

Global Fund HIV Grants in Zimbabwe- Old & New

- “ Each year, Global Fund calls for country proposal and that becomes **Round**.
- “ Since the inception of GF in 2002, 10 Calls have been made, with the latest being Round 10 and we now look forward to receiving the 11th Call (Round 11)
- “ Zimbabwe has made successful HIV applications for Round 1, 5 and 8. For Rounds, 2, 3, 4, 6, 7, 9 & 10, we did not submit applications or they were not successful
- “ Rounds 1 & 5 ended in July 2009 and July 2010 respectively
- “ The country is currently implementing Round 8 Phase 1 Grant

Application Outcome

| Component | Amount Applied US\$ | GF Decision |
|-----------------------|--------------------------------|--------------------|
| Malaria | 24,960,569 | Funded |
| HIV & AIDS | 162,169,665 | Not Funded |
| TB | 25,507,118 | Not Funded |
| HSS | 179,884,807 | Not Funded |
| TOTAL | 392,522,159 | |

Support in Zimbabwe

- “ Prevention programmes
- “ Care and Treatment programmes
- “ Mitigation programmes (e.g. OVC)
- “ Management and Coordination
- “ M&E
- “ Support has mainly been guided by the national HIV & AIDS strategic plan (ZNASP)
- “ Thus Round 11 application shall be guided by the new ZNASP (ZNASP II- 2011-15)

Available - R8 P1 Budget

| Component | Phase 1 Budget (Jan 2010- Dec 2011) |
|--------------|--|
| HIV & AIDS | 84,641,215 |
| TB | 28,236,112 |
| Malaria | 32,810,290 |
| HSS | 34,271,524 |
| Total | 179,959,142 |

Grant Allocation - R8 P1

| Product category | | Year 1 | Year 2 | Total phase 1 |
|--|--|-------------------|-------------------|-------------------|
| 1 | Pharmaceuticals | 18,702,355 | 3,007,746 | 21,710,101 |
| 2 | Health products & commodities (non pharmaceuticals) | 5,599,072 | 8,133,325 | 13,732,397 |
| 3 | Health equipment | 2,104,580 | 0 | 2,104,580 |
| 4 | Services | 5,643,384 | 3,200,605 | 8,843,989 |
| 5 | Non-health products and services | 2,981,400 | 289,000 | 3,270,400 |
| Total | | 35,030,792 | 14,630,676 | 49,661,467 |
| Total grant size (US \$) | | 53,170,784 | 31,470,431 | 84,641,215 |
| Total procurement as % of grant | | 65.59% | 46.49% | 58.67% |

Grant Allocation - R8 P1

| Product category | | Year 1 | Year 2 | Total phase |
|--|--|-------------------|------------------|-------------------|
| 1 | Pharmaceuticals | 2,026,242 | 2,061,137 | 4,087,378 |
| 2 | Health products & commodities (non pharmaceuticals) | 565,815 | 615,815 | 1,181,630 |
| 3 | Health equipment | 3,092,000 | 324,000 | 3,416,000 |
| 4 | Services | 1,366,102 | 713,375 | 2,079,477 |
| 5 | Non-health products and services | 3,495,600 | 893,000 | 4,388,600 |
| Total | | 10,545,759 | 4,607,327 | 15,153,086 |
| Total grant size (US \$) | | 18,768,436 | 9,467,676 | 28,236,113 |
| Total procurement as % of grant | | 56.19% | 48.66% | 53.67% |

Programme Achievements – HIV

- “ 26,767 HIV infected pregnant women received ARV prophylaxis
- “ 894,839 people received HIV counselling and testing with results.
- “ 282,916 adults and children received ART
- “ 1799 health care personnel were trained in comprehensive HIV and AIDS management to enable them to deliver health services.
- “ 569 ward level child protection committees are functional in making sure that orphans and vulnerable children (OVC) are reached by basic care and support interventions

Programme Achievements – TB

- “ Improved access to HIV testing and counselling for TB patients
- “ Health workers trained in TB Case management;
- “ Increased percentage of all TB patients treated under Direct Observation either by health workers or trained community DOT volunteers
- “ 239 media personnel were trained in TB prevention and dissemination
- “ 320 Microscopists were trained

Programme Achievements –HSS

- “ 8,432 Community Health Workers were trained
- “ 7,015 Community Health Workers were paid some allowances
- “ 18,860 Health Workers have been paid retention allowance and this went a long way in improving the staff moral.



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Top P1 Achievements

- “ Procurement of vehicle
- “ Procurement of computers and printers
- “ Renovation of health facilities

Funding Opportunities for HIV in Zimbabwe

” Round 8 Phase 2 Funding (Jan 2012-Dec 2014)

- ✓ The Country has started preparing the plans & budgets for Round 8 Phase 2 grant and the funds are expected to start flowing from January 2012.
- ✓ The amount approved will depend on the performance of the Round 8 Phase 1 grant.
- ✓ Phase 2 application offers the country an opportunity to reprogramme the already approved Round 8 Phase 2 grant before its implementation.

Funding Opportunity - R8 P2 Amounts

| Component | Total Round 8 Budget | Phase 1 Approved for Disbursements | Phase 2 Budget (2012-14) |
|--------------|----------------------|------------------------------------|--------------------------|
| HIV&AIDS | 296,752,070 | 84,641,215 | 209,930,340 |
| TB | 58,298,297 | 28,236,113 | 34,547,555 |
| Malaria | 59,568,673 | 32,810,290 | 23,558,538 |
| HSS | 81,748,254 | 34,271,524 | 46,763,916 |
| TOTAL | 496,367,294 | 179,959,142 | 314,800,350 |

Future GF Funding Opportunities – Round 11

- “ The call for round 11 applications is expected to open in August 2011

- “ The proposals will be due for submission in December 2011

- “ Outcome will be known after GF board meeting in April/May 2012.

- “ The CCM has since resolved that Zimbabwe will apply for TB, HIV and HSS under round 11

Challenges in GF Processes

- 1. Poor attendance to and contributions in CCM meetings by government sector representatives**
- 2. No budgetary nor treasury support to GF resource mobilisation processes. CCM processes are mostly funded by UN and development partners.**
- 3. Limited and delayed supply of key information at various stages of GF processes by key Ministries.**
- 4. GF Brings additional resources however in some instances it ends up being the main funder of activities e.g. for TB and Malaria. GF is supposed to be the funder of last resort.**
- 5. Funding gaps in programmes created by the nomination of UNDP as the PR for all Zimbabwean Grants requires supplementary support from in-country.**
- 6. Resource mobilisation challenges at GF level requires Government to strategise in the event of GF failure to meet obligations (on time).**