Zimbabwe Health Sector HIV and STI Strategy

2021-2025

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Foreword

Zimbabwe has recorded significant progress in the response to HIV and AIDS in the recent past. Notably, there has been a decline in both the incidence and prevalence of HIV, while the number of people receiving antiretroviral therapy (ART) has increased. HIV incidence declined from 0.98% in 2013 to 0.48% in 2016, while HIV prevalence also declined from 15% to 13.7% during the same period. Also, in 2018, a total of 8,320 new infections were averted through the Prevention of Mother-to-Child Transmission (PMTCT) programme. Averting of new HIV infections among the new-borns provides hope and a solid platform upon which future prevention programmes can be strengthened so as to achieve the 90-90-90 fast track targets to end AIDS by 2030. The number of people accessing treatment rose from 975,667 in 2016 to 1,148 329 in 2019, whereas, the number of AIDS-related deaths has also been steadily declining with 63,000 deaths averted owing to the increased provision of ART in 2018.

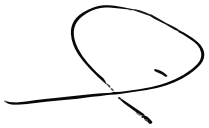
The Ministry of Health and Child Care (MoHCC) collaborated with national and international partners to respond to the HIV pandemic through programmes falling under four main thematic areas, namely: HIV Prevention, elimination of Mother To Child Transmission (eMTCT), HIV Care and Treatment (for children, adolescents and adults) and Strategic Information for HIV programmes. All these aforementioned thematic areas have previously had programme specific strategies developed and implemented as guided by the extended Zimbabwe National HIV/AIDS Strategic Plan (Extended ZNASP III, 2015 - 2020). Together with its funding and technical partners, the MoHCC, reviewed the existing programmes and the current strategies in 2019, with a specific aim to developing a joint Health Sector Response for HIV, AIDS and STIs (2021 - 2025). This approach will prevent the verticalisation of programmes and improve programme coordination and implementation, leading to the cost-efficient utilization of resources.

To sustain the trajectory in the reduction of new HIV infections achieved over the years, high impact interventions contained here-in will target children, adolescents, young people, girls, and women among other key and vulnerable populations. This joint Health Sector Strategic Plan for HIV, AIDS and STIs is outcomes-based and specifically seeks to achieve several outcomes including:

- reduction of the HIV incidence among adults and adolescents by 50% from 0.48% in 2016 to 0.24 % by 2025;
- reduction of new HIV infections among children, to less than 50 cases per 100 000 by 2025;
- reduction of HIV and AIDS-related mortality by 50% for both adults and children by 2025; and
- eradication of HIV related stigma and discrimination by 2025.

In addition, the joint Health Sector Strategy is designed to promote smart investments for more focused and high impact interventions, allowing for hybrid financing by Government on one hand and by donors and partners on the other.

The Government of the Republic of Zimbabwe remains committed to the national response to HIV and AIDS. We would like to thank stakeholders, partners and donors for their continued support throughout the process of developing the joint Health Sector Strategy, until its finalisation. All stakeholders, partners and donors are urged to continue fulfilling their commitments, as well as supporting the MoHCC as it leads the way in a new phase of accelerated implementation of high impact interventions aimed at closing the tap of new HIV infections, ensuring universal ART coverage and viral load suppressions, while also addressing co-infections of non-communicable diseases. Together we can End AIDS by 2030.



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Acknowledgements

The joint Health Sector Response for HIV, AIDS and STIs Strategy (2021 - 2025) was developed through a participatory and extensively consultative process involving significant contributions and support from people living with HIV, public sector partners, cooperating partners, civil society organizations, private sector organizations and other various stakeholders.

We wish to express our profound gratitude to all individuals and organizations that contributed invaluably to the process of developing the joint Health Sector Response for HIV, AIDS and STIs Strategy (2021-2025). We are most grateful for the technical input from cadres in the Ministry of Health and Child Care, the National AIDS Council, and our Technical and Funding partners for their role in finalising the document.

The technical input from the Steering Committee and relevant thematic groups that were involved and participated in the Strategic Document preparation are also gratefully acknowledged. We thank all stakeholders and our partners who gave their time to work on different aspects of this process. We also take this opportunity to convey special thanks to the UN family, PEPFAR and CHAI for providing necessary technical assistance.

We cannot overexpress our gratitude to all others who have contributed and provided support in one way or the other in the development and production of this strategy. We look forward to continued partnership and your invaluable support.

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
OI/ART	Opportunistic Infections/Antiretroviral Therapy
ANC	Antenatal Care
CARGS	Community ART Refill Groups
CATS	Community Adolescents Treatment Support
CeSHHAR	The Centre for Sexual Health and HIV AIDS Research
CSOs	Civil Society Organisations
TLD	Tenofovir Lamivudine Dolutegravir
DSD	Differentiated Service Delivery
EGPAF	Elizabeth Glazer Paediatric AIDS Foundation
EHR	Electronic Health Records
EID	Early Infant Diagnosis
EMTCT	Elimination of Mother to Child Transmission of HIV
ePMS	electronic Client Monitoring System
FARGS	Family ART Refill Groups
FSW	Female Sex Worker
EQA	External Quality Assurance
HIV	Human Immunodeficiency Virus
HIVST	HIV Self Testing
HTS	HIV Testing Services
HPV	Human Papilloma Virus
KPs	Key Populations
LGBT	Lesbian Gay and Transgender
LTFU	Lost to Follow Up
MOHCC	Ministry of Health and Child Care
MMSD	Multi-Month Scripting and Dispensing
MSMs	Men who have Sex with Men
MOT	Modes of Transmission Study
NAC	National AIDS Council
OSDM	Operational Service Delivery Manual

OVC	Orphans and Vulnerable Children
NASA	National AIDS Spending Assessment
NatPharm	National Pharmaceutical Company
NMRL	National Microbiology Reference Laboratory
NVP	Nevirapine
NACS	Nutrition Assessment and Counselling
PBF	Performance-Based Financing
PCR	Polymerase Chain Reaction
PEPFAR	The U.S. President's Emergency Plan for AIDS
PLWHIV	People Living with HIV
POC	Point of Care
PrEP	Pre-Exposure Prophylaxis
PSI	Population Services International
PWD	People With Disabilities
PWIDs	People Who Inject Drugs
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SOP	Standard Operating Procedure
STIs	Sexually Transmitted Infections
SRH	Sexual Reproductive Health
TAT	Turn Around Time
TB	Tuberculosis
TPT	TB Preventive Therapy
U=U	Undetectable=Untransmittable
UIC	Unique Identifier Codes
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	The U.S. Agency for International Development
VMMC	Voluntary Medical Male Circumcision

VL	Viral Load
WHO	World Health Organization
ZADS	Zimbabwe ART Distribution System
ZAPS	Zimbabwe Assisted Pull System
ZDHS	Zimbabwe Demographic Health Survey
ZIMPHIA	Zimbabwe Population-Based HIV Impact Assessment
ZILACODS	Zimbabwe Laboratory Commodities Distribution System
ZNASP	Zimbabwe National AIDS Strategic Plan

Executive Summary

Almost four decades into the HIV epidemic, Zimbabwe has made significant strides towards ending AIDS by 2030. New infections and AIDS-related deaths have reduced significantly. Zimbabwe is one of the five countries in East and Southern Africa that have had a 50% reduction in AIDS-related deaths since 2010. The country has already met the first two 90s of the UNAIDS 90-90-90 fast track targets and will certainly meet the third 90 in 2020. This first joint health sector strategy is set to catapult the country towards ending AIDS by 2030. The strategy was developed over a six months period through a consultative process involving stakeholders at all levels including at community level. The strategy, which envisions an AIDS-free Zimbabwe, will be implemented through eighteen strategic objectives and strategies organised under four thematic areas of combination prevention; HIV care and treatment; community engagement; gender equality and human rights; and resilient and sustainable health systems. Table 1 below provides a summary of the Zimbabwe Health Sector HIV and STIs Strategic plan 2021 to 2025.

Table 1. A summary of the Zimbabwe Health Sector HIV and STIs Strategic plan 2021 to 2025.

Vision: An AIDS-free Zimbabwe generation where all populations have healthy lives and wellbeing	
Goal: To accelerate the country's response towards ending AIDS as a public health problem in Zimbabwe by 2030	
Sub-goals To reduce HIV incidence in Zimbabwe by 50% from 0.5% in 2018 to less than 0.25% by 2025 To reduce AIDS-related deaths in Zimbabwe by 60% from 21, 800 in 2018 to less than 10,000 in 2025 To significantly reduce HIV and AIDS-related stigma and discrimination among all populations by 2025	
Strategic objectives	**Strategies**
Thematic area 1: Combination prevention	
SO 1: 95 % of PLWHIV in all regions and among all populations know their status	Strategy 1. Effective management of HTS programme Strategy 2. Targeted HTS demand generation Strategy 3. Capacity building for HTS providers Strategy 4. Quality HIV testing service provision
SO 2: 90% of people at substantial risk of HIV acquisition have access to and utilise PrEP	Strategy 1. Advocacy for increased and sustainable funding for PrEP Strategy 2. Innovative, targeted demand creation for PrEP Strategy 3. Strengthen provision of quality PrEP services at all level
SO 3: 80% VMMC coverage attained in all districts	Strategy 1. Strengthen VMMC programme management and coordination Strategy 2. Increase availability and accessibility of VMMC services Strategy 3. Targeted, innovative and evidence-based demand creation Strategy 4. Enhance quality in the provision of VMMC services Strategy 5. Advocate for adequate funding for VMMC
SO 4: 90% key populations have access to and utilise quality HIV combination prevention interventions	Strategy 1. Create an enabling environment for the KP response Strategy 2. Build the capacity of public sector facilities to provide quality and integrated KP-friendly services Strategy 3. Generate demand for and increase uptake of HIV and STI services by KP Strategy 4. Improve service delivery for KP

Vision: An AIDS-free Zimbabwe generation where all populations have healthy lives and wellbeing	
Goal: To accelerate the country's response towards ending AIDS as a public health problem in Zimbabwe by 2030	
SO 5: 90% of vulnerable groups are reached with quality HIV and STI prevention	Strategy 1. Creating an enabling environment for VG response Strategy 2. Strengthen service delivery for VG at all levels
SO 6: 90% of those sexually active reached with STI diagnosis, management and treatment	Strategy 1: Harmonisation and strengthening the national response to the prevention of STIs, including, community-based, community-led preventive and referral mechanisms Strategy 2: Provision of norms and standards for patient-centred care of persons presenting for STI care Strategy 3: Strengthen capacity building of the health system on STI diagnosis and treatment through training, supportive supervision and mentorship
SO 7: 90% of people engaged in multiple relationships consistently and correctly use condoms	Strategy 1. Advocate for increased domestic and global funding for condom procurement and programming Strategy 2. Increase access to and availability of condoms and lubricants through targeted demand creation Strategy 3. Diversify condom distribution, marketing approaches and platforms
SO 8: To achieve and sustain MTCT of HIV at less than 5% and congenital syphilis at less than 250 cases per 100 000 live births	Strategy 1. Promote early ANC booking, testing and initiation to treatment Strategy 2. Strengthen prevention of unintended pregnancies among women and adolescents living with HIV Strategy 3. Strengthen EMTCT and RMNCAH and N integration Strategy 4. Enhance adherence and retention in care for HIV positive pregnant and lactating women, their HEI and partners Strategy 5. Strengthen prevention of incident infections especially during pregnancy and breastfeeding period
Thematic area 2: HIV care and treatment	
SO 9: 95 % of PLWHIV who know their status in all regions and among all populations are receiving treatment	Strategy 1. Enhance retention in treatment and care for infants and children Strategy 2. Optimize linkages to treatment and retention for adults with a focus on men Strategy 3: Promote the use of a minimum package of services for individuals testing HIV-negative including risk assessment and reduction, condoms, PrEP and VMMC Strategy 4. Strengthen optimization of treatment regimens Strategy 5. Prevention and monitoring of HIV drug resistance Strategy 6. Strengthen viral load monitoring Strategy 7. Scale-up quality improvement activities Strategy 8: Strengthen TB and HIV collaborative activities Strategy 9: Strengthen the management of advanced HIV disease and Opportunistic infections including cryptococcal meningitis Strategy 10. Strengthen the integration of NCDs and mental health into HIV care and treatment Strategy 11. Strengthen the integration of hepatitis screening, care and treatment into HIV and STI response
SO 10: 95 % of people on treatment in all regions and among all populations achieve viral suppression	
SO 11: 95 % PLWHIV have increased access to screening, prevention, management and treatment for HIV including TB, NCDs, STIs, Hepatitis	
Thematic area 3: Community engagement, gender equality and human rights	
SO 12: An engendered HIV and STI response that meaningfully engages communities and is human rights centred	Strategy 1. Address Stigma and discrimination in access and utilisation of HIV and STIs services Strategy 2. Enhance facility community linkages and coordination in the delivery of HIV and STIs services Strategy 3. Strengthen the capacity of community groups including networks of PLWHIV, adolescents and young people and key populations to participate in HIV response Strategy 4: Address community vulnerability issues which impact on their access to HIV an STIs services Strategy 5: Address policy and legal barriers that hinder access to HIV and STI prevention services Strategy 6: Strengthen gender mainstreaming in HIV and STI response

Vision: An AIDS-free Zimbabwe generation where all populations have healthy lives and wellbeing	
Goal: To accelerate the country's response towards ending AIDS as a public health problem in Zimbabwe by 2030	
Thematic area 4: Resilient and Sustainable Health Systems and other cross-cutting issues	
SO 13: To strengthen leadership and governance for provision of HIV and STIs services at all levels	Strategy 1. Increased investment for HIV and STI response Strategy 2. Strengthen coordination and integration in HIV and STI response Strategy 3. Strengthen leadership and governance for HIV and STI response
SO 14: To improve data quality and use for effective HIV and STIs response	Strategy 1. Improve HIV and STI data quality and use for decision making Strategy 2. Scale-up the use of electronic systems in HIV and STI information management Strategy 3. Strengthen HIV and STIs monitoring and evaluation, surveillance and operations research Strategy 4. Strengthen HIV and STIs reporting by the private sector Strategy 5. Strengthen HIV and STIs reporting by uniformed services
SO 15: To promote adequate, skilled and motivated human resources for effective HIV and STI response	Strategy 1. Partnership with human resources directorate to increase staff recruitment, motivation and retention Strategy 2. Build the capacity of staff to deliver quality HIV and STI services
SO 16: To ensure uninterrupted availability of HIV and STI commodities and supplies at all levels	Strategy 1. Procurement of adequate and quality HIV and STI commodities and supplies Strategy 2. Strengthen appropriate storage, inventory management and distribution of HIV and STI commodities Strategy 3. Support roll out of Logistics Information Management Systems
SO 17: To strengthen Laboratory systems for effective HIV and STI response	Strategy 1. Strengthen coordination in the provision of laboratory services for HIV and STI Strategy 2. Implement an integrated sample transportation system Strategy 3. Strengthen provision of quality HIV, STI and Hepatitis laboratory services Strategy 4. Increase coverage for HIV and STIs laboratory services with special focus on VL testing, EID and HIV DR
SO 18: To strengthen the Country capacity for HIV and STIs response in humanitarian settings	Strategy 1. Strengthen country preparedness for HIV and STI response in humanitarian settings Strategy 2. Strengthen country response for HIV and STIs service delivery during humanitarian settings

- Guiding principles
- Country owned and country led
- Ensure universal health coverage
- Geo-demographic Targeting
- Integration of Services
- Evidence-based programming
- Equity in access to quality HIV and STI services

To ensure implementation and the highest level of accountability, the Minister of Health and Child Care will have the overall responsibility for implementing the strategy. With regards to geographical and sub-population targeting, each province will mobilise their districts to develop district-specific plans aligned to this national strategy.

