

# Zimbabwe Situation

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## ***Accelerating Progress in Adolescent Sexual Reproductive Health (ASRH) and Family Planning (FP) Services***

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# Presentation Outline

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- Background
- Programmes & Services
- Major Achievements
- Challenges
- Conclusion

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# Background

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- The Family Planning (FP) programme in Zimbabwe started in 1953.
- As a sign of government commitment to FP & SRH the Zimbabwe National Family Planning Council (ZNFPC) was established as a parastatal under the Ministry of Health and Child Care through an Act of Parliament in 1985
- The National FP Council is mandated to coordinate the provision of FP and selected SRH issues
- The government realised that a robust national FP & SRH programme, designed to help individuals and couples to attain their reproductive health intentions was one of the most effective interventions to improve maternal and child health and the quality of life

# International & Local Frameworks impacting on the FP & SRH Programming

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- International Frameworks exist – ICPD-PoA; Millennium Development Goals (MDGs); Sustainable Development Goals (SDGs); Abuja Declaration; Maputo Plan of Action;
- Local Policies - ZNFPC Act 1985 (revised 2004); Population Policy;; HIV Policy; Youth Policy; Gender Policy; Reproductive Health Policy & Guidelines; FP Guidelines; ASRH Strategy;
- **These frameworks & policies promote:-**
  - Universal access to comprehensive and integrated and quality SRH services (including FP)
  - Improving maternal, neonatal, child and adolescent health
  - Combating STIs/HIV&AIDS
  - Integrated SRH and HIV&AIDS programming
  - Increased funding for health (including SRH)

# Programmes & Activities

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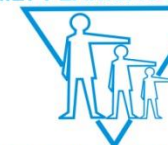
- ✓ Community Based Distribution (CBD) Programme
- ✓ Adolescent Sexual and Reproductive Health programme
- ✓ Commodity Security Programme (Delivery Team Top-Up)
- ✓ Integrated Family Planning and SRH Trainings
- ✓ Facility Based Integrated FP and SRH clinical services
- ✓ Marketing & Communication activities (Demand Creation)
- ✓ Evaluation & Research
- ✓ **Coordination Activities** – National & Provincial levels through FP and SRH Coordination Forums

# Service Delivery Models

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- The aim is to provide comprehensive quality services (integrated; gender sensitive; and youth friendly)
- Three models are used to provide Family Planning/Sexual Reproductive Health (FP/SRH) services:-
  - Facility Based Services – from Primary level to Tertiary Institutions
  - Community Based Services (through Village Health Workers; Community Based Distributors & Peer Educators)
  - Outreach Services (marginalised communities & hard to reach areas)
- Primary Health Care centres are the backbone of the FP/SRH services
- Services are based on “**Informed Choice**”

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# Community Based Services

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- Provides access to FP/SRH services & information at community level through about 1000 cadres and outreach services
- The community cadres are trained in FP and basic SRH and HIV&AIDS issues
- Provide basic information and counseling services for FP and SRH
- Community based cadres are involved in mobilizing communities for outreach services in their areas
- Cadres can initiate & resupply oral contraceptives, issue condoms
- Outreach services are done mainly by NGOs in collaboration with the Family Planning Council and the Ministry of Health & Child Care



# Clinic Based Services

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- All Public Health facilities (clinics and hospitals) provide FP and SRH services
- Specialised FP/SRH services by some private and NGO clinics
- Major sources of FP/SRH services –
  - Public Sector 72%,
  - Private sector 14%,
  - Retailers 4%
- Free services in the public sector are free at Primary Care Level, nominal charges in at higher levels of care and in the private sector



# ASRH Programme

- Youths 10-24 years, constitute over 30% of the population
- The program objectives are to protect youth from SRH problems, STI/HIV & AIDS, Unintended Pregnancy and Abortions
- Youth Friendly Health Services
- Social Behaviour Change Communication
- Comprehensive Sexuality Education (CSE)
- Parent Child Communication, Community & Religious Leaders engagement
- Life skills training & Livelihoods projects
- Library services; Edutainment and Recreational services
- Multi-sectoral approach in programming for young people is critical
- ASRH Coordination Forums at National & Provincial Levels

