



Scaling Up
suFP
Family Planning II

Scaling Up Family Planning Phase II Programme Brief

October 2018

Promoting sustainable family planning in Zambia

SUFP targeted the most vulnerable districts, communities, and families to ensure that all activities are community-owned and driven.

SUFP worked together with the Zambian Ministry of Health (MoH) to scale up family planning through:

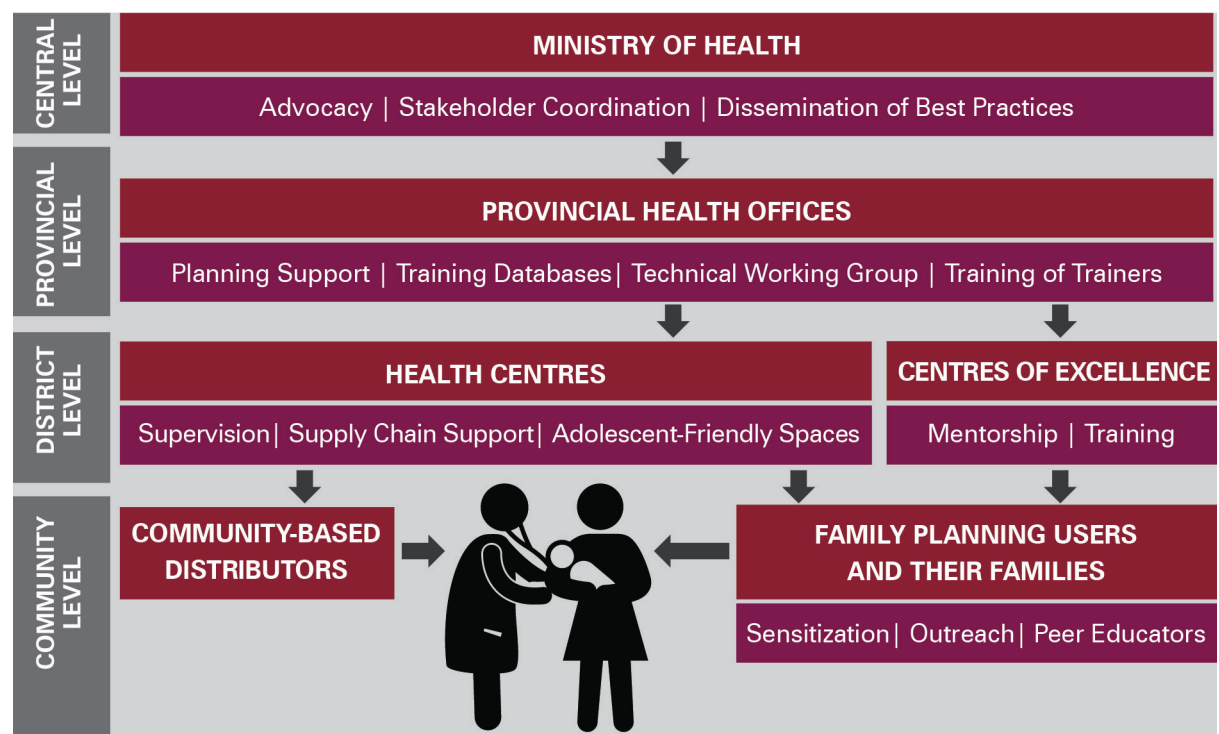
1. Expanding availability of family planning methods
2. Increasing access to family planning services for underserved populations, including adolescents
3. Increasing community support for family planning
4. Increasing public sector capacity to provide comprehensive family planning services

During Phase II of the programme, SUFP's support in Western and Central Provinces

led to **216,074** new users of modern methods of family planning and **272,897** couple years of protection for Zambians.



Working at all Levels of Zambia's Health System to Scale Up Family Planning



SUFP best practices

1. To effectively reach adolescents, health centres should deliberately cater to them by having adolescent-friendly spaces and staff trained in adolescent health issues.
2. SUFP-supported Centers of Excellence (COEs) have provided space for training and mentorship in all long-acting reversible contraceptive (LARC) methods at high-volume health centers. The MoH and its partners should support existing COEs, and foster new ones, for cost-effective and sustainable capacity building in family planning.
3. Community sensitization activities have proven essential to combating family planning misconceptions and, hence, increasing use.
4. Training and deploying community-based distributors (CBDs) has been critical to increasing access to family planning services, particularly for hard-to-reach communities.
5. Trainers and mentors should always conduct follow-up visits to trainees to ensure appropriate implementation of training skills and knowledge in their home communities.
6. Family planning provider skills and community acceptance will increase access only if the family planning commodities are consistently available. Facilities must actively manage and report on their commodity stocks to prevent stock-outs, especially in anticipation of the rainy season, when facilities may be cut off from the usual supply chain. SUFP has found that the combined tactics of mentoring in supply chain and making commodity tracking easier through a mobile phone-based system can be effective in reducing stock-outs.

