



Enhanced Family Planning support to Zimbabwe through UNFPA Supplies

THE CHALLENGE

Zimbabwe's FP Programme is standing on a very fragile foundation, which is characterised by weak programme budget, heavy dependence on donors and inability of the government to allocate internal resources to the programme. While support from traditional donors is reducing, new funding sources like Global Financing Facility (GFF) and Bill & Melinda Gates Foundation (BMGF) are not coming to the country. In such a situation, reduction in UNFPA support will put FP programme of the country in a highly delicate situation, where continuity of the programme itself can be in danger.

A case is therefore made to the Head Quarters to:

1. Relook at the UNFPA Supplies' new classification system. This will help enhance support to countries like Zimbabwe that have difficult local

situations but are diligently advocating internally for more domestic resource allocation. Zimbabwe is a country that has done well on some FP indicators through support from external funding but at the same time, has a very fragile context that has potential to decimate all gains if external support is withdrawn.

2. Enhance Zimbabwe's UNFPA Supplies allocation as it is not only critical for the programme in the country but also for the region which draw inspiration from Zimbabwe's FP programme. This support is critical for achieving FP2020 goals in the region and globally.

Justification for these proposal is provided below through sections highlighting the background to Zimbabwe's FP programme, FP's contribution to the Human Right & Social Sector Improvement, including Reproductive Maternal Neonatal Child and Adolescent Health Programme among many other issues.



The high performance of FP programme in Zimbabwe is the combined outcome of many years of government leadership and donor support. Establishment of Zimbabwe National Family Planning Council (ZNFPC) in 1985 is closely associated with improvement in the FP programme as shown in the rising trends of the CPR (figure 1).



Figure 1: Zimbabwe Contraceptive Prevalence Rate

Created as a semi- autonomous body within the Ministry of Health, it was mandated to lead and coordinate the FP programme. Combined efforts at improving service availability and demand creation led to increasing CPR and declining unmet need for the FP (figure 2). Efficient commodity distribution system in the country, managed through Government Medical Stores (GMS) until mid-90s and later through donor supported

logistics management system played a significant role in this.

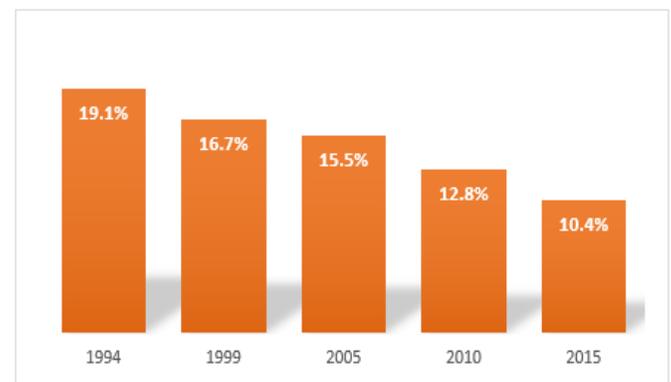


Figure 2: Zimbabwe Unmet Need for Family Planning

In early 2000, the country was hit by serious economic crisis that peaked in 2007-2008, manifested in record hyperinflation and serious disruption of social sector services, including health services, impacting the FP programme, among others.

A study conducted in 2002 to explore the rising stock-outs of contraceptives paved the way for enhanced collaboration with the donor community, particularly on commodity security through contraceptive procurement and logistics management.



CHALLENGES IN THE FP PROGRAMME

Economic problems in the country has reduced domestic funding for FP programme. The programme is mainly sustained by the donor support. Despite some recovery in late 2000s, the situation continues to be grim, which is necessitating continued support from the donors. However, the donors are also coming under severe pressure due to global economic downturn.

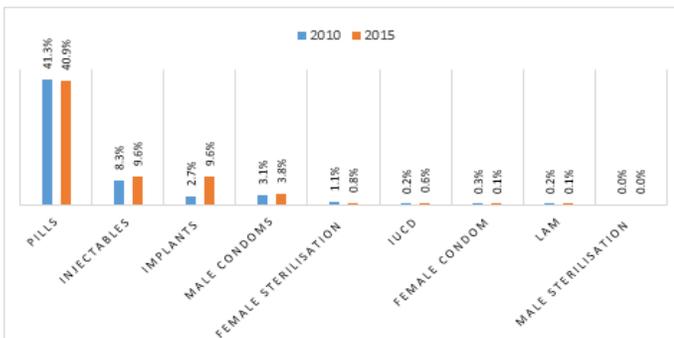


Figure 3: Contraceptive Method Mix 2010 vs. 2015

Availability of contraceptives, which is fully donor dependant, is thus becoming highly unpredictable. While country is witnessing high contraceptive prevalence rate, the programme is still pill dominated (figure 3) and the reach is not uniform (figure 4).

