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Ministry of Health and Child Care – Zimbabwe

Capacity Development Plan 2015-2017

To Further Enhance the MoHCC Systems
to Improve the Performance as
The Global Fund Principal Recipient;
and To Strengthen the Delivery
of Health Services More Widely

**Greater Sustainability and Strengthened Systems
for National Responses to HIV, TB and Malaria**

Nurse lead programme at the Wilkins Hospital, Opportunist Infections Clinic. Harare – Zimbabwe.

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Introduction

In 2015 Zimbabwe is still recovering from a prolonged period of economic decline that occurred from 1999 to 2008, which resulted in a decrease in funding for social services, and directly contributed to a deterioration of health infrastructure, loss of experienced health professionals, drug shortages and a reduction in the quality of health services available. The capacities of most national institutions declined, with limited financial resources and reduced numbers and skills in the workforce. It is estimated that over two million Zimbabweans left the country during this period, including many skilled health professionals. The situation negatively affected the health outcomes of the country: maternal mortality ratio in 2006 was 555 deaths per 100,000 live births translating to six maternal deaths per every 1000 live births; under-5 mortality rate was at 82 per 1,000 live births and neonatal mortality rate at 24 deaths per 1,000 live births (2005-2006 ZDHS).

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 challenging environment has made service delivery difficult for the Government of Zimbabwe and this has impacted on the country's health system.

Three key diseases continue to affect Zimbabwe heavily: about 15% of the adult population aged 15-49 are HIV-positive; Malaria affects up to 40% of the population and treatment of Multi-Drug Resistant Tuberculosis cases has grown from 118 (2011) TO 393 (2013).

The Global Fund in Zimbabwe

Since Global Fund grants began in Zimbabwe in 2003 three different national organisations have held the Principal Recipient (PR) role. However in 2008, the Global Fund placed Zimbabwe under the Additional Safeguards Policy (ASP), which is invoked to ensure accountable use of Global Fund financing. Under this policy, the Global Fund Secretariat selected UNDP as the interim PR for the Round 8 Global Fund grants in Zimbabwe, and the completion of the Round 5 grants. The grants covered HIV, TB and Malaria, with a cross cutting Health Systems Strengthening (HSS) component, and totalled over \$512 million for five years starting in January 2010.

The grants had the following goals:

- 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 Tuberculosis 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, Malaria and TB.



The Global Fund programmes are implemented through a number of Sub-Recipients, including: the key Ministry of Health and Child Care (MoHCC) units including the HIV unit, the National TB Programme (NTP), and the National Malaria Control Programme (NMCP); the Health Service Board (HSB), the National AIDS Council (NAC), and the Southern African Aids Trust (SAT).

In addition UNDP works closely with the National Pharmaceutical Company (NatPharm) and the Medicines Control Authority Zimbabwe (MCAZ) as other key institutions contributing to the health system, providing funds and technical support to increase capacity.

The Ministry of Health and Child Care of Zimbabwe (MOHCC) is the main player responsible for the delivery of health programmes and as such plays the central role for the implementation of Global Fund grants.



The Global Fund Grant Portfolio in Zimbabwe

Overall, the Global Fund has approved \$1 Billion to Zimbabwe's response to the three diseases. Since UNDP became the PR, 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.

- The HIV prevalence rate of 15% has declined from more than 25% in 2000; during 2009-2014 8,364,223 people were tested for HIV; and by December 2014 787,980 people living with HIV are now accessing life-saving anti-retroviral therapy - up from 147,804 people in 2008.
- Malaria incidence has dropped 79% from 2000 to 2013.
- Tuberculosis detection and treatment rates increased significantly in the same period and 10,203 patients diagnosed with TB have completed treatment.
- In 2013 all four grants recorded 'A' ratings (the highest grant rating).
- In 2013 Zimbabwe was one of the pilot countries for the Global Fund New Funding Model (NFM). 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. In 2013 the first grant under the NFM was approved for HIV with a total approved amount of US\$ 437,270,910, and is now being implemented from 01 January 2014 to 31 December 2016.
- In 2015 the TB and Malaria Round 8 will be replaced with new grants recently awarded under the New Funding Model. Funds approved by the Global Fund are US\$ 59,460,076 for Malaria and US\$ \$ 38,789,240 for TB to be implemented from 01 January 2015 to 30 June 2017.

