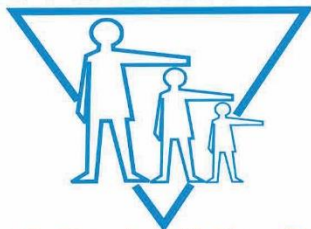


ZIMBABWE NATIONAL
FAMILY PLANNING COUNCIL



Family Planning: It's Your Choice

ANNUAL REPORT 2020



Executive Summary

It is my honour to present to you the Zimbabwe National Family Planning Council (ZNFPC) 2020 Annual Report, a year in which the whole world almost came to a standstill due to the COVID-19 pandemic. Faced by this global challenge ZNFPC in line with its mandate of taking a leadership role in the provision of quality FP services managed to drive the FP program in our quest to increase CPR and reduce teenage pregnancies in the country. Although as a country we achieved great milestones in contributing to the increase of CPR to 68%, teenage pregnancies and early marriages are still a challenge. Commitments made by the government in trying to improve SRHR and teenage pregnancies saw a National Taskforce for Population Development (NTFPD) being formed, to review the progress, challenges encountered and recommendations to attain the set commitments during the ICPD@25 Summit in Nairobi 2019.

In spite of the hyper-inflationary economic environment coupled with currency inconsistencies and the COVID 19 wrath which were the order of the day the greater part of 2020, we managed to leverage on service delivery through the CBD program which performed exceptionally well. COVID 19 has taught us to strengthen our community based interventions. Family planning coordination with all partners had gone virtual with the new virtual training modalities for FP program put in place. Advocacy work was mostly digital and exhibitions mostly affected most. However through the use of digital channels, information dissemination including COVID 19 messages were provided. The year was also the end of implementation of the 2016-2020 FP strategy and due to the refocusing of most activities within the organisation and MoHCC at large, the review and development of a new strategy could not take place and the current strategy have been extended by another year.

Zimbabwe National Family Planning Board of Directors was appointed in 2020 to oversee the functions of the organisation. We unreservedly acknowledge the immense and generous contributions from the Government of Zimbabwe through the operational and salaries grants support. Special thanks also go to our development partners mainly IPPF and UNFPA for their relentless technical support throughout the year and all key implementing partners of the Family planning program. Communities, key stakeholders at large are also appreciated for their unwavering support. Their contributions inevitably enabled ZNFPC to maintain its goal of coordinating and providing quality integrated FP/SRH services to all. We hope to continue working together in future.

Dr M. Murwira
EXECUTIVE DIRECTOR

About Us

Our mandate

The mandate of the organisation is to coordinate and monitor the provision of family planning (FP) services, related sexual reproductive health (RH) and HIV and AIDS services in Zimbabwe and also to provide technical assistance and quality control for all public and private sector trainings, information, education and communication (IEC) materials for family planning and reproductive health issues, youth reproductive health, reproductive health researches and coordinating the procurement and distribution of contraceptives for the country.

Where We Are

ZNFPC is headquartered in Harare with representation in all eight (8) provincial capitals. There are 11 operational static clinics across the country, 25 youth centres and 350 community based distributors nationwide who are providing services at community level.

Our Mission

To provide rights based quality integrated FP services through innovation and co-ordination

Our Vision

Quality integrated family planning services for all by 2020

Our Values

Universal Access

Rights and Choice based

Efficiency

Accountability

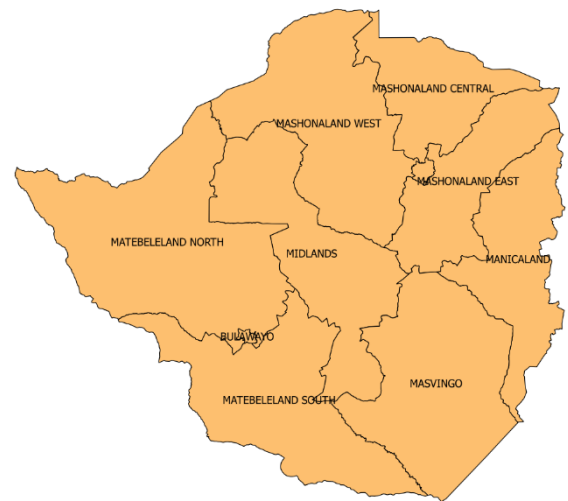


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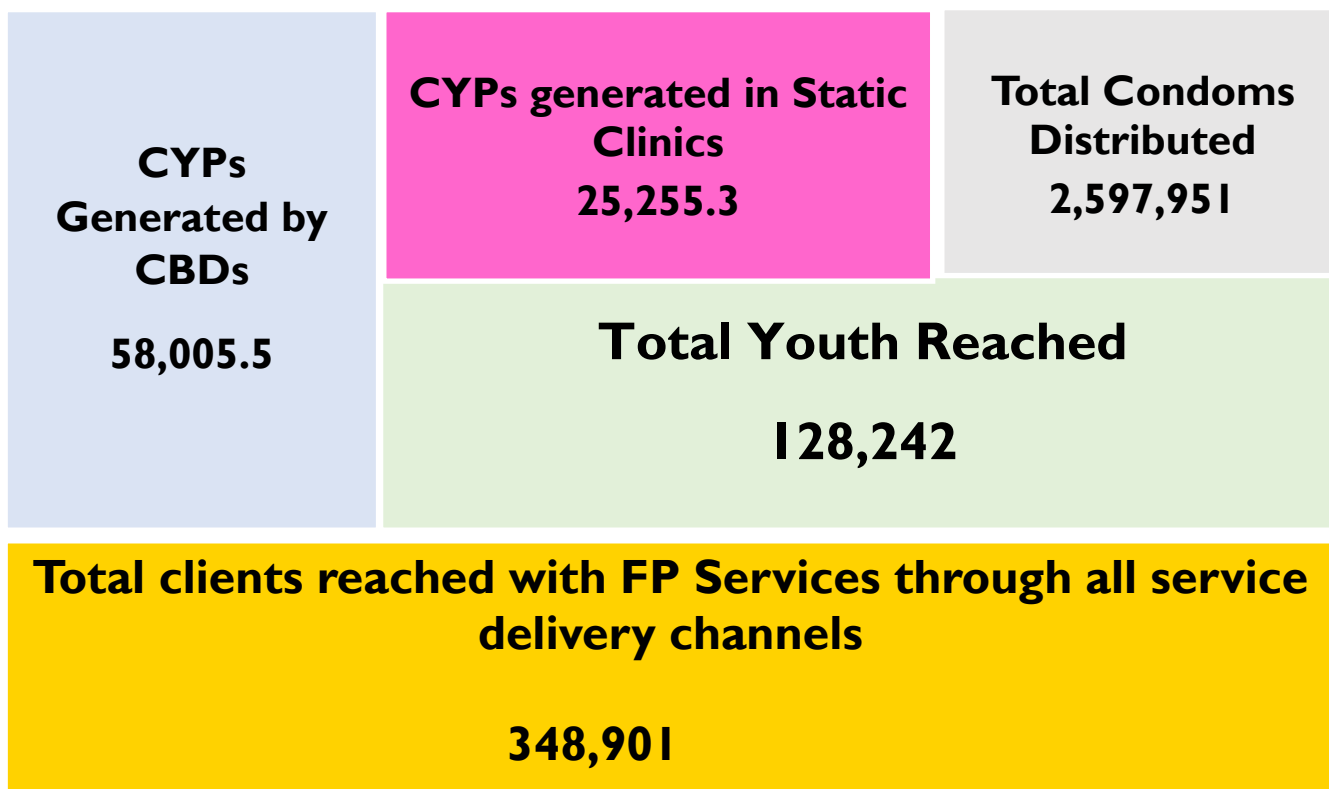
AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
AVU	Audio Visual Unit
CBD	Community Based Distributors
COCs	Combined Oral Contraceptives
CPR	Contraceptive Prevalence Rate
CPTs	Contraceptive Procurement Tables
CSE	Comprehensive Sexuality Education
CYP	Couple Years of Protection
DHIS	District Health Information System
DTTU	Delivery Team Topping Up System
ERU	Evaluation and Research Unit
FHI360	Family Health International
FP	Family Planning
HAS	Harare Agricultural Show
HTS	HIV Testing Services
ICPD	International Conference on Population Development
IEC	Information, Education and Communication
IPPF	International Planned Parenthood Federation
IUCD	Intra - Uterine Contraceptive Device
LARC	Long Acting and Reversible Contraceptives
M&C	Marketing and Communications
M&E	Monitoring and Evaluation
MCAZ	Medicines Control Authority of Zimbabwe
MIS	Management of Information System
MHM	Menstrual Health Management
MoHCC	Ministry of Health and Child Care
MOU	Memorandum of Understanding
NAC	National Aids Council
NTFPD	National Taskforce for Population Development
OI	Opportunistic Infections
PCC	Parent Child Communication
PE	Peer Educator
PPE	Personal Protective Equipment
PMTCT	Prevention of Mother to Child Transmission
POPs	Progestin Only Pills
PSI	Population Services International
PSZ	Population Services Zimbabwe
RH	Reproductive Health
RGN	Registered General Nurse
SD&TU	Service Delivery and Training Unit
SGBV	Sexual Gender based Violence
SRH	Sexual and Reproductive Health

SRHR	Sexual Reproduction & Health Rights
STIs	Sexually Transmitted Infections
TWG	Technical Working Group
UNFPA	United Nations Population Fund
VIAC	Visual Inspection with Acetic Acid
VMMC	Voluntary Medical Male Circumcision
YFSP	Youth Friendly Service Provision
ZAPS	Zimbabwe Assisted Pull System
ZDHS	Zimbabwe Demographic and Health Survey
ZITF	Zimbabwe International Trade Fair
ZNFPC	Zimbabwe National Family Planning Council

1. Introduction

Despite the devastating economic conditions in the country escalated by the COVID 19 pandemic in 2020, there has been some remarkable efforts and improvements in family planning program in 2020. The main focus was to wind up and achieve the FP2020 and the National Family Planning strategic goals as the strategy came to an end. Even though we focused on combating COVID-19, the organisation has still charged ahead on other priorities. Our service delivery points (Static Clinics, Youth Centres) were temporarily closed at some point resulting in low access to services during the period. Staff members were also affected, some contracting the disease while reduced number of staff members were also allowed to report for work at some point during the year. This also affected smooth operations of the activities within the organisation. The COVID 19 guidelines, The Risk Mitigation guidelines developed, the Government of Zimbabwe and our development partners helped us to continue operating under these harsh conditions. PPEs were provided, meetings were conducted virtually as well as trainings. Commodities were distributed as the institution falls under essential services category. The figure below highlights the milestones we achieved

Figure 1: Summary of Key Indicators achieved in 2020




2. Key 2020 Program Highlights

Improved availability and access to quality integrated FP and related SRH

Availability and access of services as well as capacity building of health workers to offer a full range of methods were the key strategic goals aimed by our service delivery and training experts. Through the three main channels of service delivery, (CBDs, Static Clinics and Youth Centres), 348,901 clients were reached with FP services. Although outreach services were temporarily suspended, they continued at a small scale to reach the underserved areas in all provinces by providing FP and other SRH services. The procured medicated tent (5m x 5m) also improved the capacity of the organisation to carry out outreaches during exhibitions as well as improving access to hard to reach areas with FP services. The integration of FP/HIVST/Prep project pioneered by the AIDS and TB unit within the MoHCC also improved access to services as most clients were contented to come for the one stop shop (everything under one roof).

ZAPS monitoring rounds and quality assurance visits conducted in 2020 ensured the availability of commodities to both public and private sector health facilities. Contraceptives availability greatly enriched in 2020 although some stock outs were experienced in Quarter 1 among CBDs. Capacity building of service providers is one of the output goals the FP program was targeting from 2016-2020. The CBD program was strengthened in 2020 through capacity building of the cadres on COVID 19 prevention guidelines for them to continue providing services to the community during the pandemic. CBDs reached a total of 222, 078 clients with FP services during the year 2020.

Trainings were moved from the old didactic approach to virtual trainings which suited the restricted environment and cost effectiveness. Sixty (60) newly trained service providers were supported, mentored and certified in LARCs. Other partners also chipped in by capacitating the service providers as witnessed in Masvingo province where Solidermed bought IUCD instruments for health facilities in Bikita district.




Availability and access of youth-friendly family planning services in rural, underserved areas and communities increased, including in identified tertiary education institutions

The targeted goal for the program was to reduce teenage pregnancies from 22% to 12%. The organisation made great strides in contributing to this goal through the provision of services and information dissemination to youth. Availability and access of youth-friendly family planning services in rural, underserved areas and communities including in identified tertiary education institutions were the target output for the organisation. Outreaches in tertiary institutions were conducted during the first quarter of the year before the onset of the COVID 19 pandemic. However owing to lockdown movement restriction measures imposed due which were later imposed by the government, young people had limited access to positive coping mechanisms. Instead, they resorted to drug and substance abuse, self-harm among other illicit behaviors. As such social media became the norm of the day in terms of communication in order to reach out to adolescents and young people. The main interventions include:


- Use of digital interventions which includes radios and social media
- Menstrual Health Management sessions utilising social media and zoom meetings
- Tertiary institution campaign utilising the social media and zoom meetings

A total of 128, 242 youths were reached through these channels with FP services as well as information given. CBDs were trained in youth friendly service provision and they reached a total of 75,477 young people with FP services. CBDs continue to play a major role in providing FP services (orals) among youth in communities



Demand for intergrated FP/related SRHR services increse across different population groups

Demand Creation is key to the FP program. Knowledge, attitudes, and practice towards family planning among the general population, with special emphasis to youth and geographic areas with low CPR coverage should be increased. In 2020, the organisation made sure that information and knowledge on FP programs was made available to all sectors of the community. Traditional leaders were engaged during community events to sensitize communities on the COVID 19 pandemic and streamlined Family Planning issues during such sessions across all provinces. Target audiences were reached through a comprehensive multi-media mix. Live radio broadcasts with simulcasts across different national and regional radio stations and spots reached over six million listeners. Newspaper publications reached over one million audience with commemorative messages and youth-friendly articles in The Herald, The Sunday Mail and other community newspapers. Improved message dissemination was witnessed through social media platforms like Facebook, Twitter, YouTube and WhatsApp. An electronic version of the Straight Talk newsletter was published and uploaded on the organisation's website to enhance audience interaction (youths). Government's commitment on the FP program was the core mandate for the marketing team as engagement with parliamentarians to provide domestic funding for FP commodities ripped fruits. Government's commitment towards SRH service provision was also a priority for the organisation where thirty (30) participants participated in the ICPD@25 National Taskforce for Population Development (NTFPD) coordinated by ZNFPC to review the progress made by the country since ICPD@25 Nairobi meeting of 2019.



