United Nations Development Programme

STRENGTHENING SKILLS, TOOLS AND SYSTEMS FOR BETTER SERVICES

Empowered lives.
Resilient nations.

EMERGING LESSONS FROM GLOBAL FUND PROGRAMME IMPLEMENTATION IN ZIMBABWE

1 INTRODUCTION

Purpose and scope

This case study aims to present the lessons learned and forward looking perspectives for the capacity development component of the Global Fund to Fight Aids, Tuberculosis and Malaria (hereafter 'the Global Fund') Round 8 Grant to Zimbabwe and preparing for the transition from UNDP to national entities to serve as PR. Capacity development, at the core, is about strengthening the ability of societies to respond to the challenges and opportunities they are presented with. The capacity development component of the Round 8 Grant has therefore been focused on facilitating and supporting a process that underpins the ability of Zimbabwe, its state and local government institutions and its civil society organisation in sustainably addressing the challenges posed by HIV and AIDS, tuberculosis (TB) and malaria and preparing national entities to manage Global Fund grants as PR in due course.

The scope of this case study and the emerging lessons includes:

- A brief overview of the national context and the institutional landscape in the Zimbabwe health sector.
- An outline of the identified capacity challenges identified in Zimbabwe and the efforts to address them.
- A presentation of the achievements and emerging lessons under the capacity development portfolio to date accompanied by recommendations that constitute a contribution to identifying a way forward for capacity development under future Global Fund grants in Zimbabwe.

The process

To identify the specific achievements and significant lessons emerging under the programme, two main targeted research activities have taken place. Firstly, a desk review of the existing literature (mainly assessments, plans and reports) was undertaken to understand what activities have taken place under the capacity development portfolio and what achievements and capacity gains these activities have led to. Secondly, a field mission focused on interviews with key informants and site visits took place in February of 2014.

Inside NatPharm's Central warehouse in Harare, Zimbabwe.
Photo: Sammy Mwiti
UNDP 2014

2 COUNTRY CONTEXT

Zimbabwe: Economic crisis and disease burden

In 2014 Zimbabwe is still recovering from a prolonged period of economic decline that occurred from 1999 to 2008 and resulted in rising poverty and unemployment levels as well as underemployment. Since 2009 economic growth and a more stable macroeconomic environment have returned to Zimbabwe, but the country continues to battle high levels of unemployment and the economic recovery remains fragile. The difficult economic environment has made service delivery extremely difficult for the Government of Zimbabwe and this also impacts the country's health system.

The three diseases continue to impact Zimbabwe heavily. About 15% of the adult population aged 15-49 are HIV-positive and malaria and TB continue to be a challenge for the country. However, significant progress has been achieved over the last decade: The HIV prevalence rate of 15% has declined from more than 25% in 2000, the malaria incidence dropped 79% from 2000 to 2013 and TB detection and treatment rates increased significantly in the same period.[1] Despite this progress Zimbabwe's health system is struggling to meet the demands placed on it by HIV, TB and malaria.

The Global Fund in Zimbabwe

The Global Fund was created in 2002 as an innovative public-private partnership to fight AIDS, TB and malaria, diseases that are endemic in low- and middle-income countries. The purpose of the Global Fund is to facilitate the rapid disbursements of funds targeted at halting and reversing the three diseases. The funds disbursed by the Global Fund take the form of grants to governmental and non-governmental institutions. In Zimbabwe, Global Fund grants have been implemented since 2003 with a current total commitment of more than US$ 850 million.

The Round 8 Grants have the following goals:[2]

- To reduce the number of new HIV infections among adults and children as well as morbidity and mortality due to HIV and AIDS in Zimbabwe.
- To reduce the malaria incidence to less than 2.5% by 2016.
- To reduce the burden of TB by 2015 in line with the Millennium Development Goals and Stop TB Partnership targets.
- Enhanced capacity of the health system to deliver effective scaled-up treatment for HIV, TB and malaria.

