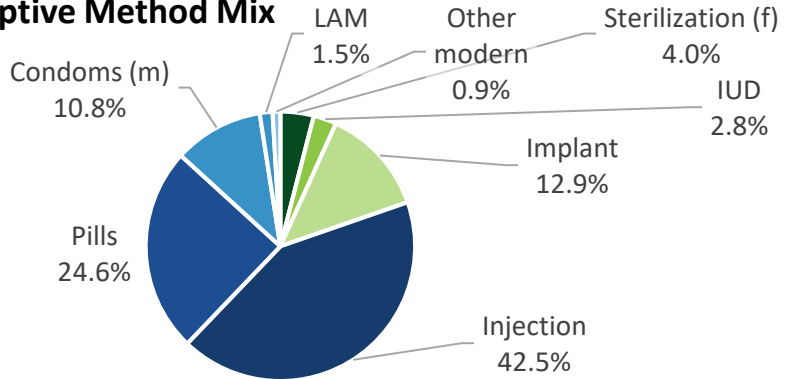


Zambia Actions for Acceleration



Country Snapshot

Modern Contraceptive Method Mix



Stage 2: Growth
Length of period and speed of growth varies; but there is potential for rapid acceleration.

mCPR (AW vs. MW) (year)	35% vs. 48%
FP2020 mCPR/CPR goal	58% MW
Unmet need (MW)	24%
Demand satisfied (MW)	67%
Data source: Track20	

FP2020 Commitment	
Commitment objective	To increase CPR from 33 percent to 58 percent.
Policy commitment	<p>2017: Addressing policy barriers adversely affecting the delivery of sexual and reproductive health services to adolescents and young people. The government will enable a policy environment for rights-based sexual and reproductive health service delivery by addressing all policy barriers and exploring best practices across the country. Specifically, it will:</p> <ul style="list-style-type: none"> ○ Focus deeper on adolescents across sectors, and foster collaboration among the Ministries of Health, Education, Youth & Sport, and Community Development to ensure that age-appropriate information and services are provided, and referral systems are created for appropriate service delivery; and ○ Improve the collection, analysis and use of age-disaggregated data in its national information systems. <p>2016:</p> <ul style="list-style-type: none"> •The government of Zambia has expanded the Essential Medicines Logistics Improvement Programme to 85 of 106 districts, covering 8 out of 10 provinces. •The government is still rolling out use of the electronic Logistics Management Information Systems and is working towards harmonizing all existing electronic logistics management systems. <p>2012: Zambia will strengthen the supply chain for FP commodities through expansion of the Essential Medicines Logistics Improvement Program and other channels.</p>
Financial commitment	<p>2017: Increasing domestic financing, ensuring that, by 2020, its contribution to family planning commodities has increased to a minimum of \$1,500,000 per year.</p> <p>2016:</p> <ul style="list-style-type: none"> •The government has received increased funding for two dedicated members of staff, under the Mother and Child Health Directorate, whose role is to focus on family planning. •The government has procured 45,000 units of the Implanon implant and the entire national needs for Microgynon pills. The government continues to receive support for contraceptive commodities from UNFPA and USAID. •The government has also incorporated family planning in programs supported by other bilateral and multilateral donors in Zambia, such as UK DFID, the European Union, the World Bank, the Swedish International Development Cooperation Agency, and programs supported by other UN agencies, such as the WHO. <p>2012: Zambia commits to double the budgeted amount allocated for FP commodities, and to secure increased funding for FP through existing donors and new partnership</p>

