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United Nations Development Programme
Country: Zimbabwe
Project Document

Project Title: Commitment Towards Fast Tracking 90-90-90 Targets by 2010 and Ending AIDS by 2030

ZUNDAF Outcome(s): Priority Area 3 HIV & AIDS; **Outcome 3.1**: All adults and children have increased HIV knowledge, use effective HIV prevention services, and are empowered to participate in inclusive and equitable social mobilization to address drivers of the epidemic; **Outcome 3.2**: 90% of all people living with HIV know their HIV status, at least 90% of HIV positive people receive sustained antiretroviral therapy, 90% of those on treatment have durable viral load suppression; and **Outcome 3.3**: Key institutions from Government and civil society effectively and efficiently manage a multi-sectoral AIDS response.

Related SP Outcome: a) Countries have strengthened institutions to progressively deliver universal access to basic services; and b) Growth and development are inclusive and sustainable, incorporating productive capacities that create employment.

Implementing Partner: UNDP
Coordinating Agency: Ministry of Health and Child Care (MoHCC) and Ministry of Finance (MoF)
Responsible Parties: National AIDS Council (NAC), National Pharmaceutical Company of Zimbabwe (NatPharm), Health Services Board (HSB), World Food Programme (WFP) and Medicines Control Authority of Zimbabwe (MCAZ).

Brief Description

This project document is prepared to reflect the details following the consolidation for the New Funding Model of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The overall goal of the HIV/AIDS programme is to reduce HIV related mortality; reduce new HIV infections in adults (15-49); and reduce percentage of infants born to women with HIV. The project under UNDP Zimbabwe will aim to fill service delivery gaps and strengthen the capacity to provide HIV prevention, care and treatment services in the country. As Principal Recipient of the Global Fund grant, UNDP Zimbabwe will be legally responsible for grant implementation; and responsible for the financial and programmatic management of the grant-financed activities. In addition, UNDP is accountable for procurement and monitoring and evaluation under the grant. The MoHCC will be responsible for programmatic activities relating to treatment, HIV testing and counselling; NatPharm will be responsible for storage and distribution of health products; HSB will manage the health retention scheme; NAC will be responsible for the coordination and management of programmatic activities related to Key Population (KP) and Adolescent Girls and Young Women (AGYW); Medicines Control Authority of Zimbabwe (MCAZ) will be responsible for ensuring quality assurance of all health products and equipment imported into the country whilst WFP will provide logistic support services to the grant.

Programme Period: 1 Jan 2018 – 31 Dec 2020

Key Result Area (Strategic Plan): _____

Atlas Award ID: Proposal ID: 00107802
Project ID: 00107967

Start date : 1 January 2018
End Date : 31 December 2020

LPAC Meeting Date: 9 January 2018

2018-2020 AWP budget HIV:	$426,411,012.00
2018-20219 AWP Budget – CCM	$400,000.00
Total resources required:	$582,811,012
Total allocated resources:	$426,811,012.00
Global Fund -HIV	$426,411,012.00
Global Fund – CCM funding	$400,000.00
Unfunded budget Global Fund:	$156,000,000
In-kind Contributions	$0

This Agreement includes this face sheet, the Standard Terms and Conditions, and the documents listed below as Annexes, which shall take precedence over one another in case of conflict in the following order:

Annex 1: Project Document

Annex 2: Global Fund Grant Agreement

Annex 3: Work Plan, incorporating the description of SR activities, deliverables and performance targets, time frames and budget

IN WITNESS WHEREOF, the undersigned, being duly authorized thereto, have on behalf of the Parties hereto signed this Agreement at the place and on the day set forth below.

SECRETARY FOR HEALTH & CHILD CARE
(01) SECRETARY OFFICE (01)
08 FEB 2018
P.O. BOX CY 1122, CAUSEWAY
ZIMBABWE

For the Sub-recipient:

Signature: _____

Name: Brigadier General Dr. G. Gwinji

Title: Permanent Secretary

Place: Harare, Zimbabwe

Date: _____

For UNDP:

Signature: _____

Name: Georges van Montfort

Title: Country Director

Place: Harare, Zimbabwe

Date: _____

UNITED NATIONS DEVELOPMENT PROGRAMME
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Disclaimer: *This project document serves as a mechanism to facilitate UNDP's role as Principal Recipient for the implementation of the grant agreement ZWE-H-UNDP. The detailed situational analysis, theory of change and related information is captured in the Grant agreement and not replicated in this project document, which only provides an excerpt of the contextual information. Where appropriate, reference is made to the Grant agreement for further details. This project document, therefore, needs to be read in conjunction with the approved Global Fund Grant Documents and the Grant Agreement*

I. SITUATION ANALYSIS

Zimbabwe is one of the Sub-Saharan African countries that have made considerable progress in the HIV and TB responses as well as building resilient and sustainable systems for health (RSSH). With an estimated population of about 13 million people (Zimbabwe Statistical Agency, Census 2012), the country has managed to reduce HIV prevalence by 28% over the last decade (according to the on-going Zimbabwe Modes of Transmission Study). TB incidence has dropped by nearly 60% over the same period (Epidemiological Review of TB Disease and Surveillance 2016), and an integrated electronic patient tracking system has been put in place to monitor quality of care (ePMS Data Analysis Report 2016).

There is an estimated 1.3 million people living with HIV (PLHIV) in Zimbabwe, 1.3 million of whom are between the ages of 15 and 64 (Zimbabwe DHS 2015). Adult HIV prevalence has steadily decreased over the last ten years, declining from 18.1% in 2005 to 13.8% in 2015 (Zimbabwe DHS 2015). HIV prevalence among children (0-14) is estimated to be at 1.6%. While the epidemic has declined among both men and women (15-49), women continue to bear disproportionate burden with prevalence levels of 16.7% compared to 10.5% among men in 2015. The same gender disparity is true for new infections, where women have an HIV incidence of 0.67%, compared to 0.28% among men aged 15-49 (ZIMPHIA Fact Sheet 2016).

The ongoing Zimbabwe's modes of transmission study shows that the greatest number of new infections – more than 16,000 a year – occur among never married women. Adolescent girls and young women (AGYW) in particular, experience dramatically disproportionate burden and risk factors. Young women (20-24), for instance, have HIV prevalence 2.78 times greater than their male peers. In addition, 17.1% of women aged 15-19 who had sex in the last year did so with a partner that was ten or more years older (up from 15.2% in 2010 and 7.5% in 2005)[1]. Further, 41% of girls report sexual debut before 18 years as unwanted[2] and rates of transactional sex are high, and increasing[3]. The HIV prevalence among young women (18-24) with two or more transactional sex partners in the last six months is estimated at 32%, compared to 10% among those who have never had transactional sex[4]. Interventions which address the social and structural factors that fuel intergenerational, forced and/or transactional sex - particularly gender inequality and sexual and gender-based violence (GBV) - are critical for preventing HIV among AGYW. Given that less than half of young people in Zimbabwe are knowledgeable about HIV prevention methods (46% among women and 47% among men), improved comprehensive sexuality education (CSE) is also critical.[i]

HIV sub-epidemics among other key and vulnerable populations in Zimbabwe also signal the need for a more targeted response.[5] Preliminary results from the modes of transmission study show nearly 4000 new HIV infections a year among female sex workers (with a prevalence around 57.1%)

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1 WHO Epi and Impact Review, page 7

2 National Baseline Survey on the Life Experiences of Adolescents (NBSLEA – ZimStat)

3 DHS trend data 2005-2015, see Draft Modes of Transmission Study, page 15 (Key Reference Document No. 30)

4 "Sisters"- The first four years of the Zimbabwe National Sex Work Programme. Online at www.unicef.org/zimbabwe/ZIM_resources_nationalsexworkprogram.pdf

5 UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people and people who inject drugs as the four main key population groups, but it acknowledges that prisoners and other incarcerated people also are particularly vulnerable to HIV and frequently lack adequate access to services. Figure 3 makes it clear that the number of new infections among people who inject drugs in Zimbabwe is extremely low, therefore they are not considered a key population in this country and disease context.

and nearly 2000 new infections per annum among men who have sex with men (MSM) (with a prevalence of about 23.5%)[6]. HIV prevalence among the wider LGBT community has been linked to risks associated with forced sex, a key gender-related consideration[7]. People with disabilities are twice as likely to self-report having HIV as those without disabilities[8]. Among prisoners, HIV prevalence is estimated at 28% in 2015 (26.8% among male detainees and 39% among female detainees)[9]. Criminalization, stigmatization and marginalization drive both higher rates of infection and lower uptake of services. Indeed, the 2014 PLHIV Stigma Index found that 90.8% of sex workers, 77.8% of MSM, 64.5% of people with disabilities and 100% of prisoners reported experiencing stigma and discrimination[10].

