

# Country Worksheet: Prioritized Action Planning 2019-2020 Zimbabwe



## Introduction

The purpose of this worksheet is to support each country to: 1) identify gaps and challenges to achieving FP2020 commitments and Costed Implementation Plans (CIPs) priorities; 2) prioritize actions and interventions for the next 18 months using a solution-focused approach; and 3) strengthen coordination and stakeholder engagement within the country.

This worksheet should be developed through consultation and engagement with multiple stakeholders in-country and will provide critical input that will inform discussions at the Anglophone Africa Regional Focal Point Workshop in May. Each country focal point team is requested to fill out this worksheet and submit it to the Secretariat by **April 19, 2019** to: Krista Newhouse, Anglophone Africa Manager at: [Knewhouse@familyplanning2020.org](mailto:Knewhouse@familyplanning2020.org).

This worksheet is structured as follows:

### **Country Profile: FP2020 Focal Point Team & In-Country Coordination**

### **Exercise 1: Identification of Challenges & Priority of Actions**

### **Exercise 2: Country Priority Actions 2019-2020**

### **Exercise 3: Interest in Learning from Other Countries on the Implementation of Best Practices**

## Suggested references

- Country FP2020 commitment
- 2018 commitment self-report questionnaire
- Costed Implementation Plan (CIP) (if applicable)
- Previous country action plan 2017-2018
- High Impact Practices (HIPs) analysis sheet
- High Impact Practices (HIPs) briefs (<https://www.fphighimpactpractices.org/briefs/>)
- Data sets
  - Core indicators (mCPR, unmet need, method mix, FP expenditure, etc.)
  - Latest survey data (for example: data from DHS, PMA2020, etc.; disaggregated by age, wealth quintile, marital status, ethnicity, urban/rural, etc.) - if available at the national level
  - Track20's in-depth analysis:
    - Exploring opportunities for mCPR growth in Zimbabwe
    - Postpartum family planning brief
    - Youth contraceptive use brief

**Zimbabwe Profile: FP2020 Focal Point Team & In-Country Coordination**

<b>List of Focal Points</b>	<b>Government</b>	Ministry of Health and Child Care
	<b>Civil Society</b>	Population Services Zimbabwe
	<b>Youth</b>	My Age Zimbabwe Trust
	<b>Donor</b>	UNFPA
		USAID
<p style="text-align: center;"><b>FP Stakeholders</b> (institutional and/or individual)</p> <p><u>Note:</u> Please list key FP stakeholders e.g.:</p> <ul style="list-style-type: none"> <li>- Government agencies with FP in their mandate</li> <li>- Civil society organizations (national and international) working on FP in country</li> <li>- Multi-lateral and donor agencies working in FP</li> <li>- Youth organizations</li> <li>- etc.</li> </ul>	<ol style="list-style-type: none"> <li>1. Ministry of Health and Child Care</li> <li>2. Zimbabwe National Family Planning Council</li> <li>3. Population Services Zimbabwe</li> <li>4. Population Services International</li> <li>5. Family Health International 360</li> <li>6. Youth Advocates of Zimbabwe</li> <li>7. Saywhat Zimbabwe</li> <li>8. National AIDS Council</li> <li>9. Dot Youth</li> <li>10. My Age Zimbabwe Trust</li> </ol>	

**CURRENT MEETINGS FOR IN-COUNTRY COORDINATION of FP work  
(beyond Focal Points)**

<b>MEETINGS</b>	<b>Convening/ Coordinating body</b>	<b>Members</b>	<b>Frequency</b> <i>(monthly, quarterly, semi-annually, etc.)</i>	<b>Notes on efficacy</b> <i>(How efficient &amp; effective are these?)</i>
Family Planning Forum	<b>Zimbabwe National Family Planning</b>	<b>All FP stakeholders</b>	<b>Quarterly</b>	<b>Very effective in discussing emerging issues if FP, updating each other on the progress being made</b>
Family Health Annual Planning and review Meeting	<b>Ministry of Health and Child Care</b>	<b>ZNFPC, PSI, PSZ, FHI360, CHAI</b>	<b>Semi annually</b>	<b>Planning for annual activities</b>
ZNFPC Annual Planning Meeting	<b>Zimbabwe Family planning Council</b>	<b>All FP stakeholders</b>	<b>Annually</b>	<b>Resource allocation and activity prioritization</b>
Civil Society Planning and review Meeting	<b>Population services Zimbabwe</b>	<b>ALL CSO working in FP and SRH service Provision</b>	<b>Quarterly</b>	
FP2020 focal points meeting	<b>Ministry of Health and Child Care</b>	<b>USAID, ZNFPC, PSZ, UNFPA</b>	<b>Quarterly</b>	<b>Tracking of country targets, FP priority areas and immerging issues</b>

**Please list additional opportunities to improve coordination:**

## EXERCISE 1: IDENTIFICATION OF CHALLENGES & PRIORITIZING ACTIONS

### Zimbabwe FP2020 Commitments

**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.

*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 micro planning 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.

*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.

*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%.

*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.

