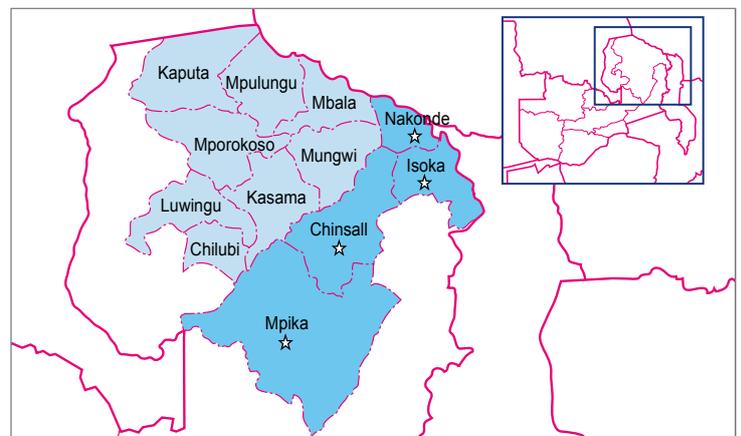


# Promotion of MDG 5 through civil society strengthening in underserved rural communities of Zambia

2015-16 Evaluation Report

## Project Background

Marie Stopes Zambia (MSZ), with support from the European Union, contributed to the promotion of MDG5 (reduction in maternal mortality) through increasing access to quality family planning (FP) services. The project was implemented through mobile outreach FP service delivery, trainings and technical support to district and facility staff in six districts within Muchinga province: Mafinga, Shiwan'gandu, Nakonde, Isoka, Chinsali and Mpika. The project was implemented from June 2013 to July 2015.



## The four expected results:

- Expanded availability of modern family planning (FP) methods, especially long acting reversible methods.
- Increased access to and uptake of family planning for under-served areas and women.
- Increased community support for family planning.
- Increased capacity of government health facilities to provide quality comprehensive family planning services.

## Evaluation Methodology

The evaluation sought comprehensive participation from all parties involved in implementation to ensure that the findings were inclusive and as objective as possible. Data collection was done through desk reviews of reports and routine data for quantitative results, and key informant interviews for qualitative insight. The figure below illustrates the approaches used for gathering comprehensive data for the evaluation:



Desk Review	Provincial Level interviews	District Level Interviews	Facility Level Interviews	Community Level Interviews
<ul style="list-style-type: none"> <li>• Service delivery data</li> <li>• Quarterly reports</li> <li>• Site visit and trip reports</li> </ul>	<ul style="list-style-type: none"> <li>• MSZ Regional Manager</li> <li>• Provincial Maternal Child Health (MCH) Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>• District MCH Coordinator</li> <li>• District Medical Officer</li> <li>• MSZ Outreach Team Leader</li> </ul>	<ul style="list-style-type: none"> <li>• Facility MCH Coordinator</li> <li>• Facility In-Charge</li> <li>• Facility Service provider</li> </ul>	<ul style="list-style-type: none"> <li>• Safe Motherhood Action Groups (Active and dropouts)</li> <li>• Traditional leaders</li> </ul>

## Evaluation Results: Estimated Health Impact

Using Marie Stopes International’s IMPACT 2 calculator – a tool designed to estimate the impact of FP services – it is possible to approximate the demographic, health and economic impacts of the services provided by the MSZ outreach teams in the Muchinga province. From 2013 to 2015, MSZ teams provided 679 bilateral tubal ligations (BTLs), 15,870 long acting reversible contraceptives (LARC) such as implants and intra-uterine devices (IUDs), and 107,371 short term methods (e.g. injectable contraceptives, contraceptive pills, and male and female condoms). The figures presented in Table 1 below reflect the estimated impact of these services.

**Table 1: Demographic, Health & Economic Impacts**

EU-MSZ Project Impacts	
Demographic Impact Estimates	
Unintended pregnancies averted	23,600
Abortions averted	7,300
Health Impact Estimates	
Maternal deaths averted	40
Child deaths averted	550
Unsafe abortions averted	7,000
Economic Impact Estimates	
Direct healthcare costs saved (2011 GBP)*	£1,000,000 in direct healthcare spending averted

The indicator on direct spending is an estimate of costs saved by families and the public health system, including costs associated with pregnancy and treating complications from unsafe abortion.

