



## FP2030 GOVERNMENT COMMITMENT FORM

### 1. ZIMBABWE'S 2030 VISION STATEMENT

Please describe your country's 2030 vision. Your statement could start with: "By the end of 2030, [insert name country]'s family planning vision is....." Consider your country's high-level aspirations during this time period, the changes you hope to bring about in the lives of your population, with women and girls at the center, including traditionally underserved and overlooked groups and geographies, by 2030. More guidance is available at <https://commitments.fp2030.org/step5-country-commitment#create>.

**By the end of 2030 Zimbabwe`s Family Planning vision is quality, integrated, affordable contraceptive services for all women irrespective of age, sex, colour, religion, creed, disability and geography. This will lead to an increase in modern contraceptive prevalence rate for all women from 48% in 2021 to 54% in 2030.**

### 2. COMMITMENT OBJECTIVES

Commitment objectives should be [developed through an inclusive and participatory process](#) and informed by data and evidence. In addition, all commitment objectives should be aligned with the 2030 commitment guiding principles whenever possible, and in line with the timeframe outlined below. Please determine a timeframe that aligns with your objectives, your country budget cycle and health strategies, and other country-specific considerations.

When developing objectives, please consider the [five 2030 focus areas](#) and aligning objectives with other frameworks or national/regional health strategies.

Each commitment objective should follow the below outline. More information and guidance can be found in [step 5 of the commitments guidance](#):

- **OBJECTIVE STATEMENT:** please detail a community-informed, data-based, and evidence-driven objective.
- **TIMELINE:** please share the time period during which you will work towards and achieve the objective.

- **RATIONALE:** please cite any data, evidence, consultation, and/or alignment with existing national frameworks and strategies used to inform focus on this objective
- **STRATEGIES:** please consider key actionable strategies which will lead to the completion of this objective.

## POLICY/PROGRAMMATIC OBJECTIVES

<b>Commitment Objective 1:</b>	
Objective Statement	<b>To ensure availability and access to quality, integrated, affordable contraceptive services for all eligible women irregardless of sex, colour, religion, creed, disability and geography thereby increasing modern contraceptive prevalence rate for all women from 48% in 2021 to 54% in 2030.</b>
Timeline	<b>2022-2030</b>
Rationale	<ul style="list-style-type: none"> <li>• <b>Though uptake of family planning services is high, other women and girls are failing to access quality integrated contraceptive services in the country and there are subnational disparities in unmet need for modern methods of family planning.</b></li> <li>• <b>Programing evidence is showing that there is need to put more emphasis on the quality of services provided and focus on certain groups such as people living with disabilities, minority groups and marginalized communities.</b></li> </ul>
Strategies	<ul style="list-style-type: none"> <li>• <b>Capacity building of service providers through training in LARCS.</b></li> <li>• <b>Provision of accessible and affordable family planning services to all women at both facility and community level.</b></li> <li>• <b>Provision of a comprehensive package of contraceptive services at primary health care facilities throughout the country.</b></li> <li>• <b>Village Health Workers at community level will be empowered to fully conduct demand generation activities in marginalized areas and provide family planning services.</b></li> <li>• <b>Delivering integrated FP services at outreach sites</b></li> </ul>
<b>Commitment Objective 2:</b>	
Objective Statement	<b>Ensure access for all adolescents and young people to</b>

	comprehensive and age-appropriate information, and remove barriers to access, availability and uptake of voluntary contraceptive services to adequately protect themselves from unintended pregnancies, gender-based violence, STIs and HIV/AIDS.
Timeline	2022-2030
Rationale	There are systems and cultural barriers to access to contraceptive services and age appropriate information to adolescents and young people in the country .This is also supported by high teenage pregnancy rate , high adolescent birth rate and high unmet need for adolescents
Strategies	<ul style="list-style-type: none"> <li>• Strengthen the Youth Friendly Health Services delivery package</li> <li>• Capacity building of providers on YFHS package</li> <li>• Integration of YFHS in SRHR service delivery</li> <li>• Strengthening identified tertiary level educational institutes in the provision of integrated SRH services to young people</li> <li>• Strengthening delivery of existing services and developing new SRHR models for young people in different settings</li> <li>• Implementing the school health policy.</li> <li>• Provision of CSE in both in-and out of school contexts</li> <li>• Building Partnerships with organisations offering integrated SRHR to young people in different settings</li> </ul>

[Note: To add additional commitment objectives, feel free to copy the templates above. There is no limit to the number of commitment objectives.]

