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 (SUFP) 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 SUFP and the feasibility of integrating successful interventions from SUFP into Zambia's health system

METHODS

The assessment was divided into two parts:

1. Part 1: Assessment and Feasibility of 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 (KIIs) were conducted with stakeholders at the national, district and community levels in Lusaka, Kasama and Katete districts.	- Two frameworks (ExpandNet and WHO Health Systems) were used to design the key informant interview guide. - KIIs 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 SUFP; SUFP expenditures by district, broken down by type.	A macro-level analysis was conducted to identify the overall program results and a micro-level analysis was conducted to develop a model to project costs using existing SUFP data on costs.

RESULTS

In the 26 districts where SUFP 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 SUFP support. In districts only supported by SUFP, the number of CYP increased by 227% over the same period.

OVERALL EFFICACY OF THE SUFP PROGRAM

Comparisons of Increases in FP Services in Districts

TYPES OF DISTRICTS	NEW FP VISITS	FP REVISITS	IUCDS	IMPLANTS	DEPO-PROVERA	CYP
All districts	18%	53%	46%	265%	69%	102%
Without SUFP	11%	45%	59%	187%	66%	84%
SUFP and other	35%	75%	6%	456%	78%	150%
Only SUFP	70%	83%	7,425% (from 4 to 301)	965%	61%	227%

ASSESSING SUFP'S CONTRIBUTION THROUGH THE WHO HEALTH SYSTEMS FRAMEWORK

We assessed SUFP's contribution to the health system on the basis of this framework's six components

Leadership/Governance
- Engaged with community leaders to address misperceptions and build support for family planning
- Recommendation: improve communication between NGOs and the government and increase FP presence at district level

Financing
- Introduced additional funds for FP service delivery
- Recommendation: set aside funds specifically for FP rather than using general funding

Health Workforce
- Trained CBDs and providers
- Increased LARCs provisions, thereby decreasing workload
- Recommendation: need for continued training, compensation, and evaluation

Service Delivery
- Increased the provision of services and allowed funds to be set aside specifically for FP
- Reduced geographical barriers through Camping Approach and outreach activities
- Recommendation: provide more space for FP and increase financial support for camping and outreach

Health Information Systems
- Improved reporting and record keeping of commodities dispensed, uptake of FP methods over time, and client demographics
- Recommendation: provide ample supplies for reporting, such as registers

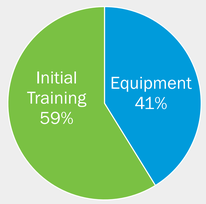
Medical Products/Technologies
- Limited supply shortages, provided equipment
- Introduced a long-term FP method
- Recommendation: introduce new types of FP methods and prevent stock outs by educating CBDs and ensuring the government is delivering sufficient commodities

Demand: Though not part of the framework, we analyzed demand as it was an integral component of SUFP
- Educated influential community leaders about the importance of FP
- Gathered information about demand-side barriers such as, actual or feared partner/spousal violence, myths and misconceptions about FP, social norms that dissuaded providers from extending FP to adolescents
- Recommendation: continue educating and sensitizing the community to keep demand levels high

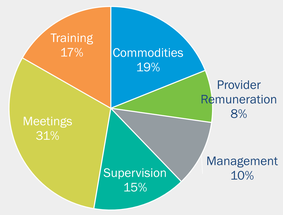
ASSESSING FEASIBILITY BY PROJECTING COSTS

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.

Initial Costs (ZMW 1.7 Million)



Projected Costs in 2017 (ZMW 5.2 Million)



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/posts and one hospital

Projections for Kasama District in 2017
- Number of Women of Reproductive Age: 64,824
- Average start-up, replacement and recurrent cost per CYP: $16.67
- Average recurrent cost per CYP: $16.48

Replicating SUFP in New Districts
- If one were to replicate SUFP 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

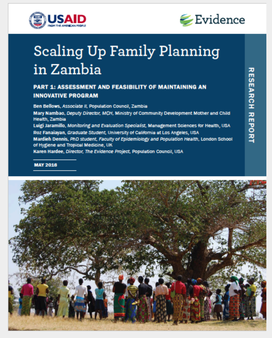
We analyzed SUFP based on five elements used to assess scale-ups as outlined in the framework

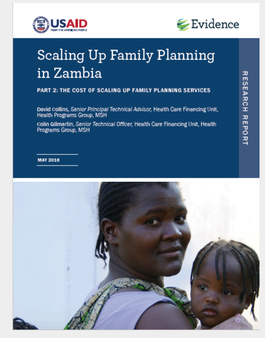
ELEMENT	ANALYSIS
The Innovation	Rather than scale up a new innovation, SUFP worked within the existing health system and FP program to strengthen supply of and demand for family planning.
The User Organization	The Ministry of Health, Ministry of Community Development Mother and Child Health, District Health Management Teams and service delivery actors involved in the Camping Approach
Environment	SUFP used the Camping Approach to engage with the community and address myths and misconceptions about contraceptives, while being cognizant of cultural beliefs.
Resource Team	The SUFP Coordinator, the district FP Outreach Coordinator, the SUFP-trained providers and CBDs, and other NGOs facilitating the wider use of FP
Scale Up Strategy	Vertical integration occurred when SUFP: • Improved the ability to provide LARC to expand method choice • Synchronized teams doing mobilization, supply chain, and facility staff trainings Horizontal scale up occurred when SUFP: • Helped actors provide outreach services in hard-to-reach rural communities • Worked with local leaders on FP service uptake

CONCLUSION

- SUFP 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 SUFP had a 150% increase
  - Districts without SUFP had a 84% increase
  - Districts with only SUFP had a 227% increase
- The 'Camping Approach,' SUFP's primary innovation, reduced geographical barriers in service delivery
- SUFP trained FP staff and increased LARC provisions
- SUFP's success is attributed to its approach of working within these existing health system
- Replicating SUFP 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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