Capacity Development 2009-2014

UNDP has a dual role whilst acting as the interim Principal Recipient: Firstly, to coordinate, monitor and evaluate the activities of the Global Fund grants being implemented by national entities who act as the SRs; and to carry out procurement and financial management for the grants.

Secondly, UNDPs role is to support the strengthening of capacities of the implementing national entities, and ultimately prepare the country for transition to national management and ownership.

It provides capacity development in all functional areas to Sub-Recipients (SRs) implementing activities, as well as to other key national institutions, such as NatPharm, who currently carry out the distribution of all Health Products, and MCAZ who do quality assurance on all pharmaceutical products being brought into the country.

During the Round 8 Global Fund grants two Capacity Development Plans were developed and implemented.

Capacity Development Plan: phase 1 (2010-2011)

The capacity development activities in the first phase of the Global Fund grants prioritized skills development for individuals, aiming to address any weaknesses in financial management, program management and monitoring and evaluation. A plan for developing these capacities was developed in collaboration with the SRs and implemented during 2010-2011, with a total budget of \$1.45 million.

Summary of:

Total of **794** people trained in M&E.

Total of **141** people trained in Finance.

20 new staff members recruited.

5 Tools developed

Total of **796** people trained in other subjects, ranging from Program Management, Strategic Planning, and Managing Sub Sub-Recipients to improving computer skills.

57 PC/Laptop purchased

Capacity Development Plan: phase 2 (2012-2014)

In the second phase a range of capacity development activities took place, with a focus on functional capacities to improve service delivery and to eventually enable transition.

The functional areas were Programming, Financial Management, Supply Chain Management, and Monitoring and Evaluation. Given the strategic importance of capacity development and ultimately transitioning to national entities, the development of strong national systems and structures were emphasised during this phase.

Capacity Development Plan Phase 2	
Global Fund Contribution	1,659,083.47
UNDP Contribution	466,798.00
TOTAL	\$ 2,125,881.47

Capacity Development and Transition Planning 2014

In 2014, based on increasing capacity within the MOHCC, the Global Fund agreed to transition the PR role from UNDP to the Ministry of Health and Child Care for the upcoming TB and Malaria New Funding Model Grants starting in January 2015, and proposed to transition the HIV Grant from 2017 onwards.

There was a request that UNDP should continue to provide support to the MOHCC in implementing the Global Fund programme, by:

- Supporting financial management and providing financial oversight.
- Carrying out all procurement of health products.
- Continuing to provide capacity development to the MOHCC.