**FINANCIAL OBJECTIVE:** FP2030 strongly recommends including a specific objective on financing for family planning in your commitment. We recommend that countries articulate how family planning financing will be increased; efficiently used; and sustained through the period of commitment and beyond. Please refer to the menu of options in the User Guide at the end of this form or the online guidance on [Incorporating Domestic Financing in Commitments](#).

<b>Financial Commitment Objective:</b>	
Objective Statement	<b>Ensure commodity security through mobilising domestic resources towards the procurement of contraceptives, including engagement with the Private sector.</b>

Timeline	<b>2022-2030</b>
Rationale	<b>The procurement of contraceptives is heavily dependent on donor support and with the funding cut announced by one of the major donors in 2021 commodity security is being threatened hence the need to prioritize domestic funding and partnerships .</b>
Strategies	<b>Mobilisation of domestic resources and ensuring that 3% of the Ministry of Health Budget channelled towards procurement of contraceptives.</b> <b>Strengthening national integrated and harmonised Procurement and Supply Management system (PSM) to reduce stockout of contraceptives at health facilities below 5%</b> <b>Strengthening of the Zimbabwe Assisted Pull system throughout the country</b> <b>Implementing the national Logistic Management Information System in the country</b> <b>Building national monitoring system for the new PSM system</b> <b>Mobilising internal and external resources to sustain the new PSM system</b>

**3. COMMITMENT CONSULTATION PROCESS**

For transparency and accountability purposes, briefly describe the consultative process used to develop this commitment. This should include any meetings that engaged any parties (organizational or individual) in the consultative, development, and review processes of this commitment, as well as any specific stakeholders that were involved in the development of each commitment objective.

Please include the title of meetings and names of any organizations, groups, or individuals that were involved.

The development of the FP2030 commitments for Zimbabwe was a consultative process with family planning stakeholders in the country.

The first step was to Constituting a Technical Working Group (TWG) on FP2030 Commitment making , followed by a Stakeholder mapping exercise ,the Sensitization of Members of parliament and reviewing of progress made on FP2020 Commitments

- Aa meeting was conducted with the members of parliament ( budget and health portfolio committees ),
- All FP2030 focal points planning meeting
- The consultative meetings were conducted with stakeholders in Harare, Masvingo and Bulawayo. The stakeholders attended the meeting are :
- ZNFPC, UNFPA, USAID, PSZ, PSI, FHI360,MyAge ,National AIDS Council , ZACH, Dot Youth, Space for marginalized groups in diversity Zimbabwe Trust, Youth Creative Ideas, Children Living in the Streets ,Ministry of Youths , Grassroots soccer, MMPZ, Youth creative ideas, Children living in the streets, Ministry of Youth, Grassroots soccer, MMPZ, Population services International, Youth Advocates Zimbabwe, Zimbabwe down syndrome, National council of disabled in Zimbabwe, Young men’s Christin Association, Precious strong women with disabilities trust, JF Kapnek trust, Epilepsy Support Foundation, Plan international, AIDS Health care Foundation, Southern Africa SRHR Trust, Institute of women social workers, Pastime Redu Edutainment trust, Health Fonds trust Zimbabwe, Hope for Adolescents and youth, Young Christian leaders association in Zimbabwe, Double Impact Youth Association, She decides, Shamwari yemwanasikana , Zimbabwe young people’s network on SRH, HIV and AIDS (ZYPNSRHH),Adult rape clinic, GALZ, WAG, MSF, FACT, Saywhat, Katswe Sistahood, ROOTS, CeSHHAR, Africaid, ZHIFHI, Leonard Cheshire and Restless Development

#### 4. COMMITMENT ACCOUNTABILITY APPROACH

4.1. In fewer than 500 words, please describe your country’s **accountability approach** for FP2030 commitments. In your description, please address the following questions:

- a. What existing and new platforms will be used to track progress on commitments?
- b. Which accountability tools/mechanisms will be used to track commitments?
- c. What social accountability mechanisms will be used at the subnational level?
- d. How your accountability approach elevates the role of civil society partners and how they will be engaged in tracking progress on commitments?
- e. How will your country ensure visibility and transparency in sharing information on country progress towards meeting commitments?
- f. How will you align the FP2030 accountability process with other national processes for monitoring other country commitments such as EWEC, ICPD+25, GFF, etc.?