5.1. strengthen public-private partnerships, including civil society organizations in the provision of community-based and outreach services and

5.2. promote innovative service delivery models to improve access and utilization of FP services for women and girls, particularly from the poorest wealth quintiles.

*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

## Summary of Zimbabwe's Costed Implementation Plan (CIP)

List your country's CIP priorities here (from existing documentation)

### **Priorities:**

1. Provision of Long Acting Reversible contraceptives to address the method mix which is skewed towards short term methods.
2. Provision of quality integrated family planning services
3. Promoting availability and access of contraceptive services to adolescents and young women.
4. Capacity building of service providers in LARCS.
5. Strengthening the provision of Post-partum Family Planning through capacity building and demand generation.
6. Evidence based programming and operations research
7. Harmonization of family planning reporting, reviewing and updating of data collection tools and DHIS2 data elements.
8. Innovative domestic financing mechanism for the procurement of contraceptives to strengthen contraceptive security.

**Step 1. From the above commitment(s) and/or CIP priorities which one is your country having the greatest difficulty in making progress?**

*The table below can be extended if you need to cite more than three. Please reference your 2018 commitment progress self-report, if needed (see attached).*

1. INSERT Commitment or CIP priority x Innovative financing mechanism for contraceptive security
2. INSERT Commitment or CIP priority y
3. INSERT Commitment or CIP priority z

**Step 2. What type of progress toward each commitment/CIP priority (listed in Step 1) has been made?**

*Suggested references: **Current work on 2019 commitment progress self-report; 2018 commitment progress self-report** (attached); and any **available data in country** (e.g. FP2020 Progress Report 2017-2018, DHS report, materials of the recent data consensus meeting, etc.).*

1. Progress on commitment/CIP priority 1 <ul style="list-style-type: none"><li>• The country has managed to train more 600 service providers in IUCD and Implants insertion and removal.</li><li>• Development of updated family planning guidelines.</li><li>• Post training follow up and certification of service providers in IUCD</li></ul>
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2. Progress on commitment/CIP priority 2
  - **Training of service providers in LARCS**
  - **Procurement and distribution of contraceptives**
  - **Provision of family planning services through outreach**
  - **Training of Retail pharmacist in the provision of SRH services including family planning**
  - **Integration of FP service provision with other services such as cervical cancer screening**

3. Progress on commitment/CIP priority 7
  - development of an updated FP register
  - Development of a module in the electronic health record for FP
  - Reviewing of DHIS2 and FP monthly summary Sheets
  - Development of CIP dashboard
  - Development of research agenda
  - Conducting operational researches and briefs

### Step 3. Detailed analysis of the selected priorities

Please populate the table on following page, from left to right: first with the **identified priorities**, then with the **challenges, root causes** and **actions** per priority.

Please consider the following:

**3.1** What are the key **challenges or obstacles** that arise when trying to accelerate progress in these priority areas? (second column on table below)

**3.2** What are the **root causes** of those challenges or obstacles? *Where is the greatest opportunity to influence the system, overcome resistance to change and accelerate changes?* (third column on table below)

#### Guidance for Step 3.2

*Asking 5 'why' questions is a technique used to explore the cause-and-effect relationships underlying challenge. The primary goal of the technique is to determine the root cause of a challenge or problem by repeating the question "Why?" Each answer forms the basis of the next question. Here is an example:*

*Community based health workers (CBWs) are not yet in place at the district level (the challenge)*

- a. *CBWs have not received a basic training yet (1<sup>st</sup> why)*
- b. *District health offices have not yet received the updated training manual from the central level (2<sup>nd</sup> why)*
- c. *Budget cuts for the training department at the Ministry of Health delayed training manual development at the central level (3<sup>rd</sup> why)*
- d. *The Health Minister decided to allocate more budget to nutrition programs, because this is not a priority for expenditure this year (4<sup>th</sup> why)*
- e. *Nutrition advocates at the national level were more successful in their advocacy efforts OR the Health Minister was more compelled by the data presented by nutrition advocates. (5<sup>th</sup> why)*

**After going through each of the why questions, the last one is usually the root cause.**

**3.3 What actions are required to tackle the root causes for the identified challenges?**

*Based on your assumptions about what will work and what will not, think about all possible actions/interventions.* (fourth column of the table below)

**3.4 In the last column, let's explore the links between the actions in the table and the following three themes of the workshop: engagement with adolescent & youth; engagement with faith leaders & faith community; and financing for family planning. To what extent are they related to the themes? Please map them to the three themes.** (fifth column of the table below)

