

# FP2020 Commitment 2020 Update Questionnaire ZIMBABWE



Since 2012, the Family Planning 2020 partnership has supported the rights of women and girls to decide freely and for themselves whether, when, or how many children they want to have. Together with our partners across the world, we have built global momentum to strengthen our focus on lessons learned and proven solutions, while broadening and deepening our network of partners to bring local actions and solutions to scale. Through the dedicated efforts of governments, policymakers, program implementers, service providers, donors, and family planning stakeholders, countries are better aligned to meet the needs of an ever-increasing number of women and girls. Our global community has developed a [shared vision for beyond 2020](#) through 2030 that builds on progress achieved to date and positions us to achieve the future women and girls around the world are seeking.

While we are eager to share more information about the new post-2020 partnership and re-commitment process in the coming months, we recognize that governments are presently mobilizing to secure the health of their citizens and respond to the global COVID-19 pandemic. We understand that these efforts will likely have an impact on the submission of the 2020 commitment update questionnaire. FP2020 has a suggested due date of July 31st for the questionnaire. This is a flexible deadline, given the current crisis. FP2020 is committed to working with all 47 commitment countries to ensure family planning programs remain operational and available to all women and girls who need them. We have created a [platform](#) with key information from global experts on family planning in the time of COVID-19.

The questionnaire process is scheduled to follow the annual national family planning data consensus meeting. This allows data that is discussed and validated during that process to inform this questionnaire. We are aware that these meetings are happening virtually this year, and FP2020 will coordinate with Track20 to ensure flexibility and responsiveness for this process.

The questionnaire responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share the responses on your country's dedicated FP2020 [webpage](#), so in-country and global stakeholders can follow Zimbabwe's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We ask that you collaborate with your country focal point team, including youth focal point, civil society, and family planning stakeholders in-country to jointly review progress made and challenges faced.

Once completed, please submit to Martyn Smith [msmith@familyplanning2020.org](mailto:msmith@familyplanning2020.org) and Onyinye Edeh [odedeh@familyplanning2020.org](mailto:odedeh@familyplanning2020.org).

Should you have any questions or concerns, please contact Onyinye Edeh. FP2020 is available to help you via teleconference as well, if needed.

Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

## **FP2020 Commitment 2020 Update Questionnaire ZIMBABWE**



The questionnaire includes 1) Zimbabwe's commitment and 2) seven standard questions to all 47 FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- Major achievements, progress made and key challenges or barriers your country faced, during the July 2019 - June 2020 reporting period.
- Please include information on any key upcoming commitment-related milestones.
- Lastly, please reflect on progress per commitment through a self-assessment.

### **SECTION I: COMMITMENT UPDATE QUESTIONS**

#### **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 mobilize additional domestic resources through innovative means, including private sector finances to deliver these ambitious commitments.

**POLICY & POLITICAL COMMITMENTS** Zimbabwe will effectively eliminate user fees for FP services by 2013. Zimbabwe will work to strengthen public-private partnerships, including with civil society organizations in the provision of community-based 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 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, other MCH / SRHR services and HIV/AIDS programme, with a focus on post-partum women; and improving and scaling-up gender-sensitive, human rights based FP services for all, with a focus on vulnerable groups like youth, adolescents and persons with disabilities. 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 and utilize available services. 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 establishing new partnerships (e.g. public/private partnerships) to scale up and improve the quality of the national FP program.

### **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.

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.

**a) Please provide an update below on achievements made in the July 2019 - June 2020 reporting period in support of these elements of your commitment, including any key upcoming commitment-related milestones:**

*Zimbabwe continued to provide comprehensive family planning services through public and Private health facilities as well as through outreach services and Community based distributors. The country`s focus during the previous year was promoting quality integrated family planning services at all levels of the health care system. Since the country has reached the highest mCPR more effort was devoted in ensuring that the quality of the program is improved. Various activities were carried out during the year which included capacity building of health workers in the provision on long acting reversible contraceptives, counselling, side effects management, birth spacing and information sharing. This has seen the country providing both conventional and virtual training in IUCD and Implants insertions and removals at all levels of the health Care system. A total of 400 service providers were trained. Additionally, the country has strengthened PFP program by scaling up PPIUCD in selected facilities. This has seen the country having trained and certified trainers and service providers on PPIUCD, including facilities offering PPIUCD.*

*At the onset of COVID-19, the country has developed RMNCAH guidelines (which include Family planning component) to ensure continuity of FP service provision amid COVID-19.*