Please refer to the [accountability guidance](#) for examples of successful accountability approaches

**The government will use the Family Planning forum, Family Planning data consensus building workshop, Family Planning Annual and Quarterly planning and review meetings as well as MODO to track progress on Family planning Commitments. The Government will also ensure an enabling environment and support for CSOs working in SRH service provision and monitoring to track progress on FP commitments using the CSO platform under FP2030 partnership. The FP2030 focal points meetings will also be used in tracking progress on FP2030 commitment. At subnational level the Provincial Health executive meetings will be used to track family planning service utilization. Information on the progress on FP2030 commitments will, be shared locally as well as internationally after each family planning data consensus building workshop. This information will be included in the Ministry of Health annual report that will be shared with all stakeholders.**

**4.2. Describe the country process for annually (or more frequently) reviewing data on progress and sharing that data with partners.**

- Each year the Ministry of health and partners will conduct a family planning data consensus building workshop to track progress on FP2030 commitments using a set of core indicators. This workshop will enable partners to review, validate and generate consensus on family planning data to be reported on the indicators.**
- Each quarter the Ministry of Health will conduct performance and review meetings to check progress on the provision of reproductive health services inter alia ( SRH and Family Planning)**
- ZNFPC will conduct family planning forum every quarter to review progress and share update towards the implementation of the family planning program.**
- Once a Year the Ministry will conduct a planning and review meeting(MODO) with all stakeholders to share updates, progress made and challenges**

**4.3. Describe remedial actions to be taken at the country level if there is lack of progress or if there are outright violations of sexual and reproductive health and rights in approximately 200 words:**

**The FP forum, CSO platform and FP2030 focal points will work together and ensure that there is progress on the commitments. If there is lack of progress, or violation of SRHR challenges will be addressed using the existing platforms and channels and the Government through the FP2030 focal point will communicate to the respective stakeholders and Provinces**

**4.4. Describe how the above accountability approach will be funded:**

**This accountability approach will be funded from the domestic resources from government as well as support from developmental partners. Most of the activities highlighted in the accountability framework will override on the existing ongoing programs.**

**4.5. Please define technical assistance needed to fully implement the above accountability approach:**

**4.6. Any additional information:**

## 5. COMMITMENT LAUNCH TIMELINE

We strongly recommend launching your commitment at [the national level](#) following a [consultative feedback process](#) with FP2030 and other partners. This milestone presents an exciting opportunity to promote your leadership in family planning by amplifying your commitment through the media and social media, in collaboration with the FP2030 partnership. For more guidance: <https://commitments.fp2030.org/step9-country-commitment>

What is your country's timeline and plan for validating, preparing to launch, and then launching your commitment at the national level?

**The Ministry launched the FP2030 commitments on the 16<sup>th</sup> of December of 2022.**

## USER GUIDE FOR THE FP2030 GOVERNMENT COMMITMENT FORM

### 1. 2030 VISION STATEMENT

Your commitment vision statement outlines your government's **high-level aspirations**. By advancing family planning, "**what**" are the changes you hope to bring about in the lives of your population, with women and girls at the center, by 2030? The following recommendations may be helpful as you write your vision statement:

- This shared vision should energize and motivate family planning stakeholders throughout your country and globally to take collective action to achieve the progress you envision.
- Your vision should be ambitious, creative, and forward-thinking. Strong vision statements are also



clear and succinct—about 2–3 sentences long, or about 40 words— though yours can be as long as is needed to effectively communicate your vision.

- If 2030 is not a relevant “horizon” for your vision statement, please feel free to use an end date that better fits your plans.

