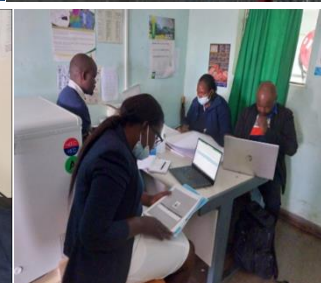
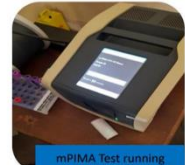


ANNUAL REPORT

Towards ending AIDS as a Public Health Threat by 2030



Towards ending AIDS as a Public Health Threat by 2030



Grant Number: ZIM-H-UNDP

APRIL 2023

NFM3 GF HIV Grant Profile

Project Title: Towards ending AIDS as a Public Health Threat by 2030

Grant Number: ZIM-H-UNDP
Disease: HIV/AIDS
Country: Republic of Zimbabwe

Project Start Date: 01st Jan 2021
Project End Date: 31st Dec 2023
Total Approved Budget: US\$481,540,897

Principal Recipient: United Nations Development Programme - UNDP

Sub-Recipients:

- National AIDS Council (NAC)
- Ministry of Health and Child Care (MoHCC)
- National Pharmaceutical Company of Zimbabwe (NATPHARM)
- Health Services Board (HSB)
- World Food Programme (WFP)
- Medicines Control Authority of Zimbabwe (MCAZ)
- Family AIDS Caring Trust (FACT)
- Biomedical Research and Training Institute (BRTI)

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List of Acronyms

ABYM	Adolescent Boys and Young Men
AGYW	Adolescent Girls and Young Woman
AIDS	Acquired Immuno deficiency Syndrome
ART	Anti-Retroviral Therapy
ARVs	Anti-Retroviral Drugs
BRTI	Biomedical Research Training Institute
CeSHHAR	Centre for Sexual Health and HIV/AIDS Research
CCM	Country Coordinating Mechanism
CSE	Comprehensive Sexual Education
CSO	Community Service Organisation
CLI	Clinic Laboratory Interface
CLM	Community Led Monitoring
DIC	Drop-In Centre
DIP	Detailed Implementation Plan
DREAMS	Determined Resilient Empowered AIDS-Free Mentored & Safe
EHR	Electronic Health Records
EID	Early Infant Diagnosis
ePMS	Electronic Patient Management System
FA	Fund administrator
FACT	Family AIDS Caring Trust Fund Administrator
GCF	Green Climate Fund
GDP	Gross Domestic Product
GBV	Gender Based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GFHIV	Global Fund Human Immune Deficiency Virus
IST	Institutional Sample Transportation
ICT	Information Communication Technology
IP	Implementing Partner
LGBTI	Lesbian, Gays, Bisexual, Transgender and Intersex
LFA	Local Fund Agent
MCAZ	Medicine Control Authority of Zimbabwe
M & E	Monitoring and Evaluation
MOHCC	Ministry of Health and Child Care
MSM	Men having Sex with Men
NAC	National AIDS Council
NATF	National AIDS Trust Fund
NTP	National Tuberculosis Programme
NFM	New Funding Model
NatPharm	National Pharmaceutical
PCC	Primary Care Counsellors
PICES	Poverty Income Consumption Expenditure
PLHIV	People living with HIV
NGO	Non-Governmental Organization
OSC	One Stop Centre
PePfar	Presidential Emergency Plan for AIDS Relief
PFMS	Public Finance Management System
PLHIV	People Living With HIV

PrEP	Pre-Exposure Prophylaxis
PMTCT	Prevention of Mother to Child Transmission
PR	Principal Recipient
PSH	Population Services for Health
PSM	Procurement and Supply Management
PMU	Programme Management Unit
QA	Quality Assurance
SADAC	Southern Africa Development Community
SRHS	Sexual Reproductive Health Services
SASA	Start Awareness Support Action
SOGIE	Sexual Orientation, Gender Identity, and Expression
SR	Sub-Recipient
SSR	Sub-Sub-Recipient
S4H	Solar For Health
SW	Sex Worker
TAT	Turn Around Time
TB	Tuberculosis
TPT	Tuberculosis preventive treatment
UNDP	United Nations Development Programme
UNAIDS	United Nations Programme on HIV/AIDS United Nation AIDS
VHW	Village Health Worker
VMMC	Voluntary Medical Male Circumcision
ZDHS	Zimbabwe Demographic Health Surveys
WBA	We Belong Africa
YKP	Young Key Population
ZACH	Zimbabwe Association of Church-related Hospitals
ZNASP	Zimbabwe National Strategic Plan
Zimphia	Zimbabwe Population Based HIV Impact Assessment
ZINQAP	Zimbabwe Quality Assurance Programme
ZNFPC	Zimbabwe National Family Planning Council

Executive Summary

UNDP has partnered with the Global Fund (GF) to Fight HIV/AIDS, Tuberculosis and Malaria in Zimbabwe since 2009. During New Funding Mechanism 3 (NFM3), UNDP continued to serve as the Principal Recipient (PR) for the HIV grant and Fund Administrator (FA) for the TB and Malaria grants.

Despite the severity of the HIV/AIDS epidemic in Zimbabwe, the transmission was 1.11 and prevalence was 11.1 in 2022. There has been a steady decline in the number of AIDS related deaths per 100,000 population from 130.9 /100,000 in 2018, 164/100,000 in 2020, 141.5/100,000 in 2021 and 120.72 in 2022 (UNAIDS 2022 HIV estimates).

During the reporting (Jan -Dec 2022) through the GF resources; 58% (26,037/45,000) Sex Workers (SWs) were reached with the defined package as compared to the set target of 54% (25,580/45,00) which resulted in an achievement ratio of 108%. About (8,128/13,005) Sex Workers (SWs) were initiated on oral antiretroviral PrEP as compared to the set target of 48% (6206/13,005) which resulted in an achievement ratio of 131%. Out of these 79% (20,543/26,010) Sex Workers (SWs) received HIV tests and got to know their HIV status as compared to the set target of 60% (15,606/26,010), which resulted in an achievement ratio of 132%. A total of 2,177 sex workers tested for HIV positive giving a positivity rate of 8% and 1,813 (83%) were initiated on ART.

Through the Adolescent Girls and Young Women program, 107% (44,818/41,853) boys and girls (23,613 AGYW and 21,205 ABYM) were reached with comprehensive sexuality education in 110 secondary schools. The S2S program enrolled 14,954/15,000 (99.7%) and 14,707 (98.3%) completed the required 40 sessions using the S2S manual against an annual target of 100%. A total of 11,647 (77.9%) AGYW were referred for HTS; 9,615 AGYW were tested and received their results; 78 (0.8%) tested HIV positive and were initiated on ART. The male engagement program managed to reach 195,890 men with HIV prevention services.

About 31% (7,141/23,326) MSM received HIV information on at least 2 of the broad topics compared to the set target of 35% (8,262/23,326) translating to an achievement ratio of 86%. About 11% (1,978/18,404) MSM received HTS compared to the set target of 31% (5,752/18,404) which translates to 34% achievement ratio. During the reporting period, 7.7% (709/ 9,202) eligible MSMs were on PrEP as compared to the set target of 17.87% (1,644/9,202) which resulted in an achievement ratio of 43.1%. Out of the 1,978 tested for HIV, 2% (39) tested HIV positive were initiated ART.

Through the HTS program 1,451,171 (98%) people were tested and know their HIV status and 77,190 (5.5%) were HIV+. A total of 73,188/77,190 (94.8%) of people newly diagnosed with HIV were newly initiated on ART as compared to the set target of 94% (84,846/90,260) which resulted in an achievement ratio of 101%. The performance of the indicator on percentage of PLHIV on ART who were initiated on TB preventive therapy among those eligible during the reporting period was 58% (216,412/372,922) against a set target of 80% giving a performance ratio of 72.5%.

The performance of the indicator PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery remained at 81% (43,570/53,744) as compared to the set target of 95% (54,694 / 57,573) which resulted in an achievement ratio of 85.5%. The performance of PMTCT-3.1 Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth was 89% (47,935/53,744) as compared to the set target of 77% (44,332/57,574) which resulted in an achievement ratio of 115.5%. At the end of December 2022, a total of 94.8% (1,233,619) of the targeted 84.2% (1,301,401) adults and children with HIV infection were reported to have received antiretroviral therapy (ART). The performance of the indicator for adults (15 and above) on ART among all adults living with HIV at the end of the reporting period was 96.5% (1,182,126/1,229,314) when compared to the target of 93% (1,211,379/1,302,558) which resulted in an achievement ratio of 103%. The performance of the indicator for children (under 15) on ART among all children living with HIV at the end of the reporting period is 71.4% (51,493/72,088) as compared to the set target of 75.4% (50,654/67,181) which resulted in an achievement ratio of 95%.

IST program implemented in the 23 non PEPFAR districts which improved in the Average Turn Around Time (TAT) from specimen collection to receiving at hub decreased to 1.3 days as compared to the set target of 3 days. For Community Led Monitoring (CLM) which is being implemented by Family AIDS Caring Trust (FACT), training of community-based cadres on e-Community based Monitoring for 30 participants per district was conducted in 4 districts (Chimanimani, Gokwe North, Bikita and Kariba).

The proportion of health facilities with tracer medicine for HIV (TLD) was available on the day of the visit or day of reporting at 99.81% (1,647/1,710) as compared to set target of 98% with an achievement ratio of 98%. During the reporting period, 99.5% (1,811/1,814) of the facilities were visited; 96.7% (1,751/1,811) of the health facilities providing diagnostic services had the tracer item on the shelf (Determine HIV-1/2) on the day of the visit or on the day of reporting against a target of 95%. During the period, 85% (102/120) health product batches for HIV were tested for quality assurance in line with Global Fund Quality Assurance policy against the target of 100%. All the tested batches passed the QA tests. The annual completeness of facility reporting was 88% (18,156/20,538) which overachieved the set target of 80%. About 11% (3,509/31,930) full-time Health Workers' posts were vacant for at least 6 months as compared to the set target of 7%.

A total of 128 Pharmacy stores are at different stages with 35 at roof level and plastering level, 33 at substructure, and 60 at superstructure level. The Construction of NatPharm Mutare Medical Warehouse is at an advanced stage with a completion date of July 2023. The construction of 8 Affordable and Sustainable Boarding Facilities (SABF) completed to prevent teen pregnancies, early marriages, and new HIV infections and 280 vulnerable girls benefited. The installation of 447 solar-powered boreholes is in progress and 170 installed, certified, and functional to provide safe water to health facilities.

The e-LMIS/Navision integration has been successfully completed and tested in the production environment. During 2022, Emergency Orders were successfully tested and placed from the e-LMIS into Navision. Regular orders are planned to be processed in 2023, and this will effectively alter the way ordering systems function. The transitioning to regular e-LMIS ordering will usher in Z.A.P.S 2.0 which is the updated acronym for the Zimbabwe Automated Pull System from the current Zimbabwe Assisted Pull System. In terms of the integration of e-LMIS/EHR, the process is currently going on and a working prototype is expected by end of Quarter 2 2023. The PR continued to work with the Ministry to ensure that essential antiretrovirals, reagents and consumables were available.

The PMU conducted 3 rounds of OSDV in 2022 with NAC and MOHCC and findings were shared with the SRs for follow up and tracking implementation. All PUDRs and pulse check reports prepared and submitted to the GF on time. The programme continued to support M&E activities for HIV unit including DHIS2, ePMS, and eHR implementation. Training spot check and asset verifications were conducted at the provincial and health facility level.

Cumulatively USD258,766,220 was spent against an approved cumulative budget of USD313,096,582, representing an in-country absorption rate of 83% and including, obligations, outstanding NEX advances and prepayments bringing the anticipated expenditure to USD 335,248,284 the burn rate to 107%. UNDP facilitated all disbursements to the MOHCC for TB and malaria grants and provided support for all health and non-health procurement. UNDP conducted spot check to 75% of the aggregate expenditures reported by the MOHCC 10% higher than the 65% expenditure requirements for FA role. UNDP assessed all procurements done by the Principal Recipient to ensure that they comply with all applicable standards and regulations.

The key challenges during the reporting period were high staff turnover; children 95-95-95 target; low performance of MSM, TB/HIV and health workers attrition indicators; and the PMU will work with NAC and partners in implementing a targeted approach to improve performance. The non-availability of cashless payment modalities and inaccessibility of banking facilities for payment of allowances for community volunteers in the hard-to-reach areas. Data quality issues with discrepancies across different data sources were observed during OSDV and PMU will continue the OSDV in collaboration with NAC and MOHCC. Delay in implementation of infrastructure projects due to challenges in economic situation including the banking system. Low fund absorption was a challenge and the PMU had reprogrammed some of the savings.

1 Introduction

UNDP has partnered with the Global Fund (GF) to Fight HIV/AIDS, Tuberculosis and Malaria in responding to and accelerating progress towards ending these three epidemics. UNDP assumed the Principal Recipient (PR) of the Global Fund Grants (HIV, Malaria, TB and HSS) in Zimbabwe since 2009. Following a new implementation arrangement in 2015, UNDP continued to serve as PR for the HIV grant and Fund Administrator (FA) for the TB and Malaria grants, which the Ministry of Health and Child Care is the PR.

The New Funding Mechanism 3 (NFM3) HIV Grant started in January 2021 following the finalization of grant negotiation and Grant Confirmation in Q4 of 2020. The project covers a period of three years from 2021 to 2023, and it seeks to consolidate gains made in the national response towards ending AIDS as a Public Health Threat in Zimbabwe by 2030. UNDP provides Grant Fund Administration (GFA) support services to the MoHCC, the PR for the TB and Malaria grants. The activities of the PMU during the reporting period were guided by the PMU annual workplan guided by the project Detailed Implementation Plan (DIP). The approved 2022 PMU workplan and field visit plan were implemented in line with UNDP/GF guidelines as well as the grant agreement ZWE-H-UNDP.

This report covers the implementation period for the second year of the NFM3 grant (January - December 2022) where UNDP served as a PR for the HIV grant and GFA for the TB and Malaria grants. It also provides results for the Health HIV and Development Interventions during the same period.

1.1 Country Context



Zimbabwe is a landlocked country with a surface area of 390,757 square kilometres. and surrounded by Zambia to the north, South Africa to the south, Mozambique to the east and Botswana to the West. Zimbabwe’s population is estimated at 15,178 979 million of which **7,289,558** (48%) are male and **7,889,421** (52%) are female, giving a sex ratio of **92** males for every 100 females. Given the 2012 population size of 13,061,329, this gives an annual population growth rate of **1.5** percent the population density of Zimbabwe is 39 people per square kilometre, which ranks 142 nd in the world. The majority of the population lives in rural areas (67%) while (33%) lives in urban areas (ZimStat, 2022). The population is relatively young with 41 percent of the population being below age 15 years, 55% between 15-64 years and about 4 percent age 65 years and above (ZimStat 2022).

Zimbabwe is still heavily burdened by HIV/AIDS & TB pandemics with 1,310,438 PLHIV (2023 estimates). The HIV prevalence was 11.01% which is in line with the result of ZIMPHIA 2020 which reported 11.8%. However, females have a higher prevalence compared to males (14.8% versus 8.6%). HIV Incidence was at 0.45% in 2020 (ZIMPHIA, 2020), down from 1.42% in 2011 and 0.98% in 2013. These achievements can only be necessitated by the multisectoral National HIV/STI response guided by the ZNASP 4 being coordinated by the NAC with the Ministry of Health and child Care implementing the treatment and care response with support from partners. The incidence among the 15-49 years was 0.17. The incidence was high in females for ages 15-29 years. Among the 15-19 years the incidence among females was 7.3 times higher than their male counterparts (2022 HIV Estimates)

1.2 Operating Environment

The operating environment in Zimbabwe remained challenging during the reporting period (January – December 2022). The economic slowdown has persisted in 2022 in the face of climatic developments and their impact on growth, along with unrelenting forex shortages and their ripple effects on prices. In response, Government has used monetary policy quite aggressively in 2022 to stabilise both inflation and the economy. Coming from 2021 growth of 5.8% which was driven by a recovery in agriculture and industry, along with relative stabilization of prices and exchange rates, the growth rate for 2022 is remained below the 4% mark largely due to a sub-optimal 2021/22 rainy season. With the continued instability of the foreign exchange market, inflation rose to a peak of 30.7% (month-on-month) in June 2022, before trekking downwards for the 4 consecutive months to September as a result of tight monetary and fiscal measures imposed by Government to curb inflation, with the goal of stabilising the forex market and therefore the economy. Although inflation has been declining, the stability was in many ways artificial, as the extreme measures that have been put in place could not sustained without harming the economy significantly. These include an increase in interest rate from 80% to 200% overnight, as well as suspension of payments to Government suppliers to mop up liquidity on the market.

