



## GAINING TRACTION: EXECUTING COSTED IMPLEMENTATION PLANS

EXPERIENCES AND LESSONS FROM ZAMBIA

Implementing Zambia's costed implementation plan for family planning would avert more than

**3.3 million**  
unintended pregnancies,

**459,000**  
unsafe abortions, and

**9,500**  
maternal deaths between 2013 and 2020.

By 2020, the plan would also save

**1.36 billion**  
**ZMW**  
in direct health care spending.

### BACKGROUND

Since the London Summit on Family Planning (FP) in 2012, more than 40 countries have committed to making high-quality, voluntary FP services, information, and supplies more available, acceptable, and affordable for an additional 120 million women and girls in the world's 69 poorest countries by 2020. Meeting the commitments of this initiative, known as FP2020, will ensure that every woman and every girl has the right, and the means, to shape her own life—to grow, to thrive, and to plan the family she wants.

Costed implementation plans (CIPs) are multi-year action plans that contain detailed resource projections for achieving the goals of a FP program, thus enabling countries to operationalize and monitor progress toward their FP2020 commitments. Thus far, close to 30 countries in Africa and Asia have developed CIPs at either a national or subnational level, with new CIPs being developed on an ongoing basis.

Translating CIPs into action, and ultimately into results, requires a sustained deliberate approach to the execution process throughout the plan. This notion may sound simple and straightforward, but it can be complex. Strategic planners agree that planning seldom fails; it is the execution that fails. Extensive literature describes the factors that can stall a plan, including lack of buy-in and ownership, unclear lines of responsibility and accountability, lack of dedicated efforts to mobilize resources, inability to

recognize and facilitate change processes, poor communication and coordination among stakeholders, and inadequate leadership and management skills to effect execution.

The Government of Zambia followed through with its commitments made at the 2012 London Summit on FP by developing a CIP known as the Eight-Year Integrated Family Planning Scale-Up Plan 2013–2020, with a goal to increase the contraceptive prevalence rate for modern methods from 33 percent to 58 percent by 2020. August 2016 marked three years since the implementation of this scale-up plan.

This case study describes the process of translating the plan into sustained action and measurable results—execution, challenges, and lessons learned. It is based on consultations with stakeholders, conducted in August 2016 to understand the execution process, and is enriched by reports from performance-monitoring efforts and follow-up with in-country stakeholders.

The Zambia experience adds to existing lessons from other African countries and contributes additional lessons for countries that are developing or executing CIPs. However, this case study is intended to share the execution process rather than document results of implementation.

### FAMILY PLANNING IN ZAMBIA

The fertility rate in Zambia, at 5.3 births per woman, is one of the highest in the world. It contributes to the 2.8 percent annual population

growth rate that, if unchanged, will nearly double the country's population between the years 2015 and 2030. Although knowledge of modern contraception is nearly universal and uptake has tripled in the past two decades, overall rates of use are low, with half of all Zambian women not using any method of FP. Young women and women in rural areas are at particular risk for both higher birth rates and higher unmet need for FP. Although younger age at marriage is associated with higher rates of unplanned pregnancy, 64 percent of Zambian girls are married by age 20. Further, 29 percent of adolescent women ages 15–19 have had their first child or are currently pregnant, and nearly one-quarter of adolescents in this same age group report unmet FP need. In an effort to increase uptake of FP practices in Zambia, the Government of Zambia has implemented several programs and policies in the past decade. Most recently, the sixth National Development Plan (2011–2015) and the National Health Strategic Plan (2011–2015) included objectives to reduce maternal mortality and morbidity through scaling up FP services. To meet these FP objectives, the Integrated Eight-Year Family Planning Scale-up Plan 2013–2020—Zambia's CIP—was developed to create a feasible, realistic strategy for increased access to high-quality modern contraceptives.

## OVERVIEW OF THE EIGHT-YEAR FAMILY PLANNING SCALE-UP PLAN

The Government of Zambia developed its CIP with the oversight of the Ministry of Community Development, Mother and Child Health (MCDMCH) and support from the Department for International Development. With implementation beginning in August 2013, the primary purpose of the CIP is to meet the country's FP goal of increasing the contraceptive prevalence rate (among married women or women in union) for modern methods from 33 percent (in 2007) to 58 percent by 2020. Strategic priorities include demand generation and behavior change communication; providing high-quality, accessible sexual and reproductive health services and information to adolescents and youth; capacity building and training for staff to deliver high-quality contraceptive services; increased access to quality, integrated FP services for those living in rural or underserved areas; better distribution of FP commodities and consumables through service delivery points to eliminate stock outs; and strengthened coordination and monitoring of FP