# SRH and HIV Integration

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- FP services are entry points for HIV Testing Services, Male Circumcision and Prevention of Mother to Child Transmission of HIV (PMTCT)
- HIV Testing Services as entry point for FP/SRH services
- PMTCT as an entry for FP/SRH services
- HIV treatment clinics as entry point for FP and Sexual Reproductive Health
- Youth Programmes as entry point for SRH and HIV services (FP, HIV Testing, STIs/HIV&AIDS, PMTCT, HIV Treatment, Male Circumcision, Screening of RH cancers)
- Maternal & Child Health services as entry points for FP/SRH and STIs/HIV&AIDS interventions

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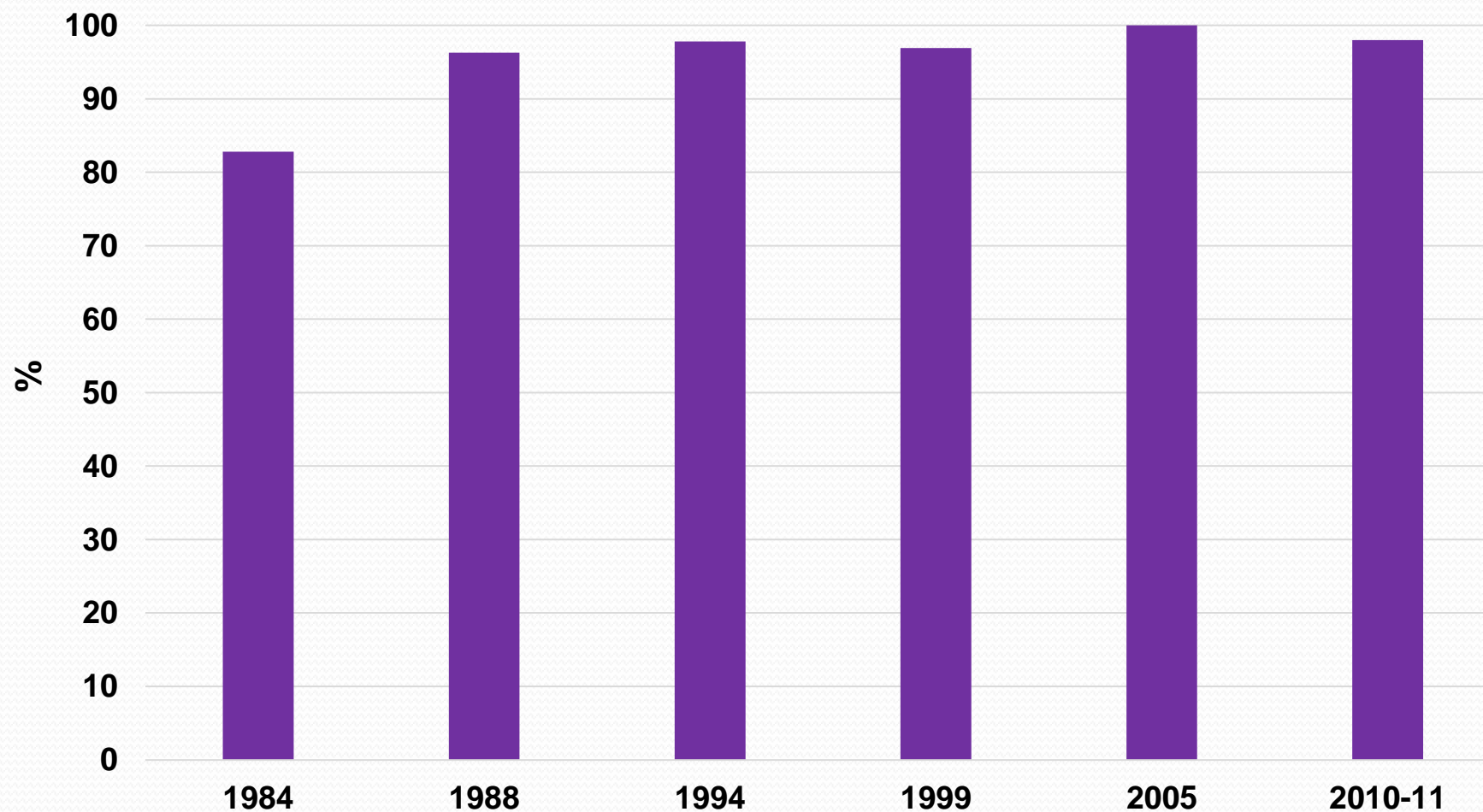
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# Major Achievements

