POLICY REVIEW

Zimbabwe's Legal and Policy Framework on Women's Access to Family Planning Information During Emergencies

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Introduction

Zimbabwe has been inundated over the years by diseases like cholera, dysentery and typhoid, natural disasters like Cyclone Idai (2019), and, in 2020, the Covid-19 pandemic. During these and other humanitarian emergencies, women's ability to access family-planning information and services has been impaired – and a contributing factor is the country's legal and policy framework.

Zimbabwe is taking too long to enact a legal and policy framework whose gender dimensions are responsive to women's needs to access to family-planning information, thus jeopardising access to a broader range of sexual and reproductive health rights (SRHR) at the most critical of times.

The right to family planning

The right to family planning entails that individuals and couples have the information and latitude necessary to choose their desired number of children and the spacing and timing of these births (WHO 2009). Family planning information should be provided in a manner consistent with the needs of the individual and the community, considering age, gender, language ability, educational level, disability, sexual orientation, gender identity, and intersex status. It follows, then, that access to reproductive information and services is crucial, especially during emergencies, which are times when social structures are broken (Chatiza 2019).

International and Regional norms and standards on the right to family planning

Accordingly, an enabling legal and policy framework should be in place to ensure that women and adolescents in particular, the main groups disproportionately affected by disasters, are able to access family-planning information as a tool crucial for self-determination and economic empowerment. This is so because agency and autonomy are connected to women's health, well-being and dignity.

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa ('African Women's Protocol') in article 12(2) enjoins states to promote literacy among women and girls, a provision which one can interpret to include reproductive rights education. Article 14(f) of the African Women's Protocol provides for women's right to family-planning education.

Similarly, CESCR General Comment No. 22 enjoins states to provide complete and accurate information which is vital for the respect, promotion, protection and enjoyment of health. States are required to ensure that service providers receive training so that they are capacitated with full, accurate family-planning information. Furthermore, there is a need to ensure the availability, accessibility, acceptability, and reliability of the said family information and services. Competent institutions should be mandated to provide reproductive health information and services to different population groups, including women and girls with disabilities.

General Comment No. 22 describes the right to reproductive information as a bedrock needed for the enjoyment of other rights since when women are well informed about their reproductive health, they are likely to be able to make better choices about other aspects of their lives.

Furthermore, the African Commission on Human and Peoples' Rights (ACHPR) stresses the importance of family-planning information and education – this should encompass knowledge about one's HIV status as well as that of one's partner. Family planning information for women in humanitarian contexts must be dispensed in line with the guidance in the Maputo Plan of Action and articles 2 and 5 of the African Women's Protocol. SDGs Target 3:7 on health requires that, by 2030, governments should have ensured universal access to sexual and reproductive healthcare services, including family-planning information and education.

Humanitarian emergencies and Zimbabwe's legal and policy framework on family planning, information and services

The Constitution of Zimbabwe provides for the right to basic healthcare services, including reproductive health care. Section 62(1) of the Constitution guarantees the right to information from anyone (including the state) to exercise or protect a right, thereby providing the basis for access to family-planning information.

Women's access to family-planning information on an equal basis with men is enunciated by CEDAW Committee General Recommendation No. 21, article 16(e). Furthermore, in the case of adolescents, article 13(1) of the Convention on the Rights of the Child (CRC) guarantees young people the right to seek, receive and impart information of all kinds, implying that SRHR information falls within the scope of this right. Adolescents, therefore, have the same right to control their bodies as adults do and need to receive reproductive information, counselling and a full range of goods and services. Access to family-planning education and services is also echoed in article 24(1)(f) of the CRC.

The key disaster-response statute in Zimbabwe is the Civil Protection Act (CPA) Chapter (10:06) of 1989 whose usefulness may have been long overtaken by many developments and the upsurge of humanitarian emergencies in the country. The CPA provides civil protection services and establishes funds and operational structures, but it is silent on the apportionment of resources to ensure that women can access family planning or other reproductive health goods and services during disasters.

Commendably, the CPA mandates the civil protection officer to maintain specified stocks of water, fuel, food or medical supplies for use during the state of disaster, thereby recognising the importance of the social determinants of SRHR. The interconnectedness of social determinants and family planning is also recognised in obligations on the state to respect, protect, promote and fulfil human rights. It is the state's obligation to ensure that during disasters, underlying and social determinants such as access to safe and potable water, adequate sanitation, adequate food and nutrition, adequate housing, and health-related education and information are availed to the affected populations.

The margin by which the poorest population of a country can access the right to sexual and reproductive health is likely to inform us about the prevailing societal

inequalities in that country. Societal inequalities are reflected through unequal power distribution, income inequalities, poverty among other issues. Zimbabwe's population is largely rural (more than half of it (52 percent are female and 68 percent of the population live in rural areas) (ZIMSTAT,2017). Although rural women make up a substantial part of Zimbabwe's population, they are disproportionately affected by lack of access to family planning information and services due to poor service delivery in rural areas, underdevelopment, discrimination and pressure to submit to harmful social norms and cultural practices which exacerbate violation of their rights (NDLOVU 2024).

Recommendations on improving women's access to family planning information and services

There is a need for the law to recognise the multiple layers of discrimination that present obstacles to women's quest to access family-planning information during emergencies. The Centre for Reproductive Rights has elaborated on barriers that inhibit access to reproductive health information and services for rural women – barriers that are intensified in emergency situations. Reproductive health, as a cornerstone of other rights, must be given prominence in the laws that govern disaster risk management. Furthermore, the law should specify how the state and its agents should ensure the availability, accessibility, acceptability and quality of family-planning information and services dispensed during disasters.