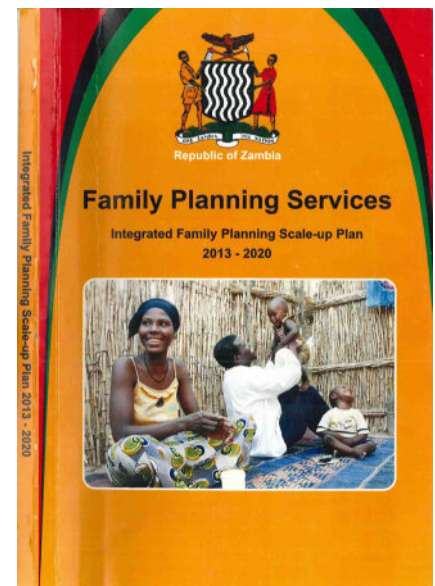
systems and structures, including with government and partner organizations.

The planned costs of the CIP in Zambia are comparable to those of CIPs in other countries. Total costs are 604 million ZMW with the cost per activity per woman of reproductive age at 13.40 ZMW. Zambia's Eight-Year Plan estimates that it can avert 3,374,544 unintended pregnancies, 459,856 unsafe abortions, and 9,516 maternal deaths and can provide 10,313,097 couple-years of protection. The CIP will lead to savings of 1.363 billion ZMW in direct health care spending by 2020.

## MOVING FROM A PLAN TO SUSTAINED ACTION AND RESULTS

### The Power of Country Ownership

The government of Zambia displayed a high level of commitment for the CIP, even before its inception, by sending a high-profile delegation to the 2012 London Summit and globally pronouncing its national commitments to FP. The national launch of the CIP in February 2013 further signified Zambia's strong commitment to FP, receiving considerable visibility across the country. Part of the reason for this visibility was the involvement of the high-profile delegation at the London Summit, including former First Lady Dr. Christine Kaseba Sata. Dr. Sata, who is also an obstetrician and gynecologist, participated in the summit while she was still First Lady and afterward pledged her time, commitment, and influence to improve women's health in Zambia. Her extensive involvement in the summit and subsequent CIP launch unified and elevated the importance of the CIP among other high-



level stakeholders who have acted as champions to build a collective vision around the need to scale up FP. Some of these champions are also members of the National FP Technical Working Group (TWG), including representatives from the Ministry of Health (MOH) and the United Nations Population Fund (UNFPA).

## Governance and Coordination: Strengthening Plan Execution

**Execution oversight.** The maternal and child health unit of the MOH (previously within the MCDMCH) is responsible for overseeing CIP execution. To help enhance management of FP activities, several staff in the maternal and child health unit were given specific responsibilities. This included a reproductive health specialist to coordinate the plan's overall implementation; a chief FP officer responsible for long-acting and reversible contraceptives and associated training; and a principal FP officer in charge of community outreach integration of FP into other services such as HIV, and the national community-based distribution program. A reproductive health logistics coordinator also joined the team to ensure commodity security at all levels. In addition, staff from partner organizations are serving as FP focal points at the district and provincial levels.

**Supportive policies.** Since the CIP launch, the Government of Zambia has made several policy decisions in support of FP. In 2014, the government approved the first-ever budget line for reproductive health supplies, allocating US\$9.3 million for fiscal year 2014. In 2015, a decision was made to allow community health workers to administer injectable contraceptives, to increase access to FP in rural areas. As part of a study supported by UNFPA's East and Southern Africa Regional Office on the demographic dividend in Zambia, a key policy recommendation was "to ensure universal access to FP, enhance female education, and reinforce efforts to reduce child mortality" to achieve a rapid decline in fertility. FP has also been included in the seventh National Development Plan (2016–2021), the National Health Sector Plan (2017–2021), and the National Strategy to End Child Marriages (2016–2021).

**Multisectoral coordination.** FP has long been acknowledged as a tool for socio-economic

development, and multisectoral coordination is key for this to happen. Guided by Vision 2030 (for Zambia to be a middle-income nation by 2030), the MOH is breaking down barriers by working closely with non-health ministries to advance mutual goals. For instance, the MOH and other stakeholders work closely with the Ministry of General Education on FP matters related to in-school youth. As an example of this, the Ministry of General Education now functions to educate students and raise demand for FP, and then refers students in need to health centers managed by the MOH. As part of this collaboration, a new comprehensive education curriculum for primary and secondary schools was developed in 2014 and is being rolled out. FP education is now featured in several school courses, and the curriculum has been integrated into a pre-service curriculum to prepare new teachers to provide education on sexual and reproductive health.

