

# Zimbabwe FP 2020 CSO & Youth 5<sup>th</sup> Round Symposium outcome document

Theme: The last mile: Strengthening CSOs & youth's collective role in advancing  
FP2020 Zimbabwe commitment



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**Holiday Inn, Harare, Zimbabwe**



## a. Introduction

In Zimbabwe, the FP 2020 CSOs forum is a platform where CSOs join their efforts in supporting the government endeavour towards meeting the FP2020 goals. The forum serves as an avenue for the exchange of ideas around key issues in family planning and provides an opportunity for CSOs to reflect on their work, strategize and design in accelerating the momentum towards universal access to family planning information, services and supplies in Zimbabwe. Through this collective engagement, a good deal of lessons has been learnt and partnerships between governments and civil society organizations have been strengthened. Hence, the 5<sup>th</sup> round FP2020 CSOs symposium was a platform to review the progress, harvesting lessons learnt but most importantly bringing forth a strong coordination between CSOs and youth organisations. And reflecting on thematic areas that had been discussed during the Anglophone countries focal point workshop held in Addis Ababa in May 2019.



## b. Forum Delegation

The forum was attended by various stakeholders in the FP2020 Agendas in the country and these included representatives from the following:

- Zimbabwe National Family Planning Council
- Donor Community
- Population Services Zimbabwe
- Government of Zimbabwe- through Ministry of Health and Child Care
- Civil Society Organizations
- Church leaders
- Adolescents and Young People

## c. FP2020: Brief Background

Zimbabwe is on the right track towards meeting its FP2020 commitments with a high Contraceptive prevalence rate (CPR). This achievement has been credited to a multi-faceted and multi sectoral engagement that includes strong political will from government and commitments from international, local and community based CSOs.

Since 2017 the CSOs and youth community in Zimbabwe formed a joint effort to support the government effort in delivering the commitment of FP2020. In CSOs and youth engagement accountability has got as equal attention as FP service accessibility in promoting the agenda of FP2020 in the country. Four rounds of CSOs forums were organized so far that brought all key stakeholders in Zimbabwe and laid out a foundation that support and hold government accountable to deliver the commitment it made before the deadline of the FP2020 commitment.

While it may be not a priority to increase the current CPR, government and stakeholders in Zimbabwe seem to agree that it is wise to invest resources and energy in maintaining and sustaining it along advancing quality of services. This, was suggested to be done in the following ways,

- a) Strengthening strategic partnerships and coordination between government & CSOs
- b) Widened programming with the ‘hard to reach’ (faith-based communities, adolescents and young people, people with disabilities)
- c) Working with mainstream and social media
- d) Strengthened advocacy and accountability on policy review and implementation.

The Africa Anglophone countries focal person workshop held in Addis Ababa from May 13 to 17, 2019 served as an opportunity to share experiences, innovations, challenges and success attained by different country FP programmes. Moreover, the issues raised and discussed during this event call the attention of all parties to intensify their efforts to accelerate the implementation of the FP2020 goals in the remaining 18 months of FP 2020 period. Hence, the Zimbabwe CSOs and youth focal points intend to cascade and rollout issues emerged from the workshop as part of their on-going commitment in advancing the implementation of family planning program in line with the FP2020 framework and action plans of Zimbabwe.

#### **d. Symposium Objectives**

- Orient CSOs and young people on issues and actions emerging from Addis Ababa Anglophone countries focal points workshop.

- Strengthen CSOs and youth coordination and re- defining their collective role in advancing the implementation of FP2020 commitment through result base advocacy intervention.
- Track FP policy advocacy gains and gaps.
- Draw a collective FP2020 action plan (July to December 2019) for the CSOs and youth.

## **e. Opening Remarks**

### **Abebe Shibru : Zimbabwe FP2020 CSO Focal Point**

It is difficult to anticipate the change we desire in 2020 without CSOs. We create a platform and make sure that things are happening as desired by the government and we are considering faith based organisations as they play a vital role and we need their involvement so as to achieve our goals. Also there is need to cascade what are the emerging issues from the workshops done before and make sure that young people are also playing a key role as much as FP is concerned. We are a key stakeholder to the government, donors and everyone we are working with and there is need for us to also focus on policy and lobbying.