II. RATIONALE AND CONTEXT:

The project is a definite opportunity to consolidate gains made in the national response and accelerate progress towards ending HIV in Zimbabwe. It is aligned with the National Health Strategy (2016-2020), the National Health Strategy (2016-2020), Extended Zimbabwe HIV and AIDS Strategic Plan, ZNASP III (2015-2020) and the National Strategic Plan (NSP) for TB (2017-2020). The piloting of HIV self-testing, adoption of "Treat All" (December 2016), the plan for viral load scale-up (2015-2018) and commensurate community-based support all contribute towards making 90-90-90 a near reality. Early TB case finding through expanded use of Xpert MTB/Rif as the initial diagnostic test, optimization of CXR for TB screening, targeted TB screening among high risk groups and intensified community TB care can ensure Zimbabwe is on track to achieve the goals and objectives of the End TB strategy.

The Global Fund support aims at contributing to the NSP and is aligned with three critical opportunities:

1. **Entrench the national HIV and TB response within a comprehensive and integrated health framework:** This is Zimbabwe's first integrated HIV, TB and RSSH funding request, deepening the country's commitment to providing comprehensive packages of care in an efficient and effective manner. Exploiting programmatic and systems-related synergies across the three components will maximize impact and increase value-for-money.

2. **Focus for impact by targeting the response on locations and populations at greatest risk:** This means rapidly scaling-up programs for HIV prevention and active TB case finding among key and vulnerable populations in geographic hotspots. The approach will centre on the tailored and differentiated delivery of a comprehensive package of health and empowerment services, employing location-specific strategies including intensified efforts in provinces and districts with higher disease burden and other risk factors.

3. **Improve quality across the entire continuum of care:** This includes ensuring the effective implementation of a combination of prevention, accurate and timely diagnosis, early

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6 BRTI Sexual Minorities and HIV in Zimbabwe Draft Report (2013);PEPFAR Zimbabwe Country Operational Plan (COP)2016, Strategic Direction Summary. Online at: www.pepfar.gov/documents/organization/257623.pdf

7 Sandfort, T.G., Baumann, L.R., Matebeni, Z., Reddy, V., & Southey-Swartz, I. (2013). Forced sexual experiences as risk factor for self-reported HIV infection among Southern Africa lesbian and bisexual women. PLoS One, 8(1), e53552. Online at http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0053552

8 Ministry of Health and Child Care (2013). Living Conditions Among Persons with Disability Survey: Key Findings Report. Online at: www.unicef.org/zimbabwe/National_Survey_on_Disability_2013(1).pdf

9 Zimbabwe Prison Service (2011). Assessment of HIV Prevalence and Risk Behaviours among the Prison Population in Zimbabwe. NAC & UNODC. Online at: www.centerforhealthstrategies.co.zw/hiv_prison.htm

10 ZNNP+ (December 20140. The Zimbabwe People Living with HIV Stigma Index. Online at: www.stigmaindex.org/zimbabwe

treatment initiation and strong systems for patient monitoring and support. Bolstering human resources for health (including community health workers) through strategic retention schemes, strengthening procurement and supply chain management, enhancing community-centred monitoring and responses, and collecting and using strategic information are key priorities.

The Global Fund (GF) is an innovative financing institution that provides funding to countries to support programs that prevent, treat and care for people with HIV and AIDS, tuberculosis and malaria. Since 2003, the Global Fund has approved up to a total of $1.15 billion for Zimbabwe for the three diseases. Specifically, for HIV/AIDS disease program, a total of $894,185,357 had been approved and $848,574,906 disbursed by 15th November 2017. The new cycle of the Global Fund grant (2018-2020) has approved additional $426,411,012 million to fund HIV/AIDS activities. With an overarching goal to reduce the rate of HIV incidence (prevent new infections), and reduce HIV related morbidity and mortality in Zimbabwe, the Global Fund resources are being used to improve access to HIV counseling and testing services; support HIV prevention through behavior change communication; expand PMTCT services; strengthen provision of community-and home-based care services for people living with HIV; and achieve universal access to HIV treatment. With continued support from the Global Fund, the country intends to consolidate the gains made through the NFM support and strategically accelerate progress towards ending the two diseases. This effort represents a comprehensive response based on current evidence. The investment will specifically; a) enhance integration and efficiencies, b) prioritize key and vulnerable populations and geographic hotspots; and c) improve quality across the continuum of care. Overall, the initiative will essentially work towards harnessing disease and systems-related opportunities to maximize impact and value-for-money.

III. RESULTS AND RESOURCES FRAMEWORK

This project document captures UNDP's support to the National AIDS response as part of its role as Principal recipient of the Global Fund. As such it does not represent important additional support UNDP is providing through its contribution to the Joint UN Team on Aids (JUTA) coordinated by UNAIDS in line with the globally agreed division of labour. While this two components are working in tandem and are complementary, it is important to flag this distinction in this project document.

The signed off Performance Framework (PF) is part of the Grant Agreement signed between UNDP and the Global Fund and is hereby attached. The PF has agreed indicators and targets at different levels to be tracked during the 3-year project implementation period (2018-2020) and is hereby attached as an Annex.

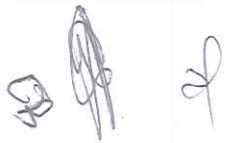
IV. ANNUAL WORK PLAN HIV: 2018 – 2020

Activity	Q1	Q2	Q3	Q4	Implementer	Account ID	Budget Description	Funding Source	2018 Amount	2019 Amount	2020 Amount	Total
Activity 1.1 Comprehensive prevention programs for MSM	x	x	x	X	KP SR	71300	Local Consultants	GFATM	12,000.00	-	-	12,000.00
	x	x	x	x	KP SR	71400	Contractual Services Individual.	GFATM	184,358.40	184,358.40	184,358.40	553,075.20
	x	x	x	x	KP SR	72200	Equipment and Furniture	GFATM	155,000.00	-	-	155,000.00
	x	x	x	x	KP SR	72300	Materials and Goods	GFATM	11,975.00	-	-	11,975.00
	x	x	x	x	KP SR	72400	Communication & Audio Visual Equip	GFATM	3,000.00	-	-	3,000.00
	x	x	x	x	KP SR	72500	Supplies	GFATM	55,300.00	36,000.00	36,000.00	127,300.00
	x	x	x	x	KP SR	72800	Information Tech Equipment	GFATM	17,300.00	800.00	-	18,100.00
	x	x	x	x	KP SR	74700	Transport, Shipment and Handling	GFATM	101,780.00	120,805.00	82,030.00	304,615.00
	x	x	x	x	KP SR	74500	Miscellaneous Expenses	GFATM	-	22,876.00	22,876.00	45,752.00
	x	x	x	x	UNDP	72500	Supplies	GFATM	10,177.50	-	-	10,177.50
	x	x	x	x	UNDP	74200	Audio, Visual & Print Prod Costs	GFATM	2,422.00	-	-	2,422.00
Activity 1.1 Total									553,312.90	364,839.40	325,264.40	1,243,416.70
Activity 2.1 Comprehensive prevention programs for sex workers and their clients	x	x	x	X	KP SR	71300	Local Consultants	GFATM	52,055.00	-	-	52,055.00
	x	x	x	X	KP SR	71400	Contractual Services Individual	GFATM	975,720.00	993,720.00	1,011,720.00	2,981,160.00
	x	x	x	X	KP SR	71600	Travel	GFATM	129,000.00	16,300.00	16,300.00	161,600.00
	x	x	x	x	KP SR	72200	Equipment and Furniture	GFATM	332,200.00	-	-	332,200.00
	x	x	x	x	KP SR	72300	Materials and Goods	GFATM	14,158.00	12,000.00	12,000.00	38,158.00
	x	x	x	x	KP SR	72400	Communication & Audio Visual Equip	GFATM	2,700.00	-	-	2,700.00
	x	x	x	x	KP SR	72500	Supplies	GFATM	39,000.00	12,000.00	12,000.00	63,000.00
	x	x	x	x	KP SR	72800	Information Tech Equipment	GFATM	22,250.00	-	-	22,250.00
	x	x	x	x	KP SR	74700	Transport, Shipment and Handling	GFATM	267,230.00	271,100.00	256,500.00	794,830.00

