ZIMBABWE

National Family Planning Strategy

2022 - 2026

ZIMBABWE NATIONAL FAMILY PLANNING COUNCIL

Family Planning: It's Your Choice

PRIMARY HEALTH CARE • A HEALTHY NATION • MINISTRY OF HEALTH & CHILD CARE ZIMBABWE

The Zimbabwe National Family Planning Strategy 2022-2026

Foreword

The Government of Zimbabwe has long been committed to providing quality integrated family planning (FP) and sexual reproductive health (SRH) services for the population. The FP program has achieved remarkable results with the modern contraceptive prevalence rate at 68% for all married women in Zimbabwe by the year 2021. This has ranked us as one of the countries with the highest rate of contraceptive use in Africa. The fertility rate at 3.9 (MICS 2019) is an indication that the Government of Zimbabwe has realised the association of family planning program and population development. Although teenage pregnancies are still a challenge, the government is still committed and aim to reduce adolescence birth and unmet need for family planning through commitments at all levels. Ensuring that all women and men of reproductive age have access to quality family planning services is a priority, as it contributes towards the nation's health and social development goals.

Government of Zimbabwe's country-specific initiatives contained in this strategic plan, have been developed from the set commitments particularly for achieving the three zeros towards Sexual and Reproductive Health and Rights (SRHR) identified at the ICPD@25 Nairobi Summit: Zero unmet need; Zero preventable maternal deaths; Zero gender-based violence. The government of Zimbabwe has shown and continue to show political will in addressing SRHR issues through its participation in International, Regional and Sub-regional discussions and commitments towards the matter. The National Task Force which was set in 2020 and being chaired by the Ministry of Finance and Economic Development (MoFED) together with Ministry of Health and Child Care will monitor and report on progress towards fulfilling Zimbabwe country-commitments made and in line with the 12 global commitments contained in the Nairobi Statement on ICPD@25.

Government with the assistance from development partners and civil society organizations is mobilising financial resources to meet the Abuja declaration which states that governments should allocate at least 15% to health sector from the national budget. Zimbabwe has made strides in availing services and equipping citizens with information regarding their sexual reproductive health and rights. The Sustainable Development Goals cannot be achieved until women, girls and young people are able to control their bodies and their lives, and live free of violence. The power to choose the number, timing and spacing of children is a human right that can bolster economic and social development.

Our government will continue to be strongly committed to the successful implementation of the Zimbabwe National Family Planning Strategic Plan (2022-2026) through the leadership of the MoHCC working closely with the Zimbabwe National Family Planning Council and in collaboration with all stakeholders. As government of Zimbabwe, we would like to thank all stakeholders for working hard to the successful development of this plan. Together we can improve the health of Zimbabwe's citizens, particularly mothers, babies, and young people, and build a stronger and more prosperous nation.

I thank you!!

.....

HON. GEN (RETD). DR.C.G.D.N. CHIWENGA "GCZM"

Vice President and Minister of Health and Child Care

Acknowledgements

The Ministry of Health and Child Care (MoHCC) would like to express its appreciation on participation from different partners, groups, and individuals who supported and contributed to the development of the Zimbabwe National Family Planning Strategic plan (ZNFPS) 2022–2026. The unwavering support through extensive consultations with stakeholders working at all levels, including key sector ministries, development partners, implementing partners, professional and non-governmental organisations working in aligned areas is greatly appreciated for the successful development of this Strategic Plan. The Zimbabwe National Family Planning Council would like to extend its profound gratitude to individuals and institutions who contributed their time, technical expertise and financial resources that made the production of this document possible.

Special acknowledgement goes to the United Nations Population Fund (UNFPA) Zimbabwe for funding and providing technical support for the development of the strategic plan. ZNFPC would also like to acknowledge the contributions of individuals from the following organisations: Nat Pharm, Population Services Zimbabwe (PSZ), Population Solutions for Health (PSH), FHI360 and Kunashe Foundation. A special appreciation also goes to ZNFPC staff at all structures for the support in providing the secretariat during consultations.

We acknowledge the dedication of the consultants for working tirelessly hard to consolidate and synchronising all contributions from different stakeholders and successfully delivered this comprehensive strategic document.

Air Commodore Dr. J. Chimedza
Permanent Secretary, Ministry of Health and Child Care

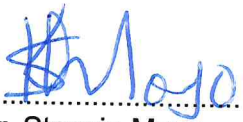
Preface

Family planning is an essential component in our national development agenda, which includes the fight against new Human Immune-Deficiency Virus (HIV) infections in children. Increased access to and use of family planning has far-reaching benefits for families and the nation. As the total fertility rate has begun to decline, and the country has realised an impressively high contraceptive prevalence rate (CPR) of 68 percent, a demographic dividend is on the horizon. If the demographic dividend is to be realised, there is need for substantial investments to improve health outcomes, including meeting family planning needs. We must therefore work together to ensure the health and wealth of our nation is preserved. By committing ourselves to the full financing and implementation of the Zimbabwe Family Planning Strategic Plan (ZNFPS) 2022–2026, we can realise our goals of reducing the unmet need for family planning from 10% in 2021 to 6.5% by 2026 as well as increasing the modern contraceptive prevalence rate (mCPR) for all women from 50.2% to 54%.

The Government of Zimbabwe has a good reputation for moulding a highly educated nation, including achieving one of the highest literacy rates in Africa. Investing in and ensuring a strong family planning programme can improve the reputation. Full and successful implementation of the Zimbabwe National Family Planning Strategic Plan requires concerted and coordinated efforts of the private sector, civil society, and development partners. We must all work together to ensure an enabling environment for policy formulation and implimentation, financing (domestic funding for contraceptives), service delivery, advocacy programmes and the effective mobilisation of communities and individuals to overcome socio-cultural barriers to accessing family planning services.

Our aim is to leave no one behind in accessing family planning and sexual reproductive health services in Zimbabwe. Notwithstanding the impact of COVID 19 since 2019, the Family Planning (FP) Program has been thriving to achieve its goals for the past years. New didactic approaches and digital systems have been put in place to suit the new normal that has been brought up by the COVID 19 pandemic. These include virtual training of the service providers to offer family planning services. Through coordination meetings conducted at both national and sub-national levels, government departments, development partners, Civil Society Organisations (CSOs) and other partners together with Ministry of Health and Child Care (MoHCC) have managed to give concerted efforts in providing quality family planning services and sexual reproductive health at all levels, including hard to reach areas. The momentum generated already should continue as we engage to ensure the provision of integrated quality FP and HIV services for all.

We would like to assure the nation that Zimbabwe National Family Planning Council (ZNFPC) will continue to coordinate and provide leadership in the implementation of integrated family planning and related sexual reproductive health services in the country as stipulated in the ZNFPC Act of 1985.



.....

Dr. Stanzia Moyo
Acting Chairperson
Zimbabwe National Board of Family Planning

Table of Contents

List of Figures

List of Tables

Acronyms

ANC	Antenatal Care
ASRH	Adolescent Sexual and Reproductive Health
AYP	Adolescent and Young People
CBD	Community Based Distributors
CHW	Community Health Worker
CIP	Costed Implementation Plan
CSE	Comprehensive Sexuality Education
CSOs	Civil Society Organisations
CYP	Couple of Years Protection
eLMIS	electronic Logistics Management Information System
EU	European Union
FCDO	Foreign Commonwealth and Development Office
FP	Family Planning
FP2020	Family Planning 2020
FPS	Family Planning Strategy
GoZ	Government of Zimbabwe
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICT	Information Communication Technology
IEC	Information Education and Communication
IUCD	Intra Uterine Contraceptive Device
LARCs	Long Acting Reversible Contraceptives
M&E	Monitoring and Evaluation
mCPR	modern Contraceptive Prevalence rate
MERL	Monitoring Evaluation, Research and Learning
MICS	Multiple Indicator Cluster Survey
MoFED	Ministry of Finance and Economic Development
MoHCC	Ministry of Health and Child Care
MoPSE	Ministry of Primary and Secondary Education
NATPHARM	National Pharmaceutical Company
NDS 1	National Development Strategy 1 2021-2026
NGOs	Non-Governmental Organisations
NHS	National Health Strategy
PCC	Parent to Child Communication
PCN	Primary Care Nurse
PESTLEG	Political, Economic, Social, Technological, Legal, Environmental and Geography
PPIUCD	Postpartum Intrauterine Contraceptive Device
PPP	Private Public Partnerships
PWD	Persons with Disabilities
RMNCAH	Reproductive, Maternal, New-born and Child Health
SGBV	Sexual Gender Based Violence
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
SWOT	Strengths, Weaknesses, Opportunities and Threats
TWG	Technical Working Group
UN	United Nations
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VHW	Village Health Worker
VMHAS	Vital Medicines and Health Facility Assessment Survey
WHO	World Health Organisation

YFHS	Youth Friendly Health Service
YFSP	Youth Friendly Service Provision
ZAPS	Zimbabwe Assisted Pull System
ZIMASSET	Zimbabwe Agenda for Sustainable Socio-Economic Transformation
ZNFPC	Zimbabwe Family Planning Council
ZNFPS	Zimbabwe National Family Planning Strategy

Executive Summary

The Zimbabwe National Family Planning Strategic Plan (2022-2026) has been developed to guide the nation in the provision of integrated quality family planning, adolescent sexual and reproductive health, and HIV/AIDS services from 2022-2026 as well as resource mobilisation for effective program implementation. The National Development Strategy 1, the National Health Strategy (and the commitments the country made at the ICPD@25 Nairobi Summit of 2019 to address the three zeros (Zero unmet need; Zero preventable maternal deaths; Zero gender-based violence) necessitated the development of the 2022-2026 National FP Strategy. The strategy has also been developed in the midst of the COVID-19 pandemic which has caused drastic changes in FP programming and affected the progress in addressing the SDG goals which the country had tremendously progressed to achieve. The proposed strategies are cognisant of key observations that have the potential to refocus programming in such emergencies. The vision of the strategic plan is to make significant strides towards zero unmet need for family planning services among all in Zimbabwe by 2026.

- The national FP strategy has adopted guiding principles of the National Health Strategy 2021-2025 which includes a) equity b) quality c) efficiency d) confidentiality e) professionalism f) partnership and multi-sectorial collaboration and the commitments made at the ICPD@25 Nairobi Summit of 2019
- The strategic framework is built around addressing the two core problems that have been prioritized for the strategy namely unmet need for family planning and high adolescent pregnancy rates.
- Five pillars for FP programming have been identified to address the problems and these are enabling environment; commodity security; integrated service delivery; and demand creation, and research
- Four anchors have been prioritized to operate in combination with other support mechanisms and include: 1) Leadership; 2) Funding; 3) Partnerships; and 4) Monitoring, Evaluation, Research, Learning and Innovation. They are dynamic and adaptable to situations and context, and they are also subject to performance assessment to determine if they are being effective and adding value.
- The implementation plan also defines measurable results that need to be achieved, an implementation timeline, and metrics to facilitate performance measurement.
- The costed implementation plan will delineate financial resource requirements and define success through indicators that the government can use to monitor performance.

The strategic plan is targeting to reduce unmet need for family planning reduced from 10% in 2021 to 6.5% by 2026, reduce adolescent fertility from 108/1000 in 2019 to 93/1000 by 2026 and increase mCPR for all women from 50.2% in 2019 to 54% by 2026. ZNFPC will take the lead and coordinate implementation of the family planning strategy as stipulated by the Act. Through the partnership fora, annual joint review and planning meetings will be facilitated to define activities and budget/resources lead and responsible implementing partners and their roles for identified interventions aligned to this strategy. ZNFPC Secretariat will also leverage on MOHCC-Donor coordination platform to engage them on some of its key issues such as financial resources.

The Government, as the custodian of public health, will provide the overall leadership, coordination, and responsibility in the implementation of the Strategy at all levels. Involvement and participation of the various line Ministries, parastatals, NGOs and the private sector will also determine the success of the integrated FP Strategy 2022-2026 as each entity will be responsible for implementing interventions within their mandate and comparative advantage. The FP coordination forums at national and provincial levels led by ZNFPC will be the main national and provincial coordination structures for this Strategy and ensure that integration is happening in the implementation of the strategic interventions and as planned

1 Introduction

In line with its mandate as provided for by the ZNFPC Act of 1985 and amended in 2004, the Zimbabwe National Family Planning Council (ZNFPC) in collaboration with Ministry of Health and Child Care (MOHCC) and involvement of other stakeholders led and coordinated the development of the integrated National Family Planning Strategy (NFPS) and Costed Implementation Plan (CIP) (2022-2026). The provision of quality Family Planning (FP) services can avert one fourth of maternal mortality and up to forty percent (40%) of new-born deaths (Cleland et al), highlighting strong evidence to champion positioning of FP programming as a key priority that is meant to enhance social and economic development. It is this contribution that make the NFPS an important contributor to achievement of the goals of the the National Health Strategy (NHS) (2020-2025) and NFPS (2022-2026), National Development Strategy 1 (NDS1) of Zimbabwe. ZNFPS is expected to guide the implementation and tracking of integrated family planning interventions in the country for the next five years.

2 Context

2.1 The demographic structure

Zimbabwe is a landlocked country in Southern Africa, bordering with Botswana, Mozambique, South Africa and Zambia with an estimated population of 15, 473, 818 of which 8 046 385 (52%) are female, according to projections from the 2012 population Census. More than three fifth of the population lives in rural areas. Although there is no hard data on levels of migration and internally displaced it is estimated that a significant proportion of the population has migrated outside the country mainly for economic reasons. The population is characterised by a young age structure with 41 % below 15 years of age and about two thirds (67 %) below the age of 25 (Jackson, Njovana et al. 2014). Life expectancy is 61 and 58 years for females and males respectively (NHS 2021-2025) compared to much lower levels that were being reported for the 90s due to the effects mainly of HIV and AIDS before the advent of life saving antiretroviral treatment.

2.2 The economy

In November 2020 Zimbabwe launched its National Development Strategy (NDS1) to help stir economic and social development towards attainment of its vision: “Towards a Prosperous and Empowered Upper Middle-Income Society by 2030”. Prior to NDS1 the country implemented Transitional Stabilisation Program (TSP) that succeeded the ZIMASSET. The suboptimal performance of the economy compounded by the impacts of COVID 19 and Cyclone Idai has resulted in significant challenges for service provision and delivery as well as in worsening poverty and hardships for most people. It is however projected that the economy will grow by 5.5% in 2022 with a decline in annual inflation (November 2021 budget speech by the Finance and Economic Development Minister).

2.3 The socio-cultural context

The dominantly patriarchal practices in the country tend to shape and perpetuate gender inequality and strip women of any form of control over their sexuality (Kambarami, 2006). Gender equality index of 0.504 (UNDP 2015) highlights the gender imbalances and inequities that put woman at a disadvantage in terms of economic and social development including access to education, health, family planning and other services. According to 2015 ZDHS, 39 percent of women reported that they had experienced GBV at some point in their lives, a situation that deserves greater multisectoral and multidimensional approach to deal with.

2.4 Exposure to disasters

In recent years Zimbabwe has faced more frequent droughts and other emergencies with increasing severity. In 2019 the country experienced Cyclone Idai that was quite devastating and destroyed infrastructure and cost lives and livelihoods in Eastern Zimbabwe. The cyclone caused severe disruptions to access to social services including health care and family planning services mainly to women, children and other vulnerable groups.

Since early 2020, Zimbabwe has been affected by the COVID-19 global pandemic with its diverse impacts across society. COVID-19 affected access to and utilization of family planning services. Government in collaboration with partners and stakeholders put measures to mitigate its effects but more can be done given the enormity of the challenge. While COVID-19 has resulted in substantial difficulties, it has also in turn created opportunities to improve the health system; increased use of digital technology, design and application of more innovative service delivery models to ensure continuity of service delivery and access. COVID-19 has further exposed and highlighted the inequalities and inequities that exist in the global health and financial landscape between the North and South and even within individual countries.

2.5 The health sector

Zimbabwe operates a decentralized health care delivery system with an extensive network of facilities spread across the country. A wide range of services are provided depending on the level of the facilities. While the bulk of health care, including family planning and related SRHR services, is provided through the public health care system, there is a sizeable presence of private sector, CSOs and NGOs that complement the work of Government. Zimbabwe faces a number of key public health problems. Maternal mortality is high and estimated at 462 per 100,00 (MICS 2019). With an estimated 1.4 million people living with HIV, (UNAIDS 2019), HIV and AIDS is also a serious burden to the health care system.

According to National Health Strategy (2021-2025) the increasing trend of cancers including those of the reproductive system has become a major concern for intensified attention to tackle. Cervical cancer, an easily preventable cancer, is a leading cause of cancer deaths in Zimbabwe. Over the years the public health care system has been beset by underfunding and capacity constraints resulting in overreliance on external financial support.

2.6 Family planning in Zimbabwe

ZNFPC has a mandate to coordinate, take leadership and support implementation of integrated Family Planning and related Sexual Reproductive Health services in Zimbabwe. Major achievements include, knowledge level of family planning among the sexually active population being almost universal at 99%. Modern Contraceptive Prevalence Rate (mCPR) for all women has also increased from 44.3% in 2012 to 50.2% in 2020. However, the unmet need for FP was at 14% since 2012 to 10% in 2020. The Zimbabwe National Family Planning Strategy (2022-2026, ZNFPS) will guide the nation in the provision of integrated quality family planning, adolescent sexual and reproductive health, HIV/AIDS services and key related services for the next five years.

Efforts have been initiated for high level dialogue supported by Ministry of Finance and Economic Development (MOFED), Parliamentarians, some development partners and some CSOs to advocate for improving resources for health and family planning with special focus on exploring domestic financing options. It has been reported that a framework to operationalize the long-awaited National Health Insurance is nearing completion and it is hoped it will be launched in due course. To cushion the population from access challenges to healthcare services due to financial constraints, GoZ has adopted and is implementing a-no-user fee policy particularly targeting pregnant women and under 5 children attending public health facilities. However, despite the policy being silent on inclusion of family planning services as part of the free package, the implementation of this policy remains a challenge due to resource limitations. A National Health Strategy has been developed and is being rolled out to provide direction to the health care delivery system for the five years up to 2025 and serve as a tool for tracking its performance and results.[1] The family planning strategy will therefore be aligned to it accordingly.

