
ZAMBIA MOTION TRACKER ACTIVITY REPORT (OCTOBER-DECEMBER 2017)



Introduction

Centre for Reproductive Health and Education with financial and technical assistance from Samasha Medical Foundation of Uganda is implementing The Motion Tracker in Zambia. This Project aims at supporting the government of Zambia meet the FP2020 commitments it made in July 2012 and later renewed in July 2017 at the Family Planning Summit in London respectively. Following the stakeholders meeting that was held in December 2017, interviews were conducted with different organisations to find out how each organization is contributing to the 2012 London Summit in preparation for the Fourth Stakeholder meeting to be held in May 2018. The total number of organization interviewed were twelve (12).

Objectives

The objectives of the interview were to document organizations contributions towards the achievement of National FP2020 Commitments from October to December 2017 highlighting both barriers and solutions to overcome obstacles hindering the fulfilment of commitments made.

Approach and Methodology

The approach and methodology was based on the Motion Tracker framework (TMT®) that follows a six-step phases process. Zambia currently has two sets of commitments. The old commitments made in 2010 (EWEC Global Strategy), and 2012 (FP2020). Those commitments termed as old commitments where already deconstructed and operation indicators developed. In addition, the renewed FP2020 commitments had been deconstructed and agreed in December 2017. However, the EWEC Global Strategy commitments had not been deconstructed and could not be tracked. The first step taken is to translate the new commitments into measurable indicators. This process involves reviewing key background documents that informed the commitments, such as minutes of meetings and The National Scale Up Plan for Family Planning. This was beefed up by stakeholder consultation until the final list of indicators to track the commitments was developed. Subsequently, data collection tools were updated to incorporate all the new indicators.

CRHE used the following techniques for the data collection exercise for the FY 2017/18 quarter period October-December, 2017.

The Tracker Methodology: Six Steps to Greater Accountability

1. **Identification of Commitments:** Work with government and partners to identify commitments.
2. **Classification of Commitments:** Collaborate with government, development partners and CSO to classify commitments as implicit or explicit.
3. **Deconstruction of Commitments:** Deconstruct the commitments by analyzing background documents.
4. **Categorization of Commitments:** Categorize commitments according to the WHO health systems building blocks.
5. **Development of commitment performance Indicators:** work with a network of RMNCAH practitioners and policy makers to develop performance indicators to track progress against each commitment statement.
6. **Implementation:** Conduct a targeted stakeholder engagement (Including Implementers, policy makers, legislators/politicians, advocates, donors and media) to identify and **acknowledge** partner action, showcase progress, and celebrate success, identify barriers and actions to accelerating progress.

a) Sampling techniques

By using the stakeholder matrix developed during the inception of the project, a list of stakeholders involved and or implementing activities the support achievement of commitments was updated and used as a guide for data collection. In addition to the stakeholder matrix, the data collection exercise employed purposive and snowballing techniques to identify new organizations that contribute to the realization of the FP2020, and EWEC commitments.

b) Data sources

Data was collected from primary and secondary sources. Primary data was collected using a Partner Questionnaire (refer to Annex 1). Secondary data was collected using desk review of various documents including project documents, sector reviews, newspaper articles, project dissemination meeting minutes.

c) Data collection techniques

The activity employed a mix of various data collection tools briefly described below:

- *Key Informant Interviews:* A partner questionnaire was administered to key informants and subject experts amongst the donors, international NGOs, local CSOs and Ministry of Health.
- *Desk Review:* A list of relevant documents was reviewed, and these included project documents, organization annual reports, health sector review papers, newspaper articles, MoH Status reports.

The data collection modalities included one-on-one meetings, phone calls and email correspondences.

Data collection from the partners is validated at two levels. The first level is internally done at CRHE through document reviews and triangulation. The second level is through the stakeholder validation meeting.

Results Contribution of Organization by Different Thematic Areas

The results are based on the actual commitment made which have been compiled into a compendium as shown dialogue boxes below.