Financing the Strategy

To fully implement this strategy, a total of US$1.16 billion will be required between 2021 and 2025, with an average annual need of $232 million. Medicines, laboratory, and diagnostic commodities are the largest cost drivers at $909 million (79% of total strategy costs), and programme activity costs will require $248 million (21% of total strategy costs). Over the 5-year period, *Care and Treatment* has the highest cost of $592 million (51% of total strategy cost) mainly due to medicines, commodities, and laboratory equipment. *Combination Prevention* follows with a cost of $457 million (40% of the total strategy cost) mainly focused on combination prevention including PMTCT, VMMC, HIV testing, as well as ensuring access to condoms, Prep and STI treatment.

Zimbabwe faces a severely constrained fiscal space for health, limiting the government's ability to increase domestic financing for HIV services drastically. The changes in currency regime and consequent devaluation of the local currency have led to hyperinflation, reduced economic activity and a dwindling tax base. Over the next five years, the country will continue to develop evidence and analyses needed to lobby for additional financing for health and HIV. Innovative mechanisms including sin taxes, public-private partnerships and development impact bonds will continue to be explored. Allocative and technical efficiencies will enable the country to achieve value for money in the utilisation of available funding. These efficiencies can be unlocked at various levels including strategic, governance and operational levels. Value-based and cost-efficient approaches will be implemented by both the government, development, and private sectors. As the strategy was developed, programmatic approaches to efficiency such as integration of HIV services, are reflected in the main strategic approaches adopted through this integrated strategy.

Figure 1: Zimbabwe Administrative Zones

1 Introduction

1.1 Country Context

Zimbabwe measures about 390,757 square kilometres and has a total population of 13,061,239 people, with 6,280,539 being males and 6,780,700 being females. The country has a young population with those below the age of 15 years representing 41% of the total population. It is a land-locked country in Southern Africa bordering Mozambique in the east and northeast, South Africa in the south, Botswana in the west, and Zambia in the north and northwest. The country is divided into ten provinces and 63 districts. The ten provinces are Bulawayo, Harare, Manicaland, Mashonaland East, Mashonaland Central, Mashonaland West, Matabeleland North, Matabeleland South, Masvingo and Midlands.

Table 1: Population Distribution by Province

Province	Male	Female	Total	% of total
Bulawayo	303,346	349991	653337	5%
Manicaland	830,697	922001	1752698	13%
Mashonaland Central	567,140	585380	1152520	9%
Mashonaland West	747,475	754181	1501656	11%
Mashonaland East	651,781	693174	1344955	10%
Matabeleland North	360,776	388241	749017	6%
Matabeleland South	326,967	356926	683893	5%
Midlands	776,012	838929	1614941	12%
Masvingo	6,907,49	794341	1485090	11%
Harare	1,0255,96	1097536	2123132	16%
Total	**6,280,539**	**6,780,700**	**13,061,239**	**100%**

Source: Population Census Report, 2012

1.2 Zimbabwe Health Service Deliver Structure

The National Health Sector Strategic Plan categorises health service providers in Zimbabwe as being public health facilities, not-for-profit organisations, the faith-based organisations, company-operated clinics such as those owned by mining companies, the private-for-profit clinics, and the traditional medicine sector. The country has a decentralised health care delivery system with the central Ministry of Health and Child Care being responsible for policy, regulation and administrative guidance; human resource planning; donor coordination, resource mobilisation and allocation as well as surveillance, monitoring and evaluation. The Provincial Medical

Office is responsible for the management of the provincial hospital and all district health offices within the province, while the district health office administers the district hospital and all the rural health facilities within the district. The public health system has four tiers as described below.

1.2.1 Primary Health Care Facilities

The primary health care facilities (PHC) form the first level of entry to the health care system and comprise rural health centres, rural hospitals and urban clinics.. The PHC facilities provide the following basic services: essential services package including those for reproductive, maternal, newborn, child and adolescent health (RMNCAH) services, comprising antenatal care, comprehensive PMTCT services, normal delivery, postnatal care, as well as the integrated management of neonatal and childhood illnesses (IMNCI), immunization, growth monitoring, treatment of common diseases, HIV testing services, provision of Antiretroviral services, among others. The village health workers programme provides linkage of the PHC facilities to the communities.

1.2.2 District/Mission Hospitals

These comprise government district hospitals and mission hospitals of the same designation as in districts that are not served with a government hospital. Services provided at this level include those provided at the PHC level, diagnostic, surgical procedures, emergency obstetric and newborn care services (EmONC), comprehensive PMTCT services, treatment of opportunistic infections and provision of ART and blood transfusion.

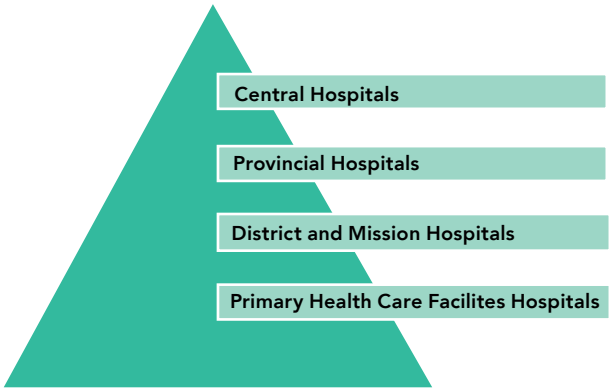
1.2.3 Provincial Hospitals

These are the highest referral health facilities at the provincial level and are staffed with specialists in different disciplines. In addition to the package of services provided at district hospitals described in the paragraph above, provincial hospitals are mandated to provide management of complicated newborn (pediatric), child, mother (obstetrics and gynecological) and adult medical complications as well as surgical referrals from the district hospitals.

1.2.4 Central Hospitals

These are the apex in the hierarchy of health care in the country and provide both the highest level of care for all referred cases, as well as providing training of medical, nursing and paramedical personnel. Figure 2 below shows the hierarchy of the Zimbabwe Health Service Delivery Structure.

Figure 2: Zimbabwe Health Service Delivery Structure



1.3 Overall Health Indicators

Albeit at a slow pace, Zimbabwe has made progress in improving overall health indicators. The most recent data shows that despite the health systems challenges that the country has faced in recent years, there has been an improvement in maternal mortality ratio and child mortality rates. The most recent data shows that the maternal mortality ratio improved from 480 per 100,000 live births in 2015 to 458 per 100,000 live births in 2018 (world bank data base). During the same period, infant and under-five mortality rates improved from 57 to 50.3 per 1000 live births respectively. The country has good coverage of RMNCH interventions across the continuum presenting an opportunity for integrating HIV response. Table 2 below provides a summary of selected health indicators in Zimbabwe.

Table 2: Summary of Selected Health Indicators in Zimbabwe

Maternal mortality ratio	458[1]
Under-five mortality rate	50.3[2]
Infant mortality rate	36[3]
Neonatal mortality rate	22[4]
Gross national income per capita (PPP international $, 2013)	1,560
Fertility rate	3.7
Adolescent fertility rate (births per 1000 women ages 15-19)	86
Skilled Birth Attendant (SBA)	78%[5]
Contraceptive prevalence rate	67
Life expectancy at birth m/f (years, 2016)	60/63
Total expenditure on health per capita (Intl $, 2014)	115
Total expenditure on health as % of GDP (2014)	6.4

1 https://knoema.com/atlas/Zimbabwe/Maternal-mortality-ratio
2 https://data.unicef.org/country/zwe/
3 https://data.unicef.org/country/zwe/
4 https://data.unicef.org/country/zwe/
5https://data.unicef.org/country/zwe/

1.4 Zimbabwe Economic Status

Zimbabwe has a weak macroeconomic environment resulting from multiple factors including inadequate external inflows, low international commodity prices that keep liquidity conditions tight, and an appreciating United States dollar (USD). Given the weak economic situation, most of the programmes are heavily dependent on support from development partners raising serious concerns on sustainability at the end of the donor funding. The net effect of the poor macro-economic situation is that the majority of households and individuals cannot afford health services and that the Government of Zimbabwe cannot adequately fund health services including HIV and STI programmes.

According to the most recent International Monetary Fund (IMF) report, capital expenditure has declined from about 13% of total expenditure in 2012 to 7% in 2015; and total investment as a share of Gross Domestic Product (GDP) dropping by 2% from 13% in 2013 to 11% in 2015[6].

The same report notes that inflow of official development assistance (ODA) as a share of GDP declined from 7% in 2013 to just over 3% in 2015, and GDP growth which was 10% in 2012 declined to 3.8% in 2014 and down to 1.1% in 2015. Total tax revenues account for barely 27% of the GDP. The country has a huge debt burden estimated in 2015 at US$ 8.368 billion, of which US$1.290 billion was domestic debt, whilst US$7.078 billion was external debt. The debt burden affects the country's ability to access funding for financing the health sector including for the purchase of commodities such as ARVs. The country's Inflation rate was estimated in 2015 as being negative at -2.5%[7]. Moreover, the continued depreciation of the rand against the US dollar has undermined the competitiveness of the country's exports. The rand has lost over 13% of its value against the US dollar since January 2015, a development which has also seen Zimbabweans increasingly preferring trading with the US dollar to the rand in conducting business transactions and as a store of value.

1.5 Possible Risks and Mitigation

The most possible risks during the strategy period include natural disasters such as flooding and drought and the worsening economic situation in the country. Humanitarian disasters such as flooding, and drought increase vulnerabilities among communities especially those living with HIV making it difficult to access timely HIV and STI services including prevention, care and treatment. Additionally, resulting food insecurity increases risks of acquiring HIV especially among adolescent girls and young women. The worsening economic situation in the country has been reported as impacting on the procurement of ARVs as the country does not have adequate foreign currency. This has serious implications for putting people on treatment and ensuring viral suppression. The weak economic situation also makes it difficult for populations to access HIV and STIs services as they are likely not to afford related indirect costs such as transport.

To mitigate these risks, this strategy has proposed actions around strengthening the country's capacity in HIV and STIs response in humanitarian settings. Additionally, the strategy outlines the activities that have been proposed to address community vulnerabilities.

6 https://databank.worldbank.org/views/reports/reportwidget.aspx?Report_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=ZWE

7 https://www.afro.who.int/sites/default/files/2018-06/CCS%20Zimbabwe%20_2016-2020%20book.pdf

1.6 Strategy Development Process

This Health Sector HIV and STIs strategy was developed over a period of six (6) months (August 2019 to January 2020) through a consultative process that involved stakeholders at all levels including at community, facility, district; provincial and national levels. Groups involved in the strategy development included the MoHCC HIV and TB units and other relevant departments, development partners including Global Fund secretariat and PEPFAR, HIV programmes implementing partners, health service providers drawn from all levels, civil society organisations including networks of PLWHIV, key populations, adolescents and young people.

The strategy development had 5 phases: Planning, Programme review, Programme area consultations, Operational plan development and Costing as shown in Figure 3.

Figure 3: Strategy Development Process

2 HIV and STIs Situational Analysis

At the time of the development of this strategy, The Extended Zimbabwe National HIV and AIDS Strategic Plan (ZNASP III) was the overarching policy document that defined the country's vision, goal and objectives for HIV response. The ZNASP envisioned "A Zimbabwe with **zero new infections, zero discrimination** and **zero AIDS-related deaths,** leading towards ending AIDS by 2030". The goal of the framework is to contribute to achieving **improved wellbeing and healthy lives** for all population groups through universal access to HIV prevention, treatment, care and support services. To achieve this goal, the ZNASP III sought to implement the following four objectives.

1. To **reduce HIV incidence** among adults and adolescents by 50% from 0.48% in 2013 to 0.24% by 2020
2. To **reduce new HIV infections** among children to less than 50 cases per 100000 by 2020
3. To **reduce HIV/AIDS-related mortality** by 50% for both adults and children by 2020
4. To eradicate HIV related **stigma and discrimination** by 2020

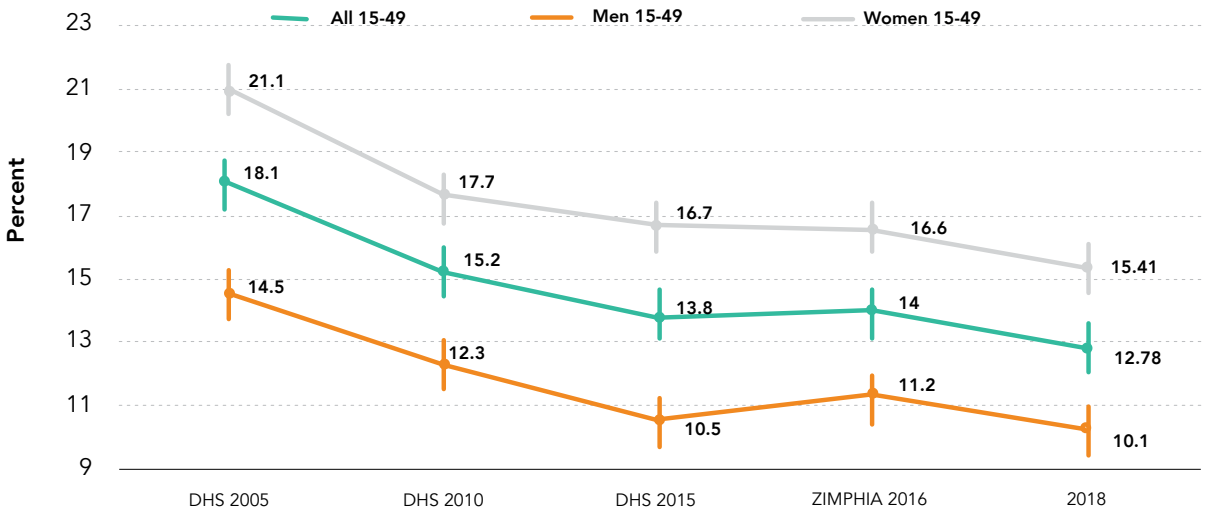
This section of the Health Sector Strategy for HIV and STIs discusses the country's progress towards the achievement of the four ZNASP III objectives.