Since 2009, the Global Fund grants in Zimbabwe have been consistently high-performing and have achieved significant results in scaling up access to life saving services that have benefited millions of people through tangible improvements in their lives. In 2013 three out of four grants recorded "A" ratings[3], with the exception of the TB grant that recorded a "B1" rating in one semester. Over 650,000 people are now receiving HIV treatment, more than 2.3 million have been tested for HIV and almost four million have been reached through community programmes.[4] Almost 90% of TB patients know their HIV status within two months whilst the percentage of new smear-positive TB cases registered for treatment that are cured or completed treatment increased to 81%.[5] A total of 4,388,217 Long Lasting Insecticidal Nets (LLINs) (the Global Fund contributing 59%) have been distributed and the incidence of malaria has consistently dropped to reach 29/1000.

In 2013 Zimbabwe was one of the pilot countries for the Global Fund New Funding Model (NFM).[6] This was heralded as a highly successful pilot in rolling out the NFM and is being used as a best practice case in other countries. The NFM emphasizes flexibility, simplicity and predictability in the grant seeking process while also seeking to enhance stakeholder engagement and funding predictability. From March to June 2013 Zimbabwe successfully applied for funding through the NFM for a new HIV grant, which in 2014 is now being implemented. The NFM experience was documented in a Country Coordinating Mechanism (CCM) case study developed by the CCM and Ministry of Health and Child Care of Zimbabwe (MOHCC) with support from UNDP.[7] Zimbabwe will seek funding for TB and malaria under the new model.

1 Health Management Information System (HMIS)/DHIS, MOHCC
2 See: http://portfolio.theglobalfund.org/en/Country/Index/ZWE
3 The Global Fund grant rating scale: A – best; B1 – adequate; B2 – inadequate, but potential demonstrated; C – unacceptable.
4 See: HTC database of MOHCC and http://portfolio.theglobalfund.org/en/Grant/Index/ZIM-809-G11-H
5 See: http://portfolio.theglobalfund.org/en/Grant/Index/ZIM-809-G12-T
6 See: http://www.theglobalfund.org/en/about/grantmanagement/fundingmodel/
7 See: The Experience of Zimbabwe with the Global Fund's New Funding Model, Ministry of Health and Child Welfare of Zimbabwe (June 2013) http://www.undp-globalfund-capacitydevelopment.org/media/405185/zimbabwe_nfm_experience_-_14_june_2013.pdf

3 INSTITUTIONAL LANDSCAPE

National partners

The MOHCC is responsible for the delivery of health programmes in Zimbabwe and as such plays a key role for the implementation of Global Fund grants. The Global Fund programmes at the country level Round 8 grants were implemented through Sub Recipients (SRs) including:

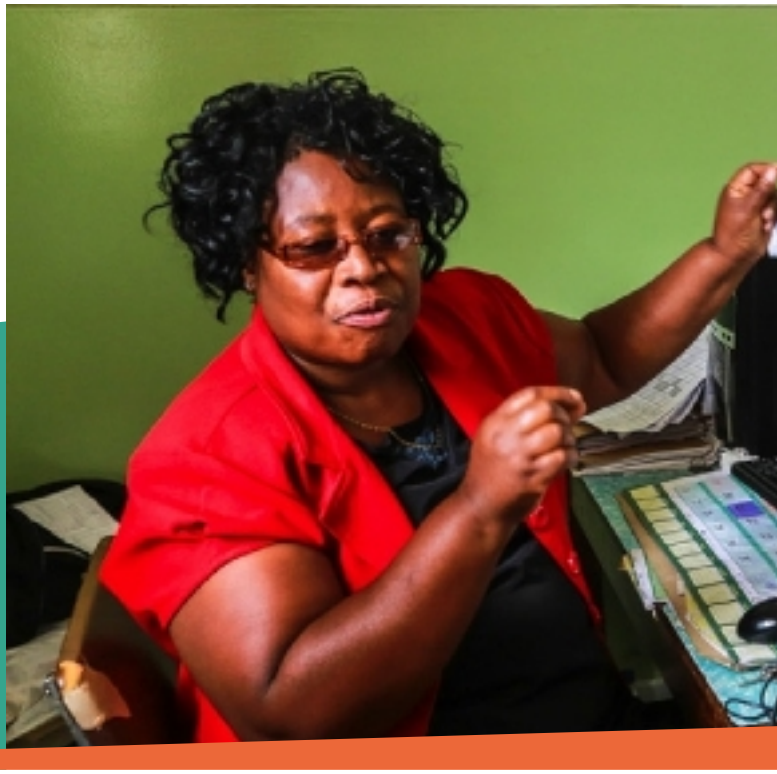
- Three units of MOHCC – the HIV Unit (MOHCC-HIV), National Tuberculosis Programme (MOHCC-NTP), and the National Malaria Control Programme (MOHCC-NMCP)
- Health Service Board (HSB)
- National Pharmaceutical Company (NatPharm)
- National AIDS Council (NAC)
- Zimbabwe AIDS Network (ZAN)