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- Increase of contraceptive prevalence rate from 43% in 1988 to 67% in 2015
- Declining of unmet need for FP from 34% in 1988 to 10.4% in 2015
- Almost universal knowledge of modern methods of FP at 98%
- Declining of total fertility rate (TFR) from 6.5 in 1984 to 4.0 currently
- Improved commodity distribution with a coverage of over 98% through quarterly deliveries to all facilities nationwide (stock-out rates below 5%)
- Establishment of static FP clinics as centres of excellence
- Expansion of the ASRH programme with the establishment of 26 Youth Centres and over 100 Youth Corners offering SRH information and youth friendly services

# FP Knowledge of at Least One FP Method Among Females, 15-49 yrs

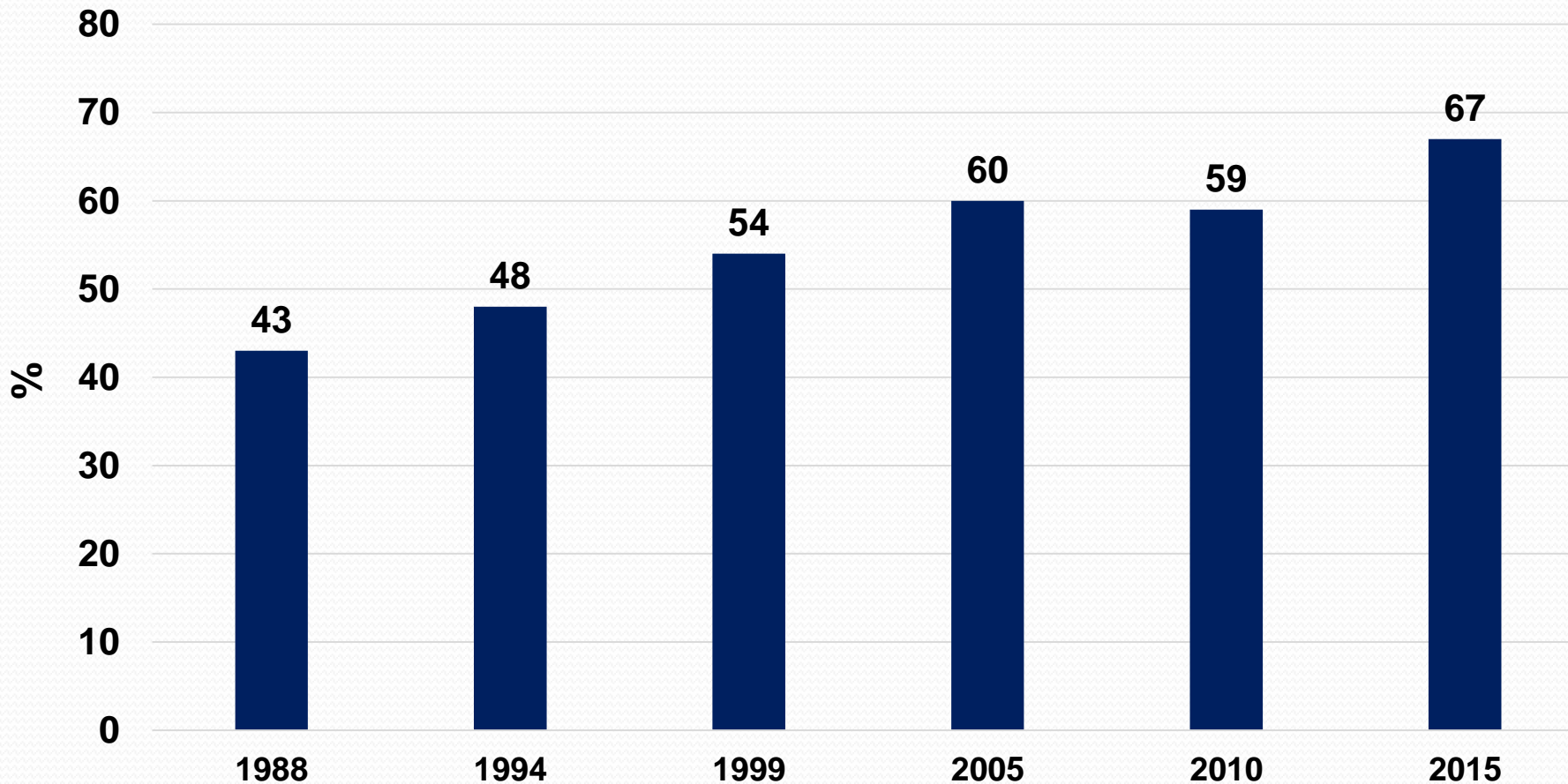


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# Contraceptive Prevalence Rates Among Married Women – 1988-2015



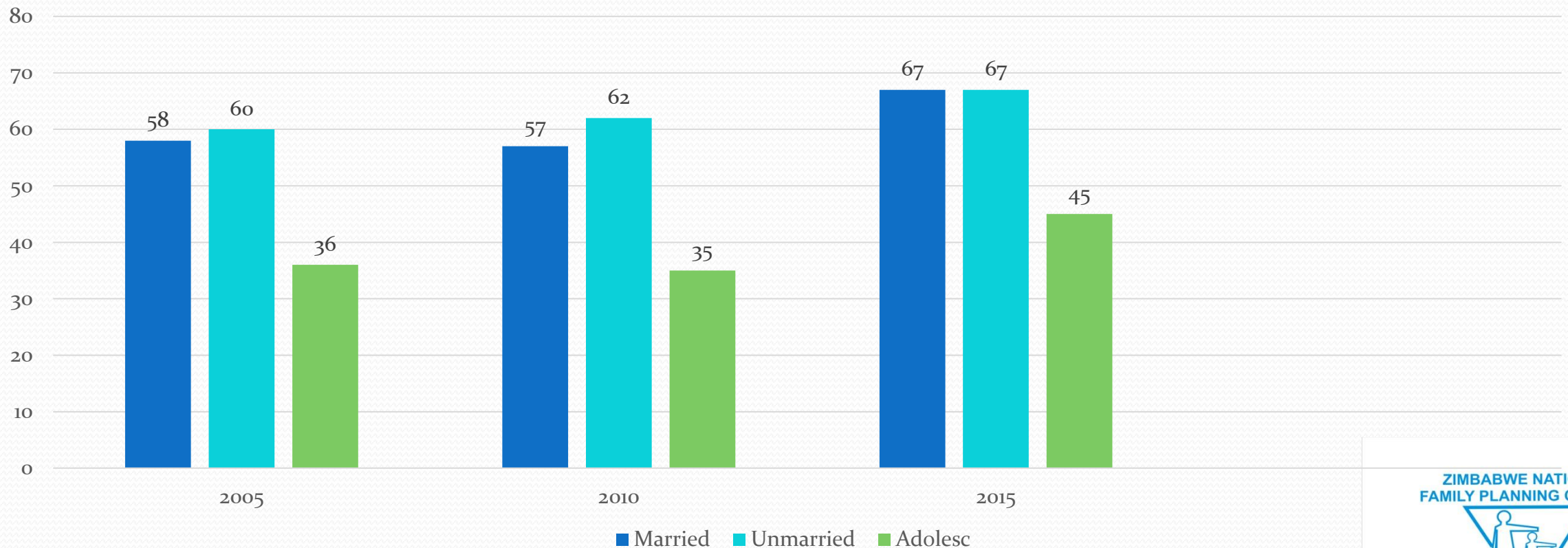
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# Modern Contraceptive Use in Married, Unmarried Women (15-49yrs) and Married Adolescents