The section presents the high-level state of the AIDS epidemic in Zimbabwe, specifically HIV prevalence, incidence and AIDS-related mortality. The lower level results are discussed as contextual analysis under the HIV programme areas of Combination prevention, Elimination of Mother to Child Transmission (EMTCT) of HIV and congenital Syphilis and HIV and AIDS treatment and care.

2.1 HIV Prevalence

The HIV Prevalence level among adults 15-49 years declined from 14.6% in 2015 to 12.78% in 2018. Figure 2 shows estimated HIV prevalence rate among the 14-49 age group (stratified by gender) from the latest Zimbabwe Demographic Health Survey (ZDHS 2005-2015), Zimbabwe Population-Based HIV Impact Assessment (ZIMPHIA) 2016 and 2018 Spectrum projections. As shown in figure 4, women continue to bear the biggest brunt of HIV.

Figure 4: Trends in HIV Prevalence



Source: Zimbabwe 2018 Spectrum Estimates

In addition to gender variation, available data show that there are significant variations in HIV prevalence by age. In general, the HIV prevalence rate in Zimbabwe seems to increase with age. Data from ZIMPHIA 2016 shows that the prevalence rate peaked at 28.1% among males aged 50-54 years and 29.5% among females aged 35-49 years age group. This age variation is also seen in SPECTRUM 2015-2018 data in which higher prevalence rates (12.78%) were found among adults (15-49 years] compared to children (1.46%) aged 0-14 years. Table 3 shows the HIV prevalence by age group.

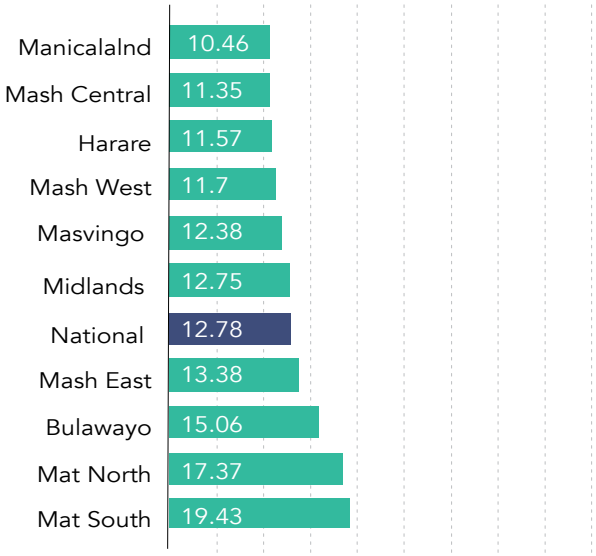
Table 3: HIV Prevalence by Age Group

Gender	Age Group	Estimated HIV prevalence rate			
		2015	2016	2017	2018)
All	15-49 years	13.79 %	13.46 %	13.12 %	12.78 %
All	15-24 years	4.91 %	4.77 %	4.62 %	4.45 %
M	15-24 years	3.41 %	3.36 %	3.29 %	3.2 %
F	15-24 years	6.39 %	6.16 %	5.93 %	5.7 %
All	0-14 years	1.74 %	1.62 %	1.55 %	1.46 %

Source: Zimbabwe 2018 Spectrum Estimates

Although Zimbabwe has a generalized epidemic with all provinces having an HIV prevalence above 10%, wide regional disparities exist. According to the 2018 SPECTRUM estimates, HIV prevalence ranges from 10.46% in Manicaland to 19.43 % in Matabeleland South province. In an HIV hot spot mapping exercise, districts were categorized into high, medium, and low risk areas based on HIV prevalence, incidence and presence of high-risk behaviours. Notably,the majority of districts fell in the medium-risk category. Country reports indicate that regional HIV prevalence estimates can mask small area differences, like at district level. The 2015 Hot Spot Analysis shows that all districts in Matabeleland South province, as well as Bulawayo, Bubi, Nkayi, Mazowe and Marondera are HIV risk hotspots. In addition, the prevalence of HIV is slightly higher in urban areas compared to rural areas. In 2015, the prevalence of HIV in urban and rural areas was approximately 14.0%. The majority of new HIV infections in Zimbabwe were found to occur in urban settings compared to rural settings although 68% of the population live in rural areas. There is a general trend that shows the southern provinces of the country that is, Matabeleland North and Matebeleland South having the highest prevalence rates. Figure 5 shows the HIV prevalence by province.

Figure 5: HIV Prevalence by Province

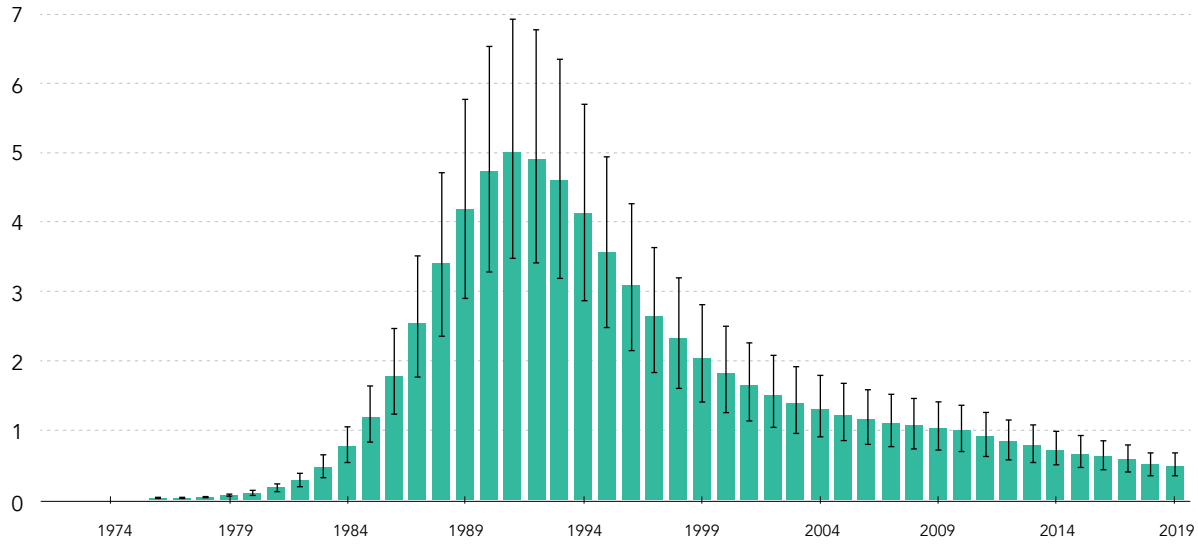


Source: Zimbabwe 2018 Spectrum Results

2.2 HIV Incidence

The number of new HIV infections in Zimbabwe has significantly declined. According to Zimbabwe HIV estimates report, in absolute numbers, new HIV infections among all adults 15+ years declined nationally from 61,700 in 2010 to 36,700 in 2017. Among children, a decline was noted from 11,900 in 2010 to 4,965 in 2018. Data from ZIMPHIA 2016, estimates national HIV incidence rate at 0.48%, a notable decline from 1.42% in 2011. The HIV incidence rate varies considerably by sex and age. Among the 15-24-year-old females, the rate was 0.53% compared to 0.14% among males for the same age group, indicating that women in Zimbabwe tend to acquire HIV at younger ages than men. Among individuals aged 15-49, HIV incidence was 0.67% among women compared to 0.28% among men. The 2017 Zimbabwe Modes of Transmission (MOT) study showed that most of the new infections, (more than 16,000 a year (24%) occurred among never married women. An estimated 12,786 new HIV infections occurred among young people aged 15-24 years, constituting 31% of the total number of new infections in the country. However, it is the young women who are disproportionately affected, accounting for 70% (8,973) of the new infections in this age group. In addition, in 2017, an estimated 5,093 new HIV infections occurred among adolescents aged 10-19. Figure 6 showing 2018 Zimbabwe Spectrum estimates indicates that the peak in HIV incidence rate occurred in the late 1990s when it reached about 4.6% in the 15-49 age group. This declined to <0.5% by 2017. Table 4 shows incidence by age and sex.

Figure 6: Trends in HIV Incidence



Source: Zimbabwe 2018 Spectrum Estimates

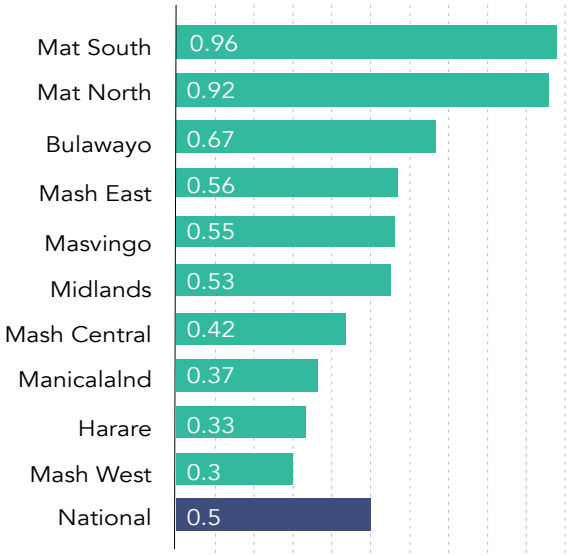
Table 4: HIV Incidence by Age Group and Gender

Age	Male		Female		Total	
	% annual incidence	95% CI	% annual incidence	95% CI	% annual incidence	95 % CI
15-24	0.14	(0.00, 0.37)	0.53	(0.13, 0.93)	0.34	(0.10, 057)
25-34	0.48	(0.00, 1.05)	1.11	(0.41, 1.80)	0.81	(0.34, 1.26)
35-49	0.38	(0.00, 0.91)	0.42	(0.00, 0.92)	0.4	(0.33, 0.77)
15-49	0.30	(0.07, 0.53)	0.69	(0.38, 1.00)	0.5	(0.30, 069)
15-64	0.33	(0.10, 0.55)	0.6	(0.33, 0.88)	0.47	(0.29, 0.65)

Source: ZIMPHIA 2015 to 2016

On HIV incidence by region, according to the 2018 SPECTRUM estimates, Matabeleland South had the highest incidence rate (0.96) while Mashonaland West had the lowest (0.3). Figure 7 shows trends in HIV infections.

Figure 7: Trends in New Infections



Source: Zimbabwe 2018 Spectrum Estimates

2.3 AIDS-Related Mortality

Zimbabwe has made significant progress in reducing AIDS-related deaths by increasing the coverage of ART. According to the UNAIDS update 2019, Zimbabwe is among the five countries in Eastern and Southern Africa that have had a more than 50% reduction in AIDS-related deaths since 1990. Based on programme data and 2018 SPECTRUM projections, annual AIDS-related deaths have declined by 59.8% from 54,200 in 2010 to 21,800 in 2018. The data further shows that AIDS-related mortality rate is higher among males (52%) than females. In 2018, the overall annual AIDS-related mortality was estimated at 21,801 being 18,503 among adults and 3,298 among children. Table 5 shows the estimated number of AIDS-related deaths by age group from 2015 to 2018. Though not very significant, the spectrum data shows a declining trend in AIDS-related deaths during the period under review.

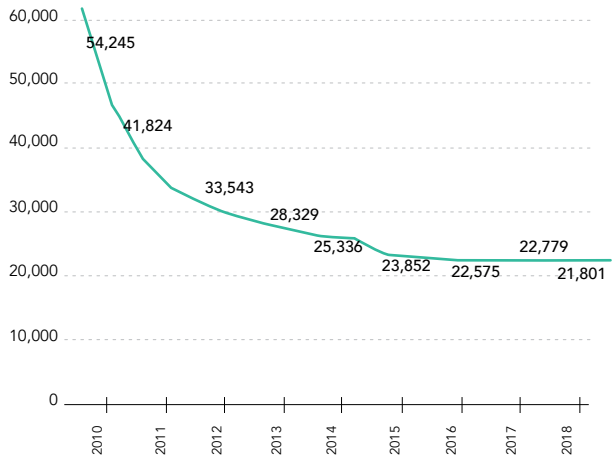
Table 5: Trends in AIDS-Related Deaths

Age category	Estimated number of AIDS-related deaths by year			
	2015	2016	2017	2018
Total (All age groups))	23,852	22,575	22,779	21,801
15+ years	18,943	18,706	18,648	18,503
0-14 years	4,909	3,869	4,130	3,298
10-19 years	2,241	2,032	1,845	1,704
15-24 years	2,305	2,263	2,299	2,346

Source: Zimbabwe 2018 Spectrum Estimates

The period between 2013 and 2015 represented the period with the most significant reduction in AIDS-related deaths. In less than 3 years, the number of deaths decreased by 50% from about 61,000 in 2013 deaths to 31,000 deaths in 2015. Figure 8 shows the trends in AIDS-related deaths since 2010.

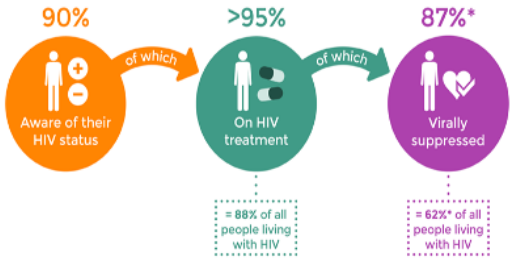
Figure 8: Trends in Annual AIDS-Related Deaths



Source: Zimbabwe 2019 Epidemic Report

lagging behind on the achievement of the first 90. The country has achieved and surpassed the 2nd 90 now reported to be more than 95%. Figures 9 and 10 show the progress on the 90-90-90 and Zimbabwe HIV epidemic status at a snapshot respectively.

Figure 9: Country Progress Towards 90-90-90 Targets

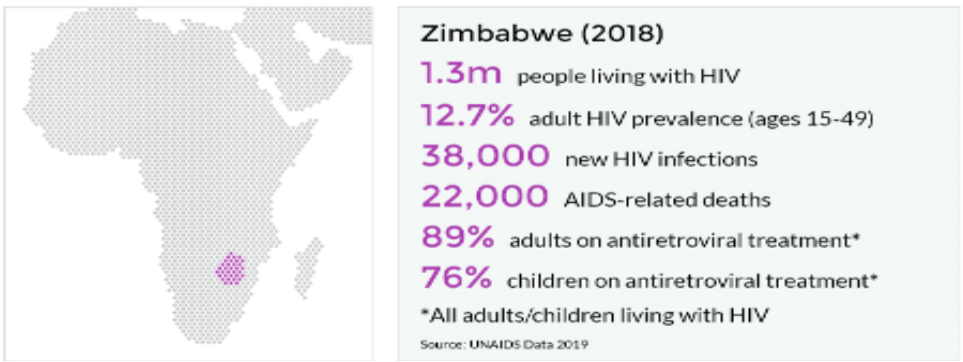


Source: AIDS 2019 Data

2.4 Progress Towards 90-90-90

Out of the country's estimated 1.3 million people living with HIV, the percentage of those knowing their HIV status was estimated at 90% in 2018. Compared to women (94%), men (86%) were

Figure 10: Zimbabwe AIDS Epidemic at a Snapshot




USAID
OPHID
HIV INDEX CASE TESTING
Syphilis Ab
Lifetouch

3. The Strategic Framework

3.1 Vision

An AIDS-free Zimbabwe generation where all populations have healthy lives and wellbeing.