- Consultations have been initiated within MoHCC to further strengthen delivery of FP services through community health cadres (efforts are being made to allow community health cadre to resupply oral pills through proper training and commodity availability).*
- The country has integrated provision of contraceptives (male and female condoms) with food provision through collaboration between MoHCC, UNFPA and WFP and other RMNCAH services to ensure that services are readily available in the community in collaboration with donors and development partners.*
- Overall availability of contraceptives improved in the first half of 2020.*
- To ensure that adolescents access reproductive health services including contraceptives and related health education, health facilities were assessed and certified as providing youth friendly service provisions in line with the WHO 9 standards*
- The country has formed a taskforce to coordinate the implementation of DMPA subcutaneous in the country. Some of the activities conducted include obtaining approval from Medical Control Authority of Zimbabwe. DMPA subcutaneous will be rolled out as soon as the commodity is now available in the country.*
- Family planning IEC materials were developed and shared with behavior change facilitators for distribution and dissemination for enhanced demand generation and reduction in information gap.*
- Reprinting of FP IEC materials both in English and vernacular languages was initiated and incorporated COVID-19 messages.*
- Radio messages, integrating FP, COVID-19, adolescent and youth health were developed to be aired regularly throughout 2020.*

- *Post 2020 the country will aim at improving the method information index by 2025.*
- *Beyond 2020 Zimbabwe will ensure that Family planning is further integrated into various service delivery platforms.*

**Check Points:**

***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 behavior change facilitators from various implementing partners.
2. Provision of accessible and affordable family planning services to all women.
3. Behavior 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.
6. Developing and delivering targeted messages on comprehensive FP services, fully integrated with other SRHR services, and based on the principles of Human Rights and Gender Equity.
7. Strengthening coordination of all FP stakeholders ( public and private providers, NGOs, CSOs)

**b) Please mark an X below on progress toward elements of the commitment:**

**Achieved (X) In-Progress ( ) Off-Track ( )**

**c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?**

**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.

**a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:**

- *The country continued to certify and ensure that health facilities were providing Youth Friendly Service Provision according to the WHO 9 standards.*
- *Organizations that work with adolescents were included and actively participated in the CSO platform. Beyond 2020, the country will also strengthen involvement of Faith Based Organization (FBOs) on the CSO Platform. The ASRH forum continued to create opportunities for ensuring that adolescents' rights, priorities, and needs were addressed.*
- *Service providers in tertiary institutions were trained to provide a comprehensive package of family planning.*
- *The Ministry of Health continued to collaborate with relevant ministries in the provision of CSE in both in-and out-of-school contexts*
- *Beyond 2020 the country will focus on ensuring availability of quality comprehensive adolescent and youth health services including but not limited to family planning, mental health, nutrition and menstrual hygiene management and collaborating with relevant ministries to strengthen and roll out Parent to Child Communication.*

### **Check Points:**

#### ***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. Offering youth friendly FP and contraceptive services through public, NGO and private health facilities and outreach services.
2. Continued engagement of pharmacies to offer information on full range of contraceptives available for young people visiting them for contraceptive services.
3. Developing youth friendly health services delivery package
4. Capacity building of providers on YFHS package.
5. Integration of YFHS into health service delivery beyond SRHR services, including but not limited to mental health, nutrition, menstrual hygiene management.
6. Strengthening identified tertiary level educational institutes in the provision of integrated services to young people.
7. Strengthening delivery of existing services and developing new adolescent and youth health models for young people in different settings.
8. Implementing the newly developed school health policy.
9. Provision of CSE in both in-and out-of-school contexts
10. Building partnerships with organizations offering integrated Adolescent and Youth Health services for different settings.

b) Please mark an X below on progress toward elements of the commitment:

Achieved ( ) In-Progress (X) Off-Track ( )

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

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

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

- *Zimbabwe has managed to conduct training for 400 service providers in insertion and removal of IUCD and implants to ensure that a comprehensive package of family planning is provided. Additionally, the country has rolled out PFP program. The country has seen an increase in the use of IUCD and Implants over the last 12 months with 24% of women using implants and 4% using IUCD. Zimbabwe will continue to provide capacity building of health service providers through virtual and on the job trainings as the conventional trainings are affected by COVID-19.*
- *Demand generating activities were provided through community health cadres and mass media – IEC materials printed and distributed and radio messaging.*
- *Beyond 2020, the country will shift from targets for specific methods to put more emphasis on the method mix to ensure to that women have access to a method of their choice. The Ministry of Health and Child Care will ensure that at least 3 modern methods of family planning are always available at primary health facilities and at least 5 modern methods of family are always available at secondary health facilities and availability of capacity to provide the services for each method.*
- *The MOHCC will continue to engage with policy makers on harmonization of the relevant policies.*

