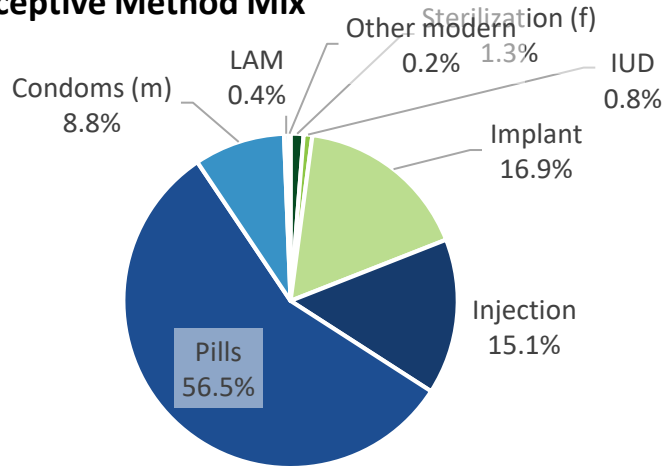


# Zimbabwe Actions for Acceleration



## Country Snapshot Modern Contraceptive Method Mix



**Stage 3: High Prevalence**  
Growth slows and eventually stops as mCPR reaches its maximum

mCPR (AW vs. MW) (year)	49% vs. 67%
FP2020 mCPR/CPR goal	68% MW
Unmet need (MW)	12%
Demand satisfied (MW)	85%
*Track 20	

<b>FP2020 Commitment</b>	
Commitment objective	<p><b>2016:</b> To increase CPR from 59 percent to 68 percent by 2020; to reduce unmet need for FP from 13 percent to 6.5 percent by 2020; and to reduce adolescent girls' unmet need for FP services from 16.9 percent to 8.5 percent by 2020.</p>
Policy commitment	<p><b>2016:</b> The government of Zimbabwe reports significant improvement toward its commitment in removing the user fees for family planning services. In most of the health facilities only a consultation fee is being charged and the services being provided free of charge. This has contributed to the reduction in cost of accessing FP services in the country. In few health facilities, a minimal charge on FP commodities is being charged to cover operational costs. Advocacy meetings and campaigns with decision makers were conducted during the year, specifically targeting parliamentarians, and family planning champions were used to reinforce the message to the intended audience. These activities have contributed toward the reduction of costs associated with accessing FP services.</p> <p>The government remains committed to providing services that meet the needs of teenagers in the country. One of the key activities carried out this year was the Teenage Pregnancy Study to determine factors contributing to teenage pregnancies and service availability. The study is now in its final stage and the results are expected soon. The government also renovated Youth Centers and has started offering clinical services to the adolescents' youths of the country.</p> <p>To ensure that the needs of adolescents are addressed at policy and strategy formulation levels, an adolescent youth has been appointed as board member on the Zimbabwe National Family Planning Council. During 2015- 2016, the government targeted youths in tertiary institutions and provided them with information and ASRH services, tended to help young people make informed decisions about their health. Furthermore, ASRH committees were formed at district levels to coordinate activities and ensuring that the adolescents have been targeted in all programs.</p> <p>As a way of increasing knowledge on FP service among disadvantaged women, the government rolled out a massive sensitization campaigns targeting key informants and community leadership. Advocacy meetings were held with traditional leadership to spearhead and promote the use of FP service in the countries. Such meetings were conducted with traditional chiefs in selected provinces to encourage disadvantaged women access available services. The parliamentarians were also targeted as they have access and influence on the marginalized communities. An advocacy meeting with parliamentarians was held on Dec. 16, 2015. The purpose of the advocacy meeting was to generate awareness and educate policy makers and opinion leaders on FP/RH issues.</p> <p>The government of Zimbabwe also carried out different activities to promote awareness and use of FP services in the country. The activities included printing information, education, and communication materials on FP and reproductive health (posters, pamphlets, and fliers) under the Marvelon 28 pill mass media campaign, FC2 Female Condom Education and Promotion program, ASRH/IPPF, Global Female Condom Day, and World Contraceptive day celebrations were also used for promoting awareness. Short videos on family planning were screened on national</p>

television with the aim of promoting the use of FP services for all women in the country.