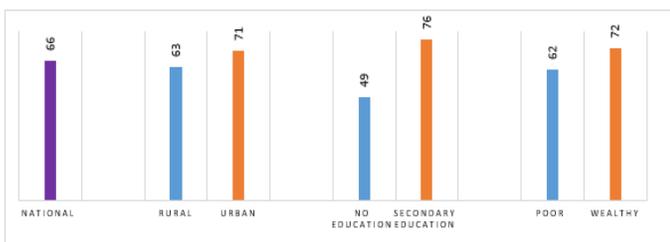


Figure 4: CPR by Background Characteristics (ZDHS 2015-16)

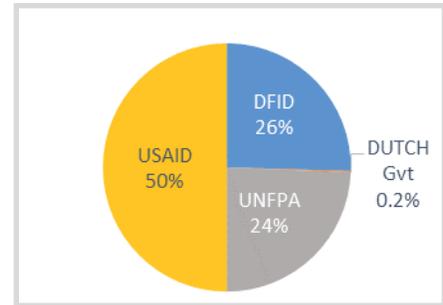


Figure 5: Source of Financing for Contraceptive Commodities 2015

Availability of contraceptives in the country is fully dependent on the external support (figure 5). The limited domestic resources are all going to meeting the establishment cost and providing emergency and curative services.

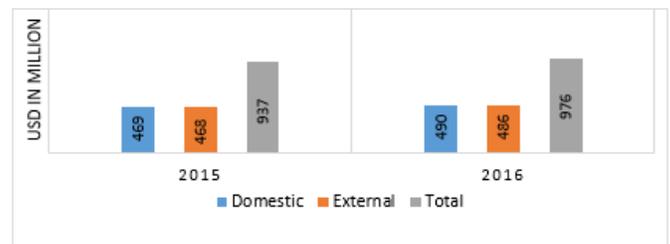


Figure 6: Zimbabwe Health Budget (in USD million)

Fifty percent of the health outlay, funded by external sources (figure 6), partly support preventive and promotive health that however, doesn't meet all demands for these services. The current per capita expenditure on health in the country is USD 25, which is far less than the USD 65, recommended by Chatham House.



In 2015, the FP programme in Zimbabwe prevented 2,000 maternal deaths, 131,000 abortions and 439,000 unintended pregnancies.

HUMAN RIGHTS: Family Planning in the country is furthering human rights by enabling women to choose when and how many children to have, leading to freedom of choice, gender equality and women empowerment.

PREVENTING DEATHS: It is contributing to reduction in maternal, neonatal and child deaths

WELLBEING: It is contributing to preventing spread of HIV and other STIs and empowering adolescents and young people to lead healthy and productive lives.

RMNCHA: FP is playing very significant role across the entire spectrum of RMNCAH programme and investment in FP is bringing about substantial cost savings for health services and social sector in general.

COST SAVINGS: It is estimated that each US dollar spent on FP saves US\$31 on health care, education, water, housing, sewers, and waste disposals.

Delivering integrated FP Services

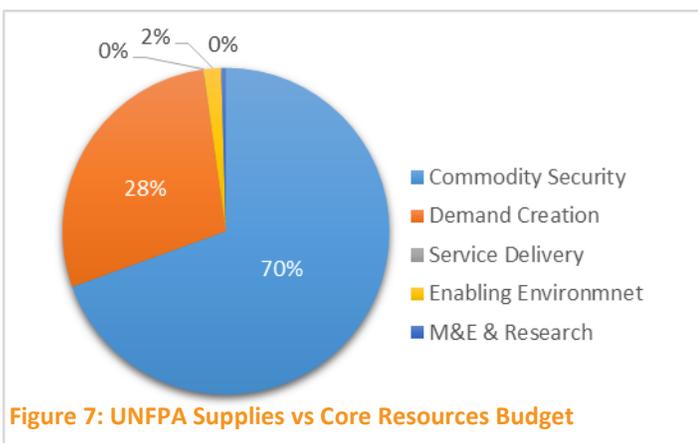
Integration of FP services with other RMNCAH services and HIV AIDS at both community and facility levels has led to improvement in services, high level of client satisfaction and increased utilisation.