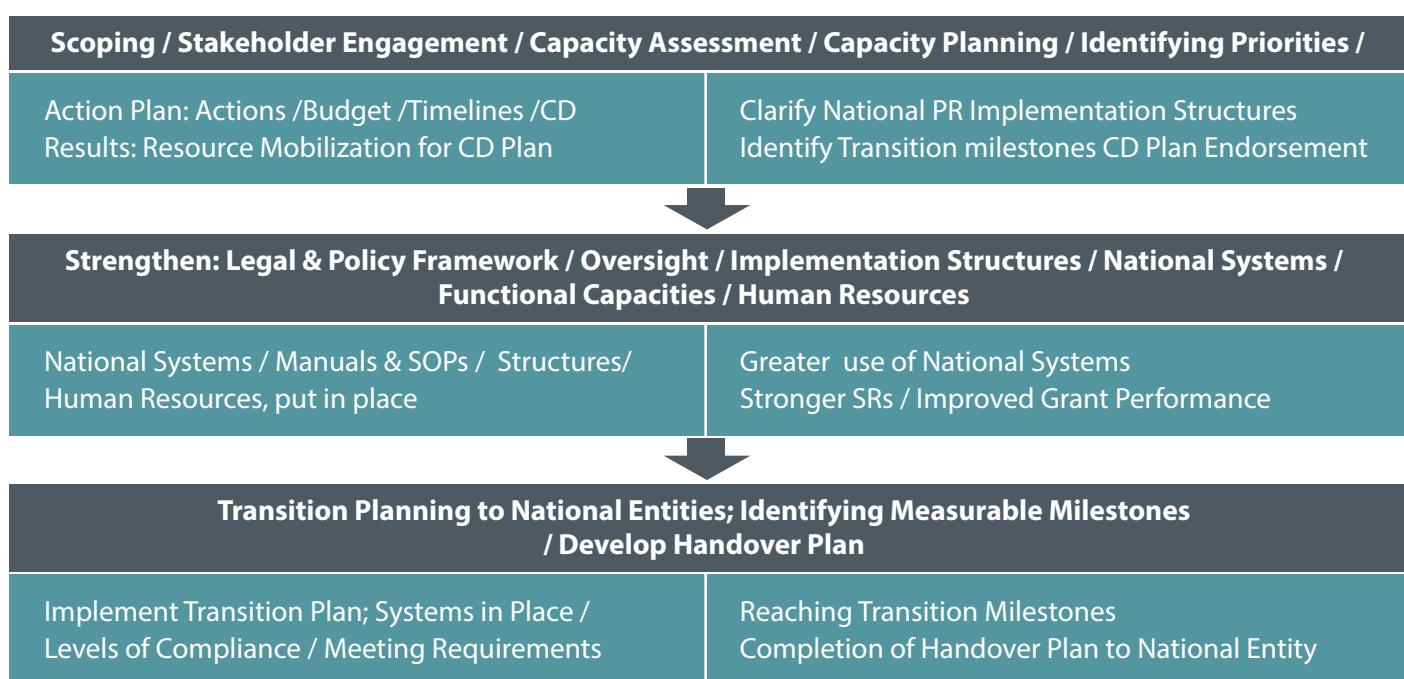
Given the strategic importance of ultimately transitioning of all of the PR functions to national entities, capacity development and strengthening national systems and structures remains critical. As a result a process to develop a third Capacity Development plan for the 2015-2017 period, was organised from July 2014 - February 2015.