During the development of the country's costed implementation plan and FP strategy it was emphasized that developmental partners play a critical role in complementing government efforts in providing quality FP services for the country. Stakeholders, such as NGOs, are part of the National Family Planning Forum and have participated in different technical working groups, including the M&E, Marketing and Communications, and Demand Creation groups. Strengthening public-private partnerships, including civil society organizations in the provision of community-based and outreach services, were also seen in the CIP development process as civic organizations actively participated during the entire process in shaping the strategic direction of the country. The 2 government has also renewed Memorandum of Understandings (MOUs) with national and community-based NGOs and has given civic organizations an increased mandate to offer FP services in the country with the aim of targeting community levels.

The Government of Zimbabwe has engaged in the following activities to developing a research agenda on family planning and to strengthening overall monitoring and evaluation efforts, including operations research in family planning:

During 2015-2016, the country has developed the CIP on Family planning. One of the activities in the CIP is the strengthening of the M&E unit of the ZNFPC and having a harmonized FP M&E system. Activities towards the development of a national research agenda on FP were put in place and subsequently costed. This was a major step in promoting operations research and the use of evidence in decision making in the country. A research agenda will be finalized by the end of 2016 after all the inputs from stakeholders. Plans were made to strengthen the M&E technical working group and improvements on the data collection tools with the development of the national FP register being piloted in some provinces. Key activities conducted to strengthen the M&E of FP in the country were:

- Finalization of the ASRH M&E framework with a set of core indicators to track;
- Development of the national family planning register; and
- Strengthening of the M&E technical working group to effectively monitor FP activities.

The recruitment of Track20 M&E officer seconded to the Ministry of Health and Child Care to track country progress of 17 FP2020 Core Indicators and identify possible areas of improvements and indicator projections for 2020.

The first family planning Consensus Building workshop for the country was conducted with the support from Track20 to discuss country progress towards FP2020 commitments.

Other studies conducted throughout the year included the one titled "The Role of Family Planning: Addressing the Determinants of Unmet Need in HIV-Positive Women in Matabeleland South and Mashonaland Central Provinces" with support from UNICEF. This was aimed at determining the factors contributing to the high unmet need of FP services among the HIV positive women within the reproductive health age group. During the year, the Government conducted an IUCD qualitative study. This was aimed at assessing the determinants of the low uptake of IUCD in Zimbabwe paying attention to both the supply and demand sides of service delivery. The finalization and dissemination of the study results are expected by end of 2016. There was also representation in the planning and implementation of the National Adolescent Fertility Study. During the 2015- 2016-time period, Zimbabwe was