3.2 Goal

Aligned to the Global strategy for Ending AIDS by 2030, the goal for the Zimbabwe Health Sector HIV and STIs strategy is: **To accelerate the country's response towards ending AIDS as a public health problem in Zimbabwe by 2030.**

3.3 Sub-goals

In response to the overall goal, this strategy will have 3 interlinked sub-goals:

a. To reduce HIV incidence in Zimbabwe by 50% from 0.5% in 2018 to less than 0.25% by 2025
b. To reduce AIDS-related deaths in Zimbabwe by 60% from 21, 800 in 2018 to less than 10,000 in 2025
c. Significantly reduce HIV and AIDS-related stigma and discrimination among all populations by 2025.

3.4 Strategic objectives (SO)

To achieve the stated goal and sub-goals, the country will implement 18 strategic objectives (SO) organised under four thematic areas as outlined below.

Thematic area 1: Combination prevention

SO 1: 95% of PLWHIV in all regions and among all populations know their status
SO 2: 90% of people at substantial risk of HIV acquisition have access to and utilise PrEP
SO 3: 80% VMMC coverage attained in all districts
SO 4: 90% key populations have access and utilise quality HIV combination prevention interventions
SO 5: 90% of vulnerable groups are reached with quality HIV and STI prevention
SO 6: Achieve and sustain MTCT of HIV at less than 5% and congenital syphilis at less than 250 cases per 100 000 live births
SO 7: 90% reached with STI diagnosis, management and treatment
SO 8: 90% of people engaged in multiple relationships consistently and correctly use condoms

Thematic area 2: HIV care and treatment

SO 9: 95% of PLWHIV who know their status in all regions and among all populations are receiving treatment
SO 10: 95% of people on treatment in all regions and among all populations achieve viral suppression

SO 11: 95% PLWHIV have increased access to screening, prevention, management and treatment for HIV including TB, NCDs, STIs and Hepatitis

Thematic area 3: Community engagement, gender equality and human rights

SO 12: An engendered HIV and STI response that meaningfully engages communities and is human rights centred

Thematic area 4: Resilient and Sustainable Health Systems and other cross-cutting issues

SO 13: Strengthened leadership and governance for provision of HIV and STIs services at all levels
SO 14: Adequate, skilled and motivated human resources for effective HIV and STI response
SO 15: Improved data quality and use for effective HIV and STIs response
SO 16: Uninterrupted availability of HIV and STI commodities and supplies at all levels
SO 17: Strengthened Laboratory systems for effective HIV and STI response
SO 18: Strengthened country capacity for HIV and STIs response in humanitarian settings

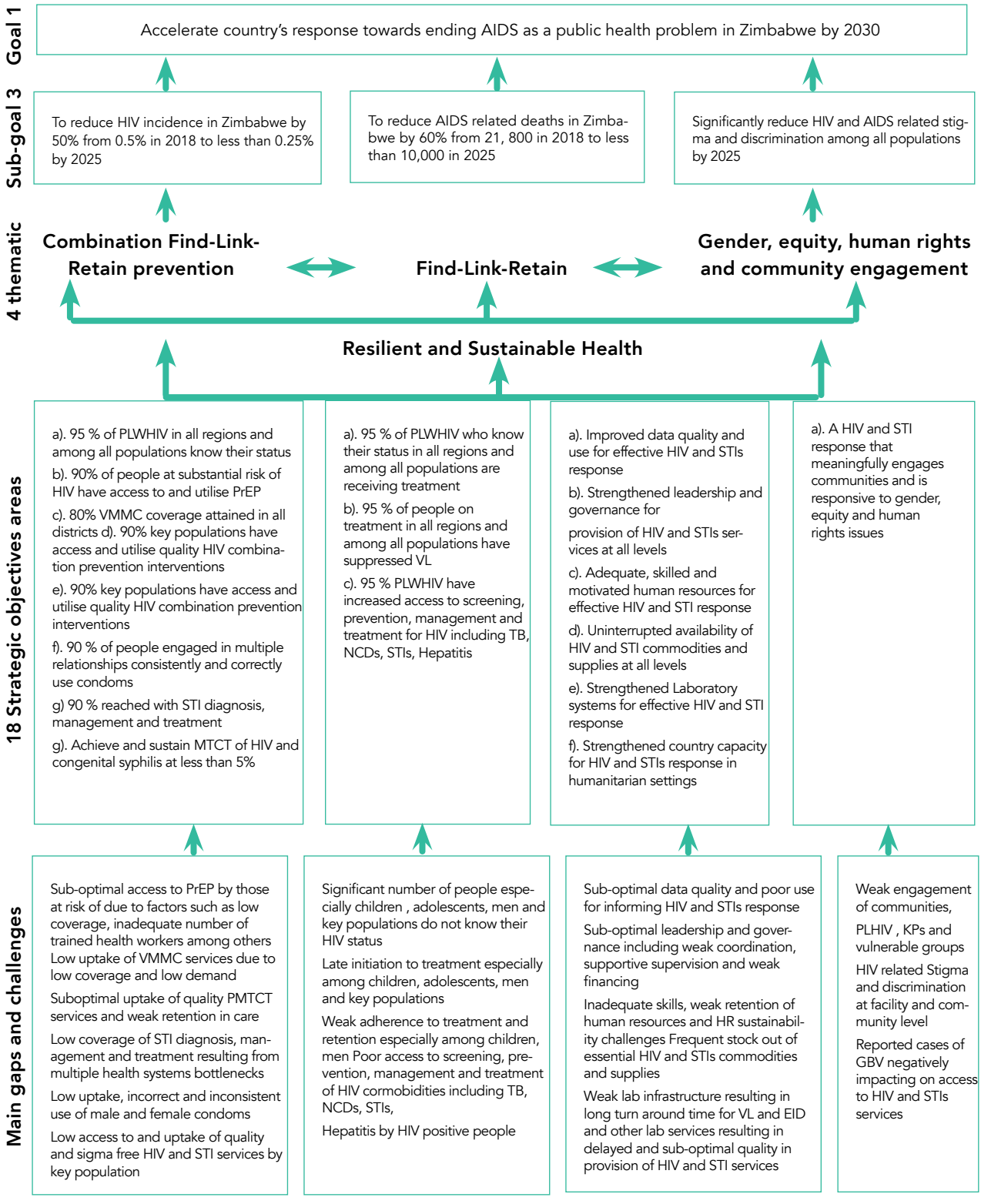
3.5 Guiding principles

The following guiding principles were followed in the development of this strategy and will be adhered to in its implementation. The principles align with global commitments especially Ending AIDS by 2030.

- **Country owned and country-led**. The Government of Zimbabwe, under the leadership of the MoHCC, will provide the needed leadership, ownership and coordination for an effective HIV and STI response.
- **Ensure universal health coverage.** The MOHCC will set up effective strategies to ensure that all people obtain HIV and STI services they need without suffering financial hardship.
- **Geo-demographic Targeting.** The strategy will ensure that interventions are provided to the right people, at the right place and at the right time to maximize impact. The MoHCC will zone the country and undertake routine granular analysis to ensure the response is targeted by region and subpopulation.
- **Integration of Services**. Integration promotes efficiency and effectiveness. The MoHCC will ensure HIV services are provided in an integrated manner with other health services and where possible with other social services. Within the health sector, the strategy will promote the integration of HIV services with RMNCAH, Non-Communicable Diseases (NCDs), TB and other health services.
- **Evidence-based programming**. With over 30 years into the epidemic, the interventions that work are now known. The MOHCC will support a response that utilises evidence and learns from implementation. The MoHCC will support operations research, documentation and scaling up of emerging best practices.
- **Equity in access to quality HIV and STI services**. The MoHCC will implement the call "No one should be left behind". Access to quality health services is a fundamental human right regardless of gender, socio-economic standing, religion, race or creed. In implementing this strategy, the MOHCC will put in place strategies to ensure that all regions and sub-populations in the country are reached.
- **Partnerships and strategic collaborations.** To ensure a multisectoral response, the MoHCC will partner and collaborate with different players in the public, non-governmental and private sector at all levels.
- **Communities and those who live in them (the People living with HIV)** are key pillars for an effective HIV response. The MOHCC will ensure strategic partnerships, greater and meaningful engagement of PLWHIV.

Figure 11 schematically presents the country's HIV and STIs strategic framework.

Figure 11: HIV and STIs Strategic Framework



4. Strategic Objectives, Strategies and Key actions

This section of the joint Health Sector HIV and STIs strategy presents the 18 strategic objectives organised by the 4 thematic areas, strategies and key actions to achieve them. The detailed activities under each key action are presented in the annexed three-year costed operational plan.

Under each strategic objective, the strategy presents a brief contextual analysis, the overall strategic focus and then the strategies and key actions.

4.1 Thematic area 1: Combination prevention

UNAIDS defines HIV combination prevention as rights-based, evidence-informed, and community-owned programmes that use a mix of biomedical, behavioural, and structural interventions, prioritized to meet the current HIV prevention needs of particular individuals and communities, so as to have the greatest sustained impact on reducing new infections. No single intervention is fully effective in preventing HIV infection and sexually transmitted infections (STIs). Districts and communities are not homogenous. As a result, a 'one-size-fits-all' approach to effective combination prevention does not exist as different populations are exposed to different HIV infection risks. This necessitates tailored interventions for different individuals.

Figure 12: Combination Prevention Interventions

Aligned to the UNAIDS Five Pillars of Combination Prevention[1], the Zimbabwe Health Sector Strategy for HIV and STIs includes the following combination prevention interventions:

i. HIV testing services
ii. Post-exposure prophylaxis
iii. Voluntary medical male circumcision
iv. Prevention with key populations
v. Prevention for vulnerable groups
vi. Condom programming
vii. STI prevention
viii. Elimination of MTCT of HIV and congenital Syphilis

4.1.1 Strategic Objective 4.1. 95% of people living with HIV know their status and are linked to prevention and care service by 2025

Background

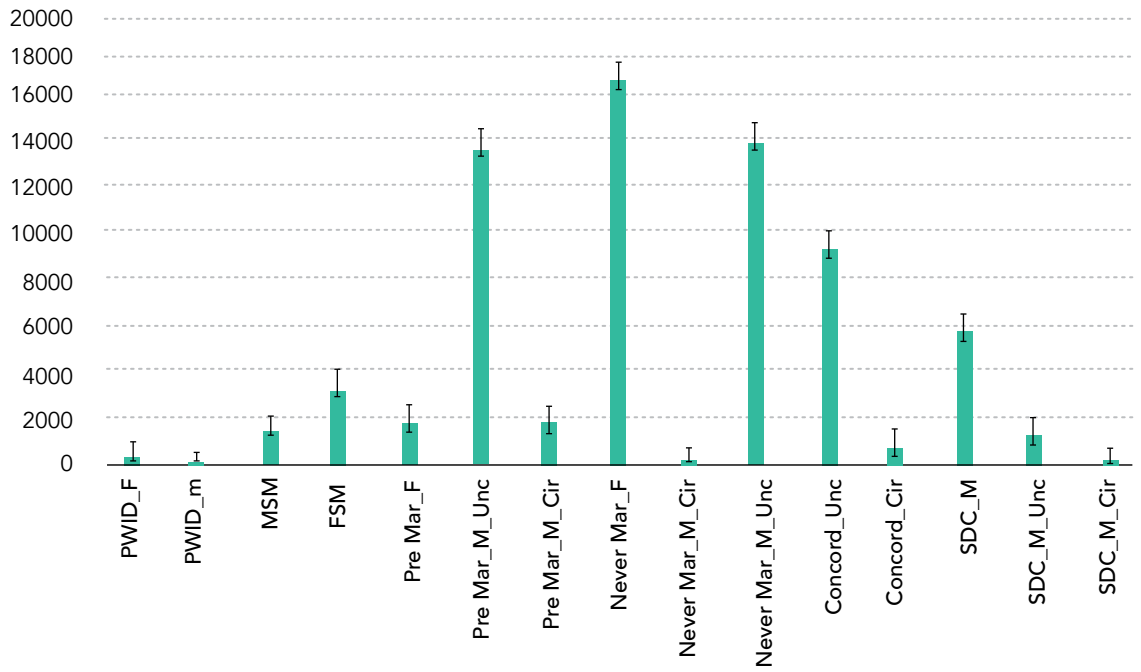
HIV testing is the entry point to prevention, treatment, care and support services. In Zimbabwe, HIV prevalence is 13.7% among adults aged 15-49 years (*females 16.7%, males 10.5%*). HIV incidence has shown an encouraging downward trend from 1.42% in 2011 to 0.98% in 2013 and 0.48% in 2016. Heterosexual HIV transmission accounts for 90% of new infections among men and women in Zimbabwe, while about 7.8% is through vertical transmission. The annual HIV incidence among persons aged 15 – 64 years showed that among those aged 15-24 years, the incidence among females (0.53%) was almost four times that of males (0.14%) and for the age group 25-34, it was twice (1.11%) that of males (0.48%) [ZIMPHIA 2016).

The 2017 Zimbabwe Modes of Transmission (MOT) study showed that out of the 30,500 new infections that occurred that year, over 16,000 infections (52.5%) occurred among never married women, of which 12,786 were among those aged 15-24 years - translating to 31% of all new infections in the country. Among all new infections in the age group 15 to 24 years, young women were disproportionately affected, accounting for 70% (8,973) of the infections in this age group. Almost one fifth of the new infections (5,093) were among adolescents aged 10-19 years. In 2018, there were 39, 5556 new infections (*5,486 and 34,070 among children aged o-14 years and adults respectively*) – an increase of 9,056 infections from the previous year (HIV estimates, 2018).

The MOT study also demonstrated an association between being an uncircumcised male and new HIV infection, where uncircumcised, previously married men contributed 19% and uncircumcised, never married men also contributed 19% of the new infections in the country. These uncircumcised men and the never married women together accounted for an estimated 62% of all annual new HIV infections. New infections among KP were 704 among MSMs and 1,599 among FSW (Figure 13). The high number of new infections needs to be reduced by identifying who is infected, their location, as well as their sexual contacts. Interventions targeting these populations are critical for HIV epidemic control.

