

AT A GLANCE

An estimated 2.9 million
Zambian women will be of
reproductive age in 2010.

27% of married women
have an unmet need for
contraception.

47% of all pregnancies are
unintended.

Less than 4% of the total
demand for FP is met by
use of the most effective
methods.

Addressing unmet need
for FP can avert nearly
4,500 maternal deaths and
245,000 child deaths by the
MDG target date of 2015.

**MEETING NATIONAL GOALS AND
PEOPLE'S NEEDS WITH LA/PMs**

**CURRENT TRENDS WILL NOT MEET
NATIONAL GOALS**

For the Government of Zambia to fulfill its population's unmet need for family planning (FP) services in support of the fifth Millennium Development Goal (MDG), it would need to reach a contraceptive prevalence rate (CPR) of 67% by 2015. Achieving this goal is fundamental to slowing the nation's population growth, meeting national development goals, and helping its citizens achieve their reproductive health (RH) intentions.

However, Zambia faces a daunting FP challenge. The unmet need for FP is now 27% among married women, and the population continues to grow. By 2015, there will be a half million more women of reproductive age in Zambia than there are today. To meet the government's contraceptive goal, 1.4 million women will need to be served.

Yet at the current rate, Zambia is projected to reach a CPR of 51% by

2015, which is 76% of what it would take to fulfill the fifth MDG. (See Figure 1, below.)

LA/PMs—A SMART PROGRAMMATIC INVESTMENT

Experience in Sub-Saharan Africa confirms that without widespread availability and use of long-acting and permanent methods of contraception (LA/PMs),* a country cannot cost-effectively meet its fertility, health, and development goals. Zambia's FP program has achieved a moderate amount of success, with the CPR increasing from 34% in 2002 to nearly 41% in 2007. Much of this increase owes to the expanded availability and use of injectables. Only 6% of current FP users rely on an LA/PM.

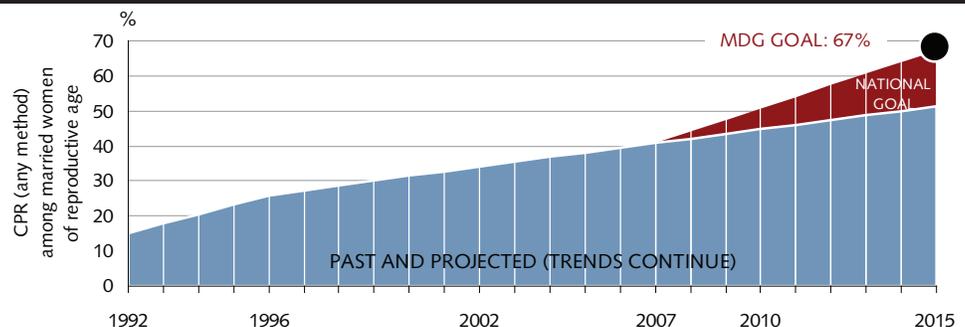
HELP PEOPLE ACHIEVE THEIR REPRODUCTIVE INTENTIONS

If the existing unmet need for FP in Zambia could be fulfilled, the demographic impact would be substantial. LA/PMs have an important role to play and offer

continued on back >

* LA/PMs are long-acting methods (IUDs and implants) and permanent methods (male and female sterilization).

FIGURE 1: MEETING ZAMBIA'S NATIONAL GOALS



Sources: 1992, 1996, 2002, and 2007 Demographic and Health Surveys, and Reality √ projections for intervening and future years

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multiple benefits to programs, women, and couples.

LA/PMs are vital to address the dissonance between women's expressed reproductive intentions and their method use. The gap between intention and practice could be closed by increasing awareness of LA/PMs, correcting misinformation about them, and increasing their availability to expand method choice.

Long-acting methods are used sparingly by both women who want to space births and those who want to limit future births. Among spacers, 23 times more women are using traditional methods than are using long-acting methods. (See Figure 2, below.) Among limiters, traditional method use is 20% greater than is sterilization use. Greater access to correct information and to LA/PM services would enable people to meet their changing needs as they progress through their reproductive lives.

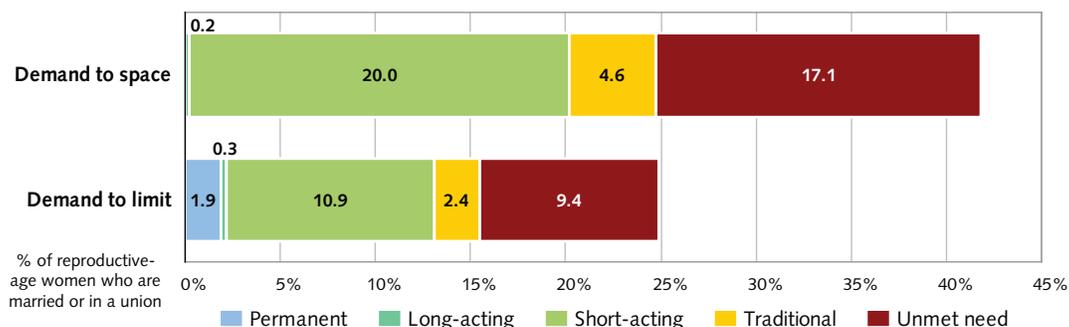
RESPOND TO ZAMBIA'S NEEDS

The RESPOND Project can assist the Ministry of Health and the USAID Mission's implementing partners to support its strategy to improve RH in Zambia by taking a holistic programmatic approach

that addresses the essential components of supply, demand, and advocacy. Possible interventions include:

- *Reality √*, a cutting-edge forecasting and planning tool that generates data for realistic, evidence-based service, training, and commodity projections
- Technical assistance to support the introduction of Sino-implant (II) (the lower-cost generic version of the contraceptive implant Jadelle), for which registration is currently in progress in Zambia
- Strategies and approaches to reposition female sterilization, to build on the small but significant inroads that already have been made
- Technical assistance to improve men's constructive engagement in RH and FP programs at the community, service, and policy levels
- Proven programmatic models to improve and scale up access to FP/RH services by integrating LA/PMs into other services (community postabortion care, FP/HIV/maternal and child health services, private practitioner networks, and mobile outreach for the underserved urban and rural poor)

FIGURE 2: ZAMBIA'S DEMAND FOR CONTRACEPTION (MET AND UNMET NEED)



Source: 2007 Demographic and Health Survey