	x	x	x	x	KP SR	74500	Miscellaneous Expenses	GFATM	-	50,327.20	50,327.20	100,654.40
	x	x	x	x	KP SR	75700	Training Workshops and Conference	GFATM	144,950.00	61,950.00	61,950.00	268,850.00
	x	x	x	x	MCAZ	72300	Materials and Goods	GFATM	7,112.57	1,273.37	-	8,385.95
	x	x	x	x	Natpharm	72300	Materials and Goods	GFATM	28,450.30	5,093.50	-	33,543.79
	x	x	x	x	UNDP	72300	Materials and Goods	GFATM	1,118,855.18	577,763.63	876,078.00	2,572,696.81
	x	x	x	x	UNDP	72500	Supplies	GFATM	26,100.00	22,520.00	18,100.00	66,720.00
	x	x	x	x	UNDP	74200	Audio, Visual & Print Prod Costs	GFATM	5,090.00	5,090.00	5,090.00	15,270.00
	x	x	x	x	WFP	72300	Materials and Goods	GFATM	7,112.57	1,273.37	-	8,385.95
Activity 2.1 Total									3,171,983.62	2,030,411.07	2,320,065.20	7,522,459.89
Activity 3.1 HIV Testing Services	x	x	x	X	MCAZ	74500	Miscellaneous Expenses	GFATM	29,946.80	31,832.54	25,825.21	87,604.55
	x	x	x	X	MOHCC	71400	Contractual Services Individual	GFATM	4,204,800.00	4,204,800.00	4,204,800.00	12,614,400.00
	x	x	x	X	MOHCC	74700	Transport , Shipment and Handling	GFATM	140,700.00	140,700.00	140,700.00	422,100.00
	x	x	x	X	Natpharm	74700	Transport , Shipment and Handling	GFATM	119,787.20	127,330.14	103,300.85	350,418.19
	x	x	x	X	UNDP	72300	Materials and Goods	GFATM	3,092,007.10	3,286,709.24	2,666,453.24	9,045,169.58
	x	x	x	X	UNDP	74700	Transport , Shipment and Handling	GFATM	299,468.00	318,325.35	258,252.13	876,045.48
	x	x	x	X	WFP	74500	Miscellaneous Expenses	GFATM	29,946.80	31,832.54	25,825.21	87,604.55
Activity 3.1 Total									7,916,655.90	8,141,529.80	7,425,156.65	23,483,342.35
Activity 4.1 PMTCT	x	x	x	X	MOHCC	72200	Equipment and Furniture	GFATM	30,000.00	-	-	30,000.00
	x	x	x	x	MOHCC	74700	Transport, Shipment and Handling	GFATM	525,800.00	445,200.00	345,650.00	1,316,650.00
	x	x	x	x	UNDP	72500	Supplies	GFATM	30,100.00	600.00	3,600.00	34,300.00
	x	x	x	x	UNDP	74200	Audio, Visual & Print Prod Costs	GFATM	2,000.00	2,000.00	2,000.00	6,000.00
Activity 4.1 Total									587,900.00	447,800.00	351,250.00	1,386,950.00
Activity 5.1 Prevention programs for adolescents and youth, in and out of school	x	x	x	X	AGYW SR	71300	Local Consultants	GFATM	32,000.00	-	-	32,000.00
	x	x	x	X	AGYW SR	71400	Contractual Services Individual	GFATM		591,024.00	591,024.00	1,764,072.00
	x	x	x	X	AGYW SR	71600	Travel	GFATM	41,760.00	41,760.00	41,760.00	125,280.00
	x	x	x	X	AGYW SR	72200	Equipment and Furniture	GFATM	176,870.00	5,000.00	5,000.00	186,870.00
	x	x	x	X	AGYW SR	72300	Materials and Goods	GFATM	60,000.00	-	-	60,000.00

	x	x	x	X	AGYW SR	72500	Supplies	GFATM	55,200.00	55,200.00	55,200.00	165,600.00
	x	x	x	x	AGYW SR	72800	Information Tech Equipment	GFATM	12,200.00	-	-	12,200.00
	x	x	x	x	AGYW SR	72800	Information Tech Equipment	GFATM	18,872.00	-	-	18,872.00
	x	x	x	x	AGYW SR	74200	Audio, Visual & Print Prod Costs	GFATM	7,500.00	-	-	7,500.00
	x	x	x	x	AGYW SR	74500	Miscellaneous Expenses	GFATM	2,100.27	9,150.40	10,200.53	21,451.20
	x	x	x	x	AGYW SR	74700	Transport, Shipment and Handling	GFATM	2,012,817.00	1,002,405.00	1,646,925.00	4,080,123.00
	x	x	x	x	AGYW SR	75700	Training Workshops and Conference	GFATM	464,704.00	357,580.00	357,580.00	1,179,864.00
	x	x	x	x	UNDP	72500	Supplies	GFATM	132,100.00	112,708.00	106,708.00	351,516.00
	x	x	x	x	UNDP	74200	Audio, Visual & Print Prod Costs	GFATM	7,000.00	7,000.00	7,000.00	21,000.00
	x	x	x	x	UNDP	74200	Audio, Visual & Print Prod Costs	GFATM	27,360.00	25,800.00	24,800.00	77,960.00
	Activity 5.1 Total								3,050,483.27	2,207,627.40	2,846,197.53	8,104,308.20
Activity 6.1 Prevention programs for general population	x	x	x	X	AGYW SR	71400	Contractual Services Individual	GFATM	308,857.80	308,857.80	308,857.80	926,573.40
	x	x	x	x	AGYW SR	71600	Travel	GFATM	13,440.00	13,440.00	13,440.00	40,320.00
	x	x	x	x	AGYW SR	74500	Miscellaneous Expenses	GFATM	1,050.00	1,050.00	1,050.00	3,150.00
	x	x	x	x	AGYW SR	74700	Transport, Shipment and Handling	GFATM	74,160.00	33,480.00	33,480.00	141,120.00
	Activity 6.1 Total								397,507.80	356,827.80	356,827.80	1,111,163.40
Activity 7.1 Program management-procurement	x	x	x	X	AGYW SR	72500	Supplies	GFATM	1,168,666.08	1,168,666.08	1,168,666.08	3,505,998.24
	x	x	x	X	KP SR	72500	Supplies	GFATM	905,692.48	905,692.48	905,692.48	2,717,077.44
	x	x	x	x	MOHCC	72500	Supplies	GFATM	96,232.00	96,232.00	96,232.00	288,696.00
	x	x	x	x	RSSH SR	72500	Supplies	GFATM	712,612.92	712,612.92	712,612.92	2,137,838.76
	Activity 7.1 Total								2,883,203.48	2,883,203.48	2,883,203.48	8,649,610.44
Activity 8.1 Program management-Freight	x	x	x	X	UNDP	72400	Communication & Audio Visual Equip	GFATM	690,855.20	690,855.20	690,855.20	2,072,565.60
	x	x	x	x	UNDP	74700	Transport, Shipment and Handling	GFATM	350,356.83	350,356.83	350,356.83	1,051,070.48
	x	x	x	x	UNDP	75100	Facilities and administration	GFATM	5,466,807.85	8,549,107.21	5,466,807.85	19,482,722.91
	Activity 8.1 Total								6,508,019.87	9,590,319.24	6,508,019.87	22,606,358.98
Activity 9.1 Program	X	X	X	X	UNDP	71400	Contractual Services Individuals.	GFATM				