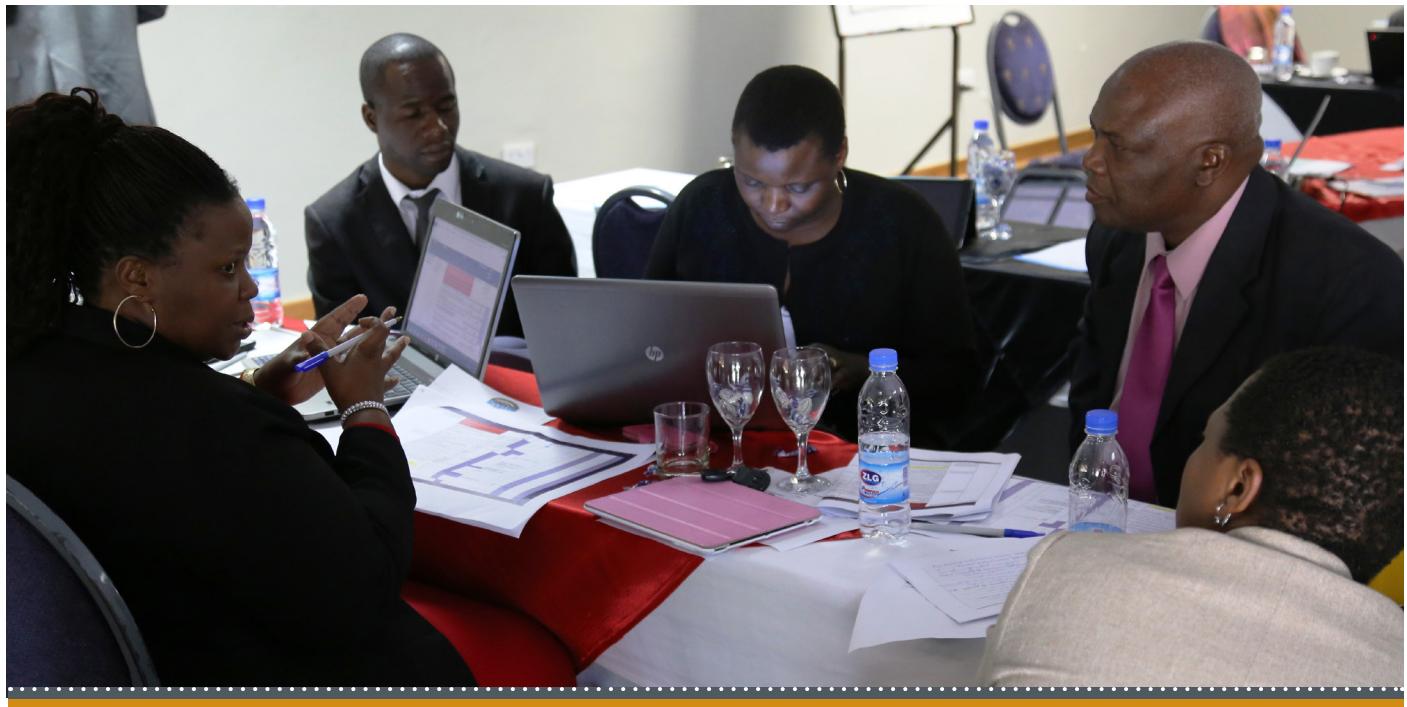
Framework for Capacity Development and Transition

This Capacity Development process was based on a Framework for Capacity Development and Transition, which consists of two interlinked phases:

- The achievement of Capacity Development Results including strengthening national entities structures and systems, which enables...
- The reaching of Transition Milestones, by having in place national systems for all functional capacities, with acceptable levels of compliance that meet national and international requirements.

The framework is detailed in the table below:





Objectives and Scope

The overall goal of the process was to ensure the development of a plan that focused on the continuation of the move towards greater national management and ownership of Global Fund grant implementation. Thus the Capacity Development Plan focuses on all areas critical to the effective implementation of national responses, in particular those areas required for a new PR leading on implementing the Global Fund grants. Increased focus was placed on those functions that still require support from UNDP, in particular Financial Management and Procurement, to ensure that these roles transition to national partners in the future.

The functional areas assessed were:

- Financial Management and Systems, including risk management.
- Procurement and Supply Management.
- Monitoring and Evaluation.
- Governance and Program Management, including SR Management.

Additionally functional capacities need to be supported by a strong policy environment in which effective programming can take place. Hence the fifth capacity development area is:

- Policy Development.

From initial discussions with stakeholders it was agreed that the aim of the Capacity Development Plan is as follows:

- To further strengthen national systems to improve the performance of national HIV, TB and Malaria programs and Global Fund grants in Zimbabwe.
- Clarify the transition milestones to enable a sustainable transition to national entities of additional PR roles and functions not yet being carried out by the MOHCC (such as Financial Management and Procurement).

Approach

The process undertaken during July 2014 - February 2015 was founded on lessons learned in all the capacity development planning undertaken during the two phases of Round 8.

