Scaling Up sufp Family Planning II

UKaid from the British people

SUFP PHASE II
FINAL PROGRAMME REPORT

31 OCTOBER 2018

Increased Reproductive Choice

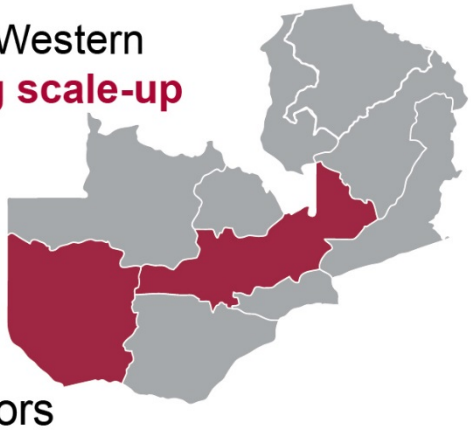
sufpII has resulted in

216,074 new users of family planning

272,897 couple years of protection

Government Ownership and Capacity

All 27 districts in Central and Western provinces now have **family planning scale-up plans**



Central and Western provinces can **sustain FP activities** through a pool of:

19 FP trainers and **110** FP mentors

113 health workers trained in FP

424 community-based distributors trained in FP

95 CBD supervisors

88 peer educator trainers and **25** peer educators

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Cover photo by Jessica Scranton

ACKNOWLEDGEMENTS

The Scaling Up Family Planning programme, now coming to close after more than six years (March 2012-October 2018), owes its success to the diligent and dedicated efforts of many stakeholders.

The SUFP team is grateful to the U.K. government, which through the Department for International Development consistently supported the programme from inception to the end. To the Government of the Republic of Zambia, the SUFP programme management team is very thankful for its unwavering guidance and support, from the selection of intervention districts through implementation of planned activities, to the compilation of this report.

In Phase II of the programme, we are greatly indebted to Ministry of Health staff across all the targeted districts in Central and Western provinces for having allowed the programme to be implemented alongside their other regular health care services.

Due credit also goes to the individual health care workers who agreed to be mobilized and trained as family planning providers in their respective districts and sites, on top of their other health care service duties. As family planning providers, they remained dedicated and cooperative throughout the SUFP programme's life.

The team would also like thank all community-based opinion leaders, traditional and religious leaders, adolescent peer educators, and community-based distributors for their relentless efforts in helping to dismantle myths and misconceptions about modern family planning methods. In addition to their role in family planning education and community mobilization, the community-based distributors also played a critical role in the provision of family planning methods to women in underserved communities.

To all those mentioned above, as well as the many others who in one way or another played a role in helping SUFP succeed, we are grateful.

It goes without saying that the SUFP programme management team apportions no responsibility to any of the parties mentioned for any errors or omissions in this report.

Dr. Christopher Mazimba
Country Program Director
Scaling Up Family Planning in Zambia

ACRONYMS

ASRH	Adolescent Sexual and Reproductive Health
CBD	Community-Based Distributor
CHA	Community Health Assistant
COE	Centre of Excellence
CYP	Couple Years of Protection
Depo-IM	Depo-Provera Intramuscular
DFID	UK Department for International Development
DHIS	District Health Information System
DHO	District Health Office
EMLIP	Essential Medicines Logistics Improvement Programme
eLMIS	Electronic Logistics Management Information System
FP	Family Planning
GRZ	Government of the Republic of Zambia
HMIS	Health Management Information System
IUD	Intrauterine Device
LARC	Long-Acting Reversible Contraceptive
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MOH	Ministry of Health
PHO	Provincial Health Office
RCL	Rapid Cycle Learning
RDQA	Routine Data Quality Assessment
SUFP	Scaling Up Family Planning
TOT	Training of Trainers
TWG	Technical Working Group
UNFPA	United Nations Population Fund
VFM	Value-for-Money

EXECUTIVE SUMMARY

Scaling Up Family Planning (SUFP) was a six-year DFID-funded programme (2012-2018) designed to improve the health outcomes of Zambian families through the sustained delivery of high-quality family planning services, especially for the country's poor, underserved, and vulnerable populations. Led by Abt Associates and the United Nations Population Fund (UNFPA), SUFP partnered with the government of Zambia to expand the availability of modern contraceptive methods; increase people's access to family planning services; increase community support for family planning; and build the capacity of government health facilities to provide high-quality family planning services.

Abt's SUFP activities were implemented in two phases. Phase I (2012-2016) focused on mobilising communities, building service delivery capacity in health facilities, and strengthening commodity distribution in 26 targeted districts across Zambia in partnership with the Planned Parenthood Association of Zambia, Imperial Health Sciences, the American College of Nurse-Midwives, and Systematic Inventive Thinking. This work resulted in an additional 295,100 women and girls using a family planning method and achieving 578,240 couple years of protection. In Phase 2 (July 2016-October 2018) Abt Associates, with partner Imperial Health Sciences, continued these and other activities in two provinces—Western and Central— while working to transition ownership of the programme to the government of Zambia and strengthen MOH capacity to scale up and sustain SUFP activities.

This report looks at the Abt-implemented Phase 2 programme—the main activities undertaken, their results, and best practices developed along the way. The SUFPII programme centered on the following activities:

- **Clinical activities**, which built government ownership and capacity by developing fully functioning Centres of Excellence in Central and Western provinces, and training master trainers (trainers of trainers), trainers, and health providers in long-acting reversible contraceptive skills;
- **Community activities**, which built country capacity to deliver family planning services to rural communities throughout Central and Western provinces by training community-based distributors, community health assistants, and supervisors and mentors to ensure the ongoing quality of CBD and CHA services;
- **Adolescent activities**, which have left the provinces with cadres of trainers of adolescent peer educators, health facilities offering adolescent-friendly services, and sensitised community leaders supportive of adolescent family planning services;
- **Supply chain activities**, which strengthened capacity at the national, provincial, and facility levels by training district and health facility staff in supply chain management skills, imparting audit trail skills to provincial and district pharmacists, and demonstrating how mobile phone technology can facilitate data access and ensure adequate stocks of family planning commodities in the community; and
- **Enabling environment activities**, which promoted government ownership and ongoing sustainability by ensuring that the annual plans of all districts in Central and Western provinces include family planning activities, leaving behind family planning technical working groups at the national and provincial levels, and supporting the development of numerous policy documents and family planning manuals.