2.7 Performance of the family planning programme

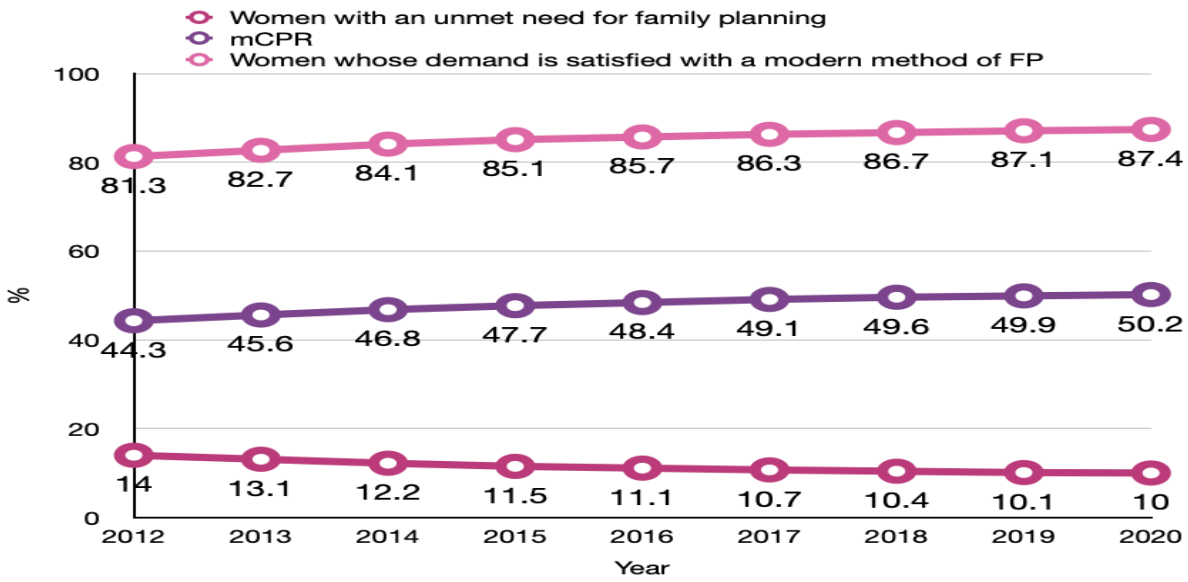
The Zimbabwe Family Planning Program has made remarkable and measurable progress over the years and is considered as one of the best performers in the region particularly in terms of its high modern contraceptive prevalence rate, estimated at 50.2% in 2020 (see

Figure 1). Unmet need for family planning has also been declining from 14.0% in 2012 to 10% in 2015 and so has the proportion of women whose demand is satisfied with a modern contraceptive method which is near universal at 87.4% in 2020 compared to 81.3% in 2012, See

Figure 1).

[1] National Health Strategy (NHS) 2021-2025, Zimbabwe, 2020

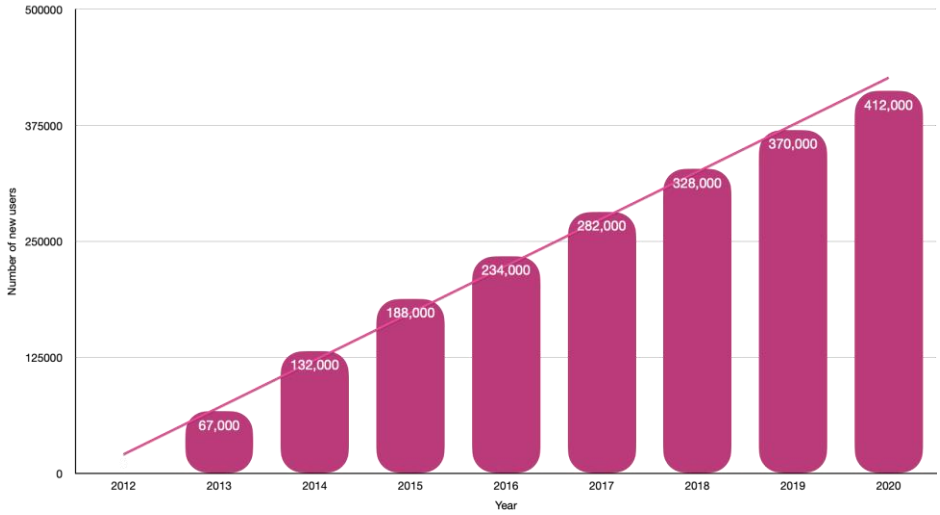
Figure 1: Trend in unmet need for family planning, mCPR and satisfied demand with a modern FP



The number of additional users of modern contraceptives has been increasing by an average of 17.6% annually since 2013 (See Figure 2)[2]. A total of 412,000 additional users of modern methods of contraception were estimated in 2020. While there has been notable progress in increasing demand for modern contraceptive, the percentage annual increase of additional users of modern contraceptives has been declining since 2013 (beginning at 49% (in 2013) and ending at 10.2% in 2020). While this indicator is not meant to show the number of adopters, the slowing increase could signal challenges with continuation and adoption. This could a sign that Zimbabwe has reached Stage 3 of the CPR S-curve growth.

[2] The number of 'additional users' is the difference in the total number of contraceptive users in a population between two points in time

Figure 2: Number of additional users of modern methods of contraception



Consistency in the delivery of the FP programme despite a myriad challenge has been commendable and is contributing to sustained reductions in unintended pregnancies including number of unsafe abortions (See Table 1).

Table 1: Impact the Zimbabwe FP programme

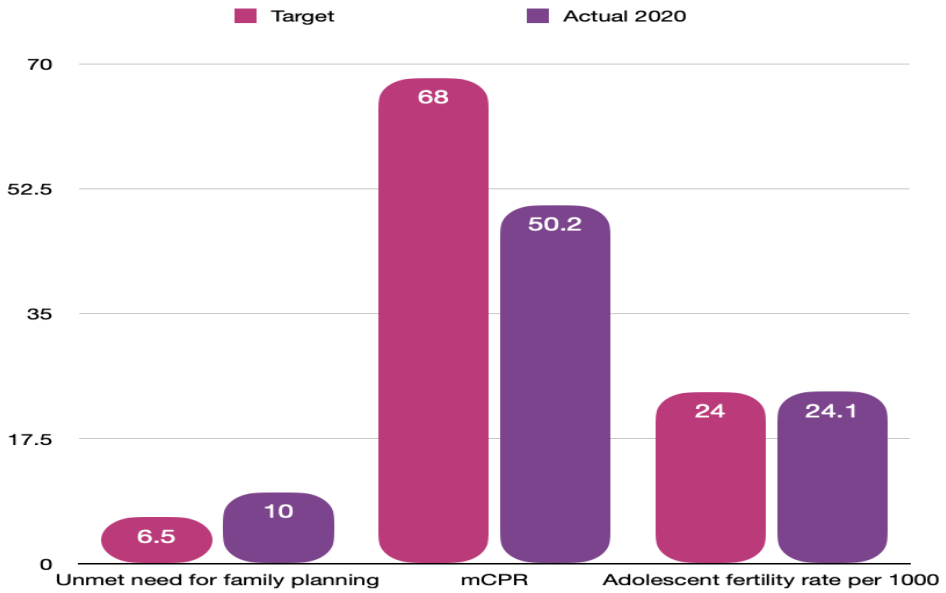
	2012	2013	2014	2015	2016	2017	2018	2019	2020
Number of unintended pregnancies averted	551,000	576,000	599,000	619,000	636,000	653,000	670,000	685,000	700,000
Number of unsafe abortions due to use of modern contraceptives	121,000	126,000	132,000	136,000	140,000	144,000	147,000	151,000	154,000

Source: FP2020 (2021) FP2020 Core Indicator Summary Sheet: 2019-2020 Annual Report

While the performance of Zimbabwe on contraceptive use is encouraging, especially in comparison with other Southern Africa countries, it failed to meet the targets set by the ZNFPS 2016-2020 of mCPR of 68% by the year 2020 and 6.5% unmet need (See Figure 3). The strategy also failed to meet the target of reducing adolescent pregnancies as they have remained constant at 24.1% when compared to 2010[3] (Data from MICS 2010, and 2019). Adolescent girls in rural areas (30.9%) are twice more likely to be pregnant before their 18th birthday compared to their urban counterparts (15.7%)[4]. There was a huge gap in contraceptive use among adolescents (72.4% of adolescent girls did not use a contraceptive at first sexual intercourse) [5].

[3] ZIMSTAT, UNICEF (2019) Multiple Indicator Cluster Survey (MICS)for Zimbabwe.
[4] ZIMSTAT, UNICEF (2019) Multiple Indicator Cluster Survey (MICS)for Zimbabwe.
[5] ZIMSTAT, UNICEF (2019) Multiple Indicator Cluster Survey (MICS)for Zimbabwe.

Figure 3: Performance of the ZNFPS 2016-2020 on key objective indicators

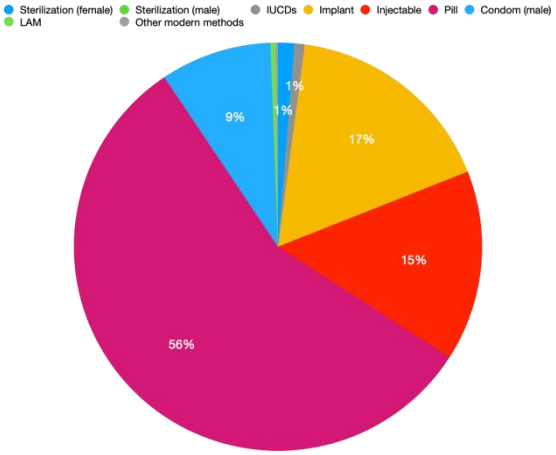


Such progress is testament to the successful community outreach intervention's contribution to creating demand for family planning (FP) and related sexual and reproductive health (SRHR) services. This has helped to popularize family planning and is considered as best practice for replication. The community programme is implemented through community volunteers called Community Based Distributors, Adolescent and Youth (AYP) peer educators, and the use of youth centres and static clinics. During the period 2015 to 2019 CBDs were able to reach an annual average of 430,562 clients with information and FP and SRH commodities. The number reached more than doubled between 2015 (293,943 clients) and 2019 (678,287). Peer educators were able to reach an annual average of 94,197 AYP between 2015 and 2019 with information, support and referral for FP/SRH/HIV services. Such programmes have been able to sustain demand for FP and SRH commodities. Couple Years Protection (CYP) has been steadily increasing between 2015 (1,624,245) and 2019 (1,970,730). Youth peer educators reached an annual average of 70,929 (between 2016 to 2020) in-school and out of school youth with information and referral for FP/SRH/HIV services.

In the past 5-10 years, the country has recorded a significant improvement in the percentage of women using long acting and reversable contraceptives (LARCS. However, while the country has been able to sustain demand for modern contraceptives the method mix remains heavily skewed towards short term methods (Figure 4). Low uptake of long Acting and Reversible Contraceptives (LARCS) is a result of a combination of factors that range from health attitudes and capacities of health workers and low knowledge and negative attitudes caused by misconceptions and myths around some LARCS among the population.

Figure 4: Contraceptive method mix

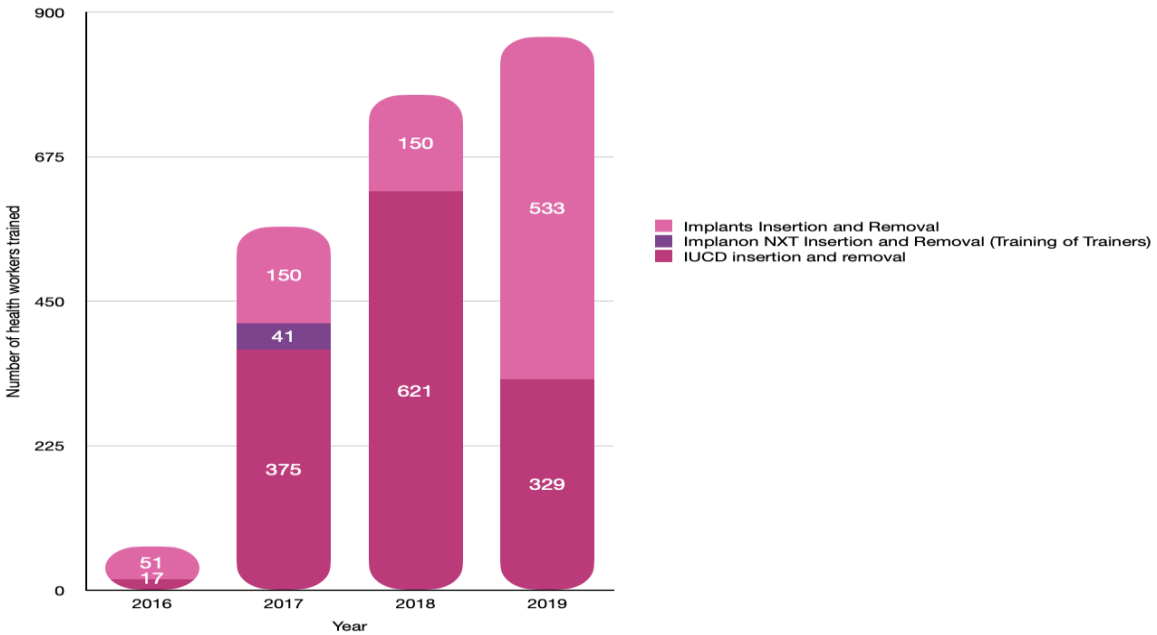
Method	% of Women using contraceptive method
Sterilization (female)	1.3
Sterilization (male)	0.0
IUCDs	0.8
Implant	16.9
Injectable	15.1
Pill	56.5
Condom (male)	8.8
LAM	0.4



Source: DHS (2015)

To support increased uptake of LARCS the FP programme invested in training health workers in insertion and removal of IUCD, implants and Implanon NXT. Significant training of health workers was undertaken in 2018 (771) and 2019 (862) – See Figure 5. However, the number trained between 2016 and 2020 falls short of what is required to attain a critical mass of competent health workers, largely also due to high attrition of the health workforce, including those trained in LARCS. This strategy therefore will consider strengthening both in-service on the job training and pre-service training of health care providers in LARCS,

Figure 5: Health workers trained in LARCS



Sustained demand and use of family planning is also a result of a mature and effective supply chain for family planning commodities. Table 2 provides details of contraceptives procured and distributed during the period 2016 to 2020. Supply for all contraceptive methods was relatively constant across the five years with some intermittent decline or increase e.g., the control pill experienced lower supply in 2017 and 2019.

Table 2: Modern contraceptive procured and supplied in Zimbabwe during the period 2016-2020

	2016	2017	2018	2019	2020
Short term methods					
Control Pills (CYCLES)	10,110,321	9,490,478	10,468,392	8,435,875	10,525,116
Secure (CYCLES)	4,031,760	3,965,986	5,209,452	4,778,450	4,798,896
Injectables (VIALS)	1,091,928	1,141,641	1,195,728	1,063,319	1,150,272
Long term methods					
Jadelle	105,048	73,579	94,488	125,428	155,232
Copper T	13,068	16,320	19,560	20,632	28,176
Implanon	6,216	26,320	3,364	38,832	35,756
Other methods					
Male condoms	89,740,344	96,877,068	120,000,000	74,335,620	88,699,908
Female condoms	4,303,536	3,354,792	5,008,404	3,052,037	4,482,516

Source: ZNFPC annual reports for 2016,2017, 2018, 2019 and 2020.

However, the supply chain has faced numerous challenges (See later discussion on challenges) which have led to stockouts of commodities in service delivery points.

Financing of commodities is primarily through development partner support. During the period 2016-2020, 100% of commodities were procured through development partners that ranged from USAID, Foreign Commonwealth and Development Office of the United Kingdom (FCDO), United States Agency for International Development Cooperation (USAID), European Union and United Nations Population Fund (UNFPA). Table 3 shows contributions of these development partners to the modern contraceptive mix in the country.

Table 3: Development partner contribution to supply of modern contraceptives in Zimbabwe (2016-2020)

Product	Donor	Quantities Received	Total Distributed	Deficit
Jadelle	UNFPA	301,600	448,727	-147,127
Depo-Povera	UNFPA/DFID	3,896,925	4,550,960	-654,035
Male Condoms	USAID	349,886,000	379,912,596	-30,026,596
Female Condoms	USAID	12,535,880	15,897,749	-3,361,869
Secure	DFID	14,868,270	18,141,590	-3,273,320

Product	Donor	Quantities Received	Total Distributed	Deficit
Control Pill	DFID	41,483,499	33,395,369	8,088,130
Implanon	UNFPA	100,121	111,490	-11,369
IUCD	UNFPA	121,872	84,688	37,184
Emergency Contraceptives	UNFPA	903,450	401,766	501,684

Source: ZNFPC annual reports for 2016 ,2017, 2018, 2019 and 2020.

2.8 Challenges faced by the FP programme

Creating an enabling environment for FP

Funding for contraceptives remains heavily reliant on donors, threatening commodity security. High level engagements and dialogue were initiated to advocate for appropriate positioning of FP and SRHR in the national development agenda and increased domestic resources for family planning. This resulted in the Government through the MoHCC establishing a separate budget line for family planning on the road to achieving the FP2020 target of 3% of the health budget. There has been some progress in recognizing the need for government to provide adequate financing for the family planning programme, especially for the years 2021 and 2022. However, Majority of the funding from Government funds salaries of ZNFPC staff. When funds are allocated for procurement of commodities, ZNFPC faces additional challenges of sourcing the foreign currency required to purchase FP commodities on the international market. This has led to commodities and programmatic work of ZNFPC being funded primarily by development partners. . .

Improving quality of FP and related SRHR services

While efforts and progress were made to improve quality of services, the numbers of health workers reached were still below the critical mass required. Furthermore, the significant health worker brain puts a significant strain on training requirements. The challenge for the new strategy is how to ensure sustainability of training through capacity regeneration at the district levels. While training has been undertaken supportive supervision has not been systematic due to funding challenges. The focus of the FP programme has been primarily on public facilities with limited public private partnership to improve access to FP and related SRHR services. This remains an opportunity for the FP programme to expand services and ensure the private sector also participates in the FP programme and providing quality services.

Adolescents and young people, particularly those living with disability deserve greater attention and more innovative approaches. There is need for a clear framework to effectively operationalise the guidelines on integration of FP, SRHR and HIV & AIDS as well as firm commitment and buy-in across the entire health care system. The need for further capacity strengthening for service providers with particular focus on insertion and removal of IUCDs is crucial to improve access and choice mix for contraceptives. While training of health workers is important, the limitations of some facilities in terms of physical infrastructure and other resources to provide for IUCD insertion including offering privacy and confidentiality for

clients were noted as a challenge undermining the provision of this service at health facilities. Permanent contraceptives methods are only offered at higher levels of the health care system further impacting on their already very low uptake.

Consistent supply of FP and related SRH commodities

Annual reports of ZNFC reported shortages of FP commodities that led to high stock outs and limited method mix choice. The main challenges emanated in two areas: (1) implementation of the **Zimbabwe Assisted Pull System (ZAPS); and (2)** funding for commodities.