The role of the MoHCC during the process was to drive the planning, to ensure inputs from all levels of implementation (national and provincial), and to engage other national and international partners where relevant. UNDPs role was to support the development of the plan through expertise and resources, and following its completion to contribute and source additional resources to the strengthening plan,

The detailed capacity development process carried out was as follows:

Capacity Development Planning – Activities	Timeline
1. Agree the capacity development process with MoHCC including key responsibilities, timelines, stakeholder engagement, and partner involvement.	Aug 2014
2. Review existing supporting documentation including key assessments (such as Global Fund Local Fund Agent assessment, annual programmatic and financial audits, previous Global Fund capacity assessments and plans) as well as progress reports/evaluations on previous capacity development activities to assess key areas of need.	Aug-Sep 2014
3. Conduct key stakeholder interviews with senior management, functional managers, and other stakeholders to verify this information, gain additional data on areas not covered in the documentation and get support.	Aug 2014
4. Develop a 'draft zero' capacity development action plan – outlining prioritized capacity development activities known from the review of documentation and interviews.	Sep 2014
5. Share draft zero plan with all key stakeholders virtually and get inputs.	Oct 2014
6. Hold a key stakeholder workshop – to review the above and develop this in more detail.	Nov 2014
7. Identify transition milestones and timelines – for those functional areas that will still need to transition during the three year period; including measurable milestones firstly for the systems being in place and secondly the level of take up and compliance of the systems. Other important elements of the transition include management arrangements, implementation structures, clarifying roles and responsibilities and budgets.	Nov 2014
8. Prepare an estimated budget – to outline resource requirements for strengthening and transitioning functions.	Nov – Dec 2014
9. Finalise the plan with input from all stakeholders.	Jan - Feb 2015
10. Prepare for implementation and mobilize resources – confirm implementation arrangements and responsibilities. Mobilize the funding required from all partners to initiate and implement the Capacity Development plan.	Feb – Mar 2015

Critical Success Factors

Certain factors were critical to the success of the process. These include strong leadership, detailed communication and flexible planning.

Leadership

1. Senior management within the MOHCC had the will to change and authority to make it happen.
2. Ownership was shown by all members of the MOHCC who attended the key planning workshop and other meetings.
3. Inclusion of representatives from National, Provincial, and District levels was crucial to reflect the reality at the implementation level.

Communications

4. Early and on-going communication of the process and the various drafts of the capacity development plan ensured clarity and increased ownership.
5. Clarification that capacity development is not solely additional staff or workshops ensured a more comprehensive approach for the plan.
6. Communication that capacity development needs to be incorporated within grant implementation will help to ensure that it is not an optional add-on.

Planning

7. Flexibility was essential to incorporate changes in the process, in timing and to allow new ideas during the process.
8. The process was extended to allow sufficient time for meetings and inputs from the various levels of implementation and departments.
9. The workshop was a key part of the process and significant planning went into this to ensure inputs from a broad range of stakeholders, including national and provincial MOHCC staff members and representation from the MOHCC leadership to drive the day.
10. Partners were kept informed to assist in resource mobilisation as well as to provide technical support for identified activities.



Overview Of The Capacity Development Plan 2015-2017

The final Capacity Development Objectives are as follows:

Financial Management and Systems, including risk management.

- To integrate donor and Global Fund financial management and reporting with the Public Financial Management System.
- To ensure robust oversight systems are in place and implemented to support the MoHCC.
- To strengthen IT support to all levels of the MoHCC as increased systems move to online functioning.
- To strengthen and utilize with acceptable levels of compliance, systems and procedures to check that MoHCC has a system of adequate safeguards to protect assets.

Procurement and Supply Management.

- To ensure that national entities are ready and able to carry out Procurement activities when the MoHCC takes over this function in 2018.
- To ensure the supply chain is fully functioning and storage facilities are adequate to support the country needs.
- To ensure that the laboratory equipment installed at all health facilities are fully functional.

Monitoring and Evaluation.

- To ensure a robust health information system which supports the delivery of health care by providing information that is required for measuring the performance of service delivery at each health facility in the country.

Governance and Program Management, including SR Management.