management-HR									2,864,111.13	2,902,435.66	2,959,921.51	8,726,468.30
Activity 9.1 Total									2,864,111.13	2,902,435.66	2,959,921.51	8,726,468.30
Activity 10.1 RSSH: Community responses and systems	x	x	x	X	KP SR	71300	Local Consultants	GFATM	30,615.00	8,820.00	8,820.00	48,255.00
	x	x	x	x	KP SR	71400	Contractual Services Individuals.	GFATM	159,176.00	159,176.00	159,176.00	477,528.00
	x	x	x	x	KP SR	72800	Information Tech Equipment	GFATM	5,000.00	-	-	5,000.00
	x	x	x	x	KP SR	74500	Miscellaneous Expenses	GFATM	240.00	192.00	144.00	576.00
	x	x	x	x	KP SR	74700	Transport, Shipment and Handling	GFATM	82,830.00	42,750.00	87,480.00	213,060.00
Activity 10.1 Total									277,861.00	210,938.00	255,620.00	744,419.00
Activity 11.1 RSSH: Health management information systems and M&E	x	x	x	X	MOHCC	71300	Local Consultants	GFATM	8,400.00	-	-	8,400.00
	x	x	x	X	MOHCC	71400	Contractual Services Individual.	GFATM	1,922,400.00	961,200.00	961,200.00	3,844,800.00
	x	x	x	x	MOHCC	71600	Travel	GFATM	6,720.00	-	6,720.00	13,440.00
	x	x	x	x	MOHCC	74200	Audio, Visual & Print Prod Costs	GFATM	8,400.00	-	-	8,400.00
	x	x	x	x	MOHCC	74500	Miscellaneous Expenses	GFATM	93,960.00	95,160.00	95,160.00	284,280.00
	x	x	x	x	MOHCC	74700	Transport, Shipment and Handling	GFATM	562,475.00	452,385.00	446,575.00	1,461,435.00
	x	x	x	x	UNDP	72800	Information Tech Equipment	GFATM	46,414.00	46,414.00	46,414.00	139,242.00
	x	x	x	x	UNDP	74200	Audio, Visual & Print Prod Costs	GFATM	46,080.00	46,080.00	46,080.00	138,240.00
	x	x	x	x	UNDP	74500	Miscellaneous Expenses	GFATM	2,616,600.00	1,053,500.00	-	3,670,100.00
Activity 11.1 Total									5,311,449.00	2,654,739.00	1,602,149.00	9,568,337.00
Activity 12.1 RSSH: Human resources for health (HRH), including community health workers	x	x	x	X	MOHCC	71400	Contractual Services Individual.	GFATM	84,000.00	121,800.00	134,400.00	340,200.00
	X	X	X	X	RSSH SR	71400	Contractual Services Individual.	GFATM	11,372,266.41	11,372,266.42	11,372,266.42	34,116,799.25
Activity 12.1 Total									11,456,266.42	11,494,066.42	11,506,666.42	34,456,999.25
Activity 13.1 RSSH: Procurement and supply chain management systems	x	x	x	X	MOHCC	72200	Equipment andf Furniture	GFATM	67,000.00	67,000.00	67,000.00	201,000.00
	x	x	x	x	MOHCC	72300	Materials and Goods	GFATM	-	99,225.00	-	99,225.00
	X	X	X	X	UNDP	72500	Supplies	GFATM	120,000.00	120,000.00	120,000.00	360,000.00



Activity 13.1 Total									187,000.00	286,225.00	187,000.00	660,225.00
Activity 14.1 TB/HIV	x	x	x	X	MCAZ	72300	Materials and Goods	GFATM	6,543.54	5,256.68	-	11,800.21
	x	x	x	X	MOHCC	72800	Information Tech Equipment	GFATM	157,500.00	-	-	157,500.00
	x	x	x	x	MOHCC	74200	Audio, Visual & Print Prod Costs	GFATM	3,840.00	3,840.00	3,840.00	11,520.00
	x	x	x	x	MOHCC	74700	Transport, Shipment and Handling	GFATM	279,430.00	340,660.00	249,680.00	869,770.00
	x	x	x	x	MOHCC	74500	Miscellaneous Expenses	GFATM	7,875.00	7,875.00	7,875.00	23,625.00
	x	x	x	x	Natpharm	72300	Materials and Goods	GFATM	26,174.15	21,026.70	-	47,200.85
	x	x	x	x	UNDP	72300	Materials and Goods	GFATM	1,450,933.56	887,807.23	-	2,338,740.79
	x	x	x	x	UNDP	72400	Communication & Audio Visual Equip	GFATM	27,000.00	27,000.00	27,000.00	81,000.00
	x	x	x	x	UNDP	72500	Supplies	GFATM	82,375.00	24,000.00	-	106,375.00
	x	x	x	x	WFP	72300	Materials and Goods	GFATM	6,543.54	5,256.68	-	11,800.21
Activity 14.1 Total									2,048,214.80	1,322,722.28	288,395.00	3,659,332.07
Activity 15.1 Treatment, care and support	x	x	x	X	MCAZ	72300	Materials and Goods	GFATM	765,643.47	692,828.61	690,665.24	2,149,137.33
	x	x	x	X	MOHCC	71300	Local Consultants	GFATM	29,400.00	29,400.00	29,400.00	88,200.00
	x	x	x	X	MOHCC	71400	Contractual Services Individual.	GFATM	1,551,485.52	1,517,843.52	1,517,843.52	4,587,172.56
	x	x	x	X	MOHCC	71600	Travel	GFATM	10,000.00	10,000.00	10,000.00	30,000.00
	x	x	x	X	MOHCC	74700	Transport, Shipment and Handling	GFATM	-	120,000.00	-	120,000.00
	x	x	x	X	MOHCC	74700	Transport, Shipment and Handling	GFATM	229,864.00	190,214.00	130,214.00	550,292.00
	x	x	x	X	Natpharm	72300	Materials and Goods	GFATM	3,423,777.71	3,195,503.42	3,272,600.09	9,891,881.22
	x	x	x	X	UNDP	72300	Materials and Goods	GFATM	95,855,307.53	88,112,847.53	90,188,039.45	274,156,194.50
	x	x	x	x	UNDP	72500	Supplies	GFATM	320,258.00	42,758.00	42,758.00	405,774.00
	x	x	x	x	UNDP	74200	Audio, Visual & Print Prod Costs	GFATM	12,000.00	12,000.00	12,000.00	36,000.00
	x	x	x	x	WFP	72300	Materials and Goods	GFATM	740,783.70	672,364.47	683,542.49	2,096,690.67
	x	x	x	x	WFP	72300	Materials and Goods	GFATM	115,160.73	126,511.39	134,607.03	376,279.14
Activity 15.1 Total									103,053,680.66	94,722,270.94	96,711,669.82	294,487,621.42
Grand Total									150,267,649.84	139,615,955.48	136,527,406.68	426,411,012.00

V. ANNUAL WORK PLAN CCM FUNDING : 2018 – 2020

CCM Funding Project

The overall goal of the project is to ensure effective functioning of the CCM Zimbabwe in accordance with the GFATM Guidelines and Requirements for CCMs. The project goal will be achieved by strengthening the CCM that (1) latest Eligibility and Performance Assessment (EPA) overall ratings is at least 90% compliance or a latest EPA has improved at least 30% since last assessment (2) they make the necessary efforts to avoid stock-outs of key drugs and consequent "emergency disbursement' and (3) make necessary efforts to avoid grant in the portfolio which receive two consecutive B2/C ratings

Activity	Cost Grouping	Implementor	Funding Source	2018 Amount	2019 Amount	Total
1	Human Resources	UNDP	GFATM	107,508	-	107,508
2	Indirect and Overhead Costs	UNDP	GFATM	61,972	-	61,972
3	Communication Material and Publications	UNDP	GFATM	492	-	492
4	Non-health Equipment	UNDP	GFATM	2,000	-	2,000
5	Civil Society engagement	UNDP	GFATM	28,028	-	28,028
6	Unallocated - Year 2	UNDP	GFATM	-	200,000	200,000
	Total			200,000	200,000	400,000

VI. MANAGEMENT ARRANGEMENTS

UNDP will execute the project in line with the UNDP's DIM (Direct Implementation Modality) procedures and guidelines.