These SUFPII activities resulted in 216,074 new users of family planning and 272,897 couple years of protection, as well as substantial MoH capacity to continue scaling up the SUFP model. Whether such scale-up will in fact occur will depend in great part on the commitment of the government of Zambia to family planning service provision and its ability to allocate adequate resources amidst the real challenges of fiscal constraints and competing priorities.

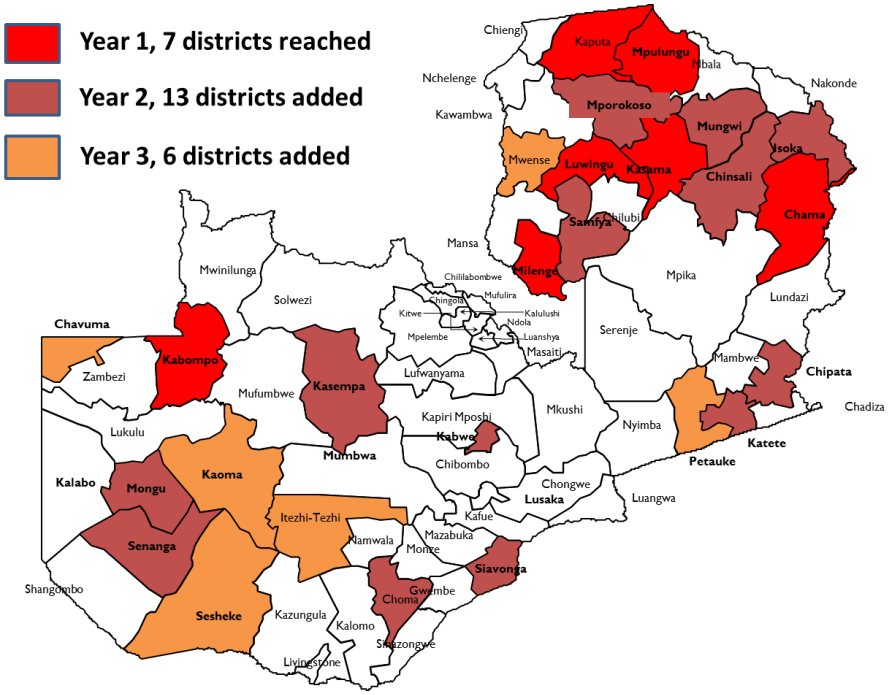
A Zambian health care provider. (Photo: Jessica Scranton)

BACKGROUND

The Scaling Up Family Planning (SUFP) project had its origins in the 2012 London Summit on Family Planning, where Zambia joined in a global commitment to expand women's access to life saving family planning (FP) methods and services. That year, Zambia set a goal to increase the country's contraceptive prevalence rate for modern methods from the then-current 33% to 58% by 2020. SUFP, funded by the UK's Department for International Development and implemented by Abt Associates and the United Nations Population Fund (UNFPA), was created to support Zambia in reaching that goal.

SUFP was originally designed as a £14.9 million programme to strengthen family planning services in 26 underserved districts of Zambia. Scheduled to run for four years (2012-2016), the programme focused on four major interventions: expanding the availability of a wide choice of FP methods, especially long-acting reversible methods; increasing access to FP services for underserved areas and populations; increasing community support for family planning; and increasing the capacity of public health facilities to provide high-quality, comprehensive FP services.

SUFP Phase 1 Intervention Districts



This original four-year programme, now referred to as SUFP Phase I, performed well on all four outputs. It systematically scaled up FP activities to all 26 intervention districts as planned; trained 371 health care providers in supply chain management for reproductive health commodities; trained 462 health care providers in long-term family planning methods; trained 1,896 community-based distributors (CBDs); and covered 2,001 communities with FP outreach services. These achievements led to an additional 295,100 women and girls using FP methods and generated 578,240 couple years of protection (CYP) -- results that far exceeded the SUFP Phase I life-of-programme targets. More than 70% of beneficiaries were poor rural women.

SUFP Phase I effectively served another purpose, as well. It demonstrated successful technical approaches to scaling up FP services, creating new knowledge about how to improve access to, and increase community acceptance of, modern contraceptives in traditional rural communities, including extremely hard-to-reach areas. Phase I showed that the four intervention pillars of the SUFP model were the right things to focus on, and could indeed help Zambia meet its overarching goal of significantly expanding uptake of modern contraceptive methods.

SUFP Phase I showed that the four pillars of the SUFP model were the right things to focus on.

DFID reviewers concluded in 2016 that the SUFP programme had been successful and cost-effective, and had enabled DFID to save an estimated 1,000 women's lives from 2011-15. During the programme final review, the Minister of Health approved an extension to continue the programme through February 2019, increasing the total programme value to £24.9 million. (The SUFPII component implemented by Abt Associates ends on October 31, 2018.)

The Second Phase: SUFPII

Following on the successes of Phase 1, SUFPII aimed toward an even larger goal: to promote full ownership of the SUFP model by the Zambian government and increased MOH capacity to implement and scale up FP and community-based distribution strategies. Why? Because transitioning ownership and capacity to the government is considered key to the long-term sustainability of FP scale-up work in Zambia.

Thus, under Phase 2, programming shifted to working with the Ministry of Health and key stakeholders to institutionalise the SUFP model in Zambia. Instead of the 26 districts targeted in Phase 1, SUFPII adopted a province-wide approach to implementation, beginning initially in Western province and later expanding to Central province. The expected outcomes of Phase 2 were full ownership and implementation of the SUFP model by the Ministry of Health and significant contribution towards achievement of national FP2020 targets.

The SUFP model is a package of interventions incorporating:

- Expanded availability of family planning method choice
- Increased access to family planning services
- Increased community support for family planning
- Capacity of public health facilities to provide quality comprehensive family planning services

SUFPII Implementation Provinces

Western and Central provinces were selected for SUFPII's service delivery activities because family planning indicators in these provinces are worse than in the rest of the country. Western province is characterized by a particularly high adolescent pregnancy rate, which SUFPII addressed through increasingly focused activities designed to increase adolescent access to FP services.