The CCM is responsible for programme oversight and coordination and looks at areas such as procurement, financial management and achievement of results.

International partners

Due to the 2008 application of the Global Fund's Additional Safeguards Policy (ASP), UNDP was selected as Interim PR for the implementation of the Round 8 Grant, supported by the national SRs. In addition to implementing the grant, UNDP is responsible for strengthening the functional and operational capacities of the seven SRs and preparing for national entities taking over the role of PR in due course.

The programmes also depend on the support from technical partners such as WHO and UNAIDS and the collaboration of development partners. In addition to the Global Fund grants, the MOHCC receives donations of medicines, bed nets and other items from partners, such as UNICEF, USAID and others. These donations are administered through the same systems as the Global Fund grant.



Mrs. Abigael Sibanda, a health information assistant at Mpilo Provincial Health Hospital in Bulawayo explains the advantages of the district health information system (DHIS-2), describing it as efficient, fast and reliable. "DHIS-2 has made my work easier".
Photo: Sammy Mwiti/UNDP 2014

4 CAPACITY DEVELOPMENT STRATEGY

Capacity development (CD) is essentially a process aimed at strengthening the ability of societies to de□ne and pursue their own development goals and strategies. In Global Fund grants the inclusion of a CD component will therefore emphasise the engagement and ownership of national stakeholders as well as the technical and operational capability of those stakeholders to de□ne and implement adequate health responses.

For the Round 8 grant in Zimbabwe speci□cally, the overarching goal of the CD plan is to improve the performance of all SRs in implementing their programmes through developing their capacities, thus leading to better performance of the Global Fund Grants, and prepare for full national implementation with a national PR.[8] To achieve this goal the functional capacities within SRs have been targeted, including areas such as programming; □nancial management; procurement and supply management; and monitoring and evaluation (M&E).

In 2011 a diagnostic exercise, aimed at uncovering capacity gaps and assets for these functional capacities were carried out among all seven SRs. This was carried out as a self-assessment facilitated by UNDP.

8 Capacity Development Annual Report - Global Fund Round 8 Phase 1, UNDP (2012)

The CD strategy in Zimbabwe: Individuals and systems

Following the thorough process of self-assessment of capacity assets and gaps among the seven SRs, these cross-cutting CD objectives were identi□ed:

1. Strengthened Risk and Results Based Management, Accountability, and Oversight at National and Provincial Level.
2. Comprehensive, Accurate, & Timely Data Capture, Analysis & Reporting from District & Provincial levels.
3. Strengthening Procurement & Supply Management.
4. CD Project Management and M&E.

The CD Plan emphasised these four areas while being tightly integrated with the broader programming under the Round 8 Grant in areas such as M&E and disease surveillance. Therefore, some CD activities are programmatically part of the CD Plan while others go beyond it.

