Zimbabwe

Operational Plan Report

FY 2011

Operating Unit Overview

OU Executive Summary

Background and Context

Nearly two years after Zimbabwe's public health system was on the brink of total collapse, that same system is slowly regaining functionality. Nevertheless, the health sector is plagued by human resource challenges, inadequate supplies of essential drugs, dilapidated equipment, and decaying public infrastructure. Whilst numerous health workers have returned to their stations, critical vacancies still remain and public sector wages are generally perceived as inadequate. While many HIV indicators have shown steady progress, other health-related indicators are alarming. Life expectancy at 43 is lower than it was ten years ago at 45.[1] Maternal mortality has risen to 725 from 578 in 1999 while skilled attendance at birth has fallen from 72.5% to 60%.[2] Child immunization coverage has fallen from 67% in 1999 to 49% in 2009 and levels of chronic stunting show an upward trend of 33.8% in children under 5.[3] Measles outbreaks continued in 2010, as did some outbreaks of cholera.

The operational environment in Zimbabwe has continued to stabilize since the beginning of the Government of National Unity (GNU) and the dollarization of the economy in early 2009. The inability of the GNU to resolve a number of outstanding issues and controversial macro-economic policies, including indigenization legislation, continue to hinder both development assistance and private investment, neither of which has reached expected levels since the formation of the GNU. At the same time, humanitarian funding is decreasing as the country transitions from an emergency to early recovery context. The country's food security situation remains stable yet an estimated 1.6 million people are expected to require food aid between January and March 2011.[4] Formal employment is scarce in Zimbabwe. Most households rely on subsistence farming, and livelihood security is fragile in both rural and urban settings. Reported levels of human rights abuses have decreased but constitutional outreach meetings in Harare and some other locations have been fraught with reports of harassment and intimidation. Renewed conflicts between parties to the GNU and the prospect of presidential elections in 2011 are potential threats to health and social sector performance in FY 2011.

Despite these numerous challenges, the Ministry of Health and Child Welfare (MOHCW), with the support of numerous donors, is steadily strengthening preventative and clinical services in Zimbabwe at both health facility and community level. While MOHCW coordinates health investments through a number of forums, direct funding support to the Government of Zimbabwe (GoZ) is quite limited. GoZ entities have been removed as Prime Recipients of Global Fund for HIV/AIDS, Tuberculosis, and Malaria (Global Fund) grants in Zimbabwe and are now sub-recipients to the United Nations Development Fund (UNDP) since Zimbabwe was placed under the additional safeguard policy in 2009.

Zimbabwe's official population is estimated at approximately 12 million but unofficial estimates place the actual figure closer to 9 million due to high rates of emigration over the last decade of economic and political crisis. An estimated 79% of Zimbabweans reside in rural areas. The latest HIV surveillance data (2009) estimates adult prevalence at 13.7 % compared to 20.5% in 2005 and 25.3% in 1997.[5] An

[1] Ministry of Health and Child Welfare (Zimbabwe). The Zimbabwe Health Sector Investment Case (2010-2012): Accelerating progress towards the Millennium Development Goals. March 2010.
[2] Ibid.
[3] Ibid.
[4] Zimbabwe Complex Emergency Fact Sheet #2, FY2010. USAID, Office of Foreign Disaster Assistance (OFDA). September 2010.
[5] Ministry of Health and Child Welfare (Zimbabwe). Zimbabwe National HIV and AIDS Estimates. 2009.

estimated 1,102,864 adults and children are living with HIV.[6] While Zimbabwe remains a high burden country, it has been recognized for recording a notable decline in prevalence that has been attributed to both high mortality and a decline in HIV incidence, resulting from adoption of safer sexual behaviors.[7] Behavioral surveillance suggests that Zimbabweans are changing their behaviors, including increasing condom use and reducing the number of sexual partners.[8]

Drivers of the epidemic in Zimbabwe include multiple and concurrent sexual partners (MCP), intergenerational sex, gender inequality and gender-based violence. Women are disproportionately infected and affected by HIV/AIDS. The prevalence among young women is 7.5% compared to 3.5% among young men, reflecting both the decline in prevalence among young people and the disproportionate prevalence among girls and women.[9] Prevailing economic conditions have increased women's vulnerability to HIV and created conditions that foster transactional sex and early and forced marriage. Twenty-five percent of all women have experienced sexual violence and 21% percent of women reported that their first sexual intercourse was forced.[10] Extended analyses of the Zimbabwe Demographic and Health Survey (ZDHS) data show an association between experience of spousal violence and HIV infection.[11]

While HIV is still noted as the leading cause of maternal mortality in Zimbabwe, AIDS mortality has decreased significantly since the scale-up of prevention of mother-to-child transmission and treatment programs. In 2007, annual AIDS deaths (children and adults) were estimated at 92,379 while in 2009 the number of deaths had declined to 66,073.[12] At the end of 2009 it was estimated that nearly 1 million children were orphans due to HIV/AIDS.[13] High rates of unemployment, poverty, and challenges with access to education are factors that continue to put young people, particularly orphans at risk of abuse and exploitation. The next ZDHS will be completed this year, providing new data to monitor these trends. Bi-annual antenatal surveillance will also be conducted in 2011. Both of these key strategic information activities are supported through PEPFAR and are expected to inform strategic planning and decision-making among key stakeholders in country.

The existing Zimbabwe National HIV/AIDS Strategy 2006-2010 ends this year and inclusive planning and drafting of the next strategy document for the period 2011-2015 has begun. Similarly, the current PEPFAR strategy for Zimbabwe expires this year and development of a new strategy for the next five-year period is a priority activity for the PEPFAR team in FY 2011. In anticipation of this process, an external assessment of the PEPFAR program's achievements over the last five years was conducted with the aim of learning lessons and strengthening the program going forward in alignment with the PEPFAR II strategy and Global Health Initiative Principles. While the final report has not yet been finalized, preliminary findings shared by the assessment team informed the COP 2011 planning process. Recommendations included suggestions for strengthening internal USG joint planning and monitoring, areas for expanded programming, and for strengthening communication with stakeholders and partners.

Significant PEFAR budget increases in FY2010 and FY 2011 will allow the team to scale-up a number of initiatives and support GoZ efforts to reverse deterioration of the health system. Increased USG investments in maternal and child health, reproductive health, TB, malaria and economic strengthening

[6] Ibid.
[7] Gregson et al. HIV Decline in Zimbabwe due to reductions in risky sex? Evidence from a comprehensive epidemiological review. *International Journal of Epidemiology*. 2010: 1-13.
[8] Zimbabwe Demographic and Health Surveys: 1988, 1994, 1999, 2005/2006.
[9] Ministry of Health and Child Welfare (Zimbabwe). Zimbabwe National HIV and AIDS Estimates. 2009.
[10] Central Statistical Office (CSO) [Zimbabwe] and Macro International Inc. 2007. *Zimbabwe Demographic and Health Survey 2005-06.* Calverton, Maryland: CSO and Macro International Inc.2006.
[11] Nyamayemombe, C. et al. The Association between Violence against Women and HIV: Evidence from a national Population-based Survey in Zimbabwe. Zimbabwe Working Papers, no. 4. Calverton, Maryland, USA:ICF Macro.
[12] Zimbabwe Ministry of Health and Child Welfare (Zimbabwe). Zimbabwe National HIV and AIDS Estimates. 2009.
[13] Ibid.

will further leverage these PEPFAR investments and expand opportunities for strategic integration and health systems strengthening. Despite these increased USG investments in several GHI priority areas, the PEPFAR team notes that the scale of the Zimbabwe PEPFAR budget demands trade-offs and that a number of technical areas that USG could bolster remain under-funded.

Sustainability and Country Ownership: The economic and political crises in Zimbabwe over the last ten years have debilitated both the private and public sectors. The short-term prospects for increased GoZ financing for the health sector are not promising and most health sector requirements are met through donor assistance and health facility user fees. During the period of hyperinflation, the National AIDS Trust Fund (known as the AIDS Levy), started in 2000 as a national tax, was generally not a significant source of funds for HIV/AIDS programming. Now that the levy is collected in US dollars, it has become a reliable source of financing for the operations of the National AIDS Council (NAC) and has enabled GoZ to make small contributions towards purchase of key commodities, including ARV drugs, male circumcision kits, and CD4 testing equipment. These investments have been taken into account in national planning targets for antiretroviral treatment (ART) and male circumcision.

Despite the limited capacity of the GoZ to finance HIV/AIDS programming, the government has generally taken a robust leadership role in strategy development and coordination of donors and technical partners working in HIV/AIDS. While the capacity of the GoZ to meet Abuja targets for health sector expenditures remains crippled, it has recently taken a renewed interest and strengthened efforts to take ownership of coordination and strategic priority setting in the broader health sector. Recent efforts to accelerate progress towards the Millennium Development Goals for health have produced the *Zimbabwe Health Sector Investment Case (2010-2012): Accelerating progress towards the Millennium Development Goals*. With this document, the MOHCW is working to stimulate donor investment in targeted community, clinic, and hospital level interventions to achieve specific targets, a number of which current and projected PEPFAR investments are directly and indirectly contributing towards. This advocacy effort builds on the ambitious National Health Strategy (2009-2013).

The key structures for joint planning and coordination on HIV/AIDS are technical working groups (TWG) and advisory committees chaired by MOHCW or NAC. USG staff and partners are active members of these groups, which include the National ART TWG, Human Resources for Health Taskforce, Prevention TWG, Male Circumcision TWG, PMTCT Partnership Forum, TB Partnership Forum, National Monitoring and Evaluation Advisory Group, and the Laboratory Technical Advisory Committee. USG program activities are planned within the framework of these government-chaired structures to ensure consistency with existing strategies and policy guidelines and regular communication with key stakeholders. Outside of these formal coordination structures, USG staff and partners have nurtured strong direct working relationships with MOHCW technical units, particularly the AIDS and TB Unit, the Laboratory Directorate, and more recently the Pharmacy Directorate.

As a consequence of the historically modest PEPFAR budget level in Zimbabwe, USG activities have been well integrated with national programs and have invested significantly in national strategy and policy development, national scale-up of public sector programs, and strategic systems strengthening interventions. In this sense, PEPFAR is not seen in Zimbabwe as an emergency program. As the PEPFAR team works to foster sustainability of the national response, a number of key initiatives are worth noting. The first is related to efforts to harmonize USG supported national ARV and family planning commodity (including condoms) distribution systems with broader health commodity supply chain management systems. The logistics sub-unit that was formally situated within the HIV and TB Unit has recently been moved to the Pharmacy Directorate as a means of integrating with and building capacity within broader systems to foster sustainability. In the area of laboratory strengthening, the PEPFAR program is working to rebuild provincial laboratory capacity in line with the National Laboratory Policy completed in early 2010.

Another element of working towards sustainability is the PEPFAR team's engagement with local partners, both as prime partners and through agreements with international partners that provide funding and technical support to Zimbabwean organizations to provide direct service delivery. Much of the on-going support to laboratory capacity building is provided through a local NGO that provides quality assurance services to laboratories nationwide. While they were funded by USG in FY 2010 at approximately US $3 million, they also collect fees for their proficiency testing services as a means of sustaining the operations of the organization. The USG has developed a strong prime partnership with the University of Zimbabwe (UZ) through the College of Health Sciences and the UZ HIV/AIDS Quality of Care Initiative (HAQOCI). HAQOCI is a key partner in supporting MOHCW's training, mentorship, and site readiness assessments. Several public health leaders in Zimbabwe are graduates of the USG supported Masters of Public Health Program at UZ.

The Strengthening Private Sector Health Care Services (SPSS) project is a USG mechanism that provides funding and technical assistance to 15 local partners to provide a range of HIV prevention and care services including HIV counseling and testing and palliative care through a franchise network. Similarly, the primary USG implementing mechanism for OVC care works through 15 local organizations, building their capacity to provide comprehensive and specialized services to children. The USG mechanism for supporting the national PMTCT program works through three local NGOs that together provide support to national PMTCT sites in 32 out of the 65 districts in the country.

Unfortunately, the fragile economic environment does mean that USG support is still critical in a number of areas. USG support has also enabled many of these partners to leverage Global Fund and other bilateral and/or private foundation resources. Notably the PMTCT program has recently received a pledge from the Child Investment Foundation Fund (CIFF) for US$50 million over 5 years leveraging USG proposed annual funding of approximately US$ 6 million in 2010 and 2011. The Bill and Melinda Gates Foundation is also expected to fund the scale-up of male circumcision (MC)within the armed forces in Zimbabwe through USG's implementing partner for MC. Should economic and political stabilization continue, prospects for GoZ financing and private sector contributions could improve.

Global Health Initiative Principles

In the context of often-strained bilateral relations with Zimbabwe, the USG health portfolio is a powerful tool for diplomacy in Zimbabwe. PEPFAR and other health investments in Zimbabwe provide tangible evidence of the commitment of the American people to the people of Zimbabwe. Global health programs have kept the door open for continued technical cooperation with the GoZ even when other diplomatic dialogue has been stalled. This commitment to improving health status in Zimbabwe is articulated within the Mission's Strategic Resource Plan (MRSP) as an overall goal of the U.S. Mission. The following examples of GHI principles in action are characteristic of the overall profile of the Zimbabwe PEPFAR program, the largest component of the Mission's health portfolio.

Women and Girl-centered Approach: The sizeable investment in PMTCT is one way in which the PEPFAR team has committed to addressing the needs of women, who are disproportionately infected and affected by HIV. Increasingly, community-level approaches such as integration of PMTCT with Expanded Program on Immunization (EPI) are being rolled-out to improve program linkages for women and baby pairs. Efforts to integrate ART into maternal and child health (MCH) settings through 20 learning sites is another example of how PEPFAR support aims to make services more accessible to women. Through the OVC program, girl children receive reproductive health services and information and services for prevention and response to gender-based violence, including post-exposure prophylaxis (PEP). Through this same program, girls will receive economic strengthening support to reduce their vulnerability to abuse. Finally, through PEPFAR supported HIV testing and counseling and palliative care programs, counselors are trained to screen and refer clients who experience or are at risk of gender-based violence. Emphasis on couples testing is another means by which women are assisted to improve communication and negotiation of risk reduction with sexual partners. In FY2011 the team will also implement Gender

Challenge Fund activities in strategic information to generate and disseminate evidence to inform gender programming in Zimbabwe.

Integration: PEPFAR investments reflect program integration in a number of critical ways that are responsive to emerging health needs in Zimbabwe. PEPFAR programs are increasingly supporting program linkages at the point of service delivery to increase cost effectiveness and improve quality of care. The PEPFAR supported network of VCT centers and linked post-test support centers have integrated family planning counseling and TB screening at a number of sites. A number of these same centers have also initiated point of care (POC) CD4 testing in an effort to reduce the number of patients who fail to link into ART/opportunistic infections (OI) services because of the tremendous backlog in CD4 testing at public facilities. This same technology, supported through the PEPFAR PMTCT program is also helping reduce loss to follow-up of pregnant women eligible for ART initiations in public facilities. Another example of integration is in the area of blood safety. The USG is working to revitalize the once very robust blood collection, screening and distribution system to ensure minimal risk of HIV transmission. This system is increasingly seen as vital to reducing maternal death and disability. In the area of laboratory strengthening, malaria proficiency testing is integrated during site visits for HIV quality assurance. A notable example of integration of health and other development assistance activities is through renewed focus on economic strengthening within interventions for orphans and vulnerable children (OVC). The PEPFAR program has identified youth as a key target population for joint programming with USAID's economic strengthening and democracy and governance units.

Health Systems Strengthening and Human Resources for Health: PEPFAR is supporting health systems strengthening in Zimbabwe through a variety of mechanisms. In addition to activities supported by the country budget, a Medical Education Partnership Initiative (MEPI) award to the University of Zimbabwe's College of Health Sciences will support the overall PEPFAR effort. This award is expected to strengthen the capacity of the country's only accredited medical school to graduate medical doctors and to retain these graduates in the country through building skills and increasing opportunities for clinical research. In FY 2011, PEPFAR Zimbabwe will support expansion of the highly esteemed Masters of Public Health Program at the University of Zimbabwe and ensure integration of HIV/AIDS related content to improve capacity of these public leaders to enhance the national HIV/AIDS response.

The USG will continue to support a number of training initiatives, necessary to build human resource capacity for effective service delivery and management. Clinical focus areas in FY 2011 will include male circumcision, revised WHO PMTCT guidelines, pediatric care and treatment, including early infant diagnosis, infection control and prevention, and ART/OI management. In recognition that many district and provincial health sector managers are clinicians with limited skills or experience in organizational management, another PEPFAR supported program will provide mentorship and training in leadership to these professionals to improve the efficiency of management of financial and human resources at district and provincial levels. Increased FY 2011 resources will also support development of training modules for strengthening this national in-service training program.

In order to ensure availability and effective use of health information by managers and policy makers, the USG is supporting the rollout of an updated district health information system, the MOHCW system for overall health information management. This system collects vital HIV-related information but is also the vehicle for facility and district level reporting of all health conditions and services provided. Training and technical support will serve to make the system relevant and useful to health workers. Another information management effort will focus on development of a human resources information system (HRIS) to enable MOHCW and professional councils to accurately assess human resource needs and capacities. Both these systems are intended to enable the MOHCW to improve strategic management of health sector resources. These technology-based efforts will be catalyzed by Zimbabwe's participation in the Health Informatics Public Private Partnership.

Substantial USG investment in national supply chain management systems through SCMS continues to provide vital support to the national public health system. Technical and financial assistance supports forecasting, procurement, storage, quality assurance, and distribution of a number of HIV related commodities (condoms, ARVs, rapid test kits, MC kits) for MOHCW service delivery points nationwide. Notably, the SCMS support has leveraged inputs from a number of other donors, including ARVs and family planning commodities. This support includes funding for essential MOHCW logistics staff and capacity building of field-level personnel to improve commodity management at all levels.

Funding of key host government technical positions in a number of areas including ART, PMTCT, pediatric care, surveillance, and laboratory is a systems strengthening strategy that has been integral to the PEPFAR Zimbabwe program in the context of extensive emigration of health professionals.