### **Dr Murwira: Zimbabwe National Family Planning Council**

The ZNFPC is working with other partners who will integrate youth friendly service provision and also Sexual Reproductive Health partners and desire that CSOs should not work in small places but include the coverage of the whole country through partnership with other CSOs. The country still has a lot of work to do in terms of reaching out to the marginalised with FP and recourses need to go where they are needed most. This platform gives us an opportunity to look at who is doing what, where and what support is needed to make sure we increase access and availability.

### **Embassy of Sweden in Zimbabwe**

The Swedish Embassy highlighted the essence of Family Planning, bringing to light the Swedish feminist foreign policy. There were issues of concern which were raised such as my body my choice where young people should be free to choose between partners and

contraceptives. The Embassy emphasised that in Zimbabwe there is a lot of work to be done given that 30% of women in Zimbabwe are impregnated before 18 years.

#### **f. Key Meeting Deliberations:**

##### **a. Issues emerging from the Addis Ababa Anglophone`s FP2020 focal points meeting:**

###### **Ministry of Health and Child Care**

###### **Government Focal Point: Dr Makosa**

During the symposium the government through the Ministry of Health and Child Care pointed out that the Ministry of health`s major objective is to preserve lives and In as much as FP is concerned the mother survives as well as the child. It is the responsibility of everyone when it comes to maternal new born and one of the strength is advocacy and also the fact that there is need to engage with the ministry responsible with education as well as parents and cultural leaders. More so it was highlighted that there is greater need to include Faith Based Organizations and also to copy the model of Nigeria on how they engaged Faith based organizations concerning family planning.

###### **FP2020 Youth Focal Point**

###### **Representative: Onward Chironda**

My Age Trust which is the FP2020 youth focal point raised a concern in regards to young people focusing on current programs in accordance to Family planning. Also, there is need to borrow working strategies from other countries such as Nigeria, engaging and involving adolescent young people in as much as programming is concerned. My Age highlighted that focus should be more on access to family planning services, especially young woman, man and also look at our preparedness in terms of the response with family planning programming. Furthermore there is need to create an environment that is language friendly to young people and communities that we work in and also make sure young people champion how we coin terms in as far as programming is concerned. There is need as well on a

consented approach in our programming such that we will not confuse young people and the community.

#### **g. The 4<sup>th</sup> CSOs meeting action plans Review.**

The national RHRN National Coordinator, Tendaishe Changamire reviewed the 4<sup>th</sup> CSOs meeting commitments which included:

- Bringing all stake holders working on family planning on board.
- The need to come up with one voice on issues concerning the age of consent
- Including partners when coming up with interventions that target young women on FP
- Strengthening coordination of FP programmes by identify who is doing what and who needs capacity building.
- The significance of exploring the right media as far as young people are concerned.
- To come up with policy based advocacy initiatives so as to increase access and availability of FP information and services.

#### **h. Visionary Panel: Programming with the hard to reach**

**a. Reaching adolescents/young people & women with disability with FP and contraception, innovative model success stories, challenges and focus areas: ZNFPC, MY AGE, Say What:**

##### **My Age Zimbabwe Trust**

There is a challenge of access to the information young people should have in order to understand what FP is. Young people are found at their homes and if you have not reached the parent with the information it's a challenge. In addition, there is need to reach where young people are with the correct information as to how they can access FP services and also advocacy on policies such that there won't be a policy barrier. In regards to reaching

adolescents/young people and women with disability with Family Planning services, innovative models are needed. Through the Right Here Right now project; Trainings for data collection were made around access to information on FP services to young people. Shadow mystery clients were created as to access certain services to improve accountability and as well as Youth Hubs under SAT(Southern African Trust) where young people come together and discuss around FP issues including many stakeholders. More so, digital conversations were of great impact concerning information dissemination concerning Sexual Reproductive Health Rights (SRHR).

### **Zimbabwe National Family Planning Council (ZNFPC)**

Concerning **access to FP for people with disabilities** there are innovative strategies which do promote inclusive and comprehensive targeting amongst other factors which include:

- Community participation and parents involvement is important as long as SRHR is concerned for people with disabilities. There are those who are institutionalised and there are also those who have no access to education hence they are in the communities.
- Remodelling Information Education and Communication (IEC) materials in such a way that it targets the blind, the deaf and dumb for better communication purposes.
- **Competence of service providers-** those providing the services should be trained and the platforms should be accessible and consider the disabled e.g. do we have the wheelchair ramps.

