

Phase 2 Single Stream Fund (SSF) Malaria

The two malaria grants; Round 8, Phase , and the first three years of Round 10 have been consolidated into Single Stream Funding. The grant implementation period is 33 months; 1ST April 2012 to 31 December 2014 and the total amount of the grant is USD34,877,559.

The consolidated grant is focusing on vector control, diagnosis and case management, Behaviour Change Communication (BCC), evidence based management and programme management. UNDP is the Principal Recipient PR and implementing partners include; the Ministry of Health and Child Welfare (National Malaria Control Programme), National Pharmaceutical Company of Zimbabwe (NATPHARM), Plan International, and Population Services International (PSI).

The overall goal of the malaria grant project is to reduce the malaria incidence rate to less than 2.5% by 2016.

The specific objectives of the programme are to achieve the following:

1. By 2016, at least 85% of the population in targeted malaria endemic areas have slept under an Long Lasting Insecticide treated Nets (LLIN) the previous night.
2. By 2016, at least 90% of health facilities in the 7 districts targeted for pre-elimination are carrying out enhanced malaria activities
3. By 2014, 45 districts have the capacity and resources to rapidly detect and respond to malaria epidemics
4. By 2014, at least 90% of population in targeted malaria endemic areas are covered by Indoor Residual Spraying (IRS).
5. By 2014, at least 90% of malaria cases are managed according to the National Treatment Guidelines
6. By 2014, at least 95% of people in endemic areas know the cause, symptoms, preventive measures and treatment of malaria
7. By 2016, to consolidate evidence-based programme management for an effective response to malaria in Zimbabwe.



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The United Nations Development Programme (UNDP) and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) have signed Phase 2 of the Round 8 Grants for HIV/AIDS, TB, Health Systems Strengthening and the Single Stream of Funding for Malaria. The GFATM has committed a total of US\$ 293.6 million for the 4 grants to be implemented over a period of 3 years, up to 31 December 2014.

Phase 2 HIV and AIDS Grant

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, in the amount of USD \$194, 473, 406, has the following objectives:

1. To increase the adoption of safer sexual behaviour (National BC Strategy Outcome Area 2)
2. To increase the number of children (18 months-15 years) and adults who have been tested for HIV and received their results
3. To reduce transmission of HIV from mother to child by providing comprehensive Prevention from Mother to Child Transmission (PMTCT) services
4. To expand provision of comprehensive HIV and AIDS care, treatment and support including anti-retroviral (ART) services in public and private sector facilities
5. Strengthen the involvement of communities in the provision of ART services
6. To strengthen national institutional capacity to coordinate interventions for orphans and vulnerable children (OVCs)
7. To strengthen mechanisms for coordination, collaboration and accountability among People Living with HIV (PLHIV) networks in the mainstreaming of Meaningful Involvement of People living with AIDS (MIPA) within the national response.

Phase 2 Tuberculosis Grant

The key to addressing challenges posed by tuberculosis hinges on the successful implementation of Directly Observed Treatment (DOT). Availability of diagnostic services and uninterrupted supplies of front line anti-TB medicines are important in having a successful National TB Programme. The grant supported the creation of 81 new TB diagnostic centres in Phase 1 and all are expected to be functional in year 3 of Phase 2. The grant also focuses on strengthening laboratory capacity for Direct Smear

Microscopy (DSM) and culture. During Phase 1 of the grant, laboratory equipment and reagents were purchased and in Phase 2, investment will be made to maintain adequate supplies of reagents and service laboratory equipment. The grant will also support the introduction of new technologies such as molecular testing for the diagnosis of Multi Drug Resistant- Tuberculosis (MDR-TB). MDR-TB treatments in the country started in 2010 with the support of Global Fund and other partners, and this will be scaled up in Phase 2 of the grant.

The grant will provide for the procurement of 60% of the national need for front line drugs during the three- year implementation period. The grant will also support the very first Zimbabwean study on TB Prevalence in 2013. The total amount approved for the grant is US\$ 21.9 million.

Specific Objectives of the grant include:

1. To strengthen and expand provision of high quality DOTS
2. To enhance TB/HIV collaboration, and to scale up control and management of TB/HIV and MDR-TB
3. Engage all care providers
4. Empower people with TB and communities to improve diagnosis

Phase 2 Health Systems Strengthening Grant

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 grant is in the amount of US \$42 million and will:

1. provide retention allowances for health workers from Grades F+ to C5;
2. provide allowances to community home-based caregivers, community-based health workers and urban health promoters;
3. strengthen the capacity of the health services board and the Ministry of Health and Child Welfare (MOHCW) to sustain the retention scheme with government resources; and
4. provide internet access at all district and provincial/central hospitals and the MOHCW and upgrade IT equipment and software in the MOHCW.

Zimbabwe has experienced an unprecedented decline in health service delivery due to the mass exodus of the skilled workforce, in particular from the public healthcare sector. This has adversely affected the health delivery system and consequently health outcomes of the Zimbabwean population. In response, the MOHCW and some funding partners instituted the "Public Health Retention Scheme" in 2007/2008. The goal of the retention scheme was to reverse the outward

migration of health staff from the country; and to ensure that numbers of new trainees entering the system from the clinical training schools exceed those leaving the sector. The health workers retention scheme has proved to be an important contributory factor in the reduction of vacancies in the health sector and the increase in facility-based births. In order to sustain these achievements, the Phase 2 grant will continue to provide funding for the payment of the retention scheme allowances, using as an exit strategy a 25% annual reduction in the payment of the allowances by the Global Fund.

In addition to the payment of retention allowances for health workers in the public sector, the program will continue to support the payment of allowances to community home-based caregivers for effective delivery of the community programs for HIV/AIDS, TB and malaria.

Lastly, this program will further support the strengthening of the communication infrastructure of the MOHCW to ensure improved timeliness and completeness of reports. In this regard, the grant will build on its support under the Phase 1 to integrate the disparate M&E systems for HIV/AIDS, TB and malaria into a strengthened and effective national health information management system; the District Health Information System (DHIS).