UNDP currently works as the nominated PR under the general guidance of the CCM, and is responsible for programme management, financial accountability, procurement of goods & services and Monitoring and Evaluation. It is anticipated that the current institutional arrangement will continue during the life of the grant.

The grant has 6 Sub-Recipients (SRs), namely Ministry of Health and Child Care (MoHCC), National AIDS Council (NAC), National Pharmaceutical Authority of Zimbabwe (NatPharm), World Food Programme (WFP), Medicine Control Authority of Zimbabwe (MCAZ) and the Health Services Board (HSB).

The MoHCC will be responsible for programmatic activities relating to treatment, HIV testing and counselling; NatPharm will be responsible for storage and distribution of health products; HSB will manage the health retention scheme whilst NAC will be responsible for the coordination and management of programmatic activities related to Key Population (KP) and Adolescent Girls and Young Women (AGYW). Medicines Control Authority of Zimbabwe (MCAZ) will be responsible for ensuring quality assurance of all health products and equipment imported into the country whilst WFP will provide logistic support services to the grant.

APPROVED IMPLEMENTATION ARRANGEMENTS



Global Fund Project Management Unit (PMU)

To coordinate the implementation of the project and for the overall management, the UNDP Country Office has established a Project Management Unit (PMU) with a staff strength of 30, supporting the PR-ship and the Fund Administrator roles. Since 2010, the PMU has coordinated implementation of the Grants and has also provided general guidance on GF policies and procedures to all SRs participating in the implementation of the Grants.

The PMU structure presented below consists of both international and national staff, and they will assist the Global Fund Project Manager with the delivery of project activities. The Project Manager will oversee the implementation of ZWE-H-UNDP (HIV) Global Fund grant in addition to providing support to the implementation of the capacity development plan and provision of Support Services (SS) to the MoHCC as PR for the TB and Malaria grants as Fund Administrator (FA). Furthermore, the Project Manager will ensure facilitation of knowledge building and

sharing within the UNDP Global Fund unit. Finally, the Project Manager will focus on partnership strengthening and coordination. The Project Manager will report to the Country Director. In addition to the Project Manager, a new position of Compliance Specialist has been created following observations made by the OIG during the 2016 audit and other risk-related issues. The position will report to both the Country Director and the Project Manager.

Reporting to the Global Fund Project Manager will be the following five key posts:

- *Compliance Specialist* position is a recent creation following observations made by the OIG during the 2016 audit. The Compliance Specialist will be responsible for documenting, evaluating and testing systems and controls to determine their adequacy and effectiveness, and ensures compliance with policies and procedures, accomplishment of management's objectives, reliability and integrity of information, economical use of resources, safeguarding of assets. The position will promote a collaborative, client-focused, quality and results oriented approach in the team while fostering collaboration within the team. The Compliance Specialist will work closely with the Country Office team and management, other UN agencies, UNDP HQs staff, MoHCC and other Government Officials, Technical advisors and Experts, Multi-lateral and Bi-lateral Donors and Civil Society Organisations. The position will report to the Country Director and Global Fund Project Manager.

- *Monitoring and Evaluation Specialist* – ensures the implementation of effective management of monitoring and evaluation policies and strategies, in addition to knowledge building and sharing. Beyond general M&E support to the grant implementation, the position will lead the efforts to support the new SR for KP and AGYW in setting up and strengthening M&E systems to ensure effective reporting on KP and AGYW. This post will be supported by 1 national M&E Officer

- *Finance Specialist* – will provide effective, accurate financial resources management and oversight and will ensure the successful implementation of operations strategies and procedures. Additionally, the position manages the Project budget and will organize an optimal cost-recovery system and will ensure proper control of Project accounts and Project cash management. Finally, the specialist will closely monitor the financial activity of the sub-recipients and other implementing partners. The position will be supported by 7 national posts – 1 Finance Analyst, 2 Finance Associates, and 4 Finance Assistants.

- *PSM Specialist* – ensures the provision of effective and efficient PSM activities under the Global Fund grants and ensures full compliance of procurement activities with UN/UNDP rules, regulations, policies and procedures. Furthermore, the PSM Specialist will take the lead on developing a strategy for appropriate integration of UNDP/Global Fund procurement activities with those of other agencies (i.e. WHO, UNICEF, etc.) and towards strengthening government/Ministry of Health and Child Care capacity. The position will be supported by 7 national posts – 1 Procurement Manager, 3 Procurement Associates, and 3 UNVs.

- *Programme specialist HIV Health and Development:* The position is funded by UNDP global programme funds. The Programme Specialist (HIV/AIDS) works to strengthen the linkages between UNDP and UNAIDS, Government, CSO and People Living with AIDS; leads UNDP policy engagement work by working directly with key national government institutions and other national stakeholders; analyses political, social and economic trends

and leads formulation, management and evaluation of programme activities and provides policy advisory services; leads the formulation of strategies and briefing notes on HIV and AIDS to the UNDP Senior Management; and advises UNDP Management on improving national capacity to coordinate, manage and monitor HIV and AIDS responses, strengthen public and private institutions, including Civil Society Organizations that are mainstreaming HIV and AIDS interventions into their core policies, strategies and programmes. It is included as part of the Global Fund PMU structure because of the strong linkages between its function and the work of the Global Fund PMU.