Across the two phases of the Round 8 Grant, there has been a gradual shift in the emphasis of the CD activities, from a focus on the individual to an emphasis on organisations and institutions. Therefore, in Phase 1, CD activities were concentrated on training and skill-building, addressing any signi□cant capacity gaps quickly, by enabling key health personnel to increase the quality of service delivery and boost individual performance.

In Phase 2 of the Round 8 Grant, informed by the capacity assessment exercise, the focus has shifted towards the organisational and institutional framework in which individuals function. In order to perform well, skilled health workers, administrators and managers need suitable facilities, processes and systems.

CD activities at multiple levels

The CD activities undertaken with the SRs, both under the CD Plan and more generally have unfolded on multiple levels and include varying degrees of complexity. Broadly speaking, the activities that have taken place fall within the following three categories:

1. Skills: Training and skill-building activities have been implemented by UNDP in collaboration with and targeted at SRs in areas as diverse as record-keeping and reporting, analysis of data, use of software, risk-based auditing, M&E, □nancial management, etc.

2. Infrastructure: Investments in this area have focused on two distinct areas, procurement and supply management and IT. This includes improvement of storage facilities and the cold chain for medicines through investments in refrigeration, temperature monitoring equipment, forklifts, trucks and other warehouse facilities. In IT, investments have been focused on purchasing of laptops, servers and other equipment and provision of internet connectivity.

3. Institutional strengthening: The strengthening of health sector institutions and organisations including the SRs has focused on increasing ownership, leadership and management capabilities among SRs as well as enhancement to various business processes including M&E, risk management and accountability and more.

It is important to note that each of the CD activities address a specific set of needs, but that there are intended synergies between the components. Delivering training or investing in infrastructure alone may have limited impact, but by combining new skills with better tools and improving management practices, the process of strengthening capacities is enhanced and enabled.

5 SELECTED CAPACITY DEVELOPMENT ACHIEVEMENTS

Strengthened Risk and Results Based Management, Accountability, and Oversight at National and Provincial Level

Skills	Infrastructure	Institutional Strengthening
Internal audit function in MOHCC has acquired new skills and competencies in risk-based auditing and financial management.	Accounting/ financial management software (Pastel) has been installed with finance units in MOHCC and nine Sub-Sub-Recipients (SSRs), enabling better accountability and oversight.	Audit procedures in MOHCC have been integrated with risk management principles. Governance and risk management processes are integrated. A survey and analytical work regarding staff satisfaction and retention has strengthened the ability of MOHCC to respond to that particular challenge.

Comprehensive, Accurate, & Timely Data Capture, Analysis & Reporting from District & Provincial levels

Skills	Infrastructure	Institutional Strengthening
DHIS2: More than 600 health workers have acquired new reporting and monitoring skills for use with new health information system, DHIS-2 (District Health Information System v. 2) and over 1,200 nurses have acquired skills in the use of the mobile system, Frontline SMS for the weekly disease surveillance system (WDSS).	The existing IT infrastructure and health information system has been upgraded with hardware (such as 1700+ laptops, 80+ PCs, servers, network equipment) and software using mixed platforms including web-based reporting tools as well as SMS and mobile technology. 1,200 cell phones with in-built Frontline SMS data capturing software have been distributed to health facilities to facilitate transmission of WDSS.	Significant and on-going investments in the DHIS-2, have strengthened the national health information and surveillance system (HISS) and has enabled more timely and accurate disease surveillance. Investments in electronic Patients Management System (ePMS) have ensured the more efficient management of HIV and TB patients. Installation of internet connections at health facilities has ensured timely transmission of data and other vital health information from the facilities to national level to inform timely decision making.

