



The Government of the Republic of Zambia declaration of the Zambian FP2030 Commitments.

The Government of the Republic of Zambia (GRZ) has positioned itself to build on the achievements towards FP 2020 partnership since 2012. Among the key steps that have been undertaken include aligning national FP strategies inline with the global and regional commitments anchored on the principles of harnessing the demographic dividend for adolescents, young women and women as espoused in the African Union 2030 and 2063 agenda.

Zambia has developed an Integrated Family Planning Costed Implementation Plan (2021-2026) with a focus of repositioning FP as not only a health issue, but a factor in national development.

The following are Zambia's FP 2030 commits:

1. The Government of the Republic of Zambia commits to spend US\$ 12,000,000 in 2023 of Family Planning programming in Zambia and subsequently increase by 30% annually.

2. The Government will support the generation of new data, improving the quality of and better use of existing data for Family Planning Programming and decision making.
3. By the year 2030 Zambia will transform Social and Gender norms articulating the success statement by 2030 as “A woman or adolescent girl’s decision to use modern contraception is supported and accepted”.
4. The Government of the Republic of Zambia commits to provide an enabling environment for rights based, Family Planning / Sexual and Reproductive Health (FP/SRH) service delivery for all adolescents and young people that will contribute to the reduction of teenage pregnancy from 29.2% to 25% by 2026.

Hon. Sylvia T. Masebo (MP)
Minister of Health

ZAMBIAS 2030 VISION STATEMENT

By the end of 2030, Zambia will be a country where citizens enjoy their sexual and reproductive health rights, make informed choices on sexual and reproductive health, have access to high quality contraceptives, information and services on voluntary family planning.

By 2030, Zambia should have a family planning programme within an integrated reproductive, maternal, adolescent, new-born and child health programme that optimises its capacity to address both demand and supply barriers of access and use of modern contraception. The programme should also have a strong national and community level orientation and ownership, sustained funding, robust evidence based and rights-based accountability frameworks, and supported by strong population and reproductive health coordination organs within government.

1. COMMITMENT OBJECTIVES

Commitment Objective 1:

The Government of the Republic of Zambia commits to spend US\$ 12,000,000 in 2023 of Family Planning programming in Zambia and subsequently increase by 30% annually as tabulated below:

Year	Total Amount (US\$)
2023	12,000,000
2024	15,600,000
2025	20,280,000
2026	26,364,000
TOTAL	74,244,000

Objective Statement:

The Government of the Republic of Zambia will spend 30.7% of the total annual costs of the 2021 – 2026 Costed Implementation Plan (CIP).

Timeline: 2021- 2026

Rationale: Zambia's Family Planning Programme is highly donor dependent. In order to sustain national ownership, the Country needs to increase domestic resource mobilisation for Family Planning commodities, service delivery and demand creation. To attain the demographic dividend, there is need to prioritise strategic investments in human capital (health and education) as well as implement sound economic and governance policies.

Strategies:

Policy Related Strategies

- National Health Insurance Scheme (NHIS) – The Government will leverage resources from the NHIS to support the financing for procurement of Family Planning commodities as enshrined in the Zambia Medicines and Medical Supplies Agency Act, 2019 (Part II, Section 18);
- Medicines and Medical Supplies Fund – Zambia enacted the Zambia Medicines and Medical Supplies Agency Act, 2019 which has a provision for the Medical Supplies Fund. The fund is established to raise funds for procurement and distribution of medicines and medical supplies and a proportion of this will support the procurement of Contraceptives.

Program Related Strategies

- Budget Tracking – The government will strengthen the existing institutions which support budget tracking, disbursement and expenditure including the parliament while the Civil Society Organizations will strengthen their role of providing advocacy and monitoring of budget release;
- Total Market Approach (TMA) – The Government will support a TMA approach to allow the private players to take up their segment in the market and ensure that those who are willing to pay for services and can afford to pay are not subsidized by the Government;

- Global Financing Facility (GFF) – The Country will finalize the GFF with the FP Programme prioritized for financing.

Commitment Objective 2:

Objective Statement

Strengthen the generation and usage of data collection tools correctly and consistently such as score cards and surveys to generate new evidence and improve data warehousing in Sexual Reproductive Health and Family Planning services by 2026.

Timeline: 2021 - 2026

Rationale: Zambia has information systems in place, including national census, Demographic Health Survey, HMIS and research that provide data for decision making. However, there is need to improve quality of data to better inform decision making and policy in the following areas:

- Accuracy
- Timeliness
- Precision
- Reliability
- Relevance
- Disaggregation by age

Strategies:

- Capacity building for personnel in Health Facilities involved in data collection, management and processing;
- Developing evidence-based information from data that is collected for decision making and policy development;
- Harmonization of data collection tools;
- Utilization of data to track and inform progress as well as decision making;
- Periodic review and harmonization of data capturing tools to be in conformity with emerging issues in Family Planning.

