

FP2020 Commitment

2020 Update Questionnaire

ZAMBIA



Since 2012, the Family Planning 2020 partnership has supported the rights of women and girls to decide freely and for themselves whether, when, or how many children they want to have. Together with our partners across the world, we have built global momentum to strengthen our focus on lessons learned and proven solutions, while broadening and deepening our network of partners to bring local actions and solutions to scale. Through the dedicated efforts of governments, policymakers, program implementers, service providers, donors, and family planning stakeholders, countries are better aligned to meet the needs of an ever-increasing number of women and girls. Our global community has developed a [shared vision for beyond 2020](#) through 2030 that builds on progress achieved to date and positions us to achieve the future women and girls around the world are seeking.

While we are eager to share more information about the new post-2020 partnership and re-commitment process in the coming months, we recognize that governments are presently mobilizing to secure the health of their citizens and respond to the global COVID-19 pandemic. We understand that these efforts will likely have an impact on the submission of the 2020 commitment update questionnaire. FP2020 has a suggested due date of July 31st for the questionnaire. This is a flexible deadline, given the current crisis. FP2020 is committed to working with all 47 commitment countries to ensure family planning programs remain operational and available to all women and girls who need them. We have created a [platform](#) with key information from global experts on family planning in the time of COVID-19.

The questionnaire process is scheduled to follow the annual national family planning data consensus meeting. This allows data that is discussed and validated during that process to inform this questionnaire. We are aware that these meetings are happening virtually this year, and FP2020 will coordinate with Track20 to ensure flexibility and responsiveness for this process.

The questionnaire 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 the responses on your country's dedicated FP2020 [webpage](#) to ensure in-country and global stakeholders 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 ask that you collaborate with your country focal point team, including youth focal point, civil society, and family planning stakeholders in-country to jointly review progress made and challenges faced.

Once completed, please submit to Martyn Smith msmith@familyplanning2020.org and Onyinye Edeh odedeh@familyplanning2020.org.

Should you have any questions or concerns, please contact Onyinye Edeh. FP2020 is available to help you via teleconference as well, if needed.

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

FP2020 Commitment 2020 Update Questionnaire ZAMBIA



The questionnaire includes 1) Zambia's commitment and 2) seven standard questions to all 47 FP2020 commitment-making countries.

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

- Major achievements, progress made and key challenges or barriers your country faced, during the July 2019 - June 2020 reporting period.
- Please include information on any key upcoming commitment-related milestones.
- Lastly, please reflect on progress per commitment through a self-assessment.

SECTION I: COMMITMENT UPDATE QUESTIONS

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

1. 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 the July 2019 - June 2020 reporting period in support of these elements of your commitment, including any key upcoming commitment-related milestones:

1 Increasing its minimum contribution to contraceptive commodities from to at least \$1million in FY2018 to at least \$1.5 million by 2020.

The Government remains committed to increasing financing for commodities as indicated in the commitments and the funding for the same has been reflected in the budgets despite the failures to meet the actual commitments. This has been due to the significantly reduced fiscal space which has been compounded by competing priorities at national level.

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

The Government has rolled out the National Health Scheme which includes FP Commodities as part of the benefits package. In addition, the revenues from the scheme are expected to help with predictability of financing for the MoH to support commodity procurement. The Government has further enacted the *Zambia Medicines and Medical Supplies Agency ACT* that has a subsection which has Established the Medicines and Medical Supplies Fund to support the procurement of medicines and medical supplies for public health facilities. This will also add to local funding availability and predictability of funds for commodity procurement.

Engagement of the Ministry of Finance for the release of funds has been continued while the MoH has internally guided the subnational level to prioritize SRH/FP services for grants being released from the MoH.

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.

The Government has established a roadmap for the development of a financial sustainability plan which will be enshrined in the Family Planning Costed Implementation Plan (FP CIP) for the year 2021 – 2026. The work on the development of the integrated FP CIP document is expected to be completed by December, 2020.

Check Points:

Anticipated Impact:

Sustainability in family planning commodity supply to all levels of the healthcare 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 an X below on progress toward elements of the commitment:

Achieved () In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

- Constrained fiscal space
- Late disbursement of funds

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

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

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; [u1]

- Comprehensive Sexuality Education curriculum rolled out for both in and out of school adolescents. Teachers and peer educators have been trained in CSE to support the in-school and out of school adolescents respectively.
- Adolescent Champions have been identified and they are providing mentorship and guidance to fellow Adolescents.
- Ministries of Health, Education, Youth & Sport and Gender are all part of the Adolescents Technical Working Group which meets every two months to discuss cross-cutting issues of Adolescents SRH.
- The Adolescents Health Strategy has been rolled out and operationalized to help improve service delivery

The above are continuous activities that were implemented during the period in reference and further strengthened during the period 2019 – 2020.

2.2. Addressing the data gap related to adolescents within national information systems

The HMIS is database is being reviewed at MoH and the adolescents data disaggregation has been considered.

[u1] Add more information on any policy directives achieved through inter-ministerial collaboration

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 an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

HMIS revision to incorporate Adolescent specific data was waiting for the HMIS revision cycle. which was expected to start in 2020 The revision process is currently underway.

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.

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

DMPA SC has been scaled up to all provinces across the nation and its been rolled out across all the ten provinces. This has been achieved by the following actions:

- DMPA SC has been added as part of the national Family Planning method mix. This includes provision of DMPA SC Self Injection and DMPA provision by Community Based Distributors (CBDs).
- The FP TWG is working closely with the QA QI TWG to ensure that standards are followed in the provision DMPA- SC by both Healthcare Providers and CBDs
- A safety committee Task Force is in place that looks at the safety of the CBDs and Health Workers to ensure compliance
- The Ministry of Health in 2020 has further approved the introduction of two new methods; Hormonal IUS and Levoplant

There has been a pilot on task shifting for provision of BTL with the Government allowing Clinical Officers to complete the procedure thus increasing access

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 an X below on progress toward elements of the commitment:

Achieved (X) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

SECTION II: ADDITIONAL QUESTIONS

Please respond to all parts of the following 7 questions for the reporting period of July 2019 - June 2020.