Coordination with Other Donors and the Private Sector

The Global Fund remains the largest single source of support for HIV/AIDS programming in Zimbabwe with over US$605 million in grant applications and approximately US$ 180 million in disbursements to date. The Global Fund provides the lion share of resources for the national health worker retention scheme started in 2009. These incentive payments for health workers have been fundamental to restoring basic service provision to public health facilities and an increasing share of Global Fund resources have been directed towards making these payments. The consequence, however, has been that a number of Round 8 program activities have had budgets cut as reprogramming to support the retention scheme has been a priority for government. PEPFAR Zimbabwe is working to strengthen our coordination with the Global Fund to ensure that coordinated gap-filling efforts promote continuity of national strategic plans. Multiple USG agency staff and partners participate as observers in the Country Coordinating Mechanism (CCM) since the USG completed its term as rotating donor member. USG staff and implementing partners also participate in sub-committees (health systems strengthening, HIV, TB, M&E) and participated in development of the Global Fund Round 10 application. The PEPFAR team hopes to improve coordination with and support for the Global Fund through the new Global Fund Liaison position. The candidate has been selected and is expected to start by the end of 2010. PEPFAR Zimbabwe has also provided support to the CCM secretariat, which currently sits at MOHCW but is supported by UNICEF.

The USG is an active member of health donor coordination forums. The MOHCW has recently taken on the responsibility of chairing the health partners' forum with USG taking on the role of co-chair. Very strong relationships have also been forged with DFID and the European Commission (EC), the other major donors in HIV and health to improve integration and prioritization of resources. USG COP 2011 planning involved consideration of Global Fund Round 8 activities, projections for Global Fund Round 10 as well as contributions from other key donors and pooled funding mechanisms for the health and social sectors.

Programmatic Focus

Prevention: The PEPFAR program will work to continue to reduce HIV incidence in Zimbabwe though both behavioral and biomedical approaches. Male circumcision is an area of expanded programming to support the MOHCW's ambitious scale-up plans to have the population-based impact required to make the most of this intervention, which has shown great promise in its initial stages in Zimbabwe. USG investments will support training, commodities, and service delivery at both static and outreach facilities with the target of circumcising 100,000 men in FY 2011. The USG supports MOHCW's key technical partner for scale-up of MC.

In FY2011, PEPFAR will continue to support behavior change communications promoting sexual risk reduction through reducing MCPs and promoting consistent condom use. Wraparound population funding

will support condoms for both public sector and social marketing outreach through a number of targeted outlets including bars, hair salons, and commercial sex workers. The Embassy's Public Affairs Section will contribute to sexual prevention activities through promotion of key prevention messages through high profile arts events and by training target populations through innovative approaches.

PEPFAR will also continue to support a national network of static VCT centers and mobile testing teams, which together provided nearly half of all tests conducted in Zimbabwe in FY 2009. Notably, outreach testing now accounts for over half of all people tested through the network and targets mobile and other vulnerable populations. FY 2011 resources will support integration of a range of services including TB screening, family planning, CD4 testing, and referral for MC, ART and post-test support services. The PEPFAR program will also continue to provide rapid test kits to the public sector for Provider Initiated Testing and Counseling (PITC).

PEPFAR will continue to support the national PMTCT program and site level comprehensive PMTCT services at over 724 MOHCW facilities nationwide. PEPFAR will also support one-time gap filling procurements of ARV prophylaxis for PMTCT to support rollout of the new PMTCT guidelines. Training and technical assistance will focus on the new guidelines, expanding the number of sites providing MER, and expanding the number of total comprehensive PMTCT sites.

In FY2011, PEPFAR plans to provide a second year of support to the National Blood Service of Zimbabwe to strengthen blood safety systems in Zimbabwe. Activities will focus on donor education and retention, health worker training, renovations of three blood collection facilities, procurement of test kits and NAT technology, strengthening of cold chain at hospitals for blood safety, and construction of incinerators. Some elements of injection safety will also be addressed in a new TBD on infection control in consideration of recommendations made by the Treatment Working Group during a technical assistance visit in 2009.

Care and Support: In order to address the very high burden of TB in Zimbabwe and the estimated co-infection rate of 80%, the PEPFAR program proposes to nearly double, from 2010, its budgetary allocation for TB and HIV. This was an area of expanded intervention recommended by the program assessment and prioritized by the team for funding with new resources. A number of mechanisms will support expanded TB prevention, diagnostic, and treatment activities.

FY 2011 infection control programming will expand activities initiated in FY2010 to address congestion and reduce TB exposure for both patients and health workers in ART/OI clinics. PEPFAR will continue support to the MDR TB surveillance system through training and capacity building of two national laboratories for culture and sensitivity analysis for suspected MDR TB cases. Laboratory diagnostic services for TB detection will be also strengthened through scale-up of a pilot laboratory referral system discussed below in the section on treatment.

PEPFAR will continue to fund a network of 14 post-test support centers through the Strengthening Support for Private Sector Health Care Services (SPSS) project. This franchised network (and the linked VCT center network mentioned above) was recognized by the assessment as a best practice. These post-test centers provide a range of high quality support services to people living with HIV/AIDS (PLWHA) including prevention with positives, nutritional counseling, adherence counseling, and psychosocial counseling and group support interventions. Integration of TB testing, CD4 testing, and provision of family planning counseling will continue with FY2011 funds. Another aspect of this program is training and support for peer and professional counselors to provide these services on an outreach basis to public sector ART/OI clinics in order to improve the quality of ART/OI services in targeted, high-volume government facilities. A new Ambassador's PEPFAR Small Grants program will help to expand opportunities for partnership with local organizations to develop self-directed projects to support people living with HIV/AIDS.

FY2011 resources will also be used to expand access to Early Infant Diagnosis (EID) and clinical care for children. Activities will include capacity building of labs, health workers, and village health workers to improve follow-up of HIV-exposed babies.

Expanded OVC activities will focus on increasing the cohort of children receiving at least 3 services from 55,000 to 65,000 to provide a comprehensive package of services to vulnerable children. New activities will emphasize economic strengthening of households, expanding opportunities for adolescents and youth, and working with the Department of Social Services to improve capacity of the social sector workforce and the national M&E system for OVC support.

Treatment: Significant focus of MOHCW's AIDS and TB Unit's planning and implementation efforts this year has been directed towards scale-up of anti retroviral therapy (ART). MOHCW has prioritized expanding access to treatment for people living with HIV/AIDS and succeeded in initiating over 5,000 patients per month in the second quarter of the calendar year. Still, as of June 2010, only 44% of people in need of treatment are receiving ARVs (67% according to old WHO treatment guidelines). The MOHCW has revised the national treatment guidelines and developed a plan for phased implementation of the new WHO treatment guidelines beginning in 2011. Quantification and costing exercises were led by the national ART Working Group and fed into the development of the Global Fund Round 10 application. More detail on scale-up plans and efficiencies can be found in the Zimbabwe Treatment Consensus Targets submission.

The Zimbabwe PEPFAR program currently supports the national ART program in a number of ways that have key outcomes for systems strengthening and service delivery. On-going activities include secondment of key MOHCW ART program and logistics staff, training and mentorship of health workers, site readiness assessments for decentralization of ART, laboratory strengthening and procurement of laboratory consumables, monitoring of HIV drug resistance and outcomes, and integral support for the national drug procurement, logistics, and supply chain management system. Direct support for 59,000 individuals through drug procurements in FY2010 is expected to increase to 80,000 patients per year, including over 8,000 pregnant women to receive ART for their own health, starting in FY 2011. Fiscal year 2009 direct Annual Program Results (APR) for treatment were 40,000 individuals.

The PEPFAR assessment recommended expanded USG support for treatment going forward based on the scale of unmet need and treatment being an area of recognized comparative advantage for the USG. Discussions on treatment scale-up led our COP 2011 planning process this year. A significant portion of new resources were committed to treatment activities, specifically, increased procurement of ARV drugs, expanded support for laboratory monitoring for ART patients, and HIV drug resistance surveillance. Based on costing data available during the planning process and in order to ensure that PEPFAR can sustain support for 80,000 patients, some new resources were internally designated as "one-time" funds in 2011 to plan for continuity of treatment support in FY2012 in the event that an additional budget increase cannot be accommodated. The team recognizes that this commitment to treatment support has limited expansion of programming in other program areas. Nevertheless, the team considers the investment to be responsive to MOHCW articulated priorities, the scale of unmet need in the country, and USG comparative advantage in programming.

A new FY 2010 mechanism will in FY 2011 provide support to mission hospitals to increase the number of ART/OI sites and the quality of ART/OI services in mission hospitals. While mission hospitals are essentially public-private entities and participate in the national ART/OI and PMTCT programs, this support will aim to catalyze decentralization of ART services to hard-to-reach, rural areas that are serviced by faith-based hospitals under the direction and support of the national umbrella body serving mission hospitals in Zimbabwe.

Through the national PMTCT program, PEPFAR will also support a targeted effort to offer ART in MCH settings. Lessons from an initial 20 MOHCW learning sites will be gathered to expand coverage of ART to pregnant women for their own health.

Laboratory service was a third area recommended for expanded programming by the preliminary assessment findings. In consideration of the increased demand for CD4 monitoring in the context of expanded treatment coverage and the new treatment guidelines, the USG team will build on a pilot program to improve access to CD4 testing, long recognized as a significant barrier to initiation of treatment and quality of care. Given an estimated vacancy rate for laboratory scientists of 60%, the deteriorated state of public sector laboratory infrastructure and limited donor support for laboratories, the MOHCW has determined to focus on strengthening provincial laboratories and referral networks to lower level facilities.

PEPFAR will also expand support to implementation of the National HIV Drug Resistance Strategy. In FY 2011, PEPFAR will support MOHCW to maintain the existing 13 surveillance sites and to add at least one site to assess and prevent HIV drug resistance in Zimbabwe.

Other Programs: PEPFAR will continue laboratory capacity building through support for a national proficiency testing/ external quality assurance testing scheme, staff support at the National Microbiology Reference Laboratory (NMRL), mentorship of labs towards accreditation, training, and support for equipment maintenance.

In the area of strategic information (SI), PEPFAR will continue to support a number of SI initiatives to increase the availability and use of data for improve planning and policymaking. Specific FY 2011 activities include ANC surveillance and generation of the revised national HIV estimates, as well as extended analysis of the Demographic and Health Survey results. FY 2011 support for MDR-TB and HIV drug resistance surveys will enable the MOHCW to monitor these threats to effective treatment scale-up and take appropriate corrective action.

Management and staffing budgets will fund the in-country management, technical and administrative staff with USAID, CDC, and DoS. REDACTED

New Procurements
REDACTED

Program Contact: Rachel Goldstein, PEPFAR Coordinator (goldsteinr@state.gov)

Time Frame: March 2011-Septmeber 2012 (includes early funding requests)

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	1,000,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV	14	2009	UNAIDS Report			

Prevalence Rate			on the global AIDS Epidemic 2010			
Children 0-14 living with HIV	150,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Deaths due to HIV/AIDS	83,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	373,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	50,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Number of people living with HIV/AIDS	1,200,000	2009	UNAIDS Report on the global			

			AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS	1,000,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
The estimated number of adults and children with advanced HIV infection (in need of ART)	640,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	620,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
Coca Cola					Since 2001, PSI has

					been working with Coca-Cola to distribute condoms throughout Zimbabwe's rural areas. Coca-Cola's distribution system in Zimbabwe accesses a vast commercial network of outlets. Coca-Cola also contributed to PSI's safe water activities during the protracted cholera epidemic. While the partnership has suffered under Zimbabwe's current economic environment, both organizations are committed to reviving distribution activities in the near future.
Farm Community Trust of Zimbabwe					PSI maintains a partnership with Farming Community Trust of Zimbabwe to promote male and female condoms in resettlement areas.
Hair Salon Network					Hair Salon Network: PSI's network of

					over 1,500 hair salons provides a platform for hairdressers to educate potential consumers on correct use of female condoms as well as general discussions on risk perception and other HIV & AIDS messages.
Procter and Gamble					PSI worked with Procter & Gamble during the cholera epidemic to distribute PUR household water treatment product to thousands of households in Zimbabwe.

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
ANC Survey 2011	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Planning
ART Outcomes Evaluation	Evaluation	General Population, Men who have Sex with Men	Implementation
Baseline survey to establish current knowledge of children's rights issues, especially those concerning OVC, by	Other	General Population	Data Review

communities and children			
Behavioral Survey on current sexual reproductive health knowledge, attitudes, beliefs and practice among youth	Population-based Behavioral Surveys	Youth	Data Review
Cost effectiveness of PMTCT strategies	Evaluation of ANC and PMTCT transition	Pregnant Women	Data Review
Enumeration of children living and working on the streets	Population size estimates	Street Youth	Publishing
Evaluation of Home based Care in Harare	Evaluation	General Population	Data Review
Evaluation of PMTCT program focusing on infant feeding counseling	Evaluation	Pregnant Women	Implementation
Evaluation of using POC CD4 machines on identification/treatment of HIV+ women	Evaluation	Pregnant Women	Planning
Factors associated with non-utilization of ANC services by unbooked women in Chitungwiza	Evaluation	Pregnant Women	Development
HIV + women aware of HIV status prior to pregnancy	Evaluation	Pregnant Women	Data Review
HIV Drug Resistance Surveillance	HIV Drug Resistance	General Population	Implementation
MDR TB Survey	TB/HIV Co-Surveillance	General Population	Development
PMTCT Program evaluation	Evaluation	Pregnant Women	Data Review
Population-based survey on concurrent sexual relationships	Population-based Behavioral Surveys	General Population	Data Review
Qualitative study on perceptions and barriers to male circumcision	Qualitative Research	Mobile Populations, Youth	Planning
Qualitative study to improve communications on male circumcision	Qualitative Research	Youth	Planning
Reproductive health needs and behaviors of HIV + women on HART in Buhera	Evaluation	Pregnant Women	Implementation

Survey to profile status of OVC using the Child Status Index to measure access to services and assessing impact of interventions	Evaluation	Youth	Data Review
TB Program evaluation in Matebeleland North	Evaluation	General Population	Implementation
User fees study	Evaluation	General Population	Development
Violence against Children	Population-based Behavioral Surveys	Youth	Data Review

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
HHS/CDC		6,670,000	7,770,000		**14,440,000**
HHS/HRSA			200,000		**200,000**
State			60,000		**60,000**
State/AF			240,000		**240,000**
USAID			26,060,000	16,500,000	**42,560,000**
Total	**0**	**6,670,000**	**34,330,000**	**16,500,000**	**57,500,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency						Total
	State	HHS/CDC	HHS/HRSA	State/AF	USAID	AllOther	
CIRC					4,936,000		**4,936,000**
HBHC				40,000	405,000		**445,000**
HKID					4,450,000		**4,450,000**
HLAB		2,185,000					**2,185,000**
HMBL		800,000					**800,000**
HMIN		100,000					**100,000**
HTXD					9,870,400		**9,870,400**
HTXS		2,150,000	100,000		1,270,000		**3,520,000**
HVAB				140,000	1,134,000		**1,274,000**
HVCT					1,980,000		**1,980,000**
HVMS	60,000	3,950,000			2,204,000		**6,214,000**
HVOP				30,000	1,386,000		**1,416,000**
HVSI		2,325,000			850,000		**3,175,000**
HVTB		1,455,000	100,000		2,270,000		**3,825,000**
MTCT					4,865,600		**4,865,600**

OHSS		1,475,000		30,000	5,350,000		**6,855,000**
PDCS					669,000		**669,000**
PDTX					920,000		**920,000**
	60,000	**14,440,000**	**200,000**	**240,000**	**42,560,000**	**0**	**57,500,000**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

REDACTED

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	445,000	
HTXS	3,520,000	
Total Technical Area Planned Funding:	**3,965,000**	**0**

Summary:
(No data provided.)

Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	9,870,400	
Total Technical Area Planned Funding:	**9,870,400**	**0**

Summary:
(No data provided.)

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	4,936,000	
HMBL	800,000	
HMIN	100,000	
Total Technical Area Planned Funding:	**5,836,000**	**0**

Summary:
(No data provided.)

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount

HVCT	1,980,000	
Total Technical Area Planned Funding:	**1,980,000**	**0**

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	6,855,000	
Total Technical Area Planned Funding:	**6,855,000**	**0**

Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	2,185,000	
Total Technical Area Planned Funding:	**2,185,000**	**0**

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	6,214,000	
Total Technical Area Planned Funding:	**6,214,000**	**0**

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	4,450,000	
Total Technical Area Planned	**4,450,000**	**0**

Funding:		

Summary:
(No data provided.)

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	669,000	
PDTX	920,000	
Total Technical Area Planned Funding:	**1,589,000**	**0**

Summary:
(No data provided.)

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	4,865,600	
Total Technical Area Planned Funding:	**4,865,600**	**0**

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	1,274,000	
HVOP	1,416,000	
Total Technical Area Planned Funding:	**2,690,000**	**0**

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	3,175,000	

Total Technical Area Planned Funding:	**3,175,000**	**0**

Summary:
(No data provided.)

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	3,825,000	
Total Technical Area Planned Funding:	**3,825,000**	**0**

Summary:
(No data provided.)

