



In COP 22, 90,000 people were HIV tested (mostly index testing) and 25,000 were diagnosed with HIV – of whom 99% were successfully supported to start on treatment. 107,000 PLHIV started TB Prevention and 75,000 persons started Prevention Prophylaxis (PrEP) to prevent HIV. 153,000 booked for VMMC. 15,000 persons were victims to violence and supported with post violence care. 75,000 TRIO mini adherence groups flourished. 122,000 WLHIV were this year linked to screening for cervical cancer.

83,000 HIV positive people who had disrupted their ARV therapy, were successfully helped to restart this treatment. This work is helped by 1,000 TCE Field Officers and 1,369 Community Health Workers, 1,000 Safe Motherhood Action Groups and about 3,000 Peer educators working with key populations, VMMC and Social Network Strategy (SNS) testing for adolescent, youth and men. All health data and client records are updated in the Health Facility data bases. DAPP provides rigorous data collection, data assessment and data quality improvement by a 54 member strong M&E team. The project is in year 4 now.

Within this funding from CDC, DAPP is also implementing the **PEPFAR Orphans and Vulnerable Children program** for age 3 to 19 years. With COP23 this is now in 8 districts of Eastern and Western provinces. The project is manned with 50 Case Managers and 300 Case workers. Each family with a HIV positive child makes a case management plan, which is holistic and include improvement of livelihoods to support nutrition for children and support them to go to school. In COP22 32,000 children were enrolled, including 2,300 HIV exposed Infants. All HIV positive children were tested for Viral Load, and 98% achieved Viral Load suppression. 4,000 boys age 10-15 years were trained in school in the Coaching Boys into Men to reduce negative consequences of gender norms and gender based violence such as forced sexual debut and teenage pregnancies with HIV infection following. 5,600 girls age 10 to 15 years were trained in the No Means No program. 2,100 Families were trained in Families Matter! To support their children and youth and prevent child marriages.

DAPP is now a sub-recipient on the **US Department of Defense –funded national ‘Strengthening Department of Defense HIV/AIDS Prevention Program’ (DHAPP)** together with the local organisation CIDRZ as a lead. DAPP is having the same community arm of TCE and OVC activities as described above in 60 military camps, in 26 districts in all 10 provinces. It started 1<sup>st</sup> October 2023. DAPP has employed 6 national and regional leaders and 14 project officers to supervise 120 Field officers, 120 Community health Workers and 100 Case workers.

Under the CDC funding DAPP is a technical assistant to Ministry of health in Eastern, Lusaka, Southern and Western provinces. They implement **the CDC Sungani Bana Initiative**. This is a light and cost effective OVC program, consisting of case management done by caseworkers from the local Health Facilities. The program takes care of all children and youth age 2 to 18, who are HIV positive, but not the rest of the household. The objective is that they all must thrive and achieve viral load suppression. The program has expanded nutrition support. In

COP23 the program runs in 396 health facilities in 41 districts. It is fast scaling up to cover all districts where there is no OVC dedicated project.

**Accelerating Towards Epidemic Control” (ATEC II):** This is funding from the ‘Global Fund to fight AIDS, Tuberculosis and Malaria’. DAPP is a lead Sub-grantee under CHAZ currently sub-ranting 8 CBOs and smaller NGOs in 9 districts situated in the North Western, Northern, Central, Copperbelt and Western Provinces of Zambia. Activities include Youth HIV prevention through training of and working with Peer Educators in and out of school, working with Para Legals to assist GBV survivors and well as to reduce incidences of GBV and training of institutional based distributors to reduce unwanted pregnancies and abortions in tertiary institutions.

**The TB Reach** project is implemented in Lusaka Capital City with a grant from STOP TB Partnership. The project is to **find the missing children with TB**. The project focuses on children and adults who are not HIV positive and tend to miss TB health services. The project traces all contacts of people with TB to offer TB screening, TB prevention and treatment. The project helps people to form TRIO mini adherence groups. The project works to improve uptake to quality testing and treatment, improve nutrition, reduce rampant stigma and discrimination and completion of treatment until cured.