Where relevant, include language from other government commitments or frameworks (e.g. SDGs, ICPD+25, GFF, national strategic plans) to build this vision statement. This will help ensure alignment.

Finally, keep in mind that your consultation activities should focus primarily on your government’s commitment objectives, not on the vision statement.

## 2. COMMITMENT OBJECTIVES

Objectives address ‘How’. Consider the following guidelines as you create your commitment objectives.

### What should objectives focus on?

Objectives should contribute to the achievement of your vision and align with the 2030 partnership’s [five focus areas](#) where possible.

- **Expand the Narrative and Shape the Policy Agenda:** Political commitment and policy environment are expanded and consistently supportive.
- **Drive Data and Evidence-informed Decision Making:** Policies and programs are improved through evidence-informed decisions.
- **Increase, Diversify, and Efficiently Use Financing:** Family planning financing is sufficient and resilient, with countries increasingly able to sustainably finance their family planning work.
- **Transform Social and Gender Norms:** A woman or adolescent girl’s decision to use modern contraception is supported and accepted.
- **Improve System Responsiveness to Individual Rights and Needs:** Health systems meet the information, service, and supply needs of individuals.

Countries should consider how to embed critical rights-based family planning approaches in all aspects of their commitments, such as improving system responsiveness to the individual rights and needs of young people and adolescents and increasing, diversifying and efficiently using domestic resources for family planning. Guidance on incorporating important rights-based family planning approaches can be found on the [Centering Rights](#) page.

### How many objectives should we have?

There is no limit to the number of objectives that can be included in a commitment. We encourage countries to identify and focus on the most urgent priorities with the highest catalytic potential.

A commitment to the 2030 partnership is also a commitment to an accountability approach that involves tracking and transparently sharing progress towards those goals, on an annual basis. As you decide on the number of objectives to include, it is important to consider your organizational and operational capacity to share data on your progress made towards these objectives.

### What is the timeline for the objectives?

This is entirely up to your government. We understand that your commitment objectives are likely to align with existing priorities from national strategy documents, which have their own specific timelines. Feel free to set a timeline that best fits your purposes.

Based on previous experience, we suggest breaking down objectives into increments of no more than 5 years, and possibly fewer. Shorter timelines allow for more effective progress tracking, more dynamic

target setting, and a stronger focus among national stakeholders.

### What if we need to update our objectives?

Your government's priorities may shift depending on a wide range of factors like new national strategies, changes of government, and other unanticipated external factors. Your commitment objectives can be updated when necessary in order to continuously reflect your current priorities.

### What is expected in addition to each objective statement?

Each commitment objective should be accompanied by the following information:

- **Timeline:** Share the time period during which you will work towards and achieve the objective.
- **Rationale of the objective:** Share data and evidence used to inform your decision to select this particular objective. Why did you select this objective?
- **Strategies that will help you achieve the objective:** Consider actions related to shaping the policy agenda, transforming social and gender norms, and improving systems.

## [EXAMPLES] COMMITMENT OBJECTIVE & STRATEGIES (POLICY/PROGRAMMATIC)

### Example 1

#### Objective Statement

Increase the percentage of women using modern family planning at 6 months postpartum from 20% to 25%.

#### Timeline

June 2021–June 2026

#### Rationale

Based on our review of [all available data](#), there is significant unmet need for FP among postpartum women. Prioritizing strategies for this population will contribute towards our country's 2030 vision of expanding access to voluntary modern contraception and reducing maternal mortality.

#### Strategies

- Advocate for policy change to ensure access to the full range of appropriate contraceptive methods to postpartum women according to the [WHO Medical Eligibility Criteria](#).
- Include FP in the preservice midwifery curriculum.
- Offer contraceptive services and counseling as part of facility-based childbirth care prior to discharge from the health facility.
- Include quality counseling about postpartum contraceptive options during antenatal care visits, to give women time to consider their options and discuss with partners.
- Incorporate recommended postpartum FP indicators into the HMIS, disaggregated by age (<20 and 20+ years old).
  - Percent of women who deliver in a facility and initiate or leave with a modern contraceptive method prior to discharge.
  - Percent of women who deliver in a facility and receive counseling on FP prior to discharge.
- Ensure FP services are offered to women at routine child immunization visits, with a particular focus on training providers to serve needs of young mothers.