	<p>privileged to host the International Conference on STIs and AIDS in Africa (ICASA) and an abstract on the Role of FP in PMTCT was accepted for poster presentation. On another note, out of the 3 abstracts which were submitted to International Conference on Family Planning (ICFP) 2 were accepted for presentation in Indonesia.</p> <p><b>2012:</b> Zimbabwe will eliminate user fees for FP services by 2013. Zimbabwe will work to strengthen public-private partnerships, including civil society organizations in the provision of community-based and outreach services and implement a national campaign to increase national awareness of FP, and health worker training and sensitization. Zimbabwe commits to developing a research agenda on FP and strengthening overall M&amp;E, including operations research in FP, as well as to reviewing policies and strategies to promote innovative service delivery models to improve access and utilization of FP services for women and girls, particularly from the poorest wealth quintiles.</p>
<p>Financial commitment</p>	<p><b>2016:</b> Due to the economic crisis in the country, the government is facing challenges in fulfilling its financial commitment of increasing the national budget allocation of FP from 1.7% to 3%. In the meantime, the government is providing salaries of FP service providers both for Zimbabwe National Family Planning Council (ZNFPC) and the Ministry of Health and Child Care (MOHCC) only. All family planning commodities are being provided by development partners. The budgetary allocation to FP services by the government remain low.</p> <p><b>2012:</b> Zimbabwe commits to increase the FP budget, including the procurement of contraceptive commodities, from the current 1.7 percent to 3 percent of the health budget.</p>
<p>Programmatic commitment</p>	<p><b>2016:</b> The government of Zimbabwe has engaged in various efforts to promote the use of long-acting and reversible contraceptives (LARCs). These activities include training of health service providers to administer LARCs and awareness campaigns. Trainings have been conducted in implant insertion and removals and Implanon insertion for doctors, midwives, and registered general nurses from selected districts across the country. The uptake of these services has increased as shown by the preliminary results of the ZDHS 2015, which shows an increase in the use of implants from 2.7% in 2010 to 9.6% in 2015. The government also began the postpartum IUCD program. A training of trainers' workshop was conducted for facilitators and the program is being piloted in one 3 provinces. In addition, the government conducted an IUCD study to determine the reasons for low uptake of IUCD and the results will inform future activities.</p> <p>To revitalize and scale family planning services for adolescents, more service providers have been trained and provided resource materials on ARSH. The government has also conducted an evaluation of the Health Facility Approach and facilitated the development of the community level training package and its rolling out in Hurungwe District. Additionally, the government of Zimbabwe also coordinated the review of ASRH interventions by the John Hopkins Bloomberg School of Public Health and rolled out the adolescent fertility study. Regional documentation exercises on ASRH best practices in Zimbabwe have begun.</p>

	<p>The Ministry of Health has also strengthened collaboration with the gender department in the Ministry of Women Affairs, Gender, and Community Development. The head of the RH program is a member of the Antidomestic Violence Council (ADVC). The ADVC is a statutory body established in terms of Section 16 of the Domestic Violence Act (Chapter 5:16). The overall function of the Council is to ensure effective implementation of the Domestic Violence Act. This is achieved through the establishment of partnerships coupled with the provision of all necessary support to various stakeholders to ensure comprehensive multi-sectoral response to domestic violence in Zimbabwe. The council successfully coordinated commemoration of the 16 days against gender based violence campaign. The government made efforts to ensure that male and female condoms are always available for free especially in public places. This was augmented by massive advocacy and campaigns for dual protection through the development of IEC material in the form of pamphlets, fliers, banners, and T-shirts that were distributed during annual commemorations. All these activities contributed to a 15% increase in the uptake of male condoms and 19% for female condoms during the year.</p> <p><b>2012:</b> Zimbabwe plans to increase access to a comprehensive range of FP methods including LAPMs at both private and public health facilities. Other plans include promoting dual protection for prevention of unwanted pregnancy and STIs/HIV by increasing the availability of male and female condoms for sexually active persons; integrating FP services with PMTCT and MCH services, with a focus on post-partum women; and improving and scaling-up gender-sensitive FP services for vulnerable groups including youth, especially adolescent girls. Zimbabwe will strive to increase knowledge of all FP methods using a targeted approach that addresses the needs of women, girls, youths, and other disadvantaged groups (e.g. disabled) in both urban and rural areas to generate demand and enable them to make informed FP decisions. Zimbabwe commits to improve method mix and strengthen the integration of FP with RH, HIV, and MH services, as well as to strengthen overall coordination and consolidate existing and establish new partnerships (e.g. public/private partnerships) to scale up and improve the quality of the national FP program.</p>
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**CIP/RH Strategy Priorities**

1. Creating an enabling environment
2. Strengthening the supply chain management and security of all FP commodities.
3. Improving availability and access to quality FP Services.
4. Improving demand for integrated FP services, driven by comprehensive knowledge of FP methods.
5. Improving monitoring, evaluation, and research for integrated FP services in Zimbabwe.

