Motion Tracker Validation Meeting

presentation of findings

Cresta GolfView Hotel,
3rd May, 2019
Presentation Outline

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    • Data Sources
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• Contribution of Organizations by different Thematic Areas
Introduction

• Centre for Reproductive Health and Education (CRHE) 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. The Motion Tracker is currently being used in 4 Countries that is Nigeria, Tanzania, Uganda and Zambia.

• CRHE collected data for the period July- December 2018 from 24 organizations to find out how each organization is contributing to the FP 2020 Commitments. Both and old and renewed.
Objectives

• The objectives of the Data Collection were to document organizations contributions towards the achievement of FP2020 Commitments from July to December 2018.
Data Collection

a) Sampling technique

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
Data Collection Cont’d

b) Data sources

- Data was collected from primary and secondary sources. Primary data was collected using a Partner Questionnaire. Secondary data was collected using desk review of various documents including project documents, sector reviews, newspaper articles, FP/ADH TWG 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, 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.
Contributions of organisations by different thematic areas

• Various stakeholders are implementing projects or activities that contribute to FP2020. The following section describes in details the progress so far made towards achievement of the commitments per thematic area and partner participation and engagement.
The Government of the Republic of Zambia will increase domestic financing for the procurement of contraceptives. (RENEWED FP2020) ON TRACK
1.50% of the committed contribution is made

The Government of the Republic of Zambia through the Ministry of Health committed 1.5 million US Dollars to contraceptive commodities for FY 2018.
2. Annual Resource FP tracking conducted

- **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 the 2019 Budget planning and review meetings. They also attended two parliamentary hearings on the budget and have since developed two policy briefs.
Annual Resource FP tracking conducted cont’d

• 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. Donor Funding to FP programs

- 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.
4. MoH allocates 50% of the annual contribution of US $1,090,000 towards contraceptives commodities

- MoH allocated $1.4 Million towards contraceptive commodities.
5. MoH purchases 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
• Bureaucracy makes it difficult to access information from the Ministry
• 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
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) ON TRACK
1. CHAS oriented on community based FP information and Education

- **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. Community Health workers trained by both partners and Government

- **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. Health institutions offering injectable contraceptives using trained CBDs

- **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)
4. Number of CBDs trained in injectable

- **PPAZ** Supported MOH to 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

- **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.
In-service officers trained in long-term methods cont’d

• **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

• More trainings are required but there are inadequate resources to achieve this
• Some CHAS in the communities lack the relevant attributes to be good FP mobilisers
• Some Community health workers shun the orientation if there is no incentive
Solutions

• Work with partners such as PATH to formulate a strategy for onsite orientation on DMPA SC rather than formalized trainings for health providers
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) ON TRACK
1. Number of schools offering Comprehensive Sexuality Education

• **RESTLESS DEVELOPMENT** Improved integration and delivery of comprehensive Sexuality Education (CSE) trainings were conducted. Forty-six 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.
Number of schools offering Comprehensive Sexuality Education cont’d

• **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
2. Reduction in Teenage Pregnancy

- **Copper Rose Zambia** had a 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 Petauuke 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.
2. Reduction in Teenage Pregnancy cont’d

• **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.
3. Increased uptake of contraception by young people

- **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.
Increased uptake of contraception by young people Cont’d

• They are also 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.
Increased uptake of contraception by young people cont’d

• **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
Increased uptake of contraception by young people cont’d

• **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.
4. HMIS system adds an indicator on young people.

- **MSZ and CRHE** sit on the ADH TWG where alongside several other partners, actively advocate 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

• Religious and Cultural norms by teachers
• Contraceptives are not allowed in schools
• 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
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 ON TRACK
1. New Leaders and Champions for FP are identified at all levels

- **Safaids** identified 40 Champions in Chilenje, Chipata, Mandevu, Chaisa, Chazanaga and Ngombe clinics in Lusaka. The champions are doing demand generation and advocacy for quality Family Planning for young people.
1. New Leaders and Champions for FP are identified at all levels

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

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• **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

- **SAfAIDS** has recorded statements on Family Planning from Policy makers. They also have Policy briefs.
- **CHAZ** has radio and TV shows were Church leaders featured
4. Active Family Planning Champions

• **Safaids** has Chieftainess 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.
5. Orientation materials on FP developed for local leaders

- **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

- **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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7. Local leaders oriented on FP demand generation and promotion cont’d

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