1 https://www.unaids.org/sites/default/files/media_asset/hiv-prevention-2020-road-map_en.pdf

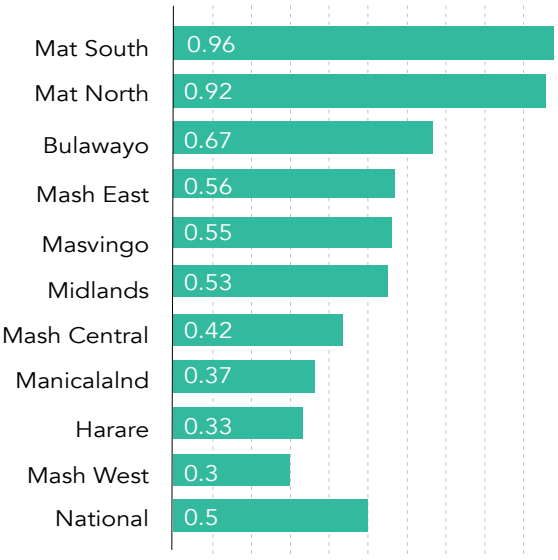
Figure 13: Number of New Infections by Population Group: 2017



Source: Modes of Transmission Study: 2017

Provincial variations in HIV incidence have been noted, with two provinces having HIV incidences almost twice the national average (*Matabeleland South 0.96% and Matabeleland North 0.92%*). Another four provinces have incidences above the national average, ranging from 0.53% to 0.67%, (*Bulawayo 0.67%, Mashonaland East 0.56%, Masvingo 0.55%, and Midlands 0.53%*). The remaining four provinces have incidences below the national average, with a range of 0.3% in Mashonaland West to 0.42% in Mashonaland Central (Figure 14).

Figure 14: HIV Incidence by Province – 2018

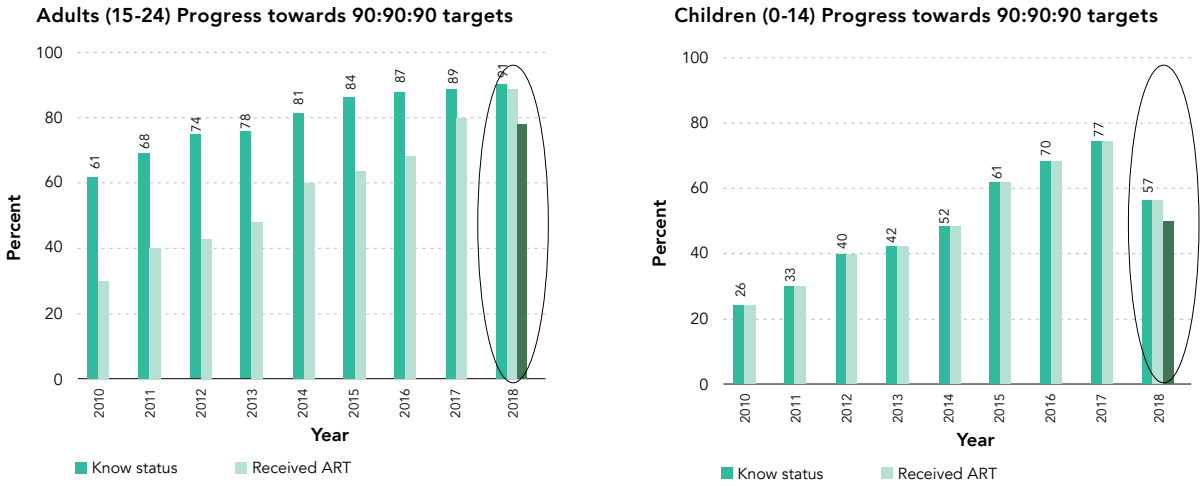


Source: Spectrum, 2018

The provincial HIV incidences mask intra-provincial differences at district and lower levels. The use of granular data at district level led to the identification of 40 districts which are currently receiving PEPFAR support. Among the remaining 23 non-PEPFAR supported districts, five have incidences that are above the national average - Hwange 0.67% [*Matabeleland North*]; Shurugwi 0.62% [*Midlands*]; Zvishavane 0.52% [*Midlands*]; Chikomba 0.51% [*Mashonaland East*] and Hwedza 0.51% [*Mashonaland East*].

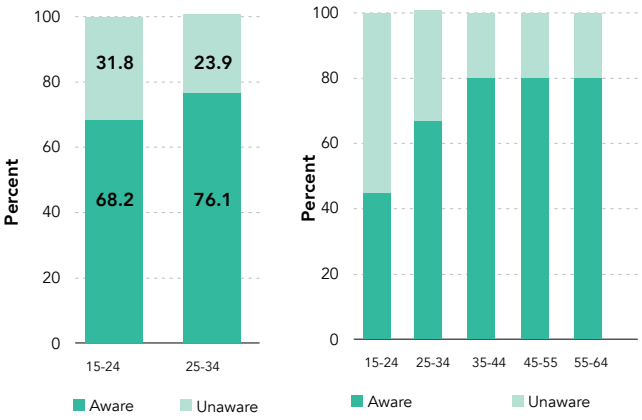
Zimbabwe has made remarkable progress towards achieving national HIV testing targets, although there are still gaps in achieving the 90:90:90 UN Global Fast Track targets by 2020. The 2018 HIV Estimates (Shiny 90) indicate that 91% of adults living with HIV were aware of their HIV status, with more females (76,1%) than males (68,2%) being aware; 89% of adults who were diagnosed as HIV positive had received antiretroviral therapy (ART) and 77% of adults who had received ART were virally suppressed. Conversely, only 57% of children living with HIV were aware of their HIV status; 57% of those who were diagnosed as HIV positive had received ART and 52% of those who had received ART were virally suppressed - a cause for concern (Figure 15).

Figure 15: Progress Towards 90:90:90



Gaps remain among some populations regarding knowledge of HIV status. These include key populations such as MSM and FSW, men and young people who still experience lower levels of HIV testing. Among young people (15-24 years) living with HIV in Zimbabwe, more females than males knew their status. Nearly half of young people did not know their status as shown in Figure 16 (ZIMPHIA 2016).

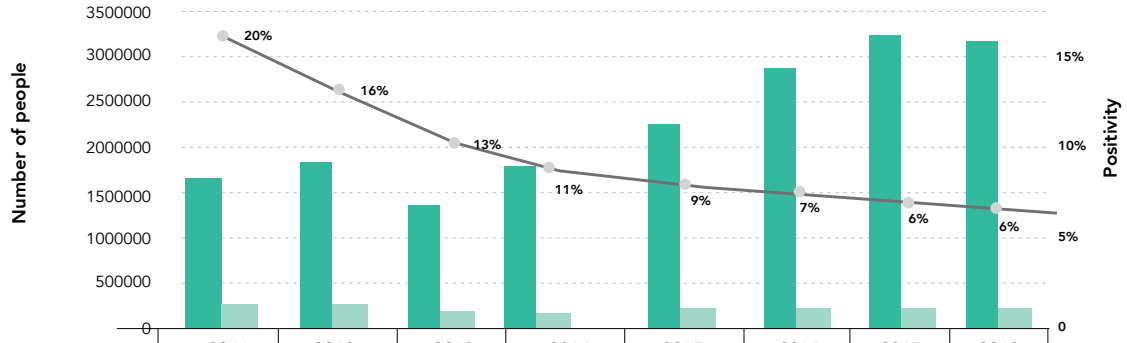
Figure 16: Awareness of HIV Status by Sex and Age



Source: ZIMPHIA 2016

It has been noted that the HIV positivity rate (yield) in the country has dropped from 20% in 2011 and stabilized at 6% since 2017 as shown in Figure 16 below. The number of HIV tests increased from 1, 76 million in 2014 to 3 million in 2018 without a concomitant increase in positivity rate (Figure 17). However, there was an encouraging decrease in the number of tests performed in 2019 where about 2.3 million tests were performed. This may be an indication of the early successes of the targeted testing approaches implemented since 2018.

Figure 17: National HIV Testing Trends, 2011 – 2018

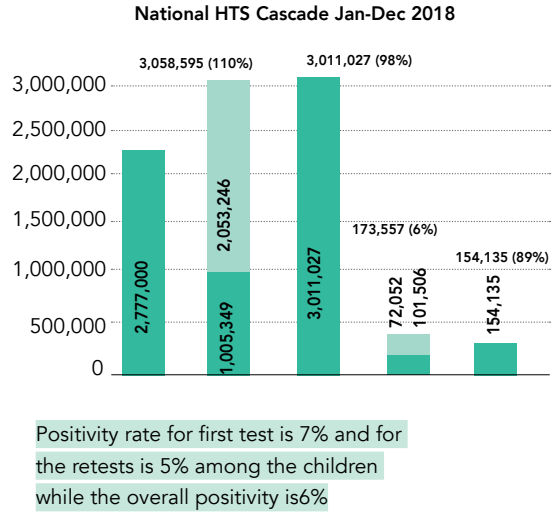


	2011	2012	2013	2014	2015	2016	2017	2018
Received results	1656719	1868842	1430246	1756524	2201250	2664844	3174630	3011027
Tested +ve	326961	299699	188547	185056	194360	196025	203792	173557
Positivity rate	20%	16%	13%	11%	9%	7%	6%	6%

Source: HTS Programme Data

About 67% of tests conducted in 2018 were re-tests while 33% were new tests, with positivity rates of 5% and 7% respectively as shown in Figure 18.

Figure 18: National HTS Cascade for All Ages: Jan-Dec 2018



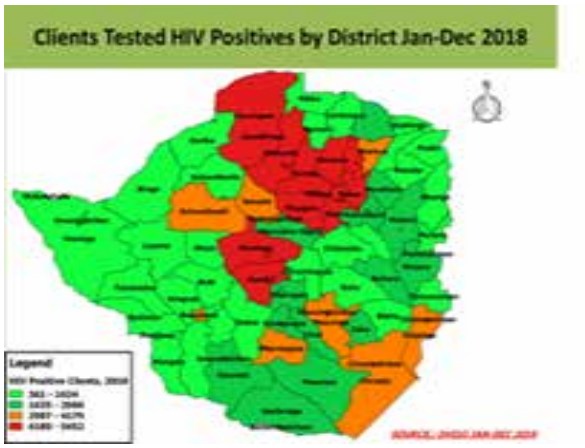
Positivity rate for first test is 7% and for the retests is 5% among the children while the overall positivity is6%

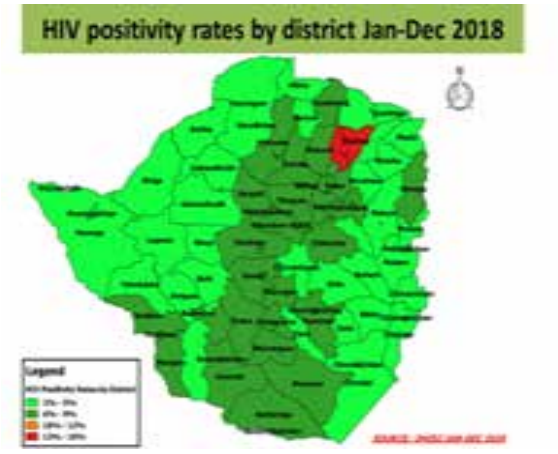
Source: Programme Data, 2018

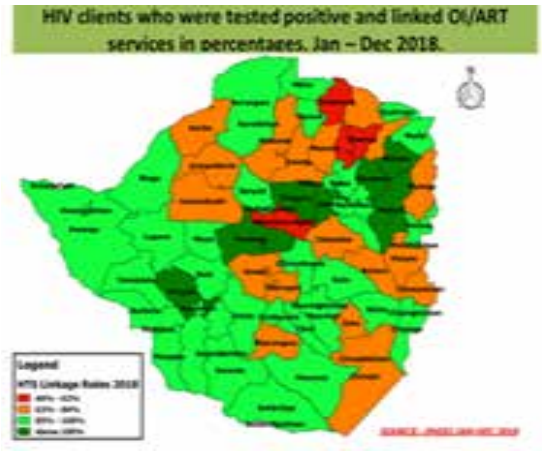
Some of the re-tests conducted in the PMTCT programme, were for example, among women who had previously tested HIV negative in early pregnancy and were found to have seroconverted by the third trimester. This suggests that these pregnant women may have had low risk perception, leading to new infection from an HIV positive partner or possible infection from an untested partner. Such scenarios might also be true for the rest of the HIV negative clients who are re-testing, as they may also be seroconverting in the period between the two tests. This highlights the need for support for HIV negative individuals and for the HTS programme to strengthen post-test linkages that enable these clients to remain HIV negative. In view of this, the HTS programme will develop a Comprehensive HIV Prevention Package that will ensure effective and standardized post-test management of HIV negative individuals.

In 2018, the HTS programme analysed data by district to understand the **population** and l**ocation** of individuals accessing testing, their positivity rates and linkages to treatment to assist in better targeting and better use of available resources (Figure 19).

Figure 19: Clients Tested HIV Positive, Positivity Rates and Linkages to OI/ART Services: 2018







Source: DHIS 2

Programme Implementation

Management and Coordination

Funding for the HTS programme is provided by Government, in addition to that obtained from such sources as the Global Fund, PEPFAR, UN and other partners. However, this funding is inadequate and requires that resource mobilization efforts are enhanced. The programme is well coordinated at all levels with national programme heads and Provincial HIV/STI Focal Persons in place. Various technical working groups guide the programme implementation. Partnership Fora which comprise different technical HTS partners and civil society including PLWHIV, facilitate effective partner coordination. The Public-Private-Partnership Forum facilitates private sector HTS engagement. Supportive supervision and mentorship programmes are in place at all levels.

A large majority of national and sub-national staff positions are partner-supported, and this support needs to continue. These include Programme Managers and other national level staff who provide strategic direction for the HTS programme; Direct Service Delivery Nurses deployed to high volume sites; and lay providers referred to as primary counsellors (PCs). The PCs form the backbone of HIV service provision by providing a critical link between HIV testing and post-test prevention, care and treatment services. Their scope of practice covers HIV testing which includes HIV self-testing, Index testing, birth testing and early infant diagnosis (EID), linkage to prevention and treatment, adherence counselling, viral load counselling, screening for mental health and making appropriate referrals. Financial support for the 1,200 PCs currently on post is of paramount importance if the HIV programme is to be sustained. Expert adult and adolescent clients at facility and community levels facilitate effective post-test linkages, referrals, follow-ups and psychosocial support.

Service Delivery

The HTS programme is guided by the HIV Testing Services Strategy: 2017-2020. As the country moves towards the 95:95:95 Fast Track targets to be achieved by 2025, it will not be easy to find and test those who remain undiagnosed. The focus of the HTS strategy, therefore, is targeted HIV testing directed at identifying and testing the remaining PLWHIV. As the HIV epidemic in Zimbabwe is reaching maturity, WHO recommends the adoption of a low prevalence HIV testing strategy. As a result, Zimbabwe has adopted the recommended 3-test serial testing and is validating an HIV testing algorithm with at least 99% Positive Predictive Value (PPV) and a combination of tests with ≥99% sensitivity and ≥98% specificity. This change in algorithm will necessitate orientation and training of various cadres - including lay providers (PCs). The laboratory specialists coordinate and carry out Internal Quality Control (IQC) and External Quality Assurance (EQA) in the majority of facilities.

Other capacity building measures for lay providers and health workers which are already in place entail orientation on new developments such as Index testing and HIV self-testing at facility and community levels and use of blended learning for updates. Mentorship and supportive supervision are regularly carried out at all levels to ensure that quality service provision is maintained. Demand generation is guided by the Comprehensive National HIV Communications Strategy for Zimbabwe: 2019-2025. Health workers are equipped to carry out demand creation activities for their catchment areas.