<p>Programmatic commitment</p>	<p>2017:</p> <ul style="list-style-type: none"> • Improving the forecasting and financing of contraceptive services with its National Health Financing Strategy, Costed National Health Strategic Plan and proposed National Social Health Insurance Scheme. • Increasing the method mix and strengthening task shifting to community-based volunteers to expand availability of family planning information and methods in hard-to-reach communities. This will include the scale-up of all methods including bilateral tubal ligation and subcutaneous depot medroxyprogesterone acetate nationwide by 2020. <p>2016:</p> <ul style="list-style-type: none"> • The government, with support from UNFPA, introduced Implanon NXT in five provinces. This included procurement of commodities and capacity building for 40 trainers and 200 providers. • The Zambia Medicines Regulatory Authority recently registered Sayana Press and the first shipment is expected in-country by end 2016. This consignment will be initially used by community based distributors (CBDs) to provide injectable contraceptives. • The Ministry of Health has issued policy guidance allowing trained CBDs to provide injectable contraceptives. National training manuals have been developed and the draft CBD strategy has incorporated injectable contraceptives. The MOH has commenced the process of developing the Community Health strategy and CBDs, under the SARAI project, are providing injectable contraceptives in their communities. • Through the Church Health Association of Zambia (CHAZ), the government is engaged in a dialog on family planning, with the first meeting held in September 2015. CHAZ has lined up other engagements with religious leaders in 2016. In addition, the Ministry of Chiefs and Traditional affairs government has engaged chiefs in addressing child marriage and teenage pregnancies, including in the promotion of family planning. • Demand generation for family planning is being done through sub-district structures using community volunteers such as safe motherhood action groups—groups of women and men that promote safe motherhood practices including antenatal clinic attendance, institutional deliveries, and family planning. In collaboration with partners, the MOH has used innovations such as the camping approach, social marketing strategies, and integrated outreach activities to generate demand in various communities. <p>2012:</p> <p>Zambia will work to expand method mix and increase access, particularly for the underserved population. Zambia will allow task shifting to community health assistants and trained community based distributors to increase access for the underserved communities, and initiate new dialogue with religious and traditional leaders and NGOs at local level to generate demand, dispel the myths and 'open up the dialogue' on FP. Finally, Zambia will utilize sub-district structures to generate demand for FP.</p>
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CIP/RH Strategy Priorities

1. FP demand generation and behavior change communication: “To strengthen demand for family planning services by repositioning FP as a key driver in development, and provide targeted, easily-accessible and accurate information to the population.”
2. Adolescents and youth: “To more effectively target and serve adolescents and youth with quality accessible sexual and reproductive health information and services in and out of school.”
3. Staff and training: “To build capabilities of providers and increase capacity to deliver high quality contraceptive services, including long-acting reversible contraceptives.”
4. Rural and underserved access to FP services: “To increase coverage and access to quality integrated FP services available to those living in rural and underserved areas.”
5. Stockouts at service delivery points: “To improve the distribution, availability and security of family planning commodities from the central level to service delivery points, including both contraceptives and consumables.”
6. FP governance structure and program coordination: “To strengthen the central, provincial and district-level FP structures to better coordinate and monitor government and partner activities, to deliver services efficiently.”

Zambia’s Priorities

Priorities: please outline 4-6 clear priorities for the next 18 months. These priorities should be in-line with existing agreed focus areas, whether those be in a Costed Implementation Plan (CIP), an RH Strategy, a Health, and Development Strategy, or the like. If you developed a previous action plan in 2016, please review it to see which priorities/actions you will include from it in this new action plan.

1. Foster a multi-sectoral response to the reproductive health challenges faced by adolescents and young people
2. Strengthen the supply chain for FP commodities through an improved last mile distribution system and other initiatives
3. Ensure that by 2020 government’s contribution to family planning commodities has increased to a minimum of \$1,500,000 per year
4. Accelerate FP service uptake.
5. Strengthen data capturing and utilization at all levels.

Focal Point, Secretariat, and Partners Actions

Priority #1: Fostering collaboration among the Ministries of Health, Education, Youth & Sport, and Community Development to ensure that that age-appropriate information and services are provided, and referral systems are created for appropriate service delivery

Focal Point Actions	Who/ Angel Mwiche	Timeline
1.1. Hold joint multi sectoral annual consultative meetings to identify and implement strategies adolescents and young people’s access to SRHR information and services	Assistant Director RMNCAH-N - MOH	March 2018, September 2018, March 2019

Focal Point Actions	Who/ Angel Mwiche	Timeline
1.2. Conduct joint annual field visits to monitor SRHR activities for the adolescents and young people	Assistant Director RMNCAH-N - MOH	January 2018, June 2018, June 2019
1.3. Conduct joint quarterly technical working group meetings	ADH/RH Officers	January 2018-June 2019

Priority #2: Strengthen the supply chain for FP commodities through an improved last mile distribution system and other initiatives

