

FP2020 Commitment 2019 Update Questionnaire ZAMBIA



The FP2020 Secretariat surveys FP2020 commitment makers annually to track progress made, activities undertaken, and challenges faced toward fulfilling commitments. We kindly ask you to complete the FP2020 Commitment 2019 Update Questionnaire for Zambia, by **5 July 2019**. Your responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share your responses on your country's dedicated country webpage (<https://www.familyplanning2020.org/zambia>) so in-country and global stakeholders alike can follow Zambia's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We hope this will be an opportunity for you to engage with your country focal point team, including youth focal point, and family planning stakeholders in country to jointly review progress.

Please note that the self-reporting process complements the national family planning data consensus workshops that take place during the same time period. If the data consensus workshop for Zambia is scheduled after **5 July 2019**, please let us know so we can discuss how to align the commitment reporting deadline to ensure results from each process are compatible.

Please complete the attached Word document and submit to Martyn Smith msmith@familyplanning2020.org and Krista Newhouse knewhouse@familyplanning2020.org with a copy to Onyinye Edeh oedeh@familyplanning2020.org. Should you have any questions or concerns, please contact Onyinye on oedeh@familyplanning2020.org.

Additionally, the Core Conveners of FP2020 are currently gathering input to build a shared vision for family planning post-2020. We look forward to learning from your response and appreciate your partnership in delivering on the promise that is FP2020.

Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

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The questionnaire includes 1) the 2017 revitalized commitment and elements of Zambia's original commitment that still stand, and 2) seven standard questions to all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- **Progress made and key challenges or barriers** you faced, during the **July 2018 - June 2019 period**.
- Please also include information on **any key upcoming commitment-related milestones**.
- Lastly, we invite you to reflect on progress per commitment through a **self-assessment**.

SECTION I: QUESTIONNAIRE FOR COMMITMENT UPDATE

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.

Anticipated Impact

Increased access to family planning services amongst the hardest to reach populations – geographically isolated communities and adolescents and gradual reduced reliance on development partners for sustainable commodities financing.

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.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Response

- 1.1 The Government of the Republic of Zambia has achieved its commitment by allocating 1.5million USD in 2018.**
- 1.2 Currently Zambia is developing its benefits package on National Health Insurance Scheme, Contraceptives services will be included in the Benefits package as a sustainable Family Planning financing strategy.**
- 1.3 Donors have continued to support procurement of contraceptive commodities to sustain the gains made so far.**

Check Points:

Anticipated Impact:

Sustainability in family planning commodity supply to all levels of the health care system. Reduced stock outs and a more predictable and expanded method mix at facility level, increased national ownership.

Proposed Actions:

- Ministry of Health:
 1. Incorporate financing for contraceptive commodities in the 2018 budget preparations (July

2017), 2019 (July 2018) and ongoing.

2. Incorporate financing for contraceptive commodities in the national health financing strategy and costed national health strategic plan.

3. Advocate with Ministry of Finance for timely releases of funds to minimize risks of stock outs.

- Ministry of Finance:

4. Allocate minimum levels of financing for contraceptive commodities (minimum \$1m in 2018)

- Development Partners:

5. DFID Zambia: provide up to £3m for commodity procurement between 2017-2018

6. USAID: provide up to \$3.8m per year for commodity procurement between 2017 – 2020

7. UNFPA: provide up to \$ (to be confirmed, based on the global programs from commodities supply) for commodity procurement between 2017 – 2020

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

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.

a) *Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:*

Response

2.1 Zambia has developed an Adolescent Health Strategy 2017 to 2021. Other ministries have been incorporated into the Adolescent Technical working group. Mobile health Services including SRH/FP have been included in higher learning institutions for young people. The midterm review will show the progress made in implementing the strategy.

2.2 HMIS is being revised to include among other things disaggregated data on adolescents appropriate age

2.3 Engagements on going to discuss age of consent as means of addressing policy barriers in adolescents accessing SRH services

2.4 Same as 2.2. The 2018 DHS sheds light on health seeking behaviors and knowledge.

Check Points:

Anticipated Impact:

1. Increased access to information and services amongst one of the hardest to reach populations – adolescent girls and young women.
2. Improved ability to track progress in reaching adolescents.
3. Decreases in adolescent pregnancy. Improved method continuation rates in the education system.