The Zimbabwe Assisted Pull System (ZAPS)

The ZAPS system has faced several challenges. It is dependent on accurate forecasting by health facilities; however, health service providers were reporting having challenges in ordering commodities leading to under and over supply. Delays in order delivery and inadequate supply are common features of the supply chain. To offset the delays and inadequate supply facilities over-estimate requirements leading to oversupply of commodities and worsens the problem of procurement, and distribution including overstocking at NATPHARM warehouses. Procurement and distribution are centralized through NATPHARM. The institution faces challenges in the NATPHARM logistics system that lead to stock outs and delivery delays. ZNFPC has also not fully participated in ZAPS monitoring visits disabling its ability to contribute support improvements in commodity distribution.

Funding for commodities

The supply chain as discussed above faces several challenges. Supply of commodities is underfunded. There is reliance on external support for commodity supply. There have been efforts to increase funding by government but still falls short of requirements.

Demand for modern contraceptives

The community programme is mature, reaching significant proportion of the population in need of FP and related SRH services. Community Based Distributors (CBDs), peer educators, static clinics and youth centers have played an important role in reaching out to all client segments for FP. Additional awareness raising through the traditional and social media and in tertiary institutions provided further avenues for expanding messaging on FP and related SRH services. To strengthen these efforts a comprehensive communication and advocacy strategy was developed but its implementation was compromised by shortage of resources.

Despite the gains made the FP programme faces numerous challenges that hinder scale and quality of awareness and use of multiple channels. High staff attrition in all provinces has affected effective service delivery while shortage of essential drugs in clinics and youth centers is undermining demand for services. Inadequate resourcing of campaigns including: limited funding for outreach activities especially tents and examination couches; and inadequate packs IUCD certification affecting ability of the FP programme to meet targets;

Quality service provision is an important contributor to sustaining demand for FP and SRH services. The FP programme face bottlenecks in undertaking supporting supervision of health providers due to inadequate programme vehicles and funding for such visits. Lack of standardized data collection tools for CSE and Parent to Child Communication (PCC) and no

standard operational definitions for CSE and PCC were also affecting quality of community training and awareness activities.

Monitoring evaluation, learning and research

Several achievements were record in this area as follows:

- Review of the National FP Register was successfully conducted by the M&E Technical Working Group (TWG) in 2018 and 4,500 copies of the updated Registers were distributed to all facilities through the MoHCC in 2019.
- Efforts were made to include some of the FP and SRH indicators in the T5 series through the development of the EHR with the HMIS department.
- M&E personnel including Management Information Support Officers (MISO), Sisters-In Charge (SICs) and Service Delivery Coordinators (SDCs) were capacitated on the use of DHIS2. Of note, all ZNFPC static clinics are now linked to DHIS2 and able to report service statistics through the system.
- Coordination of the FP program was a success through the FP planning and review meeting and the FP coordination meetings at national and provincial levels over the strategy period. M&E personnel received training in relevant M&E issues.
- Research studies such as those to determine the bottlenecks in demand for IUCD were important in providing the evidence to inform enhanced program and policy advocacy.

Some gaps still exist. There was lack of a functional CIP Dashboard to enable tracking and assessing progress made in line with the ZNFP Strategy (2016-2020) and CIP. A gap in the reporting of FP private sector service statistics into the HMIS was noted. The absence of proper monitoring and reporting aligned to the strategy was a major M&E gap. This was further worsened by the fact that the strategy did not have a mid-term or end-term review done.

2.9 Internal and external environment analysis

2.9.1 SWOT analysis

A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis was conducted as part of the strategy development process. As is shown in Table 4, the SWOT analysis focused on the issues that are internal and external to the Family Planning program. Relevant opportunities were incorporated into determination of the strategic interventions for the new strategy, while measures to try and minimize some of the threats were identified and incorporated.

Table 4: SWOT analysis of the FP programme

Strengths	Weaknesses
• High level policy and strategic instruments backed by an Act of Parliament	• While policies are existent and political will is expressed with supporting documents such as country commitments, they are not necessarily supported by corresponding resources
• Strong political commitment by GOZ to support the FP program along with international policies / conventions	• Need for alignment of policies and laws that relate to FP and SRH so that they are mutually complementary. This includes the inconsistences regarding the age of consent for sex vs the age of consent for access to services.
• Dedicated national FP coordinating body (ZNFPC) under MoHCC	• No legal instrument mandating reporting of services / data from private sector
• There are guidelines on integration of FP with related SRH and other relevant programs. National FP Guidelines on service delivery were developed based on the current WHO Guidelines	• While at lower service delivery points health programs are largely delivered in an integrated way this is not properly structured and monitored
• FP & SRHR delivered through partnership that involves multiple stakeholders	• No standard operational definitions and standardised data collection tools for CSE and Parent to Child Communication (PCC)
• No user fees policy for FP and Maternal and Child Health (MCH) in all public health facilities (FP2020 Report)	• Dwindling global financial support for health including FP and SRH
• Policy environment which is supportive of the provision of integrated FP/SRHR service	• Funding gap for FP commodities and capacity development (both short and long term)
• External partners have continued to support FP and SRH programs especially commodity supply	• Total dependency on donor funding
• A health system that has five tier structures with the lower ones routinely providing FP services	• Inadequate coordination capacity of ZNFPC due to structural challenges and non-competitive remunerations

Strengths	Weaknesses
• High knowledge levels of FP methods amongst the general population (almost universal – 99%-100% knowledge of at least one modern contraceptive method)	• Role of ZNFPC confounding between coordination & implementation
• Recent establishment of ASRH Committees that facilitate acceptance of ASRH messages and services while promoting linkages between schools, health facilities and community-based interventions; and behaviour change among the adolescents and young people – These can be leveraged as vehicles also for FP programming being done	• Organisational review of ZNFPC has been accomplished and report submitted to gov but there is no obvious buy in yet
• Improving access to SRH services, including contraception to young people through Youth Friendly Health Service (YFHS) and Comprehensive Sexuality Education (CSE)	• Undercapitalised business units of ZNFPC not cost effective
• High level of education up to tertiary school – many young people can be reached via their institutions	• Thin human resources base (for both professionals and community volunteers) with high attrition. Limitations due to post freeze, also high staff turnover / attrition
• Expansion of method mix - Implants, PPIUCD/IUCD, different brands of Oral contraceptive Pills	• Lack of customized services for people with disability
• Jadelle insertion is now by services providers (PCNs) at lower level such as the community/rural based health facility and outreach points	• Method mix is skewed to short term acting methods
• Popular related services being offered to young people can be entry points for FP services – e.g., distribution of hygiene kits	• High unmet need for young people
• Recent community health strategy incorporating FP services	Inadequate coverage for particular sub-groups (geographical difference, young, HIV positive women)
• New inventions – information communication technologies	• Lack of clarity on service delivery for the mentally challenged
• Rapidly expanding penetration of internet use including social media platforms, more so for younger people – opportunity for non-conventional ways of IEC	• Aging & limited building infrastructure affecting service delivery (all services in one room)

Strengths	Weaknesses
	• Obsolete or non-functional FP equipment e.g. for FP operating theatres
	• Commodity leakages and insecurity
	• Distribution bottlenecks at NATPHARM leading to overstocking and under-stocking on different products
	• Integration of FP services with related and other relevant programs remains inadequate and not easy to put into practice (e.g., infrastructure for some facilities makes it difficult to provide integrated service; or some providers not trained in integrated FP service provision)
	• ZNFPC Information System not well-aligned to the HMIS
	• Patriarchal society (male dominance in access to FP services especially on LARCs)
	• Prevailing myths and misconceptions, about family planning in general, but more so on specific FP products
	• Poor road network affecting delivery, and clients accessing health facilities
	• Lack of logistical resources e.g. vehicles

Opportunities	Threats
• To place advocacy for FP & ASRH high on national agenda	• Lack of a well-structured frameworks and processes especially on how to coordinate integrated planning at central level with each one wanting to preserve their silo. The threat is if continued silo mentality persists
• High level dialogue is an opportunity for repositioning FP and SRH	• FP and SRH mandate remain inadequately funded
• Take advantage of political campaigns for messaging and advocating on family planning issues	• Unstable / hyper-inflationary economic environment resulting in loss of value of allocated funds with time
• Opportunities for intensifying advocacy and sensitization with political figures	• Donor dependency - The funding comes with conflicting priority areas which sometimes fail to address the real issues
• Improving political support for funding of FP programming	• Donor flight due to economic instability environment
• Proposition for FP to leverage on already existing health related levies	• Community health care strategy: there is risk of overload of Community Health Workers/Village Health Workers (CHWs/VHWs) and losing out on some aspects of quality and focus
• Potential for Public Private Partnerships (PPP)	• COVID-19 likely to prevail longer than initially anticipated
• A policy paper on FP as a development issue was presented to the Parliamentary portfolio Committee for Health and an opportunity exists to follow it up	• Climate change increasing potential for natural disasters / emergency situations (e.g. floods, droughts) that may disrupt delivery of services for programs including FP
• Some recommendations from the ASRH strategy review suggested for its upcoming successor strategy can also benefit to FP program	• Unfavourable conditions of service resulting in failure for skill retention
• FP & ASRH Strategy timelines coinciding – opportunity for synergies	• Pending major political campaign period may disrupt service delivery
• Existence of related strategies or other guidance documents that however need to be operationalized (e.g., the communication strategy)	• Negative populist comments from political figures have potential to hinder acceptance of FP services

2.9.2 PESTELEG Analysis

The Political, Economic, Social, Technological, Legal, Geographic (PESTELEG) analysis mainly focused on issues that are mostly external to the family planning program but affect its potential for success. Issues identified from the exercise are summarized in Table 5. This analysis brought up critical issues that are classified as enablers or obstacles for integrated FP programming. The importance of such knowledge is that it helps to tailor the strategy or interventions so that one builds on the enablers or supporting factors and finds a way of addressing the obstacles in partnership with other stakeholders who have a comparative advantage in a particular area. In cases where the challenge or enabler goes beyond the capacity of FP program, then efforts will be directed towards lobbying and advocating with relevant stakeholders to drive the necessary needs of the program.

On the political and policy front, the fact that there are supportive frameworks that recognize FP and SRH as priorities to contribute to national development renders the most welcome boost to the FP integrated programming. However, the issue of certain policy inconsistences keeps on being raised and hence the need for a rapid review and analysis to better understand what the actual challenge is so that appropriate advocacy or other steps can be taken accordingly. On economic sphere the outlook on potential for economic growth creates a potential for a supportive environment for the strategy and its roll out. However, there is need for cautious optimism given the threat of the COVID-19 pandemic and negative experiences of hyperinflation and shortages of foreign exchange. The shrinking global financial land scape is a concern given the slow pace on improving and increasing domestic-based funding for FP and related SRH services.

Social dynamics have mixed signals. On one side the high literacy rate facilitates transmission of Information, Education and Communication (IEC) especially to young people yet on the other side the prevailing of some religious and cultural beliefs which impede access to FP services is a challenge that needs attention. The dominance of men over women in decision making undermines women's freedom for choice on method mix they feel best suites them. On technology it is noted that social media has opened access to information of all sorts and can be both a positive or negative issues but what is important is to focus more on how it can be used more productively on family planning and related SRH issues. How the electronic health system can be linked to other different systems to exchange data that has mutual benefit is an important possibility.

An Act of Parliament governs the operations of ZNFPC which legally positions it quite highly to enable it to execute its mandate. High political commitment on family planning and SRH has been articulated in many sections of the strategy. ASRH review has provided an opportunity for the FP strategy to take maximum advantage of mutually beneficial recommendations on advocacy for changes to some legal provisions that will impact positively on young peoples' access to ASRH services. The issue of promoting reporting on their services /data from the private sector has been raised on more than one occasion before and points to the need for a facilitating and supportive framework.

Pertaining to geography several obstacles have been cited including hard to reach areas with high unmet need for FP and SRH, climate change, natural and man-made disasters that have implications on availability and access to services. Inappropriateness of some of the health facilities especially for privacy and confidentiality and for people with disability was highlighted. To address these multi-faceted challenges there is need for concerted efforts and a holistic approach by all stakeholders.

Table 5: PESTELG analysis

Political	Economic	Social
• The National Health Strategy that is anchored on National Development Strategy prioritizes FP and SRHR interventions as key to contributing to the health and wellbeing of the population and overall national socio-economic development towards vision 2030 • Resettlement programme with benefits to people yet it might create hard to reach and marginalized area – high unmet needs • Policy inconsistencies on some policies that have implications for FP programming Such as age of consent to sex and age of majority	• Projected economic growth – new economic strategy • Huge diaspora community with significant contribution through remittances etc • Unstable economic environment – hyperinflation resulting in loss of value on allocated funds • General depletion of global funding landscape for FP and ASRH • Freezing of civil service posts by GoZ • Food insecurity	• Very high literacy rate across the general population • Demographics – age distribution / population structure – huge young population • Religious and cultural issues which hinder acceptability and access to FP • Patriarchal society limiting women freedom for decision making and practices
Technological	**Legal**	**Geographic**
• Social media has become popular, more so with younger people, and its use is continuing to expand • The electronic health information system DHIS2 allows for interoperability with other information systems. Information systems in use with at least some private providers can be linked to the DHIS2 • Automate clinics to quicken processes • Interrupted power supply due to load shedding etc	• A parastatal established through ACT of Parliament with clear mandate • Government signatory to international and regional conventions • The ASRH Strategy review has recommended advocacy for amendments of identified legal instruments (Acts etc) to facilitate ASRH programming. These proposed changes are expected to be incorporated in new upcoming ASRH strategy and should also help the FP agenda for young people • No legal instrument mandating reporting of services/data from private sector	• Location (hard to reach areas) limit access to FP/RH services – there is high unmet need • Climate Change causing droughts, floods • Natural disasters, e.g., ongoing COVID-19, and resultant emergencies • Poor road network affecting delivery, and client's movement • Limited building infrastructure affecting service delivery (all services in one room and thereby compromising privacy and quality of services offered) and poor access for people with disability

2.10 Rationale for the strategy

The ZNFPC Act of 1985 provides for the development, coordination and implementation of appropriate programs and measures on Family Planning and related integrated services in partnership with other relevant stakeholders. By the provisions of this Act and the high-level political commitment that the country has made to the goals of ICPD 1994, FP2020 and SDGs as well its own high level policy instruments such as NDS1 and NHS it is a requirement that towards the end of one Family planning strategy, the next should be developed to ensure continuum and expansion of the relevant services for the clients in need and contribute towards vision 2030.As the 2016-2020 strategy was due to expire at the end of 2021 after a one-year extension, it was imperative that a five-year successor strategy be prepared for the period 2022-2026 to provide the strategic direction alongside a costed implementation plan on integrated family planning for the next five years.

Although significant progress has been made in the family planning program over the years as reflected in the situation analysis chapter, considerable challenges still remain notably; high rate of teenage pregnancy and unmet need for family planning which call for more evidence informed and adequately resourced programming for the next five years and beyond. Furthermore, the need to align FP strategy with NHS that is anchored on NDS1 was also an important determining factor.

NDS1 set the overarching national vison; "*Towards a Prosperous and Empowered Upper Middle-Income Society by 2030*". It has detailed priority thematic areas of which the MOHCC has adopted the one on "*Health and Wellbeing* "under which ten outcomes to be achieved have been specified. The health-related outcomes that are of particular importance to FP strategy include but are not limited to; Improved Reproductive Maternal, New –born, Child and Adolescent Health and Nutrition; Improved access to essential medicines and commodities; Improved leadership and governance of the health sector as well as Increasing domestic funding for health services.

Family Planning Strategy is aligned to NHS and seeks to contribute to many of its stated outcomes and ultimately to the overall national development goal and in keeping with the relevant SDG and Zimbabwe commitments on FP 2020 and ICPD and other related international conventions. In addition, the FP strategy cycle is synchronized with that of ASRHR and HIV & AIDS and as such it will draw necessary synergies with them and seek to leverage resources and improved integration of services. Given the importance of family planning in promoting human development, it is essential that the program be implemented in the most optimal way, with relevant strategic guidance. To this end therefore, the Zimbabwe National Family Planning Strategy 2022-2026 has been developed.

NFPS underscores the country's high-level commitment to ensure that its policy and legislation on family planning are effectively realised through provision of quality and comprehensive services to meet the family planning and sexual and reproductive health needs of its population. It also recognizes and adheres to Zimbabwe's commitment to international declarations that seek to empower people to take control of their lives, enjoy their basic sexual and reproductive health and rights (SRHR) contributing meaningfully to their overall development and that of their societies and nations. The international declarations to which government has committed to, include, the goals of the International Conference, on Population and Development (ICPD 1994) and amended in 2019 (ICPD@25), the London FP 2020 Global Summit of 2012

(reiterated in 2017) and now the FP2030 commitments and Sustainable Development Goals and other conventions that have implications on FP and SRHR.

The Zimbabwe Family Planning Program has made remarkable and measurable progress over the years and is considered as one of the best performers in the region particularly in terms of its high modern contraceptive prevalence rate of 50.2% in 2021 and near universal knowledge on contraception among the population (99% for women and 100% for men). Its highly successful community outreach intervention's contribution to creating demand for family planning (FP) and related sexual and reproductive health (SRHR) services has helped to popularize family planning and is considered as best practice for replication.

The program has been characterised by a broad-based partnership led and supported by the Ministry of Health and Child Care (MoHCC) and involving other government Ministries, Civil Society Organization (CSOs), Non-governmental Organizations (NGOs), development partners, the United Nations (UN) and community structures under the coordination of ZNFPC.The onset of COVID 19 and its adverse effects has added further strain to an already overstretched economy and the entire society with implications on a wide range of services including family planning. Taking into consideration the achievements that have been made and the gaps that still exist, the ZNFPS (2022-2026) seeks to harness greater momentum that is evidence based and adequately resourced to enable timely and effective programming towards desired results

3 Strategy Development Process

The Zimbabwe National Family Planning Strategy for the years 2022-2026, (ZNFPS 2022-2026) was developed through a consultative and participatory process led by ZNFPC and supported by UNFPA and MoHCC with active involvement of other stakeholders that included some other Government Ministries, CSOs, NGOs and other development partners. While the extent of consultations with stakeholders had some limitations due to the prevailing COVID-19 related restrictions, the overall intended objective was achieved.

The process was overseen and guided by FP Strategy Development Steering Committee chaired by ZNFPC with support from the M&E and Costing TWGs and two consultants. Most of the meetings, key informant interviews and related consultations were conducted through virtual platform due to COVID 19 protocols. Through this process, the stakeholders provided significant contributions to inform the strategy development based on their experiences and relevant evidence that had been accumulated over several years of work in family planning and other related programs at policy, management and service delivery areas as well as critical analysis on what should be prioritised for the next five years.

In addition to key informant interviews and literature review, a three-day stakeholder workshop was convened and brought together participants comprising of representatives from ZNFPC, MOHCC and other Government Ministries, CSOs, the UN and other Development Partners to deliberate on a range of issues pertaining to the outgoing strategy and to draw lessons for the next.