Meanwhile, the ZWL has depreciated by over 600% since 2020 driven by foreign currency shortages and the resultant parallel market activities. The parallel market premium saw a reduction in July 2022 in response to Monetary Policy measures to reduce exchange rate. In fact, July 2022 was the first time in over 2 years that the gap between the official and parallel market rates narrowed. Despite this however, the black market as at December 2022 was trading at a premium of over 30% more than the official rate. With official sources of forex unable to meet demand from both producers and the public; and with exporters still largely operating below capacity, that the forex market faced challenges resulting in high prices couldn't be alleviated by the monetary policies.

Government debt continued to weigh down the economy with public sector debt as a percentage of GDP moving up to 53.9% percent in 2020 from 50.1% in 2019 and not expected to decline over the next two years. In fact, Debt to GDP in Zimbabwe is expected to rise to just below 60% by the end of 2023. The Poverty Income Consumption and Expenditure Survey (PICES) meanwhile, shows a 5% increase in extreme poverty to 43% in the two years to 2021, with anecdotal evidence further suggesting that poverty has seen a significant increase over the past few years as the economy has continued to struggle under the burden of high inflation, a hostile 'doing business' environment, and weak social spending among other challenges. Informality has continued to spread as economic pressures see the continued closure of formal firms and a rise in unemployment. While informality is largely seen as a negative feature of the economy, it does provide a cushion between unemployment and extreme poverty. In the absence of sufficient formal job opportunities and as informal employment rises, extreme poverty, in turn, falls as the informal sector provides a source of income despite the decent job deficits that characterised the sector. In Zimbabwe currently, the informal sector tends to be more resilient than low wage formal sector workers due to the fact that the informal sector trades mainly in USD (which holds value better than the ZWL), without the burden of heavy and often complicated taxation and licensing.

Zimbabwe's political logjam is anticipated to continue from 2022 until about mid-2023. Zimbabwe goes to vote in 2023, inflation, unemployment, and poor service delivery continue to weigh heavily on citizens, partly contributing to the growing despair. At the end of June 2022, healthcare workers embarked on a nationwide strike demanding better working conditions. The sick who was being cared for in government hospitals were let go, many to certain death. The Zimbabwe government has embarked on some infrastructure projects expected to ease the unemployment problem or reduced poverty.

1.3 The New Funding Mechanism 3 (NFM3) HIV Grant

The current NFM3 HIV grant is designed Towards ending AIDS as a Public Health Threat by 2030. The project is aligned with, the National Health Strategy (2021-2025) and the Zimbabwe HIV and AIDS Strategic Plan, ZNASP IIII (2021-2025). The project is premised on the principle of Towards ending AIDS as a public health threat aligned with the National Development Strategy 1 (NDS 1 2021-2025). UNDP as the Principal Recipient PR of HIV grant managed the implementation of various components of grant implementation that includes financial management, Procurement and Supply Management (PSM), programmatic management as well as monitoring and evaluation of all grant-financed activities during the second year of grant implementation. The second year expanded and consolidated the gains made during the first year which was mainly characterized by the grant signing between PR and Sub-Recipients.

Project Goal & Objectives

Goal: The set goals for the NFM3 grant are, a) Zero new infections by 2030 b) Zero AIDS related deaths by 2030 and 3) Zero HIV related discrimination by 2030. These were set to attain improved wellbeing and healthy lives for all population groups through universal access to HIV prevention, treatment, care, and support services.

Objectives:

The following are the specific objectives of the GF NFM3 HIV grant.

- 95% of people living with HIV who know their status are on ART and 95% of those on ART are virally suppressed by 2025.
- 95% of people living with HIV know their status and all vulnerable and key populations have access to HIV testing services.
- At least 90% of the key populations receive a defined package of HIV services.
- At least 90% of AGYW receive a defined package of HIV and SRH services by 2025.
- To achieve and sustain elimination of mother to child transmission of HIV and syphilis by 2025.
- To increase condom, use among high-risk males and females during risky sexual encounters to at least 90% by 2025.
- 80% male circumcision coverage attained in all districts by 2025.
- Effective STI diagnosis, prevention and management for the general population, people living with HIV and key populations.
- To reduce TB related deaths among people living with HIV by 80% by 2025
- Improved effectiveness of coordination structures and processes to contribute to attainment of ZNASP IV results.
- At least 30% of services being community-led by 2025.
- Make available quality data and strategic information to inform policy, programming, and service delivery at national and district levels.

Partner Roles and Responsibilities

HIV grant is implementing activities using eight Sub Recipients (SRs). The list of SRs and their roles and responsibilities is indicated in the below table.

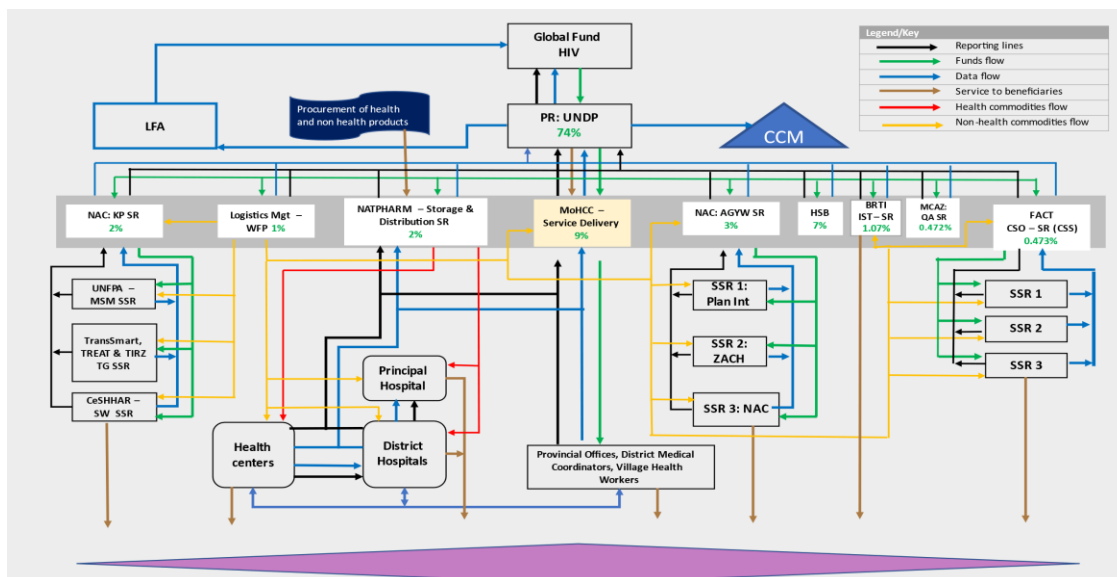
Table 1 HIV Grant SRs with Roles and Responsibilities 2022

	Partner	Roles and Responsibilities
1.	UNDP – The Principal Recipient (PR)	UNDP as PR is responsible for programme and financial management, procurement, M&E and reporting of the grant approved activities. With a dedicated Program Management Unit (PMU), UNDP oversees the implementation and effective use of the grant funds and reduce the overall risk, supports the flow of funds into the country and strengthens the capacity of the national implementing partners for improved delivery of program activities.
2.	Ministry of Health and Child Care (MoHCC)	MoHCC is a government ministry that promotes the health and quality of life of the people of Zimbabwe. Under the grant, MoHCC is responsible for implementing several program components including: HIV Testing and Counselling; Treatment, Care and Support; TB/HIV collaborative interventions; PMTCT - Preventing vertical HIV transmission, Treatment, Care and support to mothers living with HIV and their children and families; Program Management (HIV)- Planning, Coordination and management and staff salaries; M&E (HIV), Managing Health Information Systems ePMS/DHIS2; Routine reporting, Analysis, Surveys and several others.
3.	National AIDS Council (NAC)	NAC is an organization enacted through the Act of Parliament of 1999 to coordinate and facilitate the national multi-sectorial response to HIV and AIDS. It is also mandated to administer the National AIDS Trust Fund (NATF) collected through the AIDS Levy i.e., the 3% collected from every worker's taxable income (PAYE) and corporate tax. Under the current grant, NAC is responsible for coordinating: (i) Adolescent Girls and Young Women (ii) Key Populations. The SSRs under NAC include Plan International, ZACH, CeSHHAR and UNFPA.
4.	Medicines Control Authority of Zimbabwe (MCAZ)	MCAZ is an autonomous body whose mandate is to ensure the manufacture, sale, distribution, and use of safe, efficacious, and good quality medicines. Under the Grant, MCAZ is responsible for implementing quality control and quality assurance including pharmacovigilance for pharmaceuticals and health commodities.
5.	Health Services Board (HSB)	HSB is a parastatal organization with the mandate to appoint persons to offices, posts and grades in the Health Services; to create grades in the Health Services and fix conditions of services for its members; to supervise and monitor health policy, planning and public health; to enquire into and deal with complaints made by members of the Health Services; to supervise, advise and monitor the technical performance of hospital management boards and state aided hospitals; Under the current grant, HSB is responsible to manage the payment of allowances as part of efforts to reverse the trend of high outward migration and ensuring that the number of health professionals entering the public health system from clinical schools is larger than the numbers leaving the health sector.
6.	NatPharm	NatPharm is a parastatal under the Ministry of Health and Child Care, which is responsible for the storage and distribution of health commodities. Under the grant, NatPharm is responsible for storage and distribution of pharmaceuticals and health commodities procured by grant funds. NatPharm has six warehouses nationwide whose storage capacity is approximately 12, 812 sqm and a complement of about 32x7-9 Tonne Delivery trucks for distribution.

7.	World Food Programme (WFP)	Under the grant reporting period WFP provided logistic support and storage services especially for non-health, products.
8	Biomedical Research and Training Institute (BRTI)	BRTI is implementing the Integrated Specimen Transportation (IST) programme as the SR for this project on behalf of the Ministry of Health & Child Care (MOHCC).
9	Family AIDS Caring Trust (FACT)	FACT is responsible for implementing community led activities under the grant

In addition to working with the SRs to deliver on the grant, UNDP has been working in close coordination with UN agencies through the UN Health cluster and through the Health Development Partners Group with bilateral and other multilateral donors, such as World Bank, EU, etc. UNDP is working in collaboration with UNAIDS, WHO, UNICEF, PEPFAR and other partners working on HIV.

Table 2 Schematic presentation of implementation arrangement of the HIV NFM3 grant



The SRs are working with Sub-Sub Recipients (SSRs) and there are five sub-sub-Recipients under the AGYW and Key Populations programs under NAC SR-ship. These include:

- Plan International – responsible for the DREAMS/AGYW program.
- Zimbabwe Association of Church related Hospitals (ZACH) – responsible for the One-Stop-Center (OSC) and the Start Awareness Support and Action (SASA) Programs
- NAC Local Partners - for Sister-to-Sister programs, Trans Smart, TREAT, TIRZ - Comprehensive prevention programmes for Transgender
- Centre for Sexual Health and HIV/AIDS Research (CeSHHAR)– responsible for implementation of HIV programme for Sex Works and their clients
- UNFPA (SRC & GALZ) – responsible for implementation of HIV programme for Men having Sex with Men (MSM)

1.4 Grant Fund Administration for TB and Malaria Grants

The initial implementation arrangement for the transitioning of the New Funding Mechanism (NFM) TB and Malaria grants from UNDP to Ministry of Health and Child Care MoHCC as Principal Recipient PR for the two grants resulted in Global Fund appointing UNDP to provide Grant Fund Administrator (GFA) Support Services to the MoHCC, from 2015 to 2017. Under the current 2021-2023, UNDP was once again requested to provide similar support to the PR, MoHCC.

UNDP support services to MoHCC is to enable it to deliver the TB and Malaria grants. The GFA role aims at mitigating the risk of loss of Grant Funds and ensure that effective risk management measures are in place with respect to the funds disbursed to the Principal Recipient and, where applicable, sub-recipients and sub-sub-recipients. In addition, UNDP provided assurances to ensure that the use of GF Funds is used in accordance with the approved Work Plan and Budget under the Grant Agreements and in compliance with the PR’s Administration, Financial, Procurement and Accounting Procedures Manual.

1.5 Regional HIV, Health, and Development Programme

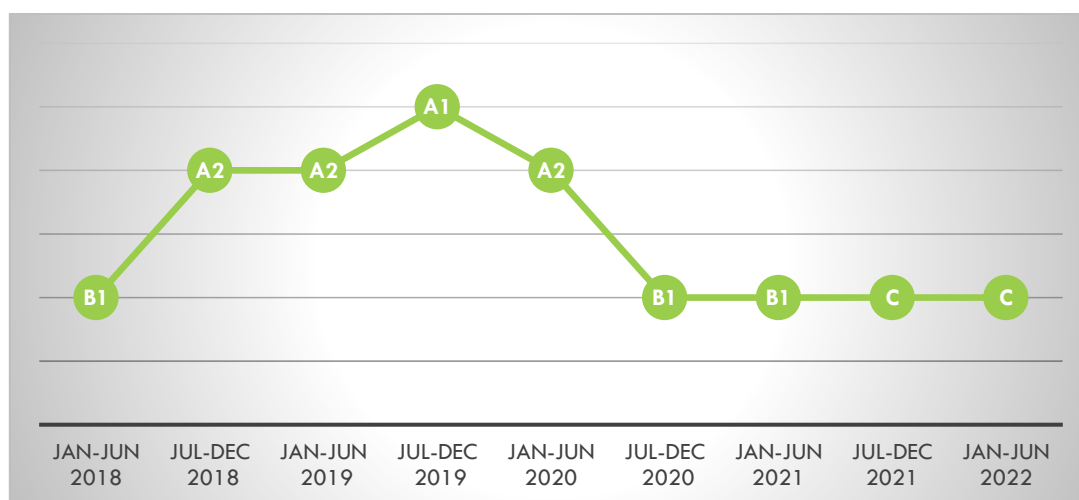
UNDP’s #WeBelongAfrica Programme (#WBA) is a regional initiative that integrates two UNDP projects, namely the “Inclusive Governance Initiative” and the “Southern Africa Young Key Population Initiative”. #WBA is designed to support state entities in sub-Saharan Africa to become increasingly accountable and responsive to, and inclusive of, lesbian, gay, bisexual, transgender and intersex people (LGBTI) and Young Key Populations, which in turn will contribute to better laws, more responsive public-sector services, and social norms that affirm these populations’ perspectives, needs and rights. #WeBelongAfrica (WBA) is coordinated by UNDP’s Africa Region HIV, Health & Development (HHD) team.

2 Key Results for HIV Grant

2.1 HIV Grant Overall Performance Rating

The programmatic performance and cumulative financial grant rating for January to June 2022 was C-Moderate performance. The rating for semester 4 (July to Dec 2022) was not yet received at the time of writing this report. The rating corresponds with programmatic indicator performance, financial reporting as well as any other related grant management issues during the period. The trend in grant performance **Rating** of the HIV grant for NFM3 semester 1 is shown in the Figure below.

Table 3 Trends in HIV Grant Performance Rating 2018 - 2022



NB: the rating for July to Dec 2021 AND Jan to June 2022 is equivalent B1 rating.

2.2 Financial Performance

UNDP implemented NFM3 for HIV, supported MOHCC in Fund administration for Malaria and TB, supported implementation of CCM activities and procurement of PPEs. The financial performance update as of 31 December 2022 is summarized as in the following table.