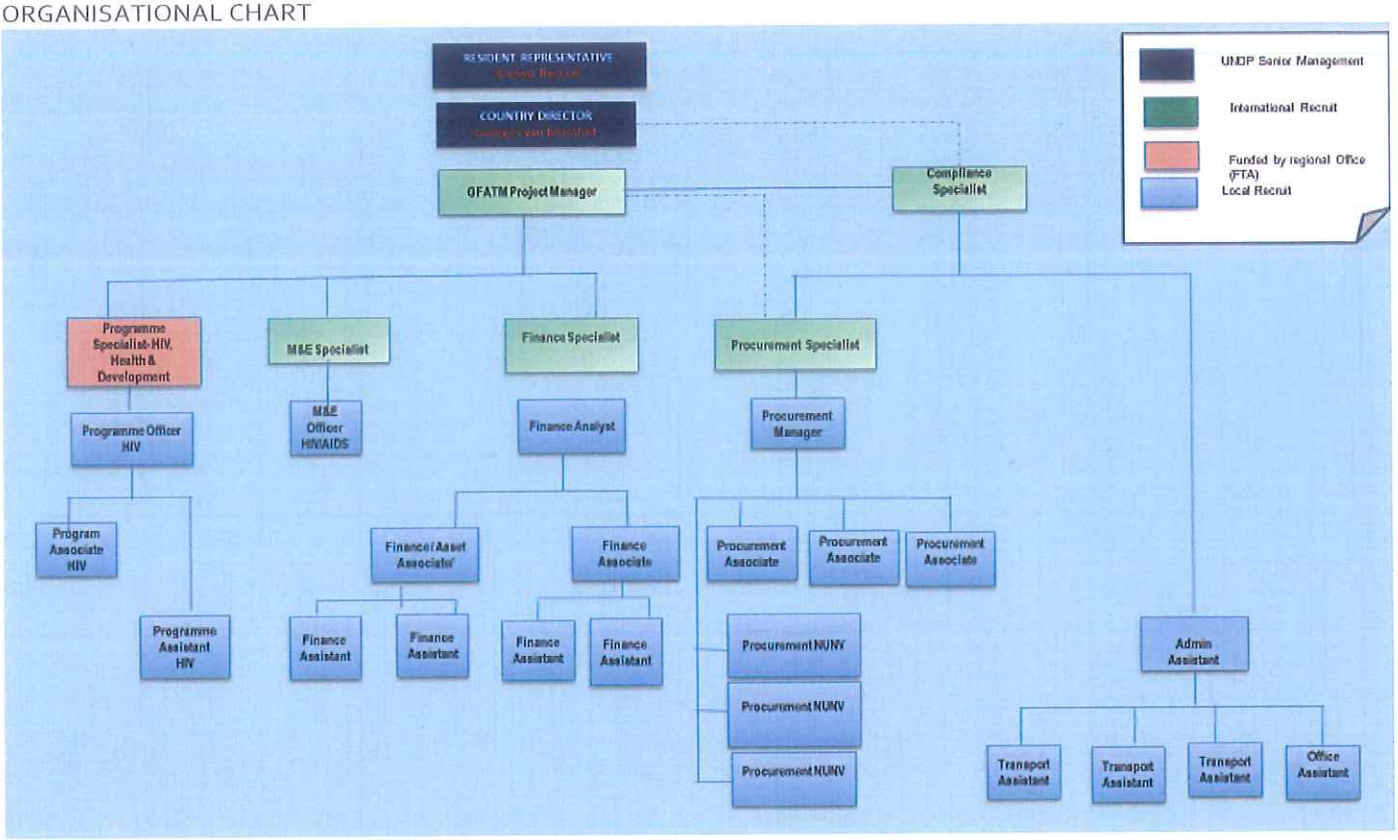
Note: As before mentioned under section III it is important to acknowledge the distinctive role of UNDP as a PR of the Global Fund and that of UNDP contribution to the Joint UN Team on Aids as part of the globally agreed division of labour on AIDS

Other key positions

- *National Programme Officer for HIV/AIDS*: There will be a National Programme Officer (NPO) for the grant who will be responsible for the management of the HIV within the PMU, and the supervision and coordination of the programme support staff in the implementation of programme strategies. The NPO will work closely with the existing focal person/programme managers within the SRs to enhance grant performance and management through strengthened coordination in the programme. In addition, the Programme Officer will collaborate with the PMU operations team, UNDP Country Office staff, Programme Officers in other UN agencies, government officials, technical advisors and experts, multi-lateral and bi-lateral donors and civil society ensuring successful UNDP programme implementation. Finally, the Programme Officer will ensure top quality grant policy and programmatic advisory services on HIV/AIDS to the government and national institutions and facilitate knowledge building and management. The position will be supported by a Programme Associate, and 1 Programme Assistant.

- **Administration Support**: The PMU is further supported by an administration and logistic unit that ensure proper functioning of the office including transport services. This unit is staffed by an Admin Assistant, 3 transport assistants and an office assistant.

ORGANISATIONAL CHART



VII. PROJECT ASSURANCE AND SUPPORT

UNDP will exercise quality assurance functions as required under a results-based management structure.

Financial arrangements and funding structure

To maintain an even level of financial performance, different payment modalities will be used, a) Direct Cash Transfer from UNDP to SRs as Advance Payment, b) Direct Cash Transfer from UNDP to SSRs as grants on behalf of SRs, and c) at the request of SRs and SSRs, UNDP makes Direct Payments to their suppliers. To mitigate financial risk and speed up processes of liquidation/validation of expenses incurred by SRs and SSRs, the SRs and SSRs will submit financial reports each month, in addition to quarterly and annual reports. The financial reports will be verified by UNDP monthly. Management of advances of SRs and SSRs are made through the application of the 80 % acquittal rule to the last disbursement and 100% acquittal of the previous disbursement. As part of risk mitigation measure and to ensure timely acquittal, the PR will conduct monthly detailed analysis of ageing advance by activity and share with the partners. Ageing advances will be a standing agenda item during Monthly PR/SR meetings. To ensure full compliance, UNDP will provide financial and reporting procedures and guidelines to SRs and SSRs, and facilitate on the job training and support on financial management as part of capacity development.

Procurement of goods and services

Under the project's Direct Implementation Modality arrangement (DIM), the strategy for the procurement of pharmaceuticals, diagnostic equipment and relevant supplies will be conducted by UNDP with Key Implementing Partners:

- Procurement of pharmaceuticals will be carried out by UNDP via Long-Term Agreements (LTA) signed by UNDP Global Fund/Health Implementation Support Team HIST Team, and its partnership agreement with UNICEF. They will procure through their Long-Term Agreements (LTA), which are based on a competitive process in which adherence to stringent quality assurance and value for money will be the main criterion; and
- Procurement of health equipment and supplies will be carried out by UNDP/PSO/Global Procurement Unit (GPU) through their LTAs (based on competitive process, adherence to strict technical specifications coupled with after-sales service and value for money as main criterion).

The Procurement and Supply Management (PSM) activities will be conducted by UNDP with the support from MoHCC as the national agency responsible for selection of drugs, technical specifications, quantifications and forecasting, Logistics Management Information System (LMIS), and rational drug use. The MCAZ will be responsible for quality testing procedures, certification and control of pharmaceuticals. The storage and distribution of health products shall be the responsibility of NatPharm, a government owned enterprise.

Audits

The audit of the project will be conducted as per Article 7 of the UNDP-Global Fund Grant Agreement for the project in consultation with the Office of Audit and Investigation (OAI) UNDP HQ and Global Fund/Health Implementation Support Team.

The UNDP Office of Audit and Investigations (OAI) applies a risk-based methodology for audits of Sub-recipients (SRs), using the basic premise of the risk-based approach to Harmonized Approach to Cash Transfers (HACT) financial audits. The audit of UNDP Sub-recipients (SRs) will be managed and commissioned by the Country Office following a risk-based audit plan that, after consultation with the UNDP Global Fund/Health Implementation Support Team, is reviewed and accepted by the UNDP Office of Audit and Investigations (OAI).

VIII. MONITORING FRAMEWORK AND EVALUATION

In accordance with the programming policies and procedures outlined in the UNDP User Guide, the project will be monitored through the following:

Quarterly/Semester

i. On a quarterly basis, Joint Review Meetings with all implementing partners will be held to discuss progress in the implementation of the project, challenges, constraints and lessons learned. Progress towards the completion of key results will be updated in Atlas;
ii. The frequency of Progress Updates and Disbursement requests (PUDR) has been changed from quarterly to semester (SRs will, however, continue to submit quarterly reports as required for CCM oversight). The Local Fund Agent (LFA) will undertake reviews of programme implementation every six months, based on Disbursement Requests and Progress Updates submitted by the UNDP Country Office. The objectives of these reviews are mainly for the verification of the information from which the report is compiled;
iii. On-Sited Data Verifications (OSDVs)will be conducted to sampled sites to validate reports by SRs. The OSDV will also be used to assess the monitoring and evaluation systems that the partners have put in place to generate and report quality data. A system will be instituted to follow up on implementation of recommendations of OSDV findings;
iv. The PMU will conduct spot checks on implementation of approved trainings in accordance with the GF training guidelines;
v. Monthly PR/SR meetings will be held with all implementing partners to update on progress in grant implementation and challenges. Jointly, the PR and SRs will discuss strategies to overcome any bottlenecks in the implementation of the grant, and
vi. **Tracking of Risks Identified in Grant Implementation:** The PMU will maintain and update a risk monitoring tool. On regular basis, the tool will be updated with identified risks from the implementation of the grant. Risks identified from reviews of SR reports, OSDVs, asset verifications, verification of payment of allowances to HWs and VHWs, training spot checks, and finance and procurement verifications will be documented in the tracking tool and measures to address them discussed and implemented. The tool will be a standing agenda item in the bi-weekly PMU Heads of Units meetings and the monthly PR/SR meetings.