Data-driven decision making is enhanced to improve effectiveness and efficiency of the family planning program

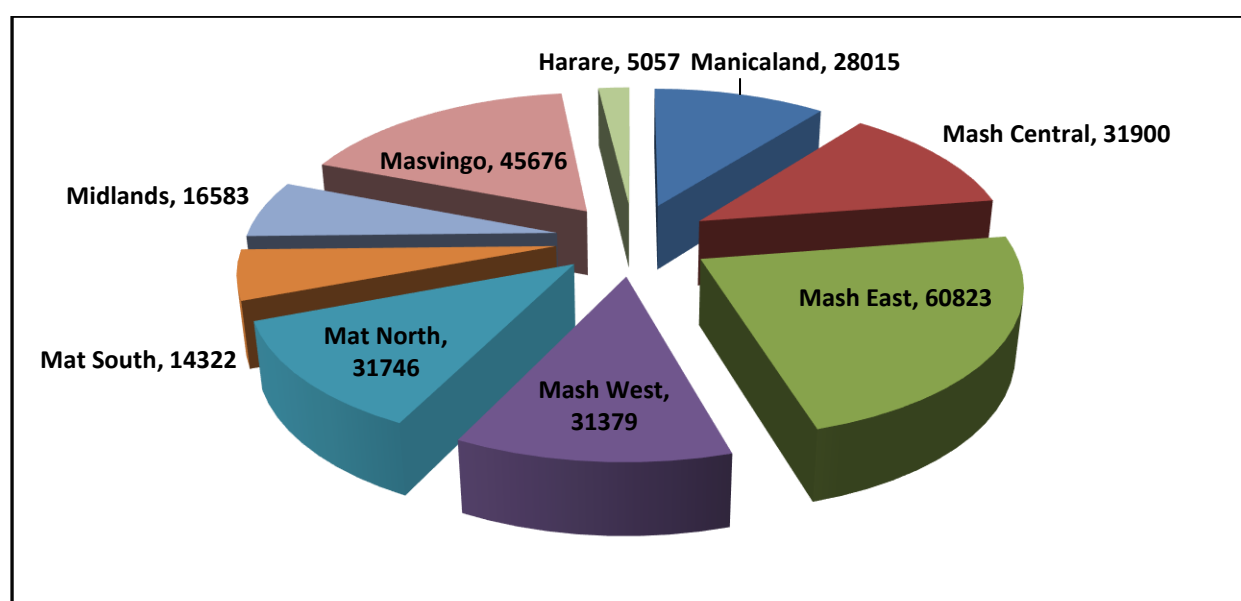
Improving the M and E system for integrated FP and other related SRHR services is the key mandate of the organisation. The development of the new National FP strategic document (2021-2025) for performance monitoring mechanism could not be conducted as there was a shift in programming of activities to comply with the COVID 19 regulations. Therefore the 2016-2020 strategy was extended by another year. Family Planning Coordination had gone virtual during the year as a way to promote a functional, harmonised, and optimised family planning M&E system to support data-driven decision making. Coordination meetings were conducted virtually with all partners sharing their experiences and strategies to move the program forward during the pandemic. The program performance was mainly affected during the month of April when the total shutdown was introduced. Service uptake normalised in quarter 3. A data audit analysis conducted in all provinces highlighted that commodity stock outs, staff attrition and lack of a strong M and E system at provincial level were hindering the FP program.

A research agenda was one of the outputs for improved monitoring and evaluation of the FP program. Operations research on FP and related SRH services including adolescence for informed decision in programming is key. A report on Rapid Assessment Exercise on the access to SRH services by young people at Youth centres, Static clinics and CBDs which was carried out in Manicaland and Harare was produced gave informed decisions on planning as it revealed that youth were hardly hit. An abstract on Knowledge, Attitudes and Practices of Contraceptive Use among students in Selected Universities in Zimbabwe presented during the HIV and Adolescence International virtual workshop held in November 2020 in Windhoek Namibia also was an achievement to our research agenda for the organisation. The MHM symposium held in December 2020 was another success for the organisation in the area of research. The skills gap for the M and E personnel identified during the inception of the current strategy were rectified during the course of the strategy implementation.

Program Performance

The organisation's programming was in line with the FP strategy (2016-2020). The main goal was to increase the CPR from 59% in 2015 to 68% by the year 2020. The program has been doing well since 2015 although there were challenges affecting the operations of the organisation. However availability and accessibility to FP services were the organisation's thrust to achieve the goal by 2020. One of the strategies was scaling up capacity building of service providers in LARCs which commenced in 2017 as a way of increasing method mix. The year under review had its own challenges as the COVID 19 pandemic disturbed services provision. Strategies were put in place so that the program will soldier on and continued availability and access to FP services were maintained.

Figure 2: Total Clients reached with FP services by Province



There were significant variations in the total number of clients reached with FP services in various provinces. Mashonaland East recorded the highest (60 823) followed by Masvingo Mashonaland Central, Matabeleland North and Mashonaland West with 45 676, 31 900 and 31 746 respectively. Harare recorded the least (5 057). (Figure 2). The reach was according to the three channels of service delivery in operation. All the other provinces have CBDs in operation while Harare has only two static clinics providing FP services

Figure 3: Total FP Clients reached by Channel

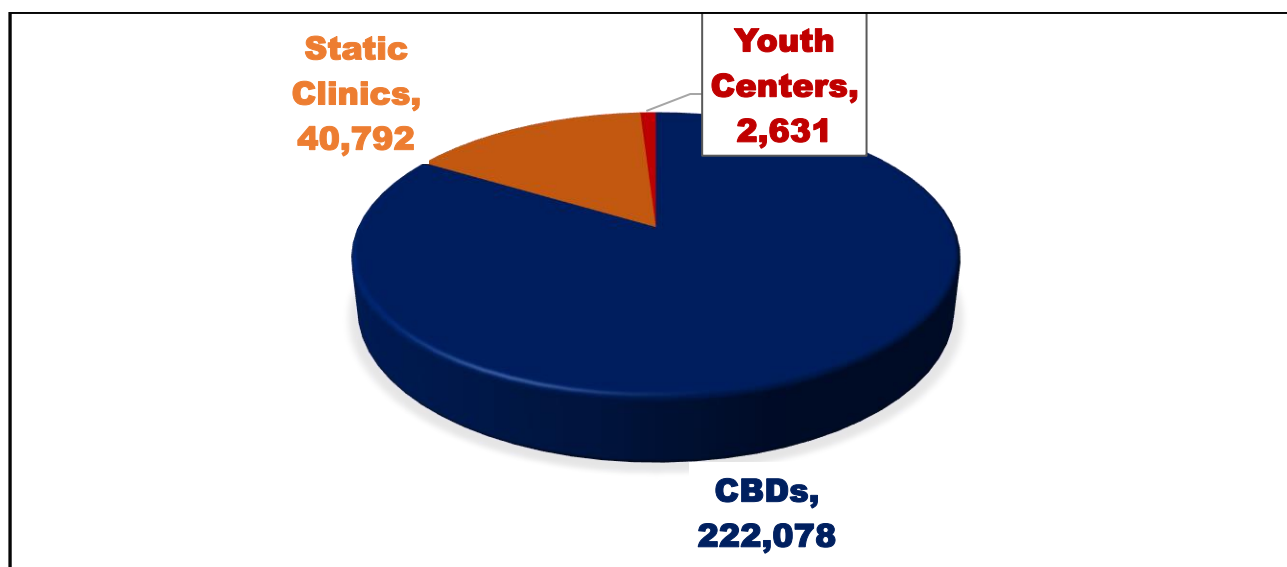


Figure 4: Total FP Clients reached

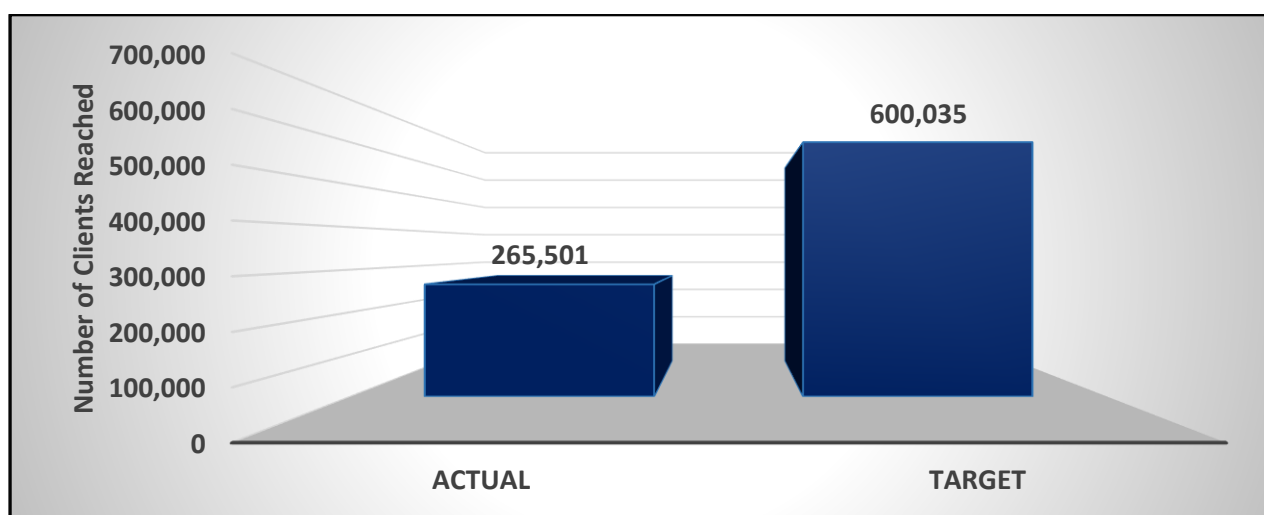
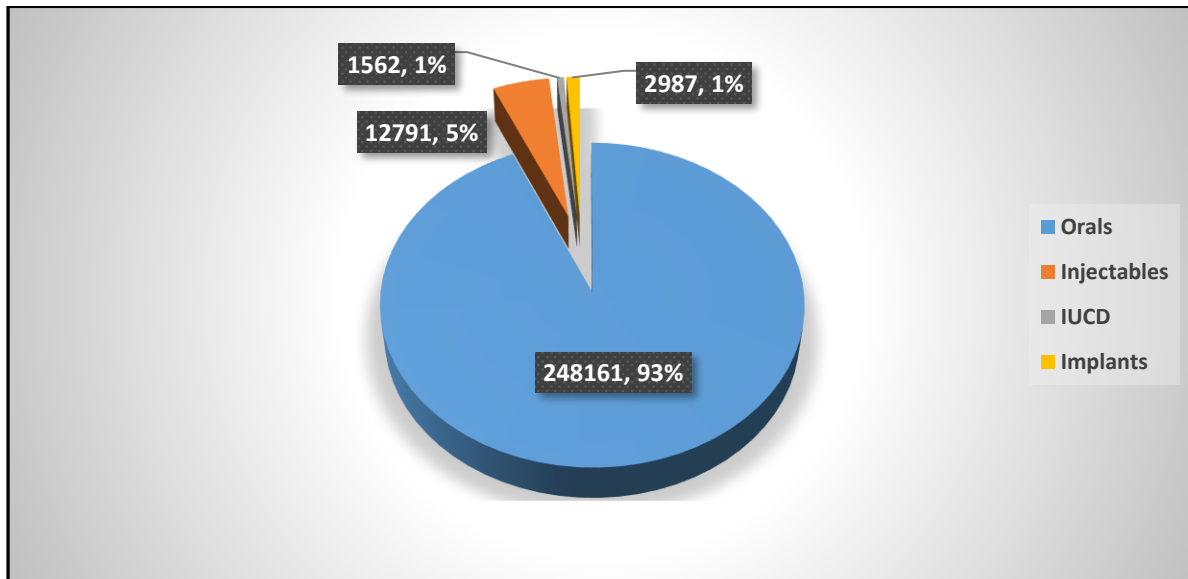


Table 1: Number of FP clients reached (by channel and by province)

Province	CBD	Static	Youth Centers	Total	Target
Manicaland	26,904	705	406	28,015	66,629
Mash Central	17,637	13,723	540	31,900	101,802
Mash East	56,489	3,967	367	60,823	93,278
Mash West	25,680	5,258	441	31,379	88,476
Mat North	27,137	4,609	0	31,746	63,474
Mat South	13,048	989	285	14,322	28,198
Midlands	12,246	4,150	187	16,583	36,385
Masvingo	42,937	2,483	256	45,676	117,282
Harare		4,908	149	5,057	4,510
Total	222,078	40,792	2,631	265,501	600,035

The CBDs across all provinces contributed immensely to the FP program reaching to a total of 222,078 clients while static clinics and youth centres reached to 40 792 and 2 631 respectively. (Table 1). CBDs are the largest contributor to the family planning program among the three channels. (Figure 3). However we could not reach the target as planned as we only achieved 44.2% of the targeted clients. (Figure 4).