Technical Area Summary Indicators and Targets
REDACTED

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7524	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	500,000
7549	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	19,030,000
9990	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	5,918,000
10549	World Education	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	4,125,000
12289	Macro International	Private Contractor	U.S. Agency for International Development	GHCS (State)	500,000
12862	University of Zimbabwe, Department of Community Medicine	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	650,000
12893	Research Triangle International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,500,000
12933	Population	Private Contractor	U.S. Agency for	GHCS (State),	9,008,000

	Services International (PSI)		International Development	GHCS (USAID)	
13037	THE UNION	Implementing Agency	U.S. Agency for International Development	GHCS (State)	950,000
13063	National Blood Service Zimbabwe	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	800,000
13112	TBD	TBD	U.S. Department of State/Bureau of African Affairs	Redacted	Redacted
13152	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13173	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13238	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted

13243	Zimbabwe Association of Church Hospitals	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	400,000
13274	JEMBI HEALTH SYSTEMS, REGENSTRIEF INSTITUTE, INC., INSTEDD	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	0
13293	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13294	Zimbabwe National Quality Assurance Programme	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP, GHCS (State)	1,985,000
13320	TBD	TBD	U.S. Department of Health and Human Services/Health Resources and Services Administration	Redacted	Redacted
13341	TBD	TBD	U.S. Department	Redacted	Redacted

			of State/Bureau of African Affairs		
13401	University of Zimbabwe, Department of Community Medicine	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	475,000
13477	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7524	Mechanism Name: USAID/DELIVER II TO1/JSI
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHCS (State)	100,000
GHCS (USAID)	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The USAID | DELIVER PROJECT (USAID Contract #GPO-I-00-06-00007-00) has been awarded to John Snow, Inc. (JSI) to design, develop, strengthen and, upon request, operate safe, reliable, and sustainable supply systems that provide a range of affordable, quality essential health commodities including drugs, diagnostics and supplies to clients in country programs. USAID field missions indicate a strong desire for technical support that strengthens all aspects of in-country supply chains, including forecasting, procurement, distribution, management information systems, quality assurance, storage and infrastructure, and medical waste disposal. While family planning and reproductive health remain a priority in the field and for this contract, there will be other priorities. Field missions are seeking supply chain systems that are designed to handle a range of health products, including contraceptives and condoms, essential drugs, and select commodities for HIV/AIDS, malaria, maternal and child health, and infectious diseases. This contract seeks to strengthen supply systems for all essential health commodities and create environments that are conducive to their sustainability.

In Zimbabwe, the USAID | DELIVER PROJECT (DELIVER) supports the ZNFPC in preparing forecasts and supply plans for male and female condoms for HIV prevention and for contraceptives. DELIVER designed and, in partnership with a DFID funded Crown Agents activity, assists the ZNFPC to implement

the highly successful delivery team topping up (DTTU) distribution system (less than 5% stock out rates for condoms). With USAID funded SCMS Project assistance this system also distributes HIV rapid tests and PMTCT NVP nationwide and completed a pilot test of adding PMTCT more efficacious regimens (MER) to the system. The distribution of PMTCT MER drugs is being rolled out nationwide, keeping pace with the training of clinicians in using this regimen. With Child Survival funding DELIVER assisted the MOHCW to pilot test in one province a system in which TB drugs and Malaria ACTs and RDTs were managed on a DTTU type system called the Zimbabwe Informed Push (ZIP) system. The MOHCW is now using this system nationwide. Operations support for this system will continue through FY 11. With Maternal and Child Health funding DELIVER is providing capacity building and operations support to the MOHCW Directorate of Pharmacy Services (DPS) and to the National Pharmaceutical Company (NatPharm) to strengthen the supply chain management system for medicines and medical supplies.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

Key Issues

Malaria (PMI)
Child Survival Activities
TB
Family Planning

Budget Code Information

Mechanism ID:	**7524**
Mechanism Name:	**USAID/DELIVER II TO1/JSI**
Prime Partner Name:	**John Snow, Inc.**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	150,000	

Narrative:

In FY 2011, DELIVER will continue to implement the Top Up LMIS and the AutoDRV, its new automated data capture system, which combines the use of rugged laptops during deliveries with a software version

of the DTTU paper Delivery Requisition Vouchers (DRVs). AutoDRV automates the calculations needed to determine the correct quantity of each health commodity to be delivered, reducing both time spent on site and calculation errors. After each delivery run, the data is imported directly into the DTTU's main LMIS for review and reporting, shortening data-entry time from three weeks per province to two days. The project plans to upgrade the AutoDRV software.

DELIVER also plans to upgrade the Top Up software, which houses the data for all commodities currently carried by the DTTU. More recently the MOHCW and NatPharm are using the Top Up software to manage the data for the TB and Malaria commodities distributed on the ZIP system and the data for the Primary Health Care Packages (PHCP) which contain 44 essential primary health care medicines and medical supplies for health centers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	350,000	

Narrative:

In FY 2011, DELIVER, with co-funding from DFID through Crown Agents, will ensure the availability of male and female condoms and oral and injectable contraceptives to public sector consumers by assisting the Zimbabwe National Family Planning Council (ZNFPC) in implementing the Delivery Team Topping Up (DTTU) distribution system. Since its inception in 2004, this system routinely achieves nearly 95% coverage of public sector outlets and maintains stock out rates below 5% for male condoms. The performance indicator for this activity is to keep stock out rates for male condoms below 5%.

Because of the continuing success of the DTTU distribution system in the very difficult Zimbabwe operating environment, the national AIDS program and ZNFPC, assisted by the USAID-funded SCMS Project and DELIVER linked HIV rapid test and PMTCT NVP distribution and reporting to this system in 2008 and have achieved the same high levels of site coverage and low stock out rates for HIV rapid tests and NVP. During 2009 and 2010, with funding from the SCMS Project, PMTCT MER ARV drugs were added to the DTTU system on a pilot basis. This inclusion of MER drugs will be rolled out nationwide in FY2011.

The DTTU system will distribute approximately 45 million male condoms, 3.3 million female condoms, 10 million cycles of combined oral contraceptives, 4 million cycles of progestin only oral contraceptives, and 1,000,000 vials of injectable contraceptives to 1,500 health centers and hospitals and 300 community-based distributors in FY 2011.

In addition to its HIV-funded DTTU delivery activities, DELIVER is also assisting the MOHCW and

NatPharm to operate the ZIP distribution system for TB drugs and malaria ACTs & RDTs with DELIVER's Child Survival and Malaria funding.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7549	**Mechanism Name: Supply Chain Management System (SCMS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 19,030,000	
Funding Source	**Funding Amount**
GHCS (State)	11,430,000
GHCS (USAID)	7,600,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Supply Chain Management Systems (SCMS) Project (USAID Contract #GPO-I-00-05-00032-00) is funded by the President's Emergency Plan for AIDS Relief (PEPFAR), SCMS brings together a partnership of 16 private sector, nongovernmental and faith-based organizations that are among the most trusted names in supply chain management and international public health and development. With offices in 17 countries and 350 dedicated staff members around the world, SCMS is helping to improve the lives of people living with HIV/AIDS in some of the countries most severely impacted by the pandemic. SCMS procures essential medicines and supplies at affordable prices; helps strengthen and build reliable, secure and sustainable supply chains systems; and fosters coordination of key stakeholders.

In Zimbabwe, the SCMS Project is implemented by JSI Research & Training Institute Inc, one of the 16 project partners. SCMS procures first line ARV drugs for approximately 59,000 adult patients. SCMS

strengthens MOHCW, NatPharm and ZNFPC capacity in supply chain management through technical assistance and operations support which includes the design and implementation of distribution and LMIS systems; provision of staff to the MOHCW; provision of delivery and monitoring vehicles, fuel and maintenance; training in forecasting and quantification; an ARV stock audit system; support for warehousing improvements, and support for donor coordination. Additionally, the project strengthens MOHCW technical ART capacity by providing two key staff to the national ART program.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,100,000

Key Issues

Malaria (PMI)
Child Survival Activities
TB

Budget Code Information

Mechanism ID:	**7549**		
Mechanism Name:	**Supply Chain Management System (SCMS)**		
Prime Partner Name:	**Partnership for Supply Chain Management**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	740,000	
Narrative:			
In FY 2011, SCMS will continue to second two medical officer positions to MOHCW AIDS & TB Programme: the National ART Coordinator and the Assistant National ART Coordinator. The project's support will include funding of site readiness assessments and site supervision aimed at enhancing the MOHCW's ART scale-up activities, the national quality of care initiative, and decentralization of ARV treatment. SCMS will continue to support supply chain systems which ensure that the ART treatment sites have an adequate supply of ARV drugs.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVCT	200,000	

Narrative:

In FY 2011, SCMS will continue to procure up to approximately $200,000 of HIV rapid tests (Determine, SD Bioline, and the INsti tie breaker rapid tests to contribute to the achievement of the MOHCW targets (1,250,000 adults and children to be tested in CY 2012) and will assist the MOHCW in accurately quantifying HIV rapid test kit requirements. The national program' has moved to a serial HIV testing protocol during the first semester of 2010. Distribution for the rapid tests is part of SCMS's OHSS activities

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	200,000	

Narrative:

In FY 2011, SCMS will continue to support operation maintenance and adjustment when necessary of the Logistics Management Information System (LMIS) – currently ZISHAC (Zimbabwe Information System for HIVAIDS Commodities) - used by the LSU to captures patient data, consumption, stock on hand and losses and adjustment data, all used for informed quantification, storage and distribution decision-making.

In addition to ZISHAC, SCMS will continue to support the monthly stock audit of USG and other donor funded ARVs that was initiated in 2009 and controls receipt, storage and distribution of ARVs by the central level. SCMS will also continue to support the expanded stock audit that started in 2010 and covers ARVs managed at ART site level on a sample basis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	5,000,000	

Narrative:

In FY 2011, SCMS will provide ongoing technical assistance and resource support to the Logistics sub-unit (LSU) which is now serving as the health commodities management unit for the whole MOHCW. The 20 current staff positions of the LSU are funded through SCMS, as is the SCM Advisor based at the MOHCW Directorate of Pharmacy Service.

The LSU manages the supply chain for the national MOHCW ART program. The LSU, along with the Directorate of Pharmacy Services (DPS), chairs the Procurement and Logistics Sub-committee of the ART Partners Forum, a central body for donor and partner collaboration and communication. SCMS, through the LSU, will continue to provide the following:

Product Selection: review national treatment guidelines, offer logistics considerations of choosing products, and work to minimize pack size proliferation
Quantification/Forecasting /Supply Planning: lead and manage quarterly updates of quantifications for Adult and Paediatrics ARV drugs for treatment, PMTCT and PEP, HIV test kits, TB and malaria drugs, Fluconazole and Male Circumcision commodities
Procurement: prepare procurement plans for all USG funded products; assist other partners in the development of procurement plans; highlight supply gaps and mobilize resources to fill these gaps
Warehousing: work with and support NatPharm (parastatal storage agent for all MOHCW HIV & AIDS commodities) to address any existing or potential storage challenges.
Distribution: support NatPharm with national bi-monthly distribution of ARV drugs and Male Circumcision Commodities (assuming funding for MC commodities procurement for 2012 will become available) providing 3 delivery trucks, fuel and maintenance, drivers, and per diem. SCMS will also continue to assist the MOHCW in implementing DTTU (Delivery Team Topping Up, an informed push distribution system for HIV and Syphilis rapid tests and PMTCT SdNVP and MER commodities.
Capacity Building: provide technical and operational support to MOHCW Directorate of Pharmacy Services and system-specific training on logistics for HIV/AIDS commodities Service Delivery Points as necessitated by addition of new sites and personnel attrition, as well as trainings to personnel in associated delivery systems like ZNFPC's DTTU.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,953,000	

Narrative:

This will cover the procurement of 71,720 male circumcision kits.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,066,600	

Narrative:

MTCT Prevention of Mother to Child Transmission

During 2010, MOHCW revised the PMTCT strategy to progressively increase the proportion of pregnant women who received more efficacious regimens (MER) based on WHO recommended option A (Mothers on AZT from 14 weeks and breastfeeding infants on daily Nevirapine during breastfeeding period). It is expected 20,176 mother/infants receive PMTCT MER in 2012. Part of the ARVs needed will be supplied by Global Fund Round 8 (6,058 mothers/infants); these PEPFAR funds will be used to procure drugs and other supplies to support MOHCW with the rollout of the new PMTCT guidelines. MOHCW will engage

other partners to fill the remaining gap.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	9,870,400	

Narrative:

In FY 2011, SCMS will provide first-line ARVs for 80,000 adult patients, including 8,647 pregnant women in need of treatment for their own health, treated in public sector health facilities. SCMS supplied ARVs will contribute to meeting the MOHCW target (390,000 adult ART patients by the end of 2012 and) which is also supported by the Government of Zimbabwe, Global Fund, the DFID-led Expanded Support Programme, the Clinton Foundation, and other donors such as Axios/Abbot.

To support these patients in accordance with the revised MOHCW Guidelines for ARV Therapy in Zimbabwe based on the WHO recommendation to switch patients away from Stavudine containing regimens, and based on the MOHCW strategy to put all new patients on Tenofovir-containing regimens and switch 20% of the existing patients from Stavudine to Tenofovir containing regimens in 2011 and 50% in 2012, SCMS will procure the following medicines: Lamivudine/Stavudine/Nevirapine 150/30/200mg for patients on the standard first line regimen, Lamivudine/Stavudine 150/30mg and Efavirenz 600mg for first line patients with tuberculosis; LamivudineZidovudine/Nevirapine 150/300/200mg and LamivudineZidovudine 150/300mg Efavirenz 600mg as alternative first line patients with tuberculosis. In addition, SCMS will also procure Tenofovir/Lamivudine 300/300mg combinations. These drugs will be FDA-approved/tentatively-approved generics, whenever possible and logical.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9990	**Mechanism Name: USAID/PMTCT/EGPAF**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,918,000	
Funding Source	**Funding Amount**

GHCS (State)	3,302,000
GHCS (USAID)	2,616,000

Sub Partner Name(s)

KAPNEK TRUST	OPHID	ZAPP

Overview Narrative

HIV and AIDS are the single biggest determinant of child survival in Zimbabwe and have been responsible for the documented rise in child mortality since the early 1990s . HIV prevention activities are therefore critical for child survival in Zimbabwe.

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has supported the Ministry of Health and Child Welfare (MoHCW) to provide access to comprehensive high quality prevention of mother to child transmission (PMTCT) services that are integrated and linked to treatment, care and support of families, including children living with HIV since 2001. EGPAF provides direct support to the national PMTCT program and district and health facility support through the Family AIDS Initiative (FAI) program made up of its three implementing partners, JF Kapnek Charitable Trust (Kapnek), Organization of Public Health interventions and Development (OPHID) and the Zimbabwe AIDS Prevention Project (ZAPP).

The FAI program's strategic objectives are: 1) to advance research that increases access to and uptake of high quality integrated services of prevention, care and treatment for HIV/AIDS in Zimbabwe; 2) to support the expansion and provision of quality PMTCT and care and treatment services for children and their families affected by HIV/AIDS; 3) to advance the Family AIDS Initiative consortium's leadership role in influencing public health policy and serve as a national advocate to seek the eradication of pediatric HIV/AIDS; 4) to enhance the Family AIDS Initiative partnership's capacity to operate in an effective, efficient, accountable and responsive manner.

EGPAF is the largest partner to the national PMTCT program and currently provides direct site support to 724 MOHCW sites in 35 of the 62 districts in Zimbabwe. However, at the end of June 2010 only about 230 sites are implementing more efficacious regimens (MER) for PMTCT that were recommended by the World Health Organization (WHO) in 2006. In the 35 districts, USAID funding will support a three fold approach to strengthen the capacity of the MOHCW to 1) expand PMTCT access 2) Optimize delivery of PMTCT services to increase quality and impact, and 3) strengthen the capacity and commitment to the existing health system to ensure a sustainable and cost effective approach. Roll out and scale up of the revised 2010 WHO guidelines towards virtual elimination of pediatric HIV will be the priority for FAI

program interventions.

Although interventions focus on prong 3 and 4 of WHO's four major prongs for provision of comprehensive PMTCT, EGPAF will work collaboratively with other stakeholders and donors (including ZNFPC, Population Services Zimbabwe, MCHIP, Population Services International, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and UNICEF) to expand a family-centered approach to expanding access to services for women, children, and other affected family members. EGPAF will continue its approach to strengthen existing MOHCW structures.
As the MOHCW progresses toward full adoption of Option A of the WHO revised recommendations for PMTCT, and related recommendations for adult and pediatric treatment, and infant feeding, EGPAF will continue advocating for implementation of the new guidelines. At the national level, technical assistance will be provided for the MOHCW to revise, print, and disseminate the new guidelines for PMTCT and train site level staff to implement these new guidelines. Strengthening the capacity of the National PMTCT Programme, through secondment of eight key staff, including the National PMTCT and Pediatric ART Program Coordinator will continue as a key component of the FAI program.

At district and site level EGPAF will support the MOHCW and district level health management structures to implement the revised guidelines. Through leveraged funding from other donors – DFID and CIFF, EGPAF will consolidate and strengthen direct site support through implementation of a district-focused model that provides a temporary counterpart, a District Focal Person (DFP) to strengthen capacity of the District Nursing Officers (DNO) to accelerate implementation of the new guidelines. Also through leveraged funding, EGPAF will ensure strong linkages with community structures particularly working to support revitalization of the VHW program to create demand for PMTCT services and improve follow-up of mother baby pairs.

The program will continue to strengthen the MOHCW's monitoring and evaluation system. Implementation of the new 2010 WHO guidelines will necessitate revisions to some indicators, data collection forms and registers. EGPAF will continue to provide support for these revisions, training and printing and distribution through the FAI partners.