Annual audit

- UNDP rules apply to the audit of the Global Fund programmes as detailed in the Framework Agreement between UNDP and the Global Fund and the timing of the audits by UNDP's Office of Audit and Investigations are based on the risk assessment completed by OAI. In addition, the Global Fund's Office of Inspector General (OIG) will, as

appropriate, conduct audits in line with the GF's core policy operational manual during the life of the grant and will acknowledge the Single Audit principle.

End of Project Review

- An end of project review meeting will be done during the last quarter of implementation with all the actors in the implementation of the grant. The purpose of the review is to assess and evaluate if the project has achieved its goals, objectives and targets.

Quality Management for Project Activity Results

OUTPUT 1:			
ACTIVITY 1.1	Comprehensive prevention programs for general population		Start Date: 1 Jan 2018 End Date: 31 Dec 2020
Purpose	Promotion of safer sexual practices and promotion of uptake of HIV services and commodities through demand generation.		
Description	Consultants, Travel, Audio Visual & Print Production Costs, Training Workshops & Conference, Materials & Goods, Supplies, Information Technology Equipment		
Quality Criteria		Quality Method	Date of Assessment
Percentage of people with comprehensive correct knowledge of HIV/AIDS		MICS and ZDHS Reports	MICS in 2019 and ZDHS in 2020
OUTPUT 2:			
ACTIVITY 2.1	Comprehensive prevention programs for MSM		Start Date: 1 Jan 2018 End Date: 31 Dec 2020
Purpose	Promotion of safer sexual practices specifically targeting MSMs and promotion of uptake of HIV services and commodities through demand generation.		
Description	Consultants, Travel, Audio Visual & Print Production Costs, Training Workshops & Conference, Materials & Goods, Supplies, Information Technology Equipment		
Quality Criteria		Quality Method	Date of Assessment
Percentage of MSMs reached with at least two HIV prevention services (package)		SR Reports	MICS in 2019 and ZDHS in 2020
OUTPUT 3:			
ACTIVITY 2.2	Comprehensive prevention programs for sex workers and their clients		Start Date: 1 Jan 2018 End Date: 31 Dec 2020
Purpose	To promote safer sexual practices among sex workers and the promotion of uptake of HIV services and commodities		
Description	Local Consultants, Training, Workshops & Conference, Audio Visual & Print Production Costs		
Quality Criteria		Quality Method	Date of Assessment
Number of sex workers that have received an HIV test and received results		SR Reports	N/A
OUTPUT 4:			
ACTIVITY 2.3	Prevention programs for adolescents and youth in and out of school		Start Date: 1 Jan 2018 End Date: 31 Dec 2020
Purpose	To promote and deliver high-impact HIV prevention programs for adolescent girls and young women – thus increasing the number of adolescents and young people aged 10-24 who demonstrate comprehensive HIV prevention knowledge levels.		
Description	Contractual Services-Individual, Local Consultants, Supplies, Miscellaneous Expenses		
Quality Criteria		Quality Method	Date of Assessment
Number of young people aged 10-24 years reached by life-skills based HIV education in schools		SR Programmatic Reports	Every 6 Months
OUTPUT 5:			
ACTIVITY 3.1	PMTCT: Prong 1		Start Date: 1 Jan 2018 End Date: 31 Dec 2020

Purpose	To promote primary prevention of HIV infection among women of childbearing age		
Description	Audio Visual & Print Production Costs		
Quality Criteria		Quality Method	Date of Assessment
N/A		N/A	N/A
OUTPUT 6:			
ACTIVITY 9.1	PMTCT: Prong 2		Start Date: 1 Jan 2018 End Date: 31 Dec 2020
Purpose	To promote prevention of unintended pregnancies among women living with HIV		
Description	Audio Visual & Print Production Costs		
Quality Criteria		Quality Method	Date of Assessment
N/A		N/A	N/A
OUTPUT 15:			
ACTIVITY 9.2	PMTCT: Prong 3		Start Date: 1 Jan 2018 End Date: 31 Dec 2020
Purpose	To promote prevention of vertical HIV transmission		
Description	Training, Workshops & Conference, Audio Visual & Print Production Costs		
Quality Criteria		Quality Method	Date of Assessment
Number/Percentage of infants born to HIV-infected women who receive virological test for HIV within two months of birth		Laboratory Register	Every 6 Months
OUTPUT 18:			
ACTIVITY 9.4	PMTCT: Prong 4		Start Date: 1 Jan 2018 End Date: 31 Dec 2020
Purpose	To improve access to treatment, care and support to mothers living with HIV and their children and families		
Description	Training, Workshops & Conference, Audio Visual & Print Production Costs		
Quality Criteria		Quality Method	Date of Assessment
Percentage of HIV-positive pregnant women who received anti-retroviral to reduce the risk of Mother-to-Child- Transmission		PMTCT Register	Every 6 months
OUTPUT 9:			
ACTIVTY 6.1	HIV Testing Services		Start Date: 1 Jan 2018 End Date: 31 Dec 2020
Purpose	HIV testing services as the entry point for prevention, treatment and care		
Description	Training, Workshops & Conference, Materials & Goods, Information Technology Equipment, Audio Visual & Print Production Costs		
Quality Criteria		Quality Method	Date of Assessment
Number of people tested for HIV and received their results		HTS Register	Every 6 months
OUTPUT 22:			
ACTIVITY 10.4	Treatment, Care and Support: TB/HIV		Start Date: 1 Jan 2018 End Date: 31 Dec 2020
Purpose	To scale up treatment coverage and maintain existing patients on treatment.		
Description	Training, Workshops & Conference, Local Consultants, International Consultants, Travel, Equipment & Furniture, Communication & Audio Visual Equipment, Premises Alterations		
Quality Criteria		Quality Method	Date of Assessment
Percentage of people living with HIV in care (including PMTCT) who are screened for TB in HIV care settings in the last visit.		Pre ART & ART Register	every 6 months
OUTPUT 19:			
ACTIVITY 10.1	Treatment, Care and Support: ART		Start Date: 1 Jan 2018 End Date: 31 Dec 2020
Purpose	To scale up treatment coverage and maintain existing patients on treatment, towards		

	achieving 90% coverage by 2020.	
Description	Training, Workshops & Conference, Audio Visual & Print Production Costs, Local Consultants, Contractual Services-Individual, Transport, Shipping & Handling, Materials & Goods	
Quality Criteria	Quality Method	Date of Assessment
Percentage of people living with HIV currently receiving antiretroviral therapy	DHIS2 data	Every 6 months

