The Global Fund in Zimbabwe - 2012 In Review

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The new TB laboratory at Beatrice Road Infectious Diseases Hospital

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Key Results - Zimbabwe

Signing of the Phase 2 and SSF Malaria Grants

Between April and June 2012, the United Nations Development Programme (UNDP) and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) signed the Phase 2 extensions of the of the Round 8 Grants for HIV/AIDS, TB, Health Systems Strengthening and the grant for the Single Stream Funding (SSF) for Malaria. The GFATM has committed a total of US$ 293.6 million for the four grants to be implemented over a period of 3 years (2012-2014).

Phase 2 HIV and AIDS	The main goal of the grant project is to reduce the number of new infections among adults and children and reduce mortality and morbidity due to HIV/AIDS in Zimbabwe. The grant amount is USD $194, 473, 406.
Phase 2 TB	The goal of the TB grant is to reduce the burden of Tuberculosis by 2015, in line with the Millennium Development Goals, and to stop TB Partnership targets. A total amount of US$ 21.9 million was approved for the grant.
Phase 2 HSS	The goal of the Health Systems Strengthening grant is to enhance the capacity of the health system to deliver effective scaled-up treatment for HIV, Malaria and TB. The committed amount for this grant is US $42.3 million.
SSF Malaria	Two malaria grants - Round 8 Phase 2, and the first three years of Round 10 have been consolidated into the Single Steam Funding (SSF) for Malaria. The amount for the consolidated grant is US$ 34 million and the overall goal of the malaria grant project is to reduce the malaria incidence rate to less than 2.5% by 2016.

Funds Disbursed

The total amount disbursed by the GFATM in 2012 totals US$191.2 Million. The cumulative amount disbursed since beginning of the implementation of the Round 8 grants is around US$ 354 million.

Grant	2012				2011	2010	Total 2010-2012
	Quarter 1	Quarter 2	Quarter 3	TOTAL			
R8 HIV/AIDS	-	46,299,194	84,182,405	130,481,599	46,304,486	26,820,573	203,606,658
R8 TB	-	5,858,057	6,761,285	12,619,342	16,784,073	8,587,209	37,990,624
R8 Malaria	339,131	0	-	339,131	25,775,304	5,774,804	31,889,239
R8 HSS	-	17,247,478	9,160,568	26,408,046	12,775,621	19,979,138	59,162,805
R10 Malaria	124,543	0	-	124,543	-	-	124,543
SSF Malaria		16,806,981	4,394,493	21,201,474	-	-	21,201,474
TOTAL	**339,131**	**86,211,710**	**104,498,752**	**191,174,135**	**101,639,484**	**61,161,724**	**353,975,343**

Grant Performances

All four Grants exhibited remarkable performances during the year, recording "A" ratings, with the exception of the HIV/AIDS grant that recorded B1 ratings in two quarters. The overall underperformance of the HIV/AIDS grant during the period was affected mainly by the non achievement of the target for the BCC (Behaviour Change Communication) indicator i.e. "Number of people reached through community outreach programmes, promoting HIV prevention", due mainly to the reduction of the BC facilitators from 9,000 (Rd 8 Phase 1) to 3,000 (Rd 8 Phase 2), low submission rate of reports, and the closure of the ESP (Expanded Support Programme).

Grant	QUARTER 9 (Jan –Mar 12)	QUARTER 10 (Apr – Jun 12)
HIV	B1	B1
TB	A2	A2
MALARIA R8	A2	
MALARIA SSF		A2
HSS	A2	A1

Orientation Meeting for Rd 8 Phase 2 and Malaria SSF Grants

In June 2012, UNDP organised orientation meetings with all Implementing Partners (IPs) under each of the four grants (Malaria, HSS, HIV and TB) to discuss grant management issues, reporting, programmatic and financial monitoring. In addition, ways to improve communication for the Round 8 Phase 2 and the Malaria Single Stream Funding (SSF) were discussed. During the meetings, the UNDP shared the revised financial and M&E templates and reporting forms. The reporting forms have been developed to standardize and facilitate the progress reports and the reporting of the training activities.

Participants at the SSF orientation meeting

Visits, Consultations and Workshops

GF to Continue Supporting Zimbabwe

Mr. Mark Eldon-Edington (second from right), is briefed by staff during a visit to the OI Clinic, Harare Central Hospital on 12 July, 2012.

