

THE MOTION TRACKER

**BUILDING A COMMON AGENDA: DRIVE TOWARDS ACHIEVING
ZAMBIA'S FP2020 COMMITMENTS**

PARTNER ENGAGEMENT AND PARTICIPATION

PROGRESS REPORT

FY 2018 (JULY-DECEMBER, 2018)

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1. INTRODUCTION

Zambia is among the many countries that have shown commitment to improving family planning in the country by making commitments at the London Summit of FP2020. This report details progress being made towards achieving Zambia's commitments to the above Initiative focusing on partner participation and engagement.

FP2020

FP2020 is an outcome of the 2012 London summit on FP where more than 20 governments made commitments to address the financing, policy, delivery and socio-cultural barriers to women accessing contraceptive information, services and supplies. Since then, the number of countries with FP2020 commitments has grown to 41. Five years later, at the anniversary of the London Summit, the international community gathered for the 2017 London Summit for safer, healthier, empowered features to renew its commitment to the FP2020 partnership, growing to include more than 120 making partners.

The Vision is for FP2020 to serve as an inclusive and results-oriented partnership working with a diverse group of stakeholders and experts to accelerate action and address the most significant global and country level barriers to progress against FP2020 goals

The Motion Tracker

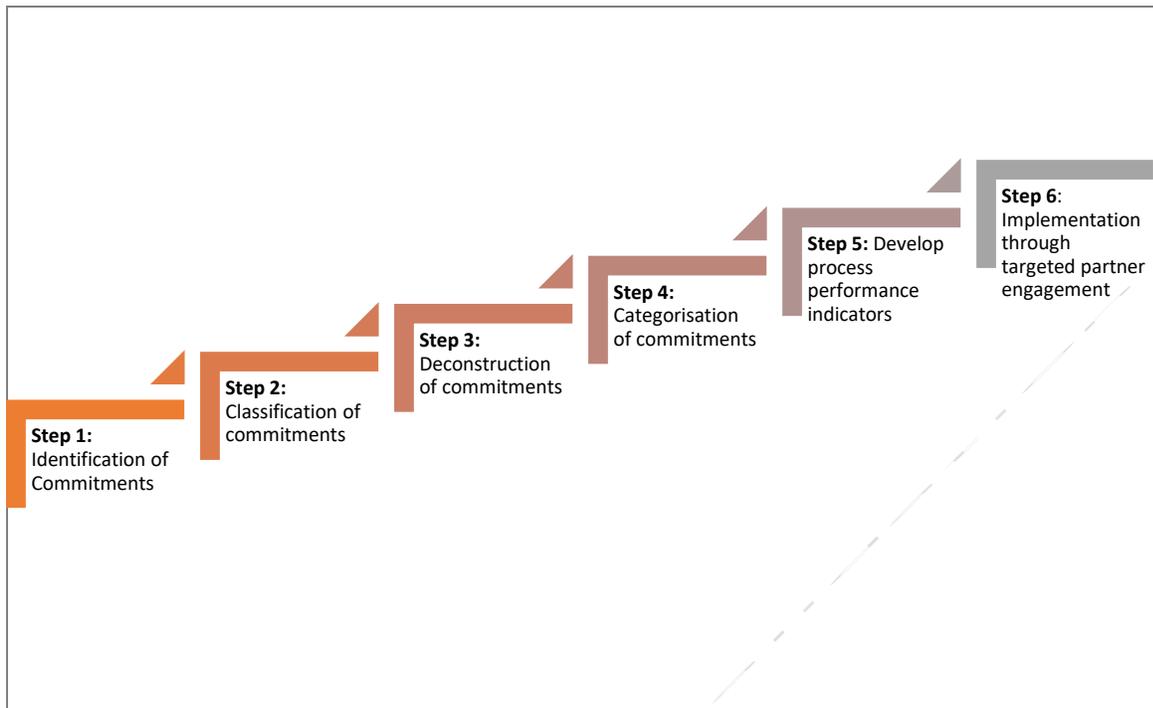
The Motion Tracker is a result of the lessons learned and best practices during implementation of the proof-of-concept project titled 'Uganda Commitments Initiative' that was later successfully replicated in Tanzania and Zambia in 2016. The Motion Tracker is now being implemented in Nigeria, Uganda, Tanzania and Zambia with planned start-up in, Ethiopia Indonesia and Kenya. *The Motion tracker* is a customized dynamic framework for strengthening accountability and driving action by keeping commitments visible and highlighting progress while fostering partner participation, engagement and ownership to address bottlenecks to achieving commitments.