Table 4 Financial performance Update as of 31 December 2022

Disease Component	Grant Budget	2022 Cumulative Approved Budget	2022 Cumulative Expenditure	Commitments /Obligations as of 31 December 2022	Total Expenditure Incl. Commitments / Obligations	% Utilization Budget vs Exp
	(A)	(B)	(C)	(D)	E= (C+ D)	F=(E/B)
HIV NFM3	481,540,897	313,096,582	258,766,220	68,669,305	327,435,525	105%
TB NFM3	14,619,247	10,078,657	7,646,036	13,673	7,659,709	76%
MALARIA NFM3	53,173,029	44,872,603	23,381,845	469,890	23,851,736	53%
CCM	712,800	512,800	354,654	1,550	356,204	69%
WORLD BANK-CORDAID	671,096	671,096	10,584	580,872	591,456	88%
TOTAL	550,717,069	369,231,738	290,159,340	69,735,290	359,894,630	75%

NFM3 HIV Grant Main Grant

The total actual cumulative expenditure for year 2 (2022) was USD258,766,220 against an approved budget of USD 313,096,582 representing an in-country absorption rate of 83%. The lower than budget performance is primarily due to the impact of COVID-19 on the implementation of training and other community-based activities as well timely delivery of health products because of global logistic challenges related to freight and referrer containers. In addition to the actual expenditure, PR had a) PR commitments/obligations of USD 68,669,305; b) Outstanding NEX advances of USD1,806,334, and c) prepayments USD6,006,425 amount to USD 76,482,068, bringing the anticipated expenditure to USD 335,248,284 the burn rate to 107%.

C19RM approved Budget

The approved cumulative 2022 budget for C19RM was US\$13,378,668 and expenditure of US\$7,278,867 (54%) was incurred during the period. The low expenditures relate to infrastructure activities included in the C19RM2.0 award approved in December 2021 and the Implementation Letter (IL2) signed in January 2022. The process to contract the activities is ongoing and most of these are expected to be completed by December 2023.

Table 5 Summary of NFM 3 HIV grant Approved cumulative Budget & Expenditures by Cost Grouping 2022

Cost Grouping	Cumulative Budget	Cumulative Actual Expenditure	Cumulative Budget vs Actual Variance	Absorption Rate
1.0 Human Resources (HR)	36,872,868	31,897,640	4,975,228	87%
2.0 Travel related costs (TRC)	11,256,013	6,963,150	4,292,863	62%
3.0 External Professional services (EPS)	2,510,577	1,607,402	903,174	64%
4.0 Health Products - Pharmaceutical Products (HPPP)	121,598,957	143,480,426	- 21,881,468	118%
5.0 Health Products - Non-Pharmaceuticals (HPNP)	36,979,528	46,145,024	- 9,165,496	125%

6.0 Health Products - Equipment (HPE)	1,781,182	1,152,874	628,308	65%
7.0 Procurement and Supply-Chain Management costs (PSM)	23,352,670	20,360,186	2,992,484	87%
8.0 Infrastructure (INF)	15,646,795	22,024,364	- 6,377,570	141%
9.0 non-health equipment (NHP)	20,203,130	20,827,505	- 624,374	103%
10.0 Communication Material and Publications (CMP)	3,242,376	763,800	2,478,576	24%
11.0 Indirect and Overhead Costs	18,329,481	12,890,409	5,439,072	70%
12.0 Living support to client/ target population (LSCTP)	8,177,512	4,599,021	3,578,490	56%
13.0 Payment for Results	13,145,494	14,723,724	- 1,578,230	112%
Total	313,096,582	327,435,525	-14,338,943	105%

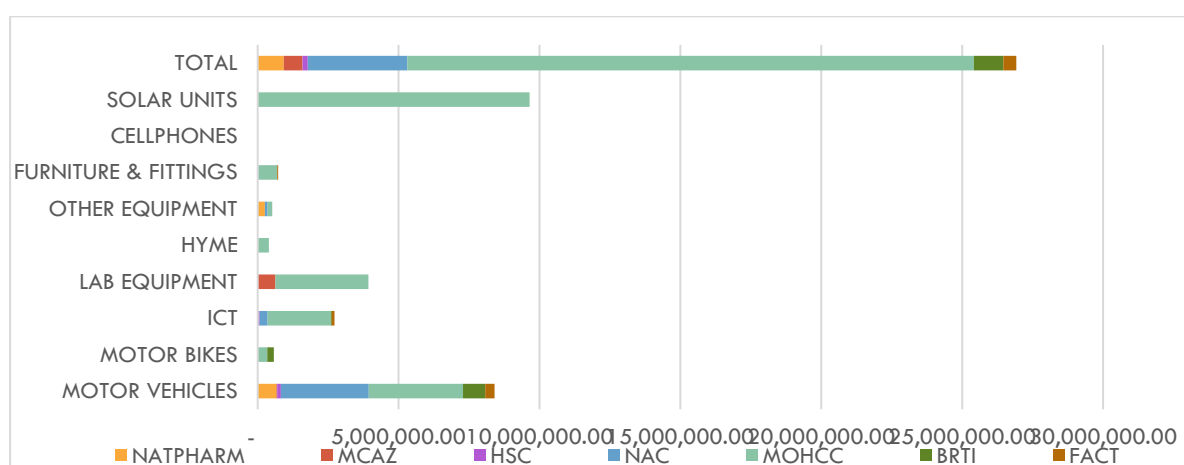
Table 6 Summary of NFM3 HIV Grant Cumulative Approved Budget & Expenditures by Sub-Recipient 2022

Implementing Entity	Cumulative Budget	Cumulative Actual Expenditure	Cumulative Budget vs Actual Variance	Absorption Rate
The Ministry of Health and Child Care of the Republic of Zimbabwe	29,805,905.26	22,944,854.39	6,861,050.87	77%
The Ministry of Health and Child Care of the Republic of Zimbabwe	29,805,905	22,944,854	6,861,051	77%
FACT	2,134,858	1,040,303	1,094,555	49%
National AIDS Council KP	6,284,644	5,118,495	1,166,149	81%
National AIDS Council AGYW	11,515,453	8,029,321	3,486,132	70%
Health Service Board	13,087,238	12,051,652	1,035,586	92%
BRTI	2,249,129	1,826,060	423,069	81%
World Food Programme	1,596,173	810,075	786,098	51%
Medicines Control Authority of Zimbabwe	1,281,776	863,330	418,446	67%
Natpharm	6,315,529	3,244,054	3,071,475	51%
United Nations Development Programme	238,825,878	271,507,381	-32,681,503	114%
Total	313,096,582	327,435,525	-14,338,943	105%

Asset Management

As of 31 December 2022, the total asset value for the Global Fund Grant in the custody of Sub Recipients was USD26,923,549. The breakdown of the asset values and categories by SR were as follows.

Figure 1 Summary of assets by SR (in value and category) 2022



Asset verifications

Three (3) asset verifications were conducted between April and July 2022 in Masvingo, Mashonaland West, Matabeleland North provinces and one (1) follow up asset verification in Manicaland Province in December 2022. In the verification exercises, 293 assets valued at USD580, 297.70 were physically verified. The key findings during asset verifications are the following:

- The coverage of asset verification is inadequate, and the PMU is planning to use third party to cover 100% asset verification in 2023.
- Late distribution of assets by SRs such as ICT equipment to the final receiving facilities which may disrupt grant implementation activities.
- Late updating of asset final locations by SRs making it difficult to physically verify assets.
- Missing registration plates on motorbikes, SRs indicated that the number plates fall off since they are used in remote locations with poor terrain.
- Remote areas are usually not logistically possible to conduct asset verifications and usually bigger health institutions are targeted.

2.3 Key Programme Performance



Four outcome indicators were due for reporting, but the 2022 HIV annual spectrum estimate, and the HIV retention/viral load analysis based on the national reporting system were not yet been finalised. Despite the severity of the HIV/AIDS epidemic, its transmission and prevalence in Zimbabwe has been on the decline, this has been demonstrated through the steady decline in the number of AIDS related deaths per 100,000 population from 130.9 /100,000 in 2018: 164/100,000 in 2020, 141.5/100,000 in 2021, and 120.72 in

2022.

The national HIV estimates 2022 show a 1.11% HIV incidence which is a reduction by 0.4% (1.51) in 2021 among adults aged 15-49 years. The observed decline in HIV incidence may be a sign of the impact of prevention programs, high ART coverage and viral load suppression amongst the HIV population. UNDP contributed to the achievement of the results alongside Government of Zimbabwe, and other Health Development Partners in Zimbabwe, including UN sister agencies. Under this outcome UN DP GF's support over the years contributed to the achievement of prevention of further transmission of HIV, providing care and treatment for those infected and affected with the disease, as well as capacity building for national health systems milestones. UNDP GF contribution over the years has prolonged and saved the lives of Zimbabweans and importantly strengthened the capacity of the national institutions. The MoHCC has been supported to strengthen linkage strategies to ensure that all people that test positive are linked to care.

The school drop-out rate was 557/25,716 (2.17%) as compared to the set target of 1.01% (255/25,191) which resulted in an achievement ratio of 46.5% as per ministry of education report 2022. The performance of this indicator was far below the set target for the reporting period but comparable with the 2.1% drop out reported in 2021. Also worrying were drop-out reasons attributed to lack of interest in school which was reported by 25.4% (30) AGYW. From these statistics, there is evidence of a gap that still exists among AGYW on knowledge about their own sexuality. The number of AGYW who dropped out in Kwekwe district was significantly high compared to other districts. District officials have attributed this situation to illegal gold mining activities spread over the district. Illegal gold miners targeted school going AGYW. Plan International has proposed through the capacity development plan activities a staff training on how to conduct Operational Research with a particular focus on understanding dropout. The PCC facilitators have been supportive on making these follow ups as well

as engaging parents to ensure they support AGYW and that they also as parents place importance on girls' education. Potential dropouts are also identified through the CSE registers.

2.3.1 HIV Prevention Programmes

2.3.2 Prevention of Mother to Child Transmission (PMTCT)

During the year 2022 the PMTCT program continued to work towards attaining the gold tier in the path to elimination of mother to child transmission of HIV and syphilis by 2025. The program activities were guided by the Zimbabwe Plan for Elimination of Mother to Child Transmission of HIV and Syphilis 2018-2022 and the Combined Health Sector HIV response strategy 2021-2025. The results for the two indicators tracked in the Performance Framework are shown in the table below.

Table 7 Performance of PMTCT Indicators 2022

Coverage Indicator	Target	Results	Achievement Ratio
PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery	54,694 / 57,573 (95%)	43,570/53,744 (81%)	85.5%
PMTCT-3.1 Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	44,332/57,574 (77%)	47,935/53,744 (89%)	115.5%

The indicator measures provision of ART to HIV positive pregnant and lactating women to prevent mother to child transmission of HIV. The performance of the indicator PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery remained at 81% (43,570/53,744) as compared to the set target of 95% (54,694/ 57,573) which resulted in an achievement ratio of 85.5%. The high staff attrition rate of 11% affected the performance of this indicator and 67.1% of the attrition was among the nurses who are providing services to the PMTCT.

The performance coverage of PMTCT-3.1 Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth was 89% (47,935/53,744) as compared to the set target of 77% (44,332/57,574) which resulted in an achievement ratio of 115.5%. The performance increased by 3.3% as compared to 73.70% (41,772/59,697) achieved in 2021. The main reason for the improvement in performance was due to the implementation of IST programme. The Average Turn Around Time (TAT) from specimen collection to receiving at hub decreased to 1.3 days as compared to the set target of 3 days. Specimen rejection rates remained under 1% that can be attributed to strong Clinic Laboratory Interface (CLI) interactions as well as rider refresher training, where riders were taught basic rejection criteria to implement at the facility level where they collect the specimens.

2.3.2.1 Adolescent Girls and Young Women Programme

The UNDP/GF partnership has continued to support the AGYW program which started in 2018 under the NFM2 HIV grant (2021-2023). The program is managed, coordinated, and implemented under NAC working closely with Plan International, and the Zimbabwe Association of Church Related Hospitals (ZACH). The AGYW program was designed as part of the critical interventions to address the social and structural factors that fuel intergenerational, forced and/or transactional sex - particularly gender inequality and sexual and gender-based violence (GBV) - for preventing HIV among AGYW. In addition, improved Comprehensive Sexuality Education (CSE) has also been prioritized as a critical intervention.

In 2022, the CSE reached 44,818, learners (23,613 AGYW and 21,205 ABYW) covering 110 secondary schools. This translated to 107% of the targeted 41,853.

School Fees Subsidies



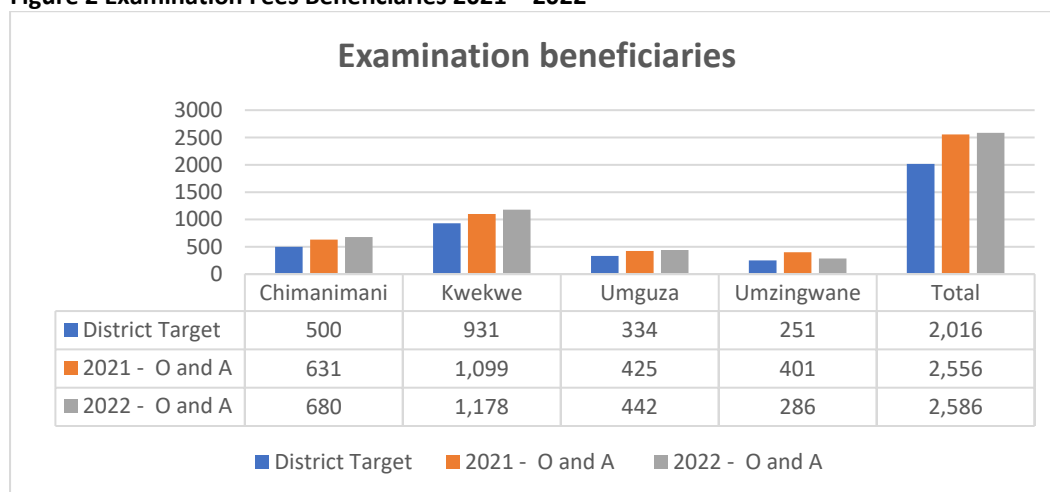
During this reporting period, examination fees for 2,586 AGYW sitting for Ordinary and Advanced level across the four programme districts were paid. The ZIMSEC pegged 2022 examination fees at USD11.00 per subject for O Levels and USD22.00 for A Level. A total of US\$190,925 was paid to ZIMSEC directly and this support allowed AGYW to sit for the national examinations. The number of AGYW willing to sit for O and A level national examinations remained high (2,586) compared to 2,556 in 2021 against a target of 2,016 for both academic years. Kwekwe and Chimanimani recorded increases in the number of

examination fees beneficiaries whilst Umguza and Umzingwane recorded some decreases. In 2021, USD152, 519.38 was paid towards examination fees compared to USD190, 925 in 2022.

The Educational Subsidies intervention remains a core component of the DREAMS Modified programme particularly now when families are struggling to restore economic security post COVID-19 that rendered most caregivers incapacitated to provide for their children’s educational needs. To reduce AGYW dropout, the program continued to contribute to retention of AGYW in schools through the provision of educational subsidies. During the reporting period, levies for **12,000** AGYW (2,977 Chimanimani, 1,989 Umguza, 1,495 Umzingwane and 5,539 Kwekwe) AGYW’s were paid covering terms 1, 2 and 3 of the 2022 academic periods.

All the AGYW under educational subsidies who qualified for school fees payment (O and A level) had their examination fees paid allowing them to sit for the national examination.