Family Planning Indicators, Western and Central Provinces

Indicator	Zambia	Western Province	Central Province
Total projected 2015 population	15.5m	1.0m	1.5m
Total fertility rate	5.3	5.6	5.9
Adolescent pregnancy rate (%)	28.5	40.4	29.9
Unmet need for family planning (%)	21.1	24.2	25.7
Modern contraceptive prevalence (%)	44.8	31.7	41.3

Source: Zambia Demographic and Health Survey 2014

SUFPII met or exceeded expectations on all four intervention components of the SUFP model. Its achievements included 216,074 new users of family planning, and 272,897 couple years of protection. Moreover, all 27 districts in Central and Western provinces now have family planning scale-up plans.

Because the SUFPII programme was implemented side by side with MoH staff at the provincial, district, and health facility levels, Phase 2 succeeded in building substantial capacity in the form of skills and knowledge within the MoH. This is especially true in Western province, where SUFPII was active for longer.

In both provinces, the provincial and district health offices report that they feel ready for the transition to take over the SUFP model. Whether this readiness will in fact translate into sustained scale-up of FP service delivery and achievement of Zambia's FP 2020 goal will depend in great part on whether the government of Zambia prioritizes family planning and backs up its commitments with adequate funding allocations in an environment that will continue to be marked by fiscal constraints and competing priorities.

SUFP Achievements

Phase 1 (March 2012-June 2016)	**Phase 2** (July 2016-October 2018)
295,100 additional users	**216,074** new users
578,240 couple years of protection	**272,897** couple years of protection
330,423 unintended pregnancies averted	**155,941** unintended pregnancies averted
899 maternal deaths averted	**424** maternal deaths averted
81,918 unsafe abortions averted	**38,660** unsafe abortions averted

ACTIVITIES

SUFPII activities served to embed family planning service delivery capacity at all levels of the Zambian health system while providing hundreds of thousands of women and girls throughout Western and Central provinces with much needed access to FP counselling and methods.

A health worker preps a patient for FP method insertion. (Photo: Jessica Scranton)

Clinical Activities

SUFP's main ways of building government ownership and capacity in the clinical aspects of family planning were to ensure that there were fully functioning Centres of Excellence (COEs) in Central and Western provinces, and to train master trainers (trainers of trainers), trainers, and health providers in long-acting reversible contraceptive (LARC) skills. As a result of these activities, SUFPII is leaving in place valuable resources that will enable the government of Zambia to continue training providers and delivering high-quality LARC services well into the future.

Centres of Excellence

During Phase 2, SUFP supported six COEs, including four in Western province and two in Central province. A COE is a high-volume health facility that provides quality comprehensive FP services to an average of 180 family planning clients a month, and conducts capacity building activities such as training and mentorship to improve the skills of health care providers, both on-site and in nearby health centres. COEs have dedicated learning space and can serve as a practicum site for trainings. They embody the standard for how a health facility should conduct and measure FP service delivery and mentorship activities.

LARC Skills Training

While nurses and health officers in Central and Western provinces were generally familiar with short-term family planning methods, such as condoms, many lacked the formal, comprehensive training needed to provide quality LARC services. SUFPII filled this gap – and built lasting capacity – by undertaking extensive clinical training activities. We trained LARC master trainers, supported LARC training for health care providers at hospitals and rural health centers, and followed up to check whether trainees were using their new LARC skills appropriately.

6 centres of excellence in operation

Western province

- Liyoyelo Health Centre, Mongu District
- Litambya Health Centre, Senanga District
- Mulamba Health Centre, Kaoma District
- Sesheke Urban, Sesheke District

Central province

- Mwachisompola Health Demonstration Centre, Chichombo District
- Mutaba Health Centre, Kapiri Mposhi District

We found that not only were the skills being used, but that some master trainers had gone a step further: they had provided LARC training to nursing students, and had mentored nurse tutors in how to train nursing students in LARC. Moreover, in Central province, another family planning organization replicated the SUFP COE concept in another district, and drew upon the SUFP-trained master trainers. This broader diffusion of LARC training and skills was an organic, and exciting, outcome catalyzed by SUFP's work.

Over 200 health care providers reached through LARC capacity building

Quality Assessment

SUFPII staff participated in the MOH's performance assessment process (a facility-level quality assessment) of health centres, for the purpose of ensuring that the government team paid good attention to assessing the centres' family planning activities and equipment. The SUFPII staff observed whether the MOH team was appropriately administering the FP part of the government assessment tool, and ensured that the MOH team made note of any challenges or gaps they saw related to family planning. As a result of findings that some sites had insufficient FP equipment (e.g., IUD packs) while others had more than needed, SUFPII worked with the MOH on an exercise to redistribute equipment among facilities.

Such accompaniment on MOH assessments of health centres is an example of SUFP's continual focus on ensuring quality in all aspects of Zambia's FP service delivery system.

Clinical Outreach

Finally, to take LARC clinical services to distant health centres, SUFP also conducted outreach activities. In these activities, a trained LARC provider travelled to a hard-to-reach community, carrying along all the materials, contraceptives, and equipment needed to deliver services. To create demand in anticipation of the LARC provider's visit, community based distributors would work in advance to sensitise community members and let them know the day services would be available. Although SUFPII supported only a few such outreaches, we encouraged district health offices to conduct their own outreaches using this camping approach.

Success

Changilo Health Post in Mkushi reported that they used to see 40 clients per month before staff were trained in LARC and supply chain management. Now they see more than 100 clients per month, due to the skills gained by staff and continuous commodity availability at the facility.

The author, far left, provided services for these community members during an integrated maternal and child outreach for the Sianda Neighborhood Health Committee in Nalolo District, Western Province. (Photo: SUFP staff)

Success Story

SUFP's Impact, In the Words of a Rural Health Worker

By Victor Namitala

In May of 2013, I was sent to work at the Muoyo Rural Health Centre in Nalolo District, Western Province. I was the only trained staff working together with the cleaner and a watchman. Women coming to the facility had different needs in terms of family planning. Some were interested in pills, others in injectables, but others had heard from their friends about the other long-term methods. They would come and ask if we were providing that service.