Commitment Objective 3:

By the year 2030 Zambia will transform Social and Gender norms articulating the success statement by 2030 as “A woman or adolescent girl’s decision to use modern contraception is supported and accepted”.

Objective Statement

By the year 2026, demand for modern methods for all women and adolescent girls will increase from 52% in 2018 (ZDHS) to 60%.

Timeline: 2021 – 2026

Rationale: Based on our review of relevant available data, there is a lack of decision-making power for women and adolescent girls to use modern contraception. Increased focus on this population to make family planning informed decisions will increase demand for modern contraception and reduce unmet need for family planning, thereby contributing to improved maternal health.

Strategies:

- Engage religious and traditional leaders, policy makers, husbands/partners of women, parents of adolescents and youth, and young people through community dialogue meetings to address religious and cultural barriers affecting access and use of Family Planning services, with particular focus on adolescent girls and boys, young women, women with disabilities and marginalized populations inclusive of populations affected by disasters and public health emergencies;
- Develop accurate, comprehensive and age-appropriate messages tailored for each of the groups outlined above, tackling issues including promoting self-efficacy, addressing myths and misconceptions and antipathy to adolescent and youth sexual and reproductive health and rights;
- Disseminate these through an integrated SBCC strategy utilizing community structures and groups, service providers, Community

Based Distributors and Peer Educators, media and digital technologies, to enhance demand for FP among populations with high unmet need for modern contraception through a rights-based approach;

- Provide adequate funding implementation of the Comprehensive Communication Strategy at all levels of FP service delivery commensurate with FP commodity availability and skilled providers;
 - Review and update the RMNCAH&N Communications and Advocacy Strategy (2017 - 2021) to guide country interventions targeted at social behavioral change communication.

Commitment Objective 4:

The Government of the Republic of Zambia commits to provide an enabling environment for rights based, Family Planning / Sexual and Reproductive Health (FP/SRH) service delivery for all adolescents and young people that will contribute to the reduction of teenage pregnancy from 29.2% to 25% by 2026.

Objective Statement

To provide responsive rights based FP/SRH information and services to adolescents and young people including those in and out of school, married and unmarried, those with disabilities, in rural areas, in humanitarian crisis and those incarcerated to help them make informed decisions on their SRH lives and use of modern contraceptives

Timeline: 2021 - 2026

Rationale: Based on the ZDHS 2018, teenage pregnancy still remains high with an overall of 29% of women age 15-19 having begun childbearing. There is need to address adolescent fertility with particular focus on the vulnerable such as those who are not in school, married and/or parenting, those living with disabilities, in rural areas, in humanitarian crisis and those incarcerated.

Prioritizing strategies for this population will contribute towards our country's 2030 vision of expanding access to modern contraception and reducing maternal mortality.

There is also an unmet need for contraception for adolescent girls in the country compounded by the inadequate availability of providers who are trained in provision of Adolescent Friendly FP/SRH services. The age of consent for access to contraception is also inhibitory to adolescents who would like to access FP.

The points of access also pose a challenge for adolescents as the health facilities are only open during hours when they may be in school or active hours when the parents or guardians may also be accessing the FP/SRH services

Strategies

- Capacity building for HCPs, parents and gate keepers on Adolescents Friendly rights based sexual and reproductive health service provision;
- The country will promote innovative approaches for access to FP/SRH services to include youth friendly access points other than the health facilities;
- Review guidelines and training materials for service provision for adolescent health, ensuring that it is rights based;
- Ensure availability and accessibility of FP commodities at every service delivery point including youth friendly spaces and health service point;
- SBCC and awareness programmes among adolescents, parents, gate keepers and the general community;
- Performance management systems that effectively monitor and support facility and community-based service providers to address provider bias and confidentiality among other issues;
- Reviewing policies related to adolescents' access to sexual and reproductive health services, including contraceptives

2. COMMITMENT CONSULTATION PROCESS

Following the commitments that the Government of the Republic of Zambia (GRZ) made to FP2020, there was an invitation from the FP2030 Partnership for Government to make rights-based family planning commitments for 2030. As a follow up, GRZ convened the Family Planning (FP) Technical Working Group (TWG) and the FP2030 Focal Points to agree on the commitment development process.

The focal points developed a concept note and Terms of Reference that were presented at the FP TWG meeting which consists of various partners working in family planning and is an advisory body to the Ministry of Health. The FP TWG then constituted a Task Force with representation from FP2030 focal points and Non-Governmental Organizations (NGOs) to lead the commitment development process.

