



You(th) Care Legacy:

Four years of empowering Adolescents and Transforming SRHR in Zambia

List of Acronyms:

ART	: Anti-retroviral Therapy
AYARHEP	: Ambassador for Youth and Adolescent Reproductive Health Programme (Kenya)
AYP	: Adolescents and Young People
CAB-LA	: Long-Acting Cabotegravir (HIV prevention injection)
CDF	: Children's Dignity Forum (Tanzania)
CEO	: Chief Executive Officer
CRZ	: Copper Rose Zambia
CSOs	: Civil Society Organizations
DHIS2	: District Health Information Software 2
DTWG	: District Technical Working GroupD
FP	: Family Planning
HACC	: HIV/AIDS Coordination Committee
HIV	: Human Immunodeficiency Virus
NAYA	: Network for Adolescent and Youth of Africa (Kenya)
NHRA	: National Health Research Authority (Zambia)
NYP+	: Network of Young People Living with HIV and AIDS in Tanzania
PATA	: Paediatric-Adolescent Treatment for Africa
PII	: Personally Identifiable Information
PrEP	: Pre-Exposure Prophylaxis
SBCC	: Social and Behaviour Change Communication
SMART	: Specific, Measurable, Achievable, Relevant, Time-bound
SRHR	: Sexual and Reproductive Health and Rights
TOT	: Training of Trainers
Y+ Global	: Global Network of Young People Living with HIV
YPLHIV	: Young People Living with HIV

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We are particularly grateful to the Provincial Health Offices of Lusaka and the Copperbelt for their invaluable guidance and support in integrating the project into the public health system, and furthermore to the District Health Offices of Lusaka, Chilanga, Kitwe, and Kalulushi for acting as key players throughout the project lifespan. Special recognition goes to the dedicated health workers and facility in-charges at Chipata Level 1 Hospital, Mtendere Clinic, Mt Makulu, Luangwa Clinic, Kawama Clinic, Chambishi Clinic, Ngombe Clinic, Chainda Clinic, Kazinva Clinic, and Twatasha Clinic. Their dedication to creating youth-friendly services ensured that adolescents and young people were reached, informed, and linked to essential SRHR and HIV services.

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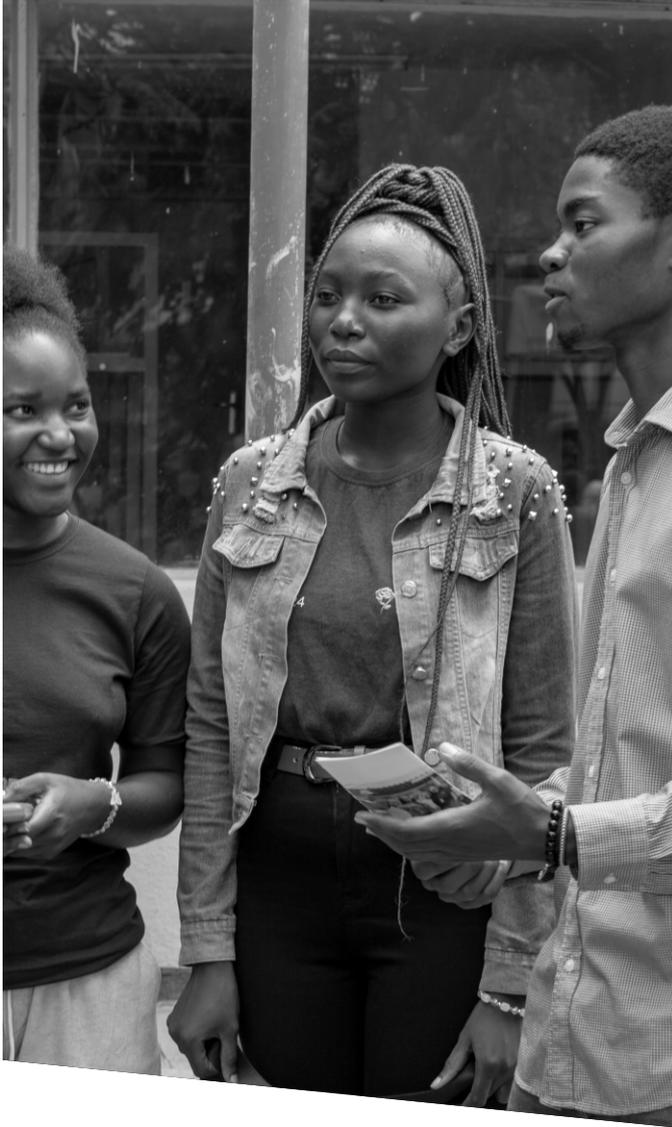
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Introduction

Copper Rose Zambia (CRZ) is the largest youth-led and youth-serving non-governmental organisation working towards the empowerment of youth and women in Zambia. Its mission is to build a conducive environment for young people to thrive in all aspects of their lives. The main thematic areas of work are Health and Wellbeing, Gender Equity, and Youth Development and Leadership.

