knowledge about basic sexual and reproductive health is painstakingly clear.

Her daughter, Innocence, is now 4 years, two months old. Since the baby was born she has been so terrified from her mistake she hasn’t been sexually active, but told the peer educators she wants to start again soon, and they advised her to go for family planning that was being offered today through mobile services.

The PPAZ service provider talks her through her options. She rules out the pill because she doesn’t like the thought of taking something every day, so they settle on an injectable form, Depo Provera.

After her injection the SMAG members ask her what is the next date for her next injection as a test, and she promptly remembers of the top of her head, November 24. They remind her if she has sex to still use condoms for double protection. She pulls out a box of condoms from under her Chitengi skirt that the YAM members have already given her, and a poster about not exchanging sex for gifts, and smiles, fully equipped with everything she could ever need! She says the YAM members already told her to use them and that they also told her it protects her from becoming pregnant and from contracting HIV. She says they met her at the right time. “I knew I wanted to have sex again but the clinic is so far, I know I wouldn’t have gone for family planning”.

Mavis then goes about her day, leaving with a PPAZ poster, a box of condoms, a Depo Provera shot and a new notebook with her dates recorded. She has witnessed the drama sketch, talked to the peer educators, been referred to the service provider, received the service, and met two SMAG members who encourage her to look out for the green t-shirt women in the community when she has questions. She waves goodbye with her bracelets jingling and smiles widely. What a morning!
Bess Chama is a healthy young single mother with a beautiful son, Lovemore, who has just turned one year old. It’s quite incredible that in the past year, her life has changed so much, and her ‘Aunty es’, the SMAG members from Nangongwe area, have supported her every step of the way.

Bess sits between the two SMAG Aunty es affectionately, holding hands with both of them as they share her story collectively. She is a beautiful young woman, with her eyes brightly coloured in pink and white eye shadow and her hair pinned perfectly in place. Bess’s story is inspiring because you can just feel the strength of her determination to stay healthy, a major feat in a community suffering from alcohol abuse, STIs, domestic violence, and the ever present HIV.

Bess shares her story with an uncanny sense of humour, she is wise beyond her years but I doesn’t know how courageous the steps she has taken to protect herself are. Most women in her community would have stayed silent, and stayed vulnerable. Bess “felt ready to be a woman” so, wanting a child, Bess married at 19 to a man from Nangongwe. Soon after the marriage, while Bess was pregnant, her husband started ‘misbehaving’ and became a womanizer.

From being counseled from the beginning by SMAG members, she knew her health was in danger. Bess left her new husband after being educated and counseled by the SMAGs. Bess didn’t fear the stigma of being a divorced woman, or feared being homeless. She feared contracting HIV the most, and made her move.

“I decided to end the marriage because of the help of the SMAGs. The SMAGs were teaching us how to stay safe in our marriages with condoms, so I knew I had to protect myself. He wanted to have live sex all the time. I would try to talk to him about using condoms but he would always refuse, he would say “I can’t use a condom with my wife in my own home”, because he thought I would be protected. But I knew he was sleeping with women out of the house. After I saw he was misbehaving, I thought, I am scared of contracting HIV, so its better we each go our ways.”

Her Aunty es helped her go to the clinic for VCT immediately to know her status, and she moved back home with her mother to start a new life. Her mother was glad she was home after seeing how the husband misbehaved, but didn’t let her sit around doing nothing. “Mummy said ‘No, you are grown up now, you have to find something to do to take care of yourself’. She gave Bess a small room, one bag of mealie meal and K20,000 ($US 4) to start a business. Bess started making samosas and frittas and made a decent living, then hit ‘the jackpot’ selling potatoes’, which gave her enough money to start raveling to Kafue rive to buy fish, and bring it back to Nangongwe to sell. Bess knows that, despite the pay off, travelling to the river is dangerous too.
“It’s very dangerous, because I am a young girl, the men down at the sea come and propose marriage, they try to have sex with you but you just have to be strong. But there are women who go there right to get some fish for free, just in exchange for sex, but I pay for it with money from my sales, you just have to be strong.”

Bess is clearly determined to stay healthy after all she has been through. She said she is waiting for ‘Mr Right’ before she becomes sexually active again, so she currently isn’t on family planning.

Bess says she can’t be sexually active with any man because she is scared of having another child or a disease. She explains that when she finds Mr. Right, she will go to the SMAG member and ask her which method is best for her. She starts smiling at the thought of that happy time, and her two dimples become clear. She has managed to find humour in it all, after she answers a question her shoulders raise up and down as she laughs and slaps the SMAG member’s hand who is sitting next to each other, and they continue to hold hands while her story is translated.

She still sees her husband around, and it makes her laugh all over again at the thought of it, she explains he has been married twice just in the past year they have been separated, but every time he sees her, he yells out “hey! I miss my babes!” but she just keeps walking. “I know he won’t change” she says.