In addition, several meetings were held to draft commitments which were shared with the FP TWG, Line Ministries, Development Partners and FP2030 for input and comments. Further, the FP TWG held validation meetings which were followed by the consolidation and finalization meetings.

3. PARTNERS THAT PARTICIPATED IN THE COMMITMENT DEVELOPMENT

United Nations Population Fund (UNFPA), World Health organization (WHO), United States Agency for International Development (USAID), Planned Parenthood Association of Zambia (PPAZ), Marie Stopes Zambia (MSZ), Jhpiego, Population Council, Family Health International (FHI 360), PATH, Clinton Health Access Initiative (CHAI), IPAS, Centre for Reproductive Health and Education (CRHE), Churches Health Association of Zambia (CHAZ), Global Health Supply Chain - Procurement and Supply Management (GHSC-PSM), USAID DISCOVER HEALTH, JSI SAFE, OPTIONS, Population Media, Development Media International (DMI), Copper Rose Zambia (CRZ), Midwives Association of Zambia (MAZ),

TALC, University of Carolina (UNC).

4. COMMITMENT ACCOUNTABILITY APPROACH

4.1. The following accountability platforms and tools will be used to provide mutual accountability and track progress of the commitments:

- Zambia will use existing platforms such as the FP TWG, Policy Meetings and Inter – Agency Coordinating Committee on RMNCAH-N to track progress made on commitments by the government;
- Accountability tools such as score cards, Budget Monitoring and Expenditure Tracking and the Motion Tracker will be used to track commitments;
- At sub national level, score cards for budget tracking, electronic logistic management information system social contract will be employed;
- The accountability Mechanism on SRH/ FP- Mechanism and The Advocacy and Accountability Collaborative will be used as social accountability mechanisms;
- Government will work together with Civil Society Organisations (CSOs) and youth-led organizations to enhance transparency, promote participation and publish success and lessons learnt on the Ministry of Health website;
- The Ministry of Health will integrate the FP 2030 commitments into the existing platforms that focus on Global Financing Facility, Every Woman Every Child and the International Conference on Population and Development.

4.2. Country process for annually (or more frequently) reviewing data on progress and sharing that data with partners.

Zambia has the following platforms for reviewing data;

- The Family Planning Annual Review Meeting is held annually to review progress in the area of family planning. It brings together

partners supporting family planning and Ministry of Health staff from the national and provincial level. The meeting focuses on reviewing country progress towards Family Planning targets and sharing key strategies based on the national plans, lessons learnt and challenges. Research findings, global/local are shared. Innovations and initiatives by the implementers are also shared. The status of reproductive health commodities and supplies is also shared. The review meeting is held for 3 days and ends with recommendations for the future.

- Planning meetings are also utilized when creating programme plans and get buy-in from stakeholders. Policy meetings are held to identify priority areas for the coming year and meetings with cooperating partners. Central level staff make a comprehensive review of their individual programs and develop technical planning updates for the coming year. Staff are provided with information on financial ceilings and analyzed data from HMIS data for previous performance and year.
- The Joint Annual Review (JAR) Meeting of the health sector process is part of monitoring and planning for the implementation of the national health sector strategic plan. The JAR helps in the identification on whether the plan is on track, check that strategies are adequate to achieve the intended results of the national health strategic plan, and where there is need for action. The JAR monitors progress on the previous year's plan, and may look in depth at specific aspects of the health sector, constraints to performance or emerging issues that have arisen. An analysis of performance of the previous year is done and a multi-stakeholder meeting held for 2 to 3 days.

4.3. Remedial actions to be taken at the country level if there is lack of progress or if there are outright violations of sexual and reproductive health and rights.

In a case of lack of, or dissatisfactory progress and violations of sexual and reproductive health and rights, the following are the remedial actions to be employed;

- The Family Planning Technical Working Group being an advisory body will advise the government on commitments not being met
- An institution of investigation will be effected, to determine the cause of the violation and the action will be taken based on the findings
- There will be a periodic review of the strategies to establish whether they are appropriate or not
- a. How the above accountability approach will be funded:

In promoting transparency, the accountability approaches identified will be funded by Bilateral and multilateral partners and non-governmental organizations

- b. Technical assistance needed to fully implement the above accountability approach:

Strengthening the advocacy skills for CSOs

- Training in advocacy approaches (influence change in policies for family planning, strategy development and budget tracking)
- Training in resource mobilization strategies for advocacy

Evidence generation

- Support development of skills and resources required to create an evidence based to optimise resource utilisation.
- Financial resources to review data, analyze share best practices and disseminate findings
- Share lessons learnt from other countries
- Finances to hold meetings to share information to all relevant stakeholders

4.4. Additional information: Nil