Background of the You(th) Care Project

The You(th) Care project implemented from 2022 to 2025 aimed to expand access to (digital) self-care services and products while empowering adolescents and youth (ages 10–24) in Kenya, Tanzania, and Zambia to advocate for and engage in self-care for their sexual reproductive health and rights (SRHR) needs.

The project was implemented by a consortium of organisations namely: Aidsfonds; Paediatric-Adolescent AIDS Treatment for Africa (PATA); The Global Network of Young People Living with HIV (Y+ Global); Ambassador for Youth and Adolescent Reproductive Health Programme (AYARHEP, Kenya); Network for Adolescent and Youth of Africa (NAYA, Kenya); Children's Dignity Forum (CDF, Tanzania); The Network of Young People Living with HIV and AIDS in Tanzania (NYP+, Tanzania) and Copper Rose Zambia (CRZ, Zambia).

Evaluation Methodology



The endline evaluation employed a mixed-methods approach to comprehensively assess the project's performance against its objectives and theory of change. The design combined quantitative and qualitative techniques to measure change and understand the underlying experiences and perceptions of participants.



Data Collection and Sources:

- **Quantitative Surveys:** A total of **3,866 adolescents and young people** were surveyed across the 10 project health facilities using a statistically representative sampling method. This was supplemented by facility audits and analysis of routine program and DHIS2 data.
- **Qualitative Insights:** To gather in-depth insights, **20 Key Informant Interviews** were conducted with health workers and project staff, and **10 Focus Group Discussions** were held with adolescents, young people, and peer educators. Additionally, case studies were developed to document significant stories of change.
- **Desk Review:** Project documents were reviewed to contextualise the findings.

Analytical Approach

- Quantitative data were analysed using STATA 14 to identify significant changes and relationships, such as the link between message exposure and service uptake.
- Qualitative data were analysed thematically using NVIVO to identify recurring patterns and themes.
- Outcome harvesting was a key component, used to identify, verify, and analyse the project's specific contributions to observed changes in policies, practices, and relationships.

This robust methodology ensured that the evaluation findings are evidence-based, credible, and reflective of the diverse experiences of all project stakeholders.

Project objectives and theory of change

We worked with 4 health facilities in Copperbelt Province (Kitwe and Kalulushi) and 6 Health facilities in Lusaka Province (Lusaka and Chilanga). These include Chipata Level 1 Hospital, Mtendere Clinic, Mt Makulu, Luangwa Clinic, Kawama Clinic, Chambishi Clinic, Ngombe Clinic, Chainda Clinic, Kazinva Clinic, Lusaka, and Twatasha Clinic. The goal of the project was to ensure that vulnerable adolescents and young people especially girls (e.g living with HIV, out of school and in remote and low-income urban settings) benefit from a more supportive policy and community environment as well as a strengthened health system. Thus, enabling them to practice self-care to promote and maintain SRHR, access Family Planning (FP), HIV/AIDS prevention and treatment.

The project promoted social behavioural change using both social and traditional media as well as working with health workers and peer educators to advocate for self-care services and demand use of SRHR and HIV products available for adolescents and young people in health facilities and other community structures.

Two specific objectives guided two mutually reinforcing pathways:



Photo 1: Peer educators conducting an outreach at Mutendere Market

1. Duty bearers and decision-makers improve, resource and implement laws and policies that respect, promote and realize adolescents' SRHR and HIV self-care needs.
2. Adolescents and young people, specifically girls and those who are vulnerable, have increased access to quality SRHR and HIV community and public services, including access to self-care services and commodities.



CRZ reached over **200,000** individuals directly, producing more than **41** TV and radio shows, and formally engaging more than **3,900** duty bearers. Its most significant legacy lies in systemic change: contributing to influencing national policy reviews on the age of access to health services, securing the formal inclusion of AYP in government technical committees, and integrating new HIV prevention methods into national guidelines.

Project Evolution and Strategic Adaptation from 2022-2025

The You(th) Care project strategy evolved in response to the changing national and organisational context, culminating in a final year focused on institutionalising our gains:

2022: Foundation and Integration. The project commenced amidst positive policy developments, including the enactment of the Children's Code Act. CRZ capitalised on this by integrating its activities with government systems, training peer educators within health facilities to ensure ownership.