**Check Points:**

***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.

**b) Please mark an X below on progress toward elements of the commitment:**

Achieved ( ) In-Progress (X) Off-Track ( )

**c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?**

There is need to continue building the capacity of service providers in providing LARCs especially IUCD through training and provision of IUCD packs. Continuous capacity building is necessary because of high attrition rate of trained providers due to various reasons. While the availability of trained providers, commodities and focused demand generation witnessed improved uptake of IUCD and Implants, continued efforts are still needed for demand creation, awareness generation and capacity building to sustain the gains and attain 2020 target of expanding the method mix.

**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%.

**a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:**

The Zimbabwe Assisted Pull System (ZAPS) is being implemented to ensure equitable distribution of family planning commodities from the National warehouse. However, stock outs of short-term methods were experienced in some of the facilities due to resource constraints and last mile distribution challenges which resulted in the country failing to meet product availability target of at least 95%. If this target is to be met in the short to medium term, there is need to increase domestic resources and improve the efficiency and accountability within the national PSM system.

The Ministry of Health has conducted various lobbying and advocacy activities for increased domestic allocation of resources for the procurement of contraceptives. Various meetings



were conducted with the Ministry of Finance and members of the Parliamentary Portfolio on Budget, Finance and Economic Development.

Consistent efforts are being made to improve accountability and efficiency within the national PSM system to ensure that the available commodities are utilized more efficiently, without leakages and wastage. This is in response to observations from various past assessments and evaluations. The national logistic management information system was strengthened and eLMIS was launched as a pilot in the country as a way of strengthening national integrated and harmonized procurement and supply management system (PSM).

**Check Points:**

***Anticipated Impact:***

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

***Proposed Actions:***

1. Strengthening national integrated and harmonized procurement and supply management system (PSM).
2. Strengthening the Zimbabwe assisted pull system (ZAPS) throughout the country.
3. Strengthening LMIS and launching and rolling out of electronic logistic management information system in the country.
4. Strengthening national monitoring system for the PSM system.
5. Mobilizing internal and external resources to sustain the PSM system.
6. Continuous capacity building of staff on commodity supply chain management.

**b) Please mark an X below on progress toward elements of the commitment:**

**Achieved ( ) In-Progress (X) Off-Track ( )**

**c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?**

**Stock outs of short-term methods were experienced in some of the facilities due to resource constraints and last mile distribution challenges which resulted in the country failing to meet product availability target of at least 95%**

**5. COMMITMENT:** An innovative financing approach to mobilize domestic resources for contraceptives, including engagement with the private sector developed, piloted, and adopted at national level by 2020.

**a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:**

- Engagement meetings were done with the Members of parliament advocating for increased budgetary allocation for the family planning program.
- The process of restructuring of Zimbabwe National Family Planning Council as a way of cost saving and increasing resources for FP programme, including procurement of contraceptives is being finalized.
- Key meetings were conducted with the Ministry of Finance and the National AIDS council to discuss on the possibility of using AIDS Levy for the procurement of contraceptives including condoms.
- These various advocacy efforts have resulted in the Treasury allocating a budgetary line in the national fiscus towards procurement of contraceptives.

### **Check Points:**

#### ***Anticipated Impact:***

- 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 AIDS levy Fund

**b) Please mark an X below on progress toward elements of the commitment:**

**Achieved (X) In-Progress ( ) Off-Track ( )**

**c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?**

## **SECTION II: ADDITIONAL QUESTIONS**

**Please respond to all parts of the following 7 questions for the reporting period of July 2019 - June 2020.**

1. Please tell us the challenges (if any) and successes your country is experiencing in keeping family planning (FP) as an essential service in your country's COVID-19 response.

What are the main barriers and obstacles?

The onset of COVID-19 and the introduction of lockdown has affected service provision in the health facilities and access to services. As an interim measure all outreach services were temporarily suspended. Inadequate PPE has also affected service provision at facility level. Community based distributors were not able to provide their services as regularly due to lockdown measures.

Please share your successes as well.

