SCALING UP FAMILY PLANNING IN ZAMBIA: ASSESSMENT AND FEASIBILITY OF SCALING UP AN INNOVATIVE PROGRAM

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BACKGROUND

• In 2012, Zambia made a commitment to increase its contraceptive prevalence rate (CPR) to 58 percent by 2020 through a mix of policy and programmatic initiatives
• Scaling Up Family Planning (SUPF) was a four-year effort designed to work within the existing health system to increase the uptake of FP services to underserved populations by:
  - Recruiting a district level FP coordinator
  - Increasing demand at the community level
  - Jumpstarting outreach with an intensive camping approach
  - Boosting provider capacity via training
  - Ensuring that supply chain delivers

AIM: To assess the efficacy of SUPF and the feasibility of integrating successful interventions from SUPF into Zambia’s health system

RESULTS

In the 26 districts where SUPF was implemented there was an increase of 150% in CYP from 2012 to 2014, compared with an increase of 84% in districts that did not have SUPF support. In districts only supported by SUPF, the number of CYP increased by 227% over the same period.

OVERALL EFICACY OF THE SUPF PROGRAM

Comparisons of Increases in FP Services in Districts

<table>
<thead>
<tr>
<th>TYPES OF DISTRICTS</th>
<th>NEW FP VISITS</th>
<th>FP REVISITS</th>
<th>IDCCS</th>
<th>IMPLANTS</th>
<th>DEPO-PROVERA</th>
<th>CYP</th>
</tr>
</thead>
<tbody>
<tr>
<td>All districts</td>
<td>18%</td>
<td>53%</td>
<td>46%</td>
<td>265%</td>
<td>69%</td>
<td>102%</td>
</tr>
<tr>
<td>Without SUPF</td>
<td>11%</td>
<td>45%</td>
<td>59%</td>
<td>187%</td>
<td>66%</td>
<td>84%</td>
</tr>
<tr>
<td>SUPF and other</td>
<td>35%</td>
<td>75%</td>
<td>6%</td>
<td>456%</td>
<td>78%</td>
<td>150%</td>
</tr>
<tr>
<td>Only SUPF</td>
<td>70%</td>
<td>83%</td>
<td>7,425%</td>
<td>965%</td>
<td>61%</td>
<td>227%</td>
</tr>
</tbody>
</table>

ASSESSING SUPF’S CONTRIBUTION THROUGH THE WHO HEALTH SYSTEMS FRAMEWORK

We assessed SUPF’s contribution to the health system on the basis of this framework’s six components

METHODS

The assessment was divided into two parts:

1. Part 1: Assessment of Feasibility and Maintaining An Innovative Program
2. Part 2: The Cost of Scaling Up Family Planning Services

STUDY | DATA COLLECTED | ANALYSIS
--- | --- | ---
Part 1: Feasibility | 40 key informant interviews (KIs) were conducted with stakeholders at the national, district, and community levels in Lusaka, Kasama and Kabete districts. | Two frameworks (Enhanced and WHO Health Systems) were used to design the key informant interview guide. KIs were coded and categorized based on main themes and sub-themes established by the frameworks.

Part 2: Costing | Numbers of new and repeat services provided, by method, in districts with and without SUPF. SUPF expenditures by district, broken down by type. | A macro-level analysis was conducted to identify the SUPF program results and a micro-level analysis was conducted to develop a model to project costs using existing SUPF data on costs.

CONCLUSION

• SUPF was successful in scaling up increased access to FP commodities and services by increasing supply of and demand for FP. From 2012 to 2014, the following changes occurred to CYP:
  - Districts with SUPF had a 150% increase
  - Districts without SUPF had an 84% increase
  - Districts with only SUPF had a 227% increase

The ‘Camping Approach,’ SUPF’s primary innovation, reduced geographical barriers in service delivery

SUPF trained FP staff and increased LARC provisions

SUPF’s success is attributed to its approach of working within these existing health system

Replicating SUPF in districts similar to Kasama would cost ZMW 1.7 million initially and ZMW 1.5 million annually thereafter

RELATED PUBLICATIONS

FOR MORE INFORMATION

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Presented at D&I 2016 in Washington, DC

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ASSESSING FEASIBILITY BY PROJECTING COSTS

The cost analysis looked at total cost for FP activities, irrespective of who funds them. The results shown below are only for Kasama District since other districts had similar results.

DISTRICTS

Kasama District at a Glance

- Total Population: 264,108
- Estimated 237 villages
- Women of Reproductive Age: 23% of Total Population
- District has 30 health centers/posits and one hospital

Projections for Kasama District in 2017

- Women of Reproductive Age: 64,924
- Average start-up, replacement and recurrent cost per CYP: $16.67
- Average recurrent cost per CYP: $16.48

Replicating SUPF in New Districts

- If one were to replicate SUPF in a similarly sized district as Kasama, the initial costs would be ZMW 1.7 million and the average annual recurrent costs would be ZMW 1.5 million.

DESCRIBING THE SCALE UP USING THE EXPANDNET FRAMEWORK

We analyzed SUPF based on five elements used to assess scale-ups as outlined in the framework.

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<th>ELEMENT</th>
<th>ANALYSIS</th>
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| Impact | Rather than scale up a new innovation, SUPF worked within the existing health and FP program to strengthen supply of and demand for FP technology, service delivery, and quality of FP services.
| User | The Ministry of Health, Ministry of Community Development Mother and Child Health, District Health Management Team, and service delivery actors involved in the Existing Approach
| Organization | The SUPF Coordinator, SUFP's sole provider and key player in the innovation, SUFP Program, and OAA, funding the work of SUPF
| Environment | SUFP used the existing approach to engage with the community and address myths and misconceptions about contraceptives, while being cognizant of other barriers.
| Scale Up Strategy | The SUPF Coordinator, the sole provider and key player in the innovation, SUFP Program, and OAA, facilitating the wider use of FP services

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