The workshop reviewed findings of the situation analysis of the performance of the 2016-2020 strategy and discussed the main achievements that were made as well as best practices and any innovations observed including lessons learnt. It further focussed on challenges and bottlenecks that were encountered and the remedial solutions that were applied. Using data from the problem analysis participants at the workshop identified priority problems that will be addressed by the FP programmes. Once the problems were identified a theory of change of how to address them was developed with clear results and causality. Strategies and activities were then identified. Enablers of theory of change were identified and a termed “Anchors” in this strategy. A follow up two-day meeting to cost the strategy and develop the M&E framework was conducted with a smaller number of participants representing the cross section of key stakeholders of the FP programme.

4 Strategy Vision, Guiding Principles and Results

4.1 Vision

Towards zero unmet need for family planning services among all in Zimbabwe by 2026

4.2 Mission

To provide rights-based quality integrated family planning services through innovation and co-ordination.

4.3 Goals

- Reduced unintended pregnancies among women of reproductive age.
    - **Indicator:** Unmet need for family planning reduced from 10% in 2021 to 7% by 2026
- Reduced adolescent pregnancies.
    - **Indicator:** Adolescent fertility rate reduced from 108/1000 in 2019 to 93/1000 by 2026

4.4 Objectives

- Increased utilisation of modern contraceptives by adolescent boys, girls, women of reproductive age and men.
    - **Indicator:** mCPR for all women increased from 50.2% in 2019 to 54% by 2026
- Increased utilisation of integrated FP, SRHR and HIV services for adolescents.
    - **Indicator:** mCPR for adolescence (15-24 years) increased from 48% in 2015 to 54% by 2026.

4.5 Values

a) **Universal Access**: Ensuring provision of rights based comprehensive integrated quality Family Planning services that are gender sensitive, affordable, and accessible to all

b) **Rights and Choice-based**: Affording everyone the right to make informed choice of family planning method and to have a child as and when they decide. Everyone has the right to information, service, and care on integrated SRHR.

c) **Efficiency**: Embark on strategies that will bring most benefit with minimal costs. For achieving faster results, innovation, efficiency, and quality will be observed for improving utilisation of integrated FP services and rapid scale up of effective interventions.

d) **Accountability**: The implementation of FP programme should ensure efficient and transparent use of resources by establishing mechanisms for holding decision makers, management, and service providers accountable at every level for the outcomes of the programme and the use of resources.

4.6 Guiding Principles

Following from the above stated values, the FP Strategy has adopted principles from the Comprehensive Human Rights-based Voluntary Family Planning Program Framework, a global guidance document published by the UNFPA, FP2030 and the What Works Association, in May 2021.[6] The framework elaborates in detail what will be in place at each of the four levels – supportive culture & community; enabling legal & policy environment; quality information & services; and empowered & satisfied client. It addresses how each of the human rights-related principles and standards articulated by WHO (2014) and FP2020 (2015) that pertain to contraceptive information and services are applied.

The framework is structured around 10 principles and standards that come from international human rights standards established by human rights mechanisms and enshrined in international conventions that countries have ratified. The identified principles and standards are applied at each level of the health system as reflected in table 5 below. Notably, the principles / standards are also shared (explicitly or implicitly) by other strategies in Zimbabwe e.g., the empowerment principle enshrined in the National Development Strategy 1 (2021-2025).

Table 6: Guiding principles for a holistic Rights and Choice-based FP programming

Principle / Standard	**Level of the Health System**			
	Community: Supportive culture & community	**Policy:** Enabling Environment	**Service Delivery:** Quality information and services	**Individual:** Empowered and satisfied client
1. Accountability	✓	✓	✓	✓
2. Acceptability	✓	✓	✓	✓
3. Accessibility	✓	✓	✓	✓
4. Agency/Autonomy/Empowerment	✓	✓		✓
5. Availability		✓	✓	✓
6. Informed Decision Making		✓	✓	✓
7. Non-discrimination and Equality		✓	✓	✓
8. Participation	✓	✓	✓	✓
9. Privacy and Confidentiality		✓	✓	✓
10. Quality		✓	✓	✓

**Under enabling environment, the guidance framework does not explicitly include principle #4 above, but it however is considered applicable for enabling environment under this strategy.*

The FP Strategy (2022-2026) also incorporates the guiding principles of the National Health Strategy (2021-2025). These are: a) equity b) quality c) efficiency d) confidentiality e) professionalism f) partnership and multi-sectorial collaboration. These are included in the FP Strategy 2022-2026 through being directly part of the tof Zimbabwe's (GOZ′s) national Monitoring and Evaluation policy e.g., accountability, confidentiality, gender equality and equity.[7]

[6] FP2030, UNFPA and What Works Association. 2021. The Comprehensive Human Rights-based Voluntary Family Planning Program Framework: Brief. Washington, DC: FP2030

[7] Monitoring and Evaluation Policy, Zimbabwe, May 2015

Conceptual framework principles listed above (e.g., confidentiality) or implied (e.g., accountability being part of professionalism at service delivery level). Furthermore, the 10 above listed principles also overlap with some of the 10 guiding principles of the Government

4.7 The Conceptual Framework

The conceptual framework for the FP Strategy 2022-2026 has been informed by international and local evidence and guidance on what works in FP programming and the building blocks for an effective health system. The FP2030 and UNFPA guidance document, *"The Comprehensive Human Rights-based Voluntary Family Planning Program Framework"* and the *"Guidance for Developing a Technical Strategy for Family Planning Costed Implementation Plans"* were key guidance documents in designing the conceptual framework[8] & [9]. The conceptual framework also draws and is aligned to the aspirations of the National Health Strategy (NHS) 2020-2025; and the National Development Strategy 1 (NDS1) 2021-2025. The vision, mission, and guiding principles of this strategy also contributed to the framing of the conceptual framework.

The framework is built around addressing the two core problems that have been prioritized for the strategy namely: **unmet need for family planning and high adolescent pregnancy rates.** By addressing the two core problems, the strategy is expected to impact broader health and development through benefits that include reducing maternal and child mortality, averting unintended pregnancies, and effecting cost savings for the health system which are key objectives of the NHS 2020 - 2025. Ultimately the country benefits in the form of broad-based economic growth, a productive and educated workforce, and a growing middle class. In this regard, FP plays a critical role in reducing poverty and driving economic growth – key objectives of the NDS 1 2021-2025.

The conceptual framework identified the four pillars for FP programming that are fundamental to addressing the two identified core problems namely: enabling environment; commodity security; integrated service delivery; and demand creation. **An 'enabled environment'** is a positive and responsive environment at every level of service delivery particularly at policy and decision-making levels that sets things in motion and facilitates implementation. Enabling environment is made up of three sub-components: adequate and sustainable financing; effective coordination of FP at all level and sectors; and relevant policy and guidelines that facilitate equitable, affordable, quality and integrated FP, SRHR and HIV services. These three sub-components are achieved through:

- achieving predictable and sustained government and donor funding for FP programme activities and establishment of effective Public Private Partnerships (PPPs);
- improved coordination of FP including for the provision of integrated FP/SRH/HIV services through structures, processes and partnerships that enhance coordination; and
- facilitating the harmonisation of policies for quality integrated service delivery and ensuring marginalised groups are reached with services.

Commodity Security is concerned with establishing a reliable and sustainable Logistics Management Information System (LMIS) that ensures effective supply chain management, along with adequate financing that will guarantee uninterrupted supply, distribution, and monitoring of family planning commodities. To achieve this, accurate and effective

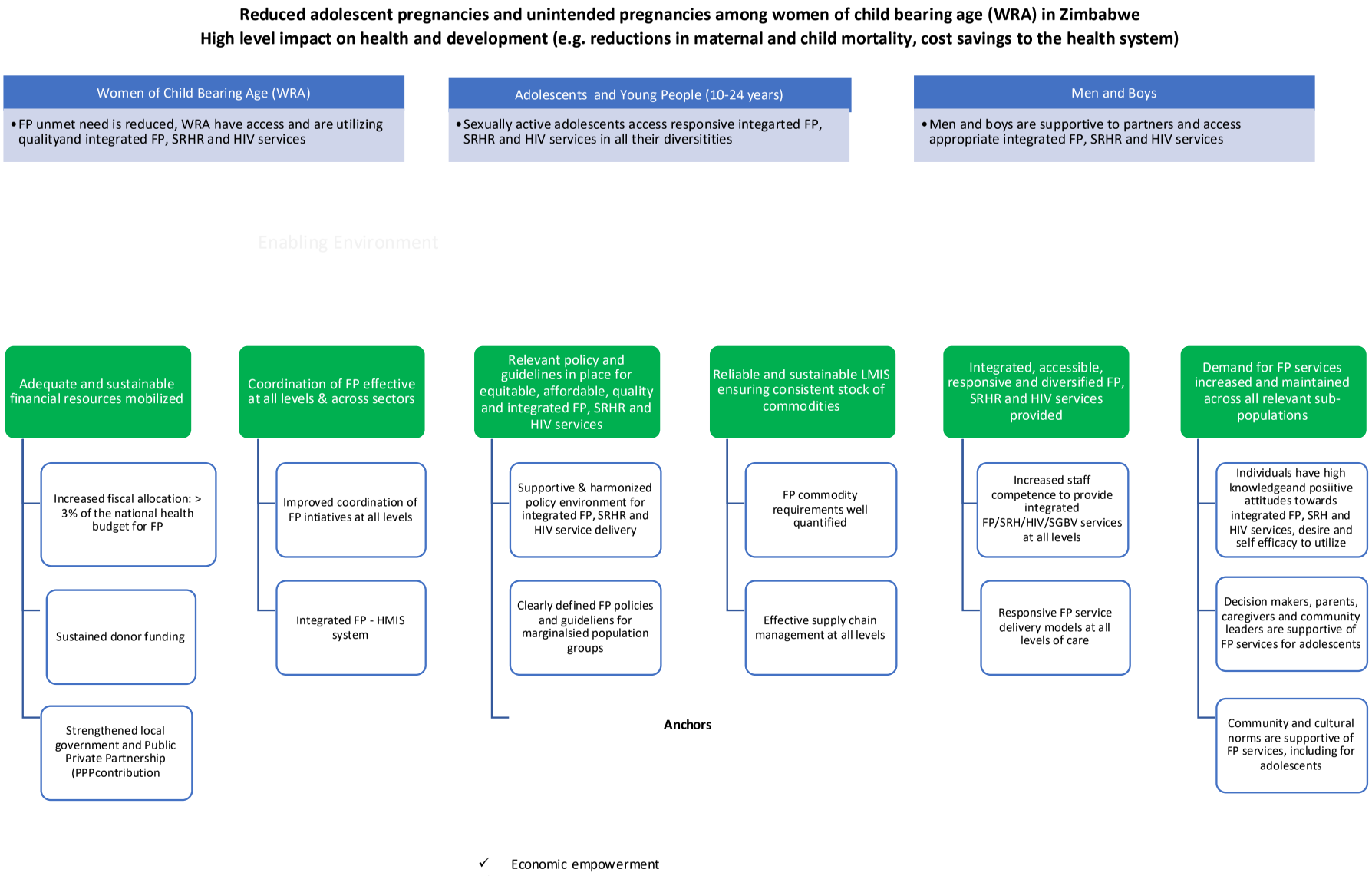
[8] Guidance for Developing a Technical Strategy for Family Planning Costed Implementation Plans, Knowledge for Health

[9] FP2030, UNFPA and What Works Association. 2021. The Comprehensive Human Rights-based Voluntary Family Planning Program Framework: Brief. Washington, DC: FP2030

quantification of commodities supported by efficient and resilient supply chains at all levels are critical elements for ensuring commodity security. Within the pillar of **Service Provision** ensuring increased staff competence to provide integrated FP/SRH/HIV/SGBV services at all levels and that service delivery models are responsive to client needs – women, men and adolescents – are critical supportive interventions to contribute to establishment of sustained quality service provision.

Demand Generation is important to ensure services and commodities are actually used by women, men and adolescents. Through this pillar the FP strategy addresses barriers to FP utilisation related to individual knowledge of and attitudes towards FP including their desire and self-efficacy to use integrated FP/SRH/HIV services. The conceptual framework recognises the specific role played by influences of norms within partnerships, households, and communities and therefore puts decision makers, parents, caregivers and community leaders at the centre of transformative efforts to gain their support for FP/SRH/HIV services for women, men and adolescents. By enhancing support of community leaders and custodians of cultural norms and other social norms, the FP aims to transform negative social norms within communities on the use of FP/SRH/HIV services including by adolescents. Considering the above, the conceptual framework provides guidance on the orientation of the FP programme including identification of interventions that contribute to achievement of the four pillars which in turn would lead to addressing the two core problems. *The resultant conceptual framework is illustrated in Figure 6.*

Figure 6: Conceptual Framework – Zimbabwe National Family Planning Strategy (2022-2026)



4.8 Theory of Change

Figure 7 presents the Theory of Change for the Family Planning Strategy 2022-2026. It shows the causal pathways that have been prioritised and will be influenced by the FP Strategy 2022-2026 to address the two core problems of **unmet need for family planning and high adolescent pregnancy rates**. There are three causal pathways covering three pillars of the conceptual framework – service provision, demand generation, and commodity security. The fourth pillar on enabling environment is considered as an enabler of the three causal pathways. The theory of change can be summarised by the following hypothesis:

- ***If*** service provider capacity is responsive to provision of quality integrated FP/SRH/HIV/SGBV services delivery for adult women men and all AYP sub-groups coupled with consistent supply of FP and SRH commodities, and that clients (women, men and adolescents) have improved knowledge and attitudes for use of integrated FP/SRH/HIV/SGV services and encouraged by a supportive family and community environment for use of such services ***Then*** more women, men and adolescents will use FP/SRH/HIV services leading to reduction of adolescent pregnancies, and unintended pregnancies among adult women.

The first pathway addresses barriers for reducing adolescent pregnancies that are premised on reduced accessibility and use of contraceptives among adolescents as a result of:

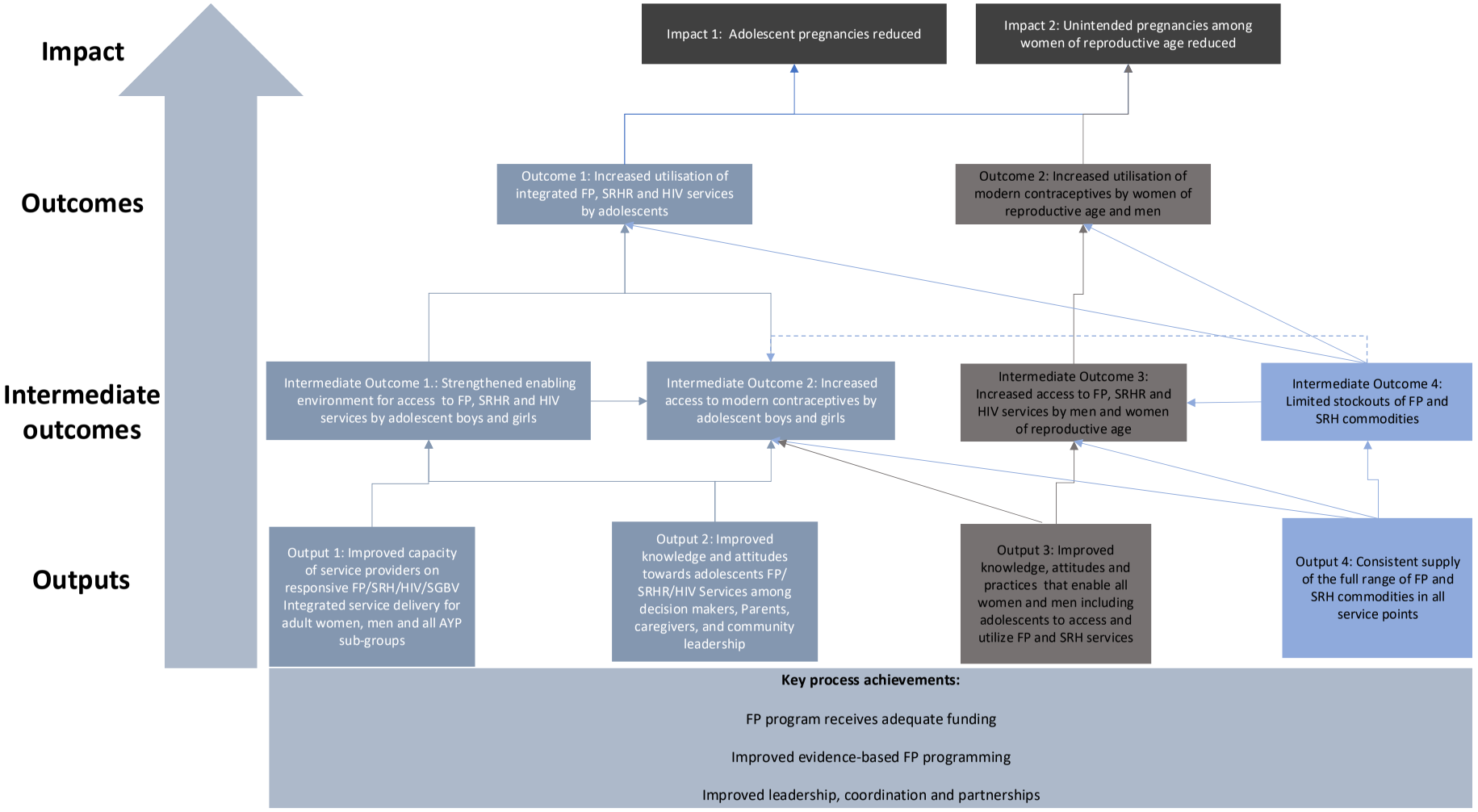
1. Limited support for use FP/SRH/HIV services by adolescents among key decision makers, community leaders and parents and caregivers of adolescents and young people;
2. FP, SRH, and HIV services at the facility and community level that are not responsive to the needs of adolescents; and
3. Personal knowledge, skills, attitudes, and behaviours among adolescents that undermine their use of contraceptives.

The second causal pathway for the FP programme is concerned with reducing unintended pregnancies among adult women of reproductive age. By: 1) addressing gaps in knowledge, negative attitudes, and behaviours towards use of FP, and 2) creating a supportive family and community environment for women's and men's use of FP/SRH services , the FP programme will increase access to and use of modern contraceptives by adult women and men of reproductive age to avoid unintended pregnancies. The third pathway is a supportive pathway that: addresses availability of the full range of all FP and SRH commodities in all service points to ensure women and men have access to method of their choice.

For this Theory of Change to be realised the FP Strategy 2022-2026 **must**:

1. receive adequate, predictable and sustainable financial resources from multiple sources that include government, development partners and the private sector (through PPPs);
2. improve leadership, coordination, and partnerships at all levels; and
3. use of routine data collected under this strategy's monitoring and evaluation framework for informed decision making and innovation towards strengthening the operating environment, service provision, demand generation, and commodity security.