Compendium of Commitments

Dialogue Box 1: Renewed FP2020 Commitments

The Government of the Republic of Zambia will increase their minimum contribution to contraceptive commodities to at least \$1m in the 2018 financial year and ensure that this increases by a minimum of 50%, from the average annual contribution of US\$1,090,000 between 2013 and 2016, to at least \$1.5 Million annually by 2020.

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:

- a) Deeper focus on adolescents through cross sectoral working, collaboration among the Ministries of Health, Education, Youth & Sport, and Community Development.
- b) Addressing the data gap related to adolescents within national information systems
- c) The government and 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.

Dialogue Box 2: Old FP2020 Commitments

Double the budgetary allocation to family planning commodities striving to eliminate the unmet need for family planning and improve universal coverage through an expanded method mix and increased access, particularly to the underserved population.

Address policy barriers to allow task shifting to Community Health Assistants and trained Community Based Distributors (CBDs) to increase access to the underserved communities.

Initiate new dialogue, led by then Ministry of Community Development Mother and Child Health with religious and traditional leaders at local level to generate demand dispel the myths and 'open up the dialogue' on family planning.

Dialogue Box 3: EWEC Commitments

- a) Strengthen access to adolescent sexual reproductive services, prioritizing reduction of teenage pregnancy and elimination of child marriage.
- b) Elimination of un-met need for Family Planning and elimination of mother to child transmission of HIV;
- c) Ensuring availability of bundled vaccines and cold chain equipment and implement equity focused immunization program reaching every child by 2030
- d) Scaling up of nutrition sensitive and nutrition specific interventions including the 1000 days' strategy and reduce stunting by 2030;
- e) Strengthening the human resource for health capacity to meet the country's demand for equitable and sustainable skilled birth attendance and fostering community participation
- f) Ensuring increased allocation of the health sector budget for reproductive maternal, newborn, child and adolescent health
- g) Ensuring availability of reproductive health commodities including equipment drugs and other supplies
- h) Continue on-going efforts to strengthen infrastructure for maternal and child health services and
- i) Harmonization of all principles pieces of legislation related to children which will strengthen child protection system such as ending of forced child marriages.

3.2 Partner engagement and participation

Partner engagement and participation was measured based on their contribution to achievement of commitments and subsequently their engagement in the quarterly stakeholder meetings. A total of 16 stakeholders in Zambia were engaged and participated in ensuring the achievement of the Zambia commitments as shown in the Table 1 below.

Table 1: List of Multi-stakeholders engaged during period (October-December, 2017)

Category	List of Organizations
Government	
Development Partners	
UN Agencies	
International Affiliated NGOs	IPAS, Marie Stopes Zambia, Society for Family Health, SafAIDS, Amref Health Zambia and Young Women Christian Association, USAID Discover Health
Local NGOs	Treatment Advocacy and Literacy Campaign, Centre for Reproductive Health and Education, Generation Alive, Copper Rose
Associations	Maternal Health Association in Zambia
Faith based Institutions	Churches Health Association in Zambia

The level of engagement and participation was assessed based on the core areas of interest of the different partners that were categorized based on the WHO health systems building blocks. The categories include Finance, Service delivery, Access to Essential Medicines, Leadership and Governance, Health Workforce and for emphasis separated policy from leadership and governance. The table 2 below indicates partner engagement and participation in the different thematic areas as enumerated above.

Table 2: Partner engagement and participation by thematic areas

Thematic area	# of partners	Partners that reported contribution to Zambia commitments
Finance	5	Centre for Reproductive Health and Education, Marie Stopes Zambia, Generation Alive, SafAIDS, Copper Rose and Amref Health Zambia.
Service Delivery	5	Amref Health Zambia, TALC, Marie Stopes Zambia, Society for Family Health, IPAS
Leadership and Governance including Policy	12	Copper Rose, Maternal Health Association Of Zambia, IPAS, Society for Family Health, USAID Discover Health, Centre for Reproductive Health and Education, Treatment Advocacy Literacy Campaign, Churches Health Association Of Zambia, SafAIDS, Marie Stopes Zambia, Young Women Christian Association and Generation Alive
Service Delivery	4	Generation Alive, Amref Health Zambia, Young Women Christian Association of Zambia and Treatment Advocacy Literacy Campaign

Partner engagement and participation by contribution

Various stakeholders are implementing projects or activities that contribute to the FP2020, EWEC, commitments. The following section describes in details the progress so far made towards achievement of the commitments per thematic area and partner participation and engagement.

