

# SCALING UP FAMILY PLANNING (SUFP) PROJECT IN ZAMBIA

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**Panel:**  
**Transitioning from pilot to scale:**  
**Challenges and successes of “beginning with the end in mind”**



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# SUFP strategy

- **4-year program to increase uptake of FP services to underserved populations via public sector by:**
  - Recruit a district-level FP coordinator
  - Conduct extensive demand generation at community level
  - Jumpstart outreach with an intensive camping approach
  - Boost provider capacity via training
  - Ensure supply chain delivers
- **Help public sector improve what it routinely does**



# FP services in SUFP-supported districts

	Hospital	Health Center	Health Center Outreach “Camping”	Health Post	Health Post Outreach	CBD
Male sterilization						
Female sterilization						
Jadelle						
Intrauterine Devices (IUD)						
Depo-Provera						
Progesterone pill						
Combined oral contraceptive						
Male/ Female condoms						

# External assessment of SUFP (2015)

- **Provide recommendations regarding the feasibility of integrating the SUFP strategies**, including camping approach, into Zambia's public sector family planning system at the conclusion of the SUFP project in 2016;
- **Explore fidelity and adaptation of SUFP strategies**, including camping approach, during its scale up process;
- **Identify barriers and facilitators to scale up of the SUFP strategies** including the camping approach;
- **Better understand the cost implications** in determining the scope and pace of scale up of the camping approach; and
- **Contribute to the global learning** on scale up of family planning programs.

# Balance FP supply and demand

- *As much as SUFP has improved the provision of family planning services, most of these facilities providers are overwhelmed with work because only a few are adequately trained to provide these services. (Facility-level respondent)*
- *In the community there is a challenge because we are [only a] few but we are catering for ten zones, so we are not enough. (Community-level respondent)*

# Greater salience of district level FP

- *It [SUFP] has made most leaders in the district to become aware of the family planning services that are available and the community members have the right to choose which one they want because they have been given information on the methods that they were not privileged to have in the past. **Apart from that, the [SUFP] program has helped us realize the importance of family planning.** In the past we just used to pay attention to life threatening diseases such as malaria and also cholera ... Also family planning has never been among the top ten programs, so when we are dealing with data we take the first ten diseases which each health officer knows and concentrates on and other services like family planning is ranked below the top ten. However, after SUFP came, family planning service provision has become more pronounced.*  
- District-level respondent

# Strengthen existing systems to scale

- *The use of the existing structures for example, working with the government's workers to do the work, using the community volunteers within the community. I think that would be the biggest difference... I think SUFP's health system strengthening aspect of it is quite crucial.*
  - National-level respondent



# Costing assessment of SUFP (2015)

- **Costing assessment**
  - guide the MOH and partners on the cost of the SUFP approach
  
- **USAID's iCCM cost modeling and financing tool**
  - activity-based dynamic tool designed for analysis of cost-effectiveness and what-if scenarios

# District-based costing (Kasama)

	2014	2015	2016
<b>SUMMARY</b>	<b>ACTUAL</b>	<b>PROJECTED</b>	<b>PROJECTED</b>
District Population in zones assisted by SUFF	264,108	271,503	279,105
Population growth	-	0	0
Number of Women of Reproductive Age	59,670	61,341	63,058
Target growth	-	0	0
Number of CYPs provided with support from SUFF	34,285	38,880	44,313
Start-up cost (USD)	282,861	-	-
Replacement equipment costs (USD)	-	9,556	95,323
Recurrent resources needed (USD)	637,111	794,992	813,974
<b>Total resources used / needed (USD)</b>	<b>919,973</b>	<b>804,549</b>	<b>909,297</b>
<b>Average start-up, replacement and recurrent cost per CYP (USD)</b>	<b>26.83</b>	<b>20.69</b>	<b>20.52</b>
<b>Average recurrent cost per CYP (USD)</b>	<b>18.58</b>	<b>20.45</b>	<b>18.37</b>

# Recommendations

- Identify an FP coordinator in each district to improve FP visibility and coordination in district.
- Given high attrition, offer CBDs remuneration and /or additional training opportunities
- Broaden FP method mix closer to the community level
- Increase the frequency of the outreach activities
- Space and privacy at public facilities remains a challenge. Invest in better infrastructure.
- FP funds from district to community ought to be clearly identified for “family planning programs” rather than MOH general funds

# Limitations

- **Impact evaluation has not been done on SUFP**
- **Qualitative perspectives give insight on processes and opinions but need to be triangulated against results of costing study and other sources**
- **Costing data may not be representative of other districts**

# SUFP began with end in mind, somewhat (1 of 2)

- 1. Participatory engagement with MOH, district, service providers, community leaders**
- 2. Consulted to improve relevance to district management, service delivery channels, and community leaders**
- 3. Strived for consensus on expectations for scale-up**
- 4. Tailored the intervention to align with sociocultural (community) and institutional settings (MOH & district)**
- 5. Kept the intervention as simple as possible**
- 6. Tested SUFP across various sociocultural and institutional settings where it will be scaled**

# Did not begin, as much, with end in mind here (2 of 2)

7. Tested SUFP in routine operating conditions and existing resource constraints
8. Develop plans to assess and document the implementation process
9. Advocate with donors for financial support beyond the pilot
10. Prepare to advocate for necessary changes in policies, regulations, and other health systems components
11. Develop plans for how to promote learning and disseminate information
12. Plan on generating evidence to help justify scale-up.

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- **District, facility, community partners in the assessment**

# Evidence Project Partners



## Other Partners



# THANK YOU

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