

Detailed Implementation & Financial Report

Digital SRHR Hotline for Rural Youth
January – December 2024

1. Project Overview

- **Title:** Digital SRHR Hotline for Rural Youth
 - **Location:** Copperbelt & Northern Provinces (pilot extension)
 - **Duration:** January – December 2024
 - **Objective:** Improve access to accurate, confidential, and youth-friendly sexual and reproductive health rights (SRHR) information and services through a toll-free digital hotline.
-

2. Background & Rationale

- Rural youth often lack access to reliable SRHR information due to stigma, distance from health centers, and cultural taboos.
 - Mobile penetration in Zambia creates opportunities to deliver confidential support.
 - This initiative aligns with Zambia's **Adolescent Health Strategy** and international commitments to **universal SRHR access** under the SDGs.
-

3. Activity Components

- **Hotline Setup:** Establishing a toll-free SRHR hotline accessible by call, SMS, and WhatsApp.
- **Counselor Recruitment & Training:** 5 trained SRHR counselors engaged.

- **Awareness Campaigns:** Radio, social media, and community outreach to promote hotline use.
- **Referral Mechanisms:** Linking hotline users to nearby clinics for advanced services.
- **Data Monitoring:** Tracking hotline usage and key issues raised.

4. Detailed Execution Phases

Phase 1 – Design & Setup (Jan–Mar 2024): Hotline platform developed in partnership with a mobile operator.

Phase 2 – Counselor Training & Pilot Launch (Apr–Jun 2024): 5 counselors recruited, hotline piloted in Copperbelt.

Phase 3 – Scale-Up & Awareness (Jul–Sep 2024): Expanded to Northern Province; outreach via radio and social media campaigns.

Phase 4 – Monitoring & Policy Engagement (Oct–Dec 2024): Usage data analyzed; findings presented to health stakeholders.

5. Implementation Timeline

| Phase | Timeline |
|--------------------------------|----------------|
| Hotline Setup | Jan – Mar 2024 |
| Counselor Training & Pilot | Apr – Jun 2024 |
| Scale-Up & Awareness | Jul – Sep 2024 |
| Monitoring & Policy Engagement | Oct – Dec 2024 |

6. Outcomes & Impact

- **3,500 youth reached** via hotline services in the first year.
- **5 SRHR counselors trained** and actively providing support.
- **200 referrals** made to local clinics for advanced care.
- **Increased awareness** of SRHR rights and services through digital campaigns.

- Reduced stigma around discussing sexual and reproductive health in target communities.

7. Key Partners

- **District Health Offices (Copperbelt & Northern):** Referral support.
- **Mobile Network Provider:** Hotline infrastructure and toll-free access.
- **Local Youth Groups:** Outreach and awareness campaigns.
- **Funding Partner:** SRHR innovation and youth empowerment donor.

8. Beneficiary Testimonials

“I could ask questions privately without fear. The hotline made me feel safe and informed.”

— **Emmanuel Phiri, 19-year-old Beneficiary**

“This service is a lifeline. Girls and boys now have a place to get real answers and support.”

— **Community Health Worker, Chingola**

9. Financial Report – Donor Grant (\$95,000)

| Budget Item | Amount (USD) | Description |
|----------------------------------|--------------|--|
| Hotline Setup & Licensing | \$25,000 | Software, infrastructure, mobile integration |
| Counselor Recruitment & Training | \$15,000 | Hiring, training, supervision |
| Awareness Campaigns | \$20,000 | Radio shows, posters, social media outreach |

| | | |
|------------------------------|-----------------|---|
| Operations & Stipends | \$15,000 | Counselor stipends, call center running costs |
| Referral Support | \$5,000 | Transport and clinic partnership facilitation |
| Monitoring & Evaluation | \$7,000 | Data collection, analysis, reporting |
| Administration & Contingency | \$8,000 | Coordination, staff, communication |
| Total | \$95,000 | Grant Allocation |

Summary

The Digital SRHR Hotline for Rural Youth expanded access to confidential SRHR information for 3,500 young people, reduced stigma, and strengthened referral systems to health services. The initiative proved that digital platforms can bridge health service gaps in underserved areas and offers a scalable model for nationwide adoption.

Yours faithfully,



Lukachi Banda
Executive Director
Barlistrive Cooperative Society