The unfortunate part was that we were not able to do so, as no one had undergone the training in long-acting reversible contraceptives. The only way to help the women was to arrange for another staff from a nearby facility to come on a set date to help insert the implants. Another challenge, though, was that when it comes to removal, who was going to help them since the staff were not trained in removal.

In July of 2013, I was called by the Senanga District Health Nursing Officer to attend a two-week SUFP training in LARC. This was a dream come true. Once the training was done and the skills acquired, I was really ready to take up the work. I remember ordering several implants and IUDs and taking them to the health centre to kick-start the campaign for family planning. I drew up the action plan and set targets that I needed to achieve on a monthly and quarterly basis.

There are always some misconceptions about the new things that come on the market. Some of the misconceptions about the long-term family planning methods were:

- They bring cancers when they are used, especially for a long time.
- Implants can move to the heart and kill the person.
- You don't do manual work when you are on implants.
- When inserting and removing, a deep cut is made and it's usually a painful procedure.
- You will not be able to conceive after you stop implants, as you will become barren.
- It leads to prolonged menses for anyone who is on them.

Despite all these misconceptions, information was given to allow all those opting for this method to come along and have the service provided. There was a good response in terms of both older women and adolescents that were accessing the services. A lot of women are now free to choose amongst the available family planning methods, and those who opt to use implants are not afraid to go for them for fear of who was going to remove them, if they needed them removed.

Outreach services are an integral part of health care provision, especially with the communities in the hard-to-reach areas of the district. The family planning services were therefore incorporated in the existing outreach programs. I remember how happy one community was when we visited them at their Neighbourhood Health Committee unit, which was 32 kilometres from their original health centre, to provide immunisations, family planning, antenatal care, and other reproductive health services. They urged us to come back again and help them access those services.

SUFP also embarked on the training of community-based distributors in provision of contraceptive pills and condom distribution in the communities that they live in. This is a good idea, as most of the women who are on contraceptive pills will be able to access the pills without having to travel to the health facilities. Even better was the idea of training the CBDs in giving Depo Provera injections.

A lot that has been achieved in terms of family planning provision. More CBD training can have an even bigger impact on the communities, especially the hard-to-reach, remote parts of the district as well as the province.

This is my story,

Victor Mubita Namitala
Health Centre In-charge/Zambia Enrolled Midwife
Muoyo Rural Health Centre, Nalolo District, Western Province

SUFP-trained CBDs display some of the materials they use in their community sensitisation work. (Photo: Mary Houghton)

Community Activities

SUFPII's community activities were crucial to building enduring country capacity to deliver family planning services to underserved, rural communities throughout Central and Western provinces. Activities focused above all on training community based distributors, ensuring that people in need of family planning services could be served right in their village – and in many cases in their own home. By also training supervisors, SUFPII saw to the quality of CBD services. In total, SUFPII trained 424 CBDs in Central and Western provinces.

Over half of CBDs trained to administer LARC methods

CBD Training

SUFPII provided several levels of training for CBDs. The initial training prepared a CBD to counsel people on family planning and provide oral contraceptives and male and female condoms. If a woman was interested in other FP methods, a CBD with initial training would refer her to a health facility. Refresher trainings were also conducted if needed. The second level of training provided CBDs with skills to inject the long-acting reversible contraceptive Depo-Provera intramuscular (Depo-IM), making this important FP method accessible to women right in their villages. In third-level training, CBDs learned to administer Sayana Press, a LARC that is injected subcutaneously. Ministry of Health approval for CBDs to administer Sayana Press came only at the start of 2018; as of July 2018, SUFP began offering CBD training in Depo-IM and Sayana Press in one combined training.

After receiving SUFP training, CBDs obtained certification by practicing their new FP counselling and contraceptive administration skills for several weeks under close supervision at a health facility. If their training was in Depo-IM injection, for example, they were required to correctly administer 10 Depo-Provera injections to be certified to work on their own in the community.

Success

Rapid cycle learning findings showed that training CBDs and health service providers in counselling and provision of Depo Provera is associated with higher numbers of Depo users, revisits, and total users reported through the national HMIS—suggesting that these activities are effectively increasing access for women who are already inclined to use family planning.

Community Sensitisation

Alongside the trainings, SUFPII conducted community sensitisation meetings to ensure local understanding of and buy-in to the CBD programme and the value of family planning. The sensitisation efforts entailed attending community leader meetings and designing radio broadcasts. Project staff based in the provinces worked with radio stations to produce short spots as well as two-hour radio talk shows centered on family planning.

A drama group performs at a community sensitization meeting. (Photo: Katherine Brouhard)

Success Story

A Chief Changes His Mind

Due to misconceptions about family planning, many communities are reluctant to use family planning methods. When SUFP began implementation in the Chitambo District in Central Province, it quickly learned that the royal chief was against family planning and would not permit related services in his chiefdom. So, in collaboration with the Ministry of Health, SUFP began trainings and community sensitisation in surrounding areas.

Soon the Chitambo residents were expressing interest in attending the trainings and accessing family planning services. SUFP met with the chief again and arranged over five community leader sensitisation meetings, each attended by more than 20 participants. Hearing SUFP explain the benefits of family planning, the community leaders and the chief eventually permitted CBDs to receive training and begin work in Chitambo.

What in particular led the chief to change his mind? Above all, he was motivated by his subjects being unable to send their children to school, and he realized it would be better for them to have fewer children so that the children could be educated and have a higher quality of life. After receiving the chief's support, SUFP trained and conducted follow-up visits to over 25 CBDs. The chief has repeatedly expressed his gratitude for SUFP's work.

CBD Work in the Community

The individuals trained as CBDs were ideally suited to serving their home communities. Hand-picked by community leaders in accordance with MOH criteria, the individuals selected to become CBDs were well-known, well-respected members of their villages. Once trained, they continued to enjoy the support of community leaders, who would call villagers together for meetings to hear the CBDs talk about family planning. In addition to speaking at community gatherings, CBDs, working with district health officers, often made use of dramas in their community sensitisation work.

Although CBDs generally reached out to women of reproductive age, ages 15-45, the large number of males trained as CBDs under SUFPII resulted in the added benefit of women's male partners also taking part in the FP discussions.