27

Districts supported by the provinces to implement the SUFP model

People trained

1,405

155,941

Unintended pregnancies averted

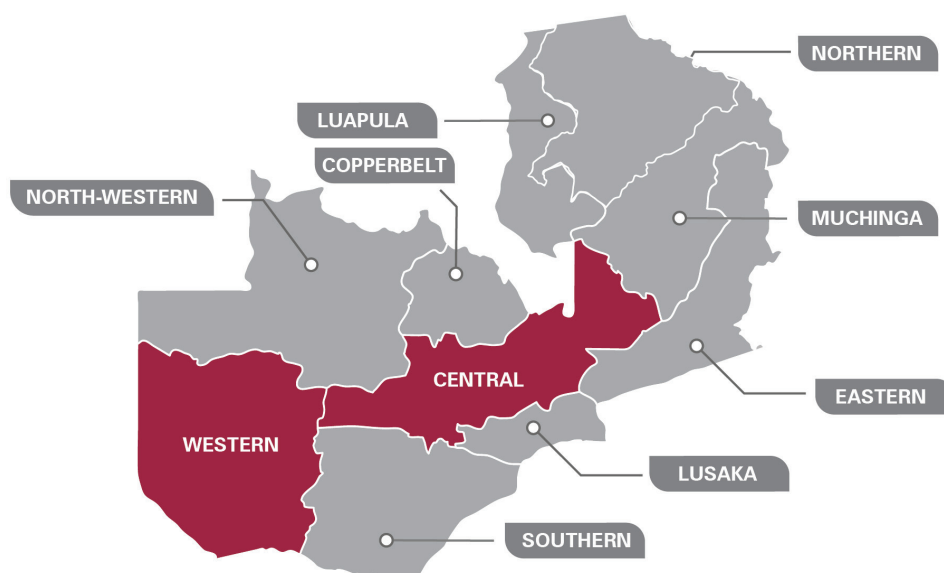
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Maternal deaths averted

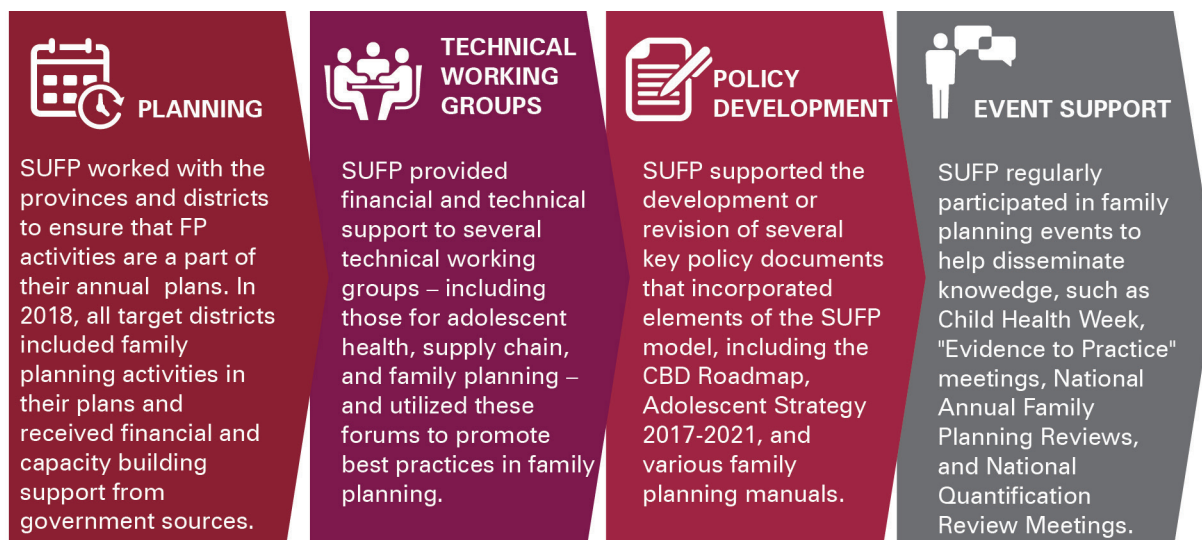
Unsafe abortions averted

38,660

SUFPII Implementation Provinces



Cross-Cutting Activities



Community Family Planning

SUFP supports family planning COEs in both provinces that are fully equipped to provide all family planning methods and serve as hubs for training and mentorship. The centre staffs are trained as trainers and mentors, and are able to support health care workers

in their home districts to keep up their family planning skills without taking time off for long training sessions. The SUFP centres have been included in district budgets and assigned FP activities in annual health plans.