- Allocate a minimum of USD 100,000 to train, supervise, and provide job aids to providers on integration of contraceptive services and counseling into facility-based childbirth care.

## **Example 2**

### **Objective Statement**

The government commits to progressively integrate preparedness for sexual and reproductive health including family planning into national health and disaster risk management policies, budgets, and programs by 2024.

### **Timeline**

June 2021–June 2030

### **Rationale**

Based on a [recent global assessment](#) of family planning access in humanitarian situations and the current [Informed Risk Index](#) for our country, there is a need to prepare for and respond to unmet need for FP among women during acute and protracted phases of humanitarian response. Prioritizing strategies for populations affected by crises will contribute towards our country's 2030 vision of expanding access to voluntary modern contraception and reducing maternal mortality especially for populations affected by conflict, natural disaster, or infectious disease outbreaks.

### **Strategies**

- Advocate for policy change to ensure access to the full range of contraceptive methods in acute and stable phases of a crisis as recommended by the [Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings](#).
- Integrate SRH into disaster risk management or health emergency policies and plans, and in turn work to integrate disaster and emergency considerations into SRH policies (see [Ready to Save Lives: A Preparedness Toolkit for SRH Care in Emergencies](#)).
- Use the Minimum Initial Service Package for SRH (MISP) and its [assessment](#) and [training tools](#) to structure, monitor, and evaluate preparedness efforts.
- Enable resilient [SRH supply chains](#) by developing plans for continuity of operations, ensuring that a full range of contraceptives and reproductive health supplies are prioritized and prepositioned, as appropriate.
- Strengthen the collection and management of SRH-related data—including sex-, age-, and disability disaggregated data—to aid in preparedness efforts and the monitoring and evaluation of response efforts
- Source sufficient, appropriate, and flexible funding through national and sub-national disaster risk management and health emergency budgets, contingency or emergency funds, and external donors to support emergency preparedness, response, and recovery to build greater health system resilience to crisis events.

[1] [Global Snapshot of Contraceptive Services across Crisis-Affected Settings](#), Women's Refugee Commission, 2020.

## **FINANCIAL COMMITMENT OBJECTIVE & STRATEGIES**

It is important to set realistic goals and to keep rights, access, and quality at the forefront. Commitment makers should take time to assess the country's financial capacities to meet its FP goals and to put in place a multi-year planning process to achieve them. New financial commitments should draw on evidence regarding past spending in the specific country context. Achieving financial commitments for family planning program areas should not come at the expense of other program areas, and the overall approach should be geared toward obtaining and maintaining sufficient resources and allocative and technical efficiency for the entire package of health services and interventions. Particular attention should be paid to the potentially changed fiscal context resulting from the COVID-19 pandemic.

We recommend that countries draw from the following menu of options and articulate how family planning financing will be i) increased, ii) efficiently used, and iii) sustained through the period of commitment and beyond.

### **INCREASED ALLOCATION OF PUBLIC REVENUES TO FAMILY PLANNING**

- Establish and increase a budget line item for family planning commodities by a certain amount or percentage. Goals should include clear baselines and targets.
- Establish and increase budget lines or allocations for family planning service delivery, social and behavior change activities, and other core elements of the family planning program. Goals should include clear baselines and targets.
- Establish targets for budgetary allocations to primary and community levels in the health system where the majority of family planning services are delivered.
- Increase the domestic financing available for family planning by increasing the overall allocations to the health sector drawn from tax revenues.

### **IMPROVED EFFICIENCY IN THE USE OF FUNDS**

- Monitor expenditure to ensure it aligns with evidence-based and cost-effective priorities outlined in the costed implementation plan and other strategic documents.
- Design and implement policies that encourage health providers to provide high-quality family planning services equitably and efficiently.
- Optimize the health workforce by introducing or reinforcing task shifting, task sharing, and the integration of FP with other health services.
- Advocate for sufficient staffing at primary health care level, particularly for nurses, midwives, and other cadres actively engaged in the delivery of family planning services.
- Consider reforms that improve the efficiency and quality of procurement and distribution of contraceptives. Improve commodity purchasing—such as through bulk procurement, improved procurement practices, or coordinated buying with other countries—to reduce costs.
- Improve spending (budget execution) to ensure all available funds for family planning are spent and used for their intended purpose.
- Increase share of total country FP spending from domestic sources, such as percentage of costs from domestic sources within the costed implementation plan.