99% retention rate for CBDs

SUFP's use of CBDs to provide family planning services in their own communities proved a highly effective way to reach people in even the most hard-to-reach, isolated villages in Central and Western provinces, including places that were without any modern communication or transportation services. In some instances, the CBDs' home communities were so remote that it took the CBDs four days by foot or oxcart to get to the CBD training site. It is due to their engagement that their villages gained access, for the first time, to FP services.

Although CBDs were volunteers and received no remuneration for their work, their retention rate was remarkably high: 99% over the life of SUFPII. This was likely in part due to the incentives they received, including bicycles, book bags, and meal allowances during trainings. But being a CBD also brought added stature and recognition within the community, and this, too, likely played a role in the high retention rate.

Community gatherings where women could learn from CBDs about family planning commonly took place in health posts, school rooms, or outdoors under a tree, as shown here. (Photo: Mavis Nduna)

CBD Supervisors

An important aspect of the SUFPII program was ensuring the quality of CBD services. To this end, SUFPII trained health workers to supervise CBDs. SUFPII trained 95 CBD supervisors, including 43 women and 52 men.

CBD supervisors used a checklist to guide their work during supportive supervision visits to community health facilities. Among other tasks, the checklist prompted the supervisors to:

- Ask CBDs about pros and cons of their work in the community
- Ask CBDs if they were visited by facility staff for supervision
- Ask both facility staff and CBDs whether FP commodities have been available, and remind facility staff of the importance of supplying CBDs with commodities
- Ask facility staff about the CBDs' individual and group performance and any challenges
- Observe at least one or two CBDs providing counselling and Depo-Provera injection

Adolescents attend a presentation on family planning. (Photo: Moomba Thornicraft)

Adolescent Activities

SUFP's focus on adolescents increased over the life of the project as appreciation grew for the fact that preventing teenage pregnancies and keeping girls in school would help assure Zambia's future. SUFPII provided guidance to health facilities on adolescent-friendly practices, supported training of peer educators, and sensitised community leaders on FP service provision for adolescents.

Cognizant that adolescence is a transitional stage of life and that peer educators must therefore be continually replaced, SUFP worked deliberately to leave communities with a cadre of individuals skilled in training adolescent peer educators. This was a particularly valuable capacity-building contribution of the SUFP programme that will help the MOH sustain adolescent engagement in family planning going forward.

Adolescent-friendly Services

SUFP's December 2017 assessment of adolescent FP services in Central Province found several deterrents to uptake of FP services by adolescents. These deterrents included insufficient youth-friendly spaces, and stigmatizing practices such as long wait times (which made adolescents worry that they would being seen waiting for FP services), and, in some clinics, the availability of FP services only on certain days (which also made teens feel that people would know they were there for FP).

Based on the findings, SUFP provided guidance to health facilities on adolescent-friendly practices. The recommendations included:

- Using a number system instead of calling out patients' names when they were ready to be seen;
- Organizing a day when adolescents could meet at the health facility for health talks;
- Ensuring that youths who come to a health facility are seen by a health care provider trained in adolescent care;
- Training all staff at a health facility, including front desk receptionists and cleaning crew, on adolescent-friendly service; and
- Involving peer educators in FP counselling.

In addition, SUFPII advocated that district health offices and hospitals budget for the creation of youth-friendly spaces at health centres.

Adolescent Peer Educators

SUFPII provided peer educator orientation for 155 adolescents, and peer educator training for 25. Equally important, the programme trained 88 peer educator trainers, ensuring that the cadres of adolescent peer educators in Central and Western provinces can be renewed as current peer educators move into adulthood. Peer educators were responsible for providing information on HIV and sexual and reproductive health to youth in their community; organizing educational outreach activities using games, group discussions, and other participatory methods; promoting and distributing free male and female condoms to youths aged 16 and up; and acting as a resource and referral person for their peers on HIV and sexual and reproductive health services.

88 trainers of peer educators trained

The peer educators brought enormous enthusiasm and creativity to their work. Aware that the SUFP methods for reaching adults were unlikely to work with teens, and knowing that fellow teens were "stuck on phones, radio, and TV," as a peer educator from Western province put it, they used these media to connect with adolescents. In Western province, peer educators approached a local radio station, which agreed to run a show every Friday from 4pm-5pm to discuss issues affecting young people. The show receives numerous call-ins from adolescents, and provides information on where to find youth-friendly health centers.

Peer educators also created an interactive website where teens can post a question and get a response from a peer educator. In addition to providing information about FP services, the teens educate youths about the connection between drug use and HIV.

In Central province, peer educators noticed that adolescents hold certain myths and misconceptions about condoms, for example that they break easily and are too small to fit many men. To dispel these notions, the peer educators conducted demonstrations for fellow teens to prove that neither of these beliefs was true.