The Head of the Grant Management Division at the GFATM, Mr. Mark Eldon-Edington, visited Zimbabwe from 11 to 12 July 2012 to hold consultations with key stakeholders including representatives of the government, development partners and United Nations agencies. He also visited sites the Global Fund is providing support to.

Describing his coming to Zimbabwe as a demonstration of the GFATM commitment, Mr. Eldon-Edington said the country is a priority for GFATM intervention. "My impression is that I have met serious, passionate people committed to fighting the three diseases of Aids, Tuberculosis and Malaria in Zimbabwe and the Global Fund will continue to support them," he said, adding that he will conduct discussions with counterparts from the Ministry of Health and Child Welfare (MOHCW) to "see how the Government of Zimbabwe can increase its resources in the fight against the three diseases."

Strengthening Partnerships for Effective Management

The Director of HIV/AIDS Group in UNDP Bureau of Development Policy, Mr. Jeffrey O'Malley, visited Zimbabwe from 6 to 9 August 2012. The visit afforded the Director an opportunity to familiarise himself with the GF grants, discuss implementation challenges and identify areas that need strengthening with facilitated partnership for the smooth and effective management of the grants in Zimbabwe. The Director visited various projects, and interacted with Implementing Partners directly implementing the HIV/AIDS grant - including NAC and MOHCW.

Meanwhile, the Head of the High Impact Africa II Department, Grant Management Division at the GFATM, Mr Linden Morrison, visited Zimbabwe from 28 to 31 August 2012. The objectives of the mission included: (i) familiarisation with the country Portfolio; (ii) communication of the Global Fund Senior Management decision on application of Additional Safeguard Policy to grants in Zimbabwe following the independent review; (iii) discussion with partners and government on possible areas of collaboration to assure coordinated and harmonized support to MOHCW.

Above - Left to right: Mr. L. Morrison, Head of the High Impact Africa II, pictured with Dr. H. Madzorera, the Minister of Health, and Mr. M. Maya, the UNDP acting Country Director.

Following the independent review of the Additional Safeguard Policy (ASP), the Global Fund Management has determined that two safeguard measures will be retained namely: (i) the Global Fund selection of the Principal Recipient for management of Global Fund grants, and (ii) the Local Fund Agent scope for the assessment of PR and SRs will continue to be comprehensive beyond the scope for non-ASP countries. Additionally, the GF has lifted the need for quarterly reports to semi-annual.

Cross-Border Malaria Initiative Meeting

A two-day workshop was held in Harare on 26th and 27th November 2012 to discuss the Zimbabwe/Zambia cross-border malaria initiative. The aim of the meeting was to explore the feasibility of, and opportunities for, the two country programmes to engage and coordinate cross-border malaria control interventions towards pre-elimination of malaria within the framework of the existing Global Fund supported programmes in both countries and inform and complement already existing initiatives. The cross-border initiatives are critical for achieving malaria elimination in the SADC region as they minimise transmission of malaria parasites/cases across borders.

The specific objectives of the workshop were to:

- Review the district cross-border malaria activities in both countries.
- Identify priority activities that can be funded from existing and future Global Fund malaria grants from both countries as well as from other partners supporting malaria interventions in the two countries or the region.

Visits, Consultations and Workshops

The meeting was attended by Global Fund Country Support Team, representatives from SADC, UNDP offices in Zambia and Zimbabwe, NMCPs (National Malaria Control Programme)(Zambia & Zimbabwe), WHO, the Army and religious groups. Other participants were representatives from the districts and provinces along the Zambezi Valley; two provinces and 4 districts from Zimbabwe and two provinces and three districts from Zambia. The Minister of Health and Child Welfare (MOHCW), Head of High Impact Africa 2 of GF and the Fund Portfolio Managers of the two countries graced the occasion. In his opening address, the Honourable Minister of Health for Zimbabwe - Dr. Madzorera, gave assurance of the commitment and support of his government to the initiative, and added that the ongoing effort will ensure total elimination of malaria along the Zambezi Valley. He expressed government's appreciation to the Global Fund and partners for providing technical support and funding for the meeting.