Contribution of Organization by Different Thematic Areas

THEMATIC AREA 1: FINANCE

1. Budget line for FP created in MoH Budget (FP2020) (On Track)

Centre for Reproductive Health and Education (CRHE) is supporting Technical Working Groups in two districts in southern province (Mazabuka and Monze) to ensure that funds for family planning had a budget line in the year 2018. Both Districts allocated funds for CBD training in the usage of injectable. CRHE participated in the provincial planning meeting for the fiscal year 2018 that allocated funding towards family planning in two districts. This was the first time the two districts were allocating funds to the training of CBDs.

Marie Stopes Zambia supported and facilitated 5-6 Districts during the annual planning meeting for the Copperbelt province to have a specific provincial budget line for SRH budget. This has seen 6 out of 10 districts budget for SRH in 2018

Commented [CA1]: Insert the commitment implied.

2. I don't see the indicators for the FP2020 renewed commitments that you had deconstructed in Dec 2017. Did you not collect data on them?

Commented [CA2]: Bold the name of the organization under each indicator

Add the Annex 1- Partner questionnaire that was used

Challenges:

- The budget line for family planning in the yellow book is insufficient to meet the needs of FP in the country.

Solutions:

- Government should budget in-line with the Scale up plan and use the quantification report for resource allocation.

2. Annual Resource FP tracking conducted (On track)

Generation Alive is tracking FP budget and they have also been conducting gender trainings with a budget analysis component (Partners: IPAS, Oxfam and DETTE component).

SAFAIDS is doing budget tracking as one of the main activities however, they have not started tracking family planning yet. SAFAIDS through the Social Accountability Project around SRH is also working in 5 facilities, they track how much resources have been allocated for SRH/FP, how it's used and expenditure to identify the gaps (Partners: MoH, Save the Children)

Copper Rose Zambia conducted resource-tracking trainings for the Family Planning Budget.

Marie Stopes Zambia through the partners and Family Planning Technical Working Group (FP TWG) member track FP resources and commodities. (Partners: MoH, CRHE)

Centre for Reproductive Health and Education through the Family Planning Technical Working Group (FP TWG) and other implementing partners track FP resources and commodities.

Challenges

- Difficulty in tracking MoH facilities.
- Budget tracking requires money to train people to go into the field.
- Technicality of tracking tools has made the process slow.
- MoH does not share information, sometimes because they have nothing
- Bureaucracy, it is not easy to track and access these documents.

Solutions

- Partners can help in providing funding for budget tracking.
- There is need for more training to cater for all officers in charge of resource tracking.
- Government should promote transparency by availing necessary documents to CSO's when needed.

3. 100% of FP funds allocated are spent per year (On track)

Generation Alive is doing follow-ups on how much has been spent (Partners; Oxfam)

SAFAIDS tracks FP budget allocation and what has been spent (Partners: MoH, Action Aid Zambia, Save the Children)

Centre for Reproductive Health and Education through PAI tracks budget allocation, disbursement and expenditure.

Challenges

- Time is limited
- Delays in the release of funds by the Ministry of Finance is a challenge

Solutions

- There is need for Ministry of Finance to release funding on time to make implementation easier for facilities.
- Time to be made available.

Commented [CA3]: Can you include a figure of the total amount of FP funds that have been spent so far in FY 2017/18?

4. Funding gaps for FP commodities reduced by 25% per year (On track)

Marie Stopes Zambia has played a role in making sure that the funding gap for FP commodities is reduced by 25% per year by engaging the government and other stakeholders.

Amref Health Zambia has contributed to ensure funding gaps for FP commodities are reduced by 25% per year through the activities of the FP TWG aimed at advocating for a reduction in funding gap.