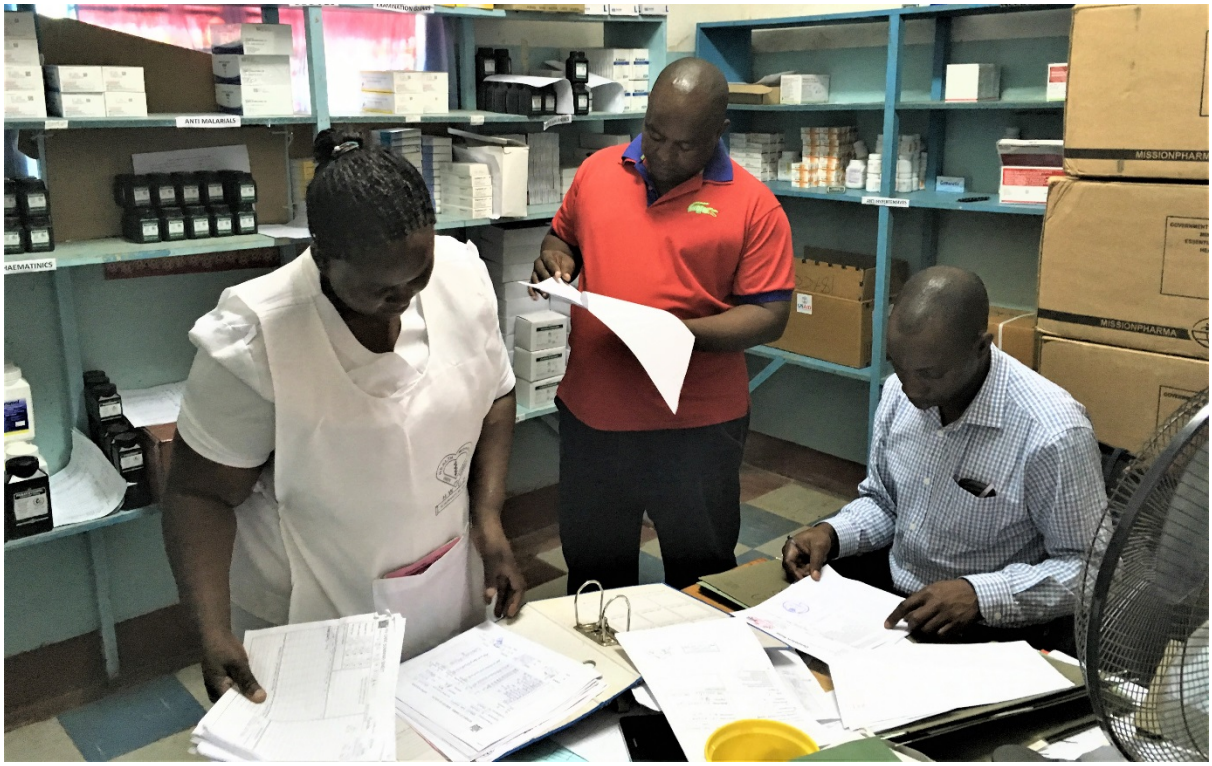
Sensitisation

Being granted access to spread FP messages and services to adolescents in a traditional, rural community is not always easy. Community leaders—including headmen, clergy, teachers, and parents—oftentimes did not initially want FP service provision for adolescents, believing it would only encourage premarital sex.

More receptive community attitudes towards adolescent family planning

SUFP overcame this challenge by conducting community meetings "to make people alive to the real situation," SUFP's adolescent technical advisor explained. When community leaders claimed that adolescents had no need for FP services because they should not be having sexual relations in the first place, SUFP pointed to the numbers of pregnancies and HIV infections already occurring in the adolescent population.

"We encouraged them to think whether the traditional ways have really prevented adolescent pregnancy and HIV. By the end of the meeting, they usually agreed that family planning services were OK," said the SUFP advisor.



Checking pharmacy inventory records during an audit trail activity. (Photo: Maxwell Kasonde)

Supply Chain Activities

SUFPII's supply chain activities strengthened capacity at the national, provincial, and facility levels, and contributed to all of the programme outputs by improving the government's ability to ensure the availability of FP commodities when and where they were needed.

The project's supply chain work was designed to address challenges in the Zambian MOH supply chain management system identified in baseline studies conducted by SUFPII in Central and Western provinces 2016. These challenges included stock outs; expiring of commodities; delays in ordering, reporting, and delivering; and inadequate record keeping for essential medicines at the lower levels.

A little over two years later, as the programme comes to a close, SUFPII can point to steadily declining stock-out rates of key FP commodities; cadres of 20 trained trainers and mentors in supply chain management in each province; regularly updated stock control records for essential medicines; and the inclusion of audit trail activities in the MOH's 2019 annual action plan and budget, among other achievements.

Audit Trail Activities

Audit trail activities were designed to ensure that FP products and insertion and removal equipment sent from the Medical Stores Ltd. (MSL) warehouse at the central level actually made it all the way to the individual clients in rural villages who needed them. More importantly, the activities served to transfer the best practices that ensure smooth supply chain operations to MSL, the MOH, the provincial health offices, and UNFPA.

Supply chain management best practices transferred to provincial and district pharmacists

During the final year of the programme, SUFPII provided technical and financial assistance for audit trail exercises in both Western and Central provinces, supporting visits to more than 30 district and community facilities. The audit trail implementing teams—including representatives of MSL, the MOH, the provincial health offices, and the SUFP supply chain technical advisor—assessed whether proper practices were being followed at each point along the supply chain.

The team examined MSL dispatch notes, facility stock control cards, health facility FP registers, stock requisition orders, and many other sources of information to check whether FP products were delivered, received, and accounted for promptly and accurately. The exercises served not only to assess existing supply chain management practices, but to provide on-the-job training in best practices to everyone involved in the audits.

EMLIP Trainings

SUFPII conducted Essential Medicines Logistics Improvement Programme (EMLIP) trainings for 92 provincial, district, and health centre staff, including 52 males and 40 females.

The five-day trainings focused on supply chain management skills, including such things as how to keep track of quantities and types of FP commodities, and how to estimate how long existing supplies will last based on demand. An important result of the training was to create a better understanding at the health centre level of the need to coordinate FP supply and demand activities, and to ensure that staff involved in creating and meeting demand were in close communication with those involved in ordering commodities.

The district pharmacists who went through the EMLIP training became trainers of health centre staff, and will remain an important supply chain training resource for the future.