1. APPROACH AND METHODOLOGY

The approach and methodology was based on the *Motion Tracker* (TMT[®]), a framework¹ that follows a six-step process as shown in Figure 1 below. The Motion Tracker is being implemented in Zambia to foster partner participation, engagement and ownership to address bottlenecks to achieving the FP2020 (2012) and renewed FP2020(2017) commitments.

¹ Refer to Annex 1 that detail the Motion Tracker methodology.

Figure 1: Motion tracker: Six Steps to greater accountability



Data collection

a) Sampling technique

By using the partner matrix developed during the implementation of the Commitment Initiative, a list of partners involved and/or implementing activities in support of achievement of commitments was updated and used as a guide for data collection. In addition to the partner matrix, the data collection exercise employed purposive and snowballing techniques to identify new organizations that contribute to the realization of the FP2020. The partners engaged included Government of the Republic of Zambia (Ministry of Health, Ministry of Education and Ministry of Youth Sport and Child Development), Local and Non-Governmental Organization

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, project dissemination meetings and FP TWG 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, Meeting Minutes.

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

Data collection from the partners was validated at two levels. The first level was internally done at Centre for Reproductive Health and Education (CRHE) through document reviews and triangulation. The second level is through the partner validation meeting.

2. ACCOUNTABILITY FOR RESULTS: PROGRESS MADE TOWARDS ACHIEVEMENT OF COMMITMENTS

The results are based on the actual commitments made which have been compiled into a compendium as shown dialogue boxes 1 and 2 below.

3.1 Compendium of Commitments

Dialogue Box 1: FP2020 Commitments, 2012

1. Double 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
2. Address policy barriers to allow task shifting to community health assistants (CHAs) and trained community based distributors (CBDs) to increase access to the underserved communities
3. Initiate new dialogue, led by the MoH, with religious and traditional leaders at local level to generate demand, dispel the myths and ‘open up the dialogue’ on family planning.

Dialogue Box 2: Renewed FP2020 Commitments, 2017

1. 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.
2. 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:
Deeper focus on adolescents through cross sectoral working, collaboration among the Ministries of Health, Education, Youth & Sport, and Community Development.
Addressing the data gap related to adolescents within national information systems.
3. 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.

3.2 Accountability for commitments: 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 partner meetings. A total of 28 partners in Zambia were engaged and participated in ensuring achievement of the FP2020, commitments as shown in the Table 1 below for the reporting period (January-June 2018).

Table 1: List of Multi-stakeholders engaged during period (July-December 2018)

| Category | List of Organizations |
|--|--|
| Government of the Republic of Zambia(3) | Ministry of Health (MoH), Ministry of Youth Sport and Child Development (MoYSCD) |
| Development Partners (2) | U.S Agency for International Development (USAID), Department for International Development (DFID) |
| UN Agencies (1) | United Nations Population Fund (UNFPA) |
| International Affiliated NGOs (11) | AMREF, Ipas, Marie Stopes Zambia (MSZ), Innovations for Poverty Action (IPA), Restless Development, Planned Parenthood Association of Zambia (PPAZ), Clinton Health Access Initiative (CHAI), Southern Africa HIV and AIDS information Dissemination Service (SAfAIDS), Women in Law and Development in Africa (WiLDAF) Sexual Reproductive Health Rights Trust (SAT) and ICAP |
| Local NGOs (10) | Generation Alive, Copper Rose Zambia (CRZ), Centre for Reproductive Health and Education (CRHE), Common Grounds, Step up Youth Zambia, Bwafwano, Sport in Action, Africa Directions, Network of people Living with HIV (NZP+), Maternal Health Action Zambia (MHAZ), Treatment Advocacy and Literacy Campaign in Zambia (TALC) |