Figure 7: Theory of Change (TOC) – Zimbabwe National Family Planning Strategy 2022-2026



5 Strategies for the Integrated FP Strategy 2022-2026

This section provides details of the intervention framework for the FP Strategy 2022-2026. The framework is guided by the four outputs of the FP Strategy 2022-2026 depicted the Theory of Change (Figure 7) which are:

- **Output 1:** Improved capacity of service providers to provide quality integrated FP/SRH/HIV/SGBV service delivery for adult women, men and all AYP sub-groups.
- **Output 2:** Improved knowledge and attitudes towards adolescents' use of FP/SRHR/HIV services among decision makers, parents, caregivers, and community leadership.
- **Output 3:** Improved knowledge, attitudes and practices that enable all women and men including adolescents to access and utilize FP and SRH services.
- **Output 4:** Consistent supply of the full range of FP and SRH commodities in all service delivery points.

5.1 Output 1: Improved capacity of service provide to provide quality integrated FP/SRH/HIV/SGBV service delivery for adult women, men and all AYP sub-groups

The key aim of this output is to ensure service are able to meet the needs of all the market segments for FP/SRH/HIV services. It will strengthen integration of FP/SRH/HIV service provision in all service delivery points to increase reach of the FP programme. This will include support for implementation of integration guidelines and the adherence to minimum standards of service provision. Strategies that will be implemented under this output are:

- **Strategy 1.1:** Strengthen capacity of service providers to provide quality integrated FP/SRH/HIV/SGBV services to adult women, men and all AYP subgroup
- **Strategy 1.2:** Strengthen the capacity of teachers to carryout CSE in schools
- **Strategy 1.3:** Expand delivery service models through strengthening of PPPs
- **Strategy 1.4:** Strengthen national level coordination of FP with related Reproductive health and SRH/HIV and SGBV programming

The strategies are detailed below.

5.1.1 Strategy 1.1: Strengthen capacity of service providers to provide quality integrated FP/SRH/HIV/SGBV services to adult women, men and all AYP subgroup

This strategy will seek to improve the capacity of service providers to provide quality integrated FP, SRH and HIV services tailored for adolescents, young people, adult women, and men as well as Persons living With Disabilities (PWDs). The strategy will support pre- and in-service training of health service providers including supporting capacity of tutors, and revision of health worker training curricula on integrated FP/SRH/HIV/SGBV services delivery. The FP programme has already made significant strides in building capacity of health service providers to provide quality FP services including clinical training for LARCS. This strategy will build on these gains by expanding in-service training through use of hybrid training approaches based on evidence of their effectiveness, target private sector health providers, and specifically expand support for capacity for integrated FP/SRH/HIV service provision. The strategy will also continue to expand capacity building of health service providers on the minimum standards for YFSP according to the most recent guidelines. Follow up support and supportive supervision will be an important part of this process to ensure knowledge is

translated into practice by providing mentorship support that enhances confidence of health workers to practice new knowledge. Supportive supervision is expected at all levels (e.g., district management team visiting facilities; provincial team visiting the districts), to be well planned with specific schedules and targets for number of visits and reflect the emphasis on integration of service provision by using the integrated service supervision checklists and representation from relevant programme areas. The strategy will ensure community level workers such as CBDs, and VHWs are trained in integrated FP, SRHR and HIV service provision. This will also be aligned or influenced by the Community Health Strategy and Health Services Package.

5.1.2 Strategy 1.2. Strengthen the capacity of teachers to carryout CSE in schools.

This strategy recognizes the important role the school environment plays in reaching out adolescents on issues of sexuality. This strategy will build on the work already started in previous FP Strategy 2016-2020, through supporting continuous in-service training of teachers complemented by mentorship support. Training will target heads of schools and teachers designated to undertake the related roles.

5.1.3 Strategy 1.3: Expand delivery service models through strengthening of PPPs.

Service delivery models will be expanded through the strengthening of public private partnerships (PPPs). Ensuring there is high coverage of facilities (in public and private sector settings) offering minimum packages of FP services including LARCs, will provide women and AYP with a wider choice of FP methods. Partnerships with the private sector will be pursued in the provision of services and commodities and to ensure a wider coverage of SRH/HIV/SGBV services responsive to needs of all AYP subgroups This would lead to increased uptake of such services by AYP.

5.1.4 Strategy 1.4: Strengthen national level coordination of FP with related Reproductive health and SRH/HIV and SGBV programming

The strategy recognises the importance of the effective implementation of family planning programming in coordination with related reproductive health and SRH/HIV and SGBV sectors. This will involve establishing a multisectoral platform for FP and HIV/SRHR & SGBV programs through meetings that will be held bi-annually. The strategy will assist in adapting, promoting and use of the existing integrated SRH/HIV and SGV services supportive supervision tool through consultative meetings. Additionally, advocacy will be conducted for the inclusion of FP in HIV, SGBV, SRHR commemorative events and budgets (MNCH, HIV, SGBV). National M&E systems will be reviewed for the integration of FP.

5.2 Output 3: Improved knowledge, attitudes and practices that enable all women and men including adolescents to access and utilise FP and SRH services

Improved knowledge contributes to people making informed decisions, have choices and access and utilise FP commodities of their choice, including modern contraceptives, and other SRH services. Limited knowledge of FP/SRH can often lead to negative attitudes towards these services resulting in increased unintended pregnancies, child marriages, and unsafe abortions. The strategies for this output will enhance knowledge and improve attitudes of women, men and adolescents to facilitate increased access and utilisation of FP and SRH services.

The following are strategies for this output which are further detailed in sections that follow:

- **Strategy 3.1:** Strengthen male support for women`s FP choices.
- **Strategy 3.2:** Transform gender norms and barriers that undermine men and women to access and utilise FP.
- **Strategy 3.3:** Develop and implement transformative interventions that change attitude, practice, and behaviours of adolescents towards FP/SRH services.
- **Strategy 3.4:** Strengthen partnerships with media houses on awareness and demand creation on FP and SRH.

5.3 Output 2: Improved knowledge and attitudes towards adolescent FP, SRHR and HIV services among decision makers, parents, care givers and community leadership.

It is expected that improved knowledge on integrated FP, SRHR and HIV services will result in improved attitudes towards adolescent FP and increased access and utilisation of integrated FP services which will create a conducive environment for the uptake of integrated FP, SRHR and HIV services at all levels by adolescents. Transformative interventions that target decision makers, parents, care givers and community leadership will be implemented to enhance their support for integrated FP, SRHR and HIV services for adolescents. *The strategies that will be implemented are:*

- **Strategy 2.1:** Change community leaders' attitudes and perceptions towards FP&SRHR services for adolescents
- **Strategy 2.2:** Introduce and sustain a comprehensive social and behaviour change strategy targeting parents

5.3.1 Strategy 2.1: Change community leaders' attitudes and perceptions towards FP&SRHR services for adolescents

The programme recognizes the role of the family and wider community in influencing the attitudes, perceptions and ultimately the practices of adolescents and young people towards utilization and uptake of FP, SRHR and HIV services. The package of demand-related interventions will therefore include those targeted at identified influential people including parents and leaders at different levels. Multiple channels of behaviour change communication will be used to reach out to community and other opinion leaders including face to face meetings, radio programmes, identification, and support for change champions, and facilitating exchange visits/meetings for learning and support. Under this strategy community dialogues with traditional, religious and political leaders will be undertaken to improve program support. Community sensitization meetings on FP/SRHR targeting parents will also be conducted. This will be supported by advocacy and social mobilization for FP/SRHR for adolescents targeting stakeholders and decision makers.

5.3.2 Strategy 2.2: Introduce and sustain a comprehensive social and behaviour change strategy targeting parents

This specific strategy will focus mainly on parents to enhance Parent to Child Communication (PCC) on SRH issues. The strategy will build capacity of community based workers such as CBDs to facilitate PCC sessions for parents and youth. Champions of change will be identified and trained at district level to create demand for FP/SRH services for adolescents through various platforms. The strategy will explore integration of the FP in behaviour change communication of Adolescent SRH and HIV programmes to expand reach and reap economies of scale.

5.3.3 Strategy 3.1 Strengthen male support for women`s FP choices

Male involvement in family planning programs is a practice wherein fathers and male community members actively participate in caring for women and supporting their family to access better reproductive health including family planning and sexual and reproductive health services. The patriarchal nature of the Zimbabwean society leads to men having an overbearing influence on women's FP and SRH choices. This affects the right of women to make their own decisions about their SRH which leads to low uptake of FP and SRH services. Therefore, this strategy will adopt interventions targeting men as core players in the FP and other SRH services decision making and practices for women. The Strategy acknowledges the importance of male engagement and involvement in FP programming as one of the major components which is key to increase uptake of services. This has been prompted by the fact that, existing programs usually have limitations on addressing both men and women together on family planning and sexual and reproductive health issues taking into account their gender relations, decision making process and the context that influences them. The Strategy aims to address men's reproductive health needs and promote men's rights and participation in reproductive health including family planning and sexual and reproductive health issues.

The strategy recognizes the need to address the traditional institutionalization, that focused on women (and children, in the traditional dyed) and barred men from access to services and from exercising a number of responsibilities in the area of family planning and sexual and reproductive health of their wives and health of their children. It is also important to consider the socio-cultural aspects that shape male perspectives, based on the socially-embedded gender relations in the different stages of the life cycle, and use the knowledge and suggest ways to increase men's involvement in and uptake of family planning and sexual and reproductive health services. Within this context, target specific information, education and communication (IEC) and advocacy strategies are critical and shall be directed towards addressing the knowledge gaps among communities.It will facilitate implementation of joint dialogues (that involve men and women together) to discuss FP methods, their side effects and management. This will be supported by the identification and support of male Champions (preferably those with convening power) to advocate for FP and SRH services. Community, traditional, religious, and political leaders will be targeted and included in sensitization meetings on FP and SRH services to raise awareness on family planning and the importance of male support on women's SRH. Reaching men can be particularly challenging, the strategy will aim to introduce innovative ways of reaching men with messages e.g., moonlight dialogues with men to promote FP. It aims to implore interventions that focus on demystifying the myths and erroneous assumptions about men's views on family planning, sexuality and health through increased education awareness among community, traditional, religious, and political leaders. This will also extend to ensuring that the education curricular acknowledges the importance of target specific education and information dissemination.

The Family Planning Strategy (2022-26) aims to generate quality adequate data to understand male perspectives and the extent of their involvement in family planning and other related reproductive health issues through surveys and researches for resource mobilization and importantly for evidence based decision and policy making processes.

5.3.4 Strategy 3.2: Transform gender norms and barriers that undermine men and women to access and utilize FP and other SRH services

In recognition of the complexity of this issue (norms and barriers to FP utilization), the strategy will incorporate a comprehensive package of interventions including inclusive targeting of population sub-groups (as described above), utilizing wide scope of media platforms, supported by advocacy for political and or policy support through engaging various policy makers. Realizing that platforms such as social media have been an important vehicle for information dissemination but have also been abused to pass false or inaccurate information, this strategy will make proactive efforts to address and dispel FP/SRH related myths and misconceptions through use of interactive platforms (e.g. road shows, community meetings, individual discussions etc.) and media, apart from also passing the correct information on the same (social media) platform.

5.3.5 Strategy 3.3: Develop and implement transformative interventions that change attitude, practice, and behaviours of adolescents towards FP/SRH services

This strategy can be viewed as a sub-strategy of Strategy 3.2 above. It is specifically intended to enhance the FP programme's efforts at transforming attitudes and behaviours of adolescents towards FP/SRH services. As mentioned in Strategy 3,2, the strategy recognizes that behaviour change is a complex process that involves multiple determinant factors, and this is particularly true with adolescent population and for adolescents' use of FP, SRH and HIV services in specifically which have often been perceived as controversial. The strategy will therefore seek to continuously identify and promote proven or promising interventions that are expected to yield the most gains in behavioral transformation towards modern contraceptives and other FP and SRH services. Based on existing evidence of the success of community-based interventions (e.g., peer support, community ASRH committees, Youth Advocate Movements (YAM), and CBDs), the programme will among other interventions promote the community-based approach and ensure monitoring and evaluation tracking specific indicators for this component. The tertiary institutions programme has also been a successful intervention to target young people. This strategy will aim to ensure that FP/SR are integrated in SRH and HIV programming for young people in tertiary institutions.

5.3.6 Strategy 3.4: Strengthen partnerships with media houses on awareness and demand creation on FP, SRH

The FP programme will proactively seek partnerships with sectors that are outside the FP/SRH providers but recognized to have potential influence. This programme will proactively reach out to the identified major mass media houses seeking to utilize their platforms for dissemination of information raising awareness and further generating demand on FP, SRH and HIV services, through various ways that may include for instance airing related talk shows, advertisements and or short films etc. In addition, the FP programme also recognizes that the younger generation is particularly active on social media and the use is expanding with the growing internet penetration and use of devices such as smart phones. The program will therefore capitalize on the social media platforms for information dissemination.

5.4 Output 4: Consistent supply of the full range of FP and SRH commodities in all service points

Under this output, the strategy aims to establish resilient supply chains especially in the face emergencies such as COVID-19 or was the case with Cyclone Idai. Successful maintenance of all the components of the supply chain will ensure consistent supply of the full range of FP and SRH commodities in all service points across the country. Failure to maintain this functionality will lead to leakages, supply shortfalls and stock out of commodities. It is important to ensure, that all facets of the supply chain components are reliable, secure and sustainable. Maintaining consistency in the supply of FP and SRH commodities will increase access to modern contraceptives by all population sub-groups. Increased access to modern contraceptives by all population sub-groups will lead to their increased utilisation which will aid in reducing adolescent pregnancies and unintended pregnancies – the two Goals of the FP Strategy 2022-2026. The following are strategies for this output:

- **Strategy 4.1:** Strengthen the supply chain and security of all FP and SRH commodities including during emergencies.
- **Strategy 4.2:** Increase supply chain visibility and accountability.
- **Strategy 4.3:** Improve supply chain coordination among stakeholders

The sections that follow provide more information on these strategies.

5.4.1 Strategy 4.1: Strengthen the supply chain and security of all FP and SRH commodities including during emergencies.

The importance of strengthening the supply chain and security of all FP and SRH commodities has been heightened by funding shortfalls and the disruptions to supply chains brought about by the COVID-19 pandemic. The strategy will ensure that FP and SRH commodity requirements are well quantified, and that sufficient stock is purchased timely. In addition, the quantification of national FP and SRH commodities is important, including safeguarding the availability of buffer stock that might be needed for emergencies, such as natural disasters or pandemicsThe effective management of NATPHARM warehouses down to end users will further enhance supply consistency, while ensuring that proper infrastructure and support is available for the ZAPS System to work at the expected level of efficiency. The situation analysis revealed the need to train key service providers in supply chain management including stock management. This training will assist in preventing stock-outs and leakages at all facilities, while assisting in monitoring demand and supply in real time. In addition, the strategy will engage with key stakeholders for mobilisation of resources to strengthen the supply chain and ensure commodity security.

The strategy also recognizes the importance of client choice, hence to the extent possible, the commodity supply will not only consider quantities, but also purchase and supply options informed by user preferences, as reflected under demand creation below. Expectations for this strategy therefore include engagement and feedback between interventions under Outputs 1, 2 and 3

5.4.2 Strategy 4.2: Increase supply chain visibility and accountability

Accountability in the supply chain remains critical in plugging leakages and preventing stock-outs. The FP strategy will build on the eLMIS already rolled out by the MOHCC. Interventions will include the establishment of electronic warehouse systems in all warehouses/stores to improve stock control. Electronic systems have the added advantage of not being prone to manipulation by end users and they ensure that all components of the supply chain are visible

to users, promoting transparency and accountability. Development of dashboards for stock management at central, provincial, district and facility level will also have the added advantage of providing real time data that can further be used for monitoring and evaluation of the supply chain of FP and SRH commodities. The situation analysis further revealed the importance of supply chain audits which may be conducted bi-annually at all levels.

5.4.3 Strategy 4.3: Improve supply chain coordination among stakeholders

All stakeholders within the FP and SRH supply chain are critical in ensuring that commodities are always available at all service points. The strategy recognizes the need for regular meetings to communicate and coordinate with program teams to ensure that distribution is timely responsive to program needs. The strategy also appreciates that prolonged periods without monitoring and support to facilities for supply management of PF and SRH commodities will derail all efforts of attainting a seamless supply chain management.

Table 7 presents a summary of the strategies for all outputs. Annex 1 presents the detailed implementation plan with activities.

Table 7: Summary of Strategies for the ZFPS

Outcomes	Outputs	Strategies
Outcome 1: Increased utilisation of integrated FP, SRHR and HIV services by adolescents	**Output 1:** Improved capacity of service providers on responsive FP/SRH/HIV/SGBV Integrated service delivery for adult women, men and all AYP subgroups	**Strategy 1.1:** Strengthen capacity of service providers to provide quality integrated FP/SRH/HIV/SGBV services to adult women, men and all AYP subgroup
		Strategy 1.2: Strengthen the capacity of teachers to carryout CSE in schools
		Strategy 1.3: Expand delivery service models through strengthening of PPPs
		Strategy 1.4: Strengthen national level coordination of FP with related Reproductive health and SRH/HIV and SGBV programming
	Output 2: Improved knowledge and attitudes towards adolescents FP/ SRHR/HIV Services among decision makers, Parents, caregivers, and community leadership	**Strategy 2.1:** Change community leaders' attitudes and perceptions towards FP&SRHR services for adolescents
		Strategy 2.2: Introduce and sustain a comprehensive social and behaviour change strategy targeting parents
Outcome 2: Increased utilisation of modern contraceptives by women of reproductive age and men.	**Output 3:** Improved knowledge, attitudes and practices that enable all women and men including adolescents to access and utilise FP and SRH services	**Strategy 3.1:** Strengthen male support for women`s FP choices
		Strategy 3.2: Transform gender norms and barriers that undermine men and women to access and utilise FP
		Strategy 3.3: Develop and implement transformative interventions that change attitude, practice, and behaviours of adolescents towards FP/SRH services
		Strategy 3.4: Strengthen partnerships with media houses on awareness and demand creation on FP and SRH
	Output 4: Consistent supply of the full range of FP and SRH commodities in all service points	**Strategy 4.1:** Strengthen the supply chain and security of all FP and SRH commodities including during emergencies.
		Strategy 4.2: Increase supply chain visibility and accountability.
		Strategy 4.3: Improve supply chain coordination among stakeholders

6 Anchors for the Integrated FP Strategy

In addition to the outcomes (and intermediate outcomes), the strategy recognizes that successful implementation towards achievement of these outcomes needs to be supported by the anchors described below. Anchors are the support base for the National Family Planning Strategy on which it relies heavily for its success, momentum, and sustainability. Four anchors have been prioritized to operate in combination with other support mechanisms and include: 1) Leadership; 2) Funding; 3) Partnerships; and 4) Monitoring, Evaluation, Research and Learning. They are dynamic and adaptable to situations and context, and they are also subject to performance assessment to determine if they are being effective and adding value.