Mobile Phone Pilot

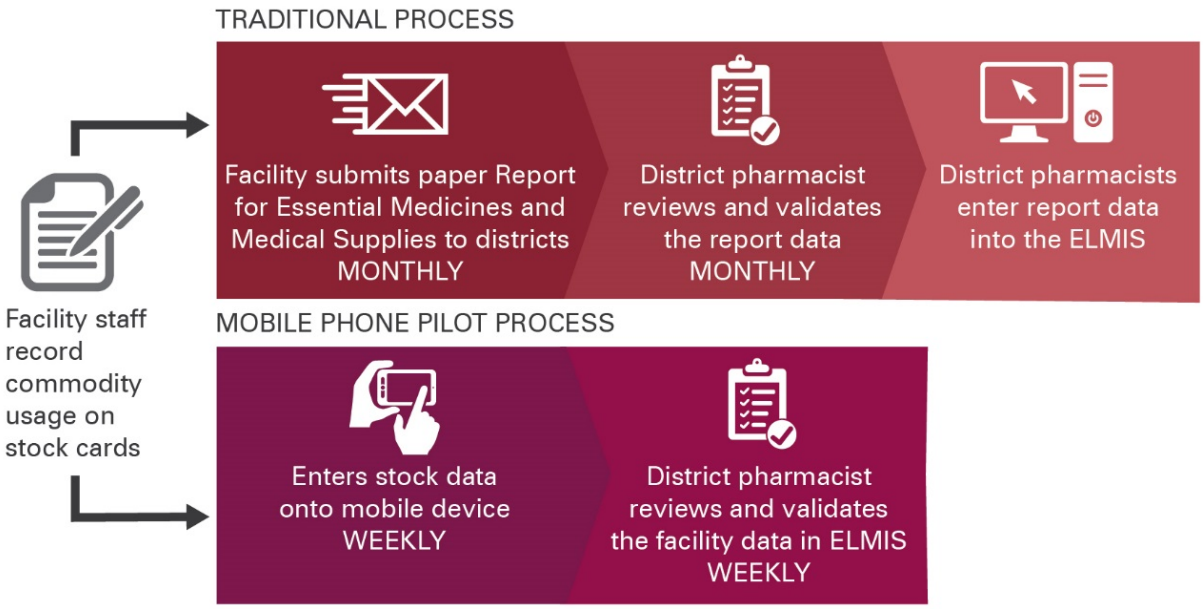
SUFP piloted an innovative mobile-phone approach to tracking facility and district commodity levels. The pilot, which took place from December 2017 to March 2018, was carried out in 16 rural health facilities in Central and Western provinces. Its objective was to demonstrate how the use of mobile phone technology to report on stock status, losses, and adjustments could improve supply chain management and ensure continuous availability of FP commodities and condoms; reduce stock imbalances and stockouts, and improve record keeping and data accuracy and reduce the risk of wastage through expiring commodities.

The pilot was a response to the fact that, despite several reforms by the MOH to improve the availability of health commodities, health facilities in remote areas still experience challenges in submitting their paper-based order and report forms to the district health offices as part of the order processing and replenishment process. The pilot allowed the participating health facilities to capture essential inventory data elements on mobile handsets/tablets and report their stock status data to the district level in real time.

Demonstration of how mobile phones can improve data access and decision-making regarding FP stocks

The pilot found that the mobile phone system resulted in more frequent stock assessments, better access to data, improved stock record-keeping, enhanced decision-making and communication, and redistribution and resupply of FP commodities. Importantly, the pilot also helped highlight the issues that will need to be addressed if information and communications technology is to be used at scale to ensure continuous availability of FP commodities. (A list of recommendations for further strengthening the mobile phone approach is contained in SUFPII's June 2018 Report on Supply Chain Mobile Phone Technology Pilot.)

Traditional vs. Piloted Commodity Data Flow Process



Enabling Environment Activities

SUFPII worked at the provincial and central levels on several activities that contributed to plans, policies, manuals, and working groups that will continue to undergird Zambia's family planning goals in years to come.

For example, SUFPII worked with the provinces and districts to ensure that family planning activities are a part of their annual plans. As a result, since 2017, all districts in both Central and Western provinces have included a family planning component in their health plans, and have received financial and capacity-building support from government sources.

At the national level, SUFPII played an instrumental role in developing Zambia's new Community-Based Distributor Roadmap, which was implemented in all SUFPII target districts. SUFPII also supported the development of the National Adolescent Strategy 2017-2021, as well as numerous family planning manuals that served to harmonize practices among diverse family planning organizations and actors.

In other vital work, SUFP has supported technical working groups at the national and provincial levels that will continue after the end of the SUFPII programme. These include the national-level Family Planning TWG, Adolescent TWG, and Supply Chain TWG, and the Western Province Reproductive, Maternal, Newborn, Child Health and Nutrition TWG. In all of these forums, SUFPII seized the opportunity to advocate for best practices in family planning service delivery.

SUFPII PROGRAMME MANAGEMENT

This section provides a brief overview of SUFPII programme management. This includes an update on financial spending, Value-for-Money (VFM) performance, and programme staffing needed.

Finance

Over the course of Year Two, SUFP maintained careful cost control and made continued efforts to minimize administrative and management costs.

Distribution of SUFP II Expenditures

	Cumulative (Jul 2016 - Sept 2018)
Admin & Management costs (£)	£1,307,939.76
Programmatic costs (£)	£2,888,175.77
Total (£)	£4,196,115.53

Value for Money

As shown in the table below VFM results have been mixed over the life of the project. Abt met 7 of the 10 VFM indicators but was unable to meet expectations around management vs. administrative costs and the ratio of international to national TA days.

SUFP Performance on VFM Indicators

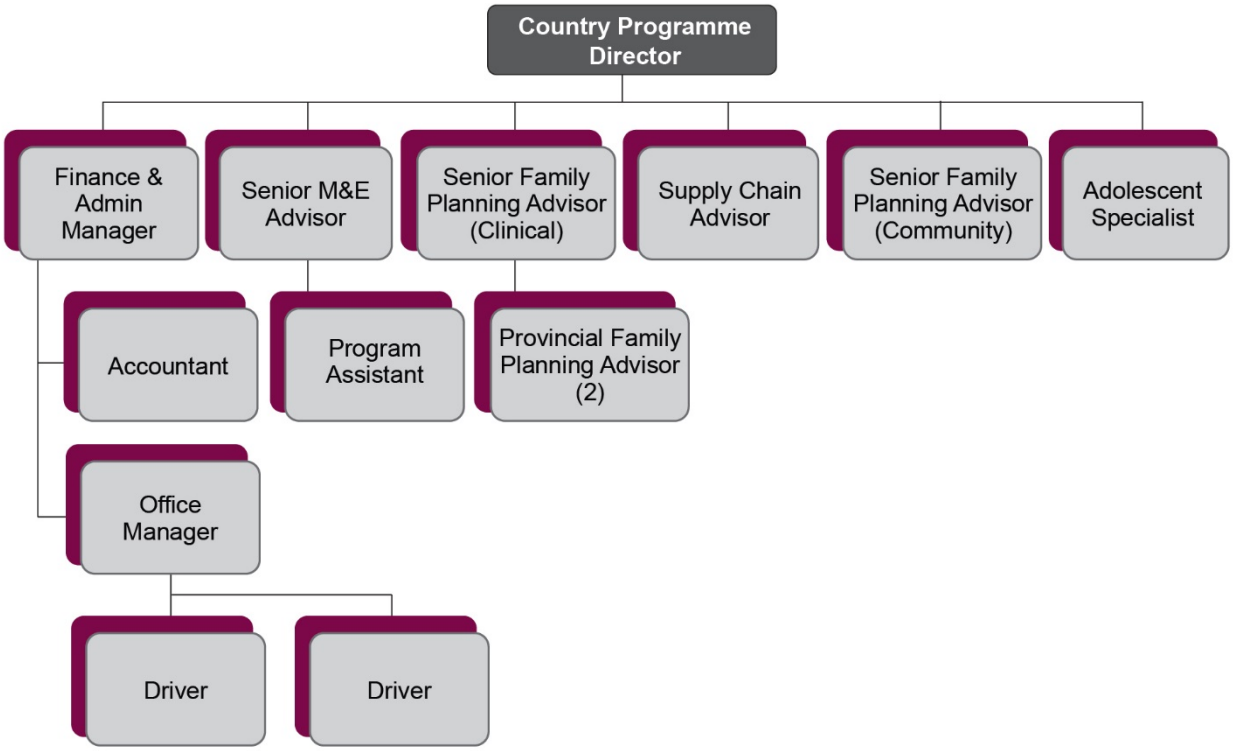
	Metric	Baseline	Cum (Jul 2016 -Sept 2018)	EoP Target (Jul 2016-Oct 2018)
1	Unit cost of training per participant per day (£)	79	59	60
2	Ratio of national to international TA days	24:1	8:2	60:1
3	Unit cost of providing services to each additional user (£)	£19	£13	£15
4	Administration and management cost as a % of total expenditure	30%	31%	20%
5	Cost per CYP (£)	£20	£11	£18
6	Quality of training as evidenced by pre and post-training	New Metric	89%	90%
7	Avg International TA rate (£)	£711	£655	£700
8	% of trainees who are female	New Metric	653/1,305 (50%)	56%