Centre for Reproductive Health and Education held dialogues with Government and other stake holders on the reduction of the funding gap by 25% per year.

Challenges

- The Zambian Government funding towards FP commodities is only 1.5 Million USD per year which makes it difficult to meet the 25% gap reduction per year.

Commented [CA4]: What is the funding gap in figures??

5. Donor Funding to FP programs (On track)

Amref Health Zambia is in the process to lobby the Swedish government for funding towards FP programs

Marie Stopes Zambia applauds the FP2020 movement; there has been a lot of good will (DFID-The Scale –Up for FP, SIDA-Sexual Reproductive Health and USAID Commodities). Marie Stopes Zambia is advocating for integration of (FP-ART-HIV) and have conducted trainings in LARC for Health Care Providers

Centre for Reproductive Health and Education advocates with a number of Donors funding towards FP Programs through both the National and District FP Technical Working Groups meetings.

Challenges

- Donors focus is on commodities not SRH as a whole
- Disclosure of resources that donors give to Government for Family planning has not been transparently communicated to the partners

Solutions

- Government should begin to look at Partners as part of them in the process of accountability and transparency
- Monitor how donor funds are used even from our end

THEMATIC AREA 2: LEADERSHIP AND GOVERNANCE**1. New leaders and Champions for Family Planning are identified at all levels (On track)**

Copper Rose Zambia projected to train peer educators in 2018 to work in Youth Friendly Services to ensure quality FP services. The organisation planned to train FP advocates/peer educators in community sensitisation.

Maternal Health Action Zambia (MHAZ) is working at Community level with the Safe Motherhood Action Groups (SMAGs) Traditional Leaders and artists in raising awareness on family planning uptake and new methods (Partners: ALEGJIO, CHAZ, MOH and Save the children).

IPAS Zambia identified **new leaders and champions** by collaborating with organisations like Zambia Medical Association, Midwives Association of Zambia, Community Based organisations and youth Organisations.

Commented [CA5]: How many leaders and champions?

Young Women Christian Association (YWCA) conducted debates on lowering age of consent, identification of service providers (FP) and facilities, which has helped identify six nurses to offer FP services at their centres. (Partners: MoH, PACT).

Society for Family Health (SFH/PSI) trained Adolescents and Male champions to be FP Advocates to promote FP services and they work with health facilities (Partners: DAPP, Child Fund)

USAID Discover Health only recruits qualified professionals, CBDs and FP providers under SRH/FP program. Over 56 service providers countrywide support MoH training, focusing on quantification for social marketing products like condoms and contraceptives

Centre for Reproductive Health and Education identified a total of 20 new leaders and champions in Monze and Mazabuka in Southern Province.

Treatment Advocacy and Literacy Campaign (TALC) identified 4 new leaders and champions for Family Planning in their catchment area.

Churches Health Association of Zambia (CHAZ) trained 10 more new leaders that were identified from the Church Mother Bodies. Initial meetings have also been held with the new leaders that were identified.

SAFAIDS is working in Chiyaba Kingdom with the Chieftaincy herself, Member of Parliament for Mandevu Constituency and Area Health Committee in Chipata Health Zone on Family Planning.

Challenges

- Government takes too long to approve documents i.e. Safe Abortion Guideline (Submitted in October, 2017 and only approved in April 2018)
- High expectations from champions in terms of monetary form.
- Religious and cultural barriers
- Delayed responses from Church Mother bodies
- Culture and Norms

Solutions

- Holding sensitization meetings.

2. New leaders and champions for Family Planning oriented on Family Planning demand generation and promotion of Family Planning modern methods **(On track)**

Maternal Health Action Zambia has statements integrated in to broader Sexual Reproductive Health, broader SRH materials with FP component. MHAZ trained Religious Leaders at community level and conducted awareness campaigns. (Partner: ALEGJIO)

Marie Stopes Zambia recruited adolescents as FP Champions on the copperbelt province at District level through FP TWG and UNICEF

Young Women Christian Association identified and trained nurses, mentors and oriented them in the provision of Jadelle, Noristerat. The organisation also Works with their partners in dissemination of the contraceptive module but also make referrals. (Partners: PACT, Ministry of Health, Planned Parenthood Association of Zambia and Marie Stopes Zambia).