2023: Deepening Advocacy and Youth Leadership. The project expanded its advocacy footprint, facilitating youth participation in national Adolescent Health Indabas and holding district-level advocacy meetings.

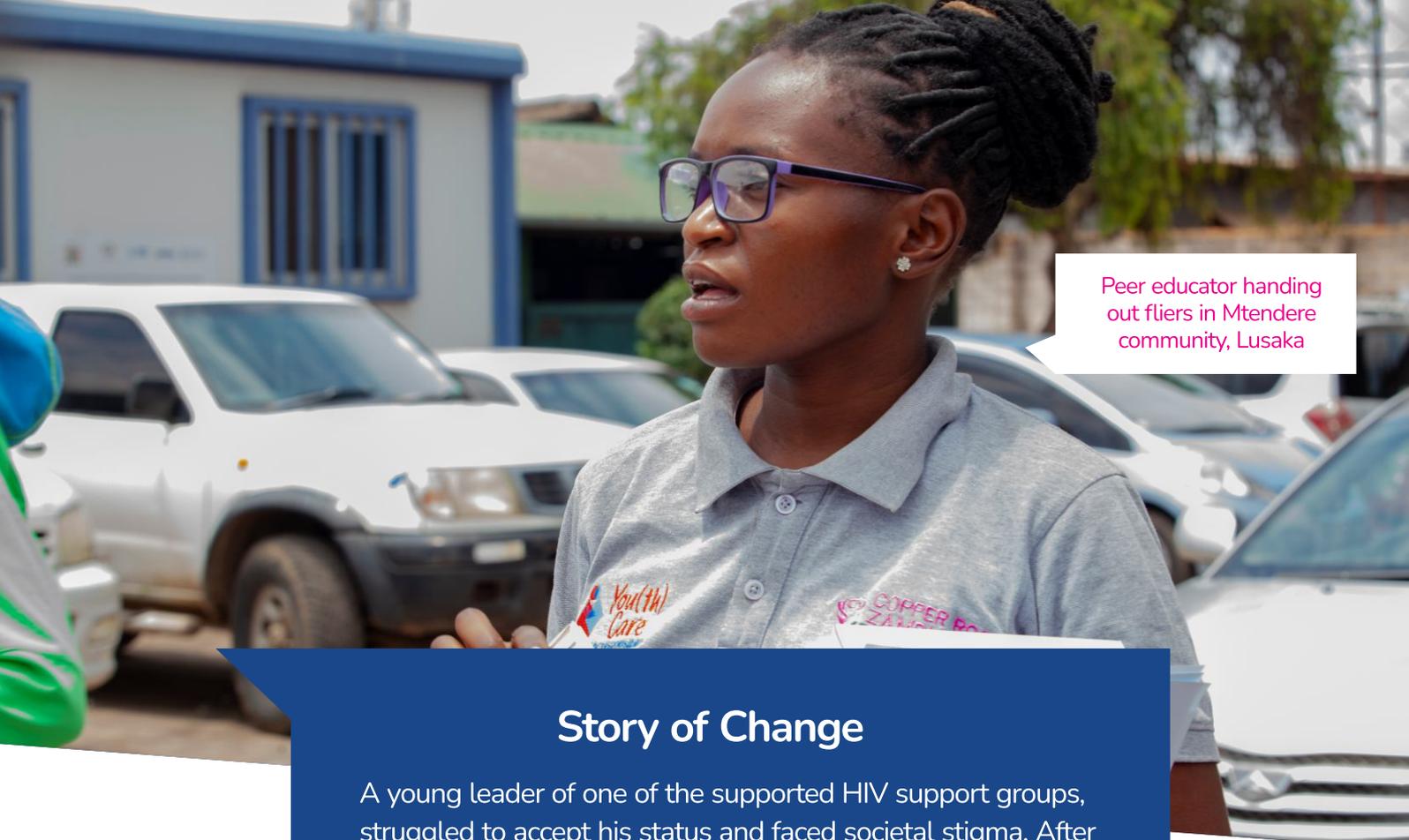
2024: Innovation and Consolidation. The project adapted to the launch of new HIV prevention tools like CAB-LA and intensified outreach through joint community activities and digital media.

2025: Sustainability and Legacy. The final year was dedicated to ensuring lasting impact. Despite the USG stop-work order and funding cuts, the project focused on Training of Trainers (TOT) models, integrating AYP into government structures, and transferring ownership of digital platforms to health facilities.