**Platforms to connect stakeholders.** Zambia also has a vibrant group of additional stakeholders contributing to the FP program, including development partners, nongovernmental organizations, and civil society. Several platforms have been developed to better connect this diverse group, thus improving the efficiency of their work and encouraging broad ownership of execution activities. Stakeholders are represented in annual national FP review meetings, monthly meetings of the National FP TWG, and meetings between the interagency country coordinating committee and development agencies. In annual CIP work plans, which are developed during annual FP review meetings, the MOH also includes guidance to ensure that partner organizations develop activities that contribute to the CIP.

## Resource Mobilization: Key to Successful Plan Execution

With support from the Futures Group, an analysis of financial resource gaps in the 2015 CIP work plan was conducted. Information was collected from donors and partners on planned activities for seven thematic areas: demand creation; service delivery and access; procurement and the supply chain; policy and environment; financing; supervision, monitoring, and coordination; and commodities. The amount of money that had already been committed to pay for the activities was subtracted from the actual costs of the activities

## CIP Annual Review Meetings

As part of the annual review process, the Zambia FP TWG convenes a yearly three- to four-day national meeting, with stakeholders from all 106 districts, to review progress, identify gaps, and agree on priorities for the coming year to reach Zambia's FP2020 goals. Examples of specific objectives of past meetings include building capacity to better use the FP score card, orientating provincial and district-level stakeholders on new tools and resources (e.g., the long-acting reversible contraceptive monitoring database), reviewing scale-up performance, disseminating findings from the 2015 National Survey on Availability of Contraceptives and Reproductive Health Commodities at Service Delivery Points, and reviewing progress toward meeting both national and provincial-level indicators.

Past annual review meetings have followed similar agendas: participant introductions; opening remarks from an MOH or TWG representative; discussion of participant expectations for the meeting; review of objectives and goals for the meeting; presentations from experts, national representatives, provincial or district-level representatives, and other key stakeholders on priority areas from that year (including review of indicator progress, review of priority interventions, and overviews on strategic priority areas including FP2020 goals, scale-up, and tools and resources); discussion sessions to provide feedback on the presentations and to identify key takeaways, areas for improvement, and next steps for the coming year; and working group sessions to strategically prioritize the action areas identified earlier in the meeting.

Action points developed as a result of these meetings have provoked provincial and national commitments to take concrete steps toward indicator progress, including developing work plans (at the provincial level), providing guidance on commodity prices, sharing data (on long-acting and reversible contraceptives and community-based distribution) for analysis, scheduling quarterly TWG meetings, and providing on-site capacity building at the district level.

to identify resource gaps for each thematic area. These resource gaps represented the amount of money that still needed to be mobilized to fully implement all the activities in the 2015 work plan. The analysis found gaps ranging from 59,888 ZMW for financing to more than 34 million ZMW for commodities, with a total funding gap of more than 110 million ZMW. These results were shared with the MCDMCH to spark discussion about what could be done to fill the gaps.

## Performance Monitoring and Accountability: Keeping Track of the Plan

Zambia's CIP has an elaborate list of outcome and output indicators for monitoring performance. It also describes an executive dashboard, updated quarterly, to use as a monitoring tool. The Government of Zambia relies on demographic and health survey data (collected every five years) to determine the population-level impact of its programs. However, Zambia is a Track 20 country, so annual reviews of the plan's execution include projections for FP2020 indicators. MOH staff have been trained on Track 20 indicators, and plans are under way to recruit a Track 20 monitoring and evaluation specialist to be fully dedicated to the FP program. Capacity has also been developed within the MOH to start tracking the indicators and the dashboard, and the indicators have been submitted to the monitoring and evaluation unit for possible inclusion in the country's health management information system.

A national FP review meeting is held each year to review progress with execution and identify gaps and priorities for the following year. National-level stakeholders attend the meeting, as do stakeholders from all 106 districts (see text box). The National FP TWG also meets monthly to share information and facilitate joint planning. The working group develops annual FP score cards as a mechanism for joint monitoring to ensure accountability, broad-based ownership for the CIP, and partnership in meeting Zambia's FP2020 aspirations. The score card—inspired by the idea that “what gets measured gets done”—monitors financing, demand creation, FP commodities, service delivery, the policy environment, and measures of equity as building blocks for the realization of Zambia's FP goal.