Monitoring and evaluation (M&E) of the new HTS interventions requires strengthening the use of appropriate tools, orientation of health workers and data personnel on the new tools; continued support to facilities on data quality assessment (DQA) and supporting health workers in local data analysis and use at facility level.

The above new HTS approaches will require that such normative guidance as the HTS guidelines for adults and HTS guidelines for Adolescents and Children are revised to reflect these changes.

The HTS programme is implementing the following targeted, high-yield HIV testing strategies:

i. Targeted facility-based HTS: *index case testing*; *targeted HIV self-testing (HIVST), targeted provider-initiated testing and counselling (PITC*;) and
ii. Targeted community-based testing: *index case testing, HIVST, targeted mobile and outreach HTS.*

Targeted Provider-Initiated Testing and Counselling (PITC)

Targeted provider-initiated testing and counselling (PITC) is HIV testing that is initiated by a service provider in a health facility. It is currently being implemented in both the out-patient department (OPD) and the in-patient departments of the health facilities. In PITC, pre-test information is given to a group of patients in different entry points and individuals can decide whether to proceed with HIV testing or opt out. The PC or health worker administers screening tools designed to identify children and adults who are eligible for a HIV test. Those who are eligible for testing are then tested at the different entry points which include OPD, ANC, TB, STI, family planning, maternal, new-born and child health clinics, youth friendly services, mental health and VMMC services. Once tested, the clients receive post-test counselling and access to prevention, treatment, care and support services. HIV positive clients are re-tested at the ART clinic by a different service provider if possible, before commencing ART. The MOHCC is also rolling out recency testing for all HIV positive clients by identifying recent infections so as to map areas of high HIV transmission..

The majority of individuals who test HIV negative do not require re-testing to verify an HIV negative status, especially if they are not at on-going risk of HIV acquisition as stated in the Key Counselling Messages Job Aide. Annual re-testing is recommended for those individuals with on-going HIV risk or known recent risk exposure. Those on pre-exposure prophylaxis (PrEP) should be tested every 3 months. However, these re-testing guidelines are not followed by some service providers.

Those who opt-out of testing after pre-test information, but are eligible for testing, may be offered HIV self-testing in the consultation room

HIV Self-testing (HIVST)

HIV self-testing (HIVST) was introduced in 2016 as part of an initial three-country UNITAID HIV Self-Testing Africa (STAR) Initiative. HIVST is a process in which an individual who wants to know their HIV status collects a specimen, performs a test and interprets the result by themselves, often in private. HIVST is a screening/ triaging test and does not provide a definitive diagnosis. Therefore, a reactive (positive) self-test result must always be followed by additional testing conducted by a trained provider, using the country's HIV testing algorithm. HIVST can help the country in accessing hard-to-reach populations such as men, KP and young people as they do not routinely seek health services in health facilities.

Secondary distribution of HIVST kits, particularly in ANC, is proving to be an effective strategy in reaching out to partners of ANC women who do not routinely accompany their partners to health facilities and yet they are not aware of their HIV status. For women who test HIV negative, HIVST kits facilitate couple testing and case finding whilst to women who test HIV positive, HIVST kits tests facilitate disclosure and index contact tracing.

Facility, community and workplace HIVST distribution approaches are currently being implemented, including KP-led distribution models. HIV self-test kits are available in public health facilities, VMMC sites, KP clinics and New Start

Centres. In 2018, approximately 250,000 HIVST kits were distributed nationally. By end of 2019, 31% (171,730 out of 551,828) of the target HIVST kits had been distributed, the majority of which were distributed in Harare and Bulawayo and 13.9% used for secondary distribution approaches. Just over half of all HIVST kits distributed from 2016 to 2019 were to men, the majority of whom were aged 20-40 years. Secondary distribution, predominantly for ANC attendees and index test clients, is being implemented.

By the end of 2019, training of 39 public sector service providers had been carried out on the use of HIVST kits. So far, HIV self-testing has been expanded to selected, supported high-volume facilities in 48 districts across the country's 10 provinces. About 1,200 facility-based healthcare workers and 300 Community Based Distribution Agents (CBDAs) have been trained. As targeted testing is scaled up to all districts, there will be a need to orient more lay providers (PCs), health care workers and community cadres such as Expert Clients. Current HIVST coverage is as shown in Figure 20 below.

Figure 20: HIVST Facility and Community Coverages by District: September 2019

Index Case Testing

Index case testing is presently being implemented at both facility and community levels. Eligible clients for Index testing are newly diagnosed PLWHIV and persons on ART who are not virally suppressed, while their contacts are sexual partners and biological children. The majority of Index testing is carried out by lay providers (PCs) and health care workers in OPD, ANC and OI clinics. Contacts are elicited and linked to the facility or community testing. Village Health Workers (VHWs) and Expert Clients provide follow up in the community.

In 2019, the country embarked on an intense scale-up exercise for index case testing in about 40 PEPFAR-supported districts within 3 months. During this time, 18% of all people in these districts testing positive were diagnosed through index case testing. Slightly, more men than women above 25 years of age were identified (2,057 versus 1,625) and newly diagnosed (37% versus 29%). Through lessons learnt from the scale-up exercise, the MOHCC further refined the index case testing algorithm, SOPs and capacity building exercises to strengthen elicitation of index case sexual contacts who are captured in the Index Case Contact Tracing Register at the health facility. There are three ways of disclosing the index case

HIV positive status to partner/s: i) Client referral; ii) Assisted partner notification; and iii) Contract referral.

HIVST kits are offered to index cases for contacts who are unlikely to consent to testing at the health facility. PCs and health care workers use the Index Case Contact Tracing Register to guide follow up of index case contacts. In view of the highly resource-intense nature of index case testing requiring significant human resources, this approach is currently only being implemented in 40 districts which are supported by PEPFAR. This has left 23 districts not implementing this innovation.

Targeted Community-Based HTS

Targeted community-based HIV testing strategies increase access to HIV testing for first time testers and hard-to-reach populations such as men, young people, KP and couples. Targeted, mobile HTS and outreach HTS for specific populations and by such programmes as EPI are some of the strategies used. Community testing for KP can be implemented through context-adapted enhanced peer outreach approach and social network testing.

Vulnerable groups in Zimbabwe are described as underserved populations of interest that require targeted efforts as they are least engaged in HIV/STI prevention, treatment, care and support. They can access HIV testing through outreach testing, HIVST and Index testing including index contact testing.

Community Index testing may be performed through HIVST, facility-based PITC or through a health care worker who links the client with a trained community-based cadre such as CATS or an adult Expert Client. The community cadres can offer either HIV testing or supervised HIVST and link all reactive cases to the facility for additional testing.

Recency Testing

Recency testing is testing of newly diagnosed HIV positive individuals through the use of a rapid HIV test for recent infection by classifying the infection as recent (*within the last 12 months*) or long-term (*infection that occurred more than 12 months ago*). Zimbabwe has been implementing HIV Case Based Surveillance since August 2017 using a phased approach. The aim is to longitudinally collect patient-level data for all newly identified HIV positive cases from the point of diagnosis throughout the full continuum of care. It captures case notification and key sentinel events such as CD4 count, viral load test results, ART switches, adverse events and progression to advanced disease. In May 2019, recent HIV infection surveillance was added to the activity. This additional step was introduced to help identify clusters of recent infection and hence areas of active ongoing transmission for geographic prioritization of prevention interventions.

Programmatic Gaps

The HTS programme is facing several challenges, some of which were identified during the mid-term review of the HTS Strategy as detailed below:

1. Management and Coordination

- There is limited funding for HTS capacity building, supervision, mentorship on HTS innovations and HIV self-testing. Funding has also affected service delivery in non-PEPFAR supported districts. As a result, innovative HTS approaches are not being implemented in some districts. . Also, capacity building for various cadres including lay providers, as well as demand generation activities have been greatly affected.
- Inadequate human resources to implement HTS
- Inadequate involvement of the private sector in HTS

2. Service delivery

- There is limited availability, awareness and adherence to HTS policies, guidelines, OSDM, SOPs and Job Aides. For example, re-testing before ART initiation is sometimes not done as per Standard Operating Procedure (SOP).
- Targeted PITC is not being fully implemented in some entry points due to inadequate human resources such as the unavailability of PCs in some health facilities and some entry points.

The competing roles of health workers are an important contributing factor.

- Inadequate elicitation and follow up of contacts of index clients results in low coverage of community HIV testing for contacts.
- Inadequate capacity to utilize the Adult and Paediatric Screening Tools, which is compounded by the fact that the adult tool has not been validated.
- Low HTS accessibility among such populations as children, adolescents, young people, men and KP.
- A significant number of re-tests have been noted. Some previously HIV negative clients, (mainly pregnant women), have been noted to have seroconverted at their next visit.
- Linkage of HIV negative clients to prevention and other support services is inadequate.
- Low coverage of new HTS innovations such as Index testing and HIVST in non-PEPFAR supported districts. This is compounded by the need to scale-up targeted PITC to identify more HIV positive individuals who can also be index clients. Some entry points such as family planning are not maximized.
- Myths and misconceptions, confirmation of religious healing and misinterpretation of viral load "*target not detectable*" may have resulted in some clients who are already on ART presenting for HIV testing.
- Some facilities experience shortages of data collection and other M&E tools.
- Poor entry point stock management for testing commodities has also been noted. IQC for HIV rapid testing is not standardized across all districts while EQA coverage is very limited in the 23 non-PEPFAR supported districts.

Overall strategic approach

A targeted HIV testing approach will be utilized in ensuring that PLWHIV who do not know their HIV status are tested and linked to care and treatment. Those who are uninfected will be linked to prevention interventions as guided by the Comprehensive HIV Prevention Package that will be developed. The HTS programme will implement Index testing and HIV self-testing in both facilities and communities and targeted PITC in selected entry points within health facilities.

Strategy 1. Effective management of HTS programme

Key Actions:

- Mobilize funding for programme implementation, remuneration and allowances for national and subnational staff, including lay providers (PCs) and community level cadres (Expert Clients)
- Conduct quarterly coordination meetings at all levels
- Conduct annual HTS programme review to inform the annual planning processes
- Update HTS guidelines for adults and HTS guidelines for children and adolescents to align them to the new strategic direction of targeted testing
- Strengthen private sector involvement in the HTS programme
- Strengthen HTS programme mentorship and supportive supervision

Strategy 2. Targeted HTS demand generation

Key Actions

- Establish TWG for Demand Generation HIV Prevention activities at national, provincial and district levels
- Strengthen community-based demand generation interventions for HTS targeting key populations, men, young people and other vulnerable populations.
- Utilize local champions for demand generation
- Increase awareness of the importance of HTS among key populations, men, young people and other vulnerable populations

Strategy 3. Capacity building for HTS providers

Key Actions:

- Build the capacity of health workers and lay providers (PCs) on conducting HIV testing using Rapid Diagnostic Tests and HIV self -tests including newly recruited PCs and private sector HTS providers
- Build the capacity for provision of innovative HTS (HIVST, Index testing, targeted PITC) by health workers, PCs and private sector HTS providers

Strategy 4. HTS Service Delivery

Key Actions:

- Strengthen HTS policy awareness, understanding and utilization by health workers, PCs Expert Clients and private sector HTS providers
- Strengthen HIV prevention among HIV negative individuals to minimize seroconversion
- Strengthen the integration of HTS in other services
- Strengthen targeted PITC in health facilities
- Scale-up provision of innovative HTS approaches (HVST, Index testing) in all districts
- Strengthen HTS for KP (gay men and other men who have sex with men (MSM); sex workers (SW) and their clients; transgender (TG) people; prisoners and other people in closed settings; people who inject drugs (PWID)
- Strengthen HTS for vulnerable populations (Orphans and vulnerable children (OVC), adolescent girls and young women (AGYW), adolescent boys and young men (ABYM), artisanal miners, people with disability (PWD), long-distance truck drivers (LDTD) and mobile populations)
- Strengthen community HTS
- Strengthen linkages to post-test services

Strategy 5. Strengthened HTS Quality Assurance

Key Actions:

- Strengthen Internal Quality Control at all entry points
- Expand EQA coverage from the 40 PEPFAR-supported districts to the remaining 23 districts for HIV rapid testing proficiency testing for 2,500 testers twice a year

Strategy 6. Strengthened Health Information Management

Key Actions:

- Strengthen data analysis and usage for decision making at all levels
- Ensure the availability of all data collection and reporting tools
- Strengthened quality of HTS data

Strategy 7. Strengthened Supply Chain Management (SCM)

Key Actions:

- Ensure an uninterrupted supply of HIV and Syphilis testing commodities at all levels
- Strengthen logistics management skills

4.1.2 Strategic Objective 4.2. 90% of people at substantial risk of HIV acquisition have access to and utilise PrEP

Contextual analysis

Pre-exposure Prophylaxis (PrEP) is defined as the use of antiretroviral drugs before HIV exposure by people who are not infected with HIV to prevent the acquisition of HIV. The World Health Organization (WHO) recommends that a PrEP regimen containing Tenofovir should be offered as an additional prevention choice for people at substantial risk of HIV infection (defined as

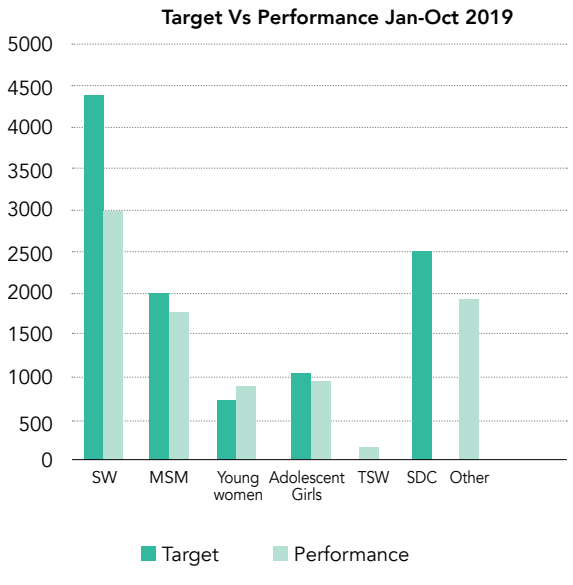
HIV incidence around 3 per 100 person-years or higher in the absence of oral PrEP)2.

In 2016, the MoHCC laid the foundation for PrEP implementation by adapting the WHO 2016 Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection and updated the Guidelines for Antiretroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe to include oral PrEP to be offered as part of a combination of HIV prevention approaches. Given the lack of resources for national roll out and for purposes of learning from implementation, the country adopted a phased approach in the provision of PrEP services. This approach started with demonstration projects under the DREAMS districts targeting adolescent girls and young women (AGYW), namely: Chipinge, Mutare, Gweru and Bulawayo. PrEP was also provided in New Start Centres for the general public at high risk and at Wilkins Infectious Diseases Hospital mainly for key populations.