Figure 2 Examination Fees Beneficiaries 2021 – 2022



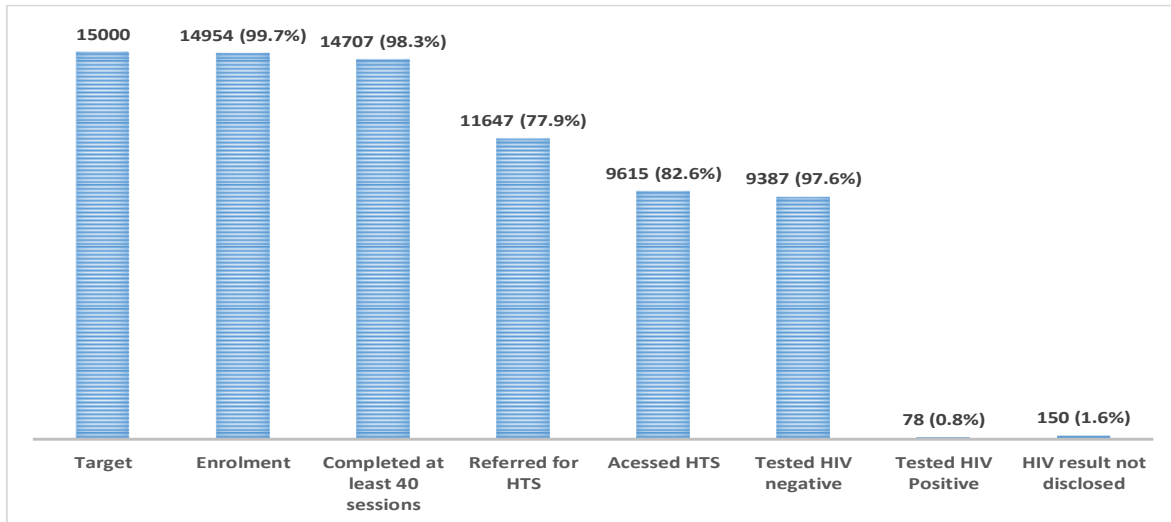
One teacher mentor at Mbizo high school in Kwekwe district expressed gratitude for the support the project is offering to the girls and had this to say,

“Adolescence is a time when so many girls are pushed out of school, because costs rise and so do the dangers to girls, who may get involved in relationships on the promise of the items they need to support

their families and pay their school fees. This often leads to exploitation, abuse, early pregnancy, and early marriage — and a brighter future lost.”

The programme links AGYW with the health institutions for provision of HTS services. The programme is measured by the number of vulnerable young girls (school dropouts, orphans & teenage mothers) who received comprehensive HIV prevention packages through sister-to-sister mentors and were referred for Health Testing Services. The S2S program targeted to follow a cohort of 15,000 girls over a period of one year. Results displayed in graph below show achievement as of 31 December 2022.

Figure 3 S2S program performance cascade (January-December 2022)



The programme enrolled 14,954 in the S2S program against an annual target of 15,000. This represents a 99.7% achievement. Of the 14,954 AGYW who were followed up by the program up year end, 14,707 (98.3%) completed the required 40 sessions in the S2S manual against an annual target of 100%. A total of 11,647 (77.9%) AGYW were referred for HTS and 9,615 (82.6%) accessed the service against an annual target of 15,000.

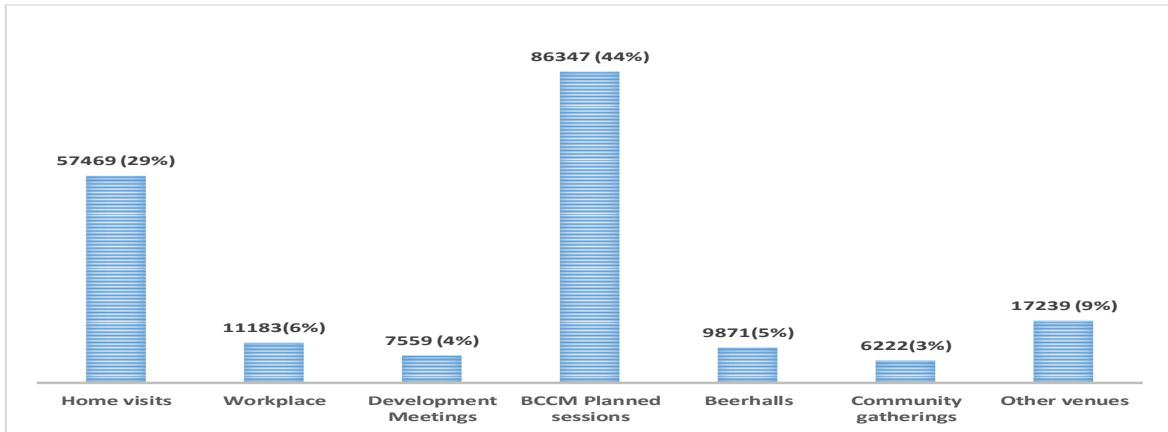
AGYW HIV Testing 25 GF-supported districts.

During the reporting period, 5,164 AGYW were referred and accessed HTS in the 25 GF-supported districts against the set target of 6,375 which resulted an achievement ratio of 81%. Of the 5,164 who accessed HTS in the 25 GF-supported districts, 1.4% (71) tested positive and were linked to care. Forty-three AGYW were tested, and they chose to keep secret the status of their results. The health facilities will make sure to enroll HIV+ AGYW on ART and offer appropriate HIV related services including PrEP if they are eligible.

Male Engagement Programme Performance

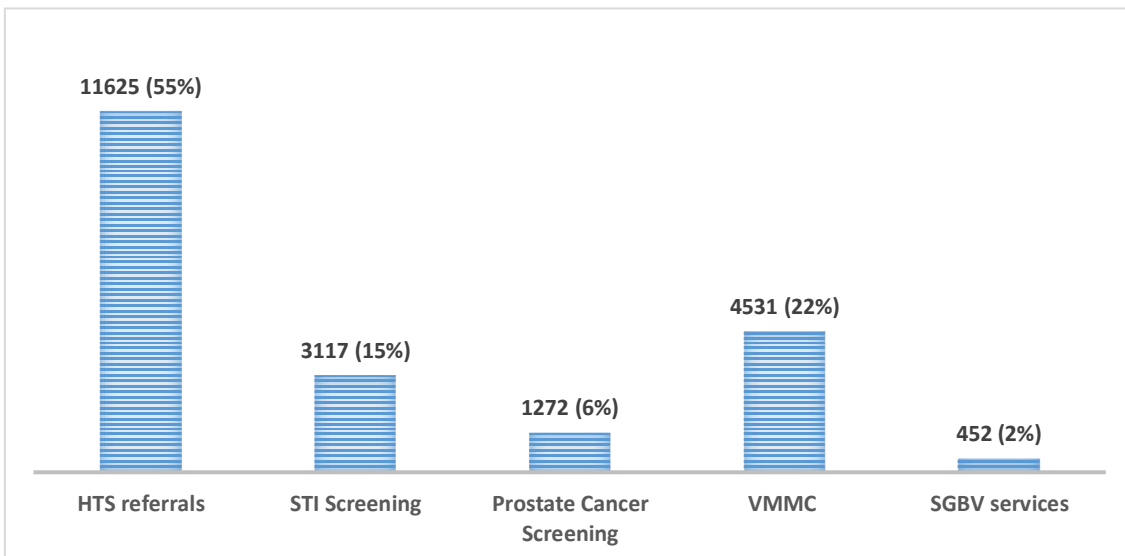
During the reporting period, the male engagement program managed to reach 195,890 at various venues. The male engagement program engages with men at different venues which include beer halls, homes, community gatherings as well as workplaces. The program performance is shown below.

Figure 4 Venues where men were reached January-December 2022



A total of 20,997 men were referred for various services during the reporting period. The majority 55% men were referred for HTS during the period under review as shown in figure 3.

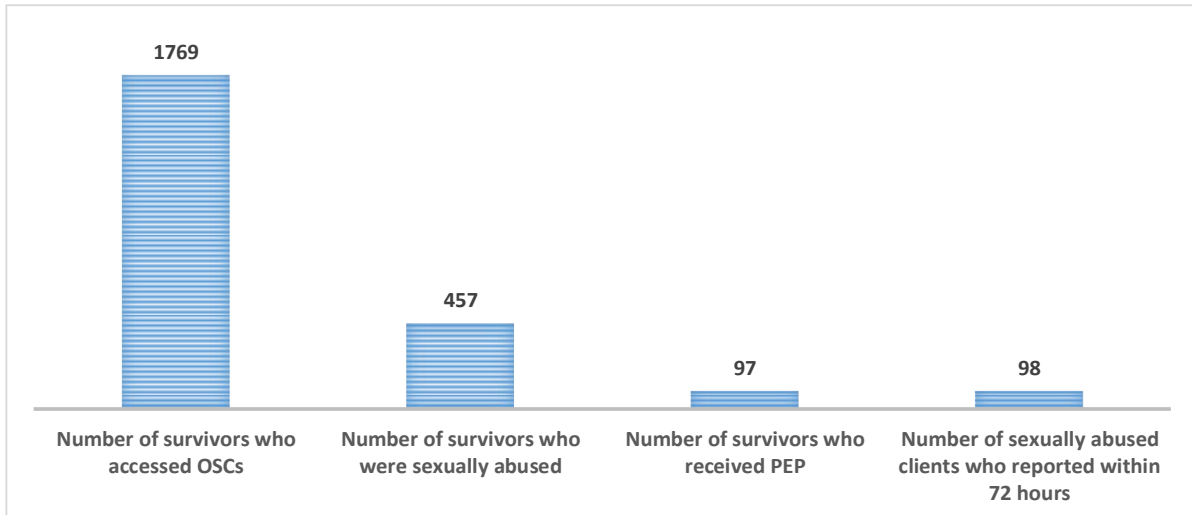
Figure 5 Male engagement program referrals January-December 2022



Stop AIDs Start Action (SASA) /OSC program Performance.

The SASA/OSC program continued to assist survivors of gender-based violence. All the four one stop centers were open throughout the year and continued to assist SGBV survivors with HTS, syphilis testing and treatment, police services, psychosocial and legal counselling among other services. Sexual GBV survivors were also referred to various partners such as Child line, social welfare, and Women affairs, FACT, NAC and MOHCC for assistance. During the reporting review, a total of 49,437 people were reached with Power, GBV, HIV/SRHR nodules by SASA! champions. The One Stop Centre performance is shown in graph below.

Figure 6 OSC program performance January-December 2022



2.3.2.2 Key Population Programmes

NAC is coordinating the Key Populations programme which is being implemented through two (2) SSRs namely CeSHHAR who is responsible for the Sex Work programme and UNFPA who is responsible for Men who have sex with Men (MSM) programme. The Sex Work programme covers 12 static sites (which include 4 Cross Border Initiative sites), 30 outreach sites and 4 SWs Drop-in Centers (Bulawayo, Gweru, Mutare and Harare). The MSM programme is running 3 Drop-in Centers that are under Gays and Lesbians of Zimbabwe (GALZ) covering the Northeastern region of Zimbabwe and 2 drop-in centers under Sexual Rights Centers covering the Midlands and Southern region of Zimbabwe.

2.3.2.2.1 Sex work Programme

The reported results have been calculated based on resources invested in the sex work programme. GF and PEPFAR are implementing this activity within the same and/or similar geographical areas, providing services to the same KP/community and using the same primary source documents for reporting. About 63% of programs data for 9 static sites and 25 outreach sites, and 100% for Kadoma, Karoyi and Chinhoyi static sites were used to report GF results. There are 6 outreach sites that are supported by PEPFAR and GF. This assumption has been used to calculate the result for this indicator including disaggregation. The performance of the key indicators for SWs programme is as follows:

Sex Workers reached with HIV prevention programs.

In the Zimbabwean context, a sex worker will be counted as "reached" if they are given the following defined minimum package: (1) SRH information i.e., peer education, (2) Risk assessment, including HIV risk and STI/TB/GBV screening, and risk reduction counselling, (3) Offered reasonable access to condoms and lubricants, either directly provided by peer educators or made available through dispensing machines in hotspots and/or clinics (4) Offered an HIV test if deemed relevant during the risk assessment, and provided the test if consent is given.

During the reporting (Jan -Dec 2022) through the GF resources; 58% (26,037/45,000) Sex Workers (SWs) were reached with the defined package as compared to the set target of 54 % (25,580/45,00) which resulted in an achievement ratio of 108% (26,037/24,158) The coverage performance was the same (58%) as compared to year 2021 (Jan to Dec) where 58% were reached with HIV prevention packages. The good performance may be attributed to continued enhanced outreach service approach adopted by CeSHHAR which focuses on new hot spot areas to serve SWs and also micro-planners' consistent efforts as they implement in a very conducive environment compared to the days of Covid 19 restrictions. In addition, CeSHHAR's GF 350 micro-planners who are resident in the new hot spot sites continue to mobilize sex workers to come for HTS services.

Sex workers HIV testing

During Jan-Dec 2022, through the GF resources 79% (20,543/26,010) SWs received HIV tests and got to know their HIV status as compared to the set target of 60% (15,606/26,010), which resulted in an achievement ratio of 132% (20,543/15,606). There was an increase of 11% in the coverage performance as compared to year 2021 (Jan to Dec) where 68% received an HIV test and know their results compared to year 2022 which recorded 79%. The achievement rate increased by 24% compared to year 2022 (Jan-Dec) where 132% received an HIV test and know their results compared to year 2021 which recorded 108%. The reason for the overperformance is the same as SWs reached indicator.

Eligible sex workers who initiated oral antiretroviral PrEP

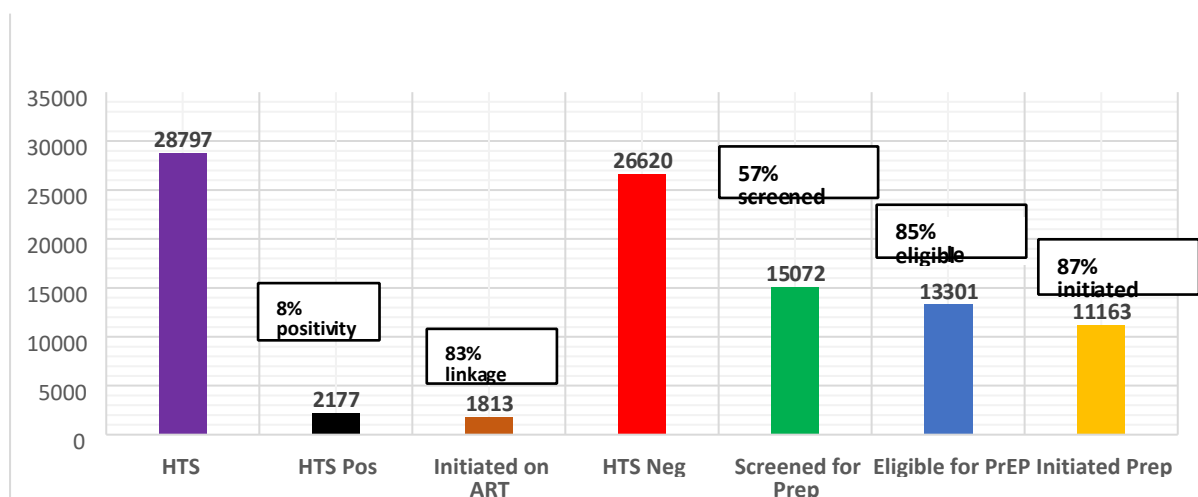
Through the GF resources about 62% (8,128/13,005) Sex Workers (SWs) were initiated on oral antiretroviral PrEP as compared to the set target of 48% (6,206/13,005) which resulted in an achievement ratio of 131%. There was an increase of 51% in the coverage performance as compared to year 2021 where 27% were initiated on PrEP compared to year 2022 which recorded 62%. The achievement ratio also increased by 70% compared to year 2021 where 61% were initiated on PrEP compared to year 2022 which recorded 131%. The reason for the over performance of 131% is the same as SWs reached indicator.

The results can be disaggregated by age, Gender, site, and modes of service delivery as follows:

- by sex: Male sex workers – 0.28% (101) and females sex workers – 97.% (3479), TG-0.5% (18)
- Age disaggregation is available for national level data and the disaggregated data for GF contribution is not available.
- by modes of service delivery: Static 2,804 (62%) and outreach 1,725 (38%).

Eligibility for starting PrEP is based on the national guidelines for PrEP. Eligibility includes at a minimum: 1) HIV-negative status and 2) no signs and symptoms of acute HIV. 3) the third criteria, whether an individual is at substantial risk for contracting HIV infection.

Figure 7 Sex Workers Programme Cascade Analysis 2022



NB. SW cascade combined GF and PEPFAR effort.

