

ZIMBABWE COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage—<http://www.familyplanning2020.org/zimbabwe>—on FP2020's website.

We request that you submit your response by **Friday, June 8, 2018**. Please complete the attached Word document and submit to Martyn Smith on msmith@familyplanning2020.org with a copy to Holley Stewart on hstewart@familyplanning2020.org.

Should you have any questions or concerns, please contact Holley Stewart on hstewart@familyplanning2020.org or Rudy Shaffer on rshaffer@familyplanning2020.org.

Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.

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This year we have modified the questionnaire to include 1) the 2017 commitment and elements of Zimbabwe's original commitment that still stand, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

UPDATE QUESTIONNAIRE

COMMITMENT OVERVIEW

The government of Zimbabwe is committed to ensuring improved availability and access to quality integrated family planning services for all women irrespective of age, marital or socioeconomic status and/or geography by the year 2020. We will also specially seek to improve access and uptake of voluntary contraceptive services among adolescent girls reducing their unmet need for modern methods of family planning from 12.6% to 8.5% by 2020. The government of Zimbabwe will harness all available resources to expand contraceptive choice by promoting a comprehensive package, with 30% of married women using long acting reversible contraceptives by 2020. We will strive to strengthen the supply chain management system for FP commodities to maintaining stock outs at below 5% at all health facilities. We will mobilise additional domestic resources through innovative means, including private sector finances to deliver these ambitious commitments.

- 1. COMMITMENT:** Improved availability and access to quality integrated family planning and contraceptive services with the aim of reaching all women irrespective of their age, marital or socioeconomic status and/or geography by the year 2020.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

We carried out the following activities from July 2017- May 2018:

- 1.1. Training of service providers in insertion and removal of IUCD and Implants. A total of 345 service providers were trained in IUCD insertions in 119 health facilities throughout the country, 270 health service providers were trained in implants insertion and removal. This goes a long way in ensuring that more health facilities now have trained service providers.
 - 1.2. Demand generation for family planning services –IEC material was printed and distributed to promote uptake of long acting Reversible Contraceptives.
 - 1.3. Provision of family planning and contraceptive outreach services–Outreach sites for family planning service provisions were mapped out and outreach teams established in all 10 Provinces in Zimbabwe. Outreach points are mainly away from the health facilities in the hard to reach areas.
 - 1.4. Commodity Supply Chain Management-the roll out of the integrated supply chain management called the Zimbabwe Assisted Pull System improved effectiveness and efficiency in ordering and distribution of commodities thereby contributing immensely to the availability and accessibility of contraceptives in the hard to reach areas.
 - 1.5. FP Brand ambassador– A brand ambassador was appointed to advocate for family planning in different fora.
2. **COMMITMENT:** Improving access and uptake of voluntary contraceptive services among adolescent girls and reduce their unmet need for FP from 12.6% to 8.5% by 2020.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- 2.1. **Strengthening tertiary educational institutions' health facilities**-In order to offer a comprehensive package of family planning to adolescents in tertiary educational institutions, service providers in these health facilities will be trained and provided with free commodities and IEC materials targeting adolescents.
 - 2.2. **Youth Friendly Service Provision Approach**-This has seen health service providers trained in implementing the WHO standards on youth friendly service provision in most of the health facilities.
 - 2.3. **Training of Pharmacists in the Private Sector**-Pharmacists in the private sector will be oriented on ways to provide more information to adolescents who are normally accessing emergency contraceptives and condoms from the pharmacies on other family planning methods available. Pharmacies with trained service providers will be branded by the Ministry of Health and ZNFPC.
3. **COMMITMENT:** Expanding contraceptive choice by promoting comprehensive package of contraceptive services, with 30% of married women using long acting reversible contraceptives by 2020.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- 3.1. **Training of service providers in Long Acting Reversible Contraceptives**-To ensure that health facilities are offering a comprehensive package of family planning services A total of 345 service providers were trained in IUCD insertions in 119 health facilities throughout the country, 270 health service providers were trained in implants insertion and removal
- 3.2. **Demand Generation** –Working with Implementing partners and behaviour change facilitators at community level has improved promotion of LARCs, thereby resulting in the increased uptake of implants and IUCD.IEC materials promoting LARCs were printed and distributed in all health facilities
- 3.3. **Provincial plans to scale up LARCs**-Provinces developed and rolled out plans to scale up the uptake of LARCs addressing both the demand and supply side.
- 3.4. **Outreach Services** -Outreach teams are providing comprehensive quality integrated family planning services with special emphasis on LARCs to expand contraceptive choice.

4. **COMMITMENT:** Strengthening supply chain management system for FP commodities as part of the national integrated Medical Procurement and Supply Management System and maintaining stock outs at below 5%.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- 4.1. **The rollout of the Electronic Logistics Management Information System** is allowing automated order processing and stock management which is contributing to improved efficiency
- 4.2. **Zimbabwe Assisted Pull System-** the roll out of the integrated supply chain management called the Zimbabwe Assisted Pull System improved effectiveness and efficiency in ordering and distribution of commodities thereby contributing immensely to the availability and accessibility of contraceptives in the hard to reach areas.
- 4.3. **Training of service providers in ordering and stock management** –Trainings were conducted to ensure that health service providers’ capacity in ordering and stock management at facility level is enhanced
5. **COMMITMENT:** An innovative financing approach to mobilise domestic resources for contraceptives, including engagement with the private sector developed, piloted, and adopted at national level by 2020.
- 5.1. strengthen public-private partnerships, including civil society organizations in the provision of community-based and outreach services and
- 5.2. promote innovative service delivery models to improve access and utilization of FP services for women and girls, particularly from the poorest wealth quintiles.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- CSO consensus building workshop was conducted to come up with CSO road map for Zimbabwe.
- CSOs have been incorporated as technical members of the family planning forum
- CSO taskforce was developed
- High level symposium of FP financing was conducted to come up with action plan on mobilising resources for contraceptives. Some of the agreed action items include:
 - engagement of health insurance institutions to include family planning, a high-level meeting to be conducted soon.
 - Discussion on using the AIDS levy to procure contraceptives is at an advanced stage
- Media workshops on FP with journalists: workshops were conducted with journalists with the aim of promoting advocacy for increased budgetary allocation for family planning services
- Workshop with Members of Parliament on advocacy for budgetary increase for family planning

Please respond to all parts of the following 3 questions:

1. How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?

- A focal point person for CSO was identified and he coordinated the focal CSO consensus building workshop to come up with an action plan for CSOs engagement.

- A young person has been appointed a member of the ZNFPC board to represent the interest of adolescents and young people in decision-making, YAZ.

a. What challenges have you faced in working with these groups? (please give examples)

There is no database for the CSOs readily available; a mapping of CSOs in Zimbabwe is being recommended.

b. How has this engagement supported reaching your FP2020 commitment?

N/A

2. How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?

It is still a work in progress. A high-level meeting is being organised with the health insurance companies in Zimbabwe.

3. Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?

Yes

a. If so, what insights were gained?

The consensus building workshops are being chaired by one of the FP2020 Focal Points. Other Focal Points provided policy and strategic direction. Their participation is critical as they give more insight on areas that are lagging in the FP2020 action plan. They also act as the link persons to where data on expenditure and stock status can be easily found.

b. Were domestic expenditures data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

Yes, data was reviewed, however there was no consensus generated as more information was required. The main challenge was calculating the human resources component. More information was provided, and consensus was reached after the workshop.

Please provide the following information on the Government's point of contact for this update:

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