**Challenge Facility for Civil Society (CFCS),** is also a grant from Stop TB Partnership, is working in correctional facilities (prisons) in Eastern province to pilot a community led model for TB services. The demand for quality TB services becomes loud by placing a project leader in the prison, and training health staff, peer educators and inmates. The project grapples with overcrowded facilities, with no possibility to isolate the persons with TB, grapple with improving TB screening, TB testing, TB treatment and malnutrition, poor sleeping arrangements, no soap for personal and common hygiene and cleaning and inmates being transferred in and out without any case management. We are going from small victory to small victory.

**Malaria:** DAPP implements a malaria project in 3 districts of the North Western Province with funding from CHAZ. The project is implemented in cooperation with the Ministry of Health through trained volunteers.

**From 2015-2020, DAPP was a local partner on *the Sexual & Reproductive Health Initiative (SARAI)*,** providing services to 72,000 women through 972 Community Based Distributors (CBDs) in Copperbelt, Luapula and Muchinga Provinces. SARAI contributed to an increase in modern contraceptive prevalence rate (mCPR) from 38% at baseline to 52% by project end.

**DAPP was the prime implementer of the USAID-funded Zambia Family Activity (ZAMFAM)** in 14 districts of Southern and Central Provinces, building the capacity of 80,000 families to improve care for their children including HIV treatment adherence, nutrition, prevention of common diseases, and economic strengthening. The project resulted in 99% of

caregivers knowing their children's HIV status, 0% of children under five malnourished, and 90% of families able to pay for their children's school requirements and medical expenses. With funding from CDC, DAPP further carried out individual case management under an OVC grant in the Western Province. This include evidence based prevention programmes i.e. Couching Boys to men and Families Matters!

**Nutrition:** In the **Integrated Nutrition Smallholder Farmer Support Program** implemented in 4 districts of Eastern and one in Southern with funding from WFP, DAPP reaches 12,455 families as well as 12,455 pupils in schools. The project integrates building resilience in the families combined with nutrition interventions focusing on the first 1000 days' of the child's life. The families as well as the children are organised in clubs providing a platform for mutual support and external engagement including from government extension services and private sector.

**Water, Sanitation and Hygiene (WASH)** is an integrated element in many of the DAPP Projects including in the Integrated Nutrition Smallholder Farmer Support Program. Additionally, DAPP runs a WASH project in the North Western Province reaching 3 districts and 5000 families. The project helps installing better pumps at common water points, producing and installing rope pumps in households, improve school hand washing facilities and sanitation.

**DAPP strengthens health systems** to efficiently deliver quality, sustainable services by training and supporting key actors in local health systems, including Community Health Workers (CHWs), CBDs, Safe Motherhood Action Groups (SMAGs), Neighborhood Health Committees (NHCs), youth friendly corners, and by sensitizing Health Facility staff to provide youth friendly services.

On the TCE and SARAI projects outlined above, Field Officers and CBDs directly enter client and other field work data into Health Facility and Family Planning registers, which drives real-time synchronization of data and enables timely and evidence-driven decision making by project staff to improve programming. DAPP also builds capacity of district- and Health Facility level staff to improve stock monitoring to reduce stock outs of essential medicines and health products.

### **Utilizing an Integrated Community Development Approach for More Effective Service Delivery on MNCH, FP/RH and HIV/AIDS**

DAPP experience over more than 20 years has clearly demonstrated that employing an integrated community development approach in which field interventions are closely linked to facility-based services can help to significantly improve the effective and efficient delivery of services across various health sectors, including MNCH, FP/RH, and HIV/AIDS. The approach can be tailored to boost particular behaviors among specific populations.

DAPP's approach begins by creating awareness among beneficiary populations that they need to take control of their own health and supporting them to improve specific behaviors at the individual, household and community levels, along the way improving supportive norms and policies to create a strong enabling environment for positive change.

*Embedding project staff in local communities* is an important cornerstone of DAPP's approach to project implementation. The approach involves stationing existing staff in target communities as well as aggressively recruiting local people to fill key project roles. This approach ensures project activities are carried out by people who understand the local context and have a vested interest in sustaining activities and outcomes after the project has ended.

**Working closely with the Ministry of Health and other Government Line Ministries is the approach in all the DAPPs interventions.**