The project was able to expand FP choices for women living in underserved communities. Furthermore, the project was also able to develop civic support for women’s reproductive health rights, enabling women to access reproductive health services in their communities regardless of social and economic status.

## Activity Results

### 1. EXPANDED AVAILABILITY OF A CHOICE OF MODERN FAMILY PLANNING (FP) METHODS, ESPECIALLY LONG ACTING REVERSIBLE METHODS.

Mpika MCH coordinator stated that MSZ helped increase choice of FP “because they (MSZ) are able to reach distant places, at least the women in those places are now availed with information and able to access the methods that they don’t find at their doorsteps.”

In 2015, MSZ recorded a higher proportion of long acting and permanent method clients (see Table 2) as compared to the national method mix projections during the same period.

**Table 2: Comparison between MSZ & projected national FP mix**

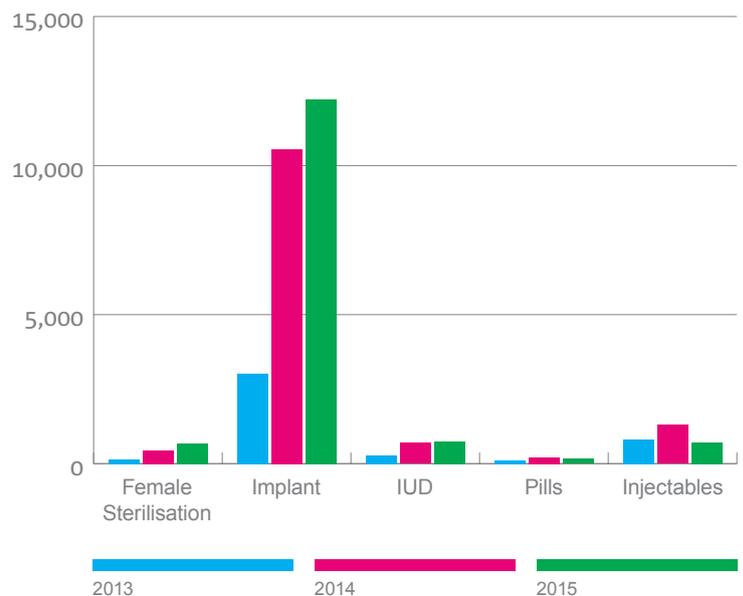
Method	2015 MSZ method mix	2015 projected national method mix
Female Sterilization	5%	0.5%
Implant	83%	4.4%
IUD	5%	0.7%

Results from the evaluation attribute the higher proportion of LAMP to the fact that during FP service provision days at public health centres, most of the LAMP services were left to MSZ providers to carry out while the STRM were carried out by government providers especially in facilities where government providers had not yet received training in LAMP.

In collaboration with the District Medical Offices (DMOs), MSZ teams delivered outreach services in communities that had human resource gaps and thus limited number of providers with the skills or time to provide LARC. MSZ’s outreach teams were able to increase access to FP, particularly by delivering LARC in areas where women’s choices before were generally restricted to short term methods. As a result, women in the target areas had increased access to comprehensive FP choices through this project. As Table 2 shows, MSZ was able to deliver long acting and permanent (LAMP) services above the national average.

### 2. INCREASED ACCESS TO AND UPTAKE OF FAMILY PLANNING AND SELECT REPRODUCTIVE HEALTH SERVICES FOR UNDER-SERVED AREAS AND WOMEN.

**Chart 1: Estimated family planning users, modelled from service data**



By 2015, MSZ served 60 out of 102 health facilities across six districts (Mafinga, Shiwan’gandu, Nakonde, Isoka, Chinsali and Mpika) recording an average of 40% FP adopters annually. These are clients who prior to MSZ services were not using any method of modern FP. Based on MSZ’s 2014 client exit interviews, 61% of all clients seen were living under \$1.25/day, 1% more than the national average which stands at 60%.



### 3. INCREASED COMMUNITY SUPPORT FOR FAMILY PLANNING.

From 2013 to 2016 MSZ saw the uptake of FP rise by 16% across the entire program as a result of increased community sensitization and support for FP. Data also showed that the proportion of adolescent clients served rose from 13% in 2013 to 17% in 2015.