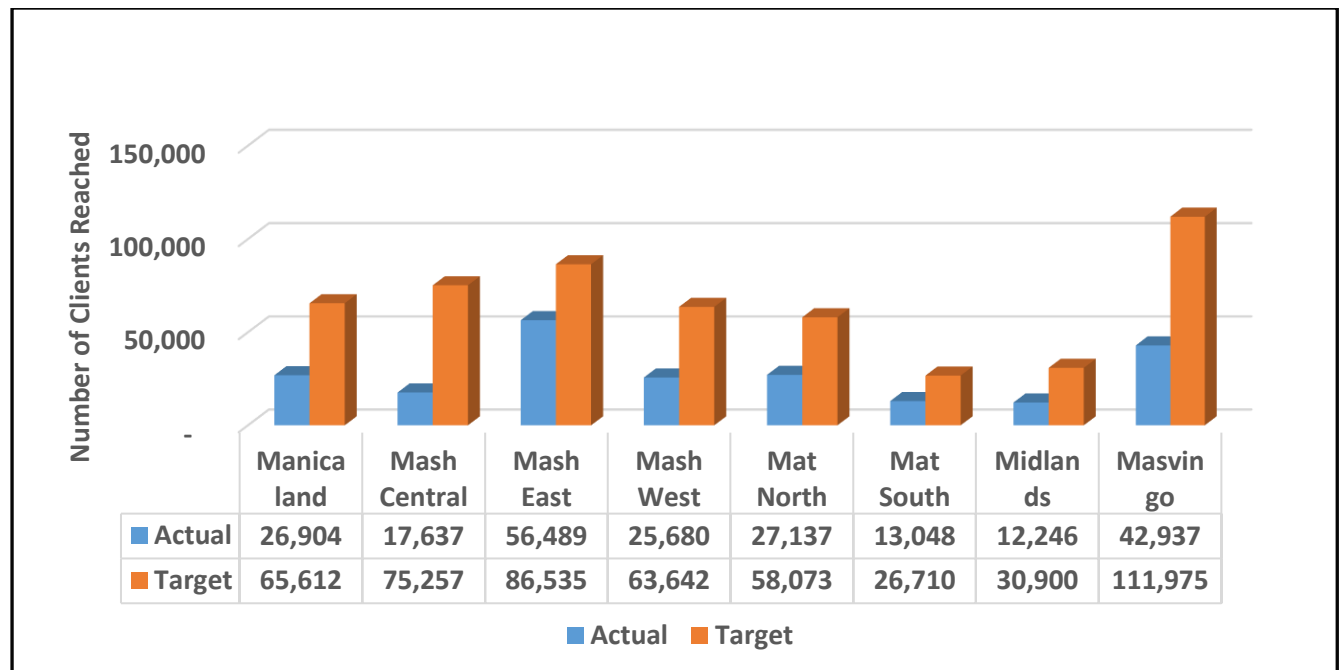
Figure 5: Total clients reached with FP services by method



Majority of contraceptive users 248, 161(93%) prefer to use orals as their method of choice followed by Injectable with a total of 12 791 (5%). (Figure 5). This was a result of the main distribution channel (CBD program) which offers oral contraceptives only to clients.

3.1 The Community Based Program (CBD)

Figure 6: Total clients reached with Orals through CBDs



The CBD program has shown to be the best in providing oral contraceptives at community level. All the provinces also failed to surpass their targets, however Mash East reached to 56 489 clients to give a negative percentage variance of 35 followed by Mat South with a negative percentage variance of 51. The least performers were Mash Central with a negative variance percentage of 77. (Figure 6).

Figure 8: Total Condoms Distributed by CBDs

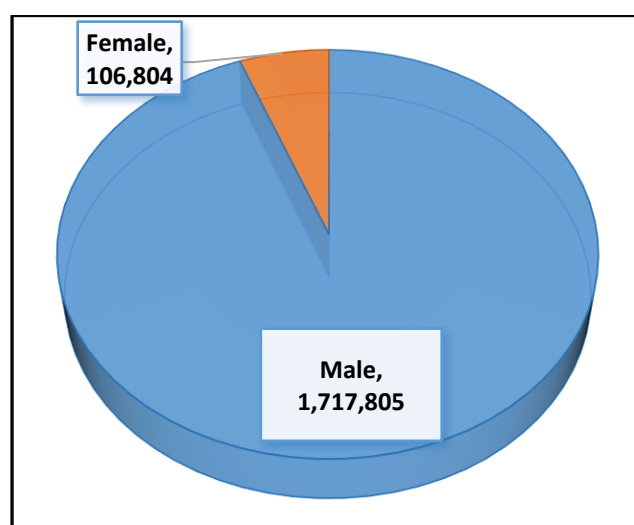
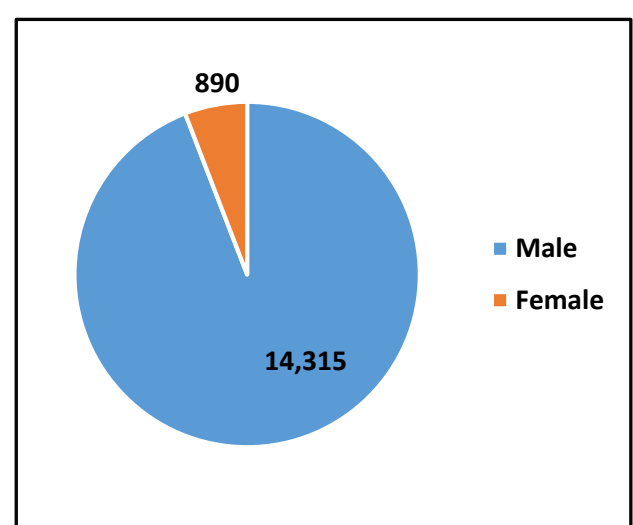


Figure 7: CYPs Generated from Condoms



CBDs also have a role of distributing condoms (both male and female) within their communities. A total of 1,717,805 male condoms and 106,804 female condoms were distributed by all CBDs (Figure 7) generating CYPs of 14,315 and 890 respectively. (Figure 8).

Figure 9: Male condoms distributed per Province

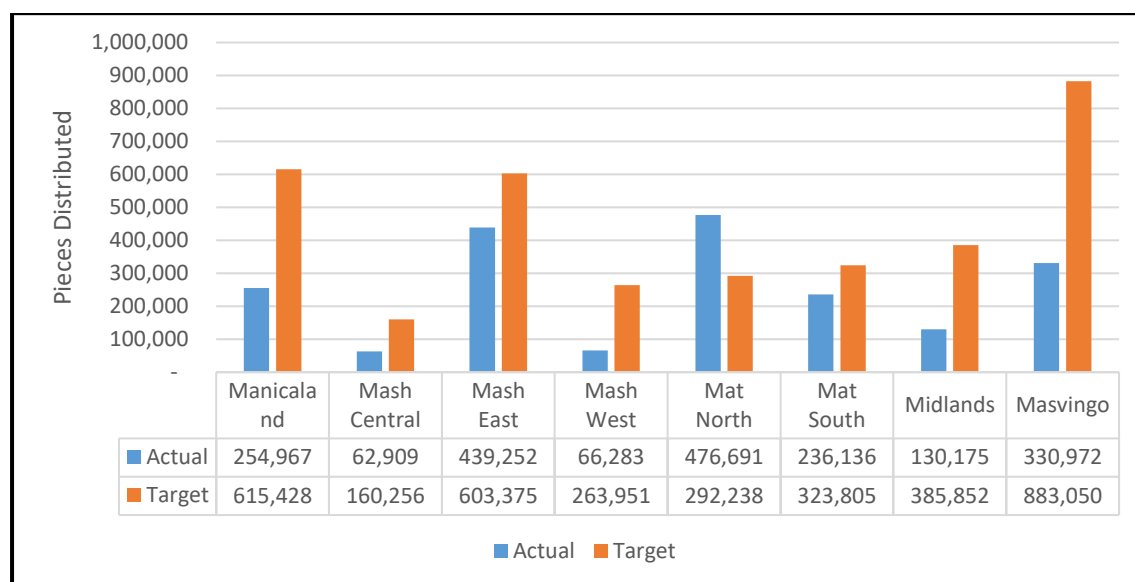
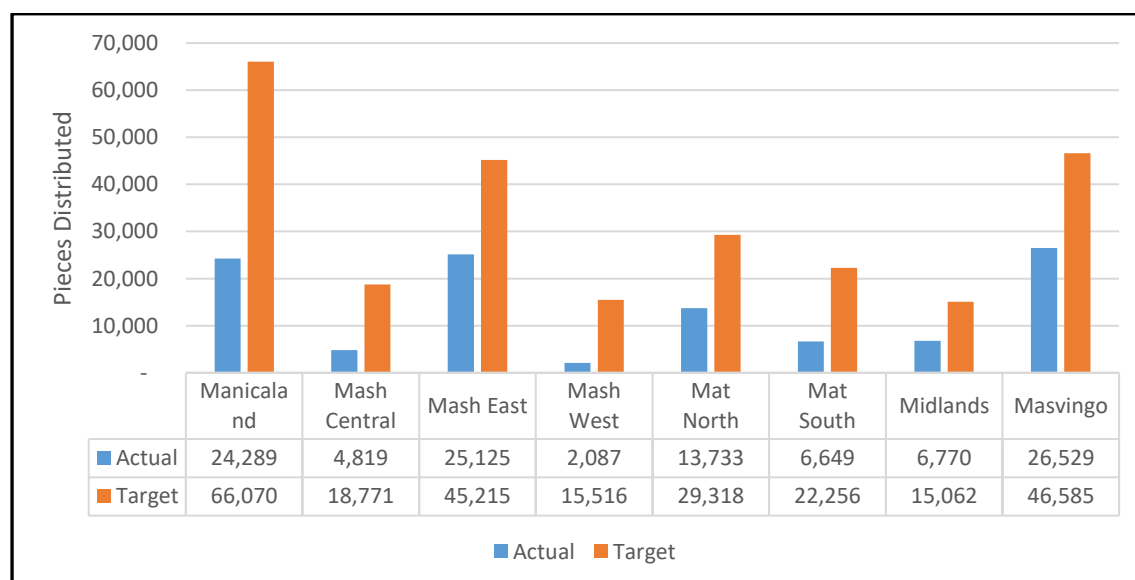


Figure 10: Female condoms distributed per Province



In 2020, only CBDs in Mat North surpassed their target, distributing a high of 476 691 male condoms with a percentage variance of 63. Mash East and Mat South distributed 25,125 and 6,649 respectively both giving a negative percentage variance of 27. (Figure 9) On female

condoms distributions, all the provinces failed to reach their targets with Masvingo CBDs distributing the most (26 529) with a variance of (43) followed by Mash East which recorded 25,125 with a percentage variance of (44). (Figure 10)

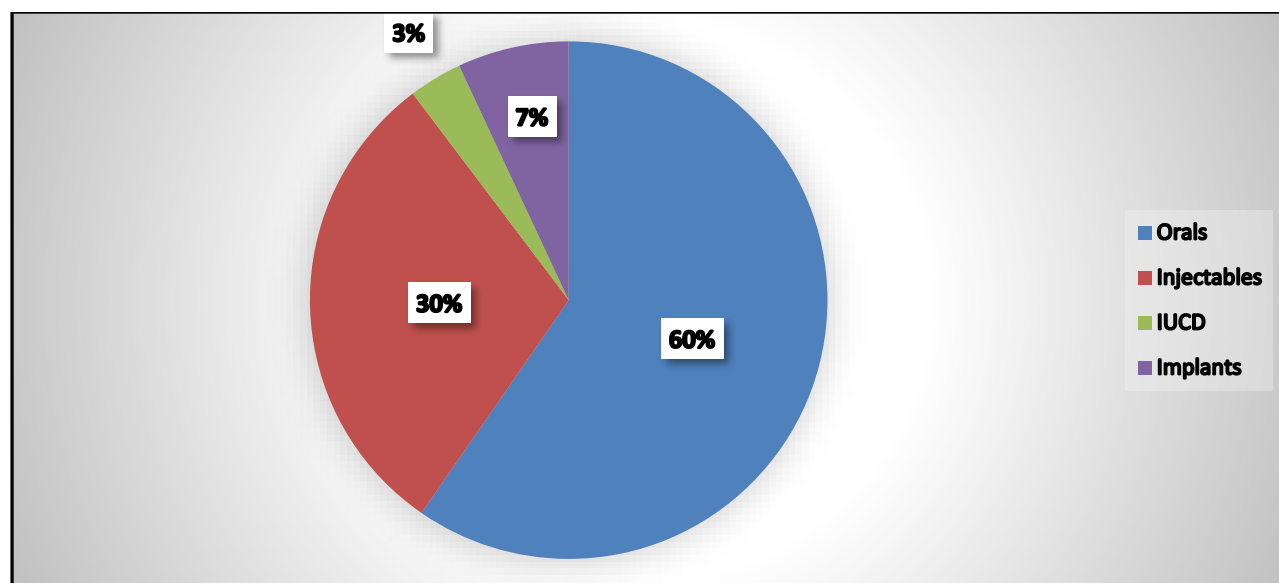
Table 2: Total exposures made by CBDs for other services

Province	HTC	CHBC	STIs	PMTCT	VMMC	Pap Smear	VIAC	Breast Cancer	Prostate Cancer	Total Exposures
Manicaland	2832	1660	4419	4559	2590	2521	1973	3202	1943	25699
Mash Central	655	844	2000	2023	626	1006	814	1466	653	10087
Mash East	23594	12030	28538	18153	15468	13251	14116	15420	11973	152543
Mash West	2982	1932	4027	3033	1899	1834	1811	2261	1206	20985
Mat North	9430	1069	7458	3116	881	2111	3316	3095	1066	31542
Mat South	3776	1596	4111	2676	1830	1829	1785	2200	1641	21444
Midlands	1713	6046	13781	9108	4620	3866	6471	5755	5570	56930
Masvingo	5522	1310	4556	3408	1527	4884	4952	3087	1668	30914
Grand Total	50504	26487	68890	46076	29441	31302	35238	36486	25720	350144

Total exposures reached by all CBDs across all provinces with SRH information were 350,144 with most exposures made on STIs (68,890) followed by HTC and PMTCT with 50,504 and 46,076 respectively. (Table 2).