To ensure sustainability, EGPAF works through the existing MoHCW structures to strengthen public sector capacity to implement more effective PMTCT services and EGPAF's approach is also closely aligned with MOHCW priorities. EGPAF and the FAI partners train and support government personnel to implement PMTCT services. The DFP that will be introduced through CIFF funding are "temporary" positions that will be phased out once implementation of the revised 2010 guidelines are well underway. EGPAF will develop a detailed transition plan in consultation with MoHCW before withdrawing support.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	300,000
Human Resources for Health	1,800,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**9990**
Mechanism Name:	**USAID/PMTCT/EGPAF**
Prime Partner Name:	**Elizabeth Glaser Pediatric AIDS Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	530,000	

Narrative:

Treating HIV positive pregnant women who require ARVs for their own health has been identified as a cost effective strategy to prevent vertical transmission of HIV. Traditionally MoHCW has been providing adult OI/ART services in stand alone OI/ART clinics; HIV positive pregnant women seen in ANC are referred to these clinics with many women failing to complete this referral chain. In FY10, EGPAF initiated support for strengthening ART and MCH integration through support to 20 learning sites and printing of referral registers. USAID support to these 20 sites will continue in FY11 and with lessons learned and leveraged funds from CIFF to expand to an additional 50 high volume PMTCT sites. Major areas of support will include

• Training of midwives in OI/ART initiation in the high volume sites
• Strengthening referrals between MCH and ART

• Supporting one week clinical mentorship attachments for the trained midwives
• Training on use of POC machines
The POC machines for the 50 sites will be supported through leverage funding.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	669,000	

Narrative:

The new WHO guidelines emphasize strengthened and extended follow up of HIV exposed infants during the postnatal period and throughout the breastfeeding period and early identification and treatment of HIV infected infants. During FY10, EGPAF collaborated with CHAI and MoH to finalize the national EID training materials and to include a practical component in the training. EGPAF will continue to support these activities using PEPFAR and leveraged funding (CIFF, DFID, UNICEF).
Major activities will include
• Provide training EID training
• Strengthen provision of cotrimoxazole prophylaxis at 6 weeks
• Training of health care workers on pediatric OI/ART management
• Disseminate the results of the Child Health Card (CHC) evaluation initiated in FY10 to strengthen follow-up of HIV exposed infants
• Revise the CHC to accommodate the revised 2010 WHO guidelines
Although FY11 funding will not directly support activities described below,
to ensure follow up of HIV exposed infants lost to follow up – EGPAF will strengthen community linkages using the VHW program. Through leveraged funding from CIFF, EGPAF will support "PMTCT champions" (VHWs with intensified training in PMTCT). PMTCT programming in 5 districts and two cities will strengthen linkages with the UNICEF supported National Action Plan for Orphans and Vulnerable Children program that is providing psychosocial support for children in 25 play centers

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	920,000	

Narrative:

Funding will continue to support the position of a National PMTCT and Pediatric HIV Care coordinator at national level.
Due to the fact that Pediatric HIV care services have significantly lagged behind PMTCT services, using leveraged funds EGPAF will recruit a consultant to develop a comprehensive National pediatric HIV care and treatment strategy.
Health workers trained in adult OI/ART management will also be trained in pediatric OI/ART management so that initiation and follow up of HIV infected infants can take place in MCH.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	3,799,000	

Narrative:

In FY11, EGPAF will expand support to implementation of quality PMTCT services into an additional 175 sites in 8 districts to bring the total number of sites supported to 900 in 43 districts. While EGPAF is currently providing comprehensive PMTCT services at 724 sites, only 230 are currently offering the more efficacious regimens (MER) as per the 2006 WHO guidelines for PMTCT prophylaxis. WHO has since released the revised 2010 recommendations and Zimbabwe has since incorporated these recommendations into its own standard treatment guidelines. Adaption and implementation of these new guidelines will be priority for EGPAF support in this financial year. FY11 funding will support the revision of existing training and IEC materials, printing of these materials and national and provincial training of trainers on the use of these new materials. EGPAF will leverage funding from other donors to build site level capacity required to effectively implement these new guidelines.

Major areas of support include

• Support to MoHCW

o Human resources through secondments to the national PMTCT program

o Participation in various technical working groups

o Support coordination – bimonthly PMTCT partnership forum (PPF) meetings

o Strengthen the integration of PMTCT with ART and other family health delivery systems including safe motherhood and family planning services

• Adaptation of new guidelines

? Review and printing of training and IEC materials

? Revision and printing of M&E tools

• Training of trainers for new guidelines

o One national training and 10 provincial level trainings

• Site support and supervision

o Data quality assessments

o Quarterly programmatic support visits

o Procure vehicle and hire driver for one of 3 DFP coordinators – other partner funding will support the other two coordinators

• PMTCT demand creation activities

o Advocacy training

o One day sensitization meetings with key stakeholders – TMT, parliamentarians, journalists and community players (CWHG)

• Quarterly FAI technical review meetings

• Technical exchange visits – national, regional

• Attendance at regional/international conferences

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10549	**Mechanism Name: USAID/OVC/WEI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: World Education	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,125,000	
Funding Source	**Funding Amount**
GHCS (State)	2,575,000
GHCS (USAID)	1,550,000

Sub Partner Name(s)

Africaid	Chiedza Child Care	Child Protection Society
Childline	Family Support Trust	Grassroots Soccer
Hospaz	Howard	Island Hospice
JF Kapnek Trust	John Snow, Inc.	Justice for Children Trust
Mavambo	Oasis	Seke
Umzingwane Aids Network		

Overview Narrative

Children First (CF) is USG's lead mechanism to improve the lives of orphans and other vulnerable children (OVC) affected by and infected with HIV/AIDS in Zimbabwe. The aim is to increase OVC access to a range of comprehensive care services and build the capacity of communities to provide these services. In addition to PEPFAR funding, USG provides annual wraparound Population funding for training, referrals to care and establishment of service networks for OVC reproductive health.

Since 2008, CF has worked to mitigate the impact of HIV/AIDS on children in Zimbabwe by improving OVC access to quality care and support services through 3 main objectives: 1) increased access to and quality of OVC services through community initiatives; 2) strengthened human capacity and performance of local communities to meet needs of OVCs; 3) improved community and national-level advocacy for the social protection of OVCs. CF is identifying new models, undertaking advocacy, and targeting highly vulnerable children such as those in child-headed households, abused children, disabled children, and children outside of family care. CF works closely with public and private sector providers to promote networking and complementarity of services to assure that OVC services are as cost-efficient as possible.

During the past year CF has successfully undertaken activities that have helped partners transition from emergency humanitarian service focus which characterised much of FY09 to again focus on traditional sustainable development services. To achieve this, the project focused on rebuilding the capacity of larger NGOs and helping them re-engage with the public service delivery systems. For many NGOs this required a changed mind-set as it called for engaging more pro-actively with a struggling system that lacked many of the amenities of the past. Significant progress was also made in helping partners develop alternative models of care and support in the areas of; paediatric ART, school based primary health care, child rights CD listener programs for schools and communities, integrated school based programs, community based child legislation; and alternative education for out of school youth. This has brought the private and public service delivery systems together and in that way supported the country's slowly resuscitating social service delivery systems. Through these activities partners were able to bring more services to children in the areas of health, education and social protection. As of June 2010, CF partners had reached 65,417 OVC (49% male, 51% female) with 36,422 of these children reached with 3 or more services.

CF implemented its activities through direct grants to 17 local NGO partners who in turn sub-granted to 38 CBOs (24 FBOs) that work with OVC, and also provide referrals and linkages with other programs and service providers. CF also works with Child Protection Committees, its Child Advisory Board and volunteers in Harare and Umzingwane to improve its ability to monitor and respond to the needs of OVC in their communities, thus improving linkages between communities and the district and national AIDS response.

In terms of Human Resources for Health, by the third quarter FY09, CF had trained 582 community based providers/caregivers from 4 partner organizations. CF continued to provide mentoring support to its NGO/CBOs mainly in finance and M & E. Two CF partners conducted training of trainers on Child Protection and HIV in the Workplace policies to 12 partner organizations; and Stigma and Discrimination Reduction training to 4 partners.

In terms of Child Survival activities, CF helped develop two alternative models of care and support for HIV positive children. The Integrated Model for Pediatric Aids Care and Treatment works with home based care programs and the Child Adherence Support Program with trained adolescents to provide adherence support to HIV positive children in clinics. Both programs have increased the number of HIV positive children receiving pediatric care and treatment. CF partners also worked with city council clinics to provide primary health care assessments in schools. For Advocacy and Child Protection, CF jointly with Population Services International (PSI) implemented a 26 episode national radio drama on child rights issues which was transferred into a CD education package introduced in 72 CF supported schools. CF also started to produce advocacy briefs from school health assessments to raise awareness on disease trends such as measles and lack of medicines in clinics for diseases such as bilharzias and fungal diseases. The advocacy briefs were shared with relevant stakeholders such as UNICEF, JSI and the district local councils.

CF works with partners to integrate child sexual protection into their programs through community advocacy against child sexual abuse and life skills training of OVC. CF facilitates clinical counseling for post exposure prophylaxis (PEP) and follow up support through community volunteers. The community based response program established by CF in 2009 which involves communities and children reporting child abuse cases through an established network of volunteers, has increased the response rate of child abuse e.g. PEP cases increased by about 40% between 2009-2010.

In terms of family planning and reproductive health (FP/RH) services, CF contracted Island Hospice as a technical partner to help build the capacity of CF's 8 youth friendly centers (YFCs) in RH service provision to youth. A baseline was conducted which established the need to create a more integrated youth program that combines RH with livelihoods and lifelong education. This is the model that CF is now implementing in its YFCs. In addition, 7 of CF's NGO partners offered services to their beneficiaries this year in information-education-communications (IEC); referrals; stigma reduction and sanitary hygiene packs.

To support children living with disabilities, CF gave specific grants to 2 partners, one focusing on; helping disabled children access specialized care; facilitating caregiver trainings for care and support of children living with disabilities at community level through outreach programs; and creating awareness against stigma and discrimination of disabled children at community level. The other partner worked with CF to translate child rights CD based material into Braille for the benefit of blind children in schools as well as repair books and equipment in special needs schools.

Education support through school block grants ensured that children were retained in school. NGOs providing education support worked with CF to develop a more integrated school based program which

will be run by parent associations in FY11 and complements the Government of Zimbabwe's education, health and social protection initiatives at the school level.

CF will continue to implement its M & E capacity building program with partners through the database, with the plan to quickly transition to the GoZ's newly introduced village/area registers. These registers will keep the names of OVCs at a local level and act as a local database. Quarterly monitoring and beneficiary verification visits will continue so as to ensure that activities are streamlined and quality of care improved. Periodic evaluations will help inform the impact that the project is having on the lives of children. To track the quality of OVC service provision, CF and partners developed and started tracking Desired Performance Standards for the 3 sector areas of education, health and social protection. Additionally, partners began to monitor the quality of services received at the child level using the Child Status Index. These activities will continue in FY11.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	367,000
Education	481,000
Food and Nutrition: Commodities	11,000
Gender: Reducing Violence and Coercion	45,000
Human Resources for Health	150,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Child Survival Activities
Family Planning

Budget Code Information

Mechanism ID:	**10549**
Mechanism Name:	**USAID/OVC/WEI**
Prime Partner Name:	**World Education**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	4,125,000	

Narrative:

With FY2011 funding CF will bring significant resources to the community level, working with the most cost effective of the current partners and community groups. CF will build the capacity of NGOs in grant making and supporting community initiatives with technical assistance in quality OVC care and support. In FY11, the project will work with partners and community groups to adapt and replicate program designs and tools, identify and strengthen local solutions for OVC service provision that are linked to and support public sector service delivery, build upon identified effective practices, and strengthen partner community outreach and volunteer programs. CF will expand services at the community level in three ways; (i) strengthening linkages between community based programs and the public delivery system; (ii) replicating adapted and refined CF and other emerging community-based innovations; and (iii) ensuring that resources reach community-level initiatives working with OVC through strengthening partner outreach (iv) building livelihoods and food security into programs for sustainability and (v) continuing to support NGOs with interventions which serve the specific needs of highly vulnerable children.

Specifically:

• Once a year CF and NGOs will refine and expand the school-based primary health care package so that OVC will have access to PHC screening, school-based care, and referral for more complicated cases.

• School-based Child Rights CD listener groups packages which include PSS boxes will be mainstreamed in all CF- supported grants to standardize PSS support;

• CF will work closely with SDAs and SDCs to expand its integrated school based program in all CF block grant schools. This program will include a livelihood component and where possible will be expanded to satellite schools .

• CF and NGOs in partnership with Ministry of Education Sports and Culture (MOESC) and Adult Functional Literacy Organization of Zimbabwe (ALOZ) will scale up Non formal programs for out of school youths and expand this program to include a reproductive health and livelihood component.

• The reproductive health component implemented through the youth friendly corners will be expanded into a holistic integrated youth program to include livelihoods, Sports and lifelong education .

• CF will work with legal based NGOs in its project areas to increase access to legal education and assistance through the Child Legislation Modules which will be implemented through community paralegals.

• Community initiatives will receive challenge grants that will enable them to provide services to children, but will also receive technical assistance that will enable them to increase the number of services provided or develop linkages that will enable OVC to receive a more comprehensive package of services.

• Community initiatives will be helped to develop targeted economic strengthening programs that will bring income into the home while aiming to redress the social and economic inequalities that increase the vulnerability of OVC households. The programs will focus on female and youth headed households as studies have shown that they are often the ones who are left caring for large numbers of orphans and are unable to access the support they need. Economic strengthening programmes will include; micro enterprise and vocational skills training as well as agricultural based income generating activities. Activities will look at sustainability issues and target youth who are graduating out of traditional OVC support programs as well as those who are out of school.
• CF will partner with the Department of Social Services (DSS) in the Ministry of Labour and Social Services to strengthen the M&E system for DSS and POS2 using evaluation outcomes and recommendations from the POS1. In addition to addressing the challenges faced in POS1, CF will also look at the proposed focus for POS2 in order to help strengthen the system. In light of this, CF will build DSS and POS2 M&E capacity through the following: (i) Secondment of an M&E Expert to DSS (ii) Adoption of CF strategy for: (i) verification of partner activities, beneficiary selection, service provision and quality of services provided. Ward Child Protection Committees (WCPC), Ward Aids Action Committees (WAAC), District Child Protection Committees (DCPCs) and District Aids Action Committees (DAAC) members supported by the M&E expert and CF's Community Based Trainers will be trained to do the verification exercises; and (ii) conducting periodic data quality assessments to establish accuracy and reliability of data reported. (iii) CF will help customize the PoS2 database to track children against services received. (iv) CF will translate the recently introduced manual village/area registers into electronic registers at district level to track OVC assisted (v) CF will build DSS and POS 2 capacity in tracking quality of services using the CSI and the DPS.

To achieve the FY11 goals and still maintain efficiency and cost effectiveness, CF will use a 3-pronged approach for funding NGOs and CBOs while concurrently refining CF systems and management:
1. Small/Challenge Grants: These in-kind and cash grants will provide small amounts starting from $300 - $5,000 to enable community groups to accomplish narrowly-defined, small-scale activities. This mechanism will deliver on CF's mandate for down-streaming support and services directly to the most vulnerable children and their caregivers. CF has leveraged its main NGO Partners to disburse 90 such grants and concomitant technical support; the balance of 60 which are outside the reach of CF's partners, will be supported directly by the project.
2. Task Orders: This new mechanism will be issued against specific time-bound deliverables for the Technical Support Partners referred to in the Cooperative Agreement. Given that these NGOs have specific technical capabilities but are not themselves currently reaching large numbers of beneficiaries, this mechanism will ensure the greatest return on CF's investment of money and staff time.
3. Sub grants/contracts: Some NGO Partners will continue to receive subcontracts from CF. These contracts will target those implementing integrated programs, and specialized services for highly

vulnerable children. With additional resources, CF will select additional partners who are able to scale up activities in the following areas: youth out of school study groups, mainstreaming of disability in formal schools and integrated Early Childhood Development programs.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12289	**Mechanism Name: MEASURE Phase III Demographic and Health Surveys**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Macro International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USG supports the MEASURE Phase III Demographic and Health Survey (DHS) mechanism to implement Zimbabwe's DHS-2010/11. The purpose of MEASURE Phase III DHS is to improve the collection, analysis and presentation of data and promote better use in planning, policymaking, managing, monitoring and evaluating population, health and nutrition programs. The project seeks to increase understanding of a wide range of health issues by improving the quality and availability of data on health status and services and enhancing the ability of local organizations to collect, analyze and disseminate such information. Primarily, the DHS project seeks to provide up to date information on fertility levels; sexual activity; awareness and use of family planning methods; breastfeeding practices; nutritional status of mothers and young children; early childhood mortality and maternal mortality ; maternal and child

health; awareness and prevalence regarding HIV/AIDS and other sexually transmitted illnesses.

Zimbabwe has conducted four DHS projects to date – 1988, 1994, 1999 and the 2005/06. The DHS project is highly valued by the GOZ and its major stakeholders within the health sector and has been widely used for decision making in-country on HIV/AIDS and maternal and child health. The DHS 2005/06 also included a gender-based violence module which has proven useful in HIV prevention, OVC, and other health and human rights programming.To date the country has been relying on the 2005/06 DHS information hence the need to conduct another DHS in 2010/11 which will provide updated information. The probability of an election in the coming years further adds the impetus for an urgent DHS to avert a possible information gap.

One of the key elements of the national HIV/AIDS strategy is the need for one agreed country level monitoring (and evaluation) system to which the DHS conforms to. In other words, DHS, as part of the national monitoring and evaluation system, provides a comprehensive tracking system to collect , analyze and sharing information on HIV and AIDS that enhances decision making at all levels in the implementation of interventions under the multi-sectoral response to HIV and AIDS in Zimbabwe. With USG wraparound Population and Child Survival funding, the new DHS will also provide critical information on maternal and child health, including malaria. The DHS should provide up-dated information on the numbers of orphans and vulnerable children in Zimbabwe, by age, gender and by province. The new DHS will again include the gender-based violence module which is expected to enhance USG and other stakeholders knowledge and programming in this area.

The DHS is designed to provide population and health indicator estimates at national and provincial levels. In other words, the survey covers the whole country and the sampling targets all population groups – men, women, children among other population sub-groups.

The USG SI team will collaborate closely with and monitor the MEASURE DHS team and its partners in Zimbabwe to assure efficiency and quality of the work for the period of the exercise.

Locally Macro International will be working with the Central Statistical Office (now ZimStat), a government institution mandated with data collection, collation, analysis and report writing.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	100,000

Key Issues

Impact/End-of-Program Evaluation
Malaria (PMI)
Child Survival Activities
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	12289		
Mechanism Name:	MEASURE Phase III Demographic and Health Surveys		
Prime Partner Name:	Macro International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	500,000	
Narrative:			
With FY 2011 funding, Macro will offer technical assistance for the overall implementation of the extended analyses of the 2010/2011 DHS.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12862	**Mechanism Name: Development of Health Leadership Capacity and Support of Human Resources for Health Systems in Zimbabwe**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Zimbabwe, Department of Community Medicine	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 650,000	
Funding Source	**Funding Amount**
GHCS (State)	650,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This program will equip provincial and district health executives with good leadership and management skills so that they will be able to provide direction to partners and staff in facilitating change and achieving better health services management through efficient, creative and responsible allocation and accountability of resources.

The overall goals of this project are:

1) Effective leadership in health planning, program implementation and patient care in the public sector in Zimbabwe.
2) Implementation of the Ministry of Health and Child Welfare (MOHCW) national Human Resources for Health policy at all levels of the public sector delivery system.
3) Development and implementation of a national leadership training and mentorship program.