Associations (1)**Churches Health Association of 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 | 8 | Ministry of Health, UNFPA, USAID, DFID, Centre for Reproductive Health and Education, Generation Alive SAfAIDS and Marie Stopes Zambia, PPAZ |
| Service Delivery | 3 | Marie Stopes Zambia, Ipas, Planned Parenthood Association of Zambia, Generation Alive, Sport in Action, ICAP Copper Rose, Sport in Action, Common Grounds and Clinton Health Access Initiative |
| Leadership and Governance including Policy | 11 | Step up Youth Zambia, Churches Health Association of Zambia, SAfAIDS, Sport in Action, Planned Parenthood Association of Zambia, Marie Stopes Zambia, Network of Zambian people living with HIV, Copper Rose Zambia, Generation Alive, Restless Development, Ministry of Youth Sport and Child Development, Common Grounds |

Accountability for results: Partner engagement and participation by Thematic Areas

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

FINANCE

The Government of the Republic of Zambia will increase domestic financing for the procurement of contraceptives. (RENEWED FP2020)

1.50% of the committed contribution is made **ON TRACK**

The Government of the Republic of Zambia through the **Ministry of Health** committed 1.4 million US Dollars to contraceptive commodities. This money was used to procure contraceptive commodities for FY 2018.

2. Annual Resource FP tracking Conducted **ON TRACK**

Generation Alive is part of the YES I DO alliance in Eastern Province where they are tracking expenditure that goes to health and trickles down to Reproductive Health to see how women and girls are accessing information, services and funding as per budget and how much of that has gone to Reproductive Health and services and commodities for girls and women.

SAFAIDS took part in in the 2019 Budget planning and review meetings. They also attended two parliamentary hearings on the budget and they have since developed two policy briefs.

Marie Stopes Zambia conducts District budget tracking activities in Kitwe and Chingola, tracking disbursement and expenditure of SRH budget including Family Planning

Centre for Reproductive Health and Education has been tracking the allocation and budget disbursement and expenditure of Family Planning

Marie Stopes Zambia conducts district budget tracking activities in Kitwe and Chingola, Tracking disbursement and expenditure of Sexual Reproductive Health budget including Family Planning, disbursement not done according to allocation. Budget tracking reports to be disseminated at the newly formed Family Planning TWG meetings in the two Districts.

3. Funding gaps for FP commodities reduced by 25% per year. **ON TRACK**

Ministry of Health allocated \$1.5 Million towards contraceptive commodities.

4. Donor Funding to FP programs **ON TRACK**

MoH has continued to engage the donors to provide supplementary procurement of contraceptives commodities in the short medium term whilst a more sustainable domestic financing mechanism

is established. The donors that have been procuring FP commodities for Zambia are DFID, UNFPA and USAID.

5. MoH allocates 50% of the annual contribution of US \$1,090,000 towards contraceptive commodities ACHIEVED

MoH allocated \$1.4 Million towards contraceptive commodities

6. MoH purchases contraceptive commodities ACHIEVED

Ministry of Health purchased contraceptive commodities

Marie Stopes Zambia participated in all MoH/ UNFPA led National FP Commodity quantification meetings. They also worked towards the registration of Levoplant in country given the implant jadelle implant shortage the country faced in 2018

Challenges

- Technicality of tracking tools makes the process slow
- It is difficult to track MoH facilities
- Bureaucracy makes it difficult to access information from the Ministry
- Bringing Government to the table to validate the information
- Disbursement not done according to allocation
- Delays in the release of funds by the Ministry of Finance

Solutions

- Training is needed for officers in-charge of resource tracking
- Government should promote transparency by availing necessary documents to CSOs when needed

HEALTH SERVICE DELIVERY

The Government and partners will Scale up access to rights based FP through improving 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 DMPA SC to reach all parts of the country by 2020. (FP 2020 RENEWED)

1.Number of CHAS oriented on community based FP information and education ON TRACK

Network of Zambian people living with HIV oriented CHAs who are also mentors for adolescents on HIV and FP in Kafue, Livingstone, Mumbwa, Chibombo, Mazabuka and Kabwe

Sport in Action had two orientations for CHAs in Kafue and Chibombo on Sexual Reproductive Health Rights

MSZ works with several CHAs across the more than 40 Districts where it operates. Outreach teams provide orientation on information such as Short-term and long acting reversible contraceptives and education relating to FP to CHAs who act as demand generation agents for MSZs rural outreach FP service delivery

Ipas orientated community health workers in 7 districts in Southern Province

2.Number of trained Community Health workers by both partners and Government ON TRACK

Network of Zambian People Living with HIV trained CHAs who work with adolescents in the sites they are working in

Marie Stopes Zambia trained 20 providers across the country in the provision of DMPA SC as per the DMPA SC Road Map

CHAI conducted facility assessment in 135 facilities in Northern Province. They also trained peer educators training in Northern and Sesheke District.