2.3.2.2.2 MSM Programme

In the Zimbabwean context, the defined package for MSM includes HIV Prevention – Condoms and Condom compatible lubricants, PEP, PrEP (Daily and On-Demand), VMMC, HIV prevention messaging, HIV testing and counselling. The micro-planners also offer PEP, PrEP, VMMC HIV prevention messages at community level or at MSM Drop-in Centers. HIV testing and counselling – Self and provider testing, Post-test counselling and linkages to care - MSM staff stationed at MSM DICs offer HTS post-test counselling and link the MSM clients to MOHCC, PSI or CeSHHAR static or mobile sites. Comorbidities – Screening and management of comorbidities-.

MSM staff manning the DICs do not offer clinical screening and management of comorbidities, Sexual and Reproductive Health Services- Screening (Triple site exam), diagnosis and Treatment of STIs, HPV vaccination- they only refer clients to MOHCC, PSH or CeSHHAR static or mobile sites The MSM staff at DICs inform, educate, and communicate with clients on SRHS.

MSM reached with HIV prevention programs.

Performance of the indicator shows that 31% (7,141/23,326) MSM received information on at least 2 of the broad topics listed above compared to the set target of 35% (8,262/23,326) which translates to an achievement ratio of 86 %. There was an increase of 2% in the coverage performance as compared to year 2021 where 29% were reached with a minimum package compared to year 2022 which recorded 31%. The year experienced high dropouts by MSM micro-planners who were demotivated by USD15 monthly allowances as compared to the USD50 allowance by PEPFAR which was increased to USD50 with effect from July 2022.

MSM HIV testing

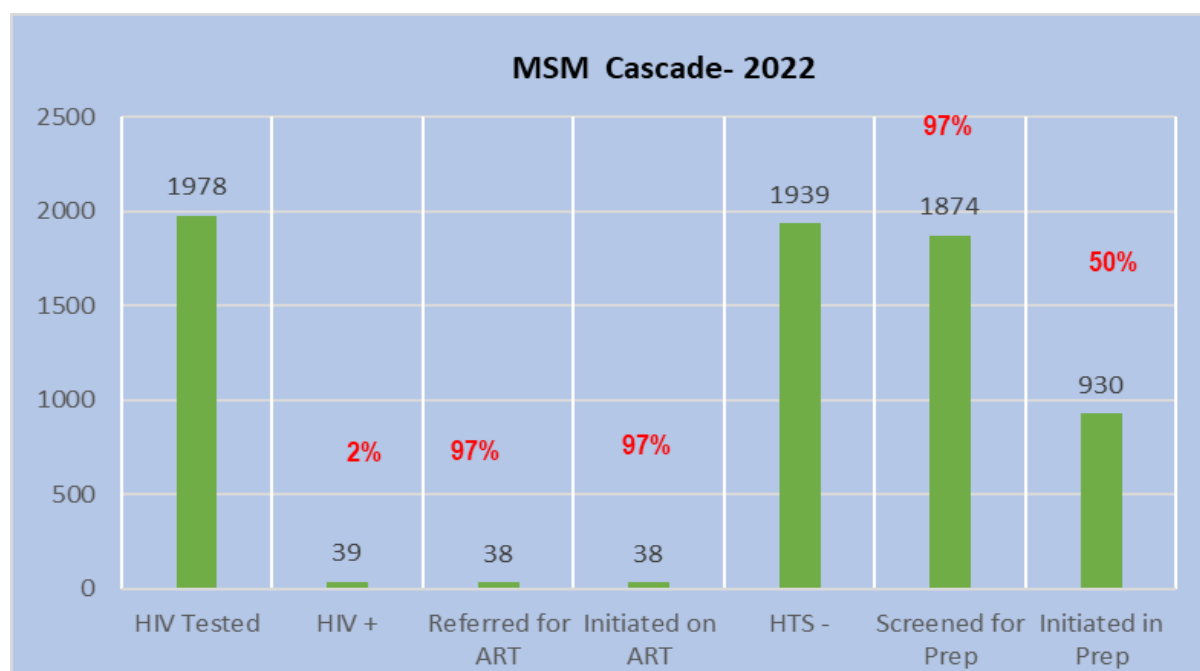
The results for the period January to December 2022 shows that 11% (1,978/18,404) MSM received HTS compared to the set target of 31% (5,752/18,404) which translates to 34% achievement ratio. There was an increase of 7% in performance coverage as compared to year 2021 (Jan to Dec) where 4% were initiated on PrEP compared to year 2022 which recorded 11%. The achievement ratio also increased by 2% compared to year 2021 (Jan-Dec) where 32% received HTS and know their results compared to year 2022 which recorded 34%.

The misalignment of allowances paid by GF and PEPFAR to micro-planners affected recruitment and retention and affected performance. The MSM clients were noted to prefer HIV self-tests (724) and not reported with the rapid HIV test which affected the performance of this indicator. The indicator measurement was misaligned with the activities in the Detailed Implementation Plan. To address the low performance GALZ printed hard copies of referrals which were then distributed to the MSM Peer Educators for reporting to DICs to improve tracking modalities of MSM clients. This approach tightened the tracking of referrals from DIC staff or generated by micro-planners resulting in MSM clients followed up at affinity sites. GALZ and SRC mobilized 'new' clients who have not accessed clinical services so that they are eligible for HTS, PrEP, ART, and other services. The micro-planners undertook targeted community mobilization to ensure that legitimate clients are linked to clinical services e.g., Gweru DIC had an outreach at Midlands State University during student orientation at the institution of higher learning.

Eligible MSMs who initiated oral antiretroviral PrEP.

This indicator assesses the availability and uptake of PrEP, especially among high-risk groups like the MSM who are eligible. During the reporting period, 7.7% (709/9,202) eligible MSMs were on PrEP as compared to the set target of 17.87% (1,644/9,202) which resulted in an achievement ratio of 43.1%. The reason for the low performance is the same as MSM HIV testing indicator.

Figure 8 MSM services provision cascade analysis 2022



There is generally a lower uptake of PrEP than anticipated for a number of reasons: in addition to the reasons for the low performance of HTS indicator, there are myths and misconceptions on PrEP effectiveness and side effects; lack of targeting in mobilization by micro planners leads to mobilization of clients who are not eligible for PrEP due to their low perception of risk of contracting HIV; and some clients do not meet the eligibility criteria for PrEP due to having STI infections or other medical conditions at the time of testing that lead the clinician to defer PrEP initiation.

2.3.3 TB Prevention Therapy (TPT)

This indicator measures the extent to which people on ART are initiated on treatment for latent TB infection thereby assessing progress towards accessing TPT among people living on ART. UNDP has supported the scale up of implementation of TB prevention therapy among PLHIVs. The performance of the indicator TB/HIV-7 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period was 58% (216,412/372,922) against a set target of 80% giving a performance ratio of 72.5%. The performance of the indicator was 27% less than 2021. The main reason for the low performance might be due to over ambitious target setting. During target setting the assumption for the denominator was 186,848 for 2022 but the actual eligible PLHIVs for TPT were 372,922 which is almost 200% which in turn decreased the performance ratio.

The implementation of the TPT Accelerated Plan by NTP was expected to address key bottlenecks identified including demand creation/TPT literacy among PLHIV, capacity building, M&E and development of suitable data tools and supply chain management of the required commodities. The costed TPT Surge Plan and Roadmap were finalized including the relevant documents such as TPT M&E Tools and Pharmacovigilance Implementation Plan. The PR will work with MOHCC/NTP to address the low performance of this indicator in 2023.

2.3.4 Provision of HIV Testing Services

The indicator measures trends in the number of HIV tests conducted (volume) and the proportion which are positive across service delivery approaches and populations. The performance of HIV-positive results among the total HIV tests performed during the reporting period was 5.5% (77,190/

1,392,975) as compared to the set target of 5%. A total of 1,392,975 men and woman of all age groups were tested for HIV and 5.5% tested positive. There is an increased HIV detection in the last two years since the adoption of the Revised National HIV Testing Strategy as follows: revised HIV testing strategy from routine testing of the general population to targeted HIV testing using HIV Testing; implementation of index testing; HIV self-testing scale-up and concentrated target population HIV testing with special focus on key populations. There was a decline in number of HIV tests conducted in the last 3 years due to targeted testing strategy as presented in Figure 9.

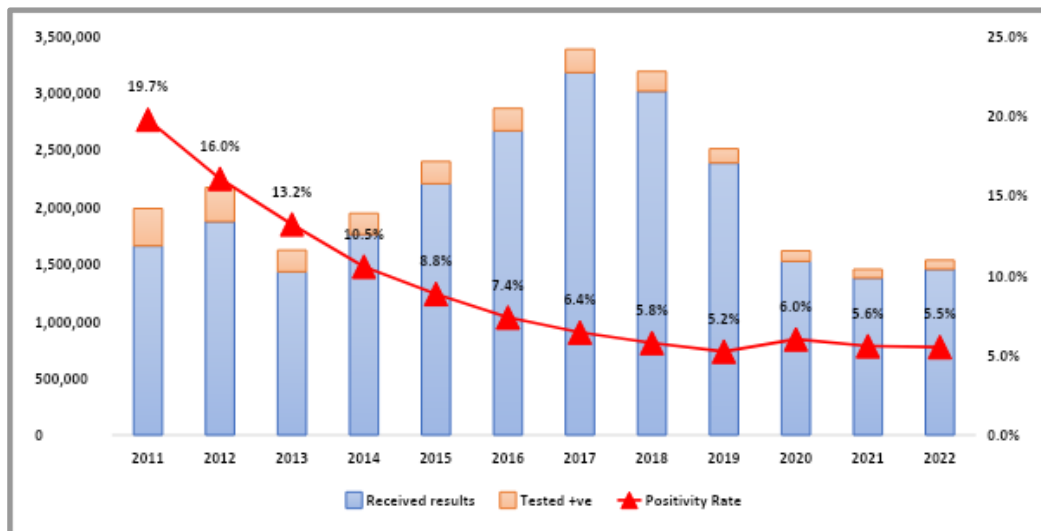


Figure 9 Comparison of HTS 2021 and 2022

The MoHCC continues with its strategy of strengthening targeted testing in most of the districts. There was also improved availability of HIV test kits, scale up of HIV self-testing, index testing, improved linkages of community systems to services. improved linkages of clients diagnosed in the community and improved linkage strategies employed within the health facilities. Provision of both HTS and ART services under one roof as well as improved counselling for those who test positive.

2.3.5 Treatment, Care and Support Services

The UNDP continued its partnership with the MoHCC national ART Program in line with the Zimbabwe National Strategic Plan for HIV/AIDS – ZNASP IV, to provide services to eligible children and adults with advanced HIV initiated on ART. Provision of lifesaving ARVs to adults and children with advanced HIV has been at the core of the national HIV care and treatment program.

At the end of December 2022, a total of 94.8% (1,233,619) of the targeted 84.2% (1,301,401) adults and children with HIV infection were reported to have received antiretroviral therapy (ART). The performance coverage of adults (15 and above) on ART among all adults living with HIV at the end of the 2022 reporting period was 96.1% (1,182,126/1,239,314) when compared to the target of 93% (1,211,379/1,302,558) which resulted in an achievement ratio of 103%, from 1,648 ART initiating sites. The performance of children (under 15) on ART among all children living with HIV at the end of the 2022 reporting period was 71.4% (51,493/72,088) as compared to the set target of 75.4 % (50,654.47/67,181) which resulted in an achievement ratio of 95%. The coverage of ART for females 15+ years is 98.1% which is slightly higher than the 93.2% coverage for males. The denominator used to calculate this indicator is from the latest spectrum estimate. The performance of TCS related indicators is summarized in the table below.

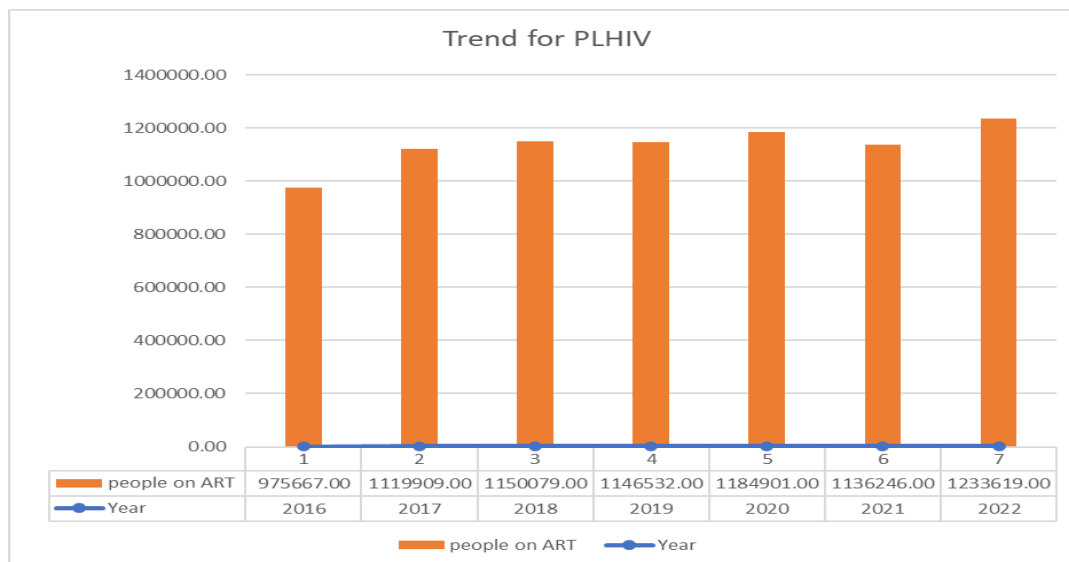
Table 8: Performance of Treatment, Care and Support Indicators 2022

Coverage Indicator	Target	Results	Achievement Ratio
TCS-1b ^(M) Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period	1,211,379/1,302,558/ (93%)	1,182,126/1,239,314 (96.1%)	103%
TCS-1c ^(M) Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period	50,654.47/67,181 (75.4%)	51,493/72,088 (71.4%)	95%
HTS-5 Percentage of people newly diagnosed with HIV initiated on ART	84,846/90,260 (94.00%)	73,188/77,190 (94.8%)	101%

The MoHCC has continued to implement the treat all policy, defaulter tracking, differentiated service delivery, quality improvement interventions, capacity building and mentorship programs among other HIV service delivery interventions. There was also continued efforts by MOHCC to identify PLHIV who are not on ART and initiated them on treatment. The Ministry worked with community cadres such as Community Adolescent Treatment Supporters (CATS) to distribute HIV ST kits to peers. Further, the ministry conducted Index Contact tracing and testing to identify and initiate positive patients on ART. This was also coupled with several treatment interventions such as defaulter tracking to retain these patients in care. The MoHCC carried out data cleaning exercise which resulted in a significant improvement in terms of reporting rates by facilities as well as the quality of the reports submitted.

Since 2016 there has been a steady increase in the number of people living with HIV receiving ARVs as presented in Figure 10.

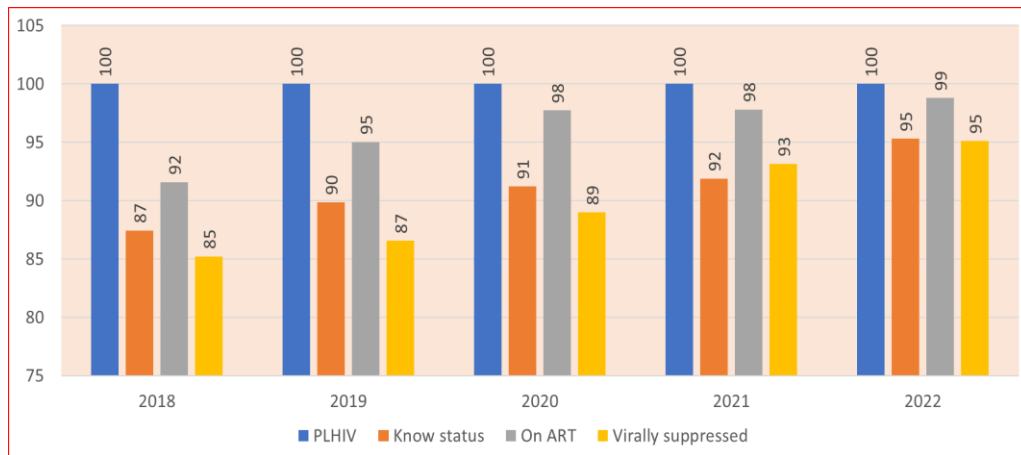
Figure 10 Trends in ART Uptake 2022



These achievements have been possible due to the role of UNDP as the PR of the GF HIV grant for the past 13 years and working closely with the MoHCC and NAC in the timely procurement of ARVs and other pharmaceutical and laboratory commodities, institutional support to the pharmaceutical and laboratory systems, which has saved and prolonged the lives of PLWHIV. UNDP has also collaborated effectively with USG (PEPFAR and USAID) and other Health Development Partners in Zimbabwe to strengthen the health system, including provision of solar systems, to deliver quality health services to the population.