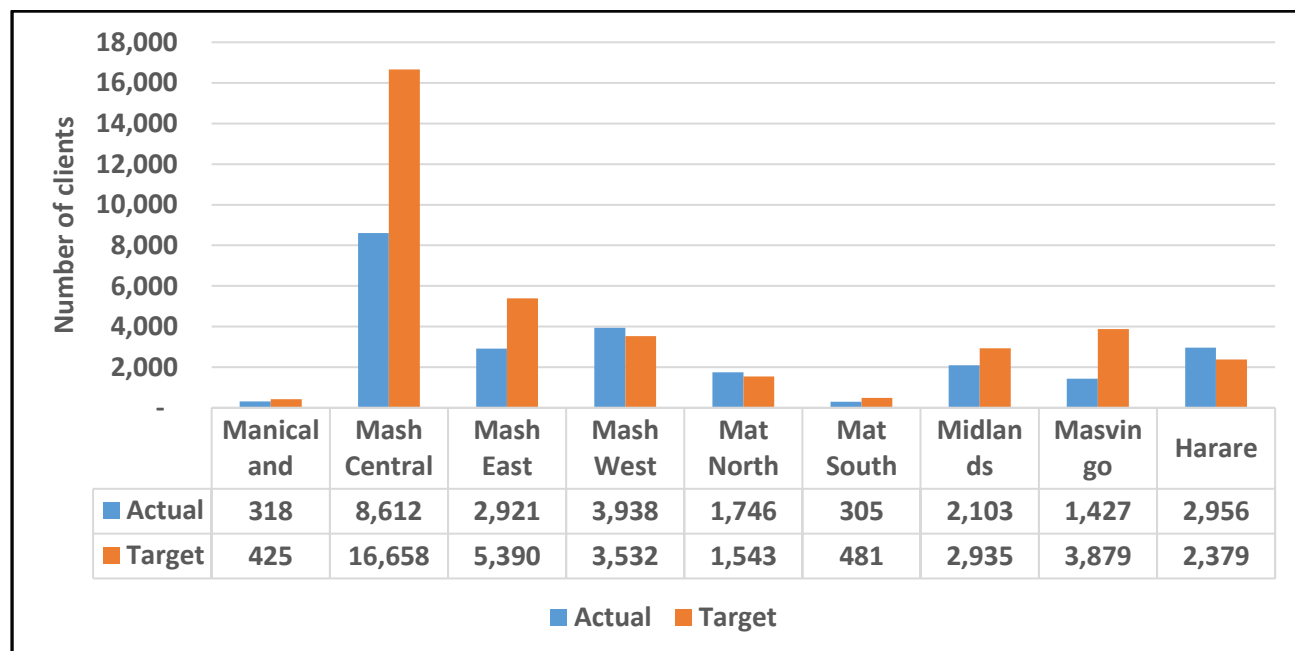
3.2 Static Clinics

Figure 11: Total Clients reached through Static clinics



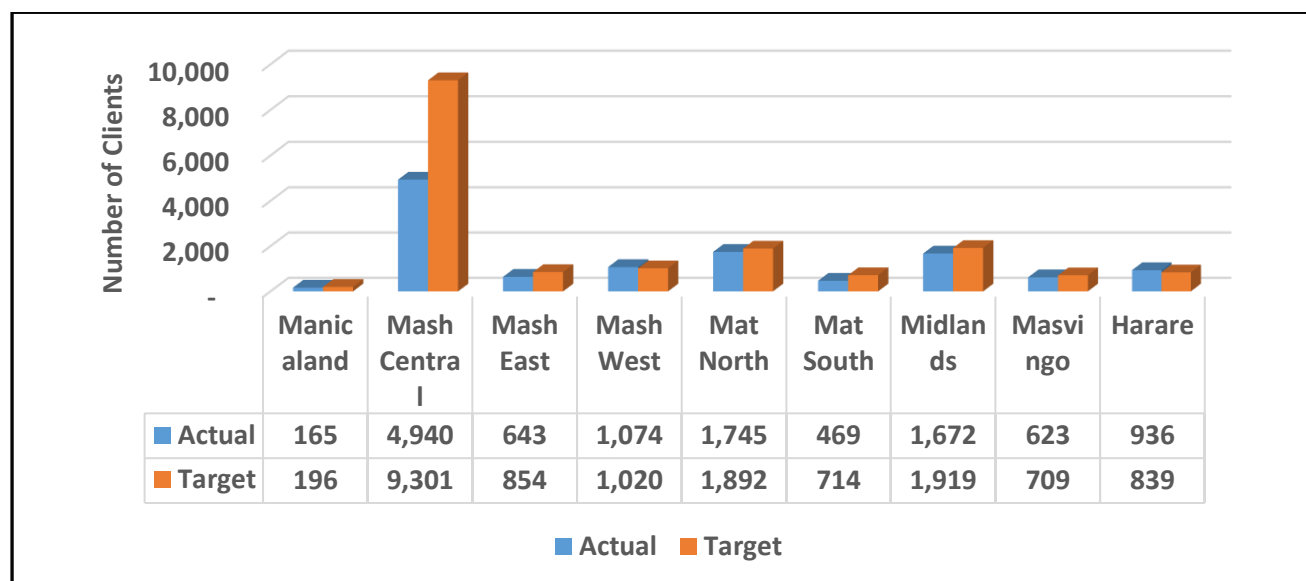
Majority of the clients reached through static clinics (60%) accessed orals followed by 30% for injectable. LARCs clients were the least with 7% and 3% for Implants and IUCDs respectively. (Figure 11)

Figure 12: Total clients who accessed Orals



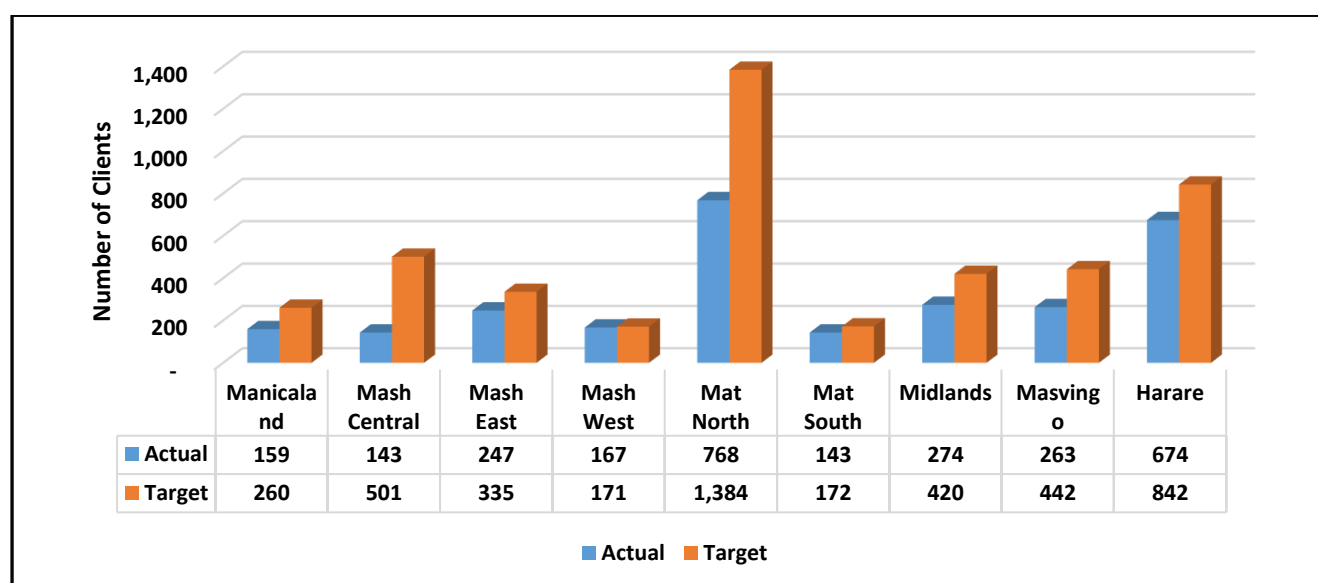
Only three provinces surpassed their targets on Orals reach. These three are Mash West, Mat North and Harare with percentage variances of 11, 13 and 24 respectively. Masvingo province reached to 1,427, giving a percentage variance of (63). (Figure 12)

Figure 13: Total clients who accessed Injectable



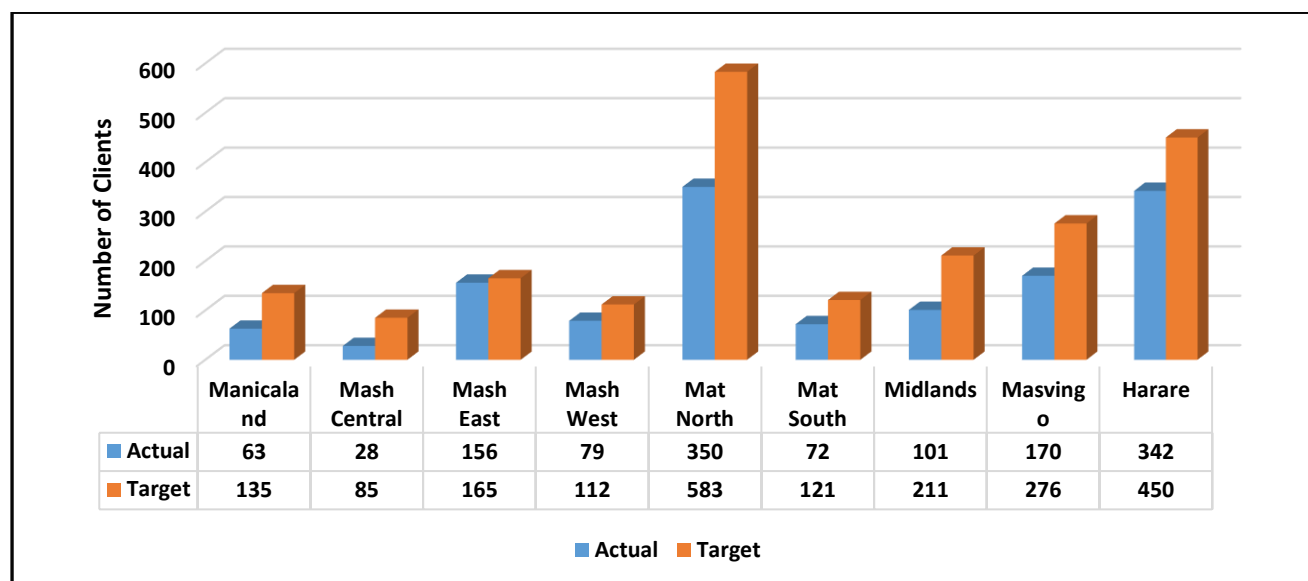
Harare and Mash West provinces surpassed their targets for Injectable clients reaching to 936 and 1,074 giving percentage variances of 12 and 5 respectively. Mash Central reached to 4,940 against a target of 9,301 giving a percentage (47). (Figure 13)

Figure 14: Total clients who accessed Implants



The whole program failed to reach its target of 4 526 clients by only reaching to 2 838 giving a percentage variance of (37). Mat North reached to the most implants clients (768) followed by Harare with 674 but with percentage variances of (45) and (20) respectively. (Figure 14).

Figure 15: Total clients who accessed IUCDs



Like all the other methods, the 2020 IUCD targets were beyond the reach of all provinces. From a target of 2 139, only a total of 1 361 clients were reached IUCDs countrywide giving a percentage variance of (36). Mat North recorded the highest reach of 350 clients followed by Harare with 342 clients. Both provinces had percentage variances of (40) and (24) respectively. (Figure 15).