Components of a Fully Functioning COE

| EQUIPMENT | TRAINING SITE | MENTORSHIP | OUTREACH |
|--|--|--|---|
| <ul style="list-style-type: none"> Family planning commodities Trained staff Insertion and removal kits | <ul style="list-style-type: none"> Training space Trainers | <ul style="list-style-type: none"> Demonstration equipment Trained staff | <ul style="list-style-type: none"> Conduct outreach to expand community access to services |



Facility staff present informational materials on family planning methods. (Photo: Enock Banda, 2018)

Enhancing knowledge and access through COEs

COEs are high-volume health facilities that provide quality comprehensive family planning services to an average of 180 family planning clients in a month, and conduct capacity building activities such as mentorship to improve health care providers' skills in LARC. COEs have dedicated learning spaces for trained service providers and mentors, and can serve as practicum sites for trainings. These facilities demonstrate the standard for how a health facility should conduct and measure family planning service delivery and mentorship activities.

The COES have further developed their function as practicum sites to include trainings on Adolescent Reproductive Health. The Young Women's Christian Association in Kaoma District has identified the Mulamba COE as a practicum site for training adolescents as peer educators. So far, 26 adolescents from the surrounding community have received mentorship there. Similarly, the Litambya COE in Senanga was a mentorship site for the USAID Adolescent Reproductive Health Project activities, and 12 adolescent peer educators have been mentored there.

"The trained staff at the Litambya COE were able to teach me about and implement a long-term family planning method, which has significantly improved the quality of my life. Now, without being pregnant or spending time returning to the health centre for short-term methods, I have more time to spend caring for my children and contributing to the family earnings."

— Satisfied Litambya COE client

Testimony from the Field

SUFP LARC training: “A dream come true”

“When I started working in health care in 2011, I had limited information on family planning,” says Namitala Victor Mubilta, the Health Centre In-Charge at the Muoyo Rural Health Centre in Nalolo. “There were no formal trainings – only information sharing among health workers. Women came to the health facility with a range of family planning needs, from pills to injectables to long-term methods. However, since we weren’t trained in long-term methods, we had to arrange for a staff member from another facility to come and conduct the insertion procedure. This created multiple challenges, such as logistical complications and delays in receiving birth control. Further, the recipients were rightfully concerned that they would not be able to remove the implants without travelling to another facility.

“Everything changed in July 2013 when the Senanga District Nursing Office invited me to attend a SUFP training on long-term reversible contraceptives. This was a dream come true because I would finally be able to provide my community with both information on and quality services in family planning. Immediately after the training, I felt ready to start providing these methods, and I ordered several implants and IUDs for the health centre. Now the women in my community are informed and able to choose among the various family planning methods, without concerns over who would remove them.”





A drama group performs at a community sensitization meeting. (Photo: Katherine Brouhard, 2016)

Community Family Planning

Changing perceptions to increase access

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 sensitization 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.

Community Family Planning

CBD roadmap

SUFP, through our programme director, played an instrumental role in developing the new CBD roadmap and implementation plan, and supporting their adoption in Zambia. In line with the plan, SUFP provided training and support for CBDs to administer injectable contraceptives, which

significantly expanded access to modern methods of family planning in hard-to-reach communities. Currently, all target districts are actively implementing the CBD strategy.

CBD training and implementation

Outreach services are an integral part of health care provision, especially for more rural, hard-to-reach areas. SUFP worked to incorporate family planning services into existing outreach programs, which expanded coverage at minimal additional cost. In addition, SUFP trained 314 CBDs, 31 community health workers, and 85 supervisors to provide a range of family planning methods in these secluded communities.

“I remember how happy one community was when we visited their neighborhood, which was 32 kilometers away from the closest health centre,” said an SUFP-trained CBD. “They were thrilled to get access to these services and urged us to come back again.”

SUFP trained health workers and CBDs in Western Province. (Photo: Katherine Brouhard, 2018)





Nasanta, a trained peer educator, discusses adolescent health with her trainer. (Photo: Moomba Thornicroft, 2018)

Adolescents

SUFP supported adolescent choice in family planning and advocated for increased service provision for adolescents. SUFP has trained 88 trainers and 180 peer educators during the past two years. Further, SUFP was the first to train health care providers in adolescent health, and the first to train peer trainers, in several districts.