This project will support the National HIV/AIDS Strategy and Plan through improving the skills of health care managers for the efficient use of the available human, financial and material resources for improved quality of services to the population.

The coverage of these activities will be national and targeting all health managers of Zimbabwe in the public sector.

The key contributions of this program to health systems strengthening and human resources for health will be improved leadership and management of HIV/AIDS related activities to scale up and attain the Millennium Development Goals and other health related targets through efficient district health management.

The impact of this program is enhanced through the capacity building of the existing leaders within the public sector across all levels of care.

A woman and girl centered approach is accomplished through:

• Active involvement and capacity building of women in leadership positions.
• Inclusion of women and girls' health issues as a strong component of the leadership modules recognizing the role of women in the health promotion of their communities.
The main cross-cutting program of this project is Human Resources for Health as the activities aim to increase the skills of managers and health leaders for better provision of health services in Zimbabwe.

The cost-efficiency strategy of this cooperative agreement will be based on the use of experienced facilitators in these topics to have the greatest impact possible and through regular evaluation of the program to make adjustments as needed.

Monitoring and evaluation of the activities is going to be done through training reports, site visit reports and evaluations from trainees of provincial and district health executives presented as quarterly progress reports.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	650,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12862**		
Mechanism Name:	**Development of Health Leadership Capacity and Support of Human Resources for Health Systems in Zimbabwe**		
Prime Partner Name:	**University of Zimbabwe, Department of Community Medicine**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	650,000	
Narrative:			
COP 11 funding will ensure the continued development and support of effective leadership in health			

planning, program implementation and patient care in the public sector in Zimbabwe at provincial and district level through: 1) Development of leadership and management training modules. 2) Provision of training for diagnosing and managing provincial and district health management problems. 3) Supporting provincial and district strategic planning and review meetings. 4) Team - building activities in district groups.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12893	**Mechanism Name: Building Health Data Dissemination and Information Use Systems**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Research Triangle International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,500,000	
Funding Source	**Funding Amount**
GHCS (State)	1,500,000

Sub Partner Name(s)

Biomedical Research and Training Institute	Health Information Systems Programme	

Overview Narrative

Goals and strategies: The RTI team will help the Ministry of Health and Child Welfare (MOHCW) and its partners to:

1) Develop the capacity to coordinate and conduct effective strategic information (SI), policy, and

systems-strengthening activities supported through PEPFAR;

2) Strengthen the MOHCW to provide strong and effective leadership in the formation and implementation of SI policy, provide SI technical assistance and training for provincial, district, and clinic-level health care workers in the use of data for decision making, and develop/refine national SI guidelines and policy documents in accordance with the Zimbabwe National HIV and AIDS Strategic Plan (2006-2012);
3) Prioritize data quality, and the improvement of reporting rates from health institutions, in collaboration with the National Monitoring and Evaluation Group;

4) Analyze, design, specify, develop, pilot test, implement and evaluate the Health Management Information System (HMIS);

5) Ensure that survey and surveillance systems data are effectively utilized for program planning, policy development advocacy, and impact evaluation;

6) Revitalize MOHCW's capacity to implement the Integrated Disease Surveillance System (IDSS) at the district level.

Support to the GOZ HIV/AIDS National Strategy and Plan and country ownership of PEPFAR programming: The focus of this project is on building capacity at local levels by empowering and providing resources to existing MOHCW structures and staff to carry out data use, analysis, and dissemination activities. The RTI team will support existing structures (regular district or provincial health information meetings) and use these as a venue to build capacity in data analysis and dissemination. The focus will be on ensuring that data are useful and used at each level of the health system. Training and capacity building will be focused on the use of existing health data within the respective district, province, or facility. Program staff will work closely with the existing and future MOHCW personnel in the planning and implementation of all activities. Where feasible we will provide funds to Provincial and District level health teams to carry out activities in support of project objectives. A functioning health information system that includes HIV/AIDS data will inform program planning and support the implementation of national strategies and plans.

Geographic coverage and target populations: This project will have national coverage and target mainly health information officers and district health executive teams from all districts to improve data management and use.

Health systems strengthening and Human Resources for Health: The program will build MOHCW's capacity to lead strategic information activities through on the job mentoring and will increase capacity of health information officers and Provincial and District health executive teams in analysis, use and dissemination of health information through training and on-going supportive supervision mechanisms. This will inform decision making, allow better programming, resource allocation and implementation of priority activities and programs.

Impact of the program: RTI ensures the impact of the program through close coordination with the MOHCW, utilizing existing mechanisms for delivery of the activities and leveraging contributions from other MOHCW donors to the HMIS.

A woman and girl centered approach is ensured through disaggregation of data by gender. Maternal mortality data is one of the data sets that will be included in the project.

Cross cutting programs and key issues: The activities of this program have their base in the cross-cutting program of Human Resources for Health through training of health care professionals for data use and dissemination for policy making. Key issues include child survival activities, family planning, safe motherhood, TB and malaria as data on all these programs will be flowing through the health information system and will help decision making for resource allocation and prioritization of activities.

Cost-efficiency strategies: These include bulk production of training materials, implementation of trainings at district level for reduced costs and utilization of resources and staff that are already in place for cost-saving and sustainability.

Monitoring and Evaluation: The project will be monitored by supervisory visits, monthly meetings, training reports and other program progress reports which will be consolidated into quarterly reports.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	700,000

Key Issues

Impact/End-of-Program Evaluation
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**12893**
Mechanism Name:	**Building Health Data Dissemination and Information Use Systems**
Prime Partner Name:	**Research Triangle International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	1,500,000	

Narrative:

COP11 funds will be used to continue supporting the technical subcommittees meetings to improve the performance of the HMIS. The e-health policy and ICT policy will be finalized and disseminated at national level. Computer programs to assist data analysis and cleaning will be developed to support review of data from surveys, surveillance and routine health information and training will be provided to health information officers to encourage the use of data for decision making by district and provincial health executives. Briefs and reports from surveys and surveillance data will be produced and disseminated at country level.

Data analysis workshops at district level will continue to support capacity development of data use for strategic planning. Reports from national and sub-national database systems will continue to be done on annual basis. Harmonization of HIV/TB indicators for the National AIDS Council (NAC), HMIS and the AIDS and TB unit will be completed and will be part of the data warehouse set for the MOHCW and partners.

Revitalization of the MOCHW's capacity to implement the IDSS at the district level will be ensured by

training and strengthening of the system for report transmission from site to central level.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12933	**Mechanism Name: Strengthening Private Sector Health Care Services Project (SPSS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International (PSI)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 9,008,000	
Funding Source	**Funding Amount**
GHCS (State)	5,874,000
GHCS (USAID)	3,134,000

Sub Partner Name(s)

Batanai HIV and AIDS Support	Batsirayi	Bulawayo City Health
FACT Chiredzi	FACT Mutare	Gweru City Health
Harare City Health	Hope Humana People to people	Matabeleland AIDS Council (MAC)
Murambinda Mission Hospital	Mutare City Health	North Eastern Medical Centre
The Colin Saunders Hospital	Tsungirirai	University of Zimbabwe - HAQOCI

Overview Narrative

The Government of Zimbabwe is emphasizing a comprehensive approach to HIV prevention, care and treatment with strong political support and ambitious goals and is working to recover from deterioration of the public sector health system. Recently, the dollarization of the economy has stabilized the plummet in purchasing power. Yet health and education goods and services remain unavailable or financially out of reach for the majority of Zimbabweans. The private sector (non-governmental, faith-based and commercial entities) is responding to demand by assuming an increasing role in health and education

services, especially for HIV-related services.
The dynamic economic and political environment in Zimbabwe necessitates responsive, innovative approaches to delivering essential social services.
PSI has been a key implementing partner for the USAID-funded Zimbabwe HIV and AIDS Partnership Project from October 2005 to July 2010. Through this and other projects, PSI
• Manages a franchise for HIV counseling and testing (CT) that tested 322 000 clients in FY10;
• Oversees a franchise for post-test support that provided care to more than 127, 000 HIV positive clients in FY10
• Assists the Ministry of Health and Child Welfare (MOHCW) in piloting the country's national strategy for scale up of male circumcision; Over 10, 000 males have been circumcised in FY10.
• Distributes family planning products and provides FP counseling to clients accessing HTC and care services.
• Provides TB screening and referral for all HIV positive clients accessing HTC and care services.
• Develops and implements evidence –based behavior change communications for reduction of concurrent sexual partnerships that reached 233,847 individuals in FY10
• Distributes male and female condoms through a network of 12,885 condom service outlets
• Assists the Ministry of Health and Child Welfare in developing and implementing service communications for Provider Initiated Testing & Counseling (PITC), TB and HIV infection, Treatment literacy and PMTCT using mass media and interpersonal communications
• Implements marketing and interpersonal communication activities for HIV related products and services for testing and counseling and condom use that reached 581,984 individuals in FY10

For FY11 under the Zimbabwe Strengthening Private Sector Services Project (SPSS) PSI proposes a comprehensive HIV prevention and care strategy to support national efforts to reduce HIV incidence and HIV and AIDS related morbidity and mortality in Zimbabwe by scaling up interventions which have proven to be successful in previous years of implementation as well as rolling out recently piloted innovative approaches such as MC and integration of TB laboratory services with HTC and HIV care services.

2. Goals and strategies for FY 2011

The goal of this proposed program is to improve the health of the people of Zimbabwe through reduced HIV prevalence among young adults and reduced mortality and morbidity among PLHIV. The strategic objective is to increase the availability of social sector services and related products through the private sector. To contribute to the goal and strategic objective, the SPSS program will work primarily through the private sector to achieve the following project objectives:
1. Expand and improve private sector based health services;
2. Improve the availability and range of affordable health products or supplies; and to

3. Promote healthy behaviors

3. Sustainability and country ownership

The program supports the GOZ HIV/AIDS National Strategy and Plan for all program areas. In addition, the program is using national agreed performance indicators to measure performance. Thus, funds will be used to achieve national targets for all program activities. Implementation of both HIV services and communications will include linkages with public and private sectors. For instance, the program will complement national TB/HIV collaborative activities and the HIC care program will continue to support the national ART and OI program with ART adherence counseling. Also, all communication activities will be implemented in line with the national behavior change communication strategy and the distribution of male and female condoms will be implemented through a network of private sector retail outlets nationwide.

4. Health systems strengthening and Human Resources for Health
The MC program will provide the necessary commodities in form of disposable, male circumcision kits and equip the three MC sites and three mobile teams with the necessary material and infrastructure to provide safe MC services. This will also contribute to further strengthen the Zimbabwean health delivery system, as the improved infrastructure can also serve for surgical interventions such as caesarean section and other procedures. Training and capacity building of health care staff in MC service delivery will also contribute to further strengthen the current health system. PSI will continue to support the MOHCW in scaling up provider initiated testing and counselling.

5. Monitoring and Evaluation
The program's performance monitoring strategy is designed to provide accurate and timely evidence for program decision making. Research, Monitoring and Evaluation activities in FY11 will include conducting:
1. Tracking Results Continuously (TRaC) surveys population-based survey that collects quantitative data on target populations' behaviors (concurrent sexual partners, correct and consistent use of condoms and HIV testing and counseling) and their behavioral determinants.
2. Framework on Qualitative study on male circumcision. The program will seek to better understand factors influencing uptake of male circumcision. PSI/Z will use findings from these qualitative studies to improve TRaC questionnaires and to develop archetypes of target populations for better demand creation communications for MC.
3. Brand Equity Study. This study will seek to understand factors surrounding the decline in condoms sales volumes as well as assess Protector Plus's brand relevance and appeal to target audiences. Moving forward, this type of study will be repeated depending on market place changes.

4. MIS. To respond to an increased portfolio of HIV services and expanded reach proposed under this program, PSI/Z will update its services MIS. In the new MIS, program outputs and client record information will be computerized and linked as necessary.

6. Wraparounds and leveraging for increased impact/sustainability
The program will continue to leverage funds from other donor sources. The Gates Foundation is expected to contribute 11 Million USD between 2010 and 2013 to contribute to MC scale up by targeting specifically personnel with the Uniformed Services, but also including civilians living in the areas surrounding military and police camps. 148 000 men are expected to be reached with the additional funds over the three year period, providing funds to circumcise 25 000 males in FY11. PSI has also been successful in leveraging funds for HIV services communications, including MC and TB/HIV with GF Round 8. A total of $ 2 Million received from GF will be used to scale up mass media and interpersonal communication activities to raise awareness and increase demand for HIV services. PSI will continue to leverage funds through DFID to support all HIV services activities funded by USG under this program. The amount of funding expected from DFID for FY11 is still unknown but is assumed for planning purposes to start from May 2011 and to be an estimated $4 million annually..

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Economic Strengthening	250,000
Gender: Reducing Violence and Coercion	550,000
Human Resources for Health	1,500,000
Water	50,000

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Mobile Population
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**12933**
Mechanism Name:	**Strengthening Private Sector Health Care Services Project (SPSS)**
Prime Partner Name:	**Population Services International (PSI)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	405,000	

Narrative:

With increasing numbers of people knowing their HIV status, the demand for post-test support services for PLHIV has increased significantly in the past years. Under the HIV and AIDS Partnership Project, PSI and partners established a franchise of 15 New Life post-test support centers. All centers work with a network of community-based counselors, peer counselors and support groups for PLHIV to provide post-test support services directly in clients' communities and for patients enrolled in the national PMTCT and ART programs.

PSI will maintains its network of 14 New Life centers in FY11. Counselors and peer counselors from New Life centers will continue to provide psycho-social counseling and ART adherence counseling to patients and their families accessing public sector health care facilities. The 14 centers will expand reach to workforces with post-test support services. New Life teams will provide direct psycho-social counseling and information on positive living to HIV positive employees. These teams will also build the capacity of peer educators at workplaces to provide ongoing support, to establish support groups for PLHIV and to sensitize employers and employees on the importance of post-test support services for their HIV positive colleagues (see section 12, key issues below). The New Life care program is expected to reach 105 000 PLHIV with care and positive prevention services in FY11.

Quarterly supervisory visits to all 14 sites are the cornerstone of PSI's approach to assuring the quality of services offered through New Life. PSI staff assesses sites and counselors against a checklist of quality standards. These visits are complemented by annual external mystery client surveys to all sites and all mobile teams (conducted by an external research agency), annual refresher trainings for all providers and counselors, and ongoing sharing of best practices

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	0	

Narrative:

In collaboration with the ZACF, EGPAF and with technical support provided by the University of Zimbabwe, PSI will expand comprehensive HIV care and treatment services, including ART, OI prophylaxis and treatment and comprehensive PMTCT services through the private sector. PSI will integrate franchised ART services into one existing New Life center in Harare in FY11. Only a limited number (50) of PLHIV will be reached with the care and treatment services in FY11, assuming funding leveraged from DFID. Specific emphasis will be placed on reaching marginalized mobile population groups such as sex workers, who have difficulties in accessing ART in the public sector. The current program has already started to reach such population groups with mobile T&C services. The program will offer a holistic approach to HIV treatment and care led by a multidisciplinary team (nurses, doctors, counselors, and clinical psychologists) using a family-centered, gender-sensitive approach that is nurse driven, an innovation in task shifting that PSI will test through this program. PSI will work with pharmacies in proximity to the clinic to stock and dispense ARVs and OI drugs to clients of the New Life ART franchise. New Life ART patients initiated on treatment and stable for 6 -12 months will be moved, where feasible, to outreach sites using the city health clinics. The clinical management hand-over process will be facilitated through the team of private doctors and nurses who will work closely with nurses at city health clinics. It is expected that this process will also improve the capacity of public sector nurses to manage patients on ART. This process will allow PSI to increase the number of new patients initiating ART through the franchise by 'graduating' stable patients to long-term ART follow up services nearer to the communities where they live. As treatment is a new area for PSI, other partners will closely work together with the PSI services teams. ZACF and EGPAF will be responsible for training all cadres of participating providers in comprehensive HIV related care and treatment of both adults and children and provide supervision of treatment and care providers. The Zimbabwe National Quality Assurance Program (ZINQAP) will provide external quality control of laboratory services (e.g., CD4, hematology, chemistry tests). The performance of all sites will be measured against target values and all participating laboratories. As part of this package of quality assurance for treatment, PSI/Z will establish an advanced MIS system that will integrate data from the other service delivery elements of this program. The system will allow for patient clinical record management and patient follow-up to track adherence and compliance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,780,000	

Narrative:

Approximately 2 Million Zimbabweans have been tested for HIV through the VCT services provided through New Start program since its inception in 1999 representing an estimated 60% of the total number of Zimbabweans tested for HIV in Zimbabwe. An average of 30,000 people are currently accessing C&T services through the New Start program each month, and demand for the C&T services is on the

increase.

Based on the recommendations by the MOHCW CT services constitute an important approach to identify people living with HIV in Zimbabwe and also represent an important behavior change HIV prevention intervention especially for (discordant) couples. PSI therefore proposes to maintain the New Start CT network with its static sites and outreach teams in FY11.

PSI will maintain 4 directly managed C&T centers including 8 outreach teams located in the major urban areas of Harare, Chitungwiza, Bulawayo and Masvingo as well as 14 local partner managed C&T sites. The program has been successful in increasing the proportion of men and women accessing C&T as couples. The requested additional funds will be used to further increase couples C&T services. Mobile outreach C&T services currently contribute 55% of the total number of monthly C&T clients and about 10% of the mobile C&T services are targeted at population groups in high risk areas such as workplaces, prisons, resettlement areas and to vulnerable, mobile population groups (MVP). FY11 funds will be used to further expand mobile outreach services in order to reach these vulnerable and hard to reach population groups.

With support of the Clinton Health Access Initiative PSI was able to establish CD4 cell count laboratory services at 4 New start centers. With USG funding PSI will expand CD4 cell count services to an additional 4 mobile teams. CD4 cell count laboratory services integration with HTC has shown to improve access to early treatment and care by HIV positive clients.

The program will continue to provide FP counseling routinely offered to all clients accessing New Life and New Start services. An estimated 250 000 people will benefit from FP counseling in FY11. .