Centre for Reproductive Health and Education through the Advanced Family Planning Project oriented the District FP TWG's in Monze and Mazabuka respectively as New Leaders and Champions for Family Planning modern methods in 2017

Marie Stopes Zambia invested in male involvement, trained traditional leaders in FP as Champions in Muchinga Province, Muyombe Area. Peer educators and youths were also trained in SRH, Marie Stopes Zambia works with mature women as mobilisers to work in the villages particularly to target the girls on FP and SRH. (Partners: Ministry of Health, Ministry of Chiefs and Traditional Affairs and Ministry of Youth Sport and Child development.

Society for Family Health (SFH/PSI) identified FP champions and oriented on Family Planning demand generation and promotion of Family Planning modern methods as part of the package of the health facility catchment area.

Challenges

- Funds are limited
- Training Peer educators in Urban areas is expensive
- This is not a sustainable group to work with, you invest so much in training them but before you know it they are engaged in other activities or relocated.
- Lack of good communication between health facilities and community

Solutions

- Sensitisation Campaigns through drama, identifying champions and community involvement
- Train peer educators about 60% every year
- Engage the community and facilities

3. Documented religious sermons/statements containing FP messages (On track)

Generation Alive developed religious statements in broader SRH information materials (Partner: IPAS)

Youth Women Christian Association (YWCA) developed statements containing broader Sexual Reproductive Health information not specifically for family planning (Partner: MoH, PACT)

USAID DISCOVER HEALTH-JSI Inc. allocated resources for RH to the following partners (MoH, SDA, Salvation Army, Pilgrim, FBO's, CHAZ and UCZ) to work with religious leaders

CHAZ has documented speeches and presentation that were given containing FP messages on national television by Family planning champions that they identified.

Challenges:

- Myths and Misconceptions, Culture and Beliefs negatively affect uptake. Limited funding
- Responses are delayed in the process of identifying New leaders and champions
- Scheduling of presentations on television usually coincide with busy

Solutions

- Community conversations with Pastors and Community to create awareness. Have safe spaces and more funding opportunities

4. Active FP Champions (On track)

Generation Alive identified community leaders that have helped champions and Family Planning information this has helped with dissemination in eastern province.

Young Women Christian Association (YMCA) identified mentors and service providers as active FP champions (Partners: Ministry of Health, PACT)

Marie Stopes Zambia has 4 Traditional Leaders (Chief Malembeka of the Lamba people in Mpongwe, Chief Lesa, and Chief Shimukunami) as active champions, a number of peer educators, and mobilisers. MSZ supported a number of Chiefs from a number of Provinces to attend the SADC Forum in Lusaka to discuss Child Marriages, which gave MSZ a platform to ask them to talk to the adolescents to access contraceptives.

Society for Family Health (SFH/PSI) identified 370 active FP champions in the SARAI–sexual reproductive health for all initiative project implementation areas

Treatment Advocacy and Literacy Campaign identified four (4) active champions for FP in Lusaka and the five health facilities they are working in.

The Active Family Planning Champions Churches Association of Zambia identified were trained on advocacy for family planning. They also talked about church supporting family planning on both radio and television. Questions asked were on financing, task shifting and commodity availability.

SAfAIDS has Hon. Mwachingwele (Member of Parliament for Katuba Constituency), Hon. Dr. Chanda (Chairperson for Parliamentary Committee on Health), Senior Chief Chiyaba and the

Young people themselves as active FP Champion.

Challenges

- Limited funding to support production of information materials specifically for FP, to send people out to support the work of community leaders and funding restrictions.
- Males were uncomfortable that their female spouses were involved with Family Planning activities.
- The turnover of peer educators is high especially when it comes to the young ones
- Season; when it's a planting season a number of peer educators are not available which forces MSZ to go out and find plan b to do their work
- Lack of good communication between the facility and the community
- Having religious leaders in one place for a training is a challenge
- Budget constraints limits the number of champions that are called.