OUTPUT 23:		
ACTIVITY 10.5	Treatment, Care and Support: Treatment Adherence	Start Date: 1 Jan 2018 End Date: 31 Dec 2020
Purpose	To scale up treatment coverage and maintain existing patients on treatment.	
Description	Training, Workshops & Conference, Local Consultants, Travel	
Quality Criteria	Quality Method	Date of Assessment
Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Electronic Patient Monitoring System (ePMS data)	Yearly
OUTPUT 5:		
ACTIVITY 3.1	HCSS: Retention of Workforce	Start Date: 1 Jan 2018 End Date: 31 Dec 2020
Purpose	To retain sufficiently qualified and experienced health personnel in order to increase community based access to health care services	
Description	Contractual Services-Individual, Supplies, Miscellaneous Expenses	
Quality Criteria	Quality Method	Date of Assessment
Annual rate of retention of heath service providers (Doctors and Nurses) at public health facilities	Administrative records/Human Resource database from HSB	Every 6 Months
OUTPUT 6:		
ACTIVITY 4.1	HCSS: Routine Reporting	Start Date: 1 Jan 2018 End Date: 31 Dec 2020
Purpose	To improve data quality and integration of the HIV/TB M&E into the routine national health information system	
Description	Information Technology Equipment	
Quality Criteria	Quality Method	Date of Assessment
Percentage of health management information systems or other routine reporting units submitting timely reports according to national guidelines.	ePMS and DHIS2 – Ministry of Health and	Every 6 Months
OUTPUT 7:		
ACTIVITY 5.1	HCSS: PSM Infrastructure	Start Date: 1 Jan 2018 End Date: 31 Dec 2020
Purpose	Support health facility assessments and improvement of storage capacity at 1,353 health facilities within the health delivery system.	
Description	Equipment & Furniture, Premises Alterations	
Quality Criteria	Quality Method	Date of Assessment
Percentage of ART sites that had a stock-out of a preferred first-line antiretroviral drugs during the reporting period.	Zimbabwe Informed Push System (ZIP) Reports	Every 6 months
OUTPUT 8:		
ACTIVITY 5.2	HCSS: Operationalisation of PSM System	Start Date: 1 Jan 2014 End Date: 31 Dec 2016
Purpose	To improve effective and efficient management of medicines	
Description	Travel, Training, Workshops & Conference	
Quality Criteria	Quality Method	Date of Assessment

N/A	N/A	N/A
OUTPUT 11:		
ACTIVITY 7.2	M&E: Analysis, Review and Transparency	Start Date: 1 Jan 2014 End Date: 31 Dec 2016
Purpose	To improve data quality and integration of the HIV/TB M&E into the routine national health information system	
Description	Travel, Training, Workshops & Conference, Audio Visual & Print Production Costs	
Quality Criteria	Quality Method	Date of Assessment
N/A	N/A	N/A
OUTPUT 25:		
ACTIVITY 11.1	Program Management: Planning, Coordination and Management	Start Date: 1 Jan 2018 End Date: 31 Dec 2020
Purpose	To coordinate the implementation of the project and for the overall management	
Description	Contractual Services-Individual, Supplies, Rental & Maintenance of other Equipment, Grants, Facilities & Administration, Training, Workshops & Conference	
Quality Criteria	Quality Method	Date of Assessment
N/A	N/A	N/A

IX. LEGAL CONTEXT

The project document shall be the instrument referred to as such in Article 1 of the Standard Basic Agreement between the Government of Zimbabwe and UNDP signed by the parties on 27 May 1980. The host country-implementing agency shall for the purpose of the Standard Basic Assistance Agreement refer to the Government co-operation agency described in that Agreement.

The following types of revisions may be made to this project document with the signature of the UNDP Resident Representative only, provided he is assured that the other signatories of the project document have no objections to the proposed changes.

a. Revision in or addition of any of the Annexes to this project document.

b. Mandatory annual revisions which re-phase the delivery agreed, project input or increased expert or other costs due to inflation or take into account agency expenditure flexibility.

X. RISK ANALYSIS

#	Description	Type	Impact & Probability	Countermeasures / Management response	Owner	Submitted
1	Delays in acquittal of advances leading to gaps in the management of advances outstanding for more than 120 days and evidence of non-compliant costs	Financial	**High** -Reputational risk of poor financial management by the SR/SSR and the PR.	MOHCC to reinforce internal controls around acquittal policy and supporting documentation for grant funds through recruitment of 4 additional internal auditors focused at district level	PR/MoHCC	Programme Formulation
		Financial	**High** -Reputational risk of poor financial management by the SR/SSR and the PR	MOHCC Chief Accountant Finance Manager to ensure monthly monitoring of advance liquidation (ageing report) and conduct quarterly spot checks to districts. PFMS should be configured for this reporting.	PR/MoHCC	
2	Liquidity challenges in-country generally affecting implementation of some community Activities.	Financial	**High** -Low delivery rate at SR and SSR level - Slow programme implementation.	PR to make arrangement with banks to ensure availability of funds to partners to facilitate accelerated implementation	PR	
3	Continued use of a paper based financial system	Financial	**High** -Low delivery rate at PR and IP level - Slow programme implementation.	Pay community based workers using mobile money platforms. The system is web based and payments based on reports submitted or outputs	MoHCC	Programme Formulation
4	Misuse (including personalization) of grant assets and inventories especially IT equipment and vehicles	Operations	**High** -Misuse of grant assets and inventory affects implementation of programme activities resulting	-Asset verification -PR to report in CCM Technical Committees on the status of assets. -PR to conduct a retraining on assets management and reporting. -orientation of all SRs and SSRs under the grant on UNDP and Global Fund	PR/SR/SSR	Programme Formulation

#	Description	Type	Impact & Probability	Countermeasures / Management response	Owner	Submitted
			in a negative effect on the set targets.	policies on assets -Half yearly reports from IPs		
5	Data quality issues	Monitoring & Evaluation	Medium -Poor quality reports -Potential risk of poor grant oversight and management by PR.	-Strengthen the functionality of existing ePMS sites and speed up the Roll out of e-PMS to health sites	PR/MoHCC	Programme Formulation
6	Sub-optimal use of the HMIS due to high turn-over rate of the key leadership in MOHCC and other key implementers due to economic situation, overstretched staff capacity at service delivery level	Monitoring & Evaluation	High	Finalize the next M&E Strategy (2015 – 2020); (ii) Scale up electronic patient data health information system to replace paper registers (proposed system is the EHR and e-PMS should a module of the EHR)	MoHCC	
7	Poor reporting practices from the private sector	Monitoring & Evaluation	High	Put in place statutory instrument that enforces private sector to report on key health indicators	MoHCC	
8	Deteriorating economic situations	Programs	High	Continued resource mobilisation for the health sector and related support (not through this Grant) to revive the economy	MoHCC / HSB	
9	Freeze on employment by the public sector	Programs	High	Carry out a WISN to inform the new establishment & targeted mentoring of underperforming	MoHCC / HSB	
10	Discontinuation of the health retention scheme	Programs	High	Increased and constant brokering of support for the HR Retention scheme from GOZ and partners (US, UK, France, EU, UN)	MoHCC / HSB	
11	Gaps in diagnostic capacity and delays in	Programs	High	Expansion of coverage of QAQI (Quality Assurance Quality	MoHCC	

#	Description	Type	Impact & Probability	Countermeasures / Management response	Owner	Submitted
	procurement of critical diagnosis machines and sub-optimal deployment of available machines that affect service quality			Improvement)		
13	Storage: Poor and inadequate storage space for medicines at health facilities and provincial level	Procurement	High	Renovation of storage space for pharmacy and lab at Health Facilities; complete the construction of NatPharm Harare warehouse and expansion of 2 regional NatPharm warehouses; procure solar systems for HFs for improved storage conditions; Support MCAZ with upgrading of microbiology laboratory to attain WHO prequalification	MoHCC	Programme Formulation
14	Record-keeping: Inadequate record keeping that affects accountability of commodities;	Procurement	High	Procurement of RFID and IT hardware for NATPHARM	MOHCC, UNDP & NatPharm	Programme Formulation
15	Commodity gaps (ARV and Reagents) resulting in stock-out	Procurement	High	Continuous engagement with GoZ to fill commodity gaps	MoHCC & GF	Programme Formulation
16	Laws and policies which criminalize certain key populations (sex workers, men who have sex with men etc) could limit the effective scale-up of key population interventions and activities (Source: CCM Funding Request)	Governance	Medium	(a) Develop Service Provision Models and National Operational plan for Sex Workers and other Key Populations (Male Sex Workers, MSM, Clients of Sex Workers as well as LGBTI) in Zimbabwe's HIV Response.	NAC	
		Governance	Medium	(b) Rollout of comprehensive packages of HIV prevention, treatment and support to key populations.	MoHCC	
		Governance	Medium	(c) Complete the legal environment for health assessment and adopt recommendations.	NAC	

i Zimbabwe DHS 2015, Page 35 (Key Reference Document No. 27)