	Metric	Baseline	Cum (Jul 2016 -Sept 2018)	EoP Target (Jul 2016-Oct 2018)
9	# of active CBDs per population area	New Metric	421	300
10	# and % of CBDs that receive full or partial "refills" of commodities in the last reporting period	New Metric	421/424 (99%)	80%

Programme Staffing

SUFPII's programme team consisted of nine technical staff and four administrative staff.

SUFPII Organisational Chart

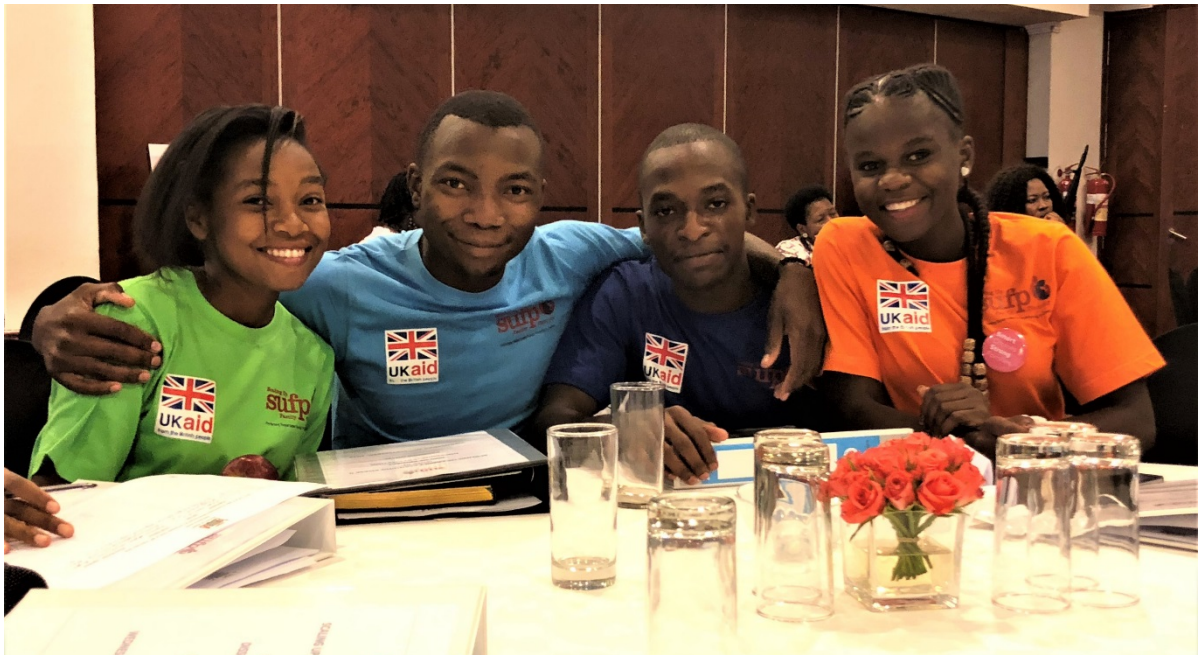


BEST PRACTICES FOR SUSTAINABLE FAMILY PLANNING

The SUFP programme provided an invaluable opportunity to test and hone implementation approaches for scaling up delivery of family planning services in hard-to-reach areas. Our work over more than six years allowed us to demonstrate numerous best practices for building capacity at all levels of the health system, reaching adolescents, combatting misconceptions, increasing access in remote areas, and ensuring reliable supplies of FP commodities to meet local demand.

Having used the following best practices and seen their powerful effects, the SUFP management team can confidently recommend the following approaches and actions for future FP implementers, including the MoH:

1. Reach adolescents by having adolescent-friendly spaces and staff trained in adolescent health at health centres.
2. Support existing COEs, and foster new ones, for cost-effective and sustainable capacity building in family planning.
3. Conduct community sensitisation and engage community leaders in FP activities to combat FP misconceptions and increase FP use.
4. Train and deploy CBDs to increase access to FP services, particularly for hard-to-reach communities.
5. Have trainers and mentors conduct follow-up visits to trainees to ensure appropriate implementation of skills and knowledge.
6. Conduct mentoring in supply chain management and track commodities through a mobile phone-based system to reduce stock-outs.



SUFP-trained adolescent peer educators from Western and Central provinces—the future of Zambia. (Photo: Mary Houghton)

Photo by SUFP staff

Scaling Up sufp Family Planning II

UKaid from the British people

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