After consultation with other stakeholders, the PrEP Technical Working Group, identified the groups at substantial risk of acquiring HIV, the candidates for PrEP, as informed by the country's epidemic profile. These were AGYW; female sex workers (FSW); men who have sex with men (MSM); HIV negative partners among sero discordant couples (SDC); transgender, pregnant and lactating women; and those who perceive themselves to be at high risk of acquiring HIV such as married or single people in relationships that put them at high risk of HIV infection; women in abusive relationships and those in relationships with partners of unknown status. The MOHCC developed an Implementation Plan for HIV Pre-Exposure Prophylaxis in Zimbabwe 2018-2020. Guided by this plan, Zimbabwe is implementing PrEP, targeting HIV negative high-risk populations. Service providers in 38 of the targeted 49 high burden districts (78% achievement) have been trained in preparation for the introduction of PrEP in public health institutions. A total of 350 service providers have already been trained. Efforts to integrate PrEP with other combination prevention interventions, especially HIVST, are underway. A risk assessment tool has been developed to assist health care workers in screening clients at substantial risk within different entry points. In relation to data collection, PrEP registers have been printed and some PrEP indicators have also been included in the monthly return forms.

Within a short period of implementation, the programme has made good progress. Up to October 2019, a total of 17,000 clients had been initiated on PrEP. This represents 3073; 5957 and 7964 clients initiated in 2017, 2018 and 2019, respectively. It translates to 56% and 76% achievement of the targeted 10,624 and 10,455 clients in 2018 and 2019, respectively. Lessons have been learnt from the implementation, with 90% of the clients initiated in 2017 being mostly females aged 25-49 years. Fifty two percent (52%) of all clients initiated were FSW. The lessons learnt have provided a launching pad for PrEP scale-up in the country. Figure 21 shows progress for the first ten months of 2019.

Figure 21: PrEP Uptake by Client Category



Source: AIDS and TB Unit Progress Report Jan to October 2019

2 https://www.who.int/hiv/topics/prep/en/

Training of DREAMS Ambassadors, PrEP Champions and identification of PrEP client experts to create demand in communities has been implemented as an innovation. The programme has developed PrEP IEC materials using the Human Centred Design to create targeted messages for various groups.

Despite the good progress, the roll out of PrEP experienced the following programmatic gaps and challenges:

- Insufficient funding to support the roll out of PrEP with all funding being from external donors and only available until 2020
- Limited demand generation and sub-optimal strategies. PrEP enrolment for 2018, for instance, was 5957 (56%), way below the target at versus a target of 10624
- Low coverage of PrEP with the service being available in only 70 facilities against a target of 175 facilities as per the PrEP implementation plan.
- Reported seroconversion of 13 clients while on PrEP. While this could be due to many factors and not necessarily efficacy of PrEP it has the potential to negatively impact demand and uptake of PrEP by those at risk.
- Myths and misconceptions surrounding PrEP which may negatively impact uptake. The 2019 HIV programme review identified inadequate knowledge among potential PrEP users with some being unable to differentiate between PrEP and PEP
- High levels of PrEP discontinuation especially among younger men and women. The majority of this cohort was reported as starting and discontinuing PrEP within the first 1 to 2 months. In 2017, Oral PrEP continuation rate and retention was 44% at the first month visit and 12% by the third month. Reasons given for stopping PrEP include undesirable side effects, difficulty in adhering to a daily regimen and fear of being perceived as HIV positive by their sexual partner.
- Inefficient supply chain causing delays in commodity deliveries to facilities leading to long stock out periods which negatively impacts on the seamless provision of PrEP services.

Overall Strategic Approach

Given the emerging lessons and the remaining gaps and challenges, the overall focus for PrEP programming in the next five years will be on sustaining a phased scale-up of what has worked in other districts and sub-populations, in addition to expanding the public sector facilities, implementing targeted demand creation interventions and exploring DSD models for PrEP targeted at selected sub-populations. To increase efficiency and reach, the country will strengthen the integration of PrEP in other combination prevention interventions including prevention for KPs and EMTCT, targeting high risk pregnant and lactating women. In order to address discontinuation especially among adolescents, the country will undertake bottleneck analysis and implement targeted quality improvement interventions to address the identified bottlenecks. To ensure sustainability, the country will explore approaches to increase funding for PrEP programming.

Strategies and key actions

Strategy 1. Advocacy for increased and sustainable funding for PrEP

Key actions

a. Develop PrEP resource mobilization tools to be utilized for funding applications to various stakeholders.
b. Advocate for increased funding for PrEP including increased access to AIDS Levy

Strategy 2. Innovative, targeted demand creation for PrEP

Key actions

a. Increase PrEP awareness among target populations
b. Integrate PrEP into other demand creation plans within other programs
c. Increase demand for PrEP among target populations

Strategy 3. Strengthen provision of quality PrEP services at all levels

Key actions

a. Capacity building for PrEP service providers in the public and private sectors
b. Avail and utilize risk assessment tools
c. Strengthen the integration of PrEP services
d. Explore the use of DSD for PrEP with selected target population groups
e. Improved adherence for PrEP clients at ongoing risk of HIV acquisition
f. Embrace innovative PrEP delivery methods and formulations
g. Implement Quality Improvement (QI) of PrEP Programme
h. Strengthen pharmacovigilance for PrEP

4.1.3 Strategic Objective 4.3. Achieve 80 % Voluntary Medical Male Circumcision coverage attained in all districts in the target age group by 2025

Contextual analysis

Zimbabwe adopted Voluntary Medical Male Circumcision (VMMC) in 2009 as part of combination prevention of heterosexual HIV transmission. The country is one of the 15 countries in East and Southern Africa that was identified by WHO and UNAIDS as having a high burden of HIV but low prevalence of male circumcision and where VMMC was likely to make a difference in epidemic control[3]. VMMC provides an important opportunity for males to access HIV testing services (HTS) as an entry point for HIV prevention, care, treatment, and support services. It also offers males, especially older men, an opportunity to access other health services that they would not normally access.
The VMMC priority target is men who are aged 15–29 years. This is based on the need to register immediate impact in reducing HIV incidence in the short-term. Although Early Infant Male Circumcision (EIMC) feasibility studies revealed the feasibility and safety with minimal after-care services, acceptability by mothers of infants and already existing opportunities for integration in mother and childcare services, the country decided to pursue EAMC based on the immediacy of impact. The VMMC programme has made significant progress since its inception in 2009, guided by nationally owned strategic documents and strong management and coordination by the MOHCC. The Sustainability Transition Implementation Plan: 2019-2021 (STIP) guides Zimbabwe's VMMC programme's transition to sustainability, having a dual focus of achieving scale-up targets in all districts, while also maintaining coverage in districts that attain the 80% coverage target among the 10 to 29-year olds. During the period January to December 2019, a total of 354,819 males of all age categories were circumcised. Of these 326,847 male circumcisions were on males under the 10 – 29 years age band. This was against a target of 409,394 (80% achievement). However, between January – September 2020, the programme performance dropped by 17% due to COVID-19 effects with a reach of 70,533 over a target of 412,722. . Since programme inception, more than 1.895 million males had been circumcised by the end of September 2020. Males in early adolescence (10-12 years) contribute the greatest number of clients (29%), followed by the 15 to 19-year olds (27%). Adolescents (10-19 years) account for 69% of all VMMCs. A significant improvement has been noted in the proportion of clients aged 10-29 years who have been circumcised. This proportionrose from 43% in 2018 to 93% between January and September 2019. However, VMMC coverage among older men aged 25 to 49 years is only 16% (9% for those aged 25-29 years). Table 6 shows the distribution of clients circumcised clients by age group as of December 2019.

Table 6: Estimated VMMC Coverage by Age

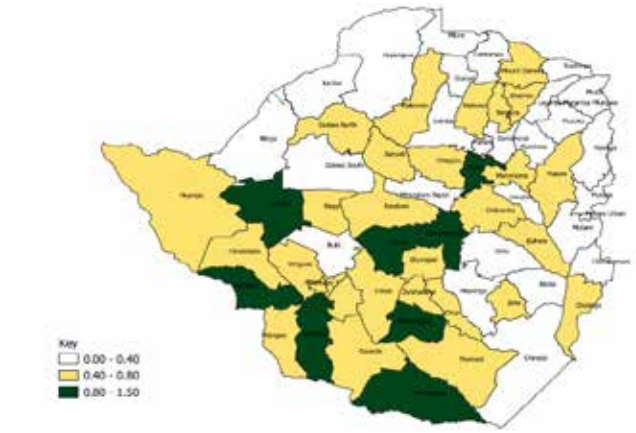
Age group	10-14	15-19	20-24	25-29	30-34	10-29	15-29
Estimated Coverage as at Dec 2019	42%	57%	49%	39%	28%	47%	48%

Source – DMPPT 2.0 November 2020

3 https://www.avert.org/professionals/hiv-programming/prevention/voluntary-medical-male-circumcision

District variations in VMMC coverage exist, with 9 districts having surpassed 80% coverage in the age group 10 to 29 years, while 25 districts were still below 50% of their annual target as of September 2019. Figure 22 shows the VMMC coverage by district.

Figure 22: VMMC Coverage by DistrictSource: AIDS and TB Progress Report 2019



Innovative demand creation approaches have been implemented for different age groups including soccer galas and road shows. These were implemented in collaboration with the Ministry of Primary and Secondary Education, traditional and religious leaders, among others. Decentralised training approaches have been used to build the capacity of health workers in the provision of VMMC services. Clinical Officers have been trained as surgeon trainers who then provide in-service training to rural health centre staff. Post-training, supportive supervision is regularly carried out to ensure quality.

Bi-directional integration of VMMC with other services has been enhanced. The 2019 HIV programme review findings reported increased integration between VMMC and other services. For example, men visiting HTS sites and testing HIV negative were offered VMMC services while those accessing VMMC services were offered male SRH services. The programme has maintained quality standards with reported adverse events being below the acceptable WHO threshold of 2% since 2009. This was achieved through Continuous Quality Improvement (CQI) activities, bi-annual internal quality audits and continuous quality audits.

Despite the good progress, the programme has experienced challenges which will need to be addressed for the country to achieve 80% VMMC coverage in all districts among males aged 15-29 years. Remaining programmatic gaps include:

- Lack of domestic financing for the VMMC programme exposing the programme to a sustainability risk in the event of donor withdrawal
- Logistical and infrastructural challenges including lack of fuel, electricity and lack of reusable male circumcision kits
- High variability in VMMC coverage across districts ranging from 12% to 132[4]%.
- Low uptake of VMMC among older men aged 25 years and above
- Limited involvement and alignment with key stakeholders in the VMMC response including health development funders and private sector
- Limited client choice on method of circumcision following the withdrawal of PrePex male circumcision device. Only surgical procedures are available
- Limited resources to avail specialist care in the event of severe adverse events such as glans penis injuries and urethral fistula
- Waste management challenges include disposal of VMMC kits, human tissue and other VMMC waste.

4 Data obtained from the DMPPT2.0 modelled estimates as at Dec 2018

Overall Strategic Approach

Going forward, the country will concurrently scale-up programme implementation in 55 districts that have not reached the target coverage, while at the same time focusing on maintaining coverage in the 9 districts that have attained the 80% coverage. District targets will be reviewed annually taking into account population changes, programme achievement by age and geography. As some districts attain epidemiological coverage, the VMMC programme will focus on maintaining coverage levels and ensuring quality, while building capacity and transitioning these districts to sustainability. In low coverage districts, the programme will intensify targeted demand generation using multiple channels while ensuring the availability of VMMC services in both public and private facilities through building capacity of health workers and ensuring the availability of VMMC supplies. In the low VMMC prevalence districts, there will be a focus on older adolescents and sexually active men to make an immediate impact on HIV incidence. In line with the new VMMC guidelines, the older adolescents will be profiled prominently together with older males above the age of 25.

Strategies and Key Actions

Strategy 1. Strengthen VMMC programme management and coordination

Key actions

a. Provide support for VMMC programme planning and implementation
b. Strengthen multi-sectoral partnerships for VMMC implementation

Strategy 2. Increase availability and accessibility of VMMC services

Key actions

a. Strengthen the capacity of service providers in VMMC service provision using cost-effective capacity building approaches that include pre-service training of health workers.
b. Strengthen cost-effective VMMC service provision.
c. Address logistical and infrastructural challenges for VMMC service provision.
d. Strengthen the integration of VMMC services.
e. Strengthen support for service providers in the provision of VMMC services.
f. Advocate for new, innovative performance-based mechanisms such as RBF.

Strategy 3. Targeted, innovative and evidence-based demand creation

Key actions

a. Conduct a formative assessment to understand the barriers to accessing VMMC especially by older men.
b. Address demand-side barriers to clients accessing VMMC services.
c. Strengthen multi-sectoral involvement in demand creation, particularly the private sector.

Strategy 4. Enhance quality in the provision of VMMC services

Key actions

a. Strengthen the quality of VMMC demand and service provision
b. Strengthen and integrate adverse events surveillance and management systems
c. Strengthen VMMC related waste management
d. Strengthen data collection and utilisation across all programme elements

Strategy 5. Advocate for adequate funding for VMMC

Key actions

a. Advocate for increased domestic funding for VMMC.
b. Advocate for increased internal funding including from Global Fund and private sector funding

4.1.4 Strategic Objective 4.4: 90% of key populations have access to and utilise quality combination prevention interventions by 2025

Contextual analysis

The Zimbabwe National AIDS Strategic Plan 111 defines key populations (KP) as sub-groups of the population at higher risk of being infected with HIV, who play a key role in how HIV is spread and whose involvement is vital for an effective and sustainable response to HIV. Higher-risk behaviours and other factors such as stigma, criminalization and lack of access to services are important considerations in defining KP who include the following:

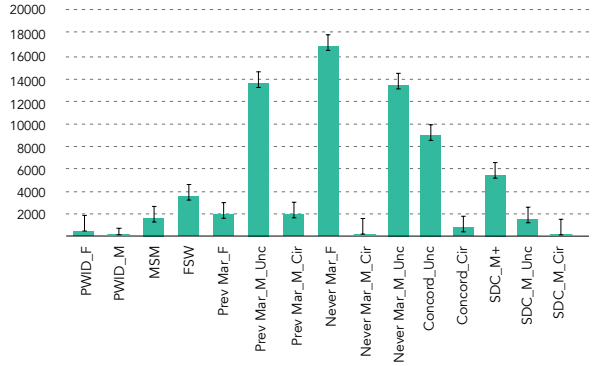
a. Gay men and other men who have sex with men (MSM)
b. Sex workers (SW) and their clients
c. Transgender (TG) people
d. Prisoners and other people in closed settings
e. People who inject drugs (PWID)

While the country is expanding a body of current data and evidence from selected studies and routine programme monitoring, data gaps still remain. There is inadequate data on the proportion of KP reached with HIV interventions, despite this being targeted in the previous NASP. There are also no national data available on clients of female sex workers, or data on new infections rates among some KP. Data are available on FSW condom use with last client (GAM 2018), the percentage of MSM and FSW who were tested in the last 12 months and know their status, and the percentage of estimated MSM and FSW who are on ART (RDS 2017; PSI HMIS2 2018). Data are forthcoming on a recent IBBS conducted on MSM. KP size estimation data suggest that there are 65,833 MSM and 48,358 female sex workers (FSW) nationally[5]. The 2017 MOT study suggests that among all new infections per year, 4,000 were among FSW and nearly 2,000 among MSM.