Comprehensive, Accurate, & Timely Data Capture, Analysis & Reporting from District & Provincial levels (continued)

Skills	Infrastructure	Institutional Strengthening
The new skills enhance the provision of health information. ePMS: Almost 400 health workers of MOHCC have been trained on electronic patients management systems in 83 Antiretroviral Treatment (ART) high volume sites in 2013.	Fixed and mobile internet connections have been provided to support the DHIS2, ePMS and other electronic systems. DHIS-2 covers all 10 provinces, 63 districts, cities, 6 central hospitals, and 166 admitting hospitals. The investments enable timely and accurate disease surveillance. ePMS has been installed at 83 ART high volume sites to ensure a more e□cient and e□ective management of HIV patients and help minimize lack of follow-up with patients on treatment.	The WDSS strengthened and coverage increased from 500 to over 1,200 sites to transmit timely weekly disease surveillance. The result is more timely and reliable health information enabling improved analysis and more informed decision-making. Since the introduction of DHIS and Frontline SMS, the completeness of the monthly (T5) surveillance reporting has increased from around 50% to over 98% and the weekly surveillance reporting from under 50% to 90% as of December 2013. In addition, the reporting burden of health workers has been lessened through the integration of 11 di□erent reporting systems into DHIS-2.

Strengthening Supply Chain Management

Skills	Infrastructure	Institutional Strengthening
Sta□ orientation and on-the-job support for the revision and updating of Supply Chain Standard Operating Procedures (SOP's) enabling enhanced supply chain operations. Support for the Medicine Control Authority of Zimbabwe (MCAZ) for them to apply for pre-quali□cation against WHO guidelines. The pre-quali□cation meets national needs and allow services to be provided to Zambia.	Improved warehouse, transportation and storage facilities as well as new IT and telecommunications facilities have enabled more e□cient warehouse management and less waste in medicines. This includes hardware for monitoring warehouse temperature, storage systems and shelving, allowing for better stock management.	An assessment of facilities responsible for the storage of health products has been carried out along with an action plan to improve the storage conditions. The assessment enables less stock shortages as well as less waste. Strengthening the national laboratory capacity by improving the quality of data, in particular for consumption data to enable a successful quanti□cation exercise for lab commodities. UNDP facilitated the formation of a Task Force of the key stakeholders and partners to engineer and implement a Quality Assurance Plan for HIV, TB and malaria to monitor product quality.

CD Project Management and M&E

Skills	Infrastructure	Institutional Strengthening
SR sta and sta from health facilities have acquired new skills in M&E, programme and project management and other areas. M&E and other reporting tools have been developed and health workers trained in the proper use of these tools. This has ensured standardization of reporting and has helped improve data quality.	Improved access to information, internet connectivity in all district health facilities and strengthened communications facilities have enabled better use of monitoring data and project management. Supported the collection of coordinate data (longitudes & latitudes) of 266 health facilities to update the MOHCC IT Geographic Information System (GIS) database. This has ensured a complete and functional GIS database available to provide timely coordinate data and maps for all health facilities in the country.	Support for a sta satisfaction survey providing insights into the needs, priorities and challenges faced by health workers. Support for the development of a national training strategy that is linked to, and integrated with, the human resource strategy of MOHCC. This enables the Ministry to address HR challenges, such as low retention rates, strategically. Transferring responsibilities from technical advisers to SRs has increased ownership of the CD plan and process. Capacity of SRs in M&E strengthened and M&E tools available for reporting. SR implementation manuals have been developed and SRs trained on it to guide the e ective implementation of grant activities.

6 EMERGING LESSONS

There are a number of lessons learned that emerge from the achievements, interviews and observations. These include:

- The importance of leveraging investments in skills and infrastructure towards greater institutional strengthening.
- The value of national ownership of the CD process and its integration into broader public administration strengthening e orts.
- The signi cance of access to, and use of, communications

warehousing and transportation. These skills and 'tools' for providing better health care and disease responses to HIV, TB and malaria are, however, only half the equation. Combining them with a more strategic institutional focus allows for greater impact and sustainability.

An example of this is sta retention. While access to professional growth and development (through training) and access to modern tools (new health information system) is good for sta it runs the inherent risk that they will use the