Focal Point Actions/ Stephen Mupeta	Who	Timeline
2.1. Train Health workers in generic substitution for contraceptives	MoH/Partners	June 2018
2.2. Identify key supply chain bottlenecks and develop actions to address them	MoH/Partners	June 2018
2.3. Conduct quarterly reviews of contraceptive commodity stock status at national, provincial, district, and facility level for timely resolution of stock outs	FP TWG	Quarterly from first Quarter of 2018
2.4. Develop and Operationalise a Community Based Distributor FP commodity tracking tool.	CHAZ	December 2018

Priority #3: Ensure that by 2020 government's contribution to family planning commodities has increased to a minimum of \$1,500,000 per year

Focal Point Actions	Who	Timeline
3.1. Estimate commodity needs between 2018 and 2020	MOH/UNFPA/USAID	By 31 st March 2018
3.2. Hold advocacy and dialogue meetings with key government institutions and cooperating partners on the current and foreseen global and local financing landscape for contraceptive commodities and the need for increased domestic financing	UNFPA/Partners/CHAZ/CSO	By December 2018
3.3. Develop an investment case to use in domestic resource mobilization for contraceptive commodities	MOH/Stakeholders	December 2018
3.4. Conduct budget tracking on domestic expenditure on contraceptives by both government and cooperating partners	CHAZ/CSO	Ongoing

Priority #4: Accelerate FP service uptake

Focal Point Actions	Who	Timeline
4.1. Finalize and operationalize the FP Communication strategy	MOH/Partners	Quarter 1 2018
4.2. Train health care providers and managers in five additional provinces in use of Implanon NXT and facilitate commodity supply to all 10 provinces	MOH/Partners	December 2018
4.3. Include DMPA SC on the national procurement catalogue, the essential medicines list and the annual procurement plan	MoH/ Partners	June 2018
4.4. Disseminate findings from pilot on introduction of LNG IUS and develop a plan for scale-up plan	MOH/Jhpiego/SFH	June 2018
4.5. Map facilities not providing a minimum of five different FP methods and take corrective measures	MOH/Partners	December 2018
4.6. Integrate PFP in all existing RMNCAH services at health facility level and at community level <ul style="list-style-type: none"> • Strengthen PFP training for providers. • make PFP counseling available to all clients during ANC sessions <ul style="list-style-type: none"> ○ Include PFP/PACFP in the pre-and in-service curriculum ○ Adapt and print and disseminate the MEC Summary from WHO. • Sensitize the Zambia Civil Society Immunization Platform to PFP by CHAZ • Make PFP a reportable data set in the HMIS. • Integrate the adapted 2015 MEC into existing RMNCAH services 	MOH/Partners	December 2018
4.7. Develop and implement a national scale-up plan for provision of DMPA SC by community based distributors	MOH/Partners	March 2018

Priority #5: Strengthen data capturing and utilization at all levels.

Focal Point Actions	Who	Timeline
5a. Recruitment of a dedicated FP M&E Officer	MOH/Partners	March 2018
5b. Conduct annual reviews of FP data to monitor progress towards FP2020 goals	MOH/Partners	June 2018
5c. Documentation of best practices for family planning in Zambia (CSE, Injectable contraception by CBDs)	UNFPA	December 2018

Priority #6: Advocate for retention of dedicated government staff at MoH national level whose role is to focus on family planning.

Focal Point Actions	Who	Timeline
6a. Document the successes recorded by the dedicated staff at national level with focus on Family planning	FP TWG	By January 2018
6b. Hold dialogue meetings with key MoH officials from Ministry of health on the need for dedicated staff at national level focused on the family program	FP TWG	Ongoing starting November 2017
6c. Lobby for support from cooperating partners to recruit and second a family planning officer to be stationed at Ministry of Health	FP TWG	By June 2018

Looking Ahead:

Based on your understanding to date, are there any upcoming milestones, events, elections, or important moments coming up in the next 18 months? This forecasting will be useful to understand as activities are planned and to identify potential Rapid Response Mechanism opportunities in your country.

- The country is planning to conduct the demographic and health survey in 2018 and thus new national data might be available in 2019
- The national Family Planning stakeholders are conducting midterm review of the Costed Implementation Plan and considering revision of some focus areas and interventions in 2018.

Funding Opportunities

Based on the current FP budget and/or costing exercises done for your country's CIP, where do you anticipate there are going to be funding gaps in 2017/2018? And for which activities?

- The main funding gap is likely to be on the FP commodities.