The program is expecting to provide C&T services for a total of 280 000 adults above 16 years of age and 2000 children under 16 years of age. PSI will continue to monitor CT performance using the current M&E tools. Quality of services will be monitored by Mystery Client surveys and quarterly supervisory visits of all CT centers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	2,983,000	

Narrative:

PSI supported the MOHCW in initiating male circumcision services in Zimbabwe. Four MC pilot sites and one national MC training centre have been established. M&E tools, MC operating guidelines and a procurement and supplies system for MC commodities has been put in place. A national training program

has been established. Also, advocacy and communication strategies and campaigns and a national MC policy and national MC strategy and implementation plan have been developed. Five thousand boys and men have been circumcised thus far. Funds requested in FY11 will be used to contribute to the implementation of the national strategy for scale up with the ultimate goal to reach 1.2 Million males aged 15-29 between 2010 and 2015. The proposed strategy will support key operational aspects of the MC scale up including MC service delivery and MC demand generation communications. Service delivery will leverage human resources from the private sector through public/private partnerships. Funds requested are expected to also improve the health infrastructure at public sector hospitals and to build the capacity of health care providers for safe MC services. The program provides the necessary commodities and equips the MC sites with the necessary tools and instruments to provide the services.

MC Training: PSI supported the MOHCW in developing the national MC training program. PSI will work with the MOCHW to expand the national training program at the central level MC training site in Harare to train 160 doctors and nurses (80 of which will be funded by the Gates Foundation). Outside of training and quality assurance duties, the national training site and team will double as MC service delivery site. PSI will apply the WHO quality assurance toolkits to assess quality and to support teams in improving the quality of services delivery. Quality improvement teams will visit each of the six MC teams every quarter to conduct a supervisory visit.

MC Service delivery: To attain high coverage of MC services, PSI will use a combination of fixed sites and mobile services. Fixed sites will consist of one stand-alone MC center already established in Bulawayo and three larger fixed sites co-located at public sector hospitals, and smaller fixed sites also co-located at public clinics, which will be visited by three mobile teams. An additional three mobile MC teams will be dedicated to quickly reach large numbers of men. Mobile services will follow community mobilization teams and will work out of lower level primary health care facilities, using tents to create additional space for MC procedures. To ensure efficiency and maximize outputs, PSI continues to use several components of the WHO's MOVE models.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,134,000	

Narrative:

PSI is currently implementing the first phase of a communications campaign to raise awareness of the risks associated with concurrent sexual partnerships. By July 2010, the campaign had reached 233,847 individuals with small group discussions on partner reduction.

With leveraging from The Global Fund Round 8, funds requested in FY11 will be used to develop and

implement the second phase of a multi media communications campaign through mass media and interpersonal communication (IPC) channels.

The second phase of the concurrency campaign will focus on the perceived costs of engaging in concurrent partnership for young urban women (15-29 years) and older men (15-39 years) and on the perceived benefits of concurrent partnering for young women. Small group level interventions using participatory techniques will be implemented among young urban women focusing on confidence building and sexual decision making skills in support of reduction of concurrent sexual partnerships. Road shows using music, dance and games will be utilized to mobilize men to attend small group discussions on partner reduction at workplaces, beer halls, shopping centers and other community gathering places.

PSI will train community based organizations and drama groups to implement interactive IPC activities and motivate the target audience to internalize risks and make the commitment to reduce concurrent sexual partnering. The IPC intervention is expected to reach 266,400 individuals with messages to promote reduction of concurrent partnering in FY11.

Supervision and monitoring are key components of PSI's IPC interventions. To ensure consistency in the implementation of the IPC strategy across partners, PSI has a monitoring plan that includes periodic supervision and assessment of the intervention delivery. A checklist helps supervisors assess IPC sessions in a systematic and focused manner and provide feedback for improvement. Periodic IPC assessments are randomly conducted by the Research department.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,386,000	

Narrative:

The objectives of this program area are to improve the availability of affordable health products through the distribution of Protector Plus male and care female condoms, to increase use of HIV related services and products through the development and implementation of evidence – based communications.

The previous hyper inflationary environment in FY08 led to significant wholesale outlet closures. Funds requested for FY11 will be used to maintain overall availability of socially marketed male and female condoms through direct distribution mechanisms to retail outlets. Distribution efforts will focus on geographic areas that have a higher HIV prevalence than the national average including rural growth points, mining and farming areas, border towns and organizations with a large mobile workforce.

Using results of the research survey on traders conducted in FY10, the program will explore opportunities for indirect distribution systems through Coca- Cola stockists to increase availability of male condoms in high risk outlets such as liquor outlets, service stations and tuck shops. Under this program, PSI will deliver product to all Coca- Cola depots and independent wholesalers to allow customers to purchase condoms in addition to beverages.

The dollarization of the Zimbabwean economy in FY09 brought about some relative stability to the retail sector for fast moving consumer goods. Consequently, stiff competition for shelf space at outlet level has emerged as manufacturers resume operations. To enhance product visibility and sustained uptake of products, PSI will establish private sector partnerships for merchandising activities in major high volume outlets contributing more than 35% of monthly sales.

To successfully promote the use of the female condom, interpersonal communication is vital. Funds requested for FY11 will be used to train hair dressers and male barbers in high risk areas to promote correct and consistent use of the female condom. The program will also train IPC agents to reach young women in tertiary colleges, women subjected to gender based violence, pregnant and lactating women under the PMTCT program and sex workers with customized benefits promoting female condom use. More emphasis will be placed on reaching men with IPC messages to increase acceptance and use of the product.

The project will use internal MIS based systems for product monitoring and control purposes. MIS will also be used for strengthening stock management at retail level and to monitor sales staff route cycle compliance and coverage.

The previous hyper inflationary period may have affected the brand equity for Protector Plus. In view of this, the program will conduct a brand equity survey to determine if Protector Plus needs to be refreshed as a brand in FY11. This will be dependent on DFID leveraging.

The program will utilize IPC activities to target sexually active men and women 20-40 years with integrated messages to increase consistent use of male and female condom in high risk and regular relationships including concurrency. Through edutainment and small group discussions, IPC interventions will impart skills to negotiate and use condoms.

With leveraging from the Global Fund Round 8, the program will develop new communications campaign for male circumcision using mass media and interpersonal communications channels to increase understanding of the HIV preventive benefits of MC, to dispel misconceptions and to ensure behaviour maintenance post-procedure. Efforts will be made to work with youth and religious organizations to

mobilize young men to access the service. A network of male champions will also be trained to disseminate messages on MC and to recruit their peers for male circumcision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	1,320,000	

Narrative:

PSI/Z, in collaboration with the MOHCW, integrated TB symptomatic screening for all HIV positive clients accessing CT services at New Start and New Life centers in 2005. Counselors use a standard questionnaire to assess each client for clinical symptoms of TB and other chest infections. All TB suspects are referred to TB diagnostic centers. Currently, 14% of all HIV positive clients tested through New Start are TB suspects, and a total of 1000 TB suspects are referred every month for laboratory investigations. Due to constraints in the current health system, referred HIV positive TB suspects are often not able to access clinical diagnosis or services. To help fill this gap, PSI will integrate TB smear microscopy into two New Start sites (Harare & Bulawayo) to facilitate early diagnosis and treatment of HIV infected TB patients.

Funds will be used to equip the two sites with the necessary instruments consisting of light microscopes and accessories, with the necessary quantities of reagents to conduct the TB investigations. Existing staff will be trained on sputum smear microscopy. All clients accessing New Start CT services will continue to undergo clinical symptom screening using a brief questionnaire administered by trained counselors as previously mentioned.

All clients with productive cough, identified as TB suspects at New Start sites in and around Harare and Bulawayo, will collect sputum on three consecutive days for smear microscopy. All clients with positive TB sputum results will be referred for anti-TB treatment to be commenced immediately at TB treatment centers. All other TB suspects with negative smear results will be referred for further TB investigations at public sector health care facilities. It is expected that a total of 500 TB suspects will benefit from the additional laboratory services, the intensified referral system and the improved access to immediate TB treatment offered at the five CT sites every month.

The program will build on the work started so far by developing a multi - media communication campaign to increase awareness of the availability of TB diagnostic services to those who test HIV positive at the New Start centers. The campaign will seek to encourage sexually active people to know their status early at the New Start centers in order to receive early diagnosis of TB and receive appropriate medication if they are HIV positive.

PSI will monitor TB laboratory performance using internal and national external quality control mechanisms which are already in place. The program will use existing national M&E tools to report on implementation progress.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13037	**Mechanism Name: The International Union against Tuberculosis and Lung Disease (THE UNION)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: THE UNION	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 950,000	
Funding Source	**Funding Amount**
GHCS (State)	950,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Zimbabwe is one of the countries hardest hit by the HIV/AIDS epidemic. It is experiencing an enormous HIV-driven TB epidemic and is one the 22 high burden TB countries that account for 80% of the global TB burden. An estimated 80% TB patients are also HIV-positive.

In October 2008, USAID obligated Child Survival and Health funds to the Tuberculosis Control Assistance Program (TB CAP) to strengthen TB control in Zimbabwe. The coordinating partner for TB CAP in Zimbabwe is the International Union Against Tuberculosis and Lung Disease (The Union).
The output areas of the support have been:
a) strengthened leadership and management capacity at all levels of health care;
b) strengthened human resource capacity at service delivery levels; and

c) strengthened TB/HIV scale up.
In addition, through European Commission-funding, The Union has collaborated with Cities of Harare and Bulawayo since 2007 to develop an urban model for decentralized and integrated TB and HIV care that can be offered at primary health care level and is largely provided by nurses. Results so far show: all TB suspects undergo sputum microscopy, near universal daily DOT, declining default rates, high HIV test uptake, high cotrimoxazole uptake among HIV positive TB patients, and high ART uptake.

While improvements have occurred in TB control in selected areas, there are still many challenges in clinical TB and TB/HIV patient management, in programmatic issues, and overall collaboration between the HIV and TB units in the Ministry of Health and Child Welfare. To reduce disease burden and mortality from TB/HIV, it is imperative to scale up TB/HIV care, as well as strengthen the overall health system that provides these and other health services.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000

Key Issues

TB

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13037** **The International Union against Tuberculosis and Lung Disease (THE UNION)** **THE UNION**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	950,000	
Narrative:			
Goal: Increased access to quality integrated health care by persons with HIV infection and tuberculosis Objectives:			

• To scale up decentralization of TB diagnostic and treatment services to primary health care (PHC) clinics in urban areas through activities based on the STOP TB Strategy;
• To expand integration of HIV diagnostic and care services, including antiretroviral treatment (ART), into management of TB suspects, patients and their family members in these settings;
• To expand integration of TB diagnostic and treatment services into management of persons living with HIV (PLHIV) and their family members in these settings;
• To strengthen TB infection control measures in health facilities in urban areas; and
• To strengthen recording and reporting of TB, TB/HIV and HIV care activities.

Expected outcomes:
• enhanced human resource capacity for TB/HIV care at primary health care level;
• high degree of clinical suspicion of TB in all patients visiting health care centers, among clinic health workers;
• TB/HIV care decentralized to primary care clinics, including initiation of TB treatment and ART;
• reduced barriers for HIV testing of TB suspects; reduced barriers for TB screening of HIV infected patients;
• introduction of directly observed TB treatment at clinics;
• improved rapport between TB and HIV patients on the one hand and health workers on the other;
• local TB and HIV data analysis and use for planning.

Geographic coverage and target populations: Urban areas in provinces where The Union, through TB CAP funding, has been operating over the past two years, as well as provinces targeted for support through TB CARE. The cities and towns are:
• Gweru (population 157,885) in Midlands Province - 7 clinics
• Kwekwe (140,000) in Midlands Province - 7 clinics
• Masvingo (150,000) in Masvingo Province - 8 clinics
• Chitungwiza (350,000) near Harare - 4 clinics
• Mutare (300,000) in Manicaland Province - 6 clinics
• Gwanda (60,000) in Matebleland South Province - 6 clinics
• Victoria Falls (45,000) in Matebeleland North Province - 7 clinics, and possibly
• Bulawayo (population 720,000) or part of this population
• Harare (population 1,531, 000) or part of this population
The primary target population are patients with TB and HIV infection, as well as non co infected TB and HIV patients. The secondary beneficiaries are the urban areas involved which will benefit through health systems strengthening.

Health systems strengthening: Apart from achieving the stated objectives the project will strengthen

health systems by a) strengthening human resource capacity through training and support supervision b) technical and financial support for programmatic management of TB/HIV services, including local level supply chain management c) infection control training and practice d) refurbishment of existing facilities e) mentorship in basic management skills.

Strategic integration, coordination, leveraging, and private sector engagement:
• All services will be integrated into existing municipal clinic infrastructure, and activities will be carried out by health professionals employed by the urban local authority Health Services Departments.
• In most cities there are multiple health service providers who will be engaged in aspects of TB/HIV services that suit their skills profile and functions.

Woman-and girl-centered approach
• The project will collaborate with PMTCT services and prioritize TB/HIV infected pregnant women to ensure optimum benefit to the mother and child;
• Attention will be paid to minimization of barriers to access TB diagnosis and treatment and ART services by women, using targets based on the current national picture ie: a) at least half of TB suspects will be women and girls b) approximately 60-70% of PLHIVs accessing ARV drugs will be women and girls
• Monitoring and evaluation data will be routinely gender disaggregated to ensure attention to gender equity

Cross-cutting programs and key issues: The whole thrust of the project is providing health services to persons with HIV and tuberculosis co infection. TB suspects, patients and their families will be tested for HIV infection and, if positive, will receive appropriate HIV care services. Similarly HIV suspects, patients and their families will be screened for TB and, if positive, will receive appropriate TB care services.

Achieving improved economies in procurement, coordinating service delivery with other partners in the public and private sector: The project will be integrated into existing health care services and will, as far as possible, link commodity procurement with local city, district, provincial or national procurement mechanisms to facilitate economies of scale. On service delivery, the project will collaborate with public private, local and international organizations involved in delivery of similar services in the area.

Monitoring & evaluation and operational research plans:
• The current revised TB notifications and TB treatment outcome data tools and reports contain HIV-related indicators, and TB is included in the HIV care/ART monitoring tools. Reports generated will be used to monitor project implementation progress, and promote evidence based decisions.
• Operational research will be conducted as necessary to answer program implementation questions,

identify new strategies and better ways to implement them.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13063	**Mechanism Name: Strengthening Blood Safety in the Republic of Zimbabwe**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Blood Service Zimbabwe	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 800,000	
Funding Source	**Funding Amount**
GHCS (State)	800,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

National Blood Service Zimbabwe (NBSZ) is a private not for profit organization with the mandate to collect, process, store and distribute blood and blood products to all hospitals in Zimbabwe.

The goals of this project are:
1) To improve equity and access to safe blood and blood products.
2) To develop sustainable quality management systems.
3) To educate health care workers in blood safety and rational use of blood.
4) To provide appropriate infrastructure and human resources for the provision of blood services.
5) To provide monitoring and evaluation mechanisms for the blood safety project activities.

The activities of this project will support the HIV/AIDS national strategy and plan through the prevention of HIV transmission through blood transfusion by reducing the risk of contaminated blood through donor

education, donor counseling, blood testing and quality control of blood supply.

The coverage of these activities is national through a branch network in 5 major cities (Harare, Bulawayo, Gweru, Mutare and Masvingo) which act as collection centers and a central testing site in Harare. One pilot distribution site is currently located in Hwange and in year 1 the network will expand to two more distribution sites (Karoi and Chiredzi) to reduce the distance that hospital personnel have to travel to collect blood for the provision of services.

The key contributions of this program to health systems strengthening and human resources for health are increase in the collection and distribution of safe blood and blood products in the country and education of health care workers on blood safety and the rational use of blood.

The impact of this project will be increased through leveraging of resources provided by the European Union which supports blood provision for maternal care and the Swiss Red Cross that supports data management systems.

REDACTED. Training will be provided to health care workers on blood safety and the rational use of blood. Renovations will be carried out at branch laboratories to meet the Good Manufacturing Practices (GMP) standards and to provide suitable facilities for training purposes. Key issues addressed by this project include child survival activities and safe motherhood as children and women will benefit from increased access to safe blood during health emergencies.

The strategy for cost-efficiency of this project is based on bulk procurement of test kits, reagents and blood bags. One contractor will be identified for multi-site renovation to lower the cost as much as possible. Resources that are already in place will be maintained for optimal use.

Monitoring and evaluation of the program will be done through training reports, follow up of contract agreements, review of procurement records and consolidation of project information into quarterly progress reports.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Human Resources for Health	350,000

Key Issues

Safe Motherhood

Budget Code Information

Mechanism ID:	**13063**		
Mechanism Name:	**Strengthening Blood Safety in the Republic of Zimbabwe**		
Prime Partner Name:	**National Blood Service Zimbabwe**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	800,000	

Narrative:

With COP11 resources NBSZ will implement a donor education, recruitment and retention program through production of IEC materials, Pledge 25 clubs (motivating youths to keep donating blood after leaving school), mass media advertising, and fixed satellite collection points among other interventions. These activities are targeted to increase the number of new donors, motivate regular donors to maintain a healthy life style, and build the panel of regular donors.

A donor notification and counseling program will be strengthened through a revision of the existing system and implementation of recommendations.

Renovations and refurbishment of three additional collection branches will be done to meet GMP. Training activities will be initiated on blood safety and banking, rational use of blood, monitoring and evaluation and supervisory management of blood programs.

Test kits of first line testing and second line testing will be procured to support the blood testing, and Nucleic Acid Testing (NAT) technology will be procured and implemented to reduce the window period risk of HIV and transfusible infections.

Three additional distribution sites will be set up based on geographical needs to reduce the distance that hospital staff needs to travel to access safe blood. Hospital blood banks will be supplied with small blood bank fridges to improve blood cold chain.