Key Achievements and Impact

Direct Impact on Adolescents and Young People

HIV Support Groups: Revitalised and supported HIV support groups in the target health facilities, creating safe spaces for more than 5200 adolescents and young people (AYP). Members reported improved mental health, better acceptance of their HIV status, and higher rates of medication adherence and viral load suppression.



Peer educator handing out fliers in Mtendere community, Lusaka

Story of Change

A young leader of one of the supported HIV support groups, struggled to accept his status and faced societal stigma. After training with the You(th) Care project, he gained confidence and now leads his group with purpose.

"I decided to be open with my status to help those who are still in denial and have self-stigma. I honestly want everyone living with HIV to be free and open to speak about their HIV status without fear."

Peer Education: Trained and mentored 134 peer educators who conducted outreach sessions, both in-person (in communities and schools) and online (through webinars and podcasts). This model built the confidence and leadership skills of the peer educators while ensuring SRHR messages were relatable to young people and effective.

Most of adolescents and young people surveyed in the catchment areas of our target health facilities report having interacted with You(th) Care messages, a reach that has directly translated into our contribution along with other partners to measurable action. Outcome harvesting confirmed that the behavioural and service-uptake changes recorded at endline were strongly linked to the project's contribution to SBCC and community engagement strategies.

Quantitative findings reinforce this with 65.1% of adolescents and young people reported repeatedly seeing or hearing Youth Care messages over the past four years, and regression analysis shows that those exposed to these messages were 3.75 times more likely to use SRHR/HIV services at a public health facility compared to those with no exposure ($p < 0.001$).

This statistically significant relationship validates the outcomes where adolescents frequently attributed increased confidence and motivation to peer-led sessions and digital content.

This engagement has empowered youths to move from awareness to action, as one participant shared, “I started using condoms and PrEP for my protection.” This demonstrated uptake is coupled with a marked shift towards safer behaviours, driven by a growing sense of agency. Another youth noted, “I shared the information with my friends,” highlighting the peer advocacy that amplifies the project's impact. Ultimately, the transformation is rooted in a deepening culture of self-care, perfectly captured by the statement, “I now know how to take care of my health,” underscoring a sustainable ripple effect of positive change.

Number of people reached through SBCC Campaigns

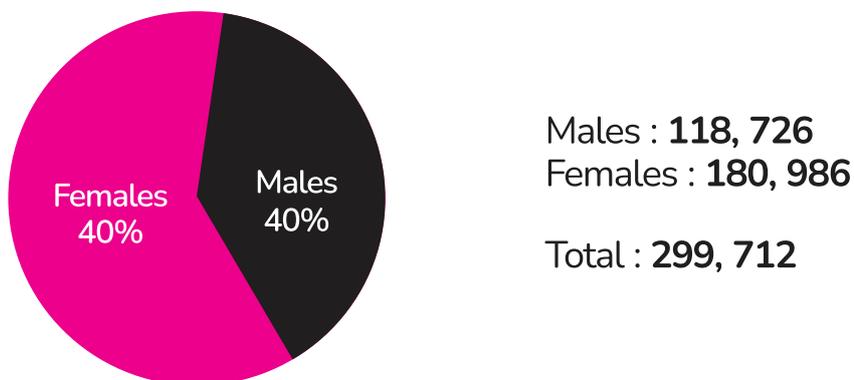


Fig 1: People reached through social behavioural change communication campaigns

Story of Change

Before joining the project, one of our adolescents struggled with self-esteem related to her HIV status. As a peer educator, she found her voice and now creates a safe space for others.

"Being a peer educator within the Youth Care Project has been a catalyst for boosting my self-confidence and self-esteem... Most importantly, they have helped me fully embrace and accept my HIV status."

- **Capacity Building in Advocacy:** Through SMART Advocacy training, young people and duty bearers were equipped to engage with policymakers. This directly led to youth-led advocacy at technical working groups and high-level events, with several AYP successfully mobilising resources for their youth-friendly space.

One of our adolescents found direction through the project's SMART Advocacy training, which equipped her with the skills to effectively champion her community's needs.

"Participating in the Smart Advocacy Training has been nothing short of a dream come true... I am confident that I can make a difference and contribute to the advancement of advocacy efforts in Zambia."



Strengthened Health Systems and Service Delivery

Youth Friendly Services: Advocacy and feedback mechanisms, such as the scorecard system, directly improved service quality.

Digital Innovation: Whilst leveraging various digital platforms, peer educators were successfully trained to manage health facility social media pages. This resulted in 32 facility-led webinars and 11 podcast episodes in the final year alone, maintaining engagement even during operational disruptions.