Concerning targeting the **hard to reach areas**, ZNFPC is working with other partners who will integrate youth friendly service provision, and also other SRHR implementing partners. The is making deliberate effort to engage partners working with disabled people there are strategies which can create a pathway so as to integrate them.

### **i. Leveraging the role of faith based organizations for advancing women health through ensuring rights for choice: Possible options and advantage of engaging FBOs:**

#### **(UDACIZA) Union for Development in Apostolic Churches in Zimbabwe)**

Research shows that Faith Based Organisations (FBOs) constitute 94.6% of the total population and it is of paramount importance to engage them concerning SRHR. The UDACIZA has 600 members and only one has access to FP education. In terms of FBOs they

can be classified in groups and there is the ultra-conservative group which think that health facilities are unholy. There is need for church leaders to be trained concerning the correct usage of the bible and also training young women concerning self-esteem. Also, concerning contraceptives in FBOs there is need for policy modification and also need to deal with absenteeism. Research is also needed concerning how to convince and work with CBOs and be able to talk about family planning. As far as programming is concerned it is critical to remodel the language used to communicate with FBOs and use an approach that does not force or condemn but is more inclusive. In as much as the religious community is to be involved, champions need to be identified who can be partnered with and also on music given that it has influence to young people.

#### **j. Reaching Women with FPs in emergency response areas: The case of Chimanimani**

##### **(MSF) Medicines Sans Frontiers:**

MSF revealed that there are projects by choice and projects by default and the case of Chimanimani is one of Project by default. The primary focus was to save life, evacuate people from danger areas, and MSF provided basic needs such as shelter and food. MSF offered health care (FPs) and due to the current situation faced by people there were concerns that it may result in promiscuous behaviour where MSF had to cover for through their health facilities and this involved partners such as community health distributors and came up with run-away packs and also partnered with United Nations Population Fund (UNFPA) and the Ministry of Health and childcare. There is also need for disaster preparedness as a nation.

#### **k. Plenary Discussion**

A success story was shared by Florida Mapeto from **Adult Rape Clinic (ARC)** on the fact that in terms of FPs young people were not comfortable to go to public health facilities and they created a youth dropping centre through a platform where young people are escorted and they don't have to wait to access FPs on health centres. Also, they came up with short courses for young people like candle making and cleaning materials and edutainment was used as an innovation for young people to willingly come and access information as well as a reward system such as air time to those who will come for HIV Testing.

##### **Accessing PWDs:**

Concerning accessing persons with disabilities challenges were raised on the fact that during programming persons with disabilities are not included which then gives them no room in suggesting important areas of concern to them, by them and for them. More to that in terms of the models used on information dissemination to persons with disabilities, there has been a



challenge where few or no models directly addressing them were being used and suggestions were put forward to the fact that there is need to come up with effective and innovative ways to address PWDs. It was agreed upon that the use of charts on educating PWDs and involving parents and care givers can be more inclusive to PWDs on FPs and also, the use of games which have a teaching aspect on FPs to PWDs was suggested and agreed upon as effective and easy to understand to PWDs. More to that partnership with institutions which directly work with PWDs like Jiros Jiri Association (JJA) amongst others on programming were also suggested.

### **Models for supporting FP programming to adolescents:**

Contributions from various groups of people present revealed the significance of Parent to child communication as a strong model for supporting FP programming. During the discussions, 4 parents were promptly asked concerning FPs and what they think concerning engaging their children. Helen representing the Swedish Embassy revealed that as a parent in Sweden parents are free to talk about sex with their children which then creates a free space between children and parents on FP. More to that, parents shared on the fact that it is important for them to champion educating their own children concerning FPs which then is a vital tool in strengthening parent child communication on Family Planning.