3.Number of health institutions offering injectable contraceptives using trained CBDs ON TRACK

MSZ offers injectable contraceptives in outreach using Marie Stopes Ladies (MS Ladies) who are qualified registered nurses and midwives. MS Ladies follow the client where they are by delivering services in MSZ tents and caravans at Market places, public grounds, church grounds and health facilities as well.

PPAZ is using trained CBDs in five of their sites (Kitwe, Livingstone, Choma, Kazungula and Lusaka) However, these CBDs are spread in local communities and attached to about 12 public facilities)

Challenges

- More trainings are required but there are inadequate resources to achieve this
- Some Community health workers shun the orientation if there is no incentive
- High CHA attrition rates
- The more CHAs you work with the higher the cost for incentives
- Some CHAs in the communities lack the relevant attributes to be good FP mobilisers
-

Solutions

- MSZ intends to work with partners such as PATH to formulate a strategy for onsite orientation on DMPA SC rather than formalized trainings for health providers
- To overcome some of these challenges, MSZ partners with facilities to make use of existing CHAs rather than recruit and train new members.
- To reduce on costs associated with incentives, MSZ tries to focus on quality rather than quantity of CHAs

4. Number of CBDs trained in injectable **ON TRACK**

PPAZ Supported MOH train a total number of 47 CBDs in DMPA IM/SC in Chongwe District. They further trained a total number of 131 CBDs in DMPA IM/SC spread in Livingstone, Kazungula, Lusaka, Kitwe and Choma Districts. The Association is working closely with Ministry of Health

ICAP Trained 12 CBDs in DMPA SC from 6 facilities in Lusaka District

5. In-service officers trained in long-term methods **ON TRACK**

MSZ has over 24 trained health workers (registered nurses, midwives & clinical officers) in full time employment with the organization. These providers are trained in Long-Term FP service delivery and provide services at static sites as well as in outreach. MSZ uses 3 different service delivery models to reach clients with FP, namely Centres- static health centres owned and operated by MSZ

Outreach- Mobile teams comprising of 2 providers and a driver providing SRH services including long term methods at Government health centres as well as in rural and peri-urban communities.

MS ladies- qualified registered nurses and midwives who move around different peri-urban communities providing FP services.

Ipas trained in 75 in- service officers in North-western and Copperbelt provinces

ICAP trained 12 nurses in 6 facilities (Lusaka district) Onsite training in smart care FP Module

PPAZ supported the government training in-service officers in Long term FP methods.

Challenges

- Demand for services outstrips MSZ to capacity to reach all women at all times
- Limited Financial and Human resources
- High CHA attrition rates
- The more CHAs you work with, the higher the cost of incentives
- Some CHAs in the communities lack the relevant attributes to be good FP mobilisers

Solutions

- Partnering with facilities to make use of existing CHAs rather than recruit and train new members.
- To reduce on costs associated incentives focusing on quality rather quantity of CHAs
- MSZ has developed the 3 channels namely Mobile teams for outreach, centers and MS Ladies so as to reach as many clients as possible with high quality SRH services. MSZ also continues to develop new innovative approaches to training and service delivery in order to overcome the above challenges.

LEADERSHIP AND GOVERNANCE

Zambia commits to addressing policy barriers adversely impacting the delivery of sexual and reproductive health services for adolescents and young people (RENEWED FP2020)

1.Number of schools offering Comprehensive Sexuality Education **ON TRACK**

RESTLESS DEVELOPMENT Improved integration and delivery of comprehensive Sexuality Education (CSE) trainings were conducted. Fortysix guidance and counselling teachers had their capacity developed to support the delivery and integration of CSE in daily lessons. The trainings were structured with emphasis on sustainability and the trained guidance and counselling teachers should be able to run similar trainings for other teachers in their work stations with support from the office of District Guidance and counselling coordinators. This in turn would ensure that all teachers in schools included in the intervention are trained and successfully delivering on CSE.