Step 1: Priority	Step 3.1: Challenge(s)	Step 3.2: Root Cause(s)	Step 3.3: Actions	Workshop themes
<b>Example of thinking process from Step 1 through Step 3.3:</b>				<p><i>This workshop's focused themes are</i></p> <p><b>THEME A: Adolescent &amp; youth engagement</b></p> <p><b>THEME B: Faith leaders/community engagement</b></p> <p><b>THEME C: Financing for family planning</b></p> <p><i>Per each theme, please list below any relevant specific subtopics that you would like to see covered or discussed throughout the workshop.</i></p>
<i>e.g. Deployment of community-based health workers capable of providing FP information and methods</i>	<i>e.g. Community-based health workers (CBWs) are not yet in place at the district level</i>	<i>e.g. Health Minister decided to allocate extra budget to nutrition programs as she/he was more compelled after hearing from other program's (e.g. nutrition) advocates</i>	<i>e.g. 1.1 Develop a policy brief with a data visual highlighting the urgent need of CBWs to increase the access to FP services and information 1.2 Develop a multi-step deployment strategy to introduce to trained CBWs to cover all districts</i>	
<p><b>Priority 1: Innovative domestic financing mechanism for contraceptive security</b></p>	<p><b>Challenge 1:</b> The government has no resources</p> <p><b>Challenge 2:</b> Little resources available are in the local currency and cannot be used to procure contraceptives</p> <p><b>Challenge 3:</b></p>	<p><b>Root Cause:</b> Macro economic challenges and high inflation</p> <p>Root Cause: Shortage of foreign currency</p> <p>Root Cause</p>	<p>Action 1.1: Advocacy to members of parliament</p> <p>Action 1.2: Pursuing other options ie AIDS Levy and Health Levy</p>	
<p><b>Priority 2: Provision of comprehensive package of contraceptive services</b></p>	<p>Challenge 1: No trained service providers in the provision of LARCs in other health facilities.</p> <p>Challenge 2: Shortage of contraceptives</p>	<p>Root Cause: Staff attrition and staff rotation</p> <p>Root Cause: High costs of training service providers</p> <p>Root Cause: Myths and misconceptions on LARCS</p>	<p>Action 2.1: Providing On Job Training and mentorship on LARCs</p> <p>Action 2.2: Demand generation and community sensitization on the myths and misconception of LARCs</p>	

	Challenge 3: Low demand for IUCD		Action 2.3: Strengthening logistics and supply chain	
<b>Priority 3: Ensuring access and availability of contraceptive services for adolescents</b>	<p>Challenge 1: low demand for contraceptives by adolescents</p> <p>Challenge 2: Unavailability of a comprehensive package for adolescents</p> <p>Challenge 3: Adolescents using emergency contraceptives as their preferred choice of family planning</p>	<p>Root Cause: Cultural barriers to accessing contraceptives by adolescents</p> <p>Root Cause: Few service providers trained in youth friendly service provision</p> <p>Root Cause: Lack of knowledge on other contraceptive services available</p>	<p>Action 3.1: Training of service providers in youth friendly service provision</p> <p>Action 3.2: Sensitization of adolescents and demand generation of contraceptive services.</p>	

## EXERCISE 2: ZIMBABWE'S PRIORITIZED ACTIONS 2019-2020

\*Actions prioritized from the Exercise 1 (Step 3)

**Note: This template can be modified/adjusted based on country needs and preference.**

Please use the following template to capture any activities that have emerged as a part of your preparatory consultations. This exercise will be used for discussion during the Anglophone Africa Regional Focal Point Workshop.

Actions for Focal Point and in-country stakeholder	Institution/person responsible <i>Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person</i>	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
<b>Priority: Innovative domestic financing mechanism for contraceptive security</b>							
1.1 Advocacy to members of parliament for increased budgetary allocation on family planning	MoHCC and ZNFPC		X	X	X		
1.2: High level meeting for allocation on AIDS and Health Levy	MoHCC and ZNFPC		X	X	X		
1.3: Resource mobilization and savings of available resources	MoHCC, ZNFPC, UNFPA, USAID	X	X	X			

Actions for Focal Point and in-country stakeholder	Institution/person responsible <i>Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person</i>	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
<b>Provision of comprehensive package of contraceptive services</b>							
2.1 Training of service providers in LARCs including PFP	MoHCC and ZNFPC	X		X	X	X	X
2.2 Demand generation	MoHCC, ZNFPC, CSO, UNFPA, USAID	X		X	X	X	X
2.3: Strengthening supply chain to ensure availability of contraceptives	MoHCC, UNFPA	X	X	X	X	X	X
Actions for Focal Point and in-country stakeholder	Institution/person responsible	Timeline					

	<i>Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person</i>	2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
<b>Ensuring access and availability of contraceptive services for adolescents</b>							
<b>3.1:</b> Training of service providers in youth friendly service provision	<b>MoHCC and ZNFPC</b>		X				
<b>3.2:</b> Sensitization of adolescents and demand generation of contraceptive services.	<b>MoHCC and ZNFPC</b>		X				

**EXERCISE 3: INTEREST IN LEARNING FROM ANOTHER COUNTRY ON THE IMPLEMENTATION OF BEST PRACTICES**

*Please use the table below to list areas of follow up with countries and/or partners that you would like to connect with at the workshop and beyond.*

<b>What do you want to learn from [country/partner] that it has done successfully and has been a challenge for your country?</b>	<b>Country/partner that you want to connect with during and after the focal point workshop.</b>	<b>By which mode of communication do you prefer? (webinar, skype call, email, etc.)</b>
<b>Mobilization of Domestic resources for contraceptive services</b>	<b>Kenya, Uganda</b>	<b>Webinar, Skype and email</b>
<b>Rolling out of PFP</b>		
<b>Low cost and high impact training model for LARCs</b>		