



Articulating the Challenges: Country Experiences Improving Service Delivery Through a Lens of Persistent Challenges

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01-03 October 2025



Presentation outline

- Overview of Zimbabwe's Service Delivery Model
- Delivery in Settings with Varying School Enrolment
- Locations of Service Delivery and frequency
- Barriers being addressed and enabling factors
- Sustainability of Service Delivery



Overview of Zimbabwe's Service Delivery Model

Primary Delivery Model: School-based outreach

Supplementary Channels: Health facilities and community outreach

Target Population : Girls in Grade 5 and 10 years out of school

Coordination: Joint efforts between Ministry of Health and Child Care (MoHCC) and Ministry of Primary and Secondary Education (MoPSE)



Delivery in Settings with Varying School Enrolment

- High Enrolment Areas:
 - ✓ Efficient coverage through school visits
- Low Enrolment Areas:
 - ✓ Use of community mobilizers and village health workers
 - ✓ Collaboration with local leadership and religious leaders
 - ✓ Mapping of out-of-school girls

Locations of Service Delivery



Schools

Main delivery point, leveraging high enrolment in urban and peri-urban areas.



Health Facilities

For out-of-school girls and catch-up doses.



Community outreach

Used in hard-to-reach and low-enrolment areas, often supported by NGOs and local leaders



Frequency of Services

Annual Campaigns- Since rollout in 2018, HPV vaccination has been integrated into other campaigns i.e. Integrated TCV campaign (2021), Vaccinations intensified in RI during nOPV2 campaigns (2023-2025)

Integrated District and Facility based outreach conducted on monthly basis

Integrated daily vaccinations at fixed health facilities

On-Demand Services: HPV vaccination is integrated into routine immunization since roll-out in 2018

Enabling factors

Political engagement

- ⑩ Rollout launched by the First Lady in 2018 and this ensured HPV vaccination uptake
Political commitment created ownership and programme visibility.
 - High-level engagement attracted partner support and mobilised resources for revitalisation efforts.
- ⑩ Strong Inter-Ministerial Collaboration: MoHCC and MoPSE coordination

Delivery strategy

- ⑩ Transitioned from campaign-heavy delivery to a mixed model (outreach, fixed facilities and schools).
- ⑩ Zero stockouts reported
- ⑩ HPV vaccination is integrated into routine immunisation and as part of PHC services for sustainability.
- ⑩ District-level and facility-based outreach increased access to HPV vaccination to hard-to-reach populations and girls out of school .
- ⑩ VHWs played a pivotal role through social mobilization and identification of girls out of school

Enabling factors

Data management systems

- ⑩ Registration of all Grade 5s done at schools with full engagement of school health coordinators for verification of denominators and ensure no girl-child is left behind for vaccination
- ⑩ Onsite data verification conducted at subnational level to assess performance
- ⑩ Use of DHIS2 for tracking coverage/performance

Community engagement

- ⑩ Partnership with CBOs/VHWs to clear myths and misconceptions about HPV vaccination.
- ⑩ Demand generation intensified through Crown Agents Zimbabwe to increase HPV and Td vaccination uptake.
- ⑩ Refusal tracking leveraging from polio outbreak response to identify vaccine hesitancy and establish vaccination strategies.
- ⑩ School health coordinators sensitized and became trusted advocates for HPV vaccination in schools
- ⑩ Youth networks engaged peers and created safe dialogue spaces for adolescents

Enabling factors

Partner alignment & policy adaptation

- ⑩ Joint planning and coordination meetings with Ministry and Immunization partners (GAVI, UNICEF, WHO, EGPAF, ZACH, CHAI).
- ⑩ Targeted provincial financial support from partners (CHAI, EGPAF, ZACH) enabling strong coverage in areas like Midlands and Mash West.
- ⑩ Ongoing advocacy for sustainable financing and integration into national immunisation policy supports long-term impact
- ⑩ In June 2025, Zimbabwe adopted the WHO's single-dose HPV recommendation to simplify delivery, reduce costs, ease logistics, and expand coverage more efficiently.

Enabling factors

Revitalization strategy

⑩ The situational analysis and revitalisation plan provided a strong framework for increasing HPV coverage

Micro-planning facilitated mapping of girls out-of-school, vaccine hesitancy groups and inform strategy to reach them.

Key Barriers to Service Delivery



Assumption is that HPV vaccination is school-based hence service not demanded from health facility level. Private schools requesting consent forms.



Vaccine Hesitancy, Misinformation; Myths and misconceptions ; Elite population and religious groups



Logistical Challenges: Inadequate funding for integrated facility-based outreach



Human Resource Constraints: Staff attrition

Transition to Single-Dose Regimen

Policy Shift: Adopted WHO recommendation for single-dose schedule



Impact on Delivery:

Reduced logistical
burden and costs

Improved coverage
potential

Easier integration with
routine services



Communication Strategy: Focused on educating communities about the change. School authorities and school health coordinators engaged

Sustainability of Service Delivery



Integration into Routine
Immunization



Capacity Building:
Training of health
workers and teachers



Domestic Financing:
Gradual increase in
government budget
allocation



Community Ownership:
Strengthening local
structures for
mobilization

Sustainability aspects of service delivery

Revitalisation strategy

- Implement the revitalization strategy plan.
- Mapping of out-of-school and hard-to-reach girls using CHWs, CSOs, and school health coordinators.
- Targeted mobilisation in low-performing and urban provinces.
- Implement periodic Knowledge, Attitudes & Practices (KAP) assessments

Integration

- HPV vaccination integrated with Td vaccination targeting the 10-year-old age group.
- Strengthen integration into adolescent health services and platforms such as CATS and DREAMS to reach older girls and sustain demand.

Coordination

- Continuous multi-level coordination platforms (MoPSE and MoHCC) , harmonised partner support, improved school access and parents and caregivers engagement

Supply chain readiness

- Maintain adequate supply chain system through correct forecasting.

Health workforce

- HCWs capacity building, Monitoring and supportive supervision visits, Reinforced policy implementation (single dose and target group).



Conclusion

- Zimbabwe's HPV vaccination programme has made significant strides in adapting service delivery to persistent challenges.
- Through strong partnerships, community engagement, and strategic shifts like the single-dose regimen, the country is working toward sustainable, equitable coverage for all eligible girls.