Adolescent Health & Demographic Dividend

Delivery of Integrated Adolescent Reproductive and Sexual Health (ARSH) services through Youth Friendly Health services (YFHS) to adolescent and young people is key to reducing mortality and morbidity burden among this age group. Thirty four percent of maternal deaths are still borne by this group in the country, including other complications of pregnancy like obstetric fistula. Young girls have high fertility and poor knowledge about sexual and reproductive health and right (SRHR) issues, including HIV AIDS. Together with comprehensive sexuality education (CSE), YFHS is empowering youth and improving demographic dividend.



As per the recent Costed Implementation Plan (CIP) 2016 – 20, the five year FP budget for the country is USD 177,409,397 (figure 7).



The funding gap in the country for the FP programme is substantial. As outlined above, contraceptive supply in the country is hundred percent donor dependant, which is supplied by three main donors: UNFPA, USAID and DFID. Government’s domestic resources go fully to meeting establishment cost, leaving funding gap for the programme.

Table 3: Contribution of UNFPA Funding to FP Gains in the Country

SN	Key FP2020 Indicators	2012	2013	2014	2015	2016 Targets FPET ⁵ Tool,Track20)
1	Number of Additional voluntary users of contraceptives	0 [#]	105 000	209 000	279 000	268 918
2	Unintended pregnancies averted	385 000	412 000	439 000	456 000	473 541
3	Unsafe abortion averted	115 000	123 000	131 000	136 000	90 635
4	Maternal deaths averted	2000	2000	2000	2000	1759
5	Percentage of facilities stocked out on Contraceptives**	<5%	<5%	<5%	<5%	<5%

UNFPA’s FP funding has substantially contributed to overall FP gain in the country, which will be lost significantly by any reduction in current levels of UNFPA FP funding (table 3).

UNFPA’s Advocacy for Increased Domestic Allocation to FP

UNFPA’s has been engaging decision makers at the highest levels to advocate for more domestic resources for the FP programme, including:

- Engaging law and policy makers on the issue
- Consultations with parliamentarians of the key portfolio committees
- Restructuring of National FP Coordination Body (ZNFPC)
- Engaging government for including FP within Result Based Financing mechanism
- Sourcing part of HIV Levy money for FP programme

REDUCTION IN UNFPA RESOURCE ALLOCATION TO ZIMBABWE CO

Zimbabwe has been receiving support under the UNFPA Supplies (previously Global Programme for Reproductive Health Security) since 2010. Besides contraceptives and essential Maternal Health (MH) medicines, it has been supporting key FP, ARSH and HIV programme activities in the country. However, this support for the country has been decreasing over the years much like the core fund allocation (Figure 8) to the Country Office.

These reductions coincide with the end of H4+ funding in 2016, which followed withdrawal of support under the Maternal Health Thematic Fund in 2015 despite our high MMR. These put Zimbabwe in a highly vulnerable situation, especially in context with the prevailing fiscal situation. The vulnerability of the country is best illustrated by continued high maternal deaths, especially in the referral hospitals owing to shortage of essential commodities and skilled staff. In the short term therefore, significant external support is still needed for Zimbabwe, including from UNFPA Supplies.

In this background, it is critical to review the new

country classification system of UNFPA Supplies that puts Zimbabwe in Category C, along with countries with growing fiscal space, based on its high CPR and medium unmet need for the FP.

The encouraging statistics for Zimbabwe is the result of substantive external support, including from UNFPA Supplies in the midst of a very challenging domestic situation marred with limited fiscal space, difficult political and socio-economic situation and near nil domestic allocation for FP and essential MNCH commodities. Reduction of external support to Zimbabwe, especially in short run, will therefore, fast bring down the CPR and increase the unmet need for the FP. Ignoring underlying factors responsible for high CPR and low unmet need in the country can lead to misclassification of the country since weakening of these underlying factors can quickly change the statistics for the worst. In our case, reduction in external resources will adversely affect contraceptive supplies in the country leading to loss of all gains in no time.

Figure 8: UNFPA Supplies vs Core Resources Budget