MOYSCD in collaboration with SAfAIDS trained out of school in CSE from 10 provinces.

SAfAIDS are bigger partners in CSE working with UNESCO. They trained teachers in CSE in 4 schools in Lusaka and being linked to health centers.

CRZ worked with schools offering CSE outside the school environment in Lusaka and Southern Province They are working with teachers in Lusaka

Challenges

Religious and Cultural norms by teachers

Contraceptives are not allowed in schools

2.Reduction in Teenage Pregnancy **ON TRACK**

Copper Rose Zambia had program called Zambia Adolescent Pregnancy Prevention Initiation which was funded by FP2020. They have been doing advocacy, service provision, technical assistance and training.

Common Grounds have been distributing condoms in institutions of higher learning in Lusaka

Sport in Action has had dialogue meetings with adolescent and also do outreach activities in hotspots

GAL is working in Chadiza and Petauke Districts of Eastern province. They are building capacity for young people to be meaningfully engaged so that they can be able to claim their SRHR

Step Up Youth Zambia has been having Focus group discussions and engaging councilors in areas they are working in these discussions dangers of teenage pregnancy and information on Contraceptives is given

information so that young people can make an informed choice and access FP and abortion services

NZP+ has been working with schools through the Anti Aids Clubs where they talk about SRHR

SAfAIDS had two series of trainings with service providers on provision of quality Family Planning for young people

Challenges

- Age on consents remains a challenge in Zambia
- Myths and misconceptions with regards to FP
- Access to quality, accurate information as well as adolescent friendly services
- Distances to access contraceptives

Solutions

- Having a team of health experts working alongside partners in the ADH TWG to overcome policy related barriers
- Having a team of adolescent health providers whose main role to reach young girls with FP services
- Adolescent friendly safe spaces, both static and mobile which give young girls the confidence to go and access judgement free FP services

3. Increased uptake of contraception by young people **ON TRACK**

Safaids in Kafue had seen a reduction in teenage pregnancy in their project prevention of HIV among adolescents and young people and integration of services. They had community sensitization, Capacity Building with Traditional leaders and also provision of services in collaboration with other partners. Baseline and end line survey was done. They also trained traditional leaders in CSE in 8 Districts, 4 from Western and 4 from Central. They are currently working in Lusaka, Eastern Province, Western and North Western province using the UNFPA tune me platform to disseminate information on SRHR.

Sport in Action They talk about contraception in their meetings, Tournaments, Theatre, and provide on the spot services.

PPAZ targets young people in its execution of its SRHR mandate by providing information so that young people can make an informed choice and access FP and abortion services. Working in schools, communities.

Step up Youth Zambia meets young adults in recreation facilities such as football grounds where they talk about contraception and give referrals. They also have meetings with parents to tell them on the implications of teenage pregnancy

MSZ provided modern contraceptives to over 15,000 adolescents representing 15% of its total client base in the period under review. They also provided adolescent friendly health services via:

Adolescents only Centres known as Diva Centres based in Lusaka, MS Ladies in Lusaka, Copperbelt and Solwezi 9 outreach teams providing FP services including adolescents friend FP services across 8 provinces Msz also has a toll free Call Centre which helps adolescents with information and referral services for SRH services.

NZP+ has discussions on HIV and contraceptives and also distribute condoms.

SAfAIDS had two series of trainings with service providers on provision of quality Family Planning for young people

Safaids trained Service providers from 8 Districts in western and Central province on provision of quality of post-abortion services of young people.