The main outcomes of the meeting include the following:

- Awareness was created, political commitment demonstrated, buy-ins secured and strong optimism whipped-up among district staff on both borders, and at the highest levels of MOH in both countries.
- Informal agreement on strengthening, harmonising, synchronising and improving coordination of malaria activities along the borders as part of the Trans-Zambezi Malaria Initiative under SADC.
- Costed action plans were developed to guide the implementation of activities identified at the workshop

For more details, refer to this link: http://www.undp.org.zw/news/327-forging-cross-border-initiatives-to-curb-the-spread-of-malaria-in-the-zambezi-valley?3a1ed061a28f8a5e62fd4865066ea7fa=55963aa9ab628051973307888561871l

Above: Participants at the Cross-Border Initiative workshop

Exchange Learning – Geneva, Switzerland

In September 2012, Global Fund invited Zimbabwe and Kenya to Geneva to showcase the implementation of Malaria, Health Information System and HIV/AIDS programmes in their respective countries. The invitation was informed by the high levels of programme performances and achievements in these countries. The visit exposed Global Fund Headquarters staff to the work of the two countries and gave them the opportunity to experience first-hand the impact of Global Fund support on lives in Zimbabwe and Kenya. The event was part of the "Change Champions" initiative which was launched together with the "Healthy Corners" initiative on 24 October 2012.

Zimbabwe was represented by Dr. Tsitsi Apollo (ART Co-ordinator), Dr. Mberikunashe (Programme Manager, NMCP), and Mr. Joshua Katiyo (Manager, HIS) (all three from MOHCW) and Sarah Musungwa (UNDP's HIV/AIDS Programme Officer). Presentations by the Zimbabwe team focused on scaling up ART (HIV/AIDS Programme), IRS and pre-elimination activities (Malaria Programme) and Health Information Management Systems, with emphasis on the weekly disease surveillance systems using mobile phone technology in data transmission. The presentations also touched on implementation strategies, partnerships and achievements.

The visit to Global Fund Headquarters, Geneva, Switzerland

Risk Management Workshop

A two-day workshop on operational risk management in the implementation of the GF grants in Zimbabwe was held at the Arundel Office Park from 19th to 20th November 2012. The workshop, with the following objectives, was led and facilitated by the GF Country Support Team (CST):

- To jointly understand the implementation arrangements and the various risks in different layers of implementation.
- To discuss the key Service Delivery Areas (SDAs) and understand the programme risks strategies and activities.
- To understand the UNDP's perspective on risk management, risks in various portfolio and discuss the alignment of those with the risks identified by the Country Team
- To discuss the prioritised risks and grant specific risk prevention/mitigation actions with the PR and SRs.

The workshop was attended by officials from UNDP, GF CST, MOHCW (NMCP, HIV/AIDS and NTP), GF Coordinators based at MOHCW, ZAN, NAC, MACZ, HSB, NatPharm, HOSPAZ, and LFA. Participants, with guidance from the GF CST conducted a risk-mapping exercise, identified potential risk across all the grants by Service Delivery Areas (SDAs) and prescribed solutions to mitigate them. The GF CST will use the information gathered to develop a risk plan for the Zimbabwean grants.

The HIV/AIDS Programme

2012 at a Glance

Electronic Patient Monitoring Systems (ePMS)

Since inception of HIV prevention programmes in the late 1990's all patient-related data has been collected using a manual, paper-based system. The system has, of late, been unable to function properly due to the increase in the volume of patients requiring ART, which increased to 492,108 in September 2012. This increased number of patients on ART has affected accurate monitoring, tracking and reporting of patients accessing HIV services. To address this gap - ensure that both quality TB/HIV data is timeously collected and also an efficient management of patients - the Ministry of Health and Child Welfare, in consultation with its partners, resolved to establish an electronic system to collect and manage TB/HIV data at patient level.

The long-term vision of the ministry is to integrate the e-PMS into the national Health Information System for the health sector based on a limited set of nationally agreed solutions and standards.

In order to make a well-informed choice on a more efficient system suitable for the country, a "look and learn" visit was undertaken in March 2012 to Zambia, Tanzania, and Namibia to observe their systems. Key stakeholders whose representatives made the trip include MOHCW, WHO, RTI, UNDP, UNAIDS, CDC and NAC. The reports of the three teams were presented to the management of the MOHCW for decision making.