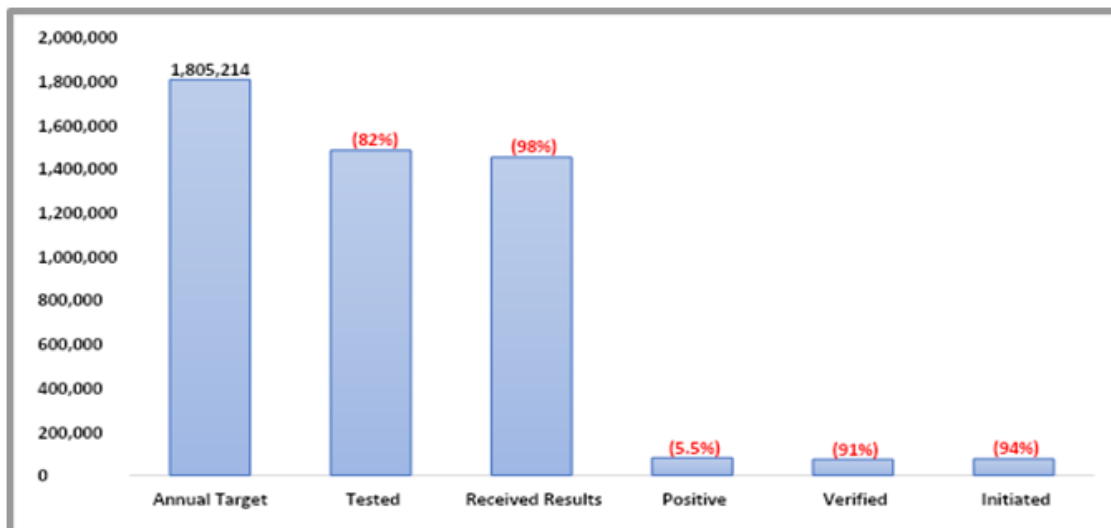
The results of ZIMPHIA 2020 demonstrated remarkable progress made by Zimbabwe towards the achievement of global goals to control the HIV epidemic. The 2023 HIV Estimates found that 95 percent of adults living with HIV were aware of their status and of those aware of their status, 99 percent were on antiretroviral treatment. Among those on treatment, 95 percent achieved viral load suppression. The HIV estimates indicates that 72.5% of children know their HIV status which is far below the 95 NSP target. Therefore, the HIV programme will review its progress and design a plan to address this challenge.

Figure 11 Trends in the Performance of 95-95-95 targets from 2018-2022



A total of 73,188/77,190 (94.8%) of people newly diagnosed with HIV were newly initiated on ART as compared to the set target of 94% (84,846/90,260) which resulted in an achievement ratio of 101%.

Figure 12 Performance of HIV Testing 2022



2.3.6 Resilient and Sustainable Systems for Health

There are three RSSH procurement and supply management, one human resource and one M&E related indicator tracked in the performance framework and the summary result for PSM related indicators is in the table below.

Table 9 Performance of RSSH Indicators 2022

Coverage Indicator	Target	Results	Achievement Ratio
PSM-3 Percentage of health facilities providing diagnostic services with tracer items available on the day of the visit or day of reporting	1,744/1,836 (95.00%)	(1,751/1,811) 96.7%	102%
PSM-4 Percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting	1,677/1,711 (98.00%)	(1,647/1,710) 99.81%	98%
PSM-7 Percentage of health product batches for the three diseases tested for quality in line with Global Fund Quality Assurance policy	100%	(102/120) 85%	85%

Health facilities with tracer diagnostic services available.

In the Zimbabwean context, the tracer commodity for HIV diagnostic services for the general population is the HIV screening test kit Determine HIV-1/2. There are 1,814 facilities expected to provide diagnostic services and stock the HIV Screening Test kit. During the reporting period, 99.5% (1,811/1,814) of the facilities were visited. Of the facilities visited, 96.7% (1,751/1,811) of the health care facilities providing diagnostic services had the tracer item on the shelf on the day of the visit or on the day of reporting, against a target of 95%. This performance shows an increase of 5% when compared to 91.7% (1,683/1836) achieved in 2021. The performance translated to an achievement ratio of 102% (96.7%/95.0%) resulting in an increase in performance ratio by 0.5% when compared to 101.5% achieved in 2021. The year recorded an effective distribution system (ZAPS) which went to the last mile. About 3.3% (60/1,811) of the facilities visited did not have determine stock.

Health facilities with tracer medicines available

There are 1,735 facilities that were expected to stock the tracer medicine. In the Zimbabwean context the tracer medicine for the HIV disease is TLD. Out of these facilities 98.6% (1,710) were visited during the reporting period. About 99.81% (1,647/1,710) health facilities had tracer medicine (TLD 90 and/or TLD 30 pack sizes) available on the day of the visit or day of reporting as compared to set target of 98% with an achievement ratio of 98% (96.2/98).

Health product batches tested for quality.

In 2022 about 85% (102) out of the targeted 120 health product batches for HIV were tested for quality assurance in line with Global Fund Quality Assurance policy against the target of 100%. All the tested batches passed the Quality Assurance tests. MCAZ tested 135 samples of ARVs of which 16 samples were from single, 21 double and 98 triple ART formulation in 2022. The target was not met due to ARV samples tested from the same batch at different levels (national, provincial and health facility) but reported as one based on the indicator definition. The methodology for sampling and testing was based on risk-based protocols (considering the total number of sampling units, disease prevalence and consumption data). Unknown storage conditions were classified as the highest risk.

Completeness of facility reporting

There were currently 1,740 Health Facilities expected to be reporting monthly to district level. The annual performance of this indicator was 88.4% (18,156/20,538) as compared to the set target of 85% which resulted in an achievement ratio of 104%. There was training in data management and analysis conducted and the distribution of laptops to the Health Information personnel to strengthen programme implementation. Harare province (87.4%) had the lowest coverage followed by Bulawayo province (89%). This may be attributed to the large number of private facilities that did not report and municipal health facilities that are not operating optimally due to staff shortages. The highest performing province was Matabeleland South Province (98.8%) followed by Mashonaland East

(96.3%) and Masvingo (96.3%) Provinces. While the performance continues to improve, there are still several issues that are affecting reporting. These are:

- Electricity load shedding and unavailability of backup power options in some parts of the country.
- Availability of the internet remains a challenge in some parts of the country with some officers having to come to work in the evening.
- The reporting coverage remains low among private for-profit health facilities and institutions that belong to the security sector.

Number of full-time posts unfilled for at least 6 months

The indicator measured the vacancy rate for health personnel against those in the post office. This is a reverse indicator measuring the number of funded full-time posts that have not been filled for at least six months, which employers are actively trying to fill, against the total number of funded full-time posts (filled and unfilled). A total of 3,509 full-time Health Workers' posts were vacant for at least 6 months out of the 31,930 funded Grade C5+ posts which resulted in 11% attrition rate as compared to the set target of 7%. The achievement ratio for the reporting period is 64% which is lower than the achievement ratio of 97% in 2021. In the reporting period 25,000 critical health workers were paid retention allowances starting from April 2022.

Attrition is heavily influenced by macroeconomic factors (hyperinflation) and demand for health workers abroad, thus it is challenging to influence it directly by the grant activities. The year experienced high attrition levels of health workers for greener pastures. Civil servants have been hard hit and have seen their salaries being eroded, hence the continuous high attrition levels for health workers. This is also further perpetuated by the subdued production of Health Workers from the Education Market. For 18 months (2021 and Jan-June 2022), the payment of allowances for health workers was frozen by the GF waiting the sustainability plan from MOHCC which may be one of the factors for increased attrition in 2022 (a long-term effect). From the total attrition nurses/midwives contributed 2,356 (67.14%), Lab personnel 210 (5.98%), Physicians 85 (2.42%) and Pharmacists 79 (2.25%).

Village Health Workers (VHWs)

Village Health Workers (VHWs) plays a central role in the health service delivery as they act as an interface between the primary health facilities and the community. The duties of a VHW include treating minor ailments, providing medical and psychosocial support to chronically ill patients at home, following up on patients, identifying problems in the community and advising the rural health centres accordingly. The VHWs are expected to work for 2-3 days per week. However, due to the increasing burden from HIV and AIDS and TB, the job of the VHWs has now become almost full time.

The grant made provision for the payment of US\$42 per VHW per quarter. The MoHCC is responsible for the supervision and payment of allowances to 120 VHWs in each of the 62 districts and hence the total number of VHWs to be paid is 7,560. For the reporting period, on average 6,191 VHWs payment was done in 3 batches, the first and the second quarters were separately, however the 3rd and 4th quarters were paid jointly in one batch in December 2022. The payments were done through Low-Cost Maintenance Nostro Accounts.

Community Systems Strengthening

FACT implemented National Policy Dialogue held in March 2022 with Policy makers on Stigma, Human Rights and VAW based on data generated from CBM. Training of community-based cadres on e-Community based Monitoring for 30 participants per district was conducted in 4 districts (Chimanimani, Gokwe North, Bikita and Kariba). Roadshows for strengthening demand creation strategies HIV, TB, Malaria and COVID 19 Services were conducted in 18 Districts. A total of 40

sensitization sessions with community leaders were held in 20 Districts where GF is supporting Community Led Monitoring (CLM). A total of 4 sessions of dialogue forums were held with religious leaders (FBO leaders) on 95, 95,95 strategy, stigma, and discrimination. The sessions managed to reach 60 Religious Leaders. Reorientation of the national networks on prior service delivery areas that support achieving the 95-95-95 targets, breaking social and legal barriers and scale up realization of human rights and gender equity. Quarterly Community dialogues were conducted by AGYW champions in Umguza and Kwekwe.

Laboratory System Strengthening

External quality Assurance (EQA)

Through ZINQAP, Global Fund-supported EQA for the GF supported districts. In a bid to scale up point of care testing for viral load and EID, the PMTCT program in collaboration with the TB department and Directorate of Laboratory Services trained health care workers at thirty-eight sites with GeneXpert machines on EID and VL integration in the second quarter of 2022.

Laboratory Information Management System (LIMS)

The program managed to capacitate facility teams in electronic sample transmission, receipt, and utilization of electronic results. Currently 52 laboratory hubs are capacitated to remote logging and use the system to track samples and results. Additionally, the remote login facilities are being weaned in a phased approach and upgraded to a proper LIMS instance with Sample Referral Module. Twenty-eight laboratory hubs [Mashonaland East (1), Mashonaland Central (1), Mashonaland West (1), Matabeleland North (3), Matabeleland South (3), Midlands (5), Masvingo (4), Harare (1), and Manicaland (9) are already stand-alone LIMS. Sample Referral Module enables dispatch laboratories to register, test, refer samples and dispatch results tested at and from other laboratories. This system improves sample tracking and results return/dispatch efficiency thus reducing TAT. Forty-two facilities now have LIMS/EHR integration and can register VL samples remotely into EHR. These samples are transferred into LIMS, and VL results are transmitted back to the facility via the same route. SMS functionality for e-result return is now registered for 1,084 facilities.

Servicing of laboratory machines

Two service providers FIMA and Medirite were contracted to provide routine preventive services for MoHCC laboratory machines throughout the country. A total of 166 machines were serviced (FIMA 87 and 79 Medirite). All the (166) machines were verified using documentary and telephone follow up and seventy-six (76) machines serviced by FIMA and found functional. For Medirite, a total of 79 machines were serviced and 77 machines were verified functional.

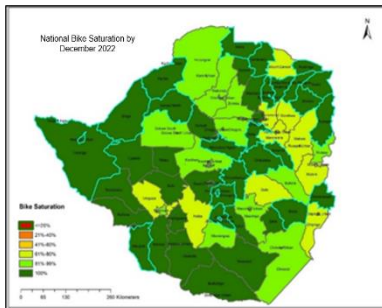
Storage and Distribution of Health and Non-Health Products

WFP managed to verify and clear for import all health and non-health products and offload them at UNDP Partners' Warehouses. All shipments cleared were delivered to both Manica Warehouse and NatPharm. During the year, WFP managed to keep the non-healthy commodities delivered to them for storage with minimum or no losses. For the period under review, WFP managed to dispatch non-health products to the intended destinations as per UNDP distribution list.

Integrated Sample Transportation (IST)

Effective specimen collection and transportation are key in disease diagnosis and in monitoring the success or failure of treatment, as well as in supporting diagnosis and management of patients, as required in a strong pharmacovigilance program. With the support from Global Fund (GF), BRTI supported MOHCC to address the specimen and result transportation gap, designing, implementing, and sustaining a well-coordinated specimen transportation system.

There has been significant progress towards attaining 100% national IST saturation in all 23 districts supported through GF operationalizing specimen and results transportation at full saturation during the implementation year of 2022.



The map indicates the national bike saturation levels, covering both GF and PEPFAR-supported districts. While all the GF-supported districts show the dark green color indicating 100% saturation, there are some pockets of light green on the map, indicating some PEPFAR-supported districts which have not yet reached 100% saturation. Coordination and collaboration with MOHCC, UNDP, and stakeholders were critical to the IST success in the period under review. The operationalization of IST continued to leverage on the close coordination between UNDP, BRTI, and the MOHCC through monthly update meetings, the main CCM, CCM HIV Subcommittee Meeting, and Monitoring and Evaluation SRs/SSRs Orientation Meetings being conducted.

The Turn Around Time (TAT) remained under 10 days for both pre and post analytic periods. Average Turn Around Time (TAT) from specimen collection to receiving at hub decreased to 1.3 days as compared to the set target of 3 days which is 157%.

Infrastructure activities/Solar for Health



Under the reporting period, the construction works various projects are ongoing and are at different levels. To improve storage of health products, the construction of 128 Pharmacy stores is in progress and at different stages with 35 at roofing and plastering level, 33 at substructure, and 60 at superstructure level. Installation of services and external works are at an advanced stage in the Construction of NatPharm Mutare Medical Warehouse. The construction of 8 Sustainable and Affordable Boarding Facilities completed and handed over to the beneficiaries to prevent teen pregnancies, early marriages, and new HIV infections. The facilities will benefit 280 vulnerable girls.



To address the water and sanitation challenges, UNDP contracted 2 services providers to install 447 solar powered boreholes nationwide. To date 170 boreholes (38%) have been installed and certified that they are functional. Works commenced at the two sites with excavations in the Construction of two giant incinerator units at Mpilo and Sally Mugabe hospitals. In addition, upgrading of Isolation centers, National TB Reference lab, Installation of containerized Laboratory, and X-ray houses.

Solar for Health Initiative

The solar for Health (S4H) project in Zimbabwe started in 2016 as a response to the frequent electricity blackouts that were occurring in the country. The blackouts were affecting the provision of quality health services at most of the public institutions as they lasted the better part of the day. Thus, UNDP in partnership with the Ministry of Health and Child (MOHCC) secured funding from the Global Fund to install solar systems at public health institutions to consolidate and strengthen the fight against the 3 diseases namely HIV & AIDS, and Tuberculosis, and Malaria.



To date, a total of 1,044 solar systems ranging from 5kwp to 40kwp have been installed in different public health facilities distributed across the country. The installed solar systems have become the primary source of energy with the grid becoming the backup source of energy. In 2022, an additional 19 solar sites ranging from 7kwp to 350 kwp were assessed and approved for installation. During the same period, the 40kwp solar systems installed in phase 1 were optimized at the 22 health facilities. In addition to the

optimization process Kadoma District Hospital had gel batteries replaced with Lithium batteries. Replacement of the gel batteries for the remaining 21 sites in 2023 where the aging gel batteries will be replaced with lithium batteries. To address the issues of theft and vandalism UNDP approached the MOHCC in 2022 to put measures to address these challenges. Health facilities in some districts responded by securing the solar panels and battery cabinets with angle iron bars. To date, all the health facilities were completely secured in Beitbridge district and Bulawayo Metropolitan Province.