Number of adolescents and young people aged 10-24 accessing SRHR and HIV services at target health facilities

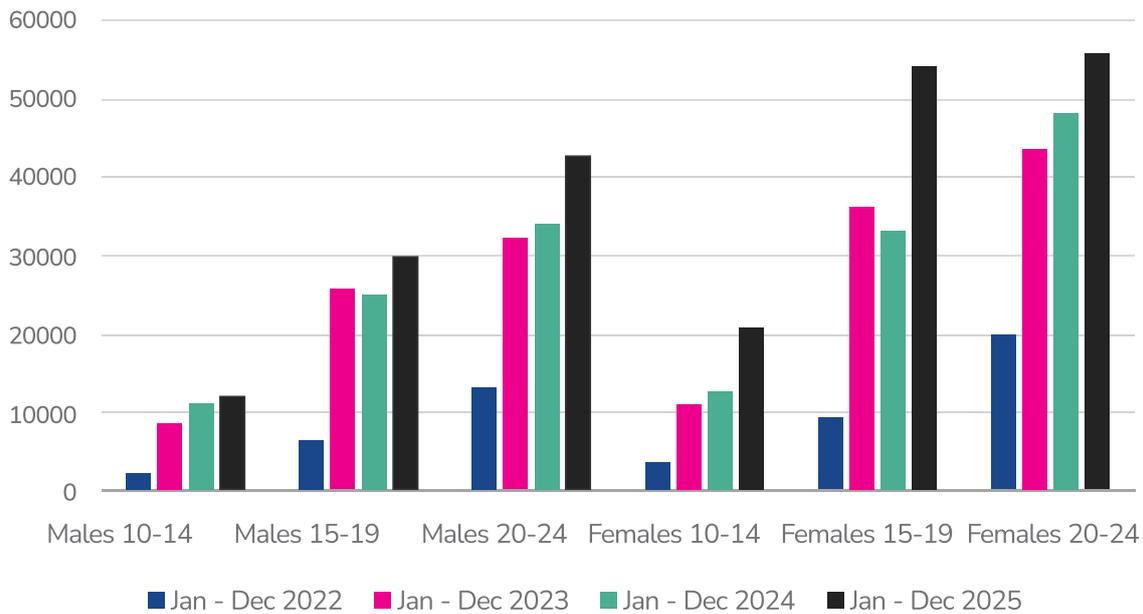
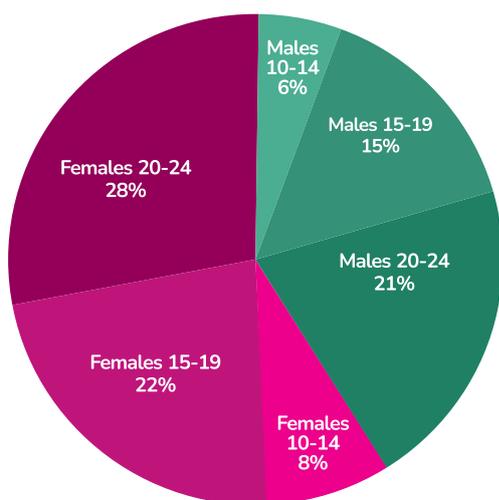


Fig 2 : Number of adolescents and young people aged 10-24 accessing SRHR and HIV services at target health facilities

- Commodity Access:** Complementing the work of other partners, project sensitisation led to a measurable increase in the uptake of SRHR commodities among AYP in project facilities. This contributed to improved outcomes regarding teen pregnancies, HIV infections, and adherence to ART among adolescents and young people.

Adolescents and young people aged 10-24 accessing SRHR and HIV Services at target health facilities



Males: **243, 974**

Females: **349, 282**

Total: **593, 256**

■ Males 10-14
 ■ Males 15-19
 ■ Males 20-24
 ■ Females 10-14
 ■ Females 15-19
 ■ Females 20-24

Fig 4: Number of adolescents and young people aged 10-24 accessing SRHR and HIV services at target health facilities

