

ZAMBIA COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage—<http://www.familyplanning2020.org/zambia>—on FP2020's website.

We request that you submit your response by **Friday, June 8, 2018**. Please complete the attached Word document and submit to Martyn Smith on msmith@familyplanning2020.org with a copy to Holley Stewart on hstewart@familyplanning2020.org.

Should you have any questions or concerns, please contact Holley Stewart on hstewart@familyplanning2020.org or Rudy Shaffer rshaffer@familyplanning2020.org.

Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.

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This year we have modified the questionnaire to include 1) the 2017 commitment and elements of Zambia's original commitment that still stand, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

UPDATE QUESTIONNAIRE

COMMITMENT OVERVIEW

Zambia is committed to improving sustainable access to family planning and achieving the goals set out in 2012, specifically to increase the modern contraceptive prevalence rate among married women to 58% by 2020.

To accelerate progress towards these targets Zambia commits to addressing policy barriers adversely impacting the delivery of sexual and reproductive health services for adolescents and young people. This will deeper focus on adolescents through cross sectoral working, including collaboration between the Ministries of Health and Education to ensure age appropriate information and services are provided, strengthening data to track results and creating referral systems for appropriate service delivery.

The government and partners will also scale up access to family planning through improving the method mix and strengthening task shifting to community based volunteers to improve availability in hard to reach communities. This will include the scale-up of subcutaneous Depo Medroxyprogesterone Acetate (Sayana Press) to reach all parts of the country by 2020.

These commitments will be made more sustainable through increasing domestic financing, ensuring that by 2020 the government contribution to family planning commodities has increased by at least 50% of the average annual contribution of US\$1,090,000 between 2013 and 2016 i.e. to a minimum of \$1,500,000 per year.

1. **COMMITMENT:** The Government of the Republic of Zambia will increase domestic financing for the procurement of contraceptives by:

- 1.1. Increasing its minimum contribution to contraceptive commodities from to at least \$1million in FY2018 to at least \$1.5 million by 2020.
- 1.2. Improving the predictability and multi-year nature of financing for contraceptive services into the National Health Financing Strategy, the costed National Health Strategic Plan, and the proposed National Social Health Insurance scheme; and
- 1.3. Leveraging support from its donors for the procurement of contraceptive commodities to sustain the gains made so far, with the development of a financial sustainability plan for gradual reduction of donor financing.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- Zambia has allocated \$1.4 million for contraceptive commodities in this year's budget under commodities budget. All of it has been budgeted for and is being spent for commodities.
 - Zambia enacted the National Health Insurance Bill into law on the 26th April 2018, to help improve the provision of health services in Zambia. The National Health Insurance (NHI) Act is an important part of the health sector-wide reforms as it provides a sustainable health financing mechanism. It will give an opportunity to access quality health services to the people at any time regardless of the geographical location and provides an opportunity for increased financial allocation to contraceptive commodities either directly or by freeing up resources from other areas of the health system.
 - As Zambia's development trend improves and the country graduates to lower middle-income status, there are changes to its international donor funding portfolio. During this transition, greater resources can be found domestically to strengthen service delivery. The Family Planning TWG has been discussing on how best to engage the private sector as well as exploring a Total Market Approach. The Public Private Partnership is under discussion with key partners and line ministries.
 - The Ministry of health has continued to engage the donors to provide supplementary procurement of contraceptive commodities in the short to medium term, whilst a more sustainable domestic financing mechanism is established.
2. **COMMITMENT:** The Government of Zambia commits to addressing policy barriers that adversely impact the delivery of sexual and reproductive health services for adolescents and young people. The government commits to facilitating an enabling policy environment for rights-based sexual and reproductive health service delivery by addressing all policy barriers and exploring best practices across the country. This will include its Ministry of Health:
- 2.1. Deepening the focus on adolescents through cross sectoral working, collaboration among the Ministries of Health, Education, Youth & Sport, and Community Development to ensure age appropriate information and services are provided and creating referral systems for appropriate service delivery;
 - 2.2. Addressing the data gap related to adolescents within national information systems
 - 2.3. Leading cross-government collaboration to advance policy directives to remove barriers and enhance access to rights based SRH services for adolescents and young people for rapid progress toward significant demographic dividend; and
 - 2.4. Tasking the HMIS working group to reconvene and pilot/scale up options for improving the relevance and reliability of adolescent data in HMIS, commencing in 2017.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