Figure 16: Male Condoms Distribution through Static Clinics

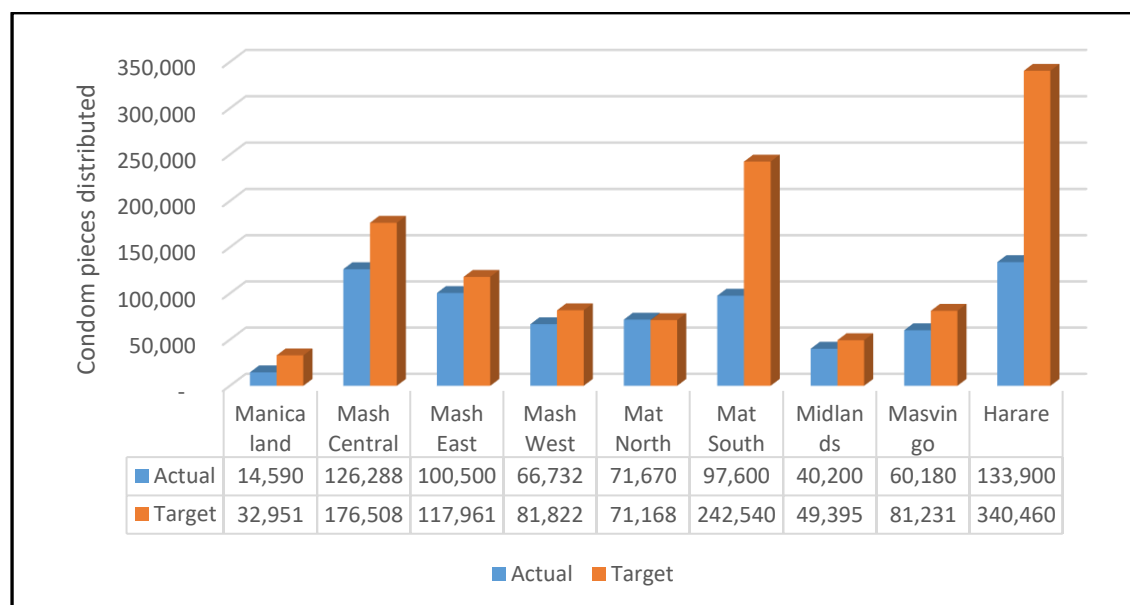
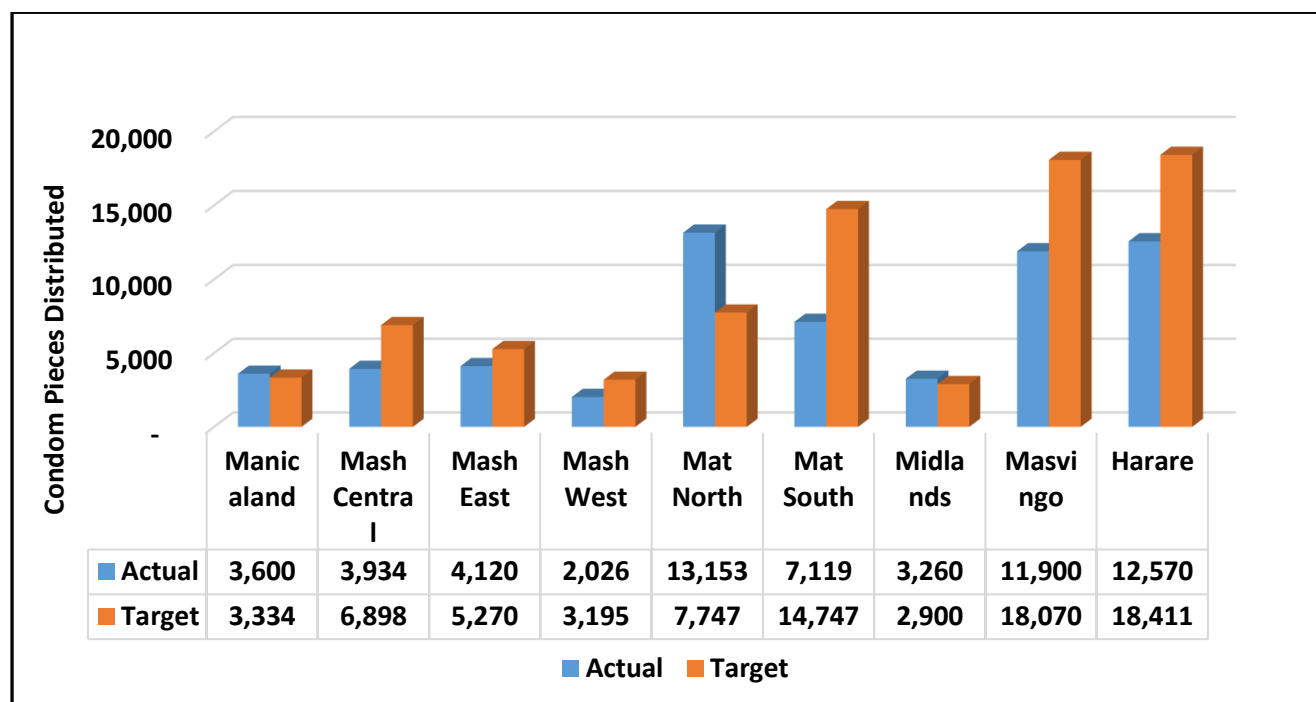
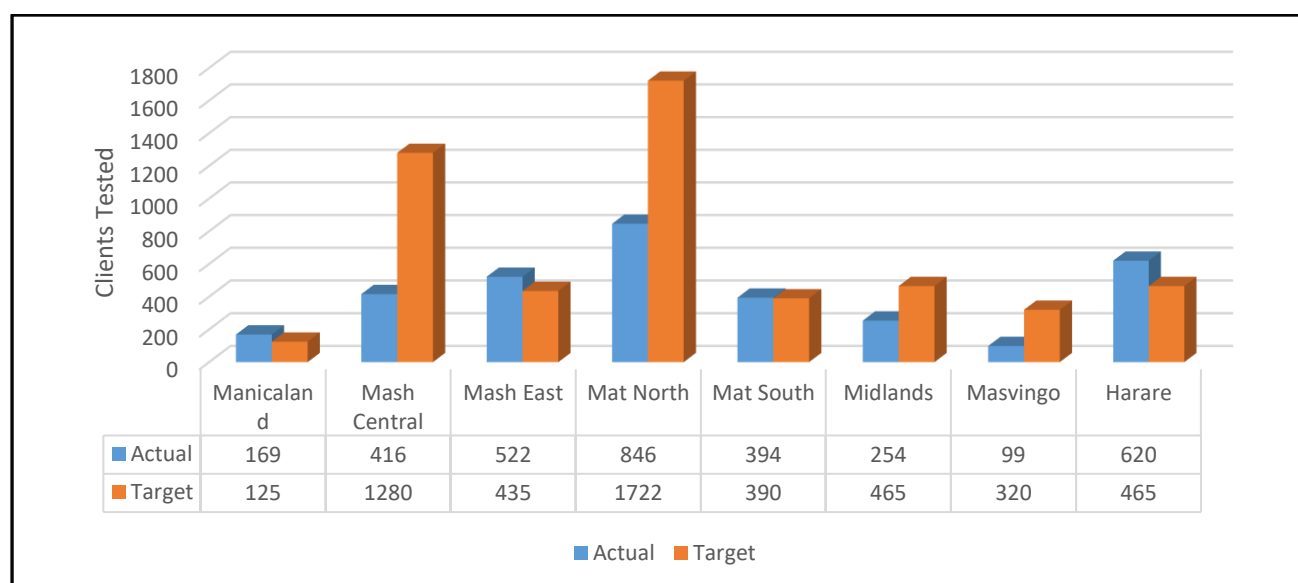


Figure 17: Female Condoms Distribution through Static Clinics



Harare province distributed more male condoms (133,900) against a target of 340,460 with a percentage variance of (61), followed by Mash Central which distributed 126,288 against a target of 176,508 giving a percentage variance of (28). (Figure 16). For female condoms, a total of 61,682 pieces were distributed countrywide against a target of 80,572. Mat North and Manicaland surpassed their targets by distributing 13,153 and 3,600 pieces respectively against targets of 7,747 and 3,334 with percentage variances of 70 and 8. (Figure 17)

Figure 18: Number of Clients who received HTS



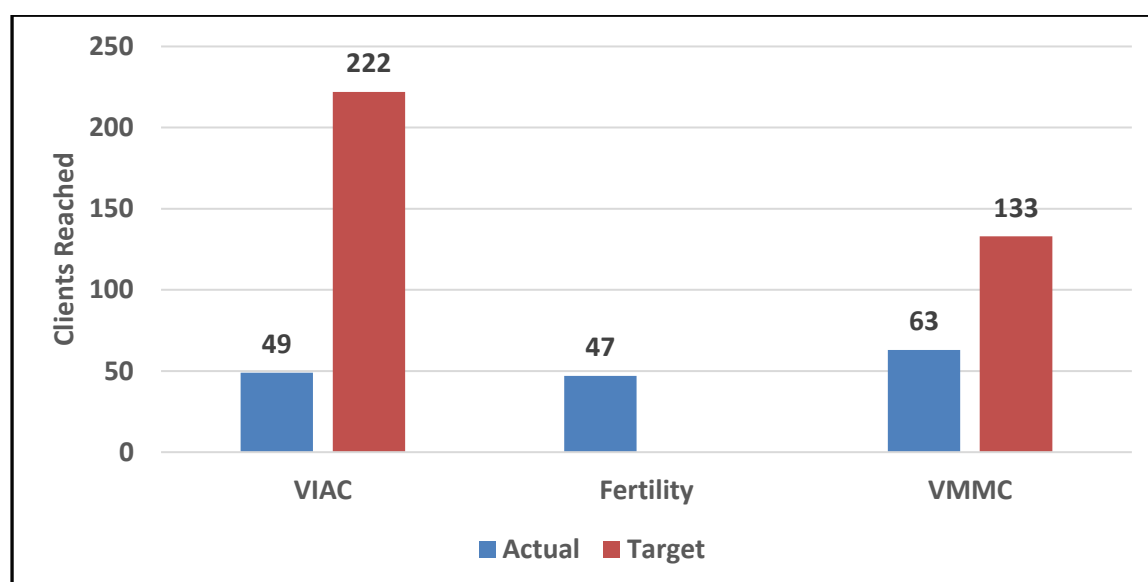
The organisation fell short of reaching the target for HTS clients by reaching to 3 480 clients against a target of 5 327 giving percentage variance of (35). Only Manicaland, Mat South and Harare surpassed their set targets with actuals of 169, 394 and 620 clients and percentage variances of 35, 1 and 33 respectively. (Figure 18).

Table 3: Number of Clients Screened for Pap smear

Province	Actual	Target
Manicaland	17	35
Mash East	39	95
Mash West	10	35
Mat North	79	140
Midlands	52	135
Masvingo	92	93
Harare	1,350	1,473
Total	1,639	2,005

Pap smear services were offered across all provinces and the national target of 2005 clients was not reached giving a percentage variance of (18). Harare recorded the highest number of tests done (1 350) followed by Masvingo province with 92 tests with percentage variances of 8 and 1 respectively. (Table 3)

Figure 19: Other SRH Services (VIAC, Fertility Services & VMMC)



A total of 49 clients were reached with VIAC services against a target of 222 with a positivity rate of 4.1 recorded while 63 clients accessed VMMC services against a target of 133 clients giving percentage variances of (78) and (53) respectively. (Figure 19).

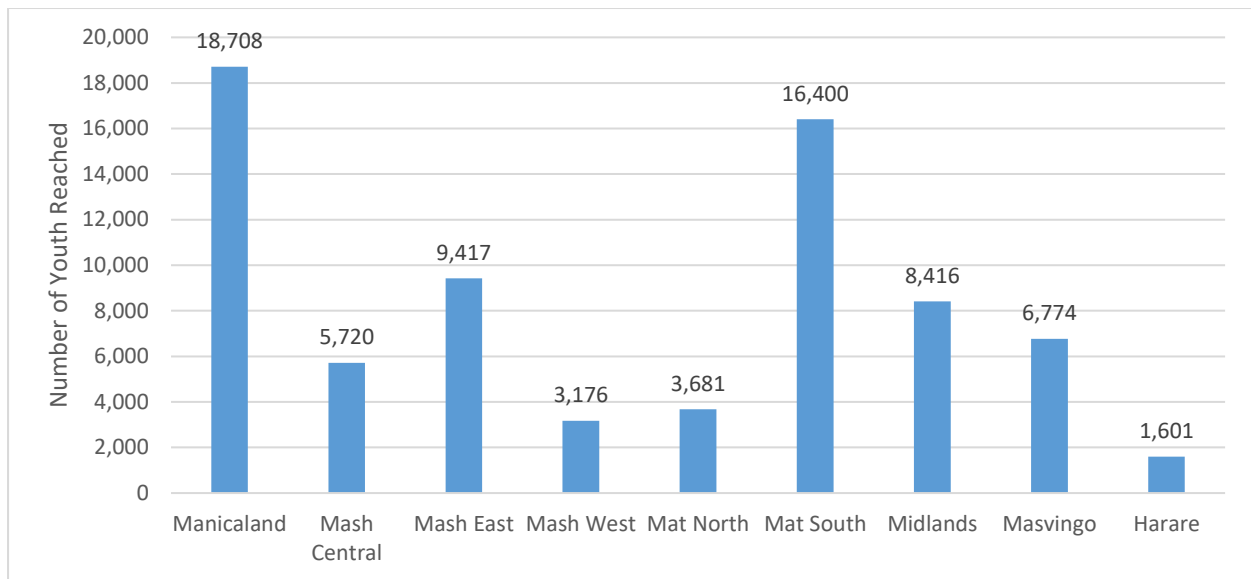
Table 4: STIs Diagnosed Syndromically

Province	Urethral Discharge	PV Discharge	Candidiasis	Genital Ulcer	Genital Warts	Other STIs
Manicaland	1	4	19	3	0	21
Mash Central	27	55	15	21	4	10
Mash East	34	101	11	9	6	93
Mash West	11	51	9	4	1	43
Mat North	33	50	3	4	4	4
Mat South	6	93	6	11	14	32
Midlands	11	20	20	9	0	0
Masvingo	21	41	3	10	0	12
Harare	44	254	250	26	29	39
Total	188	669	336	97	58	254

Across all provinces, a total of 669 clients were diagnosed with PV Discharge which was the highest. This was followed by 336 and 254 clients for Candidiasis and Other STIs respectively. (Table 4).

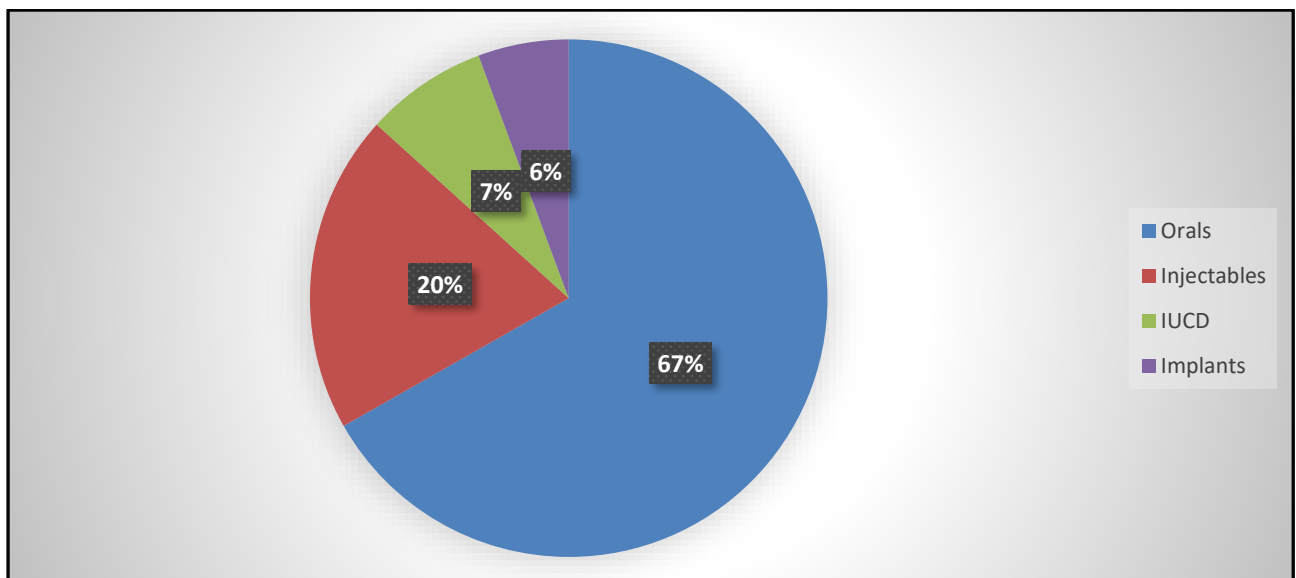
3.3 ASRH Program

Figure 20: Total Youths Reached



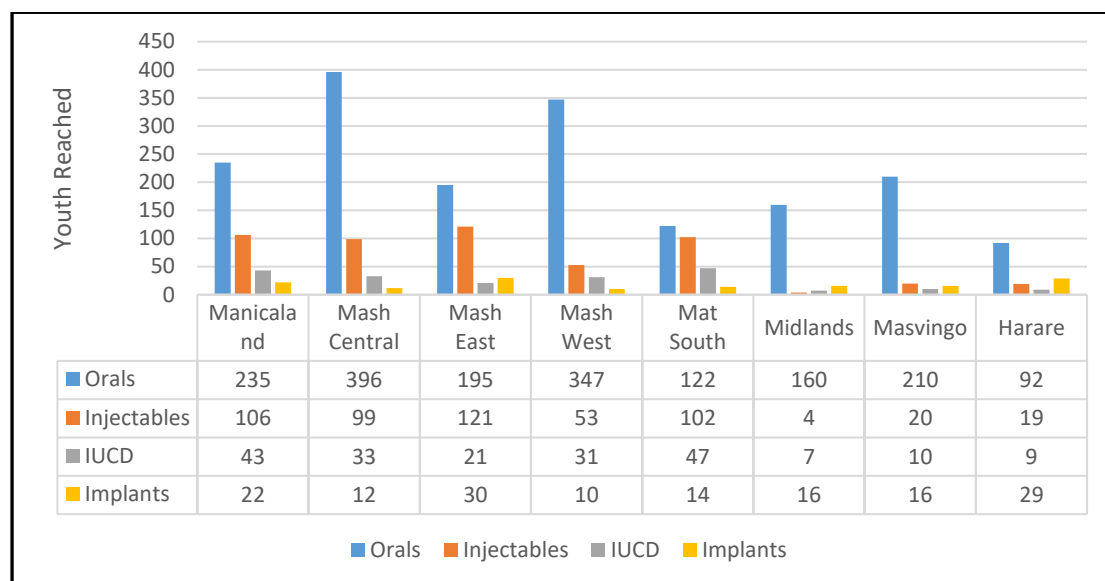
Manicaland reached to most youth (18,708) through the ASRH program followed by Mat South with 16,400. Harare province reached to the least number of youth (1,601) through the youth centre and peer educators (Figure 20)