**Zimbabwe's Priorities**

Priorities: *please outline 4-6 clear priorities for the next 18 months. These priorities should be in-line with existing agreed focus areas, whether those be in a Costed Implementation Plan (CIP), an RH Strategy, a Health, and Development Strategy, or the like.*

1. Universal access of FP services including LARCs to address the Method mix
2. Access to contraceptives by adolescents and young women
3. Domestic funding for contraceptives
4. Supply chain management-stockouts
5. Monitoring and Evaluation of FP activities including research

6. Generating best practices in reaching out people in hard to reach areas and scale up at national level

*If you developed a previous action plan in 2016, please review it to see which priorities/actions you will include from it in this new action plan.*

### Focal Point, Secretariat, and Partners Actions

#### Priority #1: universal access of contraceptives services in all facilities including Long acting reversible contraceptives (LARCs) to address the method mix

Focal Point Actions	Who	Timeline
11. Training of health service providers in IUCD and Implants insertions and removal	MoHCC, UNFPA and ZNFPC, USAID PSZ	Q2, 2017- Q4, 2018
1.2 Demand generation activities for LARCs at community and facility level	MoHCC, UNFPA and ZNFPC, USAID PSZ	Q2, 2017- Q4, 2018
1.3 Mapping and Microplanning of outreach sites that are offering FP services	MoHCC PSZ, CSO	Q4, 2017-Q1, 2018
1.4 Identify providers and decision makers to attend experience sharing on PPIUCD with other countries	MoHCC, ZNFPC UNFPA, USAID	Q1, 2018

Secretariat Actions	Who	Timeline
1.1 Advocate for resource mobilization	FP 2020	Q1, 2018
1.2 Facilitate experience sharing on PPFPP/PPIUCD with other countries	FP 2020	Q1, 2018

Partner Actions	Who	Timeline
1.1 Integrate the Right Based Approach (RBA) in providers' training on FP	MOHCC, ZNFPC	Q1, 2018 – Q4, 2019
1.2 Take RBA as an entry point for demand generation on LARC	MOHCC, ZNFPC, CSO	Q1, 2018 – Q4, 2019
1.3 Develop or revise tools (monitoring) to address rights based approach.	CSO, MOHCC, ZNFPC, UNFPA, USAID	
1.4 Partners provide training using a rights-based approach: CSO to host the meeting, * Zimbabwe maps out and use resources efficiently and teach RBA to partners to increase accountability.	MoHCC, ZNFPC, UNFPA	Q1, 2018 - Q1, 2019

**Priority #2: Improve access to contraceptives by adolescents and young women**

Focal Point Actions	Who	Timeline
2.1 Capacity building of providers on YFHS package	MoHCC and ZNFPC, USAID	Q1, 2018 - Q4, 2019
2.2 Implementing the newly developed school health policy	MoHCC, Ministry of Education	Q1, 2017 - Q4, 2018
2.3 Provision of CSE in both in-and out of school contexts	MoHCC and ZNFPC	Q1, 2018 - Q4, 2019
2.4 Integration of YFHS in SRHR service delivery	MoHCC and ZNFPC, USAID	Q1, 2018 - Q4, 2019
2.5 Convene high level inter-ministerial meeting to establish or strengthen national coordination body/mechanism on youth and adolescents programme	MOHCC, Ministry of Youth, Ministry of Education, Gender, and Women's Affairs, CSO ZNPC, USAID, UNFPA	Q1, 2018 – Q4, 2018

Secretariat Actions	Who	Timeline
2.1 Provide advocacy materials to reach religious leaders on FP	FP 2020	2018 – 2019

Partner Actions	Who	Timeline
2.1 Strengthen Parent-Child communication on ARHS through capacity building and community mobilization approach	CSO	2018 -2019
2.2 Develop/Revise monitoring tools to address RBA in FP program	CSO	2018 -2019