2.1 Adolescents SRH is a focus area in the National Development Plan and indicators in reducing teenage pregnancy have been incorporated in the M&E framework. The National Development Plan which was informed by the demographic dividend study done by the Ministry of Finance which highlighted the need to invest in young people. The implementation and coordination mechanisms for the NDP is now done in an integrated manner with Ministry of Education and Health being in the same pillar.

In addition, one of the key strategies under the National Health Strategic plan is improving school health programs. Adolescent SRH has been incorporated in the scheduled school outreach program done by health workers.

2.2 The Adolescent Health Technical Working Group has proposed indicators on adolescents that should be disaggregated in the HMIS and they have submitted for consideration by the MoH M&E team.

2.3 In the revised Family Planning Guidelines, the Ministry of Health has clarified how to deal with adolescents seeking contraceptive services and how consent should be done. Further stakeholder engagements is ongoing on how to help reduce barriers including addressing stigma. The Ministry has developed an adolescent health strategy 2017-2021 to guide implementation of adolescent health programs. All Provinces have ongoing adolescent health programs that include training of health care providers in adolescent SRH and increasing number of health facilities that provide adolescent health service provision. In addition, support has been provided in selected districts to incorporate young people as Community Based Distributors of Family Planning specifically to serve young people's family planning needs.

3. **COMMITMENT:** The Government with its partners will scale up access to rights-based family planning through improving the method mix and strengthening task shifting to community based volunteers to improve availability in hard to reach communities. This will include the scale-up of all methods including BTL and subcutaneous depo medroxyprogesterone acetate (DMPA SC) to reach all parts of the country by 2020.

3.1. The Ministry of Health will revise guidance on the use of DMPA SC following the completion of the 2017 pilot.

3.2. The Ministry of Health will revise manuals to include provision of DMPA SC for both health facility providers and community based distributors (2019).

3.3. Other stakeholders will support the revision of training manuals and training of providers in DMPA SC, this will be coordinated through the Family Planning Technical Working Group (2019).

3.4. The Ministry of Health, USAID and UNFPA will be responsible for procurement of commodities according to the national forecast.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

31.1 The DMPA SC pilot was successfully conducted and results demonstrated that CBDs can safely provide DMPA-SC within the existing family planning method mix. The pilot demonstrated that DMPA SC has potential to reach underserved populations such as adolescent and young women (almost half of clients reached were adolescents and young women). The pilot also showed that, introduction of DMPA SC through CBDs promotes fulfilment of global commitments on FP such as FP2020.

The Ministry through the Family Planning Technical working group has developed the roadmap to scale up DMPA SC. The path to scaling up CBD DMPA injectables entails selecting districts in each province to serve as centres of excellence or model districts. The centres will provide a framework for further expansion to all the districts and will be used for designing, managing, and implementing scale-up of the CBD DMPA programmes within contextualised administrative health system performance, cultural, social-political, and disease burden contexts.

The national implementation plan for the DMPA Roadmap has also been developed. The plan seeks to ensure scale-up of the uptake of modern FP services through multi stakeholder participation and networking approach with MoH at provincial, district, facility and community levels. The plan will also work to increase the method mix of FP methods and make the products more easily accessible to communities. Scale-up will include 5 regions(copperbelt, Muchinga, Lusaka, Luapula, Northern) initially and be rolled out to all regions in a second phase by June 2020.

The family planning training manuals for both health care providers and CBDs were developed in 2017 and the family planning guidelines and protocols were revised and DMPA SC has been incorporated in all the documents.