In his opening speech at the adolescent peer training of trainers in Kabwe, the Provincial Health Director for Central Province said, “The province is now doing well in adolescent health. I would like to sincerely thank Moomba [Thornicroft, the SUFP Adolescent Health Advisor], who has been a part of our provincial office and has worked tirelessly to make sure we have trained cadres in adolescent sexual and reproductive health.”

Success Story

Training dispels a teen’s misconceptions

“Before I was trained by SUFP, I had heard a lot of myths and misconceptions about condoms,” says Nasanta, a 16-year-old girl in Chitambo district. Nasamba was one of the first teens to participate in an SUFP sexual and reproductive health training.

“My boyfriend and I had heard the best way to practice safe sex was through withdrawal method. During the training, we learned that a condom does not cause cancer and does not break if used correctly. I understood that apart from the condom, I was able to access other family planning methods from any facility for free,” Nasanta said.

“When I went back, I started practicing safe sex appropriately and told my peers about safe sex, HIV and STIs. I now distribute more than two boxes of condoms in my community per week.”

“Mobile phones have become a vital part of the health service to our clients, and should be used as such to take health services as close to the family as possible.”

-- Dr. Charles Msiska,
Central Province Provincial
Health Director

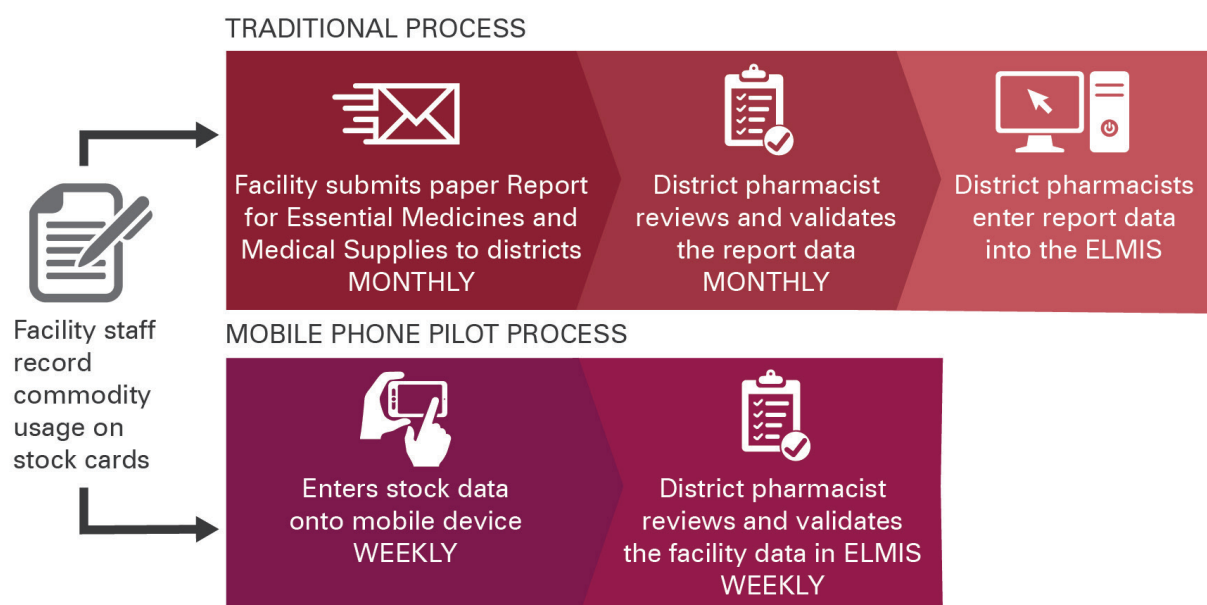


Supply Chain

SUFP supported supply chain strengthening activities, providing trainings for district pharmacists and establishing provincial-level supply chain trainers and mentors. This work ensures a steady supply of family planning commodities to the districts and facilities that need them in order to guarantee family planning services. One of SUFP's biggest accomplishments in supply chain was the mobile phone pilot.

Supply chain mobile phone pilot

From December 2017 to March 2018, SUFP conducted a pilot of mobile phone technology to improve supply chain management at 16 sites in Central and Western Provinces. The pilot demonstrated the potential for improving stock management at the district and lower levels by using mobile phones to communicate weekly stock levels. This improved access to data enhanced decision-making and communication within the districts and allowed for family planning commodities to be redistributed and resupplied from among the facilities in the districts, preventing stock imbalances and stock-out incidents.