Finally, NBSZ will construct incinerators at each of the 5 branches of the organization in order to meet

waste management requirements.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13112	**Mechanism Name: Department of State/AF - Public Affairs Section Zimbabwe**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Grant
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Public Affairs Section (PAS) PEPFAR program supports overarching PEPFAR goals by conducting public outreach and information programs that raise awareness of the commitment and breadth of PEPFAR programs in Zimbabwe within the context of the greater fight against HIV/AIDS. PAS does this by working with groups not specifically targeted by other programs and by working with individuals, such as the media, student leaders and well-known cultural figures, who spread the messages effectively to larger groups. The overarching goals of PAS programs are to save and improve lives, to increase the Zimbabwean public's understanding and awareness of PEPFAR contributions, and to strengthen the health sector's communications abilities in the fight against HIV/AIDS in Zimbabwe.

PAS will conduct a balanced number of activities throughout the year and attempt to reach a wide geographic region, including less frequently visited regions of the country, and rural and high-density areas that are economically disadvantaged. Programs will run in all six geopolitical areas of the country, and PAS will partner with Zimbabwean organizations in communities outside Harare. Target audiences include students, faculty and administrators in academia; the media; program partners; members of the

public; religious and tribal leaders; and NGOs and civil society organizations. PAS will partner with key figures in arts, culture and music to convey messages to the general public.
Additionally, PAS will create an outreach and communications position to increase and improve both internal and outreach PEPFAR communications. The new local-hire position will focus on the creation and implementation of outreach programs and materials, management of internal communications with partners, secondary support for program management, and assistance with reporting.
As appropriate PAS Programs will include a media component to promote events and grant recipients.PAS will invite media to report on events and use PEPFAR resource staff to inform journalists about HIV/AIDS. Press releases, USG official statements and PAS-generated articles will complement all PAS programs. Videos and photographs of programs will be placed in local media and on Embassy website and social media outlets, such as Facebook and Twitter when appropriate. Media placement will be tracked and reported to PEPFAR.
Each PAS program will have an evaluation component. These will include specific measures linked to the project indicators, and may include questionnaires, surveys, and testimonials. These results will be reported through the State Department's Mission Activity Tracker and through PEPFAR reporting mechanisms.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**13112**
Mechanism Name:	**Department of State/AF - Public Affairs Section Zimbabwe**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			

PAS systems strengthening activities will focus on media training and development, such as using experienced NGO partners for media trainings. Additionally, PAS will organize media events and facilitate extensive coverage of USG programs and activities on World AIDS Day. WAD events will educate the public about USG commitment to fighting HIV/AIDS in Zimbabwe and how the public can become involved.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

PAS sexual prevention programs will reach out in new ways to the most vulnerable audiences, primarily youth. Projects will include funding Peer Educators at eight top universities to assist with training and branding; sports outreach to young woman to teach healthy living and better choice-making; and hard-hitting theater productions to bring the difficult subject of living positively with HIV and making good sexual decisions to new youth audiences.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

To reach audiences in high risk areas, PAS will use innovative media to get out key HIV/AIDS messages, such as printing 'vendor paper' newsletters for vegetable sellers to use and distributing CDs to mini-van taxis.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13152	**Mechanism Name: Surveys, Evaluation, Assessments, and Monitoring**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overall goal of this partnership will be to support the Ministry of Health and Child Welfare (MOHCW) in the implementation of health related surveys, program evaluations, implementation research operations research, assessments and program specific monitoring that would contribute data to guide health related policy decisions for Zimbabwe.

The activities of this project will support the HIV/AIDS national strategy and plan in the areas of survey design and , data collection, data analysis and data dissemination and use of key information such as activities like the HIV prevalence survey among ANC attendees, national population surveys, National HIV Estimates, TB and HIV drug resistance prevalence, and data triangulation.

The coverage of the strategic information activities to be implemented by this project will be national and will target those sites selected as part of the studies.

The key contributions of these activities to health systems strengthening will be updated and timely information for health related policy decisions in the area of HIV/AIDS, TB and related diseases and improved resource allocation based on the program evaluations and assessments that will be carried out.

This project will require collaboration with National Institute of Health Research (NIHR), the University of Zimbabwe and its relevant departments, ZIMSTAT, as well as, with UN agencies, bilateral, multilateral and local NGOs.

A woman and girl centered approach is inherent in the ANC survey as well as the HIV drug resistance monitoring in PMTCT.

The activities to be implemented will involve cross-cutting programs like Human Resources for Health as training of health workers is a key activity in the implementation of any survey to ensure the quality of the data being collected. The project will continue to support secondments of five key positions; 3 Laboratory

scientists and 2 AIDS and TB Programs, Surveillance Officers. that are currently funded in the 2010 ZINQAP budget.

TB is a key issue that will be addressed by this project by: 1) setting up a MDR TB surveillance system, 2) training of health professionals on identifying TB suspects and on sputum sample collection, and 3) training of laboratory scientists on TB culture and analysis of results while adhering to strict infection control measures.

Safe motherhood is another key issue addressed by this project as training of health care workers for the ANC survey strengthens service provision in pre and post-natal periods.

An additional key issue covered by this project is end-of-program evaluation as this project will evaluate on regular basis the effectiveness and quality of care provided by the MOHCW programs.

Cost-efficiency strategies will be based on close coordination with the MOHCW so that most of the activities will be organized by existing MOHCW staff. Resources that are already in place and have been procured within the routine programs of the MOHCW will be utilized. Local staff will be involved and external technical expertise will only be requested for targeted activities that require specialized technical assistance.

Monitoring and evaluation of the activities will be done through regular supervision of data collection, data quality assessments, involvement of partners to provide feedback to draft documents and production of final reports after each strategic information activity has been developed.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED

Key Issues

Impact/End-of-Program Evaluation
TB

Budget Code Information

Mechanism ID:	**13152**
Mechanism Name:	**Surveys, Evaluation, Assessments, and Monitoring**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

These funds will contribute to the continuation of HIV Drug Resistance activities being implemented in the country as part of the National HIV Drug Resistance Strategy that includes three key components:

1) HIV Threshold survey - assessing the spread of HIV drug resistant mutants in newly infected individuals-

2) Early warning indicators survey- collection of a set of indicators that are meant to provide information for action in strengthening and instituting corrective measures at individual sites offering Antiretroviral Therapy (ART).

3) Monitoring surveys - prospective cohort survey among patients initiating ART for the purpose of reducing or preventing HIV drug resistance while on treatment. Additionally this survey will monitor behavioral indicators among people on ART treatment (Prevention with Positives). Monitoring will be expanded to include women accessing PMTCT services and their babies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

Narrative:

This program will support the completion of the 2011 regular ANC survey as a priority. Funding will also support the HIV Estimates Process, data triangulation, program assessments,evaluations and and provide provide start up funding for population based surveys as required by the MOHCW and partners. , formative research in most at risk populations, program assessments, data triangulation and evaluations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

This program will set up the National MDR TB surveillance System as a continuation of the MDR TB survey supported with FY10 funds. Health personnel from the 65 district hospitals will participate in active surveillance for MDR TB. The two reference laboratories (the National Microbiology Reference Laboratory in Harare and the National TB Reference Laboratory in Bulawayo) will be strengthened to provide culture and sensitivity analysis for suspected MDR TB cases.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13173	**Mechanism Name: Strengthening Infection Control and Prevention in Health Care Facilities in Zimbabwe under the President's Emergency Plan for AIDS Relief (PEPFAR)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The project objectives are:

1) Support the development of a National Strategic Plan and a monitoring and evaluation system for infection control.
2) Strengthen Infection control training at all levels.
3) REDACTED

4) Provide technical support to health care facilities in the development and implementation of infection control plans.
5) Procure, when needed, personal protective equipment for health care facilities.
The activities of this project will support the HIV/AIDS national strategy and plan through strengthening infection control measures as a key TB/HIV collaborative activity at national level.

This project will operate at national level supporting directly or indirectly all health facilities in the country on infection control activities.

The key contributions of this program to health systems strengthening are based in supporting the Ministry of Health and Child Welfare in policy and strategic planning on infection control, implementation of renovations, training and other technical support in targeted facilities to improve provision of health services and strengthening prevention of exposure to blood and airborne diseases for both patients and staff.

The impact of this project will be increased through close collaboration with WHO, TB CAP, National Blood Service Zimbabwe (NBSZ) and other partners implementing TB/HIV collaborative activities to make it part of a comprehensive package for prevention of exposure to blood and airborne diseases for both patients and staff in health care facilities.

REDACTED Training of health workers is a key component of the program. REDACTED

Key TB is a key issues that are TB and Workplace program. TB issues that will be addressed include as separation of patients, prioritization of coughing patients, and other infection control measures contribute to the early detection of TB cases and limit the spread of the disease to other patients attending health care facilities. The w In addition to TB, the activities implemented by this project contribute to workplace programs will include by: 1) Promoting HIV prevention among health care workers through injection safety. safer needle handle practices, provision of PEP and promoting HIV testing and relocation of staff at high risk. 2) Regular TB screening of all health care workers.

The strategy for cost-efficiency will be based on bulk procurement of construction materials and personal protective equipment for the health care facilities. Activities will be implemented with existing Ministry of Health staff and resources that are already in place will be utilized as much as possible.

Monitoring and evaluation of the program will be done through procurement records, follow up of renovation contracts, site visits reports and other relevant documentation, all consolidated into quarterly

progress reports.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Human Resources for Health	REDACTED

Key Issues

TB

Budget Code Information

Mechanism ID:	**13173**
Mechanism Name:	**Strengthening Infection Control and Prevention in Health Care Facilities in Zimbabwe under the President's Emergency Plan for AIDS Relief (PEPFAR)**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	Redacted	Redacted

Narrative:

COP11 funds will:

• Support MOHCW in the elaboration and implementation of a national infection control strategic plan and monitoring and evaluation plan to guide and monitor the activities to be implemented in the coming 5 years.

• Support the implementation of national training on infection control at in-service and pre-service level to strengthen the implementation of infection control activities at facility level.

• REDACTED

• Provide technical support to health care facilities in the development and implementation of infection

control plans, including basic procurement of personal protective equipment.

• Support the development review and implementation of policies, training,in waste-management systems,
• Provide Technical assistance to promote medical injection safety, and appropriate disposal of injection equipment

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

COP11 funds will:

• Support MOHCW in the elaboration and implementation of a national infection control strategic plan and monitoring and evaluation plan to guide and monitor the activities to be implemented in the coming 5 years.

• Support the implementation of national training on infection control at in-service and pre-service level to strengthen the implementation of infection control activities at facility level.

• REDACTED

• Provide technical support to health care facilities in the development and implementation of infection control plans, including basic procurement of personal protective equipment.

• Support the development review and implementation of policies, training,in waste-management systems,
• Provide Technical assistance to promote medical injection safety, and appropriate disposal of injection equipment

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13238	**Mechanism Name: Improving Access to Laboratory Testing for HIV/AIDS Patient Monitoring in Zimbabwe Under PEPFAR**

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Implementing Mechanism Narrative

The project objectives are:

• Increase access to CD4 testing for HIV positive patients to support the roll out of the ART program according the new WHO guidelines.
• Increase access to lab monitoring of patients on ART for early identification of treatment failure.
• Provide access to other laboratory tests that are essential to monitor the health of people living with HIV/AIDS and side effects of ART.
• Facilitate access to opportunistic infection diagnosis through establishment of a referral network from district hospitals and rural clinics to provincial labs with higher testing capacity.

The activities that will be implemented support the HIV/AIDS national strategy and plan through strengthening of the laboratory services for implementation of the National ART guidelines in line with WHO ART recommendations and improving the quality of care provided to HIV/AIDS patients.

This project will operate at provincial level to achieve national coverage. Initial focus will be on strengthening a referral network centered at Mpilo Hospital for provision of services to sites in Matabeleland North, Matabeleland South and Bulawayo. The project will then be rolled out to 3 additional provinces with an overall target of 8 sites by the end of the project.

The key contributions of this program to health systems strengthening are the expansion of laboratory services within a limited resource setting optimizing the available human resources, simplifying the lab supply chain, and strengthening the available infrastructure to increase the availability of clinical laboratory services to rural populations.

Demonstrating the cost-efficiency of this project will increase its impact when other partners are leveraged to replicate the model. Additionally this project will work together with existing PEPFAR implementing mechanisms for laboratory activities and with the Ministry of Health and Child Welfare (MOHCW).

A woman and girl centered approach will be achieved through ensuring that pregnant women get access to the entire baseline testing required for their antenatal care.

The cross-cutting programs that this project covers are Human Resources for Health through in-service training of laboratory personnel and performance allowances to existing staff. Key issues include TB and safe motherhood as TB testing and prenatal screening testing will be part of the laboratory test menu offered through the referral network.

The strategy for cost-efficiency is based on bulk procurement of reagents and consumables for HIV, TB and other related monitoring and diagnostic tests. Application of good inventory management practices like first in – first out (FIFO) will avoid expiration of reagents. Resources that are already in place will be utilized as much as possible.

Monitoring and evaluation of the program will be done through the implementation of a Laboratory Data Management Systems (LDMS) that will allow tracking of laboratory tests performed by discipline, number of patients served, and quantification of reagents. M&E information will be reported in quarterly progress reports.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Human Resources for Health	REDACTED

Key Issues

Safe Motherhood

TB

Budget Code Information

Mechanism ID:	**13238**
Mechanism Name:	**Improving Access to Laboratory Testing for HIV/AIDS Patient Monitoring in Zimbabwe Under PEPFAR**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

This project will procure reagents for HIV lab monitoring tests at the four referral laboratories.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

Narrative:

This project will:
• Implement minor renovations to lab infrastructure at selected sites for high efficiency testing.
• Mentor laboratory personnel to build capacity for high volume testing.
• Introduce Laboratory Data Management Systems (LDMS) for data collection and reporting.
• Build the referral network with the neighboring districts and clinics through the sample/results referral system.
• Support performance allowances to laboratory scientists on site.
• Ensure the continuity of testing through maintenance of laboratory equipment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

COP11 funds will procure high efficiency field performing equipment and reagents/cartridges to diagnose TB at the four referral laboratories to reduce turnaround times of results and increase accuracy of diagnosis and treatment initiation of TB suspected clients from rural populations.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13243	**Mechanism Name: Expansion of HIV/AIDS Care and Treatment Activities among Church-related Hospitals**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Zimbabwe Association of Church Hospitals	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHCS (State)	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overall goal of the activities of ZACH is to expand prevention, care and treatment on HIV & AIDS services among church related health institutions.

The objectives of the program are:
1) To expand the number of church related hospitals offering OI/ART services.
2) To support the development of human resources for the provision of OI/ART services and follow up of clients at the selected facilities.
3) To strengthen data management within the new OI/ART sites.
4) To set up a clinical mentorship and management support unit at ZACH secretariat office for the implementation of the program.

This project will support the HIV/AIDS national strategy and plan through an increase in the number of hospitals within the church related hospitals network providing OI/ART services in Zimbabwe.

The coverage of activities for this program will be national and targeting those church related institutions

that are not yet offering OI/ART services.

The key contribution of this program to health systems strengthening will be an increase in the number of health institutions offering OI/ART services. provision of in-service training for health care workers in the delivery of OI/ART services and implementation of minor infrastructural changes required in some of these institutions to improve the provision of services.

ZACH will increase the impact of its activities through close coordination with the Ministry of Health and Child Welfare (MOHCW) and the HIV/AIDS Quality of Care Initiative (HAQOCI) for the implementation of the staff training as well as through partnerships with the National AIDS Council (NAC) for the expansion of adult care and support programs.

A woman and girl centered approach will be kept through the coordination of OI/ART services for pregnant women in need of ARVs for their own health who attend the PMTCT program at the hospital.

REDACTED To become an OI/ART site staff will need training and mentorship to acquire the appropriate skills and confidence in the management of HIV/AIDS patients. Some sites will require changes in the physical infrastructure to ensure adequate conditions for the provision of services.

Key issues addressed by this program include Tuberculosis (TB) and Workplace .as TB screening will be done with all HIV/AIDS clients in their routine visits to the clinics. Workplace issues will be addressed in the target institutions to ensure that health care workers have access to preventive measures and post-exposure prophylaxis (PEP) if needed.

The cost-efficiency strategy will be based on using the resources already in place at the selected facilities where only minor renovations or maintenance will be done. Bulk procurement of construction materials for several institutions at once after a comprehensive assessment of the targeted sites will allow obtaining lower prices. Supervisory/mentorship visits will be in a way that multiple sites are covered in done to sites close by during the same week long trip, to cut on travel expenses.

Monitoring and evaluation of the activities will be done through site supervisory visits. Quarterly progress reports will document M&E activities.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED

Human Resources for Health	155,000

Key Issues

TB

Workplace Programs

Budget Code Information

Mechanism ID:	**13243**
Mechanism Name:	**Expansion of HIV/AIDS Care and Treatment Activities among Church-related Hospitals**
Prime Partner Name:	**Zimbabwe Association of Church Hospitals**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	400,000	

Narrative:

There are 126 hospitals/clinics within the church related hospitals network. Twenty one (21) of these hospitals have been upgraded to provide OI/ART services. With this funding ZACH will increase the number of hospitals within the church related network able to provide OI/ART services to increase access to opportunistic infections diagnosis and treatment, provision of Cotri-moxazole prophylaxis and ART to HIV positive patients.

Training of health care workers in OI/ART services will be critical to improve their ability to follow up patients on ART, reinforce the use of DOTS as a TB management strategy for co-infected patients, ensure appropriate pharmacy management, and perform recording, and reporting activities.

Minor renovations will be done in hospitals that require infrastructural adjustments for the provision of OI/ART services.

In addition, the project will ensure that a PEP program is in place for staff and survivors of rape/sexual assault. Community care givers will also be trained to support the follow up of patients in the community.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13274	**Mechanism Name: Health Informatics Public-Private Partnership**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: JEMBI HEALTH SYSTEMS, REGENSTRIEF INSTITUTE, INC., INSTEDD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**
GHCS (State)	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Health Informatics Public-Private Partnership (HI-PPP) is a new initiative under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), expected to provide donor funding and technical assistance to support country-level technical solutions.

This support provides an overarching framework that incorporates two existing PEPFAR projects that will be strengthening the National Health Information System and the Human Resources Information System.

The main objective of this project is to collaborate in building and deploying interoperable health information systems (HIS) in low resource environments. Interoperable health information systems save money by reducing redundant software development as well as promoting software reuse. The underlying concept for the approach, known as Enterprise Architecture (EA), defines the totality of the HIS space and describes it in terms of 'use cases' and data flows which countries use as blueprints for defining their own priorities, HIS components and deployment plans.