Figure 21: Total ASRH Clients reached through Static clinics by method



The majority of youth who accessed FP methods from static clinics (67%) received orals followed by injectable with 20%. Implants and IUCDs were accessed by 6% and 7% respectively. (Figure 21)

Figure 22: Total youth clients reached through Static clinics by province



At static clinics, most youth accessed short term methods as compared to LARCs. Mash reached to most youth with orals (396) while Manicaland reached most youth with Injectable (106). For Implants and IUCDs, Manicaland and Mash East recorded the highest figures with 43 and 30 respectively. (Figure 22)

Figure 23: Total Youth accessing FP Services (Short term methods) at Youth Centers

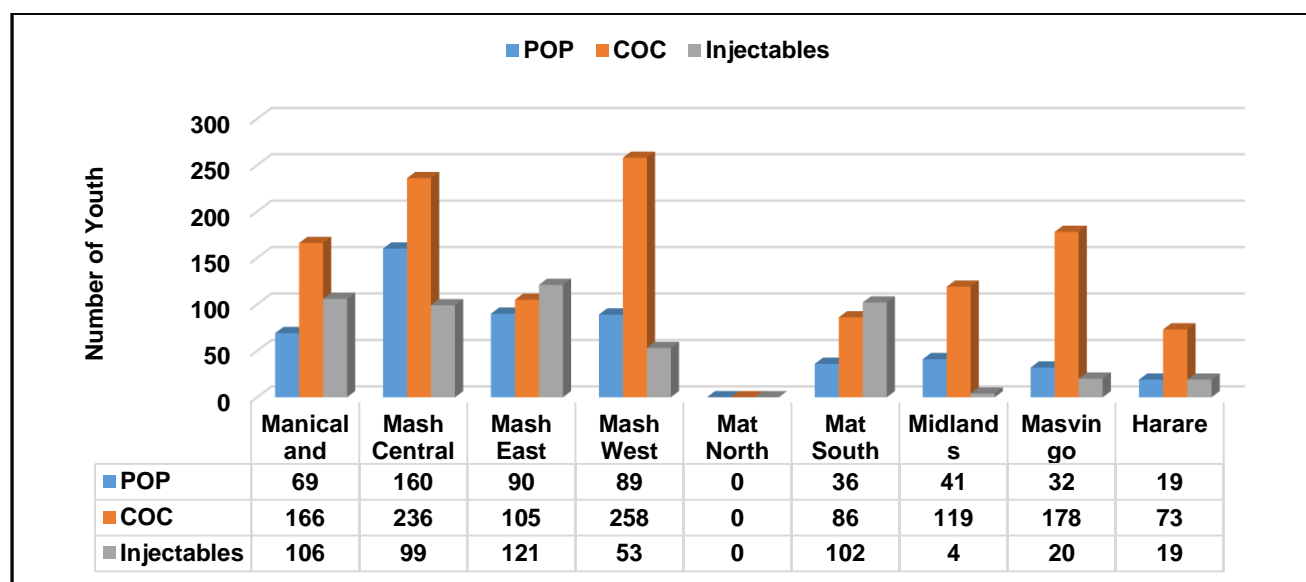
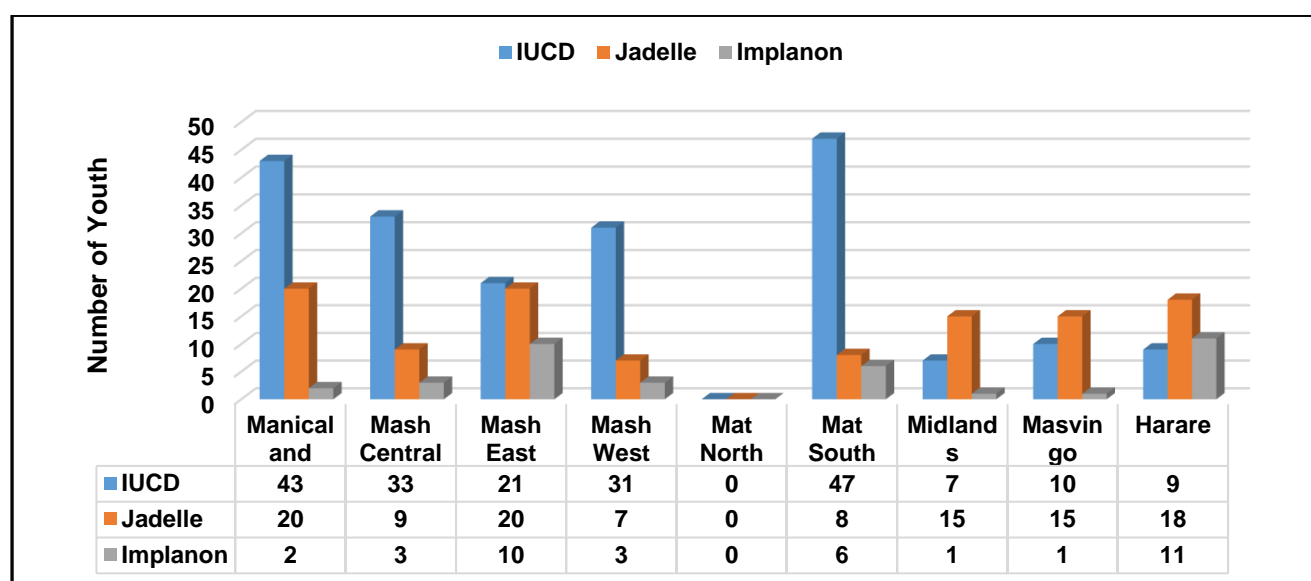


Figure 24: Total Youth Received FP Services (LARCs) at Youth Centers



Youth are received COC as compared to other methods mostly in youth centers with Mashonaland Central and Mashonaland West reached the highest number of youth in 2020 (Figure 23). IUCD uptake increased among youth in youth centers. Matabeleland South and Manicaland has the highest number of youth who accessed IUCD in 2020 followed Jadelle in Mashonaland East and Manicaland (Figure 24). Matabeleland North had no youth center staff (Youth health advisors) to offer FP and other SRH services in 2020.

Figure 25: Young people reached by CBDs with Orals (COC)

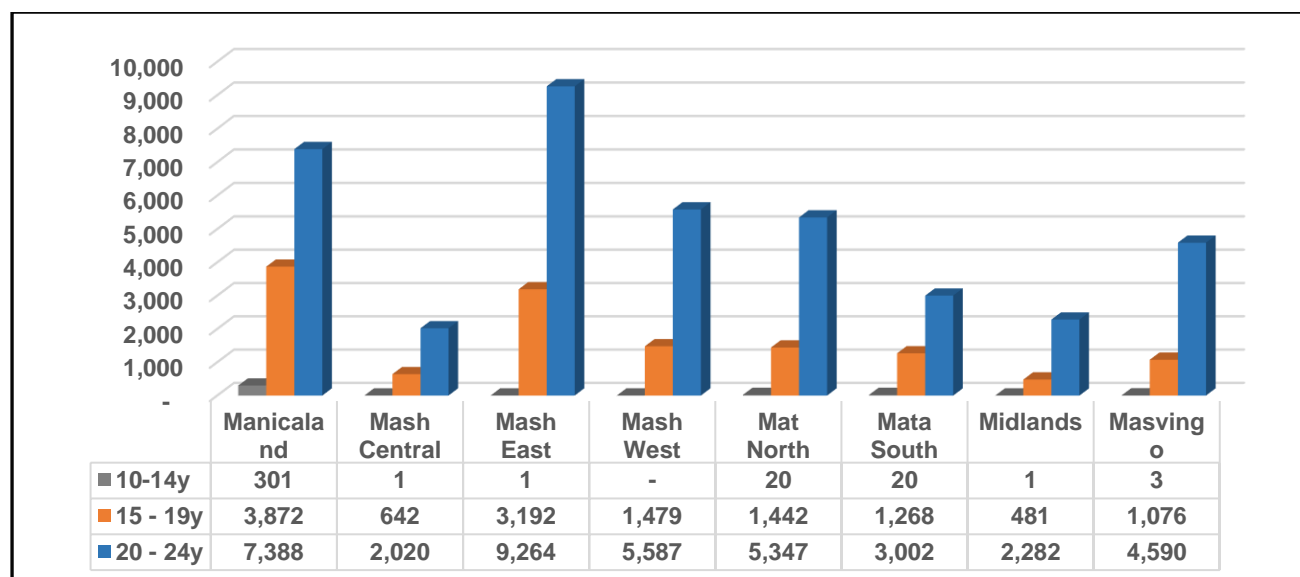
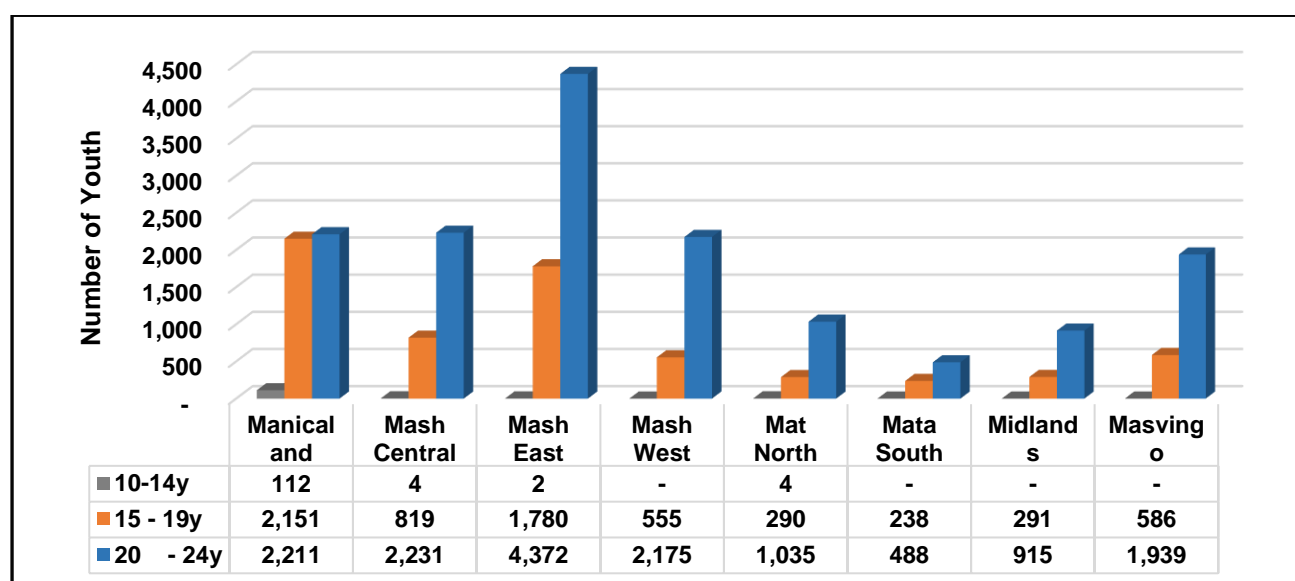


Figure 26: Young people reached by CBDs with Orals (POP)



CBDs continue to play a major role in providing FP services (orals) among youth in communities. In Mashonaland East, they reached over 9, 000 youth with COC and over 4,000 youth with POP. (Figure 25). The youth are mainly young women in the age group 20-24 years, while Manicaland province reached to more youth in the age group 10-14 years in both COC and POP through CBDs. (Figure 26).