Modern Contraceptive Prevalence Rates (%)



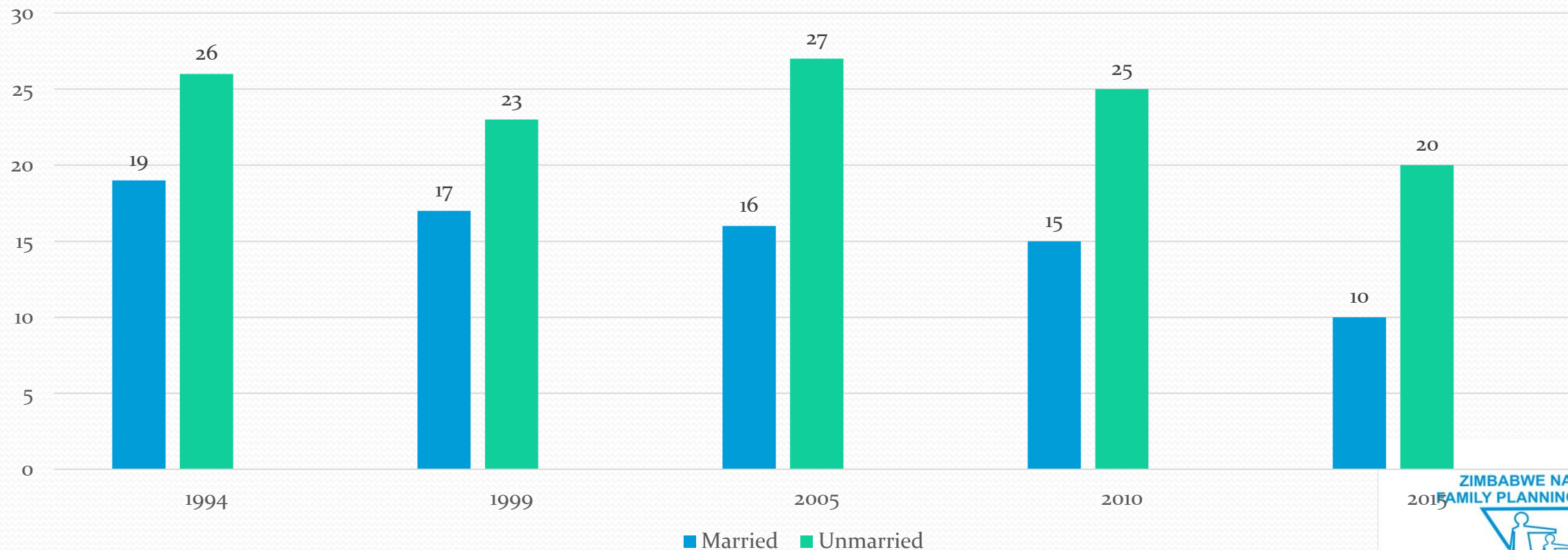
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# Unmet Need for FP Among Married & Unmarried Women 15-49 years (1994 to 2015)

Trends in Unmet Need of Family Planning (%)