Around the same time - with financial support from the WHO - an IT consultant was recruited for three weeks to assist the ministry in conducting a rapid assessment of the existing systems in the country. Consequently, the consultant was expected to make recommendations to the MOHCW on their choice of system to adopt. Subsequent to the findings of the rapid assessment and the recommendations of the "look and learn" visit, the MOHCW decided on an e-PMS system that manages the following:

- Common patient registrations
- Demographic details
- Past medical history
- Patient follow-up visits
- Laboratory investigations
- Prescription and dispensing of drugs

A road map for implementation of the ePMS and a costed action plan were subsequently developed and, three systems, namely the Tanzanian, EGPAF and Newlands Clinic's systems were selected for piloting starting from the last quarter of 2012.

Photo courtesy: The Global Fund/Charlie Shoemaker

Nurse Yeukai Muchengetwa takes blood from Robson Shlakama at Harare Central Hospital Adult Opportunistic Infections Clinic.

Global Fund Support to the e-PMS System

The Global Fund has committed to the speedy implementation of the ePMS having already provided funds for procurement of IT equipment and accessories, as well as the necessary human resources, for the pilot in 81 public health facilities. By the end of December 2012, 81 laptop computers, 81 desktop computers, 2 servers, 81 printers and 2 multi-purpose printers had already been procured and had arrived in the country. In addition, GF has approved funding for the recruitment and support of central-level staff for 2013 as well as funding to procure a further 206 laptop computers, 2 desktop computers, 2 printers, heavy-duty printers and servers. Other equipment and infrastructure yet to be procured are LAN infrastructure, 83 solar panels, 83 AC-DC inverters, 166 deep-cycle batteries for backup, 83 heavy-duty LAN printers and uninterrupted power supply (UPS) units.

At the end of 2012, a contract was signed with University of Dar es Salaam to design and implement the Tanzania system (CTC database) as one of the pilot systems. A technician from the university visited the country, installing the relevant software at Harare Central Hospital, Marondera Provincial Hospital and Murewa District Hospital. The same technician further trained MOHCW personnel who will be responsible for the management of the system. EGPAF also completed site assessments of UBH Central Hospital, Gweru Provincial Hospital and Gokwe South District Hospital.

Newlands Clinic also initiated assessment for the piloting of its Energy Plan at Mpilo Central Hospital, Gwanda Provincial Hospital and Maphisa District Hospital. The piloting of the Tanzania CTC database and the Newlands Clinic Energy Plan systems are both receiving funding from the Global Fund.

Above: Nurses at the HIV/AIDS testing clinic at Chitungwiza Hospital

Summary of Achievements

- Approximately 3.7 million people (3,727,889) were reached through community outreach programmes, promoting HIV prevention, including interpersonal communication (person exposures) between January and September 2012.
- By September 2012, over 1,5 million people (1,569,420) had received HIV counselling and testing and received their results.
- 44,638 infected pregnant women received ARV prophylaxis to reduce the risk of mother- to -child transmission of HIV in the same period.
- 492,108 adults and children with advanced HIV infection are currently (as of September 2012) receiving antiretroviral drugs (ARVs), representing a coverage of 74%. With the current performance, the country is on target to achieving universal treatment by end of December 2012.
- Global Fund increased its support for ARVs for 2012 from 193,000 to approximately 203,440 patients, which accounts for 42% of patients currently on ART in Zimbabwe. The number is set to increase to 266,475 patients by 2013 which is about 50% of patients expected to be on treatment by then.
- The increase in GF support was made possible following the reallocation of 2014 budget for ARVs to cover the funding gap for 2012 and 2013.

Photo courtesy: The Global Fund/Charlie Shoemaker

Above: Sithabani Nkomo, who is HIV positive, with her son Promise Nkomo, 17 months and is negative, spend time together after the Aids Prevention Project meeting in Victoria Falls in June 2012.