Figure 27: Total youth who accessed FP services through static clinics

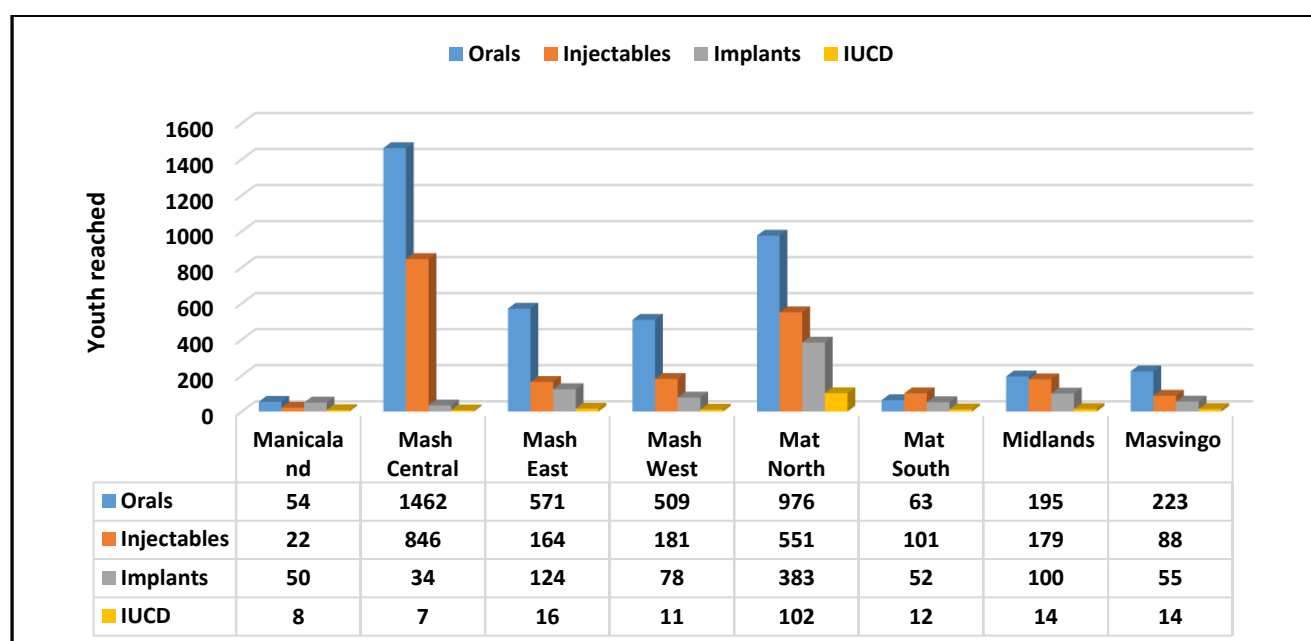
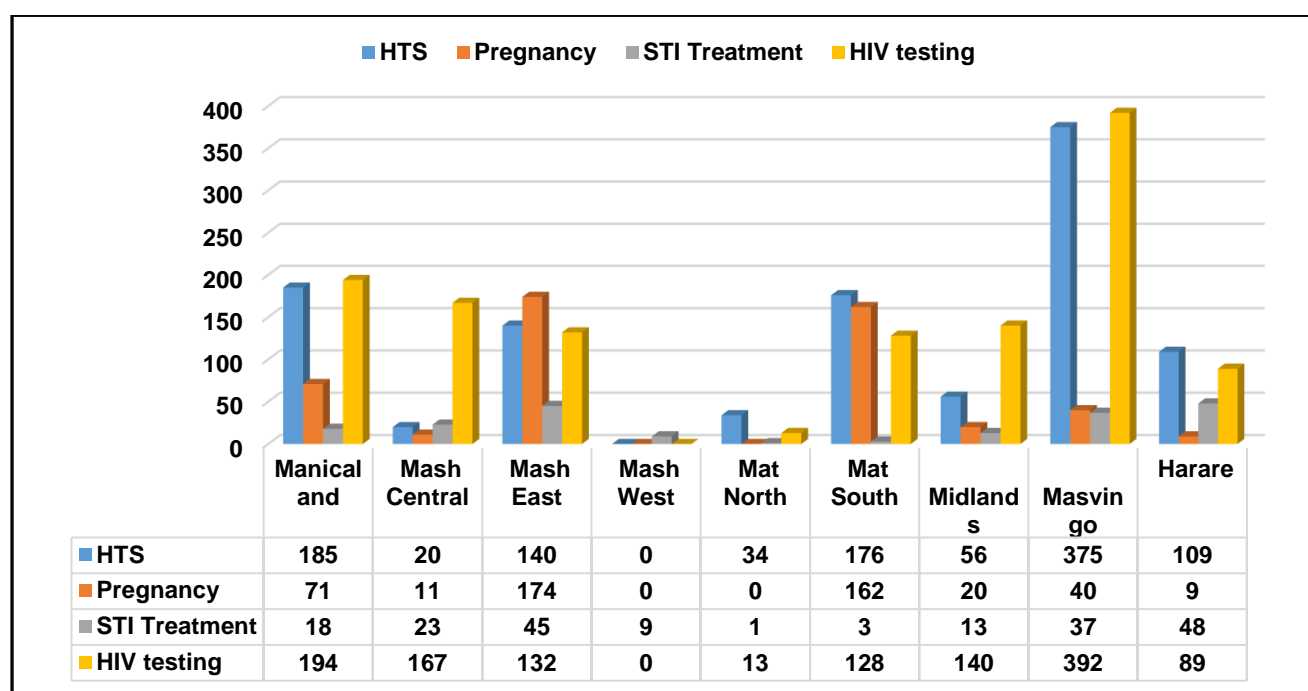


Figure 28: Total Youth receiving other SRH services (2020)



The youth friendly service provision (YFSP) guidelines were developed for health facilities to offer youth friendly services among young people. ZNFPC clinics continue to offer young people with FP and SRH services. In 2020, Mashonaland Central and Matabeleland North static clinics reached more youth with FP services mainly orals and Injectable. (Figure 27). Masvingo static clinic had the highest number of youth served with other SRH services including HTS and HIV testing. (Figure 28)

Figure 29: Total Youths Reached by Peer Educators

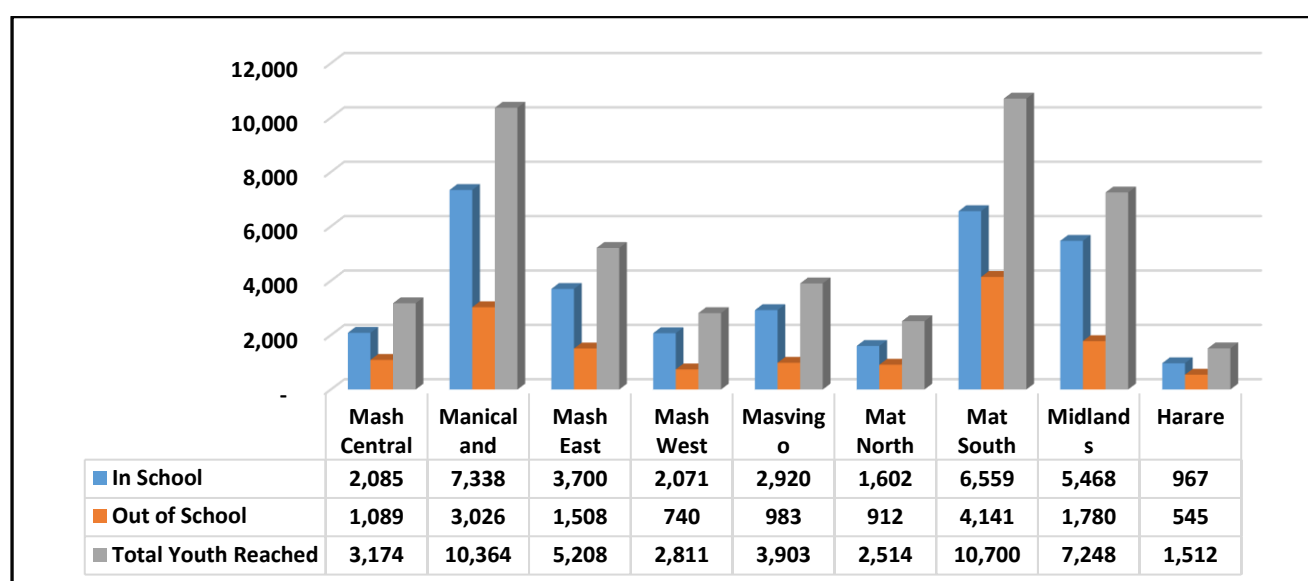
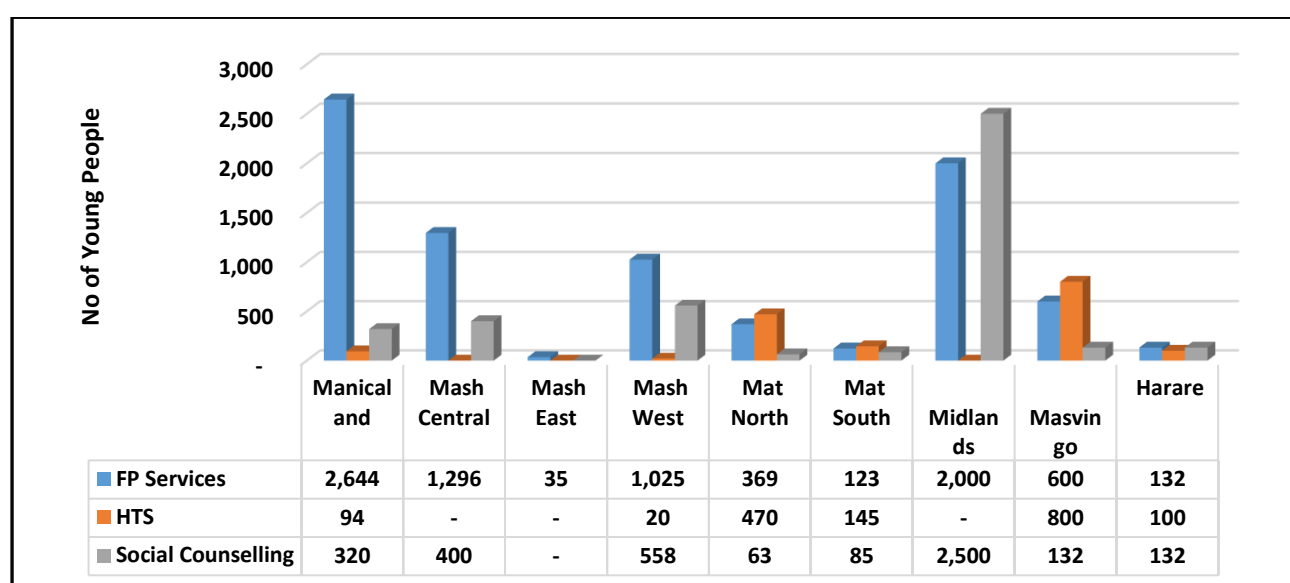


Figure 30: Young people reached at tertiary institutions



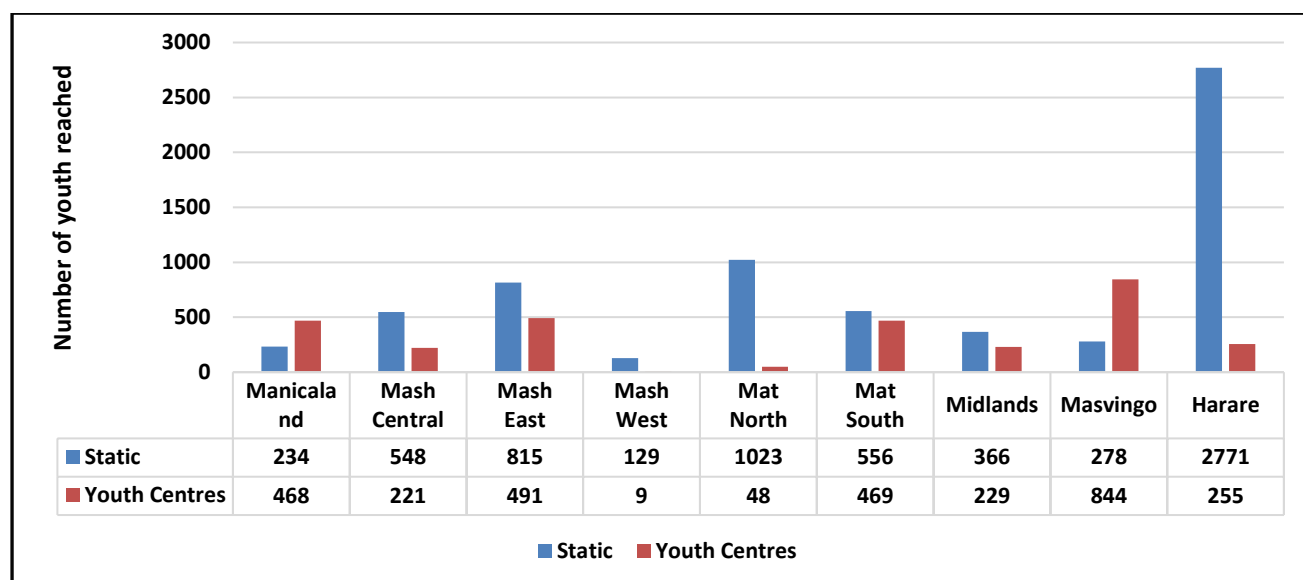
Peer Education is key among the youth as they will be getting information from their peers. In 2020, Manicaland and Matabeleland South provinces reached more youth both in and out of school. (Figure 29). Harare had the least number of youth reached by peer educators although the program was affected by the COVID 19 pandemic. Young people in tertiary institutions were reached by FP and SRH services in 2020. The program also was affected by the long period which was spent while tertiary institutions were closed. However Manicaland and Midlands provinces reached more youths with FP and Social Counselling services while Harare had the least number of youth reached in tertiary institutions. (Figure 30).

Table 5: CSE and PCC Program

Province	CSE Single	CSE Partial	CSE Complete	PCC Children	PCC Fathers	PCC Mothers
Manicaland	381	603	136	91	8	211
Mash Central	524	437	0	16	1	60
Mash East	2	2094	450	40	12	955
Mash West	140	182	58	0	0	107
Mat North	160	226	46	0	0	263
Mat South	612	4164	39	16	0	1005
Midlands	361	872	0	155	112	116
Masvingo	77	225	50	3	2	38
Harare	0	0	0	0	0	0
Grand Total	2257	8803	779	321	135	2755

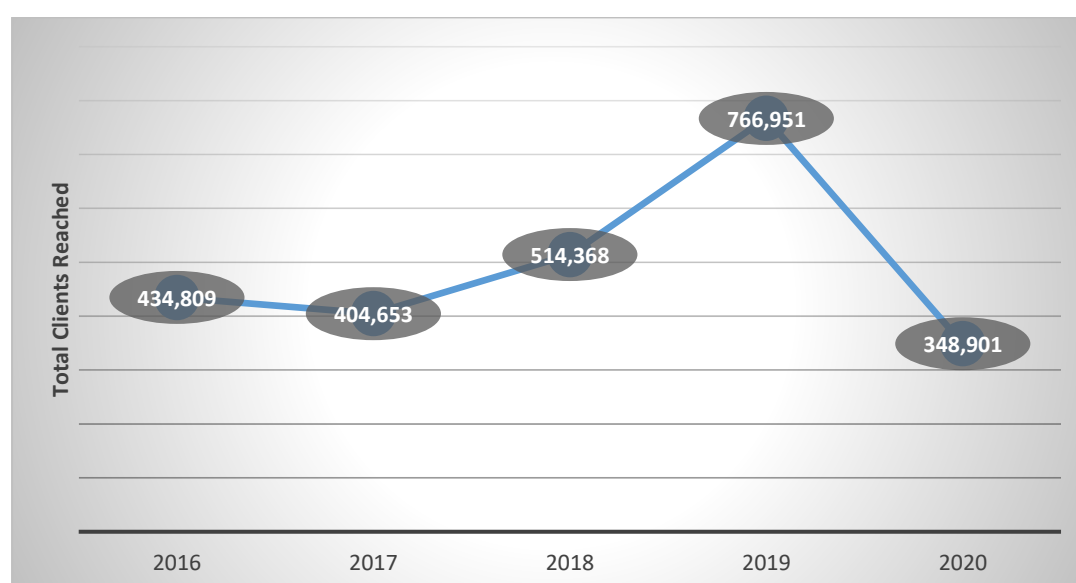
For the CSE Program, a total of 2 257 were single while 8 803 and 779 were partial and complete respectively. Mt South recorded the highest figure (4 164) of partial. On the PCC program, a total of 321 children was reached while 135 fathers and 2 755 were reached. (Table 5)