**Priority #3: Develop innovative financing approaches for domestic funding of contraceptives**

Focal Point Actions	Who	Timeline
3.1 Lobbying / advocating with key ministries and decision makers, including parliamentarians for allocating domestic budget for FP commodities.	MoHCC	2017-2020
3.2 Sourcing part of the domestic savings from ongoing FP structural reforms to procuring and distributing FP commodities.	MoHCC, ZNFPC	2017-2020
3.3 Advocacy and engagement with key decision makers of the national HIV Levy Fund	MoHCC	2017-2020
3.4 Engage private health insurance to pay for FP services	MOH, ZNPC	2018

Partner Actions	Who	Timeline
3.1 Advocating for FP budget in the national health budget allocation	MOHCC ZNPC	2018 - 2018
3.2 Lobbying to include health levy for FP	MOHCC ZNPC	2018 – 2019
3.3 Engage health insurance and medical aid societies for inclusion of FP	MOHCC ZNPC	2018 – 2019
3.4 Create a dedicated standalone resource mobilization working group with defined terms of reference.	MOHCC ZNPC CSO Led by CSO but convened/housed at Ministry of Health. MOH provides technical support	2018 – 2019

**Priority #4: Strengthen supply chain management system for FP commodities as part of the national integrated Medical Procurement and Supply Management System and maintain stock outs at below 5%**

Focal Point Actions	Who	Timeline
4.1 Strengthening national integrated and harmonized Procurement and Supply Management system (PSM)	MoHCC, Natpharm,	Q2, 2017 - Q4, 2018



Focal Point Actions	Who	Timeline
	ZNFPC, USAID, DFID, UNFPA	
4.2 Strengthening and implementing the national Logistic Management Information System in the country	MoHCC and ZNFPC, USAID, UNFPA, DFID	Q2, 2017 - Q4, 2018
4.3 Conduct the supply chain management practices of staff and generate evidence on how to strengthen it.	MoHCC, USAID, UNFPA, DFID	Q2, 2018 - Q4, 2018
4.4 Mobilizing internal and external resources to sustain the new PSM system	MoHCC, USAID, UNFPA, DFID	Q1, 2018 - Q4, 2019

Partner Actions	Who	Timeline
4.1 Advocating for coordinated quantification of commodities re: last mile	CSOs working in FP activities	2018 -2019

#### Priority #5: Monitoring and Evaluation of FP activities including research

Focal Point Actions	Who	Timeline
5.1 Rolling out the Harmonized FP reporting in the country through DHIS2 (finalizing the Private sector mapping of FP service Providers, Provision of data collection tools to Private sector, FP register)	MoHCC, Track20, ZNFPC, UNFPA	2017 - 2018
5.2 Develop research agenda topics and conduct three research studies to inform FP programing	MoHCC, ZNFPC	Q2, 2018 – Q4, 2019
5.3 integrate FP in the Electronic Health Record Management Information System	MoHCC, ZNFPC, UNFPA	2017 - 2018
5.4 Engage with local authorities to reinforce data reporting from the private sector– DHIS2	MoHCC, ZNFPC, UNFPA	2018 – 2019

Secretariat Actions	Who	Timeline
5.1 Support CSOs in convening private sector association i.e. small grants to amplify existing FP programs through partnerships with civil society		

Partner Actions	Who	Timeline
5.1 Strengthen data reporting of partners and private sector	CSOs, ZNFP, MOHCC	2018 - 2019
5.2 Convene meeting of private sector associations on data reporting	CSOs	2018 - 2019
5.3 Strengthen data reporting from private sectors	CSOs	2018 - 2019

**Looking Ahead:**

*Based on your understanding to date, are there any upcoming milestones, events, elections, or important moments coming up in the next 18 months? This forecasting will be useful to understand as activities are planned and to identify potential Rapid Response Mechanism opportunities in your country.*

- 2018 presidential and parliamentary elections

**Funding Opportunities**

*Based on the current FP budget and/or costing exercises done for your country’s CIP, where do you anticipate there are going to be funding gaps in 2017/2018? And for which activities?*

- Training of service providers in LARCs
- Strengthening of the supply chain management information system
- Procurement of IUCD packs and sundries