The Tuberculosis Programme

2012 at a Glance

"Globally, TB is a leading cause of death from an infectious disease worldwide, second only to AIDS. The vast majority of deaths from TB - over 95 percent - are in the developing world."

http://www.theglobalfund.org/en/about/diseases/tuberculosis/

TB Grant: Improving Access to TB Diagnosis

In an effort to improve access to diagnostic services for TB, the National TB programme proposed the renovation of laboratories, to offer Direct Smear Microscopy (DSM) services, in Round 5 and Round 8 TB grants. The Round 5 grant (1 Aug 2009 - 31 August 2010) supported the renovations of 12 polyclinics in Harare City as a way of decentralising smear microscopy services and making diagnosis more accessible to the general population. Prior to this, DSM services were only offered at two diagnostic sites - Beatrice Road Infectious Diseases Hospital and Wilkins Infectious Diseases Hospital. The Global Fund grants also financed the construction of a new laboratory at Beatrice Hospital. The Beatrice Hospital laboratory was completed on 19 November 2012 and all procedures for TB diagnosis have now moved from the old laboratory to this new infrastructure.

The Round 8 grant further supported the renovations of health facilities in the peripheral areas to offer microscopy services. The Global Fund approved funding for the renovation of 80 microscopy sites that were drawn from all provinces that also included prisons as they have a high prevalence of TB. To date all the renovation works are now completed and beneficiary handovers have been done for all 80 sites.

The Global Fund grants also facilitated the training of a total of 510 microscopists (150 in Round 5 and 360 in Round 8) to work at the newly created sites along with other existing diagnostics sites. The Global Fund provided their allowances during training and made provisions to pay for salaries of 200 cadres in phase 2. A good number of the microscopists trained are already offering services at various diagnostic centres countrywide and deployment of the 200 microscopists, whose salaries are supported by the grant, is almost complete. In addition, the procurement of microscopes and GDF (Global Drug Facility) starter kits and other reagents to support DSM was made possible by the grant. This package will make it possible for many patients to access microscopy services, facilitate rapid commencement of treatment and improve management of patients.

The newly completed laboratory wing at Beatrice Road Infectious Diseases Hospital

The new Beatrice Road Infectious Diseases Hospital Laboratory reception area.

Summary of Achievements

- TB prevalence was reduced to 547 per 100,000 and TB Incidence 603 per 100,000 in 2012.
- About 87% of TB patients reported to know their HIV status. This is part of the TB/HIV collaborative activities, and the national policy/guidelines require that all TB cases reported to the health facilities are counselled and tested for their HIV status.
- 57% of TB patients were treated under the Directly Observed Therapy (DOT). The NTP also started the orientation of CHWs to enable them observe patients take their drugs. This initiative is expected to increase the coverage for DOT significantly.
- About 80% of smear positive TB cases registered treatment were cured or completed treatment.
- 81 renovated microscopy sites that were successfully created under the GF Rd 8 Phase I were handed over to the MOHCW after a multi-agency field verification exercise had been conducted and confirmed that all sites, but one, had been constructed to specification.
- 13 digital X-ray machines procured for the MOHCW arrived in the country and preparatory activities for the decommissioning of the old analogue X-ray machines and the installation of the new digital x-ray machines are ongoing.

Left: Mr Manyangadze - a senior laboratory scientist - explains the workings of the biological safety cabinet in the TB laboratory.

Bottom left: A laboratory technician staining slides for analysis.

Bottom right: Two microscopists busy at work examining TB smear slides.

The Malaria Programme

2012 at a Glance

"Malaria remains one of the world's great unnecessary killers. More than 650,000 people succumb to the disease each year - that's more than one per minute - mostly in the poor nations of sub-Saharan Africa, but as deadly as malaria is, it doesn't have to kill. Prevention and better treatment can stop the progression of the disease, and death tends to be a matter of extreme poverty." - Bryan Walsh

Source: http://topics.time.com/Malaria

The year started with the grant negotiation for the Round 8 Phase 2 and Round 10 Phase 1, which were finally approved by the Global Fund and subsequently consolidated into a Single Stream Funding (SSF), in line with GF new guidelines. Activities implemented under the grant in 2012 have been summarized below:

Vector Control Activities

Key vector control activities implemented during the period included Indoor Residual Spraying (IRS) and the procurement of Long Lasting Insecticide Treated Nets (LLINs).