Solutions

- Integration, create awareness of spouse/parents, encourage some communities and service providers to offer their services for free to help with sustenance.
- Working with community people who may not be trained, with facilities and health neighbourhood communities.

Service Delivery

1. Number of CHAs oriented on community based FP information and education (On Track)

Amref trained a total of 40 CHAs and contributed towards a number of CHAs oriented on community based FP information and education through conducting an evaluation of CHAs distribution of FP injectable and follow-ups.

Treatment Advocacy and Literacy Campaign conducted 16 trainings for CHAs at five-health facilities in Lusaka and also carried out sensitization activities.

Challenge

- They are few CHAs trained in family planning.

Solutions

- There is need to train more Community Health Assistants.

2. CBD policy revised to include provision of information on Long-term and Permanent FP methods (On Track)

Amref Health Zambia conducted a CBD Policy evaluation, culminated into CBDs distribution of FP commodities in Kitwe and Ndola.

Marie Stopes Zambia engaged qualified nurses to provide LARC in the community.

Society for Family Health (SFH/PSI) trained CBDs, the training manual includes all methods and CBD refers the client to a facility for LARC

3. Number of CBDs oriented on long-term and permanent FP methods (On Track)

Society for Family Health (SFH/PSI) has trained 855 CBDs.

Treatment Advocacy and Literacy Campaign trained 20 CBD's in long-term methods.

4. Pre-service midwifery training curriculum revised to include insertion of IUD's and implants (On Track)

IPAS Zamia offered both technical and financial support to the General Nursing Council of Zambia to revise the curriculum for nurses and midwives.

5. In-Service Officers trained in long-term methods (On Track)

Marie Stopes Zambia has trained a number of nurses in Copperbelt Province to provide LARC but also work with Adolescents in Sexual Reproductive Health issues

Society for Family Health (SFH/PSI) trained health providers in LARC to ensure that they have active health providers who are always present i.e. part time and retired health workers. SFH also trained 2 health providers in each province who supervise and see how the facilities are performing.

Challenges

- Retention of service providers

Solutions

- Lobby government to assign more nurses to work full time at the facilities.

THEMATIC AREA 3: ACCESS TO ESSENTIAL MEDICINES**1. Government to fund 50% of funding gap to FP budget by 2018 (on track)**

Government has allocated 1.3 million USD towards Family planning commodities.

THEMATIC AREA 4: SERVICE DELIVERY (COMMUNITY PARTICIPATION)**1. Orientation materials on FP for religious leaders developed (on track)**

Amref Health Zambia in collaboration with Churches Health Association of Zambia conducted a breakfast meeting with religious leaders to enable dissemination of information on FP need, developed orientation materials on FP in collaboration with CHAZ for religious leaders.

Generation Alive has produced IEC materials that includes FP information as a component (Partners: IPAS, CRHE, DETTE resources). Generation Alive's, main aim is the integration of FP in SRH.

Young Women Christian Association is in the process of developing IEC materials to be shared during the community conversations where religious leaders will participate. (Partners: PACT, PPAZ, DIVINE DIVA and MoH)

Challenges

- Limited funding
- Push back from some religious leaders
- convincing Church leaders to discuss SRH issues with young people and Adolescents.

Solutions

- Orient church leaders on the issues of SRH and Family Planning.

2. Religious leaders oriented on FP demand generation and promotion (on track)

Generation Alive trained religious leaders in FP demand generation in eastern province (Partners: CRHE, IPAS, DETTE resources).

Young Women Christian Association (YWCA) conducted community conversations to raise awareness on Family Planning.

Challenges

- Religious beliefs on Contraception.
- Difficulties to have separate funding for FP and SRH.
- Myths and Misconception

Solutions

- More sensitization and awareness.

3. Local leaders oriented on FP demand generation and promotion (on track)

Treatment Advocacy and Literacy Campaign identified 10 local leaders in Mandevu area in Lusaka oriented on FP demand generation

Challenge

- Lack of funding for the production of materials for religious and traditional leaders.

Solution

- Lobby for funding for the production of IEC materials