## REFLECTIONS AND LESSONS LEARNED

**Continued coordination of the government's FP portfolio is key.** Zambia currently has limited MOH staff to coordinate its growing portfolio of FP projects, including the CIP. Track 20 has trained two MOH staff on FP2020 indicators, but a dedicated FP monitoring and evaluation officer is still needed to fully monitor progress and coordinate work plans. It is also recommended that more provincial or district-level FP focal points be created and employed or supported by partners. The National FP TWG was also tasked with coordinating the plan's execution, but it has remained more of an information-sharing group than an effective coordinating group. Instead of only providing updates during the meetings, partners need to articulate how they are contributing to the plan, specifically the performance targets. A watchdog committee made up of civil society representatives could also be established to monitor resources, monitor policy issues, and plan execution. Some districts and two out of 10 provinces have established TWGs to support partner coordination, but stronger subnational coordination is needed.

**Activities of partners need to be better aligned to the CIP.** Although the current stakeholders understand and support the CIP, the extent to which partners have aligned their own project activities to the plan is not clear. Alignment of partner activities to the plan is not mandated, and incentives for aligning plans do not exist. There is no dedicated mechanism to track partner activities related to the plan, and partners are more accountable to donors than to the government. A comprehensive tracking effort should be designed and implemented to improve operational alignment, and partners should be held more accountable for their contributions to the plan. Assigning partner leads to coordinate efforts under each of the plan's strategic priorities could also be considered.

**Identification of more CIP champions should be prioritized.** The dissemination of the CIP was limited to the national level, involving only a fraction of the provinces and districts in the country. Orienting the media and involving more champions of the CIP would help spread awareness of the plan to more areas. Identifying additional champions would also improve



© 2012 Leigh Wynne/FHI 360, Courtesy of Photoshare

general stakeholder enthusiasm for the plan, which has waned over time. The more stakeholder groups that are involved as champions, the easier it will be to sustain a common vision for the plan and increase the participation of non-traditional stakeholders. For example, champions can be key in facilitating non-FP donors to allocate resources to FP.

**Coordinated resource mobilization is needed.** The resource gap analysis identified the need for coordinated resource mobilization, as partners currently mobilize their own resources unilaterally. The government did approve the first-ever budget line for reproductive health commodities, which can be used to procure FP commodities, but it is very general and does not allow for easy tracking of resources. A separate budget line item for FP should be put in place and closely tracked.

## CONCLUDING THOUGHTS

Although uptake of FP has tripled in Zambia in the past two decades, unmet need remains high, especially among adolescents. In 2013, the government's launch of the CIP—also known as the Integrated Eight-Year Family Planning Scale-up Plan 2013–2020—marked an important milestone in the country's effort to meet that unmet need by increasing access to high-quality modern contraceptives. The experience in Zambia confirms the importance of country ownership, governance and coordination, resource mobilization, and performance monitoring and accountability in implementing the plan. However, the experience also shows that fine-tuning these four factors is key for even greater execution success.

## ACKNOWLEDGEMENTS

This brief was written by Christine Lasway, Sr. Technical Advisor, Palladium (formerly at FHI 360) and Kerry Aradhya, Sr. Science Writer/Editor, FHI 360 in collaboration with members of the public health and research unit and the clinical care and diagnostic services unit of Zambia's MOH; Esther Sakala, Technical Officer, FHI 360 Zambia; and Trinity Zan, Technical Advisor, FHI 360. It was developed based on interviews with local stakeholders and application of an early draft of the CIP Execution Country Assessment Checklist in the second half of 2016. Technical review prolonged the publication date until 2018.

This publication is made possible by the generous support of the American people through USAID under the terms of the K4Health project (AID-OAA-A-13-00068) and the APC Project (AID/OAA-A-12-00047). The contents are the responsibility of FHI 360, and do not necessarily reflect the views of USAID or the United States government.

## REFERENCES

Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], ICF International. Zambia demographic and health survey 2013-14. Rockville, Maryland: CSO, MOH, and ICF International; 2015.

Central Statistical Office (CSO), Ministry of Health, Tropical Diseases Research Centre, University of Zambia, Macro International Inc. Zambia demographic and health survey 2007. Calverton, Maryland: CSO and Macro International Inc.; 2009.

Ministry of Finance [Zambia]. Harnessing the demographic dividend: the future we want for Zambia. Lusaka, Zambia: National Planning Department, Ministry of Finance; 2015. Available from: [https://www.afidep.org/?wpfb\\_dl=252](https://www.afidep.org/?wpfb_dl=252).

The World Bank. Fertility rate, total (births per woman) [Internet]. 2016 [cited 2016 Nov]. Available from: <http://data.worldbank.org/indicator/SP.DYN.TFRT.IN?>

---

### Contact Information:

FHI 360  
359 Blackwell Street, Suite 200  
Durham, NC 27701 USA  
[www.fhi360.org](http://www.fhi360.org)

Lasway C, Aradhya K. (2018). Gaining traction: Executing costed implementation plans. Experiences and lessons from Zambia. Durham, NC: FHI 360.