Common Grounds have been distributing condoms in institutions of higher learning in Lusaka

Challenges

- Age related barriers to accessing contraception services hinder the provision to sexually active adolescents under the age of 16

4.HMIS system adds an indicator on young people. **ON TRACK**

MSZ sits on the ADH TWG where alongside several other partners, it actively advocates for specific indicators on adolescents SRH to be added to the HMIS. In 2018 MSZ was implementing the MDGi project which included contributing towards HMIS review for adolescents SRH

Challenges

- Members of the HMIS are not part of the ADH TWG
- There are so many indicators across different health fields that need to be added to the HIMS and the HMIS team is small and has its own priorities

LEADERSHIP & GOVERNANCE

Initiate new dialogue, led by the MoH, with religious and traditional leaders at local level to generate demand, dispel the myths and 'open up the dialogue' on family planning. (Old Commitments)

1. New Leaders and Champions for FP are identified at all levels **ON TRACK**

Safaids identified 40 Champions in Chilenje, Chipata, Mandevu, Chaisa, Chazanga and Ngombe clinics in Lusaka. The champions are doing demand generation and advocacy for quality Family Planning for young people.

MSZ supported the training of 24 Districts Level SRHR Champions in Kitwe and Chingola. These include adolescents and young people, representatives from the media, Ministry of Health staff and civic leaders i.e ward councilors

Challenges

- Buy in and Acceptance
- Retention of leaders especially among young people as they are highly mobile

2. New Leaders and Champions for FP oriented on FP demand generation and promotion of FP modern Methods **ON TRACK**

MSZ conducted a training on mobilization and demand creation for Family Planning among rural adolescents in Masaiti District, linking contraception to aspirations and dreams to increase uptake by adolescent girls in rural Zambia.

CHAZ Trained and oriented 16 church leaders from 8 denominations on Family Planning. They also had representation from the Muslim Community

3. Documented Religious sermons/ statements containing FP messages **ON TRACK**

Safaids has recorded statements on Family Planning from Policy makers. They also have Policy briefs.

Chaz has radio and television shows where Church leaders featured

Challenges

- Logistics for bring Church leaders to the radio and TV shows
- CHAZ relies on free air space to feature religious leaders on TV and Radio shows this is due to the fact that they have no budget for radio and TV

4.Active Family Planning Champions **ON TRACK**

Safaids has Chieftains Chiyawa in Kafue and Katuba Member of Parliament Honourable Mwashingwele. They have also built capacity for these Champions.

MSZ worked with Various Local and Traditional Leader as Champions to advocate for FP service provision in their catchment areas. Leaders such as Chief Kopa, Chief Chifunda, Chief Nabwalya and Chief Chikwa are some of the active Champions MSZ worked with.

CHAZ has active family planning Champions. One champion attended the International Conference on Family Planning and gave the experience on FP on religious perspective.

Challenges

- Developing rapport with these leaders takes time before they can become active advocates on matters of SRH which are usually considered sensitive in most rural communities.
- Limited Resources for training and supporting these champions

Solutions

- Working closely with line Ministries e.g Ministry of Chiefs and Traditional affairs are very helpful and introducing partners such as MSZ to traditional leaders which in turn allows for quick rapport building and for effective collaboration

5.Orientation materials on FP developed for local leaders **ON TRACK**

MSZ does use its existing FP counselling guidebooks to orient Local Community Leaders. MSZ shared and distributed FP guidebooks to community Leaders such as Chiefs and Community Resource Board (CRBs) members in North Luangwa National Park

CHAZ has FP training manual which they have been using for orienting religious leaders on Family Planning

6.Local leaders oriented on FP demand generation and promotion **ON TRACK**

Sport in Action orientated change agents in Chibombo, Liteta, Mugule and five sites in Kafue

Maternal Health Action Zambia oriented both local and religious leaders on the importance of family planning and dispelled myths on FP in these gatherings.

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Challenges

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- Myths and misconceptions with regards to FP
- Access to quality, accurate information as well as adolescent friendly services

Solutions

- Having a team of health experts working alongside partners in the ADH TWG to overcome policy related barriers
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DISCLAIMER

The information contained in this Report has been prepared by Centre for Reproductive Health and Education from publicly available material and from discussions held with stakeholders. Centre for Reproductive Health and Education does not express an opinion as to the accuracy or completeness of the information provided or any conclusions reached by those parties. Centre for Reproductive Health and Education has based this Report on information received or obtained, on the basis that such information is accurate and, where it is represented to

MORE INFORMATION

Once you have read this report, you might want to know more about **The Motion Tracker** – framework for monitoring country commitments.

For more information, please contact us:

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