Data is a Discussion!
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Data and Advocates

• Good data is objective. Good advocates are not.
• Advocates are usually seeking data that will help them make a change they think needs to happen.
• Advocates may also use data to help hone their advocacy strategy.
• Advocates are looking for data that will move the audience that can make the change happen.
• Advocates are not always interested in the methodology behind the data as long as it is from a reputable, recognized source.
Using data for supply chain advocacy

- Data is an effective tool for change when part of a comprehensive advocacy strategy
- Simple and context specific data are key
- Interpretation and synthesis of data is necessary
- Too much data can be more confusing than it is helpful
- Data + human story + right messenger is more effective than data alone
**WHY FAMILY PLANNING?**

Family planning is the most cost-effective way to prevent maternal, infant, and child mortality. It can reduce maternal mortality by reducing the number of unintended pregnancies, the number of unsafe abortions, and the proportion of high-risk births. In Zambia, an increased use of modern methods of contraception averted over 312,000 unintended pregnancies, 9,000 unsafe abortions and over 1,000 maternal deaths in 2017. Family planning also helps to limit additional long-term health, social, and economic benefits: reduces infant mortality, slows the spread of HIV/AIDS, promotes gender equality, reduces poverty, accelerates socioeconomic development, and protects the environment.

These long-term benefits have the potential to radically change the development trajectory of a country like Zambia where more than 60% of the population lives below the poverty line. Increased economic opportunities and growth can only happen if families have the number of children they can care for and educate to create a highly-skilled workforce. Zambia’s current fertility rate is 5.3 births per woman. If this rate remains unchanged, Zambia’s population would reach over 33 million people by 2057. However, if the Government of Zambia makes investments in family planning now, by 2037, total fertility would be reduced from 4.3 to 3.2 births and projected population would be 93 million. These two fertility scenarios have fundamental implications for the education, health, and development sectors.

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**Box 1: Government of Zambia’s FP2020 Commitments**

**OBJECTIVE: TO INCREASE THE CONTRACEPTIVE PREVALENCE RATE FROM 33 PERCENT TO 58 PERCENT**

- Double the budgeted amount allocated for family planning commodities and to secure increased funding for family planning through existing donors and new partnerships.
- Strengthen the supply chain for family planning commodities through expansion of the Essential Medicines Logistics Improvement Program and other channels.
- Expand method mix and increase access, particularly for the underserved population. Zambia will allow task shifting to community health assistants and trained community-based distributors to increase access for the underserved communities, and initiate new dialogue with religious and traditional leaders and NGOs at local level to generate demand, dispel the myths and ‘open up the dialogue’ on family planning. Finally, Zambia will utilize sub-district structures to generate demand for family planning.

Source: [www.familyplanning2020.org/commitments](http://www.familyplanning2020.org/commitments)

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**Population Projection—Implications for Education**

**Figure 1: Number of Primary Schools Required (thousands)**

- 2017: 13.9
- 2019: 11.6
- 2022: 12.1
- 2027: 13.9

**Figure 2: Expenditure on Primary Schools Required (US $ millions)**

- 2017: 103.6
- 2027: 163.1

Under the two fertility scenarios (Figures 1 and 2), continued high fertility would require more than 15,000 schools by 2027; more than 7,000 by 2017, and more than 2,000 by 2022. In the other hand, successful family planning interventions would contribute to the need for about 13,900 schools by 2017 and 12,100 schools by both 2022 and 2027. In a lower fertility scenario, about 9,000 fewer schools would be needed by 2027, thus saving the Zambian government significant resources.

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**Population Projection—Implications for Health**

**Figure 3: Number of Nurses Required (thousands)**

- 2017: 18
- 2019: 13.4
- 2022: 16.8
- 2027: 13.7

**Figure 4: Number of Health Centres Required**

- 2017: 1,097
- 2019: 1,151
- 2022: 1,280
- 2027: 1,290

High fertility is also projected to result in increased demand for human resources for health (Figure 3). The number of nurses needed would be more than 29,000 in 2017 and 43,000 in 2027. By contrast, declining fertility is projected to result in reduced need for nurses—24,800 by 2017 and 33,000 by 2027. In a lower fertility scenario, family planning would result in savings resources equivalent to employing 5,400 nurses by 2027. The savings in resources is even greater when one considers that nurses are not the only cadre of professionals required to deliver healthcare services.
MOVING FORWARD

The graduation of Zambia from a low income to lower middle income status means that the country is expected to graduate from donor dependency. Local resources from government allocations for family planning as a proportion of health support—even in the face of currency fluctuations—will need to increase. Zambia should strive to improve its commodity security by deliberately setting aside and ensuring the production of resources for family planning commodities. Greater investments in adolescent sexual and reproductive health will be critical to addressing the national teenage pregnancy crisis. The increased coordination among relevant ministries and the development of a costed inter-ministerial work plan are important first steps. However, these efforts must be built upon to ensure that Zambian youth have the skills, education, and opportunities to embark on the path to a more prosperous economic future for themselves and their country.

Next Steps

- Make family planning a critical and central issue in the seventh National Development Plan: Family planning touches all aspects of development. The principle policy direction for the country is derived from five-year development plans. It will be important for Zambia to set clear guidance on what must be achieved in family planning over the course of the next five years.
- Include explicit family planning indicators in the next NDBP: Sector development plans detail steps needed to achieve national development plan ambitions. The inclusion of family planning indicators in the 2021 to 2026 plan will ensure that family planning is prioritized. This inclusion will also embed family planning programming in failures or successes in specific institutions as opposed to generalized assessments of performance.
- Rebrand Family Planning: The traditional concept of family planning represents a service for married women only. As a result, men, young people, and single adults often do not see themselves as family planning users. Additionally, many women's first encounter with family planning services happens after they have their first pregnancy. This rebranding of family planning suggests the need for a new paradigm that will apply to all Zambians of reproductive age. The engagement of youth and adolescents will be a strong pillar in ensuring that appropriate information is made available to prepare young people for their sexual and reproductive lives. A family planning communications strategy is necessary to achieve this outcome.
- Increase Demand Creation: The inclusion of family planning in the education curricula is an important step towards demand creation. Communication about family planning is however conspicuously absent at health facilities and in the community. Health promoters know that information alone does not result in behaviour adoption or change. The high rate of teenage pregnancy in an education system that has a family planning module is testimony to the need to increase investments in innovative and engaging sexual and reproductive health education.

References


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Lessons Learned

- Advocates need to be sensitized to new and innovative sources of data
- Many advocates don’t know where to find data- making it accessible and transparent is key to increasing usage
- For data to be used by advocates, it needs to be disseminated to advocates and packaged for them when possible
- More conversations are needed between advocates and researchers about data collection and use.
Thank You!

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