- To ensure coordination between the newly established MoHCC GF Programme Coordination Unit and the current MoHCC coordination structures and systems (for planning and implementation).
- To ensure coordination between the newly established MoHCC GF Programme Coordination Unit and the Fund Administrator (for planning, reporting and oversight).
- To establish systems for coordination of training.
- To strengthen all levels of MoHCC in Leadership & Supervision.
- To strengthen MoHCC ability to manage multiple SRs to ensure quality programme implementation.

Policy Development

- Strengthen the policy environment to ensure effective national responses.
- Develop sustainable financing models.
- Strengthen communication of results, with a focus on Key Affected Populations.

Objective	Milestones	Measurement Tools
Financial Management & Systems, including Risk Management		
1. To integrate donor and Global Fund financial management and reporting with the Public Financial Management System.	<ul style="list-style-type: none"> 100% of financial reports being produced through PFMS by all provinces, with 95% submitted on time. 	# of reports submitted from provinces % submitted on time
	<ul style="list-style-type: none"> 100% of financial reports being produced through PFMS by all 63 districts, with 95% submitted on time. 	# of reports submitted from districts % submitted on time
2. To ensure robust oversight systems are in place and implemented to support the MoHCC.	<ul style="list-style-type: none"> 100% of planned Internal Audit activities completed. 	% of activities complete from Internal Audit Plan
	<ul style="list-style-type: none"> 95% of internal audit recommendations being acted upon within the agreed time frame. 	% of activities complete from audit recommendations
3. To strengthen IT support to all levels of the MoHCC as increased systems move to online functioning.	<ul style="list-style-type: none"> IT Operational Plan 2015-2017 90% complete. 	% of activities complete from IT Operational Plan
4. To strengthen and utilize with acceptable levels of compliance, systems and procedures to check that MoHCC has a system of adequate safeguards to protect assets.	<ul style="list-style-type: none"> Assets moved according to the Optimal Use Plan. 	Optimal Use Study Asset Maintenance Plan
Procurement & Supply Management		
5. To ensure that national entities are ready and able to carry out Procurement activities when the MoHCC takes over this function in 2018.	<ul style="list-style-type: none"> Operational computerised procurement cycle management system. Certified Procurement Staff in place. 	PSM PR Mock Assessment
6. To ensure the supply chain is fully functioning and storage facilities are adequate to support the country needs.	<ul style="list-style-type: none"> 90% of storage facilities improved. LMIS implemented. Supply Chain Management Quality Service Standards (or Quality Assurance Plan) meeting agreed targets on the level and frequency of stock outs. 	Storage facility improvement plan completion report. Quarterly reports on stock outs

<p>7. To ensure that the laboratory equipment installed at all health facilities are fully functional.</p>	<ul style="list-style-type: none"> 100% of laboratory instruments and chemistry analysers fully functional with maintenance plans. 	<p>Assessment of Lab equipment</p>
Monitoring & Evaluation		
<p>8. To ensure a robust health information system which supports the delivery of health care by providing information that is required for measuring the performance of service delivery at each health facility in the country.</p>	<ul style="list-style-type: none"> <i>Will be put in place after new strategy and operational plan developed.</i> 	
Governance and Program Management, including SR Management		
<p>9. To ensure coordination between the newly established MoHCC GF Programme Coordination Unit and the current MoHCC coordination structures and systems (for planning and implementation).</p>	<ul style="list-style-type: none"> Timely and accurate completion and submission of PU-DRs. 	<p>Feedback from LFA and GF Grant Performance Rating</p>
<p>10. To ensure coordination between the newly established MoHCC GF Programme Coordination Unit and the Fund Administrator (for planning, reporting and oversight).</p>	<ul style="list-style-type: none"> 100% of coordination meetings taken place. 	<p>Feedback from CCM</p>
<p>11. To establish systems for coordination of training.</p>	<ul style="list-style-type: none"> Mid-term evaluation of Strategic Integrated Training Plan 	<p>Strategic Integrated Training Plan # of workshops held</p>
<p>12. To strengthen all levels of MoHCC in Leadership & Supervision.</p>	<ul style="list-style-type: none"> As per the measurement criteria within this course. 	<p>Course completion certificates</p>
<p>13. To strengthen MoHCC ability to manage multiple SRs to ensure quality programme implementation.</p>	<ul style="list-style-type: none"> Burn rate of SRs. 95% of SR reports submitted on time. 	<p>SR Reports</p>
Policy Development		
<p>14. Strengthen the policy environment to ensure effective national responses.</p>	<ul style="list-style-type: none"> Legal and Regulatory Environment Assessment completed. National Health Strategy 2016-2020 completed. 	<p>LREA National Health Strategy 2016-2020</p>
<p>15. Develop sustainable financing models.</p>	<ul style="list-style-type: none"> Sustainable financing model & guidelines completed and approved. 	<p>Sustainable financing model & guidelines</p>
<p>16. Strengthen communication of results, with a focus on Key Affected Population</p>	<ul style="list-style-type: none"> Communications plan for KAPs developed 	<p>Communications plan & final reports</p>