For now she is focused on her business and son Lovemore, who she delivered at the Nangongwe clinic. She attends the mobile under-five clinic regularly with the help of the SMAG members where she recites that he is checked for his height, weight and given deworming tablets.

Bess concludes by giving thanks to the SMAG programme which has helped her in so many ways, from moral support, counseling, condom education, referrals for VCT counseling, safe delivery and now under-five care; all through the mentorship of her SMAG Aunty.

“I want to say thank you, please don’t stop, the programme has really helped, otherwise I would still be with my husband thinking everything is normal and there is no danger in what was happening to me”

Bess is one of the many young women supported by the 12 Safe Motherhood Action Group members in Nangongwe, Kafue trained under the DFID sponsored PPAZ Safe motherhood and Safe abortion programme.
Mary Silwizya sits down with a proud smile on her face. The young mother from Kalingalinga Compound is ecstatic to learn that her third born child, Charles, is healthy and growing well. Mary has accessed growth monitoring through the mobile under-five clinic offered in the community, made possible the PPAZ’s Safe Motherhood project.

Safe Motherhood Action Group volunteers have set up the mobile services where the service providers will attend to the gathering women in the garden of an abandoned house in the Kalingalinga compound. SMAGs have been busy sensitising the mothers about the services through door to door sensitisations in the previous week.

Using megaphones, the SMAGs remind the women in the morning that they should come for services at 10:00 hours, and the women appear immediately. While waiting for services, the SMAG members welcome the women and answer their questions.

Mary has learnt about child spacing from a SMAG member when she brought her son for his first check up. At only 25 and with three children, it was a timely lesson. “I decided to go to family planning because I learnt that it’s important to space my children. If I keep having them close together they won’t grow healthy”. Mary finds the mobile services offered through the DFID funded project that PPAZ offers easy to access.

“I like coming here because us women have a lot of work to do, so when we come here it’s easier and closer to our home. When you come here its fast, you get the service then you can go. The SMAGs are helping us plan our families and teach us how to take care of our children”.

Mary is one of the many beneficiaries from the increased service delivery points made available in vulnerable communities, through the project that aims to increase the number of service users for maternal and child health services.
For more information, visit any nearest health centre.

PPAZ is currently working with the following clinics:
- CHAWAMA CLINIC
- MATERO REFERRAL CLINIC
- CHONGWE URBAN CLINIC
- UTH ONE STOP CENTRE
- CHAZANGA CLINIC
- KAUNDA SQUARE CLINIC
- CIVIC CENTRE CLINIC
- MANDEVU CLINIC
- CHIPATA CLINIC
- KALINGALINGA CLINIC
- KANYAMA CLINIC
- CHANYANYA CLINIC IN KAFUE
- NANGONGWE CLINIC IN KAFUE
- CHILANGA CLINIC IN KAFUE
Who Are We?
Planned Parenthood Association of Zambia (PPAZ) is a Zambian non-governmental organisation which has existed since 1972 as a voluntary, not-for-profit and non-political organisation advancing the cause of sexual and reproductive health in Zambia. It is a Member Association of the International Planned Parenthood Federation (IPPF).

Our Vision
Our vision is the realisation of a society in which all people in Zambia enjoy equal sexual and reproductive health and rights (SRHR) and have access to quality and affordable SRH information and services.

Our Mission
Our mission is to advocate for sexual and reproductive health rights of women, men and young people, especially the vulnerable, and to empower them to make free and informed reproductive health choices. We dedicate ourselves to the provision of high quality and sustainable youth-focused sexual and reproductive health services.

Services Offered
Visit one of our Reproductive Health Centres to access quality youth-friendly health services.

- Family Planning
- Antenatal and Postnatal Care
- Laboratory Services
- Voluntary Counselling and Testing
- STI Screening and Treatment
- Gynaecological and obstetric care
- Male Circumcision
- Peer Education
- Comprehensive Abortion Care
- Psycho-social counselling on sexuality, gender-based violence, life skills

The Five ‘A’s
PPAZ’s core focus is centred on the five ‘A’s, which are:

- Access to Sexual and Reproductive Health services
- Adolescents / Young People
- HIV and AIDS
- Safe Abortion / Safe Motherhood
- Advocacy for SRH rights for youth, women and men

Become a Member!
Membership to the Association is open to all persons and organisations who subscribe to the vision of the Association. Individuals can become ordinary members (K10,000/year for adults and K6,000/year for youth) or life members (K250,000), while institutions can become corporate members by registering at PPAZ Head Office or PPAZ Branches across the country.

Join the Youth Action Movement!
If you want to advocate for adolescent sexual and reproductive health and rights, if you want to inform your peers, if you want to participate in the organisation’s governance, join the Youth Action Movement by visiting one of PPAZ offices or branches across the country.