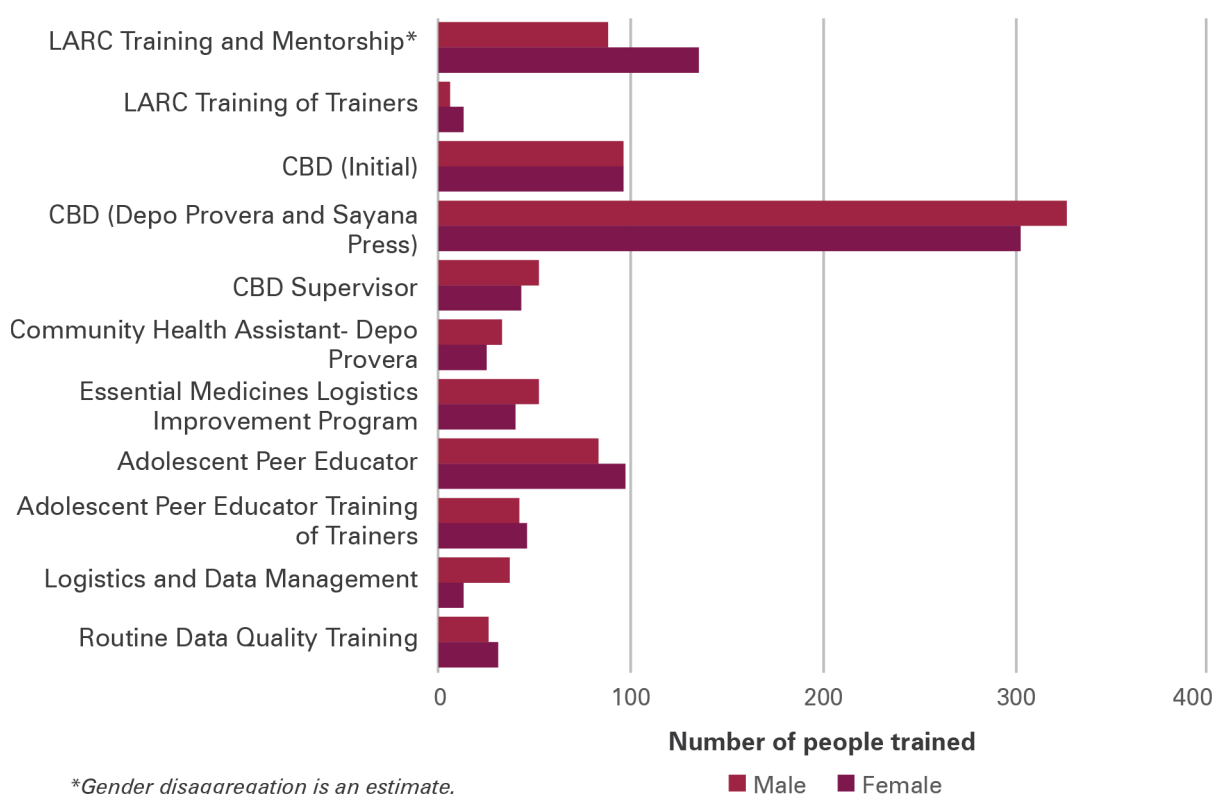


Monitoring and Evaluation

Besides routine tracking of family planning data, SUFP started several innovative activities in the area of M&E during the second phase of the project. Most notably, we designed and implemented a rapid-cycle learning activity to observe SUFP's progress in achieving its objectives. As part of this exercise, SUFP conducted a mapping exercise of all partners involved in family planning activities for use by the provinces in their family planning coordinating activities.

During the annual review field visits, the provincial and district staff in the Western Province emphasized how the rapid cycle learning activity helped them monitor progress towards family planning uptake goals and take necessary actions to improve implementation. Additionally, at the request of the MoH, SUFP provided training for district and provincial level staff in routine data quality assessment.

Training Activities Completed



Project Overview

The Scaling Up Family Planning programme, implemented by Abt Associates and funded with UK aid from the UK government, works with the Ministry of Health and key stakeholders in Zambia to address unmet needs for family planning by scaling up services in selected hard-to-reach communities. Since the start of SUFP in 2012 until the end of June 2018, our work in hard-to-reach communities and our support to the Zambian Ministry of Health has resulted in 511,174 new users of family planning and 851,137 couple years of protection.

Phase II began in July 2016 and works to institutionalise the SUFP model in Zambia and support its implementation in Central and Western Provinces. Throughout Phase II, SUFP has supported full ownership and implementation of the SUFP model by the Ministry of Health. SUFP Phase II was implemented together with Abt's supply chain partner Imperial Health Sciences.

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