### **Suggested models for emergency response areas and FP in case of disaster:**

Due to the MSF presentation on emergency response areas using the case of Chimanimani, participants suggested that there is need also to come up with runaway packs containing FPs particularly given that in disaster affected areas, food, clothing and shelter were only being prioritised over FPs. More to that, there was emphasis on suggestion to the handing over of projects in disaster affected areas given that once implementation is done and organisations temporarily operate, there is need to partner with other entities for sustainability, MSF in Chimanimani partnered with UNFPA and the Ministry of Health and Child Care amongst others. Also, there is need to create community champions on FPs in disaster affected areas for sustainability concerning FPs in disaster affected areas

### **Language models on young people concerning FPs:**

Participants also suggested that there is more to do with the language used on FP and contraception in as much as young people are concerned. Young people representing youth organisations submitted that in terms of FP there is a different perception by young people due to the language that seems not to be inclusive to young people therefore there is need to revamp the language aspect to accommodate young people. More to that, concerns were

raised by young people focusing on music and how it has affected societal behaviours and edutainment was suggested as an essential model to affect young people and that's through reaching out to influential artists especially those in Zim dancehall and the most popular Zimbabwean recording label "Chillspot", who will help in quick and effective information dissemination to young people in Zimbabwe.

## 1. World café:

Action Plan concerning Adolescents and young people, People with disabilities, Faith based Communities and Policy Advocacy.

Group	How best to reach the group	Focus areas
<b>Adolescents and young people</b>	<ul style="list-style-type: none"> <li>• Youth friendly services/ adolescents friend services</li> <li>• Training of service providers</li> <li>• Prioritize resources for Youth Friendly Services (YFS)</li> <li>• Create a platform to promote demand creation amongst young people</li> <li>• Bringing FPs to the community schools</li> <li>• Alignment of laws/policy to promote Family planning</li> <li>• Capacity building on FPs and use of the media and also non-monetary incentives such as free Wi-Fi and consultation vouchers</li> <li>• Edutainment such as sports for change and influential artists</li> <li>• Service providers exhibition expo e.g. Market days for rural areas</li> <li>• Approaching influencers within the community</li> </ul>	<ul style="list-style-type: none"> <li>• Making use of media paying attention to the information circulating</li> <li>• Opinion leaders in rural areas to push the FP uptake</li> <li>• Partnership between CSOs, government and different stakeholders</li> <li>• Youth hubs</li> </ul>
<b>People with disabilities</b>	<ul style="list-style-type: none"> <li>• Engaging care givers</li> <li>• Partnership with institutions who work with PWDs</li> <li>• Conducting a needs assessment with PWD with specific needs</li> <li>• Using models that can be used to reach out to PWD that is developing innovative information dissemination methods that are specific to particular</li> </ul>	<ul style="list-style-type: none"> <li>• Programming</li> <li>• Information dissemination models</li> </ul>

	<p>disabilities.</p> <ul style="list-style-type: none"> <li>• Engaging religious leaders and parents</li> <li>• Inclusion of disability friendly training to all health care service providers</li> <li>• Representation of PWD during strategizing</li> </ul>	
<b>Faith based communities</b>	<ul style="list-style-type: none"> <li>• Personal engagement</li> <li>• Dialogue</li> <li>• Packaging of information : theological reflections to the bible, focus on facts e.g. pros of Family planning Services( evidence based advocacy)</li> <li>• Right information is to be valued</li> <li>• SRHR need to be included in the curriculum for theologians</li> <li>• Parent and child communication programs to be included in church activities</li> <li>• Need to establish referral pathways for CSOs and FBOs ( capacity building)</li> <li>• The church doctrine needs to be considered in programming</li> <li>• Meaning representation</li> </ul> <p>Development of an application that can get to them individually and also create youth friendly hubs for access to contraceptives</p>	<ul style="list-style-type: none"> <li>• Church leaders</li> <li>• Church doctrine</li> </ul>
<b>Policy Advocacy</b>	<ul style="list-style-type: none"> <li>• Harmonisation of laws (criminal and civil laws)</li> <li>• Age of consent (sex, marriage and access to SRHR)</li> <li>• Creation of safe spaces</li> <li>• CSOs to engage with policy makers to resolve gaps</li> <li>• Refresher trainings on policies and laws</li> </ul>	<ul style="list-style-type: none"> <li>• Youth organisations</li> <li>• Youth organisations and SRHR advocates</li> <li>• Youth hubs/youth centres</li> </ul>



**Conclusion**

Conclusively the forum allowed different groups to exchange ideas and also focus on persons with disabilities during programming for FPs. Consensus was reached as to targeting community opinion leaders and traditional leaders on communication, creating safe spaces for young people also taking advantage of the social media and edutainment. It was also noted that partnerships and coordination amongst CSOs working with young people are essential for networking, mapping and capacity building.