Figure 31: Total youth clients reached with other Clinical SRH Services



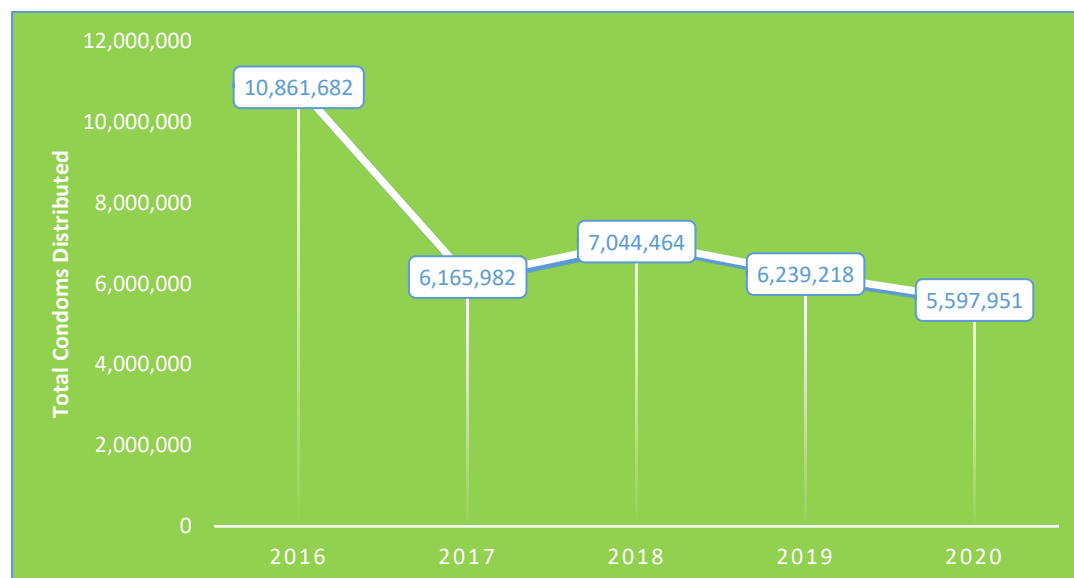
Harare province recorded the highest number of youth clients accessing SRH services through static clinics (2 771) followed by Mat North with 1 023. On the other hand, Masvingo reached to more youth clients via youth centres reaching to 844 youth followed by Mash East and Mat South with 491 and 469 respectively. (Figure 31).

Figure 32: Total clients reached with FP (2016-2020)



For the five year period (2016-2020), there was a significant rise in the total number of clients reached with FP between 2018 and 2019. However in 2020, there was a drastic fall (from 766,951 to 348,901). (Figure 32).

Figure 33: Total Condoms Distributed (2016-2020)



There is a noted general decline in condom distributions between 2016 and 2020. A huge decline was noted between 2016 and 2017. This was then interrupted by a slight increase in 2018 to around 7 million. From 2018 onwards, there was a constant decline to around 5.5 million in 2020. (Figure 33).

3.4 General Comment on Program Performance

Generally the FP program performance was dimly affected in 2020 as the uptake of services were reduced in almost all indicators. (Figures 27 and 28). This dismal performance is partly attributed to the onset of the COVID 19 pandemic which resulted in the national lockdown with restricted movements of people. As a performance measure to move in line with the unprecedented situation, the organisation reviewed the previously annual set targets for most of the indicators. For the CBD program, the dwindling numbers CBDs across all provinces negatively affected the program performance. Their numbers declined sharply over the years without replacements thereby affecting the total number of clients reached by the CBDs. The awaited restructuring exercise is delaying the replacement exercises. Furthermore, CBDs are facing stiff competition from implementing partners who are conducting outreaches within their jurisdiction periodically while offering oral contraceptives for free while some rural health facilities at times offer oral contraceptives for free. This has resulted in the declining number

of clients served with oral contraceptives by the CBDs. Commodity stock outs during Q1 2020 affected most CBDs across provinces. The stock outs impacts to the overall program performance cannot be underestimated. CBDs are currently unable to cover their areas of jurisdiction due to transport challenges. As for the ASRH program, shortage of technical staff (YHA and YF) in some Youth centres negatively affected the whole program. In addition, some centres had insufficient peer educators as expected. This culminated in reduces total figures.

For the five year period under the current strategy, there was a clear path that the FP2020 goals would be reached. However, on how far we have achieved the goals, this will be informed by the review of the FP Strategy as well as the national ZDHS.

3.5 Family Planning Commodities

In 2020, the following quantities of Commodities added to the balances brought forward from 2019 for distribution

Table 6: Commodity Supply

Product	Donor	Quantities Received	Total Distributed
Jadelle	UNFPA	135,600	155,232
Depo-Provera	UNFPA/DFID	1,125,400	1,150,272
Male Condoms	USAID	48,240,000	88,699,908
Female Condoms	USAID	2,064,000	4,482,516
Secure	DFID	6,894,957	4,798,896
Control Pill	DFID	15,908,646	10,525,116
Implanon	UNFPA	55,944	43,224
IUCD	UNFPA	46,000	28,176
Emergency Contraceptives	UNFPA	450,000	219,744

UNFPA and DFID were the main funding partners for most FP commodities while USAID donated both the male and female condoms. (Table 6)

Figure 34: Yearly ZAPS Distribution Trend Analysis (Orals and Injectables)

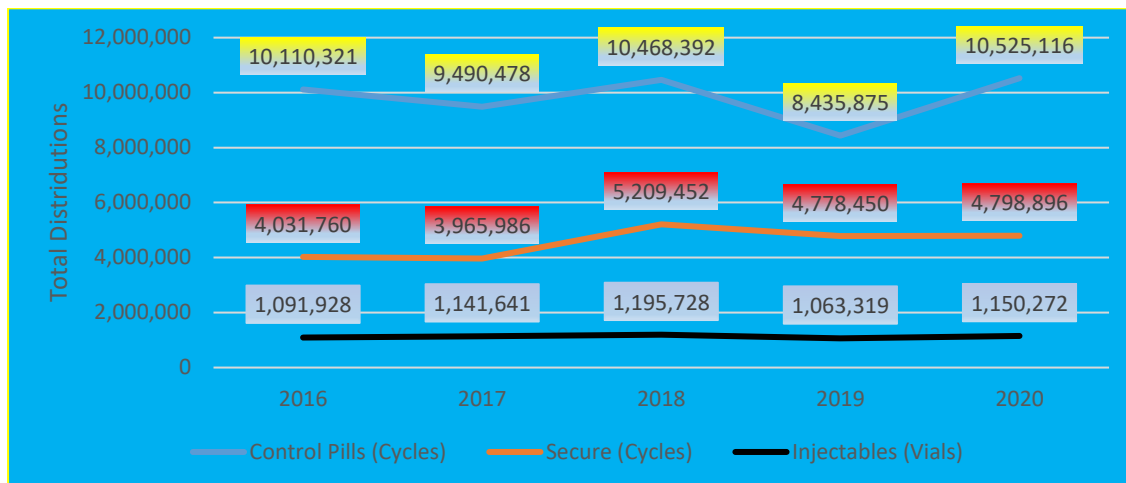


Figure 35: Yearly ZAPS Distribution Trend Analysis (LARCs)

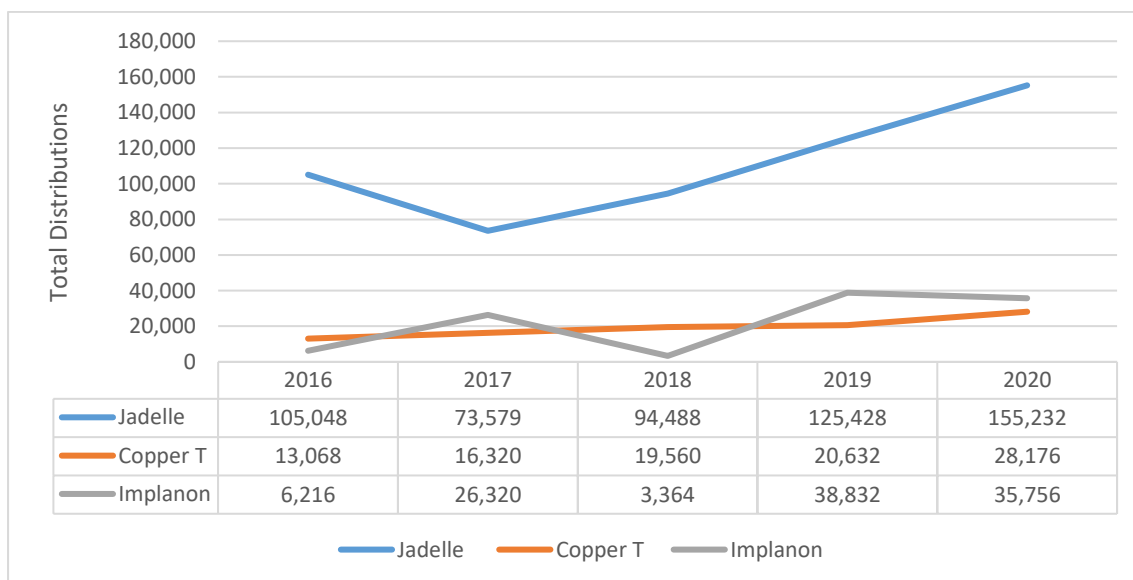
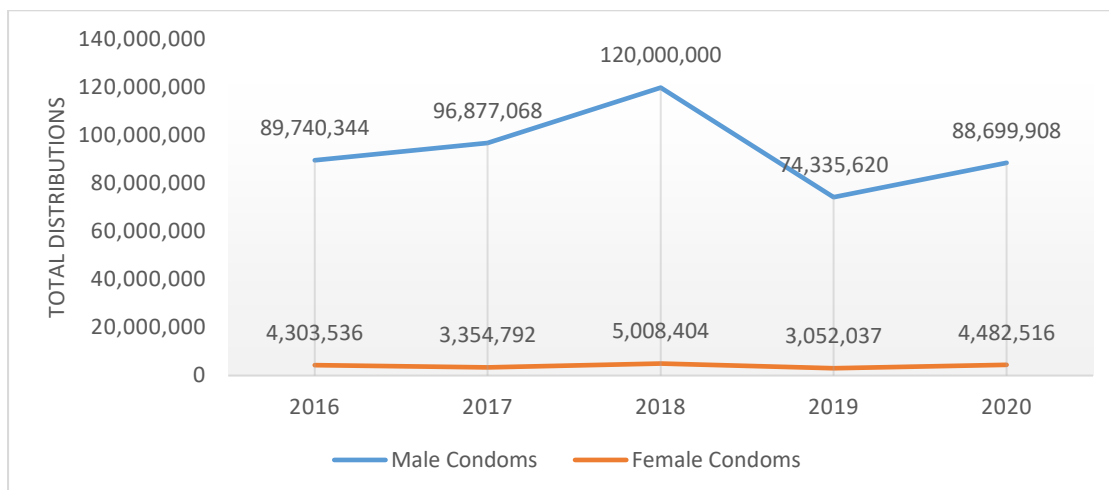



Figure 36: Yearly ZAPS Distribution Trend Analysis (Condoms)



The year of 2020 recorded an increase in the distributions of most commodities as compared with the previous year (2019). This can be attributed to the improved distribution by ZAPS. (Figures 33, 34 and 35). However some ups and downs were noted in preceding years.



A robust and reliable commodity security system is ensured through a strengthened supply chain management system

Commodity security is the key to all service provisions for our three service delivery channels. ZNFPC clinics and all CBDs received their commodities through ZAPS system. ZAPS monitoring supports visits were conducted in all provinces during the year under review. The organisation made sure that adequate contraceptive commodities and supplies are procured to cover all country needs in accordance with the method mix projections to meet CPR goal by 2020. However due to other challenges especially imposed by the ZAPS system, the CBD program was affected during the first quarter of the year in that they experienced serious commodity stock outs hence the uptake of commodities declined throughout the provinces. Storage and distribution of contraceptives was taken over by NatPharm which is now responsible for the distribution of public health commodities which included FP commodities hence ZNFPC only ensures that timely procurement and delivery of commodities. ZNFPC is now just getting a 20% of the received FP shipments from for Pharmacy program. The distribution coverage and timeliness of clinics requesting deliveries now depends with the ZAPS system as some clinics were still reported not doing their ordering on time.

Gaps and Challenges in the FP Program

- There is still low domestic funding for FP commodities although the government has made great efforts in providing the funds.
- The donor funds have been shrinking each year hence some of the stock outs were due to unavailability of the commodities especially sundries for LARCs. This has hampered the progress in method mix projections as the pill continue to dominate
- Capacity building of service providers has been scaled up during the past three years and only affected in 2020 due to the pandemic. The new approaches which were introduced were still a learning curve and posed some challenges that needed to be rectified. This was coupled with lack of sundries for those trained cadres to use within their health facilities.
- The organisational restructuring and fear of the unknown leaves anxiety among staff hence the organisation has been rocked by high staff attrition thereby affecting operations

Recommendations

- There is need for strong resource mobilisation to fund the program and continue lobbying for government support on domestic funding.
- The organisational restructuring should be expedited as a priority to address the issue of anxiety among staff.
- With the advent of COVID 19, there is need to strengthen use of social media and opt for mobile clinics as some of the innovations so as to reach out to the population including adolescents and young people despite the travel restrictions.

Conclusion

Despite several major challenges including the COVID 19 pandemic associated with restrictions, limited availability of resources to fund some of the activities, high staff attrition and shrinking donor funding base, the family planning program has strived to provide quality integrated FP services to all so as to fulfil its mandate although targets for most indicators were not met during the period under review. The ZNFPC Board, (with their advisory role and guidance), the MOHCC (for its support as the parent ministry), funding partners and other stakeholders (for their technical and financial support) sustained all efforts to continue providing services to the population of Zimbabwe under those difficult conditions.