Indoor Residual Spraying (IRS) was conducted in 45 districts with a high prevalence of malaria. The Global Fund grant supported implementation of IRS training and payment of spray operators as well as logistical support in all the 45 districts, procuring a total of 140 tonnes of DDT for spraying in 22 districts. Nets For Africa (NFA), the local agents for the DDT manufacturers were contracted to provide local DDT support services. This included development of a training manual and training of the spray operators on proper handling of DDT; storage and transportation of the DDT products to designated sites and the collection and incineration of the waste products. UNDP, in consultation with key stakeholders, included in the Terms of Reference (TOR), national and international environmental policies and protocols to ensure compliance with these protocols. Training was conducted for all the three levels (Level 1: nationwide Training of Trainers, Level 2: training of supervisors, and Level 3: training and monitoring of spray operators. In total, 1,215 spray operators were trained (Level 3). The training was facilitated by the Ministry of Health and Child Welfare (MOHCW), Nets for Africa (NFA), WHO, PMI, and PLAN Zimbabwe.

At implementation level, a provincial team approach was used in the coordination and implementation of the 2012/2013 IRS program, with support from the MOHCW. To facilitate the effective and efficient implementation of the spraying activities, a team comprising of 15 spray operators (an IRS Coordinator oversees each team) were constituted and reported daily to provincial supervisors via Short Message Service (SMS). The daily reporting provided detailed information on such variables as areas covered, number of rooms sprayed, number of refusals, materials used, challenges encountered and any other relevant data. The daily reports were consolidated into a weekly report by the supervisors. The supervisors, in turn, relayed this information to enable the assimilation of data on IRS throughout the country.

The use of cell phone communication has greatly improved the timely resolution of technical & logistical challenges in the field thereby improving efficiency & productivity.

Discussing the logistics of IRS

Photo courtesy Joaquim Viera Carlos © UN Photo Library

A Malaria Roadshow in action conducted by PSI

Procurement of LLINs

The NMCP estimates the country's need for LLINs for the 2013 mass distribution at 1,821,833, of which GF is contributing 75% (1.3 million), and the Presidential Malaria Initiative (PMI) 25% (500,000). The procurement of the GF contribution was initiated in 2012 and by December 2012 all the LLINS had either arrived in the country or at Beira Port in Mozambique en route to Zimbabwe. All 1.3 million nets will be distributed in the first two quarters (February-April) of 2013 after household listing has been completed. Coordination of the LLIN distribution at all levels is being led by NMCP/MOHCW and the actual distribution at distribution points and other related activities (training, transportation from districts to DPs, security and actual distribution) coordinated by PLAN and PSI, in close collaboration with the MOHCW. The World Food Program (WFP) was responsible for the clearing of the goods from Zimbabwe Revenue Authority (ZIMRA), storage and will also be responsible for the transportation of the nets from the warehouses to the districts.

Malaria Case Management

UNDP procured anti-malarial commodities including about 66,000 kits of Rapid Diagnostic Tests (RDTs) and 15,000 treatment kits of Artemisinin-Combination Therapies (ACTs) in 2012. In line with the new policy to involve Community Health Workers (CHWs) in community malaria case management, the NMCP/MOHCW facilitated the training of 1,773 Village Health Workers (VHWs) on malaria management - focusing on accurate identification of malaria signs and symptoms, testing, treatment and tracking of malaria cases. The training is part of efforts by MOHCW to ensure that HWs and VHWs strictly adhere to the national malaria treatment guidelines.

Implementation of Malaria Pre-elimination Activities

The thrust of the Round 10 Global Fund grant, which was later consolidated into the SSF (Single Stream Funding) grant with the Round 8 grant, is to ensure achievement of pre-elimination of malaria in the southern region of Zimbabwe.

Implementation of activities towards pre-elimination in the province started during the year with the hiring of a Pre-Elimination Coordinator. A capacity assessment was also carried out to help identify human resources, equipment, materials and other needs at provincial, district and community levels that may impact on the effective implementation of the Pre-elimination Activities (PAs). The capacity assessment was conducted in August/September 2012 and final report is due in the first quarter of 2013. The findings from the assessment will inform the total resource requirements for the PAs, and will be used to design resource mobilization strategy. It will also inform UNDP and MOHCW on additional resource needs from the Global Fund to supplement the SSF grant.