2.3.7 Capacity Development Plan

The 2022 to 2023 CD Plan addresses key gaps, with the proposed activities cutting across the three grants, with activities supporting the MoHCC as PR and the HIV Grant SRs. The Plan has considered the following key issues: -

- Address outstanding systemic gaps or risks for core functional areas which are needed to manage, implement, monitor, and account for Global Fund-supported programmes. This support aims to contribute to the national partners' reliance on external technical support and focus more on building institutional capacities to be more self-reliant for their training and development needs.
- Within these functional areas, the CD Plan is meant to address gaps or risks identified through the SR capacity assessments, or through routine reporting on grant performance during the 2018-2020 implementation period or grant cycle and is specific to the entity organization.
- The CD Plan has been designed to complete interventions planned to address capacity gaps during 2018-2020 that could not be implemented due to the COVID in 2020, the last year of grant implementation, but remain critical, and.
- Support further innovations in grants management processes to improve efficiency, reliability, resilience, and sustainability. The approved budget is summarised below.

Table 10 NFM3 Capacity Development approved Budget by SRs

CD Beneficiary	Recommended Main Allocation	Recommended Above Allocation	Not Recommended	Total Requested
BRTI	28,600	-	-	28,600
FACT	54,500	-	-	54,500
GALZ	80,061	-	-	80,061
MCAZ	10,000	115,200	-	125,200
MOHCC (including NatPharm)	831,431	475,886	-	1,307,317
NAC and SSRs	641,500	935,240	1,383,722	2,960,462
SRC	121,658	13,600	-	135,258
UNDP	32,250	-	-	32,250
TOTAL	1,800,000	1,539,926	1,383,722	4,723,648

The CD Plan (2022-2023) was finalized, and the CT approval was obtained on 7 March 2022. All SRs were informed of the approval on 11 March and the CD Plans were sent to all the SRs. The CD activities were included in the implementation letter 3 to be implemented in 2022.

- After the approval of the CD Plan, amendments of the SR Agreements were made and signed by June 2023.
- The CD Plan comprised of Technical Assistance support mainly and about 43 TORs needed to be developed by partners. Unfortunately, the partners lacked the required capacity to develop the TORs and they were also busy with implementation. Two consultants were recruited to support with the development of 43 TORs from October 2022 to January 2023.
- Meanwhile the MoHCC had a total of \$262k, which was approved in 2021 by the GF. The MoHCC managed to train 5 health personnel per district on PFMs and supported with supportive supervision in the provinces and districts.

3 Grant Fund Administration for TB and Malaria Grants

In 2022, UNDP facilitated all disbursements to the MOHCC based on its own risk assessment, in accordance with UNDP regulations, rules, policies and procedures. Quarterly disbursements were made to MoHCC provided that minimum requirements as clearly stipulated had been fully met by the Principal Recipient. On a quarterly basis, UNDP reviewed all disbursements made by the PRs to SRs and/or sub-sub-recipients (SSRs) and verified that disbursements to sub-recipients and/or sub-sub-recipients were done in full compliance with the underlying rules and regulations of the grant. Specifically, UNDP under this arrangement provided support for all health and non-health procurement conducted by the Principal Recipient (other than those health products procured through the Global Fund's Pooled Procurement Mechanism).

The spot checks for 2022 covered 75% of the aggregate expenditures reported by the PR for the period, which is 10% higher than the 65% expenditure requirements recommended to be sampled and verified per the TOR for the Support Services. In addition to the grant documents and MoHCC policies and guidelines, the verification was also guided by the current MoHCC Financial Management Standard Operating Procedures (SOP). UNDP assessed all procurements done by the Principal Recipient to ensure that they comply with all applicable standards and regulations.

4 Support to Health, HIV and Development

Promotion of WBA work in Zimbabwe and Africa through publishing in the RBA special issue newsletter

UNDP audience including partners, funders and beneficiaries were exposed to the original views, voices and lived experiences of individuals such as Members of Parliament impacted by our programming in Zimbabwe. To promote WeBelong Africa, the newsletter also highlighted UNDPs support for LGBTI and YKP Inclusion Champions. This came under outcome 4 to achieve the increased use of African ideas, evidence and innovations that support LGBTI- and YKP- inclusive governance and related work. The activity resulted in increased visibility of WBA work within UNDP and externally.

Facilitate the discussion and screening of the UPR webcast at the LGBTI sector meeting in Zimbabwe.

UNDP provided Technical Assistance to capture young Key Populations' input into the human rights commissioner's report at the 50th session of the Human Rights Council. This aimed to describe the action being taken by Young Key Population in Zimbabwe and put forward recommendations and actions that can be intensified or initiated to meet the innovative targets on societal enablers in Zimbabwe. A written submission was delivered to the HRC highlighting good practices recommendations that are LGBTI and YKPs-focused. As a result of this intervention, there was increased access and availability of Young Key Population -specific HIV and human rights evidence.

Supported the community of intersex activists to document a human-interest story as part of the Zero discrimination day Campaign.

As part of the 2022 Zero Discrimination campaign, UNDP increased the involvement of young intersex activists in processes related to broader rights, development, and gender equality issues.

The human-interest story raised awareness of the stigma and discrimination that intersex persons face together with calling for inclusion and an end to stigma and discrimination against intersex persons. This was part of. As a result of the activity, there was an increased capacity of intersex activists to document the personal experiences of young intersex persons in Zimbabwe together with UNDPs efforts in promoting the inclusion of young intersex persons.

Angola UPR Event – Learning for the Zimbabwe experience.

As part of the Young Key Populations UPR interventions in Zimbabwe, UNDP provided input into the same process in preparation for the UPR mid-term report to the UPR by Angola. 40 LGBTI and Young Key Population activists in Angola were exposed to the Zimbabwe experience with the UPR. As a result of this activity, there was an increased motivation of LGBTI and Young Key Population activists to influence public policy processes together with the promotion of WBA work in the SADC region.

Participated and presented at a NAC-convened meeting of HIV/SRHR stakeholders with the parliamentary portfolio committee on HIV and AIDS

The meeting aimed to identify 2022 priority opportunities for collaboration between the Parliament of Zimbabwe and HIV/AIDS & SRHR stakeholders and develop a coordinated HIV and AIDS activity workplan with Parliamentarians for 2022. The meeting included HIV and SRHR stakeholders, CSOs including LGBTI and KP CSOs, UN agencies, and the Parliament of Zimbabwe. The output of the meeting was a workplan for the parliamentary portfolio committee. As a result of this meeting, decision-makers and influencers expressed an increased understanding of SRHR of Young Key Population and LGBTI rights/inclusion. The portfolio committee also requested capacity strengthening of the Chiefs Senate in parliament (religious and traditional leaders) on CSE, HIV/SRHR, and GBV issues affecting adolescent girls and Key Populations.

Convened and facilitated a government multistakeholder sensitization on transgender and intersex issues.

UNDP WBA program convened a multistakeholder sensitization meeting to sensitize government stakeholders beyond the MOHCC (Justice, Youth, Gender) on Trans and Intersex issues. The goal was to create multi-stakeholder spaces where the transgender and intersex communities can engage in dialogue, articulate their concerns, and develop alliances with decision-makers. 18 LGBTI activists participated and facilitated some sessions in meetings. As a result of the sensitisation, there was an Increased understanding of transgender and intersex issues by senior officials from government ministries, commissions, and parliamentarians from non-health committees. Furthermore, 12 parliamentarians from both non-health and HIV portfolio committees, including 10 senior officials from ministries, expressed an increased understanding of Young Key Population and LGBTI inclusion. Members of the parliament Joint Committee committed to conducting an oversight Inquiry on intersex issues and presenting a report for debate that also includes communities in oral evidence.

Convened the inaugural meeting of the newly constituted #WBA National Steering Committee

UNDP successfully constituted a national Steering committee for the WBA program in Zimbabwe to provide strategic guidance to the #WBA strategies in Zimbabwe, build support among key stakeholders and facilitate community-decision maker links with the decision-makers. As a result of this process NSC was inaugurated, and it reviewed and endorsed the #WBA strategy, and confirmed its future role in supporting #WBA implementation. Through the inaugural meeting, 2 government members from outside MOH/NAC were exposed to LGBTI/KP views and expressed support.

Co-Sponsored the National Key Populations Forum which is an existing multistakeholder platform addressing key population issues.

#WeBelongAfrica Co-sponsored the convening of the National Key Populations Forum. The key Populations Forum is a platform used to continue to deepen understanding of the HIV response for key & vulnerable populations in Zimbabwe and the impetus for civil society-led organising and advocacy. The UNDP used this platform to prepare stakeholders for their contribution to the upcoming national processes such as the Global fund writing and ZNASP review. The meeting resulted in summary priorities for the ZNASP IV extended and the selection of Key Populations representatives for the review of ZNASP IV and the GF writing team. As a result of this, there was increased interaction of YKP and LGBTI persons with preparatory work that will ensure national processes such as the ZINASP review and Global fund concept writing will reflect the input of Zimbabwean LGBTI and YKPS in their diversity.

Meeting with the UPR focal person in the Ministry of Justice

Throughout our UNDP programs, the Ministry of Justice in Zimbabwe has been a difficult stakeholder to engage specially to discuss KP and LGBTI inclusion issues. The goal of the meeting was to discuss the possibility to convene a half-day engagement to capture the support required by MOJ to see the full implementation of UPR recommendations. Also, to get input on the nature of support that the Ministry of Justice will require in implementing the accepted Sexual Orientation, Gender Identity, and Expression (SOGIE)-related recommendations. As a result of this meeting, MOJ requested support with the development of a UPR National Plan of Action 2022-2026. This commencement of plans to develop a Universal Periodic Review National Plan of Actions is a process that will increase attention to the rights and priorities of young key populations and LGBTI in the justice sector and mobilise senior civil servants to strengthen YKP and LGBTI inclusion.

5 Procurement and Supply Chain Management

The PR continued to work with the Ministry to ensure that essential antiretrovirals, and laboratory reagents and consumables were available on time in accordance with the supply plan.

Procurement of commodities were done following the Feb/March Quantification of 2022 in which the commodities required in Q2, Q3 and Q4 were approved to be ordered. The Global Fund also approved the advance shipments for commodities required from Jan-June 2023. The confirmation of the orders was done in time and commodities were received as per the National Pipeline resulting 100% availability of especially tracer commodities. Of the 12 different line items of antiretroviral and other pharmaceuticals ordered in 2022 in line with the established supply plan, 100% arrived on time and in full. Of the 169-line items of laboratory commodities ordered in 2022, 100% arrived on time.

The national supply pipeline was continuously monitored using the PR dashboard. The dashboard showed that throughout the country for all antiretroviral products, availability through the year was 100% with some products registering overstock while some were understocked. For instance, in December 2022, all tracer products were available in the country. Review of the stock levels of the products showed that 54% of the ARVs were available within the desired stock level, 23% were available above the desired stock level and 23% were available below the desired stock level. Availability of products above and below the desired stock levels were influenced by the transition of regimen and PSM team worked closely with programme team to ensure stock outs were avoided and expiries were minimized.

The country started the transition of all eligible paediatric ART patients to Dolutegravir based regimens from 1 July 2022 and was at 85% complete at the end of 2022. The MoHCC initiated transition from the following products:

- Efavirenz 200mg

- Lopinavir/ritonavir 100/25mg
- Lopinavir/ritonavir 40/10mg granules

The products will be issued to facilities, if necessary, on named patient basis.

The stock status matrix below for ARVs shows the UNDP/GF Contributions to the supply situation of the country.

Figure 13 Stock status Matrix for ARVs, December 2022

Product Name	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Abacavir/Lamivudine 120/60 mg Scored Dispersible Tablet 30 Tablets	7.5	10.5	18.7	17.9	16.7	15.6	14.5	13.8	13	12.1	11.3	10.5
Abacavir/Lamivudine 600/300 mg Tablet 30 Tablets	14.5	13.2	11.8	10.7	13.2	12.4	11.7	10.7	9.7	9.3	8.3	11.8
Atazanavir/Ritonavir 300/100 mg Tablet 30 Tablets	19.2	18.1	21	20.1	19.5	18.8	18.2	17.2	16.2	15.2	14.2	13.2
Darunavir 150 mg Tablet 240 Tablets	54.1	59.2	49.9	33.6	32.5	29.9	28.9	27.9	26.9	25.9	23.7	21.7
Darunavir 600 mg Tablet 60 Tablets	11.4	9.4	9.3	7.8	7	6.1	5.4	4.6	3.6	2.6	1.6	0.6
Darunavir 75 mg Tablet 480 Tablets	50	32.7	44	31.8	30.5	23.4	11	10	9	8	7	6
Dolutegravir 10 mg Scored Dispersible Tablet 90 Tablets	17.4	29	28.9	22.7	21.1	19	16.8	15.9	14.9	14	13	12.1
Dolutegravir 50 mg Tablet 30 Tablets	21.7	22.6	15.6	16.5	14.5	13.4	9.4	2.3	7.2	6.2	5.2	4.2
Dolutegravir/Emtricitabine/Tenofovir AF 50/200/25 mg Tablet 30 Tablets	28.5	22.2	17.5	13.9	11.1	9.6	13.1	11.5	10	8.6	13.6	12.1
Dolutegravir/Lamivudine/Tenofovir DF 50/300/300 mg Tablet 30 Tablets	10.7	11	9.4	9.3	11	11.5	10.5	9.5	8.5	11.7	10.7	13
Efavirenz 200 mg Capsule 90 Capsules	5.1	4.4	4.8	4.3	4.1	3.6	3.3	2.9	15.7	662.6	661.6	660.6
Efavirenz/Lamivudine/Tenofovir DF 400/300/300 mg Tablet 30 Tablets	8.8	7.8	6.7	5.7	4.7	4.3	3.9	3.2	3.4	3.3	3.2	3.1
Emtricitabine/Tenofovir DF 200/300 mg Tablet 30 Tablets	17.1	14.8	9.6	8.3	7.6	11.5	10.4	9.4	8.4	7.4	6.3	5.2
Etravirine 100 mg Tablet 120 Tablets	278	79	48.2	32.2	24.7	18.8	15.3	14.3	13.3	12.3	11.3	10.3
Etravirine 25 mg Tablet 120 Tablets	N/A	14.7	0	0	0	0	0	0	0	3.1	2.1	1
Lamivudine/Tenofovir DF 300/300 mg Tablet 30 Tablets	11.4	10.4	11.9	11.2	10.7	12.7	12.3	11.4	10.5	9.6	12.3	11.4
Lamivudine/Zidovudine 150/300 mg Tablet 60 Tablets	28.8	26.6	25.5	23.5	28.8	35.1	37.5	36.5	35.4	34.3	33.3	32.3
Lamivudine/Zidovudine 30/60 mg Tablet 60 Tablets	28	26.9	28	26.5	23.7	21.2	19	18.1	17.2	16.3	15.3	14.4
Lopinavir/Ritonavir 100/25 mg Tablet 60 Tablets	5.9	5	4.6	3.9	3.6	3.3	4.4	6	9.8	28.1	27.2	26.3
Lopinavir/Ritonavir 200/50 mg Tablet 120 Tablets	46.9	44	45	45.7	40.9	36.9	33.3	32.3	31.2	30.1	28.2	26.4
Lopinavir/Ritonavir 40/10 mg Granule 120 Sachets	10.5	10.6	8.1	6.1	5.5	0.6	12	11.1	10.1	9.1	8.2	7.3
Nevirapine 10 mg/ml Suspension w/ Syringe 100 mL	13.3	13.1	13.2	13.2	12.9	12.5	12	11	10	9	8	7
Raltegravir 100 mg Granules for Suspension 60 Sachets	30	25	21.9	18	14.9	11.3	15.2	14.2	11.7	10.7	13.3	11.5
Ritonavir 100 mg Tablet 30 Tablets	4.9	3.2	5	3.9	3.2	2.4	1.6	4.2	3.2	2.1	1.1	4.4
Ritonavir 25 mg Tablet 30 Tablets	372.1	140.3	80.9	57.1	42.4	33.1	26.6	24.8	23.1	21.5	20	18.6
Zidovudine 10 mg/mL Solution w/ Syringe 240 mL	17.7	15	8	7	5.9	12.3	10.5	9.4	8.3	11.3	10.2	9.1

As earlier noted, UNDP PSM team worked closely with the MOHCC to ensure that stock outs were avoided, and expiries were minimized.