Budget by Objectives	
Financial Management and Systems, including risk management.	\$2,220,093.40
1. To integrate donor and Global Fund financial management and reporting with the Public Financial Management System.	2,058,273
2. To ensure robust oversight systems are in place and implemented to support the MoHCC.	84,180
3. To strengthen IT support to all levels of the MoHCC as increased systems move to online functioning.	56,000
4. To strengthen and utilize with acceptable levels of compliance, systems and procedures to check that MoHCC has a system of adequate safeguards to protect assets.	21,640
Procurement and Supply Management.	\$316,120.00
5. To ensure that national entities are ready and able to carry out Procurement activities when the MoHCC takes over this function in 2018.	135,925
6. To ensure the supply chain is fully functioning and storage facilities are adequate to support the country needs.	0
7. To ensure that the laboratory equipment installed at all health facilities are fully functional.	180,195
Monitoring and Evaluation.	\$541,250.00
8. To ensure a robust health information system which supports the delivery of health care by providing information that is required for measuring the performance of service delivery at each health facility in the country.	541,250
Governance and Program Management, including SR Management.	\$59,085.00
9. To ensure coordination between the newly established MoHCC GF Programme Coordination Unit and the current MoHCC coordination structures and systems (for planning and implementation).	31,035
10. To ensure coordination between the newly established MoHCC GF Programme Coordination Unit and the Fund Administrator (for planning, reporting and oversight).	5,300
11. To establish systems for coordination of training.	14,500
12. To strengthen all levels of MoHCC in Leadership & Supervision.	0
13. To strengthen MoHCC ability to manage multiple SRs to ensure quality programme implementation.	8,250

Policy Development	\$385,625.00
14. Strengthen the policy environment to ensure effective national responses.	215,220
15. Develop sustainable financing models.	50,840
16. Strengthen communication of results, with a focus on Key Affected Populations.	119,565
Operational Costs	\$504,793.22
17. Operational Costs	504,793
Total	\$4,026,966.62

Success Factors Put in Place for Implementation

1. Successful capacity development interventions are owned and led by the organisation targeted for capacity development. Therefore the UNDP is financing two staff members who will be seconded to the MOHCC to support capacity development activities within the MOHCC and other partners. The MOHCC will be responsible for active management of the plan, working with UNDP to modify as necessary, ensuring that objectives and activities remain relevant and interventions are appropriately conducted.
2. Oversight reviews will be conducted regularly (at least on a quarterly basis) to review plans and progress, issues, risks, and recommended actions. Risks will be clearly identified, managed, and risk mitigation strategies employed. In a changing environment selected activities and actions do not always lead to intended results, therefore oversight reviews will determine any recommended changes to ensure achievement of objectives and indicators.
3. The project board will ensure feedback to the Global Fund Country Coordinating Mechanism to review the plan, address risks and issues, and share lessons and experience.