Loice’s Story

Before a Marie Stopes outreach team visited Loice Masedze’s community, she used to travel more than two hours on foot to access contraception every few months. She knew that planning her family was important for her wellbeing and her children, so she continued to use a short-term method. As a single mother and farmer, however, she had limited time and money to spend traveling to the closest clinic.

When Loice heard a Marie Stopes Zimbabwe outreach team was visiting close to her home, she jumped at the chance to attend. During her individual counseling session, Loice learned about various methods of long-acting contraception that wouldn’t require regular maintenance.

Thanks to the services she received at the outreach site, she says “contraception has helped me plan my family the way I wanted to plan my family. I think the implant will save me a lot of time that I can now use to work.”

Context

Though Zimbabwe, a landlocked country in southern Africa, is rich in natural resources and boasts a well-educated population, it continues to suffer from widespread poverty.

In the last three decades, the country has made great strides in poverty reduction and social services. Despite some progress, the maternal mortality rate is still high at 614 deaths per 100,000 live births, and under-five mortality is estimated at 75 per 1,000.1

Due to political instability, Zimbabwe’s economy has faltered, decimating the public health system.

Need for Contraception

Zimbabwe has recently managed to nearly double its contraceptive prevalence rate—from 38% in 1984 to 67% in 2014. Although this increase is impressive, Zimbabwe’s fertility rate is increasing, in part due to a high rate of method failure; more than 55% of women using modern methods are using the contraceptive pill.2
Knowledge of modern contraception is nearly universal in Zimbabwe. However, the need to increase availability and uptake of long-acting methods is high; less than 20% of women using a modern contraceptive method in 2015 were using a long-acting method, such as an IUD or implant. Additionally, unmet need for contraception is high for girls and young women: 12.6% of adolescent girls and over 10% of women ages 20-24 have an unmet need for family planning.\(^3\)

### The Global Gag Rule

The Trump Administration’s expanded Global Gag Rule blocks the US Government from partnering with organizations like Marie Stopes International (MSI) that believe in women’s choice and deliver safe and legal abortion services, even with non-US Government funding. This decision will not only deprive women of their right to have children by choice, not chance, but in many cases their access to primary healthcare.

- Prior to the reinstatement of the Global Gag rule, 100% of Marie Stopes Zimbabwe’s mobile clinical outreach service—which provide contraceptive methods to women in remote and rural communities—were funded by the US government.
- Overall, US funding accounted for 56% of the Marie Stopes Zimbabwe’s donor funding.
- Marie Stopes outreach services are often the only way women in underserved areas of Zimbabwe can access contraception.
- Of the total number of clients who received services at Marie Stopes Zimbabwe’s 1,700 outreach points, more than one-third were under age 24.

Over the past four years, Marie Stopes Zimbabwe outreach teams have reached almost 500,000 women with contraception.

Now, one-third of outreach locations have closed due to lack of funds.

### Future Commitments for Reproductive Health in Zimbabwe

While many other donors have stepped in to help meet this need, without additional funding, the Global Gag Rule will have devastating effects on women like Loice, who depend on Marie Stopes to access high-quality, voluntary contraception.

The US was the largest bilateral donor to family planning, accounting for 45% of total bilateral funding in 2016. The Global Gag Rule, reduced funding to UNFPA, and policy changes in the US and abroad have created uncertainty for family planning programs in Zimbabwe and around the world.

The Global Gag Rule means that millions in the developing world will lose access to contraception. We need to take strong, collaborative action to ensure women and girls don’t pay the price.

MSI’s program in Zimbabwe was established in 1987 and is now one of the country’s largest and most specialized sexual and reproductive health organizations. Marie Stopes Zimbabwe provides a wide range of high-quality, affordable and client-centered services, HIV counseling and testing, and information to women, men and young people through a network of 11 centers, more than 124 social franchisees and 1,200 outreach sites that focus on reaching those who need services most.

[www.mariestopes.org/where-we-work/](http://www.mariestopes.org/where-we-work/)

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1. World Bank, 2017
2. FP2020 (see http://www.familyplanning2020.org/entities/151)