Due to men's influence on women's reproductive choices, MSZ worked through key opinion leaders to increase support for women's reproductive rights. MSZ's advocacy strategy targeted traditional leaders such as Chief Mweni Chifungwe, Chief Nkweto-Mundu and Senior Chief Kopa. These leaders sensitized their communities through health talks and door to door campaigns and to inform their constituents about the benefits of FP, including healthier and more sustainable families. For example Chief Mweni Chifungwe mobilized over 300 headmen and influential leaders within his chiefdom for a sexual and reproductive health education meeting in July 2015 and this group then cascaded information to their catchment areas.

Other community based groups trained by MSZ included Safe Motherhood Action Groups (SMAGs), Neighbourhood Health Committees (NHCs), lay counsellors and community health workers (CHWs) attached to the health facilities in the targeted communities. Training focused on dispelling misconceptions about FP, raising awareness of the full range of contraceptive choices, and explaining the importance of FP for child spacing and maternal health.

**“The role of family planning in helping families and communities in child spacing cannot be overemphasized. Therefore, it is everyone's responsibility to educate and mobilise communities so that no one is left out.”**

**Chief Nkweto Mundu of Chinsali District**

### 4. INCREASED CAPACITY OF GOVERNMENT HEALTH FACILITIES TO PROVIDE QUALITY COMPREHENSIVE FAMILY PLANNING AND SELECT MATERNAL HEALTH SERVICES.

The principal strategy for this result focused on building the capacity of the district to develop its own human resources to scale up FP service delivery, with particular emphasis on LAPM. MSZ facilitated trainings for Trainers of Trainers (ToTs) in LARC in Muchinga Province and also rolled out BTL training for doctors in the DMO office so they could scale up service delivery at the district hospital.

Following the TOTs, the districts were not able to support cascade trainings due to budgetary restrictions. Subsequent staff movement and re-assignment also meant that the doctors trained in BTL and some of the LARC ToTs had changed their duty stations and were thus not available to provide the support intended for Muchinga province.

MSZ, through the Family Planning TWG is advocating for more resources towards FP to ensure trainings are rolled out and efforts sustained.



MSZ was able to successfully expand contraceptive choices in the target communities by providing LAPM in addition to short term methods. With this expanded availability and access to contraceptives, 40% of clients seen in this project were new adopters of FP. Both the expanded availability of choice of contraceptives and the increased uptake and access to family planning were built on successful community support resulting from extensive community engagement with various actors especially chiefs and headmen.

Despite successfully rolling out the LARC ToT and BTL training with public sector providers in Muchinga, these activities had limited impact on increasing the capacity of government health facilities to provide quality comprehensive FP services due to constraints in the government budget for rolling out cascade training and staff movement.

## Recommendations

### 1. Service delivery can serve as an important entry point to advance gender equality and women's rights.

Reproductive health interventions remain one of the most effective entry points to raise issues that impact the welfare of women. The SRH platform provides opportunities for communities to not only learn about how contraceptive services benefit them in the broader context of maternal and neonatal health, but also about the economic impact of unplanned pregnancy, which is a factor that perpetuates poverty. Furthermore, FP service delivery provides an acceptable platform where women's welfare can be discussed, such as gender based violence, as it impacts the whole family. With greater health knowledge, communities have the power to become more active proponents of change in demanding better quality and sustained service delivery.

### 2. Community engagement is key to increasing support for women's right to access reproductive health services.

As gatekeepers to women's reproductive health, male involvement is an important aspect of community engagement; nevertheless, it should not supersede the primary objective of reaching women and empowering them to make decisions for themselves about their fertility. Given the complex nature of changing value systems that influence health seeking behaviours, more investment is required to continue supporting community and civic action in this area.

**3. Limited resources in the health sector influence the sustainability of activities to increase access to FP services.** Districts continue to experience budgetary shortfalls that result in competing priorities, human resource shortages, and limited resources for transport to reach remote communities. In such a scenario, there is still a need for projects that address the unmet FP need of women who continue to be marginalized by limited access to reproductive health services. There is still need for continued investment in Family planning projects that provide direct contraceptives services to women in remote and hard to reach places alongside initiatives that strive to provide more long term solution to solving the problem of unmet need for family planning.

*A complete version of this Evaluation report can be made available on request from MSZ.*



## Where can i find more information?

For more information on Marie Stopes International and the work that we do please contact:

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