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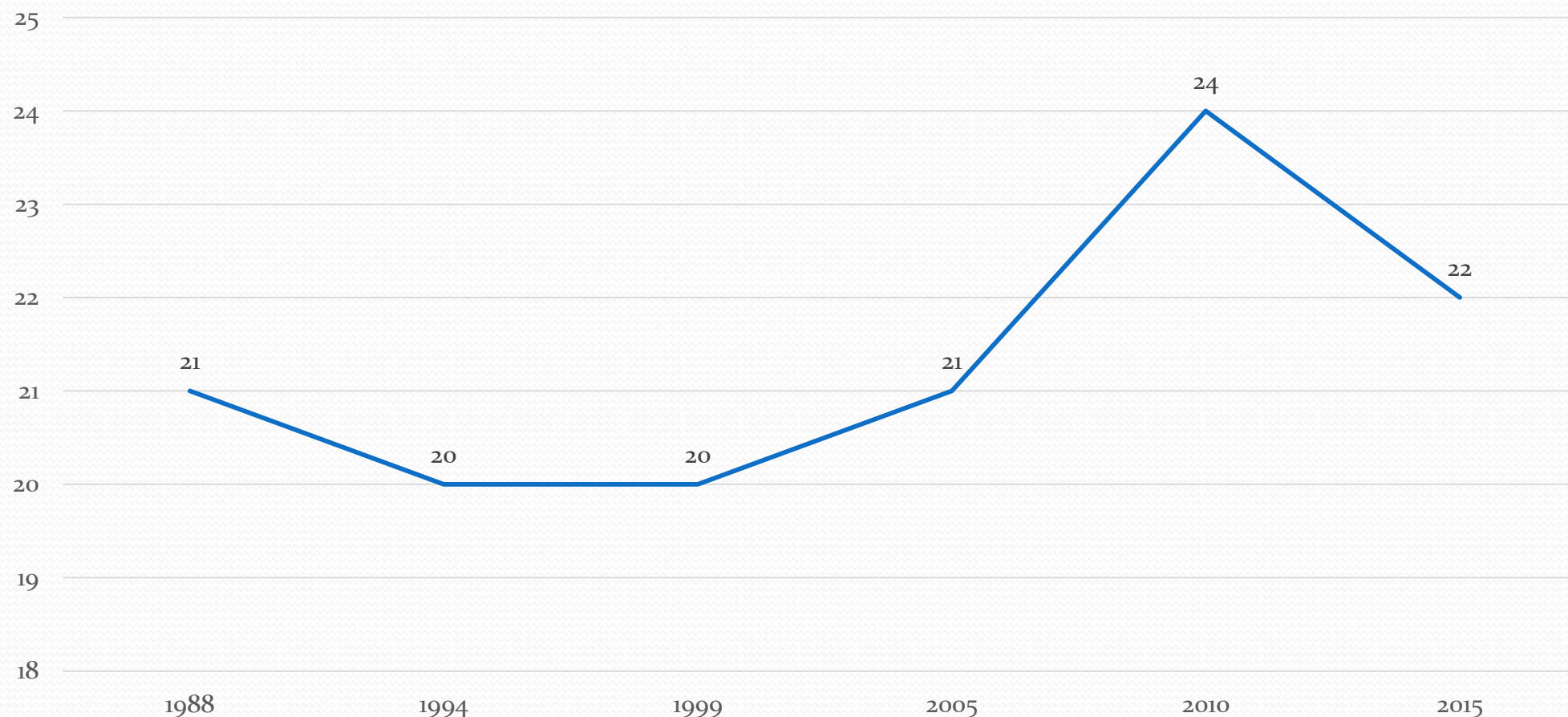


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# Trends in Teenage Pregnancy, 1988-2015

Teenage Pregnancy Rate 1988-2010 (%)