### **SUSTAINABILITY OF FINANCING FOR FAMILY PLANNING**

- Ensure meaningful engagement of a wide, diverse, and inclusive group of civil society organizations in FP budget and essential service package monitoring, including collaborative assessments of national family planning activities. Confidence that government FP funds are spent efficiently and effectively is the key to sustainability.
- Develop policies that require the inclusion of family planning services and supplies in health insurance schemes (including government-led and/or private health insurance schemes).

- Increase family planning costs covered by out-of-pocket expenditures relative to costs covered by universal health coverage-oriented schemes (e.g., health insurance, vouchers).
- Work with the private health sector to expand access to family planning services in private health facilities, for example by training/accrediting training/ accrediting providers to offer family planning services or equipping them with access to family planning commodities increasing the availability of FP in drug shops or pharmacies; and establishing or strengthening contracting mechanisms for private providers.
- Advocate for the inclusion of family planning in key strategic documents at the national and subnational levels—particularly those related to financing reforms such as insurance.
- Monitor and evaluate family planning-related financing policies to ensure they align with quality standards and meet the voluntary, rights-based service needs of girls and women
- Develop an evidence base for advocacy by tracking family planning budget allocations, spending, needs, and gaps, as well as by estimating the health, economic, and social benefits of greater government investment in FP in coordination with a wide, diverse, and inclusive group of civil society during key entry points in the annual budget cycle.

## 5. COMMITMENT ACCOUNTABILITY APPROACH

As country partners develop 2030 commitments, we encourage you to develop accountability strategies that take into consideration the following elements:

- **A mutual accountability approach** where governments, in collaboration with key stakeholders, are obligated to deliver on the commitments they have made, and civil society is galvanized to support the implementation of action plans and engaged to monitor progress towards achieving the commitments along with the government.
- **Accountability structures and processes that span the full cycle of the commitment**— assessing previous commitments (if applicable), developing new commitments, implementing commitments, and tracking progress.
- **Alignment with the global 2030 accountability approach, the vision framework, and the 2030 measurement framework.**
- To the degree possible, and where consistent with budgetary and implementation authority, countries are encouraged to extend mutual accountability approaches to subnational units.

**A country's robust accountability strategy for its 2030 partnership commitment should align with the six principles below.**

- A collaborative, community-driven approach to accountability is adopted and emphasizes civil society engagement, including engagement of youth-led organizations, in the development and monitoring of commitments.
- A mutual accountability approach that fosters greater compliance among all stakeholders to enable commitment-makers to achieve their goals.
- Accountability and monitoring processes are aligned with other national processes and other commitments the country has made.
- Clearly defined goals are developed and articulated in the country's commitment, including a plan for achievement of goals and a process for measuring progress with FP2030 Core Indicators and country-specific measures. Responsible parties are identified to lead implementation and monitoring.
- Principles of inclusiveness are embedded throughout the commitment development process, as

well as in the accountability mechanisms tracking progress against the commitments moving forward.

- Visibility and transparency are promoted within the development and monitoring of commitments.

### **Examples of Promising Accountability Mechanisms**

[https://commitments.fp2030.org/sites/default/files/Promising\\_Accountability\\_Mechanisms\\_09FEB2021.pdf](https://commitments.fp2030.org/sites/default/files/Promising_Accountability_Mechanisms_09FEB2021.pdf)

Please review **examples** as you develop your country commitment and your accountability approach, drawing on them as appropriate for your context and goals. This is not an exhaustive list and we encourage partners to tailor, adjust, and even expand these approaches to meet their needs. Although the models are different, they all rely on collective and well-coordinated approaches. These examples focus on the relationship between government and CSOs, and are user-oriented and generate information and dialogue at the grassroots level.