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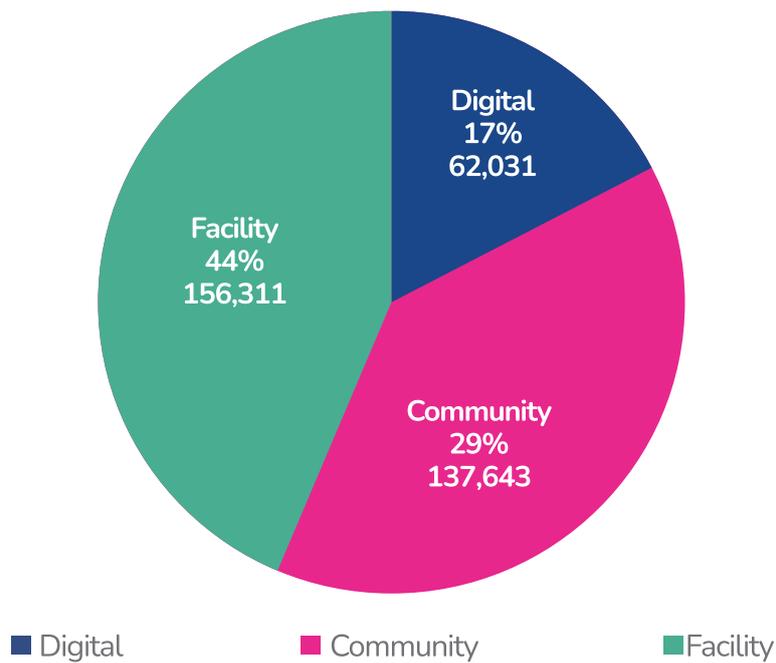


Fig 5: Number of Teen Pregnancies at target health facilities from 2022 to Sept 2025

Number of new HIV infections among adolescents and young people aged 10-24 from 2022 to Sept 2025

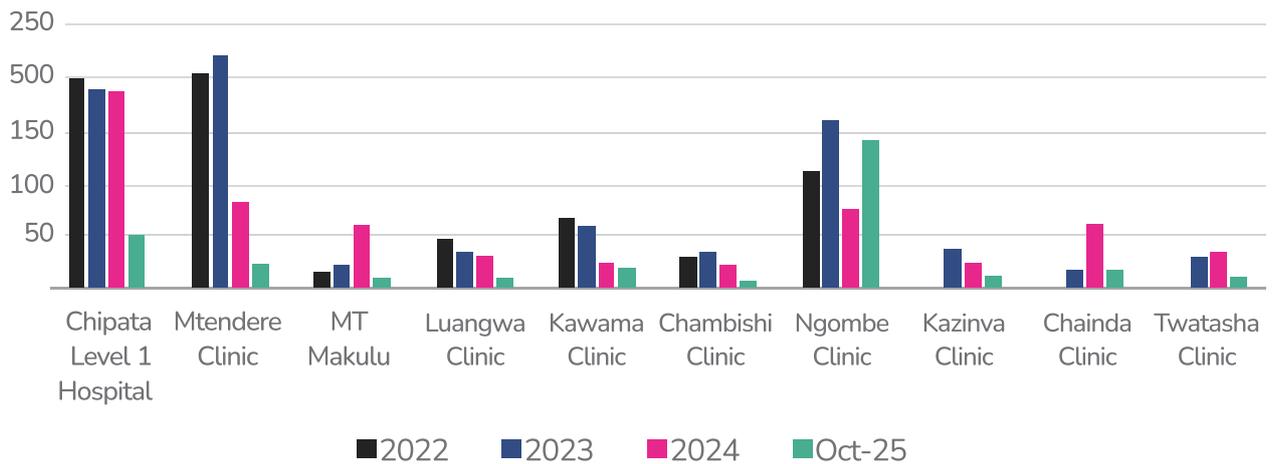


Fig 5: Number of Teen Pregnancies at target health facilities from 2022 to Sept 2025