The technical assistance provided through this project is done at central level to benefit the national health information systems.

The key contribution of this program to health systems strengthening is interoperable health information systems and an enterprise architecture which includes components such as standardized data variable definitions, specifications for how information systems and their components should operate, and identification of data that need to be shared across different information systems.

The impact of this project will be enhanced by alignment with resources from other global donors, including the Gates and Rockefeller Foundations, and the International Development Research Centre (IDRC). HI-PPP seeks to leverage technology and expertise to deliver measurable patient-centered health outcomes in the developing world.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13274**		
Mechanism Name:	**Health Informatics Public-Private Partnership**		
Prime Partner Name:	**JEMBI HEALTH SYSTEMS, REGENSTRIEF INSTITUTE, INC., INSTEDD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	0	
Narrative:			
Provision of technical assistance to the Ministry of Health and Child Welfare related to the Enterprise Architecture approach that will strengthen the implementation of the Zimbabwe Health Information Systems(HIS) and the Human Resource Information system through providing a platform for common understanding of the different programs through user specifications and systems design.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13293	Mechanism Name: Development and Strengthening of Human Resources for Health Activities in Zimbabwe
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The main objective of this project is to strengthen the management of Human Resources for Health in Zimbabwe.

This program supports the HIV/AIDS National Strategy and Plan through providing information on the number of health care workers available at all health care levels by training skills, distribution and other variables.

The coverage of the activities of this project is national and targets all health workforce of Zimbabwe in the public sector.

The key contribution of this program to health systems strengthening and human resources for health is updated fully functional database at all levels (National, Provincial and District level) that will enable policy makers to make strategic decisions related to Human Resources for Health.

The impact of this project will be enhanced through collaboration with the Health Informatics Public

Private Partnership (HI-PPP) which will provide additional technical support to the Zimbabwean Human Resource Information System (ZHRIS) programmers.

This project has a woman and girl centered approach in that ZHRIS will provide the required workforce information for strategic placement of health workers for coverage of women and girls health related needs.

The core of these activities is in the cross-cutting program of Human Resources for Health. The project will develop a system that will allow tracking of human resources of the health sector at all levels throughout the health system.

The strategy for cost-efficiency is based on mass procurement of IT equipment and communication means for the setting up of a Human Resource Information System. Resources that are already in place will be utilized as much as possible or maintained if needed. Resources will be procured in a way that will have national coverage with the lowest expenditure as possible.

Monitoring and evaluation of the project activities will be done through site visits, training reports, procurement records and other relevant tools that will allow tracking of the project and consolidation of the information into quarterly progress reports.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13293**
Mechanism Name:	**Development and Strengthening of Human Resources for Health Activities in Zimbabwe**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	OHSS	Redacted	Redacted
Narrative:			
COP 11 resources will allow: 1) expansion of the existing program to 3 additional provinces, 2) expansion of training of personnel in data capture and analysis, 3) maintenance of the existing networks, and 4) inclusion of additional professional regulatory bodies in the system.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13294	**Mechanism Name: Expand and Strengthen Laboratory Technical Assistance and Quality Assurance Services in the Republic of Zimbabwe under PEPFAR**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Zimbabwe National Quality Assurance Programme	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,985,000	
Funding Source	**Funding Amount**
GAP	545,000
GHCS (State)	1,440,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

ZINQAP is a non-profit organization whose mandate is to assist medical laboratories to attain and maintain good quality testing.

The objectives of this project are:

• Strengthen laboratory management in 30 labs to improve service delivery and in preparation for accreditation.
• Maintain a national proficiency testing scheme for public health laboratories.
• Collaborate with other stakeholders in order to coordinate the routine revision, printing and distribution of national laboratory standard operating procedures (SOP).
• Maintain accreditation for the proficiency testing scheme through SANAS.
• Improve on the information and communication technology and information management systems currently in use at ZINQAP.
• Evaluate the impact of implementing quality assurance in laboratories and testing sites performing HIV and related testing.
• Collaborate with the health professional authorities in order to strengthen its position as a regulatory body for laboratories and implement the Zimbabwe Medical Laboratory Guidelines.
• Provide in-service training to medical laboratory scientists in an effort to address the deficiencies identified during quality assurance activities.
• Provide ongoing support to National Microbiology Reference Lab (NMRL) to conduct testing for national surveys.
• Support the laboratory directorate of the MOHCW in carrying out its administrative mandate.
• Develop and implement a sustainable strategy for ZINQAP.
• Strengthen the lab M&E system for the MOHCW laboratories

The activities that ZINQAP implements support the HIV/AIDS national strategy and plan through strengthening of the laboratory services provided in the country for diagnosis and monitoring of HIV/AIDS and opportunistic infections; monitoring of the quality of testing provided by laboratory and testing sites; training laboratory personnel in quality systems of key tests such as CD4 testing and support to national surveys that provide the necessary data to guide the program.

ZINQAP operates a national program that covers all provinces in the country and its membership includes public, private, mission and research laboratories. The activities will have a special emphasis on the 2 national reference labs in Zimbabwe (Tuberculosis and Microbiology labs) which are in charge of the laboratory testing of national survey samples.

The key contribution of this program to health systems strengthening is that provincial laboratories and staffed district laboratories in Zimbabwe will be refurbished with commodities required for quality systems and will become accredited under the 5 year program, thus providing confidence in the quality of results produced. This activity will increase access to testing services to the Zimbabwean population. National reference laboratories will be strengthened in their capacity to manage specimens for surveys and for

public health surveillance.

ZINQAP already provides quality assurance services for multi-disciplinary areas like serology, hematology, chemistry, etc. in many of the labs currently participating under ZINQAP's CD4 quality assurance scheme. ZINQAP works in close partnership with the MOHCW lab directorate and leverages funding through Global Fund for quality assurance provision for TB.

ZINQAP also provides laboratory mentorship/training for improved service delivery and in preparation for accreditation by WHO AFRO using the SLMTA model.

The cross-cutting programs that ZINQAP covers are Human Resources for Health through in-service-training of laboratory personnel, salary support of ZINQAP staff and retention of key staff at the NMRL. Key issues include malaria quality assurance done during the site visits for HIV quality assurance; malaria proficiency testing carried out together with the HIV proficiency testing and, TB through the procurement and strengthening done at the National TB Reference Lab.

The strategy for cost-efficiency of this program is based on bulk procurement of reagents and consumables for TB and other HIV related testing. Good inventory management practices like first in first out (FIFO) to avoid expiration of reagents. Resources that are already in place are utilized as much as possible. Cost savings will be realized by conducting integrated site visits to sites within close vicinity to minimize traveling costs and time.

Monitoring and evaluation of the activities will be done through quarterly progress reports based on a detailed implementation plan that includes targets and indicators. Site reports, PT shipment reports and training reports will contribute to the monitoring activities. Progress in the accreditation of labs will be monitored by WHO assessors and confirmed by International Standardization Organization (ISO) when the facilities are at the required international level. Lab M&E reporting will improve at the MOHCW nationally after the implementation of the routine lab M&E system.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	649,000

Key Issues

Malaria (PMI)

TB

Budget Code Information

Mechanism ID: / Mechanism Name: / Prime Partner Name:	13294 Expand and Strengthen Laboratory Technical Assistance and Quality Assurance Services in the Republic of Zimbabwe under PEPFAR Zimbabwe National Quality Assurance Programme		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	200,000	
Narrative:			
ZINQAP will continue gap procurement of reagents for lab monitoring of HIV/AIDS patients which gradually will be handed over to another implementing mechanism.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	100,000	
Narrative:			
ZINQAP will support the NMRL in the specimen testing of the National ANC survey samples and the expanding the database for the lab monitoring and evaluation system.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	1,485,000	
Narrative:			
ZINQAP will continue providing external quality assurance services for the Zimbabwe laboratory system, mentorship of labs using the Strengthening of Laboratory Management Towards Accreditation (SLMTA) and the national accreditation program based on the WHO-AFRO step wise process. Additionally, ZINQAP will continue supporting the retention of key laboratory staff at the NMRL, the supervisory role of the national laboratory directorate and the revision, printing and distribution of Standard Operational Procedures for all clinical lab tests.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	200,000	
Narrative:			

ZINQAP will do procurement of gap filling TB commodities for TB microscopy, culture and drug sensitivity Testing (DST).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13320	**Mechanism Name: Health Resources and Services Administration (HRSA) International AIDS Training and Education Center - (IATEC) cooperative agreement**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overall goal of this project is to support the Ministry of Health and Child Welfare (MOHCW) in the development of a skilled health care work force and strengthening of health care delivery systems in the country.

The objectives of this project are: 1) Production/update of standardized training materials for use at national level to improve the quality of care provided to HIV/AIDS and TB patients in Zimbabwe; 2) Elaboration of technical guidelines/curricula that will support the roll out of health care initiatives country wide.

The activities of this project will support the National HIV/AIDS Strategy and Plan through contributions in the development and update of guidelines and curricula and training materials for the provision of care to HIV/TB infected patients at national level.

This project is implemented at the Ministry of Health and Child Welfare head office but its impact is at a national level through the roll out of trainings and dissemination/implementation of guidelines and curricula developed.

The primary goal of this activity is to strengthen nation-wide infection control, and to improve the quality of care provided to HIV/AIDS patients in Zimbabwe. This project will contribute to health systems strengthening through: 1) provision of technical assistance to in-country experts in teaching methodologies; and 2) develop and implement curricula and training materials for in-service/pre-service training of health care workers on infection control

The impact of these activities is increased by close coordination with other partners who have supported initial activities in infection control i.e. HAQOCI is supporting the finalization of Infection Control guidelines. This partner will be supporting the elaboration of training materials based on those guidelines.

The main Cross-cutting program of this project is Human Resources for Health as the curricula and training materials produced will be used for in-service training, which will form the foundation for adaptation of training materials into pre-service training of health care workers.

The first Key PEPFAR issue addressed by this project is TB as the elaboration of training materials and curricula on infection control will contribute to the strengthening of TB infection control at facility level to limit the spread of TB in health facilities. The second key issue is workplace program as, in conjunction with the MOHCW and key partners, this project will support the implementation of measures to reduce the health care workers' risk of acquiring nosocomial infections.

Our cost-efficiency strategy is based on the use of existing resources (local or international) for the revision or production of new materials adapted to the country context.

Monitoring and Evaluation is done through a continuous dialogue with in-country experts in the development of the documents up to reaching agreement on final versions of the expected deliverables. Project outcomes will be tracked and will be documented in quarterly reports.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED

Key Issues

TB

Budget Code Information

Mechanism ID:	**13320**
Mechanism Name:	**Health Resources and Services Administration (HRSA) International AIDS Training and Education Center - (IATEC) cooperative agreement**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

COP11 funds will be used to support improved and integrated treatment training materials and teaching skills for the different HIV modules and ensure the appropriate transmission of the contents designed for training.

NOTE: Additional activities are subject to political and policy conditions in country like the support to MOHCW for a task-sharing curriculum.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

COP11 funds will be used to develop infection control training materials for in-service training; review the existing curriculum on infection control within pre-service institutions; ensure that information provided to pre- and in-service health care workers is updated and presented utilizing appropriate teaching methodologies for adult learning.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13341	**Mechanism Name: Ambassador's PEPFAR Small Grants Program**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Grant
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ambassador's PEPFAR Small Grants Program objectives will be consistent with PEPFAR Country Operational Plan (COP) guidance for small grants and existing Ambassador's Special Self-Help Program guidelines. The program will expand the Zimbabwe Mission's engagement of new, local partners through support and care activities, including indirect support to orphans and vulnerable children. The goal of the expanded program is to fund worthy projects submitted by local communities seeking economic strengthening, nutritional support, and access to water assistance for persons affected and infected by HIV/AIDS.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	REDACTED
Food and Nutrition: Commodities	REDACTED
Water	REDACTED

Key Issues

Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	13341		
Mechanism Name:	Ambassador's PEPFAR Small Grants Program		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
REDACTED Examples of some of the activities we expect to fund include income generating projects such as peanut butter making mills, grinding mills, brick molding to name a few. Access to clean water projects such as boreholes and dams are among those types of project proposals that will be sought. Lastly, we expect to fund nutritional projects such as market gardens and water irrigation projects as well.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13401	**Mechanism Name: Strengthening the Master's Level Public Health Training Program in the Republic of Zimbabwe under the President's Emergency Plan for AIDS Relief (PEPFAR)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Zimbabwe, Department of Community Medicine	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 475,000	
Funding Source	**Funding Amount**
GHCS (State)	475,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The objectives of this project are:

1) To increase the number of health workers graduating from the Master of Public Health (MPH) program at the University of Zimbabwe.

2) To attract non-traditional Master's of Public Health (MPH) students (i.e., those without a degree in nursing or medicine).

3) To increase the applicability of the Master's level public health training to HIV/AIDS, through integration of HIV/AIDS material and practicum options, including projects of national and local importance on HIV/AIDS.

The activities that are being implemented support the HIV/AIDS National Strategy and Plan through program evaluation at district and provincial level within the public sector to provide evidence for health related decision making.

The coverage of this project is national. MPH students are recruited nationally, and for the fieldwork portion of the degree program they are deployed to all provinces where they engage in planning, implementation and evaluation of public health interventions.

The key contribution of this program to health systems strengthening and human resources for health is through the building of competencies and skills in public health practitioners to improve the provision of health services to the general population.

A woman and girl centered approach is accomplished through:
• active recruitment of female students to the program
• Inclusion of women and girls' health issues as a strong component of the MPH curriculum.

The activities have their base in the cross-cutting program of Human Resources for Health through training of public health professionals.

Cost-efficiency strategies include bulk production of training materials for the program. Resources that

are already in place are utilized as much as possible and maintained as needed throughout their life span. Technical assistance from other partners is utilized at no extra cost.

Monitoring and evaluation of our activities will be accomplished through field supervision visits, monthly meeting feedback from the trainees, and documentation of student progress. This information will be presented in quarterly reports.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	325,000

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**13401**
Mechanism Name:	**Strengthening the Master's Level Public Health Training Program in the Republic of Zimbabwe under the President's Emergency Plan for AIDS Relief (PEPFAR)**
Prime Partner Name:	**University of Zimbabwe, Department of Community Medicine**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	150,000	

Narrative:

With COP11 funds this project will support student learning through engagement in program evaluation at the districts and provinces where they are deployed. The reports of these evaluations will inform the Ministry of Health and Child Welfare (MOHCW) for public health programming and resource allocation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	325,000	

Narrative:

With COP11 funds the University of Zimbabwe will continue strengthening the MPH program by: 1) increasing the number of students trained per year , 2) increasing the number of field coordinators and supervisors to mentor trainees in their field attachments, and 3) ensuring adequate communication between trainees, field supervisors, and field coordinators.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13477	**Mechanism Name: Social Welfare Workforce Strengthening - TBD**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ministry of Labour and Social Services (MoLSS) is the arm of government with the statutory responsibility for the care and protection of children. The Department of Social Services (DSS) in the Ministry employs professional social workers to implement policies and protocols such as those pertaining to: foster and institutional care, adoption, protection of children in conflict with the law, child sexual abuse and others. Faced with an increasingly difficult environment for recruitment of key personnel and growing needs as a result of the high HIV and AIDS prevalence and financial and economic challenges, the once robust Government system for protection of vulnerable children has been compromised. In September 2010, the DSS undertook a complete independent audit of the human resource and institutional capacity of the Department of Social Services at national, provincial and district levels to fulfill its obligations for child care and protection with a specific focus on its capacity to respond to the needs of orphans and

vulnerable children. The audit was also to recommend a realistic strategy for capacity strengthening which will enable the Ministry to fulfill its mandate to provide effective and quality services. Building on the findings and recommendations of the audit, this mechanism will implement activities to strengthen the capacity of this key GoZ institution to carry out its mandate.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13477**
Mechanism Name:	**Social Welfare Workforce Strengthening - TBD**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

Capacity building and other training support will be given to the Department of Social Welafre at national and district level to ensure that social workers have the capacity to offer care and support services to orphans and other vulnerable children at community level.

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				7,000	13,000	20,000
ICASS				20,000	22,000	42,000
Institutional Contractors				30,000	70,000	100,000
Management Meetings/Professional Developement				35,000	35,000	70,000
Non-ICASS Administrative Costs				1,200	1,200	2,400
Staff Program Travel				35,000	35,000	70,000
USG Staff Salaries and Benefits				875,800	1,023,800	1,899,600

Total	**0**	**0**	**0**	**1,004,000**	**1,200,000**	**2,204,000**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		7,000
Computers/IT Services		GHCS (USAID)		13,000
ICASS		GHCS (State)		20,000
ICASS		GHCS (USAID)		22,000
Management Meetings/Professional Developement		GHCS (State)		35,000
Management Meetings/Professional Developement		GHCS (USAID)		35,000
Non-ICASS Administrative Costs		GHCS (State)		1,200
Non-ICASS Administrative Costs		GHCS (USAID)		1,200

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing			155,564			155,564
Computers/IT Services			246,400			246,400
ICASS			748,735			748,735
Institutional			194,880			194,880

Contractors						
Management Meetings/Professional Developement			155,290			155,290
Non-ICASS Administrative Costs			283,738			283,738
Staff Program Travel			127,360			127,360
USG Staff Salaries and Benefits			2,038,033			2,038,033
Total	**0**	**0**	**3,950,000**	**0**	**0**	**3,950,000**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GAP		155,564
Computers/IT Services		GAP		246,400
ICASS		GAP		748,735
Management Meetings/Professional Developement		GAP		155,290
Non-ICASS Administrative Costs		GAP		283,738

U.S. Department of State

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category

						Total
Computers/IT Services				3,000		3,000
ICASS				6,000		6,000
Management Meetings/Professional Developement				2,500		2,500
Staff Program Travel				2,500		2,500
USG Staff Salaries and Benefits				46,000		46,000
Total	**0**	**0**	**0**	**60,000**	**0**	**60,000**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		3,000
ICASS		GHCS (State)		6,000
Management Meetings/Professional Developement		GHCS (State)		2,500