6.1 Leadership

Leadership for family planning programming is articulated in the ZNFPC Act of 1985 and in the amendment of 2004 which states that ZNFPC shall lead all family planning and related SRH activities, ensure that stakeholders involved shall adhere to developed standards, guidelines, and procedures. This role also expands to the procurement, and distribution of FP and SRH related commodities among other provisions. The Act sets the policy direction and stipulations for comprehensive programming for family planning and related sexual reproductive health in Zimbabwe and underscores the roles and responsibilities of ZNFPC to provide effective leadership, coordination and support that is responsive to the needs of the population in a transparent and accountable way. It provides for the governance, stewardship, and coordination structures at national and subnational levels.

Building on this high-level supportive policy framework political leadership has remained fully engaged and committed on FP and SRH issues and this has been demonstrated by Government commitment to the goals of ICPD 1994 and FP2020 targets and the attainment of SDGs and in this context, particularly of SDG 3 and other FP and SRH related SDGs. Leadership does not end at policy and commitment level, but it also ensures that requisite resources whether financial, human, or material resources are available and being utilized based on the principle "*value for money*" or "*do more for less*".

Leadership for family planning and related SRHR and HIV services will ensure the following among other areas of focus:

- Securing buy-in towards common direction and goals.
- Mobilizing and optimizing resources as well ensuring sustainability.
- Maximizing and sustaining effective partnerships.
- Motivating cascading of leadership for positive change to different levels.
- Promoting accountability measures.
- Measuring results of effective leadership for family planning.
- Enabling environment for programming.
- Adequate resources for the program.
- Family planning positioned not only as a health concern but also as national development issue / intervention.
- Family planning recognized as human right.
- Effective partnerships with concrete outputs to show results and their impact and
- Success of family planning and related SRH according to agreed indicators that measure results.

6.2 Funding

Funding is a critical enabler for FP programming. Sustainable, long term and predictable funding is more important in ensuring effective planning and implementation of FP interventions. Strong government commitment and funding is central in achieving this. The Government of Zimbabwe has committed, through the FP2020 commitments, to increasing funding for FP from 1.7% to 3% of the national health budget by 2026. However, progress on this commitment has been slow with funding actually declining as discussed earlier. The aim of the FP Strategy 2022-2026 is to support efforts to ensure government realises its funding commitment for the FP programme. To do this, ZNFPC will work with other stakeholders to advocate for support of the FP programme by parliamentarians and development partners. Position papers and investment case will be developed to aid this process. The FP programme will be a key participant in national SRH/HIV/SGBV planning and budgeting processes.

In addition to advocating for increased government funding, the FP strategy will initiate or strengthen leveraging of resources from some of the existing funding models such as the AIDS Levy, Airtime Levy and Global Fund. The investment case for integrated FP, SRHR and HIV services delivery will therefore present a compelling case for the need for adequate resources and positioning FP within the context of national development and not only as a health program. Improving efficiency in resource utilization so as to achieve "more with less" would also be important

6.3 Partnerships

Partnerships can be defined as bringing together different stakeholders to collaborate on a cause based on their comparative advantages and strengths. It is noted that one of the "best practices" of the Zimbabwe family planning program has been its ability to promote partnerships to support integrated FP, SRHR and HIV programming. These partnerships that have been facilitated and coordinated at different levels include:

- MOFED – Development Partners Dialogue and coordination platform;
- MoHCC – Development partners dialogue and coordination for support for health strategy and plan; and
- ZNFPC – Partnership coordination forum that involves ZNFPC, MoHCC, other government Ministries, Development partners; UNFPA and other UN agencies, FCDO, USAID, EU, Irish AID and others, CSO, and NGOs. The ZNFPC facilitated and coordinated partnership forum is also adopted and adapted at provincial level.

For ZNFPC such a national platform has been essential to rally stakeholders to support national planning efforts and provide a mechanism for sharing information and assisting to identify areas that need more attention. At service delivery areas, partnerships may take different forms but what is important is that they lead to delivering tasks in a collaborative way or sharing or assigning tasks to each other to benefit the clients. Effective and more progressive partnerships will facilitate collaborative planning and reviews with related programs such as HIV and STI, to strengthen integration and desired synergies as well as leveraging of resources.

Table 8 provides how the FP strategy will use partnerships to address key challenges undermining achievement of the programme's results.

Table 8: Examples of challenges that are best resolved through other key partners

Problem/challenge	PARTNERS	Ways of engagement
Religious, social, and cultural beliefs as barriers to FP integrated programming	FBO leaders, Traditional leaders, Community leaders	• Identify the problem and priorities with them, plan for ways to resolve • Strengthen advocacy • Identify champions
Inconsistences in supply chain system (leakages, stock-outs, distribution system)	MoHCC, NatPharm, DPS Development Partners	• Quarterly Planning and review meetings • Advocacy meetings
Infrastructure and road network (including disability friendliness)	MoFED, MoHCC, MLGPW	• Plan Advocacy for resources
Lack of funding for research and inadequate resources for FP integrated programming	MoHCC, MoFED Development Partners National AIDS Council Board and Management Parliamentarians and other decision makers	• Lobbying and advocacy

Measuring results for effective partnerships will consider the following dimensions:

- Performance indicators for partnership assessed
- Resources mobilized or leveraged through partnerships
- Challenges resolved through partnership engagement
- Partnerships functioning at national and subnational level
- Partnership report at end of year
- Functional partnership with the private sector and results

6.4 Monitoring, Evaluation, Research, and Learning (MERL)

For effective programming, trackable and credible evidence is essential, and this is what this anchor seeks to achieve. In previous strategic phases, regular tracking, periodic review, surveys, evaluation, and researches have been carried out and results have been shared, and used to make best decisions where they are most relevant. This strategy seeks to address some of the gaps noted during the situational analysis of the outgoing FP strategy. These include aligning the M&E framework, to the relevant and appropriate data management systems and surveys for purposes of measuring performance and learning. Under this anchor, the FP program will generate essential data for developing an investment case for family planning as a developmental issue, that if successful will benefit in national development.

The learning component involves using data and evidence to determine lessons learnt, replication of best practices, identify good and impactful interventions and service delivery model, drop ineffective interventions/activities, use evidence for planning etc.
Measure of success for MERL:

- Clearly articulated M&E framework with measurable indicators and targets
- Adequate budget support for monitoring, evaluation, research, and learning
- Priority research that helps understanding on critical programming and policy issues
- Research plans that identify key research areas and appropriate data dissemination approaches for learning purposes.

- Uuse of evidence for programming and decision making on policy issues
- Indicators for tracking MERL.

6.5 Other cross-cutting elements of the strategic framework

Finally, in addition to the pillars and corresponding outcomes and the anchors, the strategy also embraces cross-cutting elements considered essential in the approach. These are listed below.

6.5.1 Gender mainstreaming

The effects of FP and/or SRHR issues differ between males and females in general, married women/and in unions and unmarried or single sexually active women, adolescent and young girls and boys. In addition, the challenges they experience are influenced by their reproductive roles; socially constructed gender roles particularly in a patriarchal society like in Zimbabwe. The power imbalances due to socially constructed gender roles places women and adolescent and young girls in disadvantaged positions that compromise their choice of preferred contraceptive method or even deciding on whether to take contraceptives or not.

In addressing the gender disparities highlighted above, this strategy will ensure that gender equity is at the center of all interventions and ensure specifically, that the role and needs of men and boys are fully addressed and supported. All capacity building initiatives for service providers on FP, SRHR and HIV service provision will therefore mainstream gender, in both pre- and in-service settings. In addition, Gender Mainstreaming Guidelines will be developed in consultation with relevant Government Ministries and key Stakeholders. The guidelines will provide guidance and reference information to service providers when providing FP/SRHR services, including demand generation and advocacy.

6.5.2 Economic empowerment

The strategy also recognizes the role of household economic status in use of family planning services, beyond individual knowledge. Surveys data shows generally inferior trends on unmet need for family planning for the lower income sub-population groups[10]. This, together with evidence from several sources including KAP studies, show that among other factors, socio-economic challenges limit the individual´s propensity to utilize FP services. Those with better economic status can afford a broader range of FP services (e.g., buying branded condoms from pharmacies or supermarkets or accessing FP services from private providers) and enjoy more independence in decisions for family planning.

It has been established for instance, that male partners play a significant role in determination of whether and what type of family planning methods are used. It has also been learnt that adolescents and young women in particular (who are the part of the target group for one of the strategies´ priority issues) are vulnerable to transactional and other sexual relations in which they lack freedom of choice. Against this background, the strategy recognizes that the freedom of choice of family planning methods is therefore influenced by the economic status among other factors. Therefore, apart from seeking to adequately resource the program to provide information for clients, the strategy will establish linkages with economic empowerment initiatives, especially for young women and girls. As such, this strategy further reaffirms the importance of family planning as an essential component in the broader context of social and economic development that will be addressed through strong multisectoral collaboration and partnerships.

[10] ZIMSTAT (2016) Zimbabwe Demographic Health Survey.

7 Institutional Implementation Arrangement for the NFPS and CIP 2022-2026

The following sections detail the institutional implementation arrangement for the FP Strategy 2022-2026. The institutional framework includes the policy and legal framework underpinning FP programming in Zimbabwe, coordination arrangements for FP programming and overall leadership of the FP programme.

7.1 Policy and legal framework

The ZNFPC Act of 1985 that was amended in 2004 provides for the leadership, coordination and monitoring of Family Planning and related Sexual Reproductive Health Rights initiatives in the country. It defines the mandate of the ZNFPC and outlines the roles, responsibilities and functioning of its different internal entities. It gives ZNFPC a broad mandate covering FP, SRH including that for adolescents' SRH. The Act further underscores the critical importance of partnership with other stakeholders to enhance coverage and expansion of integrated FP services. It clearly spells out that the Minister of Health and Child Care has the overall responsibility for ZNFPC. The Act also provides for the functions of the ZNFPC board which provides oversight to the organisation's operations.

While the Act is comprehensive, it is nonetheless complemented by other instruments that have some sections and stipulations relevant to the operations of ZNFPC and the overall integrated national family planning and related SRHR initiatives. These supportive Acts include the following: Health Professions Act (Chapter 27:19) of 200; Health Service Act (Chapter 15:) of 2004; Medical, Dental and Allied Professions Act (Chapter 27:08) of 2001; Medicines and Allied Substances Control Act (Chapter 15:03) of 2001; Termination of Pregnancy Act (Chapter 15:10) of 1977; The Public Health Act (Chapter 15:09) of 2002; The Government Medical Stores (GMS) Commercialization Act (2000) and National Occupational, Safety and Health Act. The overall functions and governance for ZNFPC are provided for in the amended ZNFPC Act of Parliament of 2004. This strategy, however, proposes a review of the act to align and strengthen the scope and capacity of ZNFPC to deliver its mandate under the new operating environment and emerging SRHR issues.

7.2 Coordination, technical and management support framework

ZNFPC Secretariat provides technical leadership and coordination support to the family planning strategy as stipulated by the Act. It is responsible for promoting and ensuring effective functioning of partnership coordination structures at national and subnational levels. These partnership coordination fora comprise of MOHCC, other relevant government Ministries, Development Partners, NGOs, NAC, private sector, community members, and media etc who meet on quarterly or half yearly basis to review implementation progress and agree on how to address challenges identified.

Through the partnership fora, and with coordination support from ZNFPC, annual joint review and planning meetings will be facilitated to define activities and budget/resources lead and responsible implementing partners and their roles for identified interventions aligned to this strategy. ZNFPC Secretariat will also leverage on MOHCC-Donor coordination platform to engage them on some of its key issues such as financial resources. The Government, as the custodian of public health, will provide the overall leadership, coordination, and responsibility in the implementation of the Strategy at all levels. Involvement and participation of the various

line Ministries, parastatals, NGOs and the private sector will also determine the success of the integrated FP Strategy 2022-2026 as each entity will be responsible for implementing interventions within their mandate and comparative advantage. The FP Coordination Forum will coordinate and ensure that integration is happening in the implementation of the strategic interventions and as planned. The FP coordination forums at national and provincial levels led by ZNFPC will be the main national and provincial coordination structures for this Strategy. Coordination of this strategy also recognises and will work through other SRH and HIV related coordination platforms such as the RMNCAH Forum, PMTCT Partnership Forum, HIV prevention forum, ASRH Coordination Forum, Young People and HIV Technical Working Group, the Young People's Network on SRH and HIV, STI & Condom programming technical working group, and the SRH and HIV Linkages Technical Working Group, among others.

7.3 Overall responsibility of the FP coordinating body (ZNFPC)

The Zimbabwe National Family Planning Council Act (Chapter 15:11) of 1985 that was amended in 2004 is the principal policy and legal instrument that directs and guides the functions and operations of the Zimbabwe National Family Planning Council as well as its governance and accountability modalities.

While the recommendations and proposal to restructure and refocus the key results areas for ZNFPC for more effective performance and delivery are still yet to considered and decided upon, the current situation will continue to be applicable. Therefore, all ZNFPC's functions and operations defined under this strategy will be provided through three technical Units namely, Service Delivery and Training; Evaluation and Research and Marketing and Communications are supported by Human Resources and Administration; Finance; Logistics; Information Technology and Internal Audit.

8 Costed Implementation Plan

Costing of the plan involved identification of unit costs and coverage levels for the various activities from which detailed work plan and budget were developed. Costs consisted of time compensation to personnel, procurement (FP and SRH commodities), sample transportation, printing and distribution, consultancy fees, venue, meals, travel, vehicle operation and maintenance. Unit costs were sourced from the historical expenditures of the FP programme. FP coverage levels considered adolescents and women who require modern contraceptives based on ZIMSTAT population estimates. Costs were computed using the following formula:

Cost per activity or service = population in need target coverage*unit cost*

Unit cost is the cost per input into FP programme activity, for example cost of modern contraceptive per woman. Note that some activities do not involve direct services to FP clients, for example training and supportive supervision, in such cases activity cost is estimated by multiplying input quantities by their unit prices.

*Cost per activity = quantity*unit price*

Cost estimates for future years (2023-2026) were adjusted for inflation, assumed to be constant at 5% (in USD terms), to take care of possible price hikes for FP inputs in future. The cost of implementing the FP Strategy 2022-2026 is estimated at US$129,165,949 (One hundred and twenty-nine million four hundred and sixty-eight thousand and seven hundred and twenty-three United States dollars) over the four-year period. About 86.4% of this budget (US$111,920,425) is allocated towards the procurement and supply of FP and SRH commodities. Behaviour changes related activities that are aimed at improving uptake and utilisation of FP and SRH commodities will cost 9.1% of the budget US$9,793,150 with those targeted at adolescents contributing 1.6%. As the FP strategy implementation will be evidence based, about 3.8% of the budget is allocated towards the conduct of studies, surveys and operational research. These will inform effectiveness of interventions and proffer solutions to challenges in achieving the strategy's objectives. The summary budget is presented in Table 9 while the detailed costs are in Annex 2.

Table 9: FP Strategy budget summary

Key Results and Strategies	Estimated cost per year, USD					Total Cost, USD	%
	2022	2023	2024	2025	2026		
Output 1: Improved capacity of service providers on responsive FP/SRH/HIV/SGBV Integrated service delivery for adult women, men and all AYP sub groups	**154,026**	**84,626**	**84,626**	**95,026**	**89,826**	**508,130**	**0.4%**
Strategy 1.1:Strengthen capacity of service providers to provide quality integrated FP/SRH/HIV/SGBV services to adult women, men and all AYP sub group	102,320	43,320	43,320	53,720	43,320	286,000	**0.2%**
Strategy 1.2: Strengthen the capacity of teachers to carryout CSE in schools	7,200	7,200	7,200	7,200	7,200	36,000	**0.0%**
Strategy 1.3: Expand delivery service models through strengthening of PPPs	31,520	31,520	31,520	31,520	31,520	157,600	**0.1%**
Strategy 1.4: Strengthen national level coordination of FP with related Reproductive health and SRH/HIV and SGBV programming	12,986	2,586	2,586	2,586	7,786	28,530	**0.0%**
Output 2: Improved knowledge and attitudes towards adolescents FP/ SRHR/HIV Services among decision makers, Parents, caregivers, and community leadership	**377,780**	**364,380**	**329,280**	**294,180**	**294,180**	**1,659,800**	**1.3%**
Strategy 2.1: Change community leaders attitudes and perceptions towards FP&SRHR services for adolescents	134,380.0	134,380.0	99,280.0	64,180.0	64,180.0	496,400.0	**0.4%**

Key Results and Strategies	Estimated cost per year, USD					Total Cost, USD	%
	2022	2023	2024	2025	2026		
Strategy 2.2: Introduce and sustain a comprehensive social and behaviour change strategy targeting parents	243,400.0	230,000.0	230,000.0	230,000.0	230,000.0	1,163,400.0	**0.9%**
Output 3: Improved knowledge, attitudes and practices that enable all women and men including adolescents to access and utilise FP and SRH services	**2,310,873**	**2,268,663**	**1,768,663**	**1,768,663**	**1,768,788**	**9,885,650**	**7.7%**
Strategy 3.1: Strengthen male support for women`s FP choices	102,210	60,000	60,000	60,000	60,000	342,210	**0.3%**
Strategy 3.2: Transform gender norms and barriers that undermine men and women to access and utilise FP	950,000	950,000	950,000	950,000	950,000	4,750,000	**3.7%**
Strategy 3.3: Develop and implement transformative interventions that change attitude, practice and behaviours of adolescents towards FP/SRH services	1,256,363	1,256,363	756,363	756,363	756,488	4,781,940	**3.7%**
Strategy 3.4: Strengthen partnerships with media houses on awareness and demand creation on FP and SRH	2,300	2,300	2,300	2,300	2,300	11,500	**0.0%**
Output 4: Consistent supply of the full range of FP and SRH commodities in all service points	**21,318,555**	**21,832,299**	**22,377,337**	**22,936,001**	**23,508,632**	**111,972,825**	**86.7%**
Strategy 4.1: Srengthen the supply chain and security of all FP and SRH commodities including during emergencies.	21,293,675	21,825,419	22,370,457	22,929,121	23,501,752	111,920,425	**86.6%**
Strategy 4.2: Increase supply chain visibility and accountability.	18,480	480	480	480	480	20,400	**0.0%**
Strategy 4.3: Improve supply chain coordination among stakeholders	6,400	6,400	6,400	6,400	6,400	32,000	**0.0%**
Anchor 1: Improved evidence-based FP programming	**912,860**	**912,860**	**912,860**	**912,860**	**930,104**	**4,581,544**	**3.5%**
Strategy A.1.1: Strengthen monitoring, evaluation and research for the FP/SRH program	890,000	890,000	890,000	890,000	890,000	4,450,000	**3.4%**
Strategy A.1.2: Strengthen existing national and sub-national coordination structures.(FP M & E technical working groups at all levels)	22,860	22,860	22,860	22,860	22,860	114,300	**0.1%**
Strategy A.1.3: Develop a functional harmonised M & E system	-	-	-	-	17,244	17,244	**0.0%**
Anchor 2: FP program receives adequate funding	**111,600**	**111,600**	**111,600**	**111,600**	**111,600**	**558,000**	**0.4%**
Strategy A.2.1: Advocate for support of the FP programme by parliamentarians and development partner.	93,600	93,600	93,600	93,600	93,600	468,000	**0.4%**
Strategy A.2.1: Strengthen Public - Private Partnerships for increased financial support	18,000	18,000	18,000	18,000	18,000	90,000	**0.1%**
Grand Total Cost of the Family Planning Programme 2022-2026	**25,185,694**	**25,574,428**	**25,584,366**	**26,118,330**	**26,703,130**	**129,165,949**	**100.0%**
Percentage	19%	20%	20%	20%	21%	100%	

9 Monitoring and Evaluation Framework

Monitoring, evaluation, research and learning (MERL) framework for the strategy is detailed under the relevant section of the strategy. The Monitoring and Evaluation Plan will operationalise the results framework through the M&E systems to: collect and report on the strategy indicators, guide and inform the implementation of interventions, undertake periodic reviews, capture of challenges, lessons learnt and good/best practices, processes for reviews of the Strategy such as mid-term or end term reviews and undertake priority research. A mechanism to promote reporting from a broad range of stakeholders involved in family planning service delivery will be promoted to ensure comprehensive data from all possible sources including the private sector for a more realistic assessment of the performance of the national strategy and for future planning and prioritization. The Strategy will strengthen the "Three Ones" principles (One Strategy, One coordination authority and One monitoring and evaluation mechanism).