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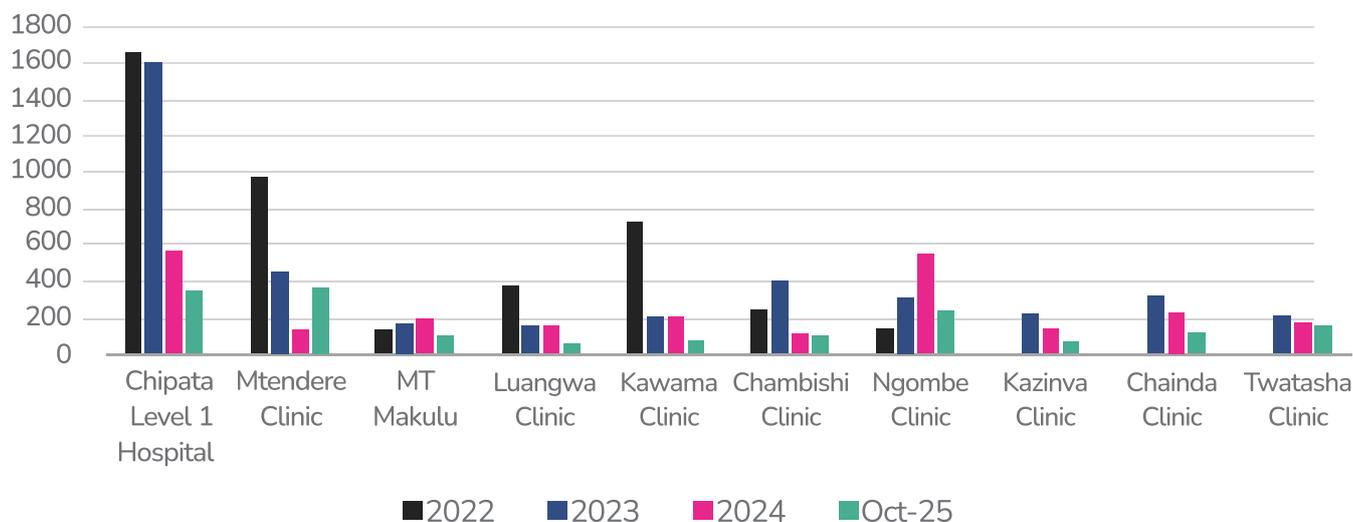
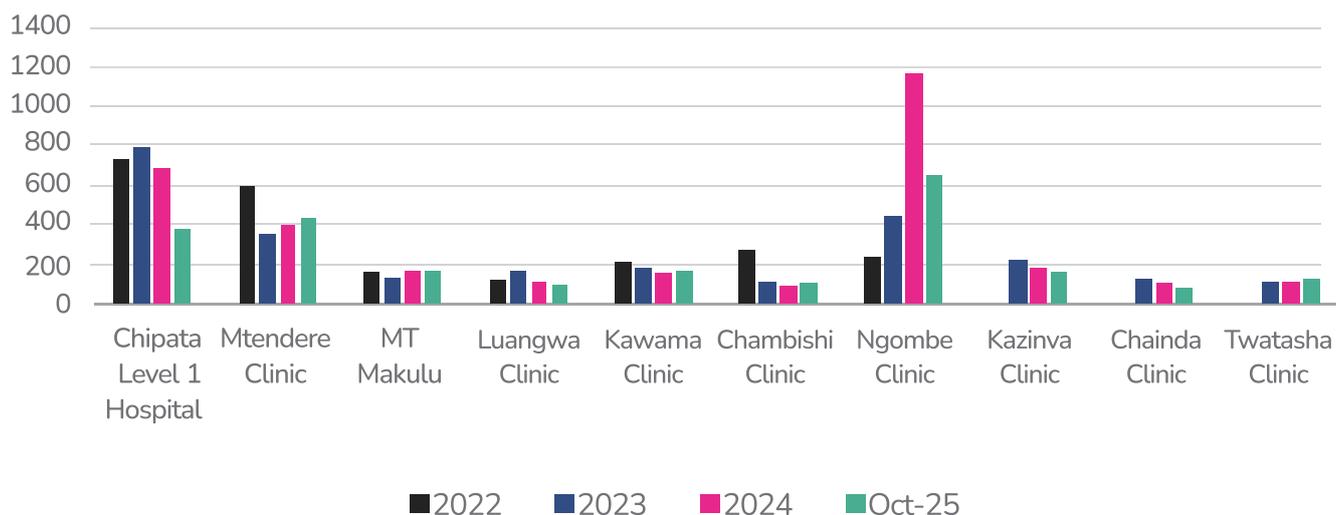


Fig 6: Number of new HIV infections among adolescents and young people aged 10-24 from 2022 to Sept 2025

Number of Adolescents and YPLHIV aged 10-24 adhering to ART at targeted sites



Policy and Advocacy Influence: A lasting legacy

The project's most profound achievements were in shifting policies and institutional practices:



Policy Change: Sustained advocacy contributed directly to the revision of Zambia's national family planning and PrEP guidelines to include new prevention methods like Lenacapavir and the Dual Prevention Pill.



Institutional Inclusion: A landmark success was the formal inclusion of 9 adolescents and young people as members of District Technical Working Groups and HIV/AIDS Coordination Committees, ensuring sustained youth voice in decision-making.



Legal Review: Advocacy efforts with CSOs, other implementing partners and parliamentary caucuses influenced the Attorney General to grant permission for a review of the legal age of access to health services, a critical step toward removing a major barrier for AYP.

Effectiveness

Key Findings Relative to Project Objectives and Theory of Change

The You(th) Care project successfully operationalized its theory of change at the community and facility levels. As reported, adolescents that were surveyed confirm the high level of message visibility confirmed the effectiveness of the blended communication strategy, which empowered them to seek services and advocate for their rights. Simultaneously, the transformation of health workers and peer educators into more youth-friendly figures activated the second pathway of change.