- The country has developed guidelines for providing RMNACH-N services in the COVID-19 context. The guidelines also include the family planning component. The Ministry of Health and Child Care with the support from partners has also integrated contraceptives distribution and food distribution in the communities through collaboration with UNFPA and the WFP. Trainings for FP service providers will continue virtually and through on the Job training and the process has already started with the video recording of training modules completed. Gradually, the outreach and the FP services are improving compared to earlier periods of the COVID-19 pandemic. The government and partners have mobilized resources to procure PPE and these have been pre-positioned and distributed through the national PSM systems to the FP service delivery points. Community workers have been trained and mobilised to resume their services with focus on COVID-19 prevention and control as well as their usual services
2. Has your country integrated representatives from any of the below marginalized groups into the country's family planning technical working group, country engagement working group, or other decision- making bodies? Below please check all groups that have been engaged
    - ✓ Adolescents and Youth
    - ✓ People with disabilities
    - ✓ Out of School Youth
- The country has a young person on the ZNFPC board.
  - At facility level, two adolescents form part of the Community ASRH Committee.
  - Adolescents are well represented in the CSO forum which is being coordinated by the FP2020 focal points.

- a. How has engagement of the groups listed above influenced progress towards the achievement of your country's FP2020 commitments? Also, please share successes and/or lessons learned from these engagements.

- **IEC materials in braille were developed and shared in all provinces to ensure that people with disabilities are provided with relevant information to make informed decisions.**

- b. If any of these groups have not been engaged in your country, what are the challenges working with these groups? (Please state specific examples)

**N/A**

- c. Have any of these groups engaged or participated in completing this questionnaire?

**Yes, the CSOs were represented by PSZ and participated in the completion of the questionnaire.**

- 3. How is your country integrating family planning into universal health coverage efforts and what is/are the mechanism(s) being used or considered? What specific actions were taken in the reporting period on the following points:**

- a. Reduction in out of pocket costs for FP services

**The country has a no user fees policy for family planning and MCH in all public health facilities. It has also provided training to the private sector and provided contraceptives at subsidized prices. For retail shops that are selling contraceptives a limit has been set for any mark-up that the seller may charge to still maintain the commodities accessible and affordable to all.**

- b. Expansion of FP services covered

**FP services were integrated into other RMNCAH services and offered at all levels including during outreach services.**

- c. Extension of population covered

**The Ministry of Health and Child Care has partnered with NGOs for the outreach programs in ensuring that services are provided without any charges for hard to reach populations. Family planning services and other essential reproductive**

health services were provided for affected populations during the Cyclone Idai disaster.

4. **What efforts were made to improve resilience and/or emergency preparedness of family planning systems in-country? Has this been helpful during your country's COVID-19 response?**

The country developed the emergency preparedness plan which incorporates continuation of RMNCAH-N services (including FP services) to respond COVID-19. A minimum service package guideline for reproductive health services during emergencies is currently being developed. Currently, ZNFPC is engaging national and regional civil protection committees to ensure that SRH issues are integrated in any response initiatives.

5. **What efforts were made to meet the FP needs of women who are postpartum or post-abortion or to improve family planning/maternal child health integration services?**

The Ministry of Health and Child Care rolled out the PFP program by providing training on PPIUCD in various health facilities. IEC materials on PFP were distributed and disseminated. The current Family Planning Guidelines for Zimbabwe have a dedicated chapter on post-partum family planning and another on post abortion family planning.

6. **Has your country worked to improve quality of care and rights- based family planning into programs?**

Yes

- a. Do family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Is comprehensive information and counseling on all available methods, including information on any risks or side effects provided?

Yes

- b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?

Yes, this is part of the service provision standards. Health facilities were trained in collecting data from clients and certified. Suggestion boxes have

been placed at facilities for clients to provide their feedback. ZNFPC and partners also conduct client exit interviews.

- c. After collecting client feedback, how is the data collected being used to improve quality of care?

The data is analyzed, and recommendations shared with all members for improved decision making. Clients who provide their contact details are contacted for clarification on feedback and this is utilized to improve quality of service provision. This is an essential component of the Results Based Financing Program (RBF). Public relations (PR) platforms are also used to get feedback from clients through emails, face-book and the ZNFPC website.

7. If applicable, has your country allocated GFF investment case resources to the family planning programs?

If yes, which elements of the program have been financed?

What were the challenges in prioritizing FP within GFF?

Yes, Zimbabwe has allocated family planning resources under GFF. In addition, the WB and HDF supported RBF programme offer subsidies to facilities offering family planning services as per national RBF package.

Please provide the following information for the government point of contact for this update

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- Date of Self-Report: **21 August 2020**