The FPTWG is discussing on the possibility of introducing DMPA SC Self Injection, as positively evidenced by countries in the region that have implementing this approach; eg Malawi and Uganda.

Please respond to all parts of the following 3 questions:

1. How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?

The various groups have been incorporated in the technical working groups such as FP TWG, adolescent health TWG which provide technical support to the MoH. The ministry is now scaling-up these working groups to provincial and district level.

a. What challenges have you faced in working with these groups? (please give examples)

The FP and Adolescent Health TWGs are well organized. They are convened by MoH but have wide stakeholder participation. The current challenge is replicating these structures at subnational level where there are fewer stakeholders and less resources.

Other challenges by CSOs include inadequate funding, limited geographical coverage, not well coordinated, competing priorities sidelining family planning programs.

b. How has this engagement supported reaching your FP2020 commitment?

- The engagements have been critical to identifying the key focus areas in family planning, monitoring implementation, and reviewing progress toward FP 2020 targets. The engagements have also been critical in resource mobilization for family planning especially commodities. Active participation in the FPTWG activities such as the formation of the CBD task force.
- Formation of the advocacy task force which looks at policy issues. One of the issues being advocated for is the age of consent and adolescents in accessing FP services.
- The formation of the CBD safety committee to check on compliance with the set standards.

c. Please share successes and/or lessons learned from these engagements.

The engagements led to introduction of new innovations such as DMPA SC. Development of FP training manuals, and FP Guidelines and protocols and other important national documents have been facilitated by effective engagements. Other good lessons include:

- Good community engagement involving the Community Based Distributors, Community Health Assistants, Neighbourhood Health Committees, Traditional Leaders and other opinion leaders
- Well coordinated National TWG and formation of Provincial District TWG in selected Provinces.
- Engagement and dialogue with Policy makers and parliamentarians on FP issues
- Involvement of line ministries such as Ministry of National Planning Development, Ministry of Education, Ministry of Chiefs and Traditional Affairs.

2. How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?

- The Ministry is implementing Family Planning as part of the RMNCAH&N continuum of care with strategies following the life cycle approach and all levels of health care. This is aimed at reaching all population groups especially the hard to reach and marginalized groups.
- At Community level, CBDs distributing, Counselling and providing Injectable DMPA to women and adolescent girls
- The CHAs manning health posts are trained in the provision of FP services.
- Outreach activities, camping approach and Integration with Community based immunization programs
- All health facilities at all levels are integrating FP services at the point of entry; e.g Out Patient Department, Antenatal Care, Labour rooms and Emergency wards.
- The MoH has actively engaged Faith Based Organisations in supporting FP
- Some church organisations have since adopted one definition of Family planning and are using their structures to educate the clergy and congregants on the importance of Family planning. They are working closely with district health offices to provide technical support during their training sessions.
- The Baptist Union incorporated a 2 hours session during its annual church meeting attended by more than 2000 people.
- There is a need to build the capacity of service providers in the provision of Natural Family Planning as this remains the choice of some churches and users.

3. Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?

Yes they did

a. If so, what insights were gained?

The main insights were that the country is making progress but not enough to reach its FP2020 targets. Several strategic interventions have been identified which can lead to improved performance e.g. increased demand creation, more focus on postpartum family planning, improving access to contraceptives by young people.

The FPTWG have had a successful meeting with FP2020 in this reporting period. Some of the insights include data adequacy and accuracy. It was agreed that data processes need to improve and therefore steps have been taken to address this; e.g quality of data at the point of collection, conducting quarterly data audits, district data review meetings

b. Were domestic expenditures data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

Yes domestic expenditure compiled through the NIDI survey (done by central statistics office) was reviewed. The main insight is that family planning commodities are mainly procured by donor funds though government has shown increased allocation. The data collection needs improvement as a number of organisations did not respond. Some organisations indicated that they needed permission from their headquarters (from abroad) to release the information and this was not done.

Please provide the following information on the Government's point of contact for this update:

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