- 1. Please tell us the challenges (if any) and successes your country is experiencing in keeping family planning (FP) as an essential service in your country's COVID-19 response. What are the main barriers and obstacles? Please share your successes as well.**

Barriers

- Clients shunning accessing health services from the health facilities due to fear of being infected with Covid-19
- Re-assigning of health workers to other health facilities to attend to covid-19 patients
- Inadequate Personal Protective Equipment (PPE) for healthcare providers

Successes

- The President gave a directive for continuity of FP services as part of essential health services
- Guidelines for continuation of essential health services have been developed and rolled out in collaboration with partners
- Worked with partners to develop messages that assure clients safety when seeking essential health services.
- CBDs were stocked up to a minimum of three (3) months of stock for contraceptives (Oral Contraceptives, Condoms and DMPA) to avoid stock outs which clients found to be very effective
- Clients were provided with multi month supplies
- Funds for SRH/FP were not diverted to Covid-19
- Funds for service delivery at the subnational level (Districts) were released on time during the Covid-19 period
- Health Facilities remained open to provide SRH/FP services and adopted the appropriate infection prevention and control measures
- Self-care was promoted at all levels including DMPA SC self injection, self testing for HIV and self pregnancy testing
- The FP TWG continued meeting virtually every month to discuss any issues that came up during covid-19

2. Has your country integrated representatives from any of the below marginalized groups into the country's family planning technical working group, country engagement working group, or other decision-making bodies? Below please check all groups that have been engaged

Adolescents and Youth

People with disabilities

Out of School Youth

Minority groups

Remote or displaced populations

- a. How has engagement of the groups listed above influenced progress towards the achievement of your country's FP2020 commitments? Also, please share successes and/or lessons learned from these engagements.
- Adolescents and youth, out of school youth and remote or displaced populations are members of the Family Planning Technical Working Group
 - People with disabilities have influenced the development of guidelines for training and service provision at national level
 - The above have been part of the design of messages and programming
- b. If any of these groups have not been engaged in your country, what are the challenges working with these groups? (Please state specific examples)

- c. Have any of these groups engaged or participated in completing this questionnaire?
Yes, three groups have been engaged as follows; Adolescents and Youth, Out of School Youth, Remote or displaced Populations.

3. How is your country integrating family planning into universal health coverage efforts and what is/are the mechanism(s) being used or considered? What specific actions were taken in the reporting period on the following points?

- a. Reduction in out of pocket costs for FP services

There has been a reduction in out of pocket costs for FP services through the national health insurance scheme. Zambia launched the National Health Insurance Scheme and the Benefits package which covers birth control pills, Implants, Injectables, Intrauterine Devices and Emergency Contraceptives. Citizens will be able to use the National Health Insurance Scheme to access FP commodities

FP outreach activities through the use of CBDs and other community health workers have brought FP closer to the people and contributed to the reduction in out of pocket costs for citizens.

- b. Expansion of FP services covered

Zambia has trained CBDs for expansion of provision of FP services. E.g. All provinces have trained CBDs
Supervision and mentoring for Health care workers is being conducted in all the provinces
Expansion of Method mix e.g. DMPA-SC, BTL and other methods like LNG-IUS and Levoplant which are being scaled up.

- c. Extension of population covered

The task shifting to community based health service provisions (e.g. CBDs and SMAGs) has ensured expanded reach to remote and underserved populations in the country

4. What efforts were made to improve resilience and/or emergency preparedness of family planning systems in-country? Has this been helpful during your country's COVID-19 response?

- CBDs being stocked with minimum three (3) months of stock
- Declaring SRH/FP services essential during the covid-19
- Providing clients with multi month supplies
- Funds for SRH/FP were not diverted to Covid-19
- Funds for healthcare services were disbursed on time during the Covid-19 period
- Review of guidelines for delivery of essential health services to include SRH/FP amidst COVID-19 pandemic response

5. What efforts were made to meet the FP needs of women who are postpartum or post-abortion or to improve family planning/maternal child health integration services?

- Health facilities remained open for these services to be accessed
- Maternal and child health services continued to be prioritized as an essential care health service
- Counselling on uptake of post-partum and post abortion family planning services was made a priority during the emergency and recovery period

6. Has your country worked to improve quality of care and rights-based family planning into programs?

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

Counselling is always offered before a client decides on which contraceptive to take
IEC and brochures have been developed to show side effects of FP methods for both short and long term methods. Zambia has procured a method mix of commodities.

- 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?
- A number of facilities have suggestion boxes.
 - Some surveys such as Reproductive Commodity Survey and Client Mystery Survey have been conducted to check on client satisfaction.
- c. After collecting client feedback, how is the data collected being used to improve quality of care?
- Zambia has a Quality Assurance Quality Improvement committee that looks into this and gives suggestion for improvement of programs
 - Immediate feedback is given to facility staff on general performance of facilities. Feedback is shared with communities as well. Some of the information is used for decision making to improve service delivery.

7. If applicable, has your country allocated GFF investment case resources to the family planning programs?

If yes, which elements of the program have been financed?

What were the challenges in prioritizing FP within GFF?

Zambia is in the process of developing the investment case for GFF which has a focus of RMNCAH-N and FP has been put as a priority

Please provide the following information for the government point of contact for this update

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