The movement of commodities from central to district level takes place every quarter through ZAPS and ZILACODS distribution systems. By 31 December 2022, ordering had been completed in all provinces with four distributions of health commodities through Zimbabwe Assisted Pull System (ZAPS) for primary care facilities and the ZILACODS for Laboratory commodities.

To facilitate the destruction of waste products, two NatPharm incinerators were refurbished, and commodities have been disposed of in batches. The two giant incinerators procured in 2021 were not received and installed by Dec 2022 because the process of engagement of the civil works contractor was not completed. It is expected that liquid waste and cyanide related commodities will be disposed of using this facility by the end of 2023.

During the year, four oversight visits were conducted to four provinces. The supply chain management of health products continued to improve during the year although some challenges were noted and either resolved on the spot or through an action plan formulated with the facility personnel.

These Challenges includes:

- Inadequate storage space and conditions in most of the facilities
- Unserved Haematology and chemistry machines
- Non-functional Air conditioning units in some facilities affecting the temperature of storage facilities.
- Inadequate temperature monitoring due to inadequate temperature monitoring devices and lack of air conditioning units.
- Vacant posts for Laboratory Scientists, Pharmacy technicians and some Pharmacists at some central hospitals which are not benefiting from the retention.
- Vacant posts for Laboratory Scientists and technician, at district and provincial hospital

To overcome the challenges posed by inadequate storage space, 128 pharmacy stores and one central warehouse in Mutare NatPharm are being constructed and they will be equipped by the time they will be complete in 2023. The Servicing and maintenance of haematology and chemistry started in Q3 of 2022 and it is expected that by June 2023 all units should have been serviced and maintained.

The e-LMIS project is being implemented through a multistakeholder approach and aims to achieving the objectives of improving end to end visibility of health commodities in the supply chain while effectively reducing pilferage and increasing accountability. More than 800 laptops were purchased to support the rollout of eLMIS. The total number of facilities that have the e-LMIS roll out rose to 400 during 2022. As part of the scale up process, the system was rolled out completely to ten districts in the country with Manicaland accounting for the most with four full districts in total. The rolling out of the e-LMIS to these ten districts provided an opportunity to draw key lessons which would be useful in nationwide scale up. The systematic approach which enabled the rolling out of the system in these districts, is envisaged to expedite the scale up process given the availability of training and hardware resources.

Key challenges to the roll out and functioning of the eLMIS include:

- Connectivity and data access throughout the country. This is being mitigated using an offline version.
- Synching of the data of the offline version is also a problem.
- Low usage of the system as there is always a natural tendency of resistance to change.
- power outages, erratic or non-existent power coverage was noted.
- Software bugs
- High staff turnover at facility level
- User input-based anomalies

The e-LMIS/Navision integration has been successfully completed and tested in the production environment. During 2022, Emergency Orders were successfully tested and placed from the e-LMIS into Navision. Regular orders are planned to be processed in 2023, and this will effectively alter the way ordering systems function. The transitioning to regular e-LMIS ordering will usher in Z.A.P.S 2.0 which is the updated acronym for the Zimbabwe Automated Pull System from the current Zimbabwe Assisted Pull System.

In terms of the integration of e-LMIS/EHR, the process is currently going on and a working prototype is expected by end of Quarter 2 2023. It is expected that in 2023, 110 laboratories and 1400 health facilities will be covered with LIMS bringing the coverage to 100%. The Quality assurance Programme (QAP) continued to be implemented as per the approved plan.

The Medicines Control Authority of Zimbabwe (MCAZ) Microbiology laboratory was renovated under NFM2 (2018-2020). The new laboratory was handed over to MCAZ and has resumed operations. From January to December 2022, the laboratory tested and released 17 samples for MoHCC, and all the 17 samples passed analysis.

6 Monitoring and Evaluation

Several monitoring and evaluation activities were carried out to check on programme compliance quality, achievement of set targets, adherence to set standards and guidelines. The PMU reviewed 36 quarterly/semester SR reports and provided feedback with management actions for the following SR NAC (8) MoHCC (4) FACT (4), NatPharm (4), HSB (4), WFP (4), MCAZ (4) and BRTI (4). Two (2) semester PU/DRs (Jan to Jun and Jul to Dec 2022), four (4) quarterly pulse check reports, one (1) ROAR, one (1) UBRAF, and four (4) quarterly updates reports were prepared.

The PR held a two-day orientation meeting for M&E and Programme Officers for all SRs and SSRs in September 2022. The purpose of the meeting was to improve data quality through orientation of the personnel on indicator definitions as per the approved PF, required level of analysis and data disaggregation required per indicator, Progress Update reporting requirements including reporting

formats presentations, required supporting documents, OSDV and Pulse Checks. The orientation workshop improved the use of data for decision making at all levels.

In line with the Global Fund/UNDP guidelines, the PR-led a joint On-Site Data Verification (OSDV) with NAC and MoHCC for the SEM 3 and 4 NFM3 HIV Grant to selected districts to verify reported results. A total of 4 Provinces and 14 sites were visited, and the key observations were the following:

- Data quality issues related to either over or under reporting because of data not being captured from the multiple data entry points into DHIS2.
- Client tested and found positive but discovered that they were already on ART were documented as initiated resulting in double counting and reporting by some facilities.
- Poor management and record keeping of registers that resulted in some registers not being available for verification. This is a risk to clients' records which may result in unauthorized access of clients' confidential information.
- Patients not being recorded in the ART registers but only in the green books.
- Shortages of data collection tools at the health facilities level due to maldistribution.
- There was no evidence of schedules for report submission from the respective units to the Health Information unit and to the district.
- Most sites did not have completed asset registers, there was no evidence of frequent internal asset verification exercises.
- DHIS2 not used by health facilities due to internet connectivity.
- At the PMD, some asset issue vouchers did not indicate the exact facility where the assets are being issued to, making it difficult to check with the receiving facility because the PMD issues to District or provincial hospitals which in turn issue again to clinics in the districts.
- Late distribution of assets to the final receiving facilities takes longer than usual which may disrupt grant implementation activities, for example, some assets that were received at province level on 22 July 2021 were issued to the receiving facilities as late as January 2022.
- The infrastructure at Chitowa and Chitimbe clinics) does not have visible tags and the solar system is not fenced, and this compromise the security of the batteries and solar panels from vandalism and destruction by animals.
- At some pharmacies visited there were missing documents and stock cards at Hospital indication of lack of filing and poor record keeping

UNDP supported the AGYW and KP Semester Review Meetings. The review meetings provided a platform to discuss successes, bottlenecks and challenges as well as discuss solutions to issues identified challenges. The platform also served as a coordination for all partners implementing AGYW and KP programs and progress of the program.

UNDP continued to support the scaling of Impilo including the rollout of the Impilo reached 1,025 sites with technology deployment with above 750 sites successfully activated as the country continues to push to ensure that all sites with Impilo deployments are trained and activated.

UNDP continued supporting the development of the DHIS2 tracker to enhance community reporting for AGYW and KP programs is in its final stages. The DHIS2 tracker is meant to manage data generated through the supported AGYW and KP programs towards improved reporting and effective management of patients. Training of national, provincial and district officers on DHIS2 tracker has been completed. About 4,000 CHWs were also trained on DHIS2. As at Dec 2022 tools had been configured for the NAC models and user feedback is continuously being incorporated. The development of referral and cohort tracking application is ongoing with daily meetings being held to keep track of progress. The caseload reports are being developed as they are not supported by default in DHIS2. The UIC is now being automatically generated for all program areas. What is now left is the link between the NAC DHIS2 Tracker with the MOHCC EHR system for the reporting of biomedical data

such as HTS results for AGYW and KPs. The Community cadres are capturing data starting from October 2022.

As part of strengthening PR oversight of the grant, the following coordination mechanisms continued to be implemented: SR monthly meetings, SR Quarterly/Annual review & Planning meetings, and participate in CCM oversight and Health Development Partners Group meetings. The PR continued to provide strategic support in the quarterly M&E technical working group meetings, development/revision of NSPs for HIV & HRH, routine DQA, MODO and spectrum estimates.

7 Issues/Challenges and the Wayforward

Zimbabwe is facing a recession, with inflation rates of over 700%. This has led to a devaluation of the Zimbabwean dollar, resulting in a lack of access to capital and foreign currency. The economic recession has made it difficult for the government to adequately remunerate Health Care Workers (HCW) leading to low morale and high attrition. The country has a lack of access to essential public healthcare services and medicines due to limited resources and a lack of infrastructure. The forthcoming national general elections will further slowdown implementation of HIV interventions. The devastating effects of the COVID-19 pandemic left a greater strain on the healthcare system, making it even more difficult to provide the necessary services and treatments.

The non-availability of cashless payment modalities and inaccessibility of banking facilities for payment of allowances for community volunteers in the hard-to-reach marginalised communities has negatively impacted quality and timely program delivery during the reporting period. UNDP once engaged and negotiated with the SRs and banks to ascertain the possibility for provisions of low-cost bank accounts. The negotiation process revealed that, with the absence of the banking facilities within the reasonable radius of targeted communities, the use of bank accounts attracts additional cost such as transport and to some extent overnight accommodation. In addition, the banks charge transactional cost (for example 2% government tax, 1% withdrawal fee, maintenance fee on average \$5 per month and service fee that varies per number of transactions processed). The cost benefit analysis based on the average US\$15 per month per person allowance is found to be unfavorable to the beneficiaries. Holding other economic factors constant, the average cost per person is more than double the allowances that need to be accessed.

In relation to provisions of goods and services, majority of the community-based vendors/suppliers operate as family businesses and engagement processes revealed that, they demand cash payments for services rendered since they do not own Nostro bank accounts. In this situation the SRs/SSRs/IPs do not have alternative suppliers within these remote or marginalised locations.

The current pricing of goods and services in Zimbabwe is dependent on the payment modality to be used. Service providers charge their goods and service differently depending on the modality to be used. The pricing against the mobile money transfer payment system and bank transfer is more than that of cash payment. These challenges similarly affect the service providers' resident in these areas. Holding other economic factors constant, success of the project in the current environment hinges in the use of cash since in comparison to the other two modalities, there is erosion of the purchase power parity (PPP). However, cash payments are not allowed, and this has impacted negatively on the grant in terms of burn rate and effective implementation of activities.

The performance of children 95-95-95, MSM, TB/HIV indicators were below expectation during the year and priority will be given to improve performance in 2023. There is a delay in the implementation of infrastructure projects due to the increased price of materials and macro-economic situation and to address this an infrastructure taskforce has been established in 2022 which will be strengthened in the future. Data quality issues with discrepancies across different sources (Register, Monthly return form and DHIS2 coupled by misunderstanding of key indicators at District and Health Facility levels)

and PMU will continue the OSDV in collaboration with NAC and MOHCC. Low fund absorption was a challenge and the PMU had reprogrammed some of the savings.

8 Success Stories



The DREAMS project has been very instrumental in ensuring that AGYW are retained in school at all costs. During the Covid 19 peak, a lot of AGYW missed out on school due to the various lockdown levels that were implemented. Moreover, AGYW had no access to SRHR services including access to sanitary ware. It is noteworthy that the project through the Covid 19 response mechanism ensured that AGYW were supplied with sanitary pads.

"As girls in school, we are happy that we are receiving assistance from the DREAMS project so that we remain in school. The provision of sanitary pads to us as beneficiaries' will not only boost our confidence but will also help in making sure that girls do not miss out on school during menses due to lack of access to sanitary ware. We would like to extend our appreciation and gratitude to all the organisations that are making sure that we attend school at all costs" AGYW from Umzingwane district.

"We believe that Menstrual Hygiene and Health is of paramount importance if we are to ensure that girls are safe from abuse and from exposure to HIV infection. As you may be aware this area is infested by many illegal miners who prey on us as girls promising to provide us with lunch, cell phones, pads and so forth. Therefore, all efforts being made by the DREAMS project to protect us as girls do not go unnoticed. The project is really doing a lot to empower us as girls".

One of the teacher mentors had this to say,

"We are thankful to the project. We have seen an improvement in the attendance of girls in school. A lot of girls end up using other methods that are not healthy and expose them to health risks during their menses. We thank the Global Fund for realising this gap and for availing funds to procure sanitary pads for the AGYW".



Mawinei Ranjisi became a microplanner in 2018, Shackleton. Shackleton was implementing microplanning under the AMETHIST study funded under the Elton John AIDS Foundation. In 2019 she started a saving and lendings self-help group. In July 2022, she started a vegetable greenhouse project using the Shackleton funds she received from the group. She has been supplying the community with fresh vegetables at the same time improving her

livelihood. This project has been motivating other people in Shackleton and she has opened her doors to anyone who wants to learn how it's done and has been teaching her community.

9 Lessons Learnt

1. EID is a critical intervention that saves lives, improves outcomes for HIV infected children and assists in tracking of PMTCT program impact indicators as the country moves towards reducing MTCT rate to less than 5%.
2. Close monitoring and evaluation of project activities together with effective communication with the PR enabled reprogramming of funds and improve budget utilization.
3. Holding of Weekly Operational Meetings has helped a lot in discussing pertinent issues and resolving any potential challenges resulting improvement in addressing overlong storage items being distributed.

4. Mapping, remapping, and validation of hotspots is an important activity that keeps the programme in the know of the organisation and changes in sex work, this is vital and helps the programme reach better to its clients and offer individualised care and support.
5. The coming on board of the new warehouse structure created savings for NatPharm as the company moved out of all the leased warehouses in Harare.
6. Screening everyone reached by the programme in all entry points for GBV is vital as it has helped elicit GBV cases.
7. Physical asset verifications should be a continuous process to check whether grant assets are still in good condition, identifiable and in known locations at any given point in time.
8. Verifications assist in determining assets that are damaged and those beyond their useful life that need to be disposed.

UNDP Zimbabwe GF Project related articles and tweets 2022:

- [@UNDPZimbabwe, @GlobalFund & partners visited a vibrant "Stop the Bus" location - an innovative concept that takes essential HIV, health & related services to adolescent girls & young women](#)
- [This #WorldAIDSDay, reflecting on investments made together with @MoHCCZim, @GlobalFund, @naczim & partners to #EqualizeToEndAIDS](#)
- [With support from @GlobalFund, @UNDPZimbabwe together with the @naczim held an annual review meeting to assess progress made so far & addressing challenges being faced by adolescent girls, young women & key populations in Zimbabwe](#)
- [About 12,000 young girls in 4 districts will continue to shine in school after receiving uniforms, stationary, & had their exam & school fees paid for. With @GlobalFund support, we continue to invest in social protection interventions to keep young girls in school.](#)
- [Glad to read how Sr Marian Fadzi & team at Mahusekwa Hospital are able to continue the vaccination programme despite prolonged power cuts, especially given the increasing polio cases in the region. Appreciating @MoHCCZim & @GlobalFund for enabling the Solar4Health !\[\]\(746d018fdf6ab02bf5fb7681133e8b29_img.jpg\) initiative.](#)
- [Many thanks to @GlobalFund for supporting these efforts to reach adolescent girls & young women in hard-to-reach locations with HIV prevention, treatment and care, and other complimentary services.](#)
- [With thanks to @MoHCCZim's leadership, support from @GlobalFund & work by various partners on the ground - looking forward to building on these investments to #equalize inequalities & #EndAIDS, #WorldAIDSDay](#)
- [Another historic milestone on the journey to ending AIDS in zw/Zimbabwe by 2030 - proud to be part of the formidable partnership with @MoHCCZim & @GlobalFund making significant contributions towards achieving this #SDG3 target.](#)

Global Fund Tweet on Zimbabwe

- [Thank you, #Zimbabwe for your USD \\$1 MILLION pledge to the @GlobalFund Seventh Replenishment. Working together, we're ready to #FightForWhatCounts to defeat HIV, tuberculosis and malaria and achieve health for all.](#)

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