In this regard, the Committee on the Elimination of Discrimination Against Women (CEDAW) in its concluding observations on Zimbabwe's sixth periodic report pointed out the silence on gender components in climate-related policies given the disproportionately adverse impacts of cyclones and floods on women and girls. A gender perspective in laws and policies would entail that laws and policies spell out women and girls' participation in decision-making during the making of laws as well as in structures of disaster response. Chatiza, 2019) notes that in the case of Cyclone Idai in Zimbabwe, key structures in the disaster management continuum were male-dominated and thus risked overlooking and failing to respond effectively to women and girls' issues, in particular reproductive health issues.

Furthermore, Zimbabwe has been urged by the CEDAW's concluding observations on the 6th periodic review to strengthen efforts to adopt comprehensive gender-responsive and disability-inclusive approaches to developing and implementing climate change and disaster risk reduction policies. These recommendations arise mainly because current legislation is inadequate for enabling women's access to reproductive information and other services during humanitarian emergencies. While Zimbabwe's Public Health Act Chapter (15:17) provides for basic, accessible, and adequate health services, respect for fundamental human rights and freedoms, and the right to health care, as per the Constitution, it omits the gender dimensions of access to health during humanitarian emergencies called for by General Recommendation No. 37.

> **Country-level disaster preparedness and response plans should reflect recognition of specific reproductive needs for population groups affected by disasters.**

In terms of CESCR General Comment No. 22, essential elements of SRHR family-planning information must be delivered in an acceptable format and in understandable languages to women, adolescents, persons with disabilities, and persons living with HIV. UNICEF Zimbabwe's adolescence and youth strategy 2023–2026 seeks, as one of its outputs, to meet adolescents and youth's need for comprehensive knowledge on HIV prevention, substance abuse, SRHR,

and pregnancy and its prevention, thereby recognising the pivotal value that reproductive information has for different population groups such as adolescent girls, young women, those with disabilities, and the most vulnerable. Comprehensive sexuality education is one of the strategy's interventions. Yet, while the strategy prescribes that humanitarian preparedness should integrate adolescent programming in response plans, it lacks specificity about adolescents' access to reproductive health information, especially in humanitarian emergency contexts.

The United Nations Office for Disaster Risk Reduction (UNDRR) has stated that Zimbabwe has engaged in a process to review its disaster risk-reduction legislation since 1995. Although the UNDRR reports that the processes were meant to culminate in an Emergency Preparedness and Disaster Management Act, this legislation did not come into effect. In 2023, ActionAid Zimbabwe, a local non-governmental organisation, was still calling for Zimbabwe to come up with robust disaster risk-reduction legislation. Although the Emergency Preparedness and Disaster Management Bill was tabled in Parliament, at the time of writing (2024) there has been very slow movement in enacting this legislation. Unjustifiably long delays in ensuring an enabling legal and policy environment that advances women's access to family-planning information and services during emergencies are in themselves a violation of women's rights.

The National Health Strategy of Zimbabwe (2021–2025) acknowledges the recurrence of public health emergencies and cites the attendant pressure on old and dilapidated infrastructure. Humanitarian emergencies due to climate change, cholera, typhoid and pandemics such as COVID-19 have seen a surge in demand for health services. The National Health Strategy states that dispensation of health-related information to disaster-affected populations is generalised. Thus, it may not be clear if this Strategic document informs access to family planning information and services by disaster-affected populations.

While the National Development Strategy 1 (2020–2025) entrenches disaster risk management, it does not acknowledge gender dimensions and how the government and its responsible ministries will ensure access to family planning or other reproductive services for disaster-affected populations.

The Zimbabwe National HIV and AIDS Strategic Plan (2021–2025) provides for the continued delivery of lifesaving HIV and AIDs interventions during humanitarian emergencies. Commendably, this National HIV and AIDS strategic Plan recognises the effects of floods and displacement caused by Cyclone Idai in Eastern Zimbabwe and the curtailment of the abilities of affected persons on Anti-retroviral therapy (ART) to access services under such disaster conditions. It also elaborates on how drought affects PLHIV's access to services and how economic collapse encourages risky behaviours. In such instances, it is paramount for the policy document to provide guidelines on the provision of tailored family-planning information and services as well as on how national capacity can be strengthened to cope during disasters.

> **There is a need for the law to recognise the multiple layers of discrimination that present obstacles to women's quest to access family-planning information during emergencies**

Zimbabwe's National Family Planning Strategy (2022–2026) acknowledges the effect of humanitarian emergencies on women and children and the adverse effects on their abilities to access health care and family-planning services. The policy contains strategies for enhancing access to family-planning information and services and for improving attitudes, practices and knowledge to facilitate increased uptake of family-planning and reproductive services.

While there have been strides in incorporating family-planning information and service in some policies, there is room for further improvement. It is important for the laws and policies governing humanitarian emergencies to spell out a minimum initial service package of family-planning information and services to be provided to disaster-affected populations as informed by international standards and guidelines.

Improving the coverage of access to family-planning information by paying attention to the budgetary needs of rural populations in health and disaster-related policies would ensure that women can access lifesaving reproductive health services during times of disaster. Ensuring the availability, accessibility, acceptability and quality of reproductive information and services is paramount and should not be compromised even during disasters.

Laws and policies must be updated timeously to address the current gaps in disaster risk management in Zimbabwe. Country-level disaster preparedness and response plans should reflect recognition of specific reproductive needs for population groups affected by disasters. Thus, the possibility of conducting a country disaster risk assessment incorporating all human rights needs during disasters should be explored. Integrating the various components of SRHR in humanitarian response is advisable.

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