The MOHCW conducted training for health workers and community healthy workers on Integrated Disease Surveillance and Response (IDSR) and Enhanced Surveillance in Matabeleland South. The 1,542 CHWs trained have been capacitated on how to follow up on reported positive malaria cases and on identifying, monitoring and reporting mosquito breeding sites in communities to the relevant authorities for immediate action. A standardised pre-elimination tool was developed to guide the HWs and CHWs in their reporting.

Community IDSR Training of Ward Health Team in Matabeleland South Province, Matobo District, Bazha Health Facility (07.11.2012). After training the WHT will conduct enhanced surveillance of positive cases and identification of mosquito breeding sites in the community. The facilitators were the nurse from Bazha Health Centre and the team from the Provincial Office".

The Malaria Programme

2012 at a Glance

Procurement of Bicycles

A total of 124 branded Buffalo bicycles have been procured for distribution to all health facilities in Matabeleland South Province to facilitate the work of the HWs in carrying out pre-elimination activities in the community. The bicycles will be presented to the MOHCW in the first quarter of 2013.

Below: The branded bicycles ready for distribution

Summary of Achievements

- Incidence of malaria in 2011 reduced to 2.5%, compared to 4.5% in 2010.
- 61% of health facilities in Matabeleland Province submitted weekly surveillance reports during the last reporting for the end of September.

Above: An IRS operator at work in a rural home.

Below: The Madigane Clinic in the Mdaka Village in Zimbabwe. The clinic is host to many programmes including the Community and Home Based Care [C&HBC] Programme and MASO programme.

Health Systems Strengthening

Weekly Surveillance System

In February 2011, UNDP handed over 1200 Nokia 7230 cell phones to the MOHCW. Of these, a total of 1,165 have since been distributed to health facilities to help address infrastructural deficiencies in the weekly surveillance system.

Prior to the distribution of cell phones to the facilities, the application Frontline SMS, a data capturing software, was installed on all phones, piloted, Health Workers trained in the proper use of the application and the system finally rolled out nationally in the last quarter of 2011. By September 2012, the submission rate and timeliness of the weekly surveillance system had improved, from under 50% to 83% and 99%, respectively. Additionally, the coverage of weekly surveillance has increased significantly, from an average of 630 to 1330 health facilities.

Improvements noticed in the weekly surveillance system were made possible by strong partnerships between the MOHCW, Global Fund (funds to purchase cell phones, airtime and data bundles), Health Informatics Systems South Africa (technical support in adapting Frontline SMS and training of local expertise), Centre for Evaluation of Public Health Interventions (local expertise), Research Triangle International, (funds and technical support in adapting Frontline SMS as well as training of health staff in use of Frontline SMS).

Summary Performance of the HSS Grant

- By September 2012, a total of 18,860 critical health professionals comprising doctors, nurses, pharmacists, radiographers and laboratory scientists, among others, were being paid health retention allowances as a top-up to their salaries. The allowances served as motivation and contributed to attracting and retaining the critical health professionals in the public health system.
- Close to 11,260 Community Health workers (CHWs) made up of Village Health Workers (VHWs) and Secondary Care-Givers (SCGs) received monthly allowances from the grant.
- Timeliness and completeness of the monthly returns or the T-5 improved during the year to about 90%.
- Completeness of the weekly surveillance reporting also increased from under 50% to about 90% as of September 2012. The number of facilities relating weekly surveillance reporting also increased from 630 health facilities to 1,330.
- T-series (T-3 (100,000), T-4 (100,000) and T-5 (50,000) forms were printed and distributed to the MOHCW, ensuring no reported shortage of the forms in 2012.

Nurses complete administrative tasks at the hospital inside the Khami Maximum Security Prison. Their tasks will be made easier with the new surveillance system.

Photo courtesy: The Global Fund/Charlie Shoemaker

Capacity Development Achievements in 2012

The approval of the Phase 2 Capacity Development (CD) Plan by the Global Fund was delayed by more than 6 months, thus reducing the anticipated implementation duration from 3 to 2.5 years; the reduction is a significant factor considering that capacity development and change management require a longer period of implementation to make the desired impact. UNDP acknowledges that developing the capacities of the Sub-Recipients (SRs) and the successful transition to their take-over as Principal Recipients (PRs), requires commitment of time and resources. Therefore, the goal of the CD Plan is to strengthen the capacities of Sub-Recipients (SRs) to improve their performances in implementing their programmes leading to better performance of the Global Fund grants.

