

FAMILY PLANNING 2020 COMMITMENT



GOVT. OF ZIMBABWE

[HTTP://WWW.FAMILYPLANNING2020.ORG/ZIMBABWE](http://www.familyplanning2020.org/zimbabwe)

The Government of Zimbabwe updated its commitment at the [Family Planning Summit in London, UK](#) on July 11, 2017:

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 innovate means, including private sector finances to deliver these ambitious commitments.

Anticipated Impact

1. 68% of married women will be using modern methods of family planning by 2020.
2. Unmet need for modern methods of family planning will be reduced from 12% to 6.5% by 2020.

COMMITMENT 1: 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.

Anticipated impact

1. Increase modern contraceptive prevalence rate (mCPR) from 67% to 68% by 2020 and sustain it
2. Reduce unmet need for modern methods of family planning from 12% to 6.5% by 2020.

Proposed actions

1. Capacity building of service providers through training and working with behaviour change facilitators from various implementing partners
2. Provision of accessible and affordable family planning services to all women.
3. Behaviour change facilitators at community level will be empowered to fully conduct demand generation activities in marginalized areas.
4. Mapping and microplanning of outreach sites
5. Delivering integrated FP services at outreach sites

COMMITMENT 2: Improving access and uptake of voluntary contraceptive services among adolescent girls through reducing unmet need for modern methods of family planning for married adolescents ages 15 to 19 from 12.6% to 8.5% by 2020.

Anticipated Impact

1. Reduce unmet need for family planning for married adolescent girls from 12.6% to 8.5%.
2. mCPR for ALL adolescent girls and young women increases from 12% to 15% by 2020

Proposed actions

1. Developing the youth friendly health services delivery package
2. Capacity building of providers on YFHS package
3. Integration of YFHS in SRHR service delivery
4. Strengthening identified tertiary level educational institutes in the provision of integrated services to young people
5. Strengthening delivery of existing services and developing new SRHR models for young people in different settings
6. Implementing the newly developed school health policy.
7. Provision of CSE in both in-and out-of-school contexts
8. Building partnerships with organisations offering integrated SRHR to young people in different settings

COMMITMENT 3: Expanding contraceptive choice by promoting comprehensive package of contraceptive services, with 30% of married women using long acting reversible contraceptives by 2020.

Anticipated Impact

1. Increase method mix for implants for married women from 15% to 25% by 2020
2. Increase method mix for IUCDs for married women from under 1% to 5% by 2020.

Proposed actions

1. Training and sustaining the capacity of service providers on comprehensive FP and contraceptive services.
2. Demand generation activities through community health cadres and mass media
3. Comprehensive counselling services
4. Provision of a comprehensive package of family planning that is accessible and affordable to all.

COMMITMENT 4: 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%.

Anticipated Impact

1. Maintain the FP stock out rates to under 5% at service delivery points

Proposed actions

1. Strengthening national integrated and harmonised procurement and supply management system (PSM)
2. Roll-out of the new Zimbabwe assisted pull system throughout the country
3. Developing and implementing the national logistic management information system in the country
4. Building national monitoring system for the new PSM system
5. Mobilising internal and external resources to sustain the new PSM system

COMMITMENT 5: 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.

Anticipated Impact

1. An innovative model for mobilizing and allocating domestic resources for FP commodities developed, piloted, and adopted at national level.

Proposed actions

1. Lobbying / advocating with key ministries and decision makers, including parliamentarians for allocating domestic budget for FP commodities.
2. Sourcing part of the domestic savings from ongoing FP structural reforms to procuring and distributing FP commodities.
3. Engagement with the existing and new health insurance agencies
4. Advocacy and engagement with key decision makers of the national HIV levy Fund

The following text summarizes the commitment made by Minister of Health and Child Welfare Henry Madzorera on behalf of the government of Zimbabwe at the London Summit on Family Planning on July 11, 2012.

Zimbabwe aims to achieve universal access to reproductive health services and will reduce the unmet need for family planning from 13 percent to 6.5 percent by 2020. The family planning budget, including the procurement of contraceptive commodities, will be doubled from the current 1.7 percent to 3 percent of the health budget. This includes support for improved access for women and girls from the poorest wealth quintiles, including the removal of user fees for family planning services by 2013. Zimbabwe will improve method mix and strengthen the integration of family planning with reproductive health, HIV, and maternal health services; develop innovative service delivery models to meet the needs and rights of adolescent girls; and reduce their unmet need from 16.9 percent to 8.5 percent by 2020. Zimbabwe will 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 family planning, and health worker training and sensitization.

Objective

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.

POLICY & POLITICAL COMMITMENTS

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. 2 Zimbabwe commits to developing a research agenda on FP and strengthening overall M&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.

FINANCIAL COMMITMENTS

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.

PROGRAM & SERVICE DELIVERY COMMITMENTS

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.