Annex 1: Implementation Plan

Output 1: Improved capacity of service providers on responsive FP/SRH/HIV/SGBV Integrated service delivery for adult women, men and all AYP sub groups	2022				2023				2024				2025				2026				Annual Output Targets					Total outputs	Description of Output
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2022	2023	2024	2025	2026		
Strategy 1.1:Strengthen capacity of service providers to provide quality integrated FP/SRH/HIV/SGBV services to adult women, men and all AYP sub group																											
Activity 1.1.1: Review and develop training curriculum for pre-service training of health workers on quality integrated FP/SRH/HIV/SGBV and AYP responsive service provision	x	x													x	x					2			2		4	Training Curriculum for pre-service training of health workers
Activity 1.1.2: Conduct on the job training of health workers from public and private facilities integrated FP/SRH services to AYP		x		x		x		x		x		x		x		x		x		x	2	2	2	2	2	10	850 health workers trained
Activity 1.1.3: Undertake a rapid review of the hybrid training model to understand its performance and challenges.	x	x																			2					2	Training model review reports
Activity 1.1.4: Revise the hybrid training model (online/distance and face to face) based on the results of the rapid assessment.			x	x																	2					2	Revised training model
Activity 1.1.5: Develop standard operating procedure manual for hybrid training			x	x																	2					2	SOPs developed
Activity 1.1.6: Advocate for VHWs training manual to include integrated FP/SRH/HIV services	x	x	x	x																	4					4	Advocacy Reports and inclusion of Integrated FP/SRH/HIV in training manuals

Output 1: Improved capacity of service providers on responsive FP/SRH/HIV/SGBV Integrated service delivery for adult women, men and all AYP sub groups	2022				2023				2024				2025				2026				Annual Output Targets					Total outputs	Description of Output
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2022	2023	2024	2025	2026		
Activity 1.1.7: Conduct quarterly supportive supervision of community and facility-based health workers to enhance implementation of minimum standards for YFSP and provision of quality integrated FP/SRH/HIV/SGBV (including addressing issues of full counselling of FP clients on side effect around LARCs)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	120	120	120	120	120	600	Supervision Reports
Activity 1.1.8: Provide continuous support to tutors to deliver training curriculum on integrated FP/SRH/HIV/SGBV		x				x				x				x				x			40	40	40	40	40	200	Support reports
Activity 1.1.9: Conduct training of 2000 health providers on LARC (IUCD & Implant) clinical service provision of FP and infection prevention control		x	x			x	x			x	x			x	x			x	x		400	400	400	400	400	2000	2000 health providers trained
Strategy 1.2: Strengthen the capacity of teachers to carryout CSE in schools																										0	
																										0	
Activity 1.2.1: Train School Teachers on CSE	x		x		x		x		x		x		x		x		x		x		400	400	400	400	400	2000	2000 teachers trained on CSE
Activity 1.2.2: Conduct post-training follow-up of trained teachers to support CSE implementation			x				x				x				x				x		200	200	200	200	200	1000	1000 trained teachers followed up
Strategy 1.3: Expand delivery service models through strengthening of PPPs																										0	
																										0	
Activity 1.3.1: Engage private sector to provide specialized services in FP/SRH programming (e.g.digital marketing etc)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	10	10	10	10	10	50	50 Partners engaged

Output 1: Improved capacity of service providers on responsive FP/SRH/HIV/SGBV Integrated service delivery for adult women, men and all AYP sub groups	2022				2023				2024				2025				2026				Annual Output Targets					Total outputs	Description of Output
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2022	2023	2024	2025	2026		
Activity 1.3.2: Establish partnerships with private sector for supply of menstrual hygiene commodities		x	x			x				x				x				x			20000	20000	20000	20000	20000	100000	Active partnerships established and 100000 girls receive free sanitary wear
Strategy 1.4: Strengthen national level coordination of FP with related Reproductive health and SRH/HIV and SGBV programming																										0	
																										0	
Activity 1.4.1:Establish a multisectoral platform for FP and HIV/SRHR & SGBV programs and hold bi-annual meetings	x		x		x		x		x		x		x		x		x		x		2	2	2	2	2	10	Meeting Reports
Activity 1.4.2:Adapt, promote and use the existing integrated SRH/HIV and SGV services supportive supervision tool through consultative meetings		x				x				x				x				x			1	1	1	1	1	5	Meeting Reports
Activity 1.4.3:Advocate for inclusion of FP in HIV, SGBV, SRHR commemorative events and budgets (MNCH, HIV, SGBV)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	4	4	4	4	4	20	Advocay Reports
Activity 1.4.4:Review national M&E systems for integration of FP	x		x															x			2				1	0	National M&E systems review Reports

Output 2: Improved knowledge and attitudes towards adolescents FP/ SRHR/HIV Services among decision makers, Parents, caregivers, and community leadership	2022				2023				2024				2025				2026				Annual Output Targets					Total outputs	Description of Output
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2022	2023	2024	2025	2026		
Strategy 2.1: Change community leaders attitudes and perceptions towards FP&SRHR services for adolescents																											
Activity 2.1.1: Conduct community dialogues with traditional leaders, religious leaders and political leaders to improve program support.	X				X				X				X				X				15	15	10	5	5	50	1350 community leaders engaged in dialogue
Activity 2.1.2: Conduct community sensitization meetings on FP/SRHR targeting parents.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	120	120	120	120	120	600	500000 parents reached
Activity 2.1.3: Advocate and undertake social mobilization for FP/SRHR support for adolescents targeting Stakeholders and decision makers	X	X	X	X	X	X	X	X		X				X				X			200	200	200	200	200	1000	1000 are more aware and support the FP/SRHR
Strategy 2.2: Introduce and sustain a comprehensive social and behaviour change strategy targeting parents																										0	
																										0	
Activity 2.2.1: Conduct PCC Sessions for parents and youth through Community Based workers e.g CBDs and Peer Educators.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2000	2000	2000	2000	2000	10000	200,000 parents and their children trained in PCC
Activity 2.2.2: Conduct CSE sessions with the youth in promoting uptake of SRH services	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	300	300	300	300	300	1500	3,000,000 in school and 30,000 out of school children trained in CSE

Output 2: Improved knowledge and attitudes towards adolescents FP/ SRHR/HIV Services among decision makers, Parents, caregivers, and community leadership	2022				2023				2024				2025				2026				Annual Output Targets					Total outputs	Description of Output
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2022	2023	2024	2025	2026		
Activity 2.2.3: Identify and train the Champions at district level to create demand for FP/SRH services for adolescents through various platforms	x					x				x				x					x		40	0	0	0	0	40	Trained champions

Output 3: Improved knowledge, attitudes and practices that enable all women and men including adolescents to access and utilise FP and SRH services	2022				2023				2024				2025				2026				Annual Output Targets					Total outputs	Description of Output
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2022	2023	2024	2025	2026		
Strategy 3.1: Strengthen male support for women`s FP choices																											
Activity 3.1.1: Conduct dialogues that involve men and women together to discuss FP methods, their side effects and management	x				x				x				x				x				600000	600000	600000	600000	600000	3000000	Community dialogues conducted 3 000 000
Activity 3.1.2: Identify and engage male Champions (preferably those with convening power) to advocate for FP and SRH services	x				x				x				x				x				126					126	126 male champions
Activity 3.1.3: Conduct sensitisation meetings with political, community, traditional and religious leaders to raise awareness on FP	x				x				x				x				x				15	15	10	5	5	50	1350 community leader engaged in dialogues

Output 3: Improved knowledge, attitudes and practices that enable all women and men including adolescents to access and utilise FP and SRH services	2022				2023				2024				2025				2026				Annual Output Targets					Total outputs	Description of Output
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2022	2023	2024	2025	2026		
Activity 3.1.4: Conduct moonlight dialogues with men to promote FP	x				x				x				x				x				100	100	100	100	100	500	
Strategy 3.2: Transform gender norms and barriers that undermine men and women to access and utilise FP																											
																										0	
Activity 3.2.1: Engage policy makers (laws and legislation)				x				x				x				x				x	270	270	270	270	270	1350	1350 community leader engaged in dialogues
Activity 3.2.2: Provide new information that challenges beliefs and practices through print media platforms	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	400.00	400.00	400.00	400.00	400	2000	Adverts and articles in print media
Activity 3.2.3: Provide new information that challenges beliefs and practices through electronic IEC Materials /media (needs assessment for evidence –based programming)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	50,000.00	50,000.00	50,000.00	50,000.00	50000	250000	translated and printed IEC materials

Output 3: Improved knowledge, attitudes and practices that enable all women and men including adolescents to access and utilise FP and SRH services	2022				2023				2024				2025				2026				Annual Output Targets					Total outputs	Description of Output
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2022	2023	2024	2025	2026		
Activity 3.2.4: Conduct community dialogues to provide accurate information on FP/SRH that dispel myths and misconceptions		x	x			x	x			x	x			x	x			x	x		15	15	10	5	5	50	1350 community leader engaged in dialogues
Strategy 3.3: Develop and implement transformative interventions that change attitude, practice and behaviours of adolescents towards FP/SRH services																											
																										0	
Activity 3.3.1: Package & Disseminate FP/SRH messages to increase uptake of services through various media channels social media and websites	x				x				x				x				x				2,000	2000	2000	2000	2000	10000	
Activity 3.3.2: Package & Disseminate FP/SRH messages to increase uptake of services through various media channels TV programmes	x				x				x				x				x				600	600	600	600	600	3000	
Activity 3.3.3: Package & Disseminate FP/SRH messages to increase uptake of services by through	x				x				x				x				x				400	400	400	400	400	2000	

Output 3: Improved knowledge, attitudes and practices that enable all women and men including adolescents to access and utilise FP and SRH services	2022				2023				2024				2025				2026				Annual Output Targets					Total outputs	Description of Output
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2022	2023	2024	2025	2026		
roadshows and exhibitions																											
Activity 3.3.4: Radio slots through community radio	x				x				x				x				x				2000	2000	2000	2000	2000	10000	
Activity 3.3.5: Design billboards and broadcasting services being offered at the health facilities and youth centres	x				x				x				x				x				500	500				1000	
Activity 3.3.6: Conduct tertiary institutions programme to increase knowledge and demand for SRH services	x				x				x				x				x				334.00	334.00	334.00	334.00	334.00	1,670.00	
Activity 3.3.7: Introduce and capacitate SRH committees at community level e.g Youth Advocate Movement (YAM)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	24	24	24	24	24	120	24 committees capacitated
Activity 3.3.8: Monitor and support activities of YAM	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	4	4	4	4	4	20	YAM activity reports

Output 3: Improved knowledge, attitudes and practices that enable all women and men including adolescents to access and utilise FP and SRH services	2022				2023				2024				2025				2026				Annual Output Targets					Total outputs	Description of Output
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2022	2023	2024	2025	2026		
Activity 3.3.9: Recruit and train community based workers (CBDs, Peer Educators) to increase coverage and accessibility of FP/SRH services by young people.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	43	43	43	43	44	216	216 community based workers recruited
Strategy 3.4: Strengthen partnerships with media houses on awareness and demand creation on FP and SRH																											
Activity 3.4.1 Conduct meetings with media houses		x				x				x				x				x			10	10	10	10	10	50	Meeting Reports/ Minutes
Activity 3.4.2: Review and adopt appropriate social media platforms for information dissemination		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	4	4	4	4	4	20	Social media handles operational

Output 4: Consistent supply of the full range of FP and SRH commodities in all service points	2022				2023				2024				2025				2026				Annual Output Targets					Total outputs	Description of Output
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2022	2023	2024	2025	2026		
Strategy 4.1: Srengthen the supply chain and security of all FP and SRH commodities including during emergencies.																											
Activity 4.1.1: Conduct national quantification of FP and SRH commodities that includes buffer stock needed for emergencies with all stakeholders biannually	x		x		x		x		x		x		x		x		x		x		2	2	2	2	2	10	FP & SRH Quantification reports
Activity 4.1.2: Procure FP and SRH commodities including PPEs	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	1	1	1	1	1	5	Adequate FP and SRH commodities procured
Activity 4.1.3: Train key service providers in supply chain management including stock management		x				x				x				x				x			1	1	1	1	1	5	Trained key service providers
Activity 4.1.4: Conduct quarterly FP and SRH commodities stock assessments to ensure all facilities have stock (balancing high and low consuming facilities).	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	4	4	4	4	4	20	Quarterly stock assessment reports
Strategy 4.2: Increase supply chain visibility and accountability.																										0	
																										0	
Activity 4.2.1: Establish electronic warehouse systems in all warehouses/stores and facilities to improve stock control.			x	x																	1					1	Operational Electronic warehouse system
Activity 4.2.2: Develop dashboards for stock management at central, provincial, district and facility level.				X																	1					1	Dashboard installed and operational
Activity 4.2.3: Carry out annual supply chain audits at all levels.				x				x				x				x				x	1	1	1	1	1	5	Supply chain audit reports
Strategy 4.3: Improve supply chain coordination among stakeholders																											

Output 4: Consistent supply of the full range of FP and SRH commodities in all service points	2022				2023				2024				2025				2026				Annual Output Targets					Total outputs	Description of Output
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2022	2023	2024	2025	2026		
																										0	
Activity 4.3.1: Hold regular meetings and coordinate with program teams to ensure timeous distribution responsive to program needs.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	4	4	4	4	4	20	TWG Meetings report
Activity 4.3.2: Participate in the quarterly ZAPs monitoring and support visits to facilities to support ordering of FP and SRH commodities	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4	4	4	4	4	20	ZAPS field visits reports

Anchor 1: Improved evidence-based FP programming	2022				2023				2024				2025				2026				Annual Output Targets					Total outputs	Description of Output
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2022	2023	2024	2025	2026		
Strategy A.1.1: Strengthen monitoring, evaluation and research for the FP/SRH program																											
Activity A.1.1.1: Conduct data quality assessments	x				x				x				x				x				1	1	1	1	1	5	Research Reports on FP program
Activity A.1.1.2: Conduct client exit interviews	x				x				x				x				x				2	2	2	2	2	10	Data assessment reports on FP service statistics
Activity A.1.1.3: Develop a web-based FP information portal	x				x				x				x				x				4					4	Web based portal system
Activity A.1.1.4: Advocate for private FP service providers submit data through DHIS2 platform	x				x				x				x				x				4	4	4	4	4	20	private FP service providers submitting data through

Anchor 1: Improved evidence-based FP programming	2022				2023				2024				2025				2026				Annual Output Targets					Total outputs	Description of Output
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2022	2023	2024	2025	2026		
																											DHIS2 platform
Strategy A.1.2: Strengthen existing national and sub-national coordination structures.(FP M & E technical working groups at all levels)	x	X	X	X	x				x				x				x										
Activity A.1.2.1: Conduct quarterly FP coordination meetings at all levels	x				x				x				x				x				36	36	36	36	36	180	FP coordination minutes
Activity A.1.2.2: Conduct FP planning and review meeting annually	x				x				x				x				x				1	1	1	1	1	5	FP planning and review report
Strategy A.1.3: Develop a functional harmonised M & E system																										0	
																										0	
Activity A.1.3.1: Develop an M & E framework (indicators, data flow, data collection tools)	x				x				x				x				x								1	1	M&E Framework developed
Activity A.1.3.2: Generate essential information to guide strategic investments and operational planning.	x				x				x				x				x									0	Availability of information

Anchor 2: FP program receives adequate funding	2022				2023				2024				2025				2026				Annual Output Targets					Total outputs	Description of Output
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2022	2023	2024	2025	2026		
Strategy A.2.1: Advocate for support of the FP programme by parliamentarians and development partner.																											
Activity A.2.1.1: Engage Parliamentarians with concept papers/ position papers	x				x				x				x				x				4	4	4	4	4	20	Resource mobilisation for increased domestic funding
ActivityA.2.1.2: Engage development partners for support	x				x				x				x				x				2	2	2	2	2	10	Resource mobilisation for increased external funding
Activity A.2.1.3: Participate in key national SRH/HIV/SGBV planning and budgeting process.	x				x				x				x				x				2	2	2	2	2	10	Development of budgets
Activity A.2.1.4: Engage donors to increase support for the FP programme	x				x				x				x				x				2	2	2	2	2	10	Resource mobilisation for increased funding
Strategy A.2.1: Strengthen Public - Private Partnerships for increased financial support	x				x				x				x				x									0	
																										0	
Activity A.2.2.1: Engage local business communities in community meeting	x				x				x				x				x				4	4	4	4	4	20	Resource mobilisation for the corporate world