Enhancing the individual skill-building and awareness raising attributes registered under Phase 1, the strategy of the Phase 2 CD Plan has shifted to addressing institutional systems in the areas of i) coordination and management, accountability and risk management; and ii) strengthening the Health Information System systems.

Management and Leadership Development Programme

The Management and Leadership Development Programme is one of the key interventions of the Phase 2 CD Plan. This intervention aims to strengthen Ministry of Health and Child Welfare management and leadership capacity via practical application of acquired skills to real-life issues, ultimately enabling the transfer of skills in a sustainable manner. As part of the implementation of this activity, a horizontal learning exchange programme was arranged in order to benefit from the Zambia Management and Leadership Academy (ZMLA) model. The exchange informed a similar programme in Zimbabwe. Consequently, the Programme Director of Broadreach Institute for Training and Education (BRITE) visited Harare on 25th September 2012. Their director gave an overview of their management and leadership programme, implemented in Zambia to UNDP, MOHCW and the Health Service Board (HSB). Subsequently, the MOHCW - GFATM Grants Coordinator, MOHCW - Deputy Director, Human Resources, HSB - Deputy Director of Manpower Planning and the UNDP Capacity Development Associate visited Lusaka from 12 to 15 November. The team attended one of the key sessions within the ZMLA course and gained first-hand experience of how the programme is being implemented and how a similar programme could be implemented in Zimbabwe.

In addition to the exchange programme, a national consultant has been recruited to lead the Management and Leadership Development of the SRs. The consultant completed interviews with key staff of NAC, ZAN, HSB, NatPharm, UNDP and MOHCW and the draft report of the interviews was shared with UNDP and MOHCW in the first week of January 2013. Consequently, the summary of the report was shared to all SSRs for their review and input. The findings of the assessment will inform the design of the management and leadership development programme on a proposed theme, 'Zimbabwe Transformational Management and Leadership Development Programme'.

UNDP Support to the Capacity Development Plan

In order to address some of the funding gaps of the Phase 2 CD plan and as part of its global core function and support to national institutional capacity building, UNDP provided funding to the tune of $466,798 to support implementation of the CD plan. Notable areas supported with the UNDP funding include internet connectivity for the 82 MOHCW sites (additional funds), assessment of storage capacities and conditions of selected MOHCW health facilities, procurement of a refrigerated truck for MOHCW, mapping of MOHCW health facilities for the Geographic Information Systems (GIS) and mid-term review of the national HR strategic plan.

Achievements

Though implementation started late, significant progress has been made including:

- The conducting of an orientation meeting for all SRs on the Phase 2 CD Plan (July & September).
- Recruitment of a CD associate.
- Recruitment of a consultant to lead the Management and Leadership Development Programme.
- Recruitment of a consulting firm and the undertaking of field work for the assessment of storage conditions of urban and rural peripheral health facilities (excluding NatPharm), the findings of which will inform the design and submission of an action plan on the required improvements of storage of health products in these facilities.
- The procurement process was completed and an order placed for a refrigerated truck for the MOHCW to strengthen its public health laboratory services which will be delivered by the first week of April 2013.
- Revision of the SR Implementation Manual to incorporate changes in the Global Fund structures, SR reporting timeliness and the revised reporting templates.
- Midterm review of the 2010-2014 MOHCW HR Strategy.
- Recruitment of consultants for the conduct of Staff Satisfaction Survey.
- Orientation for new ZAN SSRs.

Photo courtesy: The Global Fund/Charlie Shoemaker

Above: HIV positive sex workers and peer educators at the Mbare Poly Clinic in Harare, Alice Chatyoka makes a speech to a journalist.

Photo courtesy: The Global Fund/Charlie Shoemaker

Above: At Mbizo II Maternity Clinic in Kwekwe, a field officer (black t-shirt), talks with other field officers and Tuberculosis patients outside the clinic.

Below: Madigane Clinic, Mdaka Village, is host to many programmes including the Community and Home Based Care [C&HBC] and MASO programmes.


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