Proposed Actions:

1. The Government of the Republic of Zambia is making the commitment with the Ministry of Health responsible for action.
2. The Ministry of Health will lead 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.
3. The Ministry of Health will task 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.

b) *Please mark X below how you assess progress toward elements of your commitment:*

Achieved OR On-Track () / In-Progress OR Off-Track (x)

b) *If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?*

Response

- 1. The issue of age of consent is in progress and currently being discussed to address access to Contraceptives.**
- 2. There has been limited multimedia sustained campaigns for Family Planning. However, the Ministry has developed the costed RMNCAH-N communication and advocacy strategy 2019 - 2021.**
- 3. The costed RMNCAH-N communication and advocacy strategy is yet to be fully implemented.**

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.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Response

- 3.1 Ministry of Health has developed the road map and implementation plan for DMPA IM/SC including Self Injection 2018-2021.**
- 3.2 The Ministry of Health has revised FP manuals, protocols and guidelines 2017 to include provision of DMPA SC for both health facility providers and community-based distributors (2019). The process included all stakeholders.**
- 3.3 The costed Work Plan include commitments from partners.**
- 3.4 The Ministry of Health, USAID and UNFPA have continued with procurement of commodities according to the national forecast.**

Check Points:

Anticipated Impact:

Improved availability of method mix at community and facility level to increase uptake of family

planning services, improve FP quality (via method information index), and reduce all-method discontinuation rates.

Proposed Actions:

1. The Ministry of Health will be responsible for revising guidance on the use of DMPA SC following the completion of the current pilot (2018).
2. The Ministry of Health will be responsible for revising manuals to include provision of DMPA SC for both health facility providers and Community Based Distributors (2019).
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).
4. The Ministry of Health, USAID and UNFPA will be responsible for procurement of commodities according to the national forecast.

b) Please mark (✓) below how you assess progress toward elements of your commitment:

Achieved OR On-Track (x) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

SECTION II: STANDARD QUESTIONNAIRE

Please respond to all parts of the following seven questions:

1. **How has your country integrated adolescents and youth representatives, and/or representatives from marginalized groups** (e.g. lowest-income, people with disabilities, out of school, minority groups, remote or displaced populations, etc.) into the FP2020 Focal Point team and/or country’s FP technical working group or country engagement working group?

Response

Zambia’s focal point team has integrated young people and the country’s Technical FP Group is a muliti sectoral group that includes young people and minority group.

- a. If yes, how has this engagement influenced achieving your FP2020 commitment? Please also share successes and/or lessons learned from these engagements.
- b. If not, what challenges have you faced in working with these groups? (Please give examples)

Materials have not been translated in brail

2. How is your Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered? What specific actions were taken in the past year surrounding integration?

Response

Zambian Government has developed the Benefits package under the National Health Insurance Scheme. FP has been integrated in the benefits package to ensure universal access to health services.

Community engagements has been strengthened through the rolled out community based distribution programme on SC and IM for Family Planning.

Last mile distribution for commodities is being strengthened by decentralizing central medical stores to the provinces/regions.

Curriculum for nursing schools has been revised to include Training in Long Term Reversible Contraceptives for family planning as a long term sustainable measure.

More health facilities have been built to increase access to health services and family planning is part of the RH integrated service.

3. **Has your Government organized the 2019 data consensus workshop?**

- a. If yes, did the FP2020 Focal Points participate in your country's 2019 data consensus workshop? If so, what insights were gained?
- b. Were domestic expenditure data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

Response

The 2019 data consensus workshop is planned to be held before the end of July 2019 for all stakeholders.

In the past year, were any efforts made to improve resilience and/or emergency preparedness of family planning systems in country?

Response

SRH/Family Planning has been included into the national contingency plan 2018-2019 through Disaster Management and Mitigation Unit (DMMU)

- 3 **Has your country allocated GFF resources to your FP program? If so, how has this benefitted your work?**

Response; Zambia is in its initial stages of joining GFF and SRH/FP will be prioritized.

- 4 **Have you worked to improve quality of care/rights based family planning in your programs?**

- a. Do your family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Do you provide comprehensive information and counseling on all available methods, including information on any risks or side effects?

Yes

- b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?

Yes

- c. Are your clinics open to improve accessibility and availability of services?

Yes

- 5 **FP2020 and partners are currently gathering input to build a shared vision for family planning post-2020, in consultation with stakeholders at the country and global level. Have you had an opportunity to participate in any way in this consultation process (e.g. online survey, consultative calls, etc.)?**

Yes

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