Annex 2: Costed Implementation Plan

Output 1: Improved capacity of service providers on responsive FP/SRH/HIV/SGBV Integrated service delivery for adult women, men and all AYP sub groups	Annual Output Targets					Total outputs	Description of Output	Cost per unit of output, USD	Cost per year, USD					Total Cost, USD
	2022	2023	2024	2025	2026				2022	2023	2024	2025	2026	
Strategy 1.1:Strengthen capacity of service providers to provide quality integrated FP/SRH/HIV/SGBV services to adult women, men and all AYP sub group									102,320	43,320	43,320	53,720	43,320	286,000
Activity 1.1.1: Review and develop training curriculum for pre-service training of health workers on quality integrated FP/SRH/HIV/SGBV and AYP responsive service provision	2			2		4	Training Curriulum for pre-service training of health workers	5,200	10,400	0	0	10,400	0	20,800
Activity 1.1.2: Conduct on the job training of health workers from public and private facilities integrated FP/SRH services to AYP	2	2	2	2	2	10	850 helath workers trained	1,440	2,880	2,880	2,880	2,880	2,880	14,400
Activity 1.1.3: Undertake a rapid review of the hybrid training model to understand its performance and challenges.	2					2	Training model review reports	15,000	30,000	0	0	0	0	30,000
Activity 1.1.4: Revise the hybrid training model (online/distance and face to face) based on the results of the rapid assessment.	2					2	Revised training model	9,000	18,000	0	0	0	0	18,000
Activity 1.1.5: Develop standard operating procedure manual for hybrid training	2					2	SOPs developed	300	600	0	0	0	0	600
Activity 1.1.6: Advocate for VHWs training manual to include integrated FP/SRH/HIV services	4					4	Advocacy Reports and inclusion of Integrated FP/SRH/HIV in training manuals	0	0	0	0	0	0	0
Activity 1.1.7: Conduct quarterly supportive supervision of community and facility-based health workers to enhance implementation of minimum standards for YFSP and provision of quality integrated FP/SRH/HIV/SGBV (including addressing issues of full counselling of FP clients on side effect around LARCs)	120	120	120	120	120	600	Supervision Reports	75	9,000	9,000	9,000	9,000	9,000	45,000
Activity 1.1.8: Provide continuous support to tutors to deliver training curriculum on integrated FP/SRH/HIV/SGBV	40	40	40	40	40	200	Support reports	36	1,440	1,440	1,440	1,440	1,440	7,200
Activity 1.1.9: Conduct training of 2000 health providers on LARC (IUCD & Implant) clinical service provision of FP and infection prevention control	400	400	400	400	400	2000	2000 health providers trained	75	30,000	30,000	30,000	30,000	30,000	150,000
Strategy 1.2: Strengthen the capacity of teachers to carryout CSE in schools						0			7,200	7,200	7,200	7,200	7,200	36,000
Activity 1.2.1: Train School Teachers on CSE	400	400	400	400	400	2000	2000 teachers trained on CSE	18	7,200	7,200	7,200	7,200	7,200	36,000
Activity 1.2.2: Conduct post-training follow-up of trained teachers to support CSE implementation	200	200	200	200	200	1000	1000 trained teachers followed up	18	3,600	3,600	3,600	3,600	3,600	18,000
Strategy 1.3: Expand delivery service models through strengthening of PPPs						0			31,520	31,520	31,520	31,520	31,520	157,600
Activity 1.3.1: Engage private sector to provide specialized services in FP/SRH programming (e.g.digital marketing etc)	10	10	10	10	10	50	50 Partners engaged	152	1,520	1,520	1,520	1,520	1,520	7,600
Activity 1.3.2: Establish partnerships with private sector for supply of menstrual hygiene commodities	20000	20000	20000	20000	20000	100000	Active partnerships established and 100000 girls receive free sanitary wear	2	30,000	30,000	30,000	30,000	30,000	150,000
Strategy 1.4: Strengthen national level coordination of FP with related Reproductive health and SRH/HIV and SGBV programming						0			12,986	2,586	2,586	2,586	7,786	28,530
Activity 1.4.1:Establish a multisectoral platform for FP and HIV/SRHR & SGBV programs and hold bi-annual meetings	2	2	2	2	2	10	Meeting Reports	862	1,724	1,724	1,724	1,724	1,724	8,620
Activity 1.4.2:Adapt, promote and use the existing integrated SRH/HIV and SGV services supportive supervision tool through consultative meetings	1	1	1	1	1	5	Meeting Reports	862	862	862	862	862	862	4,310
Activity 1.4.3:Advocate for inclusion of FP in HIV, SGBV, SRHR commemorative events and budgets (MNCH, HIV, SGBV)	4	4	4	4	4	20	Advocay Reports	0	0	0	0	0	0	0
Activity 1.4.4:Review national M&E systems for integration of FP	2				1	0	National M&E systems review Reports	5,200	10,400	0	0	0	5,200	15,600
									154,026	**84,626**	**84,626**	**95,026**	**89,826**	**508,130**

Output 2: Improved knowledge and attitudes towards adolescents FP/ SRHR/HIV Services among decision makers, Parents, caregivers, and community leadership	Annual Output Targets					Total outputs	Description of Output	Cost per unit of output, USD	Cost per year, USD					Total Cost, USD
	2022	2023	2024	2025	2026				2022	2023	2024	2025	2026	
Strategy 2.1: Change community leaders attitudes and perceptions towards FP&SRHR services for adolescents									134,380	134,380	99,280	64,180	64,180	496,400
Activity 2.1.1: Conduct community dialogues with traditional leaders, religious leaders and political leaders to improve program support.	15	15	10	5	5	50	1350 community leaders engaged in dialogue	7,020	105,300	105,300	70,200	35,100	35,100	351,000
Activity 2.1.2: Conduct community sensitization meetings on FP/SRHR targeting parents.	120	120	120	120	120	600	500000 parents reached	234	28,080	28,080	28,080	28,080	28,080	140,400
Activity 2.1.3: Advocate and undertake social mobilization for FP/SRHR support for adolescents targeting Stakeholders and decision makers	200	200	200	200	200	1000	1000 are more aware and support the FP/SRHR	5	1,000	1,000	1,000	1,000	1,000	5,000
Strategy 2.2: Introduce and sustain a comprehensive social and behaviour change strategy targeting parents						0			243,400	230,000	230,000	230,000	230,000	1,163,400
						0								
Activity 2.2.1: Conduct PCC Sessions for parents and youth through Community Based workers e.g CBDs and Peer Educators.	2000	2000	2000	2000	2000	10000	200,000 parents and their children trained in pcc	100	200,000	200,000	200,000	200,000	200,000	1,000,000
Activity 2.2.2: Conduct CSE sessions with the youth in promoting uptake of SRH services	300	300	300	300	300	1500	3,000,000 in school and 30,000 out of school children trained in CSE	100	30,000	30,000	30,000	30,000	30,000	150,000
Activity 2.2.3: Identify and train the Champions at district level to create demand for FP/SRH services for adolescents through various platforms	40	0	0	0	0	40	Trained champions	335	13,400	0	0	0	0	13,400
									377,780	**364,380**	**329,280**	**294,180**	**294,180**	**1,659,800**

Output 3: Improved knowledge, attitudes and practices that enable all women and men including adolescents to access and utilise FP and SRH services	Annual Output Targets					Total outputs	Description of Output	Cost per unit of output, USD	Cost per year, USD					Total Cost, USD
	2022	2023	2024	2025	2026				2022	2023	2024	2025	2026	
Strategy 3.1: Strengthen male support for women`s FP choices									102,210	60,000	60,000	60,000	60,000	342,210
Activity 3.1.1: Conduct dialogues that involve men and women together to discuss FP methods, their side effects and management	600000	600000	600000	600000	600000	3000000	Community dialogues conducted 3 000 000	0	60,000	60,000	60,000	60,000	60,000	300,000
Activity 3.1.2: Identify and engage male Champions (preferably those with convening power) to advocate for FP and SRH services	126					126	126 male champions	335	42,210	0	0	0	0	42,210
Activity 3.1.3: Conduct sensitisation meetings with political, community, traditional and religious leaders to raise awareness on FP	15	15	10	5	5	50	1350 community leader engaged in dialogues	0	4	4	4	4	4	20
Activity 3.1.4: Conduct moonlight dialogues with men to promote FP	100	100	100	100	100	500		180	18,000	18,000	18,000	18,000	18,000	90,000
Strategy 3.2: Transform gender norms and barriers that undermine men and women to access and utilise FP						0			950,000	950,000	950,000	950,000	950,000	4,750,000
						0								
Activity 3.2.1: Engage policy makers (laws and legislation)	270	270	270	270	270	1350	1350 community leader engaged in dialogues	0	0	0	0	0	0	0
Activity 3.2.2: Provide new information that challenges beliefs and practices through print media platforms	400.00	400.00	400.00	400.00	400	2000	Adverts and articles in print media	500	200,000	200,000	200,000	200,000	200,000	1,000,000
Activity 3.2.3: Provide new information that challenges beliefs and practices through electronic IEC Materials /media (needs assessment for evidence –based programming)	50,000.00	50,000.00	50,000.00	50,000.00	50000	250000	tranlated and printed IEC materials	15	750,000	750,000	750,000	750,000	750,000	3,750,000
Activity 3.2.4: Conduct community dialogues to provide accurate information on FP/SRH that dispel myths and misconceptions	15	15	10	5	5	50	1350 community leader engaged in dialogues	0	0	0	0	0	0	0
Strategy 3.3: Develop and implement transformative interventions that change attitude, practice and behaviours of adolescents towards FP/SRH services						0			1,256,363	1,256,363	756,363	756,363	756,488	4,781,940
						0								
Activity 3.3.1: Package & Disseminate FP/SRH messages to increase uptake of services through various media channels social media and websites	2,000	2000	2000	2000	2000	10000		20	40,000	40,000	40,000	40,000	40,000	200,000
Activity 3.3.2: Package & Disseminate FP/SRH messages to increase uptake of services through various media channels TV programmes	600	600	600	600	600	3000		1,000	600,000	600,000	600,000	600,000	600,000	3,000,000
Activity 3.3.3: Package & Disseminate FP/SRH messages to increase uptake of services by through roadshows and exhibitions	400	400	400	400	400	2000		82	32,800	32,800	32,800	32,800	32,800	164,000
Activity 3.3.4: Radio slots through community radio	2000	2000	2000	2000	2000	10000		20	40,000	40,000	40,000	40,000	40,000	200,000
Activity 3.3.5: Design billboards and broadcasting services being offered at the health facilities and youth centres	500	500				1000		1,000	500,000	500,000	0	0	0	1,000,000
Activity 3.3.6: Conduct tertiary institutions programme to increase knowledge and demand for SRH services	334.00	334.00	334.00	334.00	334.00	1,670.00		82	27388	27388	27388	27388	27388	136940
Activity 3.3.7: Introduce and capacitate SRH committees at community level e.g Youth Advocate Movement (YAM)	24	24	24	24	24	120	24 committess capacitated	200	4800	4800	4800	4800	4800	24000
Activity 3.3.8: Monitor and support activities of YAM	4	4	4	4	4	20	YAM activity reports	1500	6000	6000	6000	6000	6000	30000
Activity 3.3.9: Recruit and train community based workers (CBDs, Peer Educators) to increase coverage and accessibility of FP/SRH services by young people.	43	43	43	43	44	216	216 community based workers recruited	125	5375	5375	5375	5375	5500	27000
Strategy 3.4: Strengthen partnerships with media houses on awareness and demand creation on FP and SRH									2300	2300	2300	2300	2300	11500
Activity 3.4.1 Conduct meetings with media houses	10	10	10	10	10	50	Meeting Reports/ Minutes	150	1500	1500	1500	1500	1500	7500
Activity 3.4.2: Review and adopt appropriate social media platforms for information dissemination	4	4	4	4	4	20	Social media handles operational	200	800	800	800	800	800	4000
									2,310,873	**2,268,663**	**1,768,663**	**1,768,663**	**1,768,788**	**9,885,650**

Output 4: Consistent supply of the full range of FP and SRH commodities in all service points	Annual Output Targets					Total outputs	Description of Output	Cost per unit of output, USD	Cost per year, USD					Total Cost, USD
	2022	2023	2024	2025	2026				2022	2023	2024	2025	2026	
Strategy 4.1: Srengthen the supply chain and security of all FP and SRH commodities including during emergencies.									21,293,675	21,825,419	22,370,457	22,929,121	23,501,752	111,920,425
Activity 4.1.1: Conduct national quantification of FP and SRH commodities that includes buffer stock needed for emergencies with all stakeholders biannually	2	2	2	2	2	10	FP & SRH Quantification reports	10,000	20,000	20,000	20,000	20,000	20,000	100,000
Activity 4.1.2: Procure FP and SRH commodities including PPEs	1	1	1	1	1	5	Adequate FP and SRH commodities procured	20,721,000	21,239,025	21,770,001	22,314,251	22,872,107	23,443,910	111,639,293
Activity 4.1.3: Train key service providers in supply chain management including stock management	1	1	1	1	1	5	Trained key service providers	30,000	30,750	31,519	32,307	33,114	33,942	161,632
Activity 4.1.4: Conduct quarterly FP and SRH commodities stock assessments to ensure all facilities have stock (balancing high and low consuming facilities).	4	4	4	4	4	20	Quarterly stock assessment reports	975	3,900	3,900	3,900	3,900	3,900	19,500
Strategy 4.2: Increase supply chain visibility and accountability.						0			18,480	480	480	480	480	20,400
						0								
Activity 4.2.1: Establish electronic warehouse systems in all warehouses/stores and facilities to improve stock control.	1					1	Operational Electronic warehouse system	15,000	15,000	0	0	0	0	15,000
Activity 4.2.2: Develop dashboards for stock management at central, provincial, district and facility level.	1					1	Dashboard installed and operational	3,000	3,000	0	0	0	0	3,000
Activity 4.2.3: Carry out annual supply chain audits at all levels.	1	1	1	1	1	5	Supply chain audit reports	480	480	480	480	480	480	2,400
Strategy 4.3: Improve supply chain coordination among stakeholders									6,400	6,400	6,400	6,400	6,400	32,000
						0								
Activity 4.3.1: Hold regular meetings and coordinate with program teams to ensure timeous distribution responsive to program needs.	4	4	4	4	4	20	TWG Meetings report	100	400	400	400	400	400	2,000
Activity 4.3.2: Participate in the quarterly ZAPs monitoring and support visits to facilities to support ordering of FP and SRH commodities	4	4	4	4	4	20	ZAPS field visits reports	1,500	6,000	6,000	6,000	6,000	6,000	30,000
									21,318,555	**21,832,299**	**22,377,337**	**22,936,001**	**23,508,632**	**111,972,825**

Anchor 1: Improved evidence-based FP programming	Annual Output Targets					Total outputs	Description of Output	Cost per unit of output, USD	Cost per year, USD					Total Cost, USD
	2022	2023	2024	2025	2026				2022	2023	2024	2025	2026	
Strategy A.1.1: Strengthen monitoring, evaluation and research for the FP/SRH program									890,000	890,000	890,000	890,000	890,000	4,450,000
Activity A.1.1.1: Conduct data quality assessments	1	1	1	1	1	5	Research Reports on FP programme	870,000	870,000	870,000	870,000	870,000	870,000	4,350,000
Activity A.1.1.2: Conduct client exit interviews	2	2	2	2	2	10	Data assessment reports on FP service statistics	10,000	20,000	20,000	20,000	20,000	20,000	100,000
Activity A.1.1.3: Develop a web-based FP information portal	4					4	Web based portal system	0	0	0	0	0	0	0
Activity A.1.1.4: Advocate for private FP service providers submit data through DHIS2 platform	4	4	4	4	4	20	private FP service providers submitting data through DHIS2 platform	0	0	0	0	0	0	0
Strategy A.1.2: Strengthen existing national and sub-national coordination structures.(FP M & E technical working groups at all levels)									22,860	22,860	22,860	22,860	22,860	114,300
Activity A.1.2.1: Conduct quarterly FP coordination meetings at all levels	36	36	36	36	36	180	FP coordination minutes	635	22,860	22,860	22,860	22,860	22,860	114,300
Activity A.1.2.2: Conduct FP planning and review meeting annually	1	1	1	1	1	5	FP planning and review report	20,000	20,000	20,000	20,000	20,000	20,000	100,000
Strategy A.1.3: Develop a functional harmonised M & E system						0			0	0	0	0	17,244	17,244
						0								
Activity A.1.3.1: Develop an M & E framework (indicators, data flow, data collection tools)					1	1	M&E Framework developed	17,244	0	0	0	0	17,244	17,244
Activity A.1.3.2: Generate essential information to guide strategic investments and operational planning.						0	Availability of information	0	0	0	0	0	0	0
									912,860	**912,860**	**912,860**	**912,860**	**930,104**	**4,581,544**

Anchor 2: FP program receives adequate funding	Annual Output Targets					Total outputs	Description of Output	Cost per unit of output, USD	Cost per year, USD					Total Cost, USD
	2022	2023	2024	2025	2026				2022	2023	2024	2025	2026	
Strategy A.2.1: Advocate for support of the FP programme by parliamentarians and development partner.									93,600	93,600	93,600	93,600	93,600	468,000
Activity A.2.1.1: Engage Parliamentarians with concept papers/ position papers	4	4	4	4	4	20	Resource mobilisation for increased domestic funding	18,900	75,600	75,600	75,600	75,600	75,600	378,000
ActivityA.2.1.2: Engage development partners for support	2	2	2	2	2	10	Resource mobilisation for increased external funding	4,500	9,000	9,000	9,000	9,000	9,000	45,000
Activity A.2.1.3: Participate in key national SRH/HIV/SGBV planning and budgeting process.	2	2	2	2	2	10	Development of budgets	4,500	9,000	9,000	9,000	9,000	9,000	45,000
Activity A.2.1.4: Engage donors to increase support for the FP programme	2	2	2	2	2	10	Resource mobilisation for increased funding	4,500	9,000	9,000	9,000	9,000	9,000	45,000
Strategy A.2.1: Strengthen Public - Private Partnerships for increased financial support						0			18,000	18,000	18,000	18,000	18,000	90,000
						0								
Activity A.2.2.1: Engage local business communities in community meeting	4	4	4	4	4	20	Resource mobilisation for the corporate world	4,500	18,000	18,000	18,000	18,000	18,000	90,000
									111,600	**111,600**	**111,600**	**111,600**	**111,600**	**558,000**


UNFPA


United Nations


USAID
FROM THE AMERICAN PEOPLE


fhi360
THE SCIENCE OF IMPROVING LIVES


NATIONAL
AIDS COUNCIL
ZIMBABWE


World Health
Organization


UKaid
from the British people


Irish Aid
Rialtas na hÉireann
Government of Ireland


SWEDEN


POPULATION
SERVICES
ZIMBABWE
Children by choice, not chance
An affiliate of Marie Stopes International


Population
Solutions
for Health