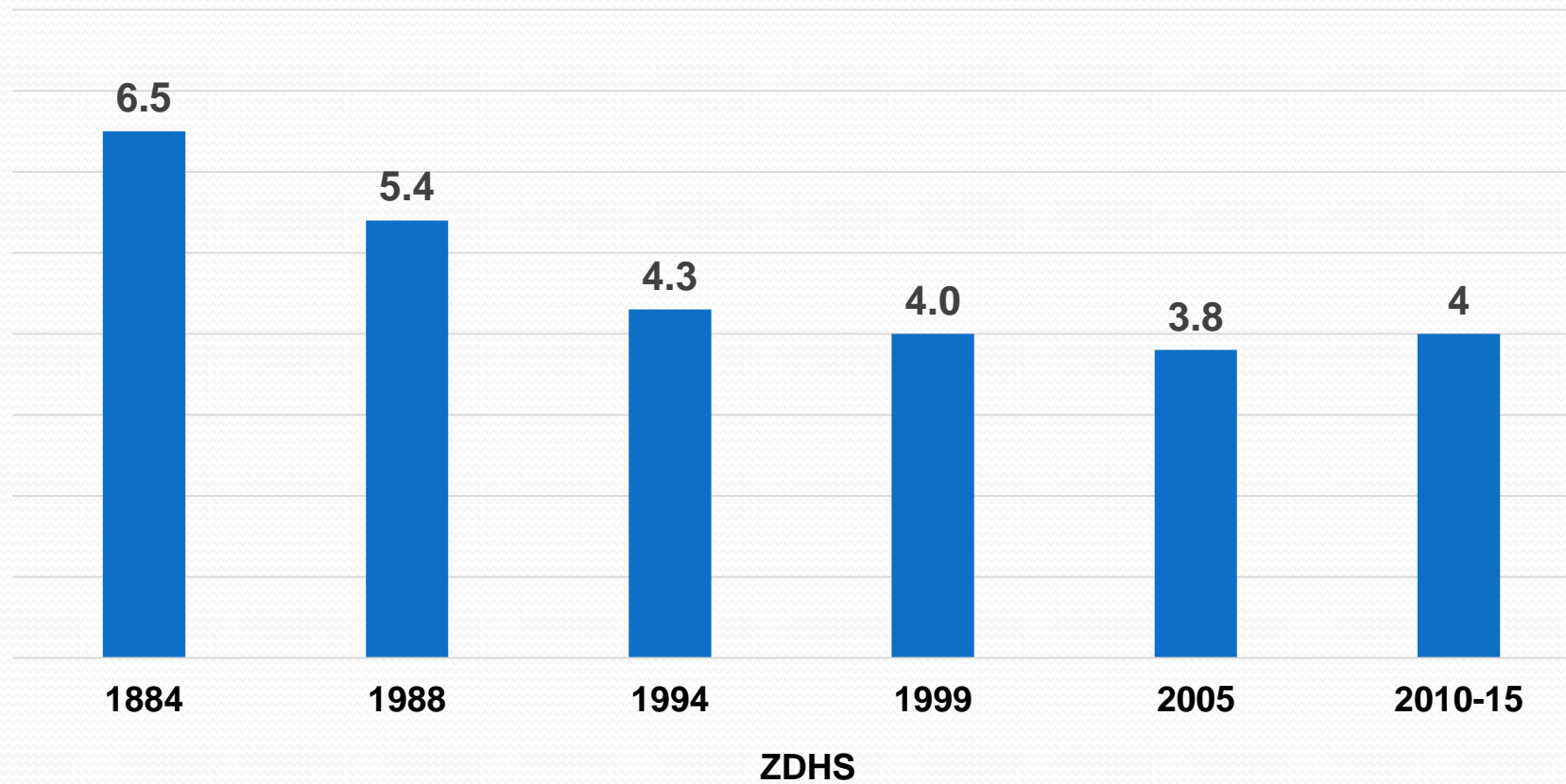


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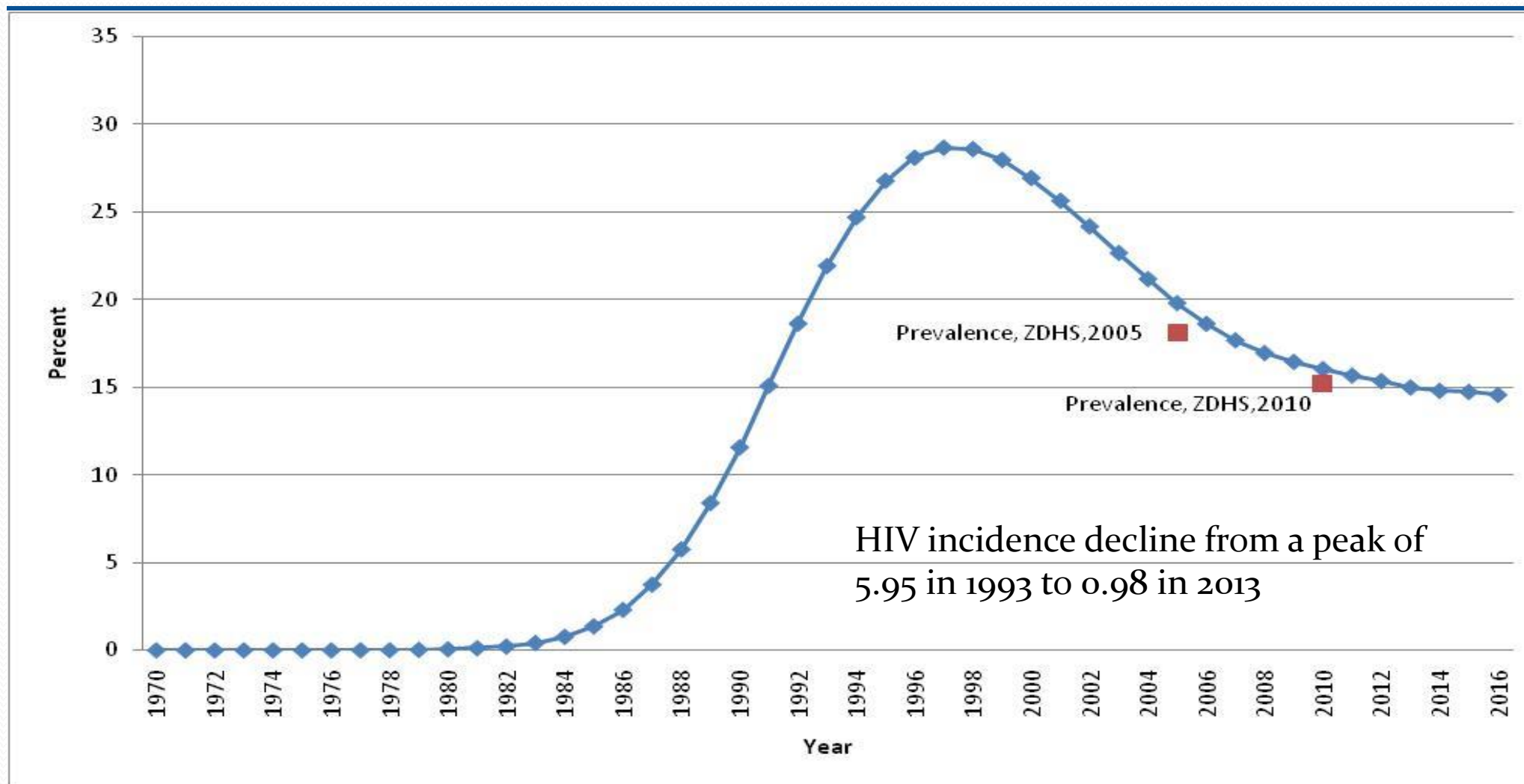


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# Trends in Total Fertility Rate



# The HIV Epidemic in Zimbabwe Peaked in 1997 and Declined to Current Level of 13,5% in 2015 (DHS)



# New Strategic Direction - 2016-2020

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- New National Health Strategy; National FP Strategy & ASRH Strategic Plans have been developed in the last 12 months
- The overall goal is to improve access to and utilization of quality integrated Health Services (including FP & ASRH services):-
  - Increasing CPR;
  - Reducing the unmet need for family planning;
  - Reducing Teenage Pregnancies;
  - Reducing Incidence of HIV/AIDS; and ultimately
  - Reducing Maternal and Child Morbidity & Mortality

# Major Challenges

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- Inadequate funding of the FP & SRH programmes
- Low coverage of the ASRH programme
- Limited storage space for commodities (especially condoms)
- Method mix of FP is skewed towards short term methods
- Outdated national policies related to FP & SRH (e.g. Population Policy)

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# Conclusions

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- There is need for advocacy on the importance of FP & SRH in improving maternal & child health, reducing HIV&AIDS, and in socio-economic development
- Integration of FP/SRH and HIV/AIDS will ensure quality & comprehensive services to all people including young people
- Effective community based interventions are critical in increasing access to services in marginalized and under-served areas
- There is need for significant government funding for the FP/SRH programmes complimented by donor support.

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# Thank You

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