The capacity strengthening for peer educators and health workers was the project's most unqualified success, creating a cycle of trust and increased service demand. The project also fostered and contributed to positive changes in adolescents' knowledge, attitudes, and self-care practices, demonstrating a successful transition from awareness to practice. Adolescents who reported seeing or hearing SBCC messages were 2.9 times more likely to use community-based SRHR/HIV services, and 4.2 times more likely to engage with digital SRHR/HIV services compared to those with no exposure. These findings confirm that project messaging did not only increase awareness but translated directly into behaviour change and higher service engagement.

- **Contribution to National and Regional SRHR and HIV Outcomes**

The project made a concrete contribution to national SRHR goals by demonstrably increasing adolescent service uptake in target facilities. By proving the effectiveness of a blended service delivery model and peer educator approach, the project has generated a replicable blueprint for scaling youth-friendly SRHR interventions across Zambia and the wider region using what we are calling the Youth Care plus model.

Navigating Challenges and Demonstrating Resilience

We effectively navigated significant challenges, particularly in the final phase of the project:

Organisational shock (Stop-Work Order and Funding Cuts): In 2025, CRZ faced a major operational crisis due to external funding shifts. The response involved a strategic internal restructuring, role realignment, and the remarkable resilience of a leaner team, which allowed core project functions to continue and even thrive.

Peer Educator Attrition: Persistently addressed through low-cost, facility-based training models and a final "Training of Trainers" for healthcare providers, creating a sustainable system for ongoing peer educator orientation.

Commodity Stock outs and partner absence: Addressed through stakeholder remapping, strengthened collaboration with the Ministry of Health, and the strategic use of an emergency fund to engage adolescent treatment supporters, stabilizing the care cascade for AYP.

Sustainability and Legacy

The You(th) Care Project concludes with a strong foundation for continued impact:

Local Ownership: A cadre of 134 healthcare providers have been trained in SMART Advocacy, Adolescent health and Peer Education. They are now equipped to continue advocacy and peer education training within their communities and facilities. Also, more than 240,000 duty bearers such as teacher, parents, community leaders, journalists and general community members were engaged throughout the project through both online and offline platforms to help champion advocacy initiatives. These included teachers, parents, parliamentarians, and local authorities.



Photo 4: Community dialogue meeting in Kitwe at Word of Life Christian Church with duty bearers.

Integrated Systems: Digital platforms and management practices for youth-friendly spaces have been successfully transferred to and are being maintained by health facilities.

Institutional Learning: The project's tools, such as the scorecard, and its lessons on youth-led digital outreach and advocacy, are being integrated into CRZ's other SRHR and HIV programs for wider impact.



Recommendations

1. Systematise and replicate the Youth Care plus model
2. Institutionalize contingency planning to protect core Adolescent Health functions from future external shocks.
3. Conclude the review of the age of access to health services to remove critical SRHR barriers.

Conclusion

The You(th) Care Project concludes as a powerful testament to the efficacy of youth-led, strategically adaptive, and resilient SRHR programming. The project proved highly effective in transforming the agency of young people and the responsiveness of local health services. Its legacy is a proven model that successfully connects community-level empowerment with facility-level quality improvement. The primary lesson for future programming is that to achieve transformative change, this powerful community-level work must be coupled with long-term, dedicated investment in high-level policy advocacy to address the systemic barriers that ultimately limit the full realization of adolescent health and rights.

Ethical Considerations

The evaluation was conducted under the highest ethical standards to ensure the safety, dignity, and rights of all participants, with special considerations for the adolescent and youth demographic and the sensitive nature of SRHR topics.

- **Informed Consent and Assent:** Prior to any data collection, voluntary informed consent was obtained from all adult participants. For adolescents under the age of 18, a dual process was meticulously followed: assent was obtained from the minor, and informed consent was provided by their parent or legal guardian. Consent forms were written in clear, simple language, and enumerators verbally explained the purpose of the evaluation, the procedures, risks, benefits, and the right to withdraw at any time without penalty.



Confidentiality and Anonymity: All participant data were treated with strict confidentiality. All personally identifiable information was anonymised.

Safety and Well-being: A clear referral pathway was established in collaboration with project health facilities to ensure that interviews and FGDs were conducted in private, safe spaces to ensure confidentiality and comfort.



Ethical Oversight and Compliance: The evaluation protocol received an ethical waiver from the ERES Converge Ethics Committee. Furthermore, approvals were sought and obtained from the National Health Research Authority (NHRA) in Zambia, ensuring full compliance with national regulatory standards for public health research. Ministry of Health was aware of the evaluation through letters to the relevant Provincial Health Offices and District Health Offices.

You(th) Care Endline Report