5 MOH National Data 2019

However, there may be a significant number of KP unidentified among the broader general population, given the stigma associated with identifying as a member of a KP. Figure 23 shows the number of new infections by population group including KPs[6]. Number of New Infections by KP

Figure 23: Number of New Infections by KP



Source: Modes of Transmission Study 2017

HIV prevalence among the wider lesbian, gay, bisexual and transgender (LGBT) community has been linked to risks associated with forced sex (corrective rape), a key gender-related consideration. Among prisoners, HIV prevalence was estimated to be approximately 28% in 2015 (26.8% males, 39% females). Prevalence among FSW was 57.1% and about 31% among MSM[7]. Criminalization, stigmatization and marginalization are key drivers of infection and serve as barriers to service uptake. As a result, MSM, for example, are 28 times more likely to be infected with HIV than adults from the broader population in Zimbabwe. The 2014 PLWHIV Stigma Index found that 90.8% of sex workers, 77.8% of MSM, 64.5% of PWID, and 100% of prisoners reported experiencing stigma and discrimination. As part of the 2019 strategy review and design, available data was consolidated on KP using ZNASP III as a baseline and recent DHIS2 and GAM Report data. Results of achievements against targets are shown in Table 7 and summarized as follows:

6 MOT study, 2017
7 UNAIDS data, 2018.

- Condom use among FSW with the last client, 96.1% (GAM 2018)
- Percentage of KP who were tested in the last 12 months and know their status, 93.6% among FSW; and 50% among MSM]
- Percentage of estimated KP who are on ART,72% for FSW; 50% for MSM (RDS 2017; PSI HMIS2 2018).

Table 7: Achievements on KP response

Indicator	Baseline	2018 target	2020 target	Current Status
Proportion of sex workers reporting the use of a condom with their most recent client	66.8% (2015 RDS Survey)	No target	80% (ZNAPS3)	96.1% (2018 GAM) On track
Proportion of key populations reached with HIV combinations prevention and SRH programs	SW-72% (YP, Prisoners, PLWD, MSM-no data) (ZNAPS3,2015)	No target (ZNAPS3)	SW-72% (YP, Prisoners, PLWD, MSM-60%) (ZNAPS3 M&E Plan) (ZNAPS3,2015) (ZNAPS3,2015)	**NO DATA (2018 GAM)**
Percent of key affected populations that are counselled and tested for HIV in the past 12 months who know their results	72% (YP, Prisoners, PLWD, MSM-no data) (ZNAPS3 M&E Plan, 2015)	SW-75% (Prisoners, PLWD,MSM TG-none) (ZNAPS3 M&E	SW-85% (Prisoners, PLWD,MSM TG-none) (ZNAPS3 M&E Plan)	**SW-93.6% (RDS, 2017) MSM-50% (PSI DHS2,2018) Oher KP-no data**
HIV-prevalence among key populations	SW-56.2% Prisoners, PLWD, MSM-no data (ZNAPS3 M&E Plan)	No target (ZNAPS3 M&E Plan)	SW-55% Prisoners, PLWD, MSM-none (ZNAPS3 M&E Plan)	**69% (GAM Report, 2018) On track**
Percent of infacts born to HIV-positive women receiving a virological test for HIV within 2 months of birth	No data (ZNAPS3 M&E Plan 2015)	No data (ZNAPS3 M&E Plan)	SW-85% (risoners, PLWD, MSM-none (ZNAPS3 M&E Plan)	63% (GAM Report, 2018) Some Progress

The Government of Zimbabwe has taken a number of steps to demonstrate its commitment to addressing the needs of KP and achieving epidemic control. These include coordination at multiple levels and commitment of human and financial resources. Both the MoHCC and NAC have hired KP focal points at the national level and have together established a functional KP TWG and KP Partnership forum that is KP led. Plans are at an advanced stage to strengthen the National KP programme through the establishment of a Technical Support Committee and recruitment of a KP Clinical Services Officer, a KP M&E Officer, a KP Communications Officer, a KP Community Technical Coordinator and a KP Information Officer. Key populations have been included as part of the national strategy and the 2019-2020 KP Implementation Plan outlines in significant detail the specific needs of KPs and strategies to address those needs. In 2018, the MoHCC also developed and validated KP-specific guidance including training and implementation tools (Handbook, Manual, Job Aid), serving as a foundation for provider level operational guidance.

In addition, facility supportive supervision visits incorporate KP themes. Through NatPharm, the government provides PrEP medicines and other supplies to implementing partners specifically to address KP needs.

The 2019 HIV programme review found that KP-specific priority interventions identified in ZNASP III are available at the provincial level, although there is significant variability and lack of consistency in terms of access points, comprehensiveness of services, provider capacity, formalized referral networks, and commodity availability. Support by AIDS services implementing partners and some of the CBOs supporting the national KP implementation programme such as I-TECH, Pangea, CeSSHAR, PSI, SRC, GALZ, Hands of Hope, FACT and others have increased accessibility to critical services for KP including HTS, STI diagnosis and treatment, linkage to treatment, adherence counselling, PrEP, referral to violence prevention and response, and others (i.e. SRH/FP, referral for violence, advocacy). Sites that serve

as safe spaces for KP community members exist in some areas. New Start Centres serve as novel one-stop shops that provide a range of integrated cascade services including diagnosis and treatment for STIs, FP, cervical cancer, GBV screening and support, initiation of ART, adherence support, TB diagnosis and treatment, and viral load monitoring.

Some public sector sites (e.g. Wilkins Hospital and Newlands Clinic) have initiated KP sensitization collaboratively with CSO partners such as SRC and PSI, with notable changes in attitudes among providers. The 2019 HIV programme review noted that even one day of sensitization on sexuality and gender issues can lead to change among service providers. In addition, several community-based and international partners are working with public sector facilities to strengthen referral pathways. The HIV programme review noted improvements in linkage and follow-up between community and facility services, especially for FSW, through use of unique identifier codes (UIC) and harmonized monitoring and evaluation tools in selected sites. For example, several districts are implementing Sisters Peer Adherence Support Groups for FSW clients, with referral and counter-referral between community and facility partners. The groups integrate and promote PrEP and ART adherence, which has led to increased retention rates.

Despite this progress, programmatic gaps remain including:

- Inadequate funding for the KP programme
- Weak legal and policy environment for KP response
- Paucity of data to inform strategic direction and geographic coverage.
- Stigma and discrimination at community and facility service delivery points
- Limited knowledge among KP clients on available combination prevention interventions such as PrEP
- Low risk perception among KP, limiting uptake of services
- Limited understanding among service providers on needs of KP
- Lack of comprehensive KP services in the public sector facilities
- User fees and transport costs in accessing services at public health facilities
- Unavailability of condoms and lube in most service delivery points
- Weak integration of KP services with other HIV combination prevention services
- Inadequate systems for KP referral to and from communities, follow up, and retention in care possibly due to high levels of stigma and discrimination
- Limitations in risk network referral and Index testing with limited use of enhanced peer mobilisation models.

Overall strategic approach

A combination of strategies will be used to ensure KP have access to a comprehensive package of HIV and STI services both at community (stand-alone service delivery points) and facility level. This will require that there is a conducive legal and policy environment for KP. Specific to KP, multiple entry points including outreach, social networking, peer to peer approach and community mobilization will be used to reach, find and provide KP-friendly services or to actively refer them to service delivery points. The overall approach will be the scaling-up of interventions that have been found to be working (and which are mainly donor-led) and transitioning more to public sector facilities to ensure increased coverage and sustainability. Through provider capacity building, public sector facility delivery points will be strengthened to provide KP-friendly services. The strategy will support the size estimation of KP in the country by district and sub-population. Based on this, the country will undertake micro-planning by district to detail out targeted geographical or district and sub-population specific KP response. The necessary donor and domestic funding will be mobilized.

Strategies and Key Actions

Strategy 1. Create an enabling environment for the KP response

Key actions

a. Utilize the Legal Environment Assessment (LEA) findings and recommendations.
b. Empower KP, communities and service providers in KP-related policies for KP stigma and discrimination reduction
c. Strengthen the management of the KP programme and ensure meaningful participation of KP at all levels

Strategy 2. Build the capacity of public sector facilities to provide quality and integrated KP-friendly services

Key actions

a. Build health care workers' clinical competence to provide KP-friendly facility-based services which also address management of sexual and gender-based violence (SGBV) against KP, including referral for care following SGBV

Strategy 3. Demand generation and increased uptake of HIV and STI services by KP

Key actions

a. Assessments to understand barriers in uptake of HIV and STI prevention and treatment services by KP
b. Scale-up the Enhanced Peer Mobilization (EPM) model for demand generation through peer education and positive care-seeking behaviour among KP
c. Engage innovative approaches for reaching KP with demand creation messages

Strategy 4. Improve service Delivery for KP

Key actions

a. Increase access to HIV and STI services by KP
b. Implement national KP subpopulation-specific minimum packages of HIV and STI prevention and treatment services
c. Scale-up KP services including strengthening linkages and support services for HIV, STI and SGBV
d. Strengthen linkages to enhance KP-friendly service provision and address SGBV for KP
e. Strengthen KP peer support
f. Strengthen the quality of services provided to KP

4.1.5 Strategic Objective 4.5: 90% of Vulnerable Groups (VG) reached with quality HIV and STI prevention services by 2025.

Contextual Analysis

Vulnerable groups (VG) in Zimbabwe are described as underserved populations that require targeted efforts as they are least engaged in HIV/STI prevention, treatment, care and support. They include orphans and vulnerable children (OVC), adolescent girls and young women (AGYW), adolescent boys and young men (ABYM), artisanal miners, people with disability (PWD), long distance truck drivers (LDTD) and mobile populations. Epidemiological data and access to services information for most of the VG is lacking, making it difficult to track the epidemic and response efforts. Several factors contribute to high HIV susceptibility among VG. The number of new infections among children aged 0-14 years was estimated at 5,486 in 2018[8]. It is estimated that in Zimbabwe there are 1.3 million orphans[9]. HIV is one of the main contributing factors to the number of orphans in the country with some children infected through MTCT. The majority of orphaned children lack care from relatives due to the destruction of the family networks in the country, making them vulnerable to HIV acquisition. The children are often unable to regularly attend school, a protective factor against HIV.

Adolescents have poor access to HIV services. Among those aged 15 to 24 years, HIV incidence among females is four times higher than the incidence among their male counterparts. In this

8 MOHCC, AIDS & TB Unit, 2019
9 Zimbabwe National Data, 2018

same age group, only 52% know their HIV status and they suffer a significant loss of 24% between diagnosis and enrolment into care[10]. Access to HIV services is hampered by stigma and discrimination from health care workers in health facilities, in addition to low risk perception and poor health seeking behaviour. The 2014 Zimbabwe Multiple Indicator Cluster Survey (ZMICS) indicates that about a quarter (24.5%) of young females and 1.7% of young males aged 15 to 19 years, respectively, were married or in a union, and this is confirmation of the problem of early marriage among female adolescents. Age mixing was prevalent for young women, with one fifth (19.9%) of those aged 15 to 19 years and 17.5% of those aged 20-24 years married or in a union with a male partner who was ten or more years older. These age differences make it difficult for the woman to negotiate important issues such as safer sex. Sexual and gender-based violence (SGBV) is a challenge that exposes females to HIV, with 9% of women aged 18 to 24 years reporting having experienced sexual violence before turning the age of 18 years, while 4% of those aged 13 to 17 years had experienced sexual violence in the previous year[11]. It is estimated that 20-25% of HIV infections in young women are due to SGBV with 35% of those aged 20-24 years having experienced physical violence [12]. Most SGBV goes unreported as close relatives will be the perpetrators of most of these crimes[13].

Zimbabwe's Environmental Management Regulations (2014) defines an artisanal miner as "a miner who carries out mining activities using simple tools and employs up to 50 people. These include government-registered groups, syndicates, or co-operatives." Artisanal mining has experienced phenomenal growth in the past few years due to the high value of the minerals and high rate of unemployment. Most of the mining sites are characterized by poor health and safety practices. In Zimbabwe, small-scale mining sites are among the high HIV transmission areas. These sites tend to have an influx of FSW who ply their trade at the mining sites as miners are known to having sizable disposable incomes. The risky sexual activities with FSW expose the miners to a high possibility of acquiring HIV while having limited access to HIV and other health services.

It is estimated that 11% of working-age individuals in Zimbabwe have a disability, with women having a higher disability prevalence than men at 12.9% and 9% respectively[14]. Persons with disabilities in Zimbabwe are more likely to experience poverty and discrimination due to negative social and cultural norms. They also experience problems with accessing health, education, and employment. Individuals with disabilities have fewer mean years of education completed compared to their non-disabled counterparts. Generally, in Zimbabwe, health care services are not designed to cater for people with disability in terms of accessibility and access to information by deaf, visually impaired, physically, and mentally challenged persons. Access to health services is also affected by the lack of suitable transportation facilities and unaffordable user fees.

LDTD are highly vulnerable to HIV infection and onward transmission of HIV along major trucking routes. At the border posts, the extended waiting periods for goods to be cleared by border officials exposes LDTD to a higher risk of HIV infection from having sexual relations with FSW. In 2016, the Zimbabwe National Council for the Welfare of Children (ZNCWC) commissioned a research on young women in commercial sexual exploitation (YWCSE) along two transport corridors in Zimbabwe[15]. About 10.7% of the YWCSE in the study reported that their sexual clients are LDTD and 27.6% indicated that their source of clients was truck stops, where they can get both LDTD and clients from the general

10 ZIMPHIA, 2016
11 Young Adult Survey, 2018
12 HIV Epidemiological Review, MOHCC, 2019
13 Global AIDS Monitoring (GAM) Report. 2018

14 Disability Rights in Zimbabwe. December 2014, Swedish International Development Agency (Sida)
15 North-South Corridor Demonstration Project: Ethical and Logistical Challenges in the Design of a Demonstration Study of Early Antiretroviral Treatment for LDTD along a Transport Corridor through South Africa, Zimbabwe, and Zambia

population. Access to health care is a challenge for LDTD either because they have limited access to health care due to financial and time constraints or some facilities will have closed when the drivers get to the border.

Zimbabwe has a long history of mobility and cross-border migration in the Southern African region. Understanding the link between population mobility and HIV is important in ensuring the development of appropriate policies and interventions. Employment and trading opportunities in South Africa and other neighbouring countries have increased the levels of mobility by Zimbabweans of various ages. Migrant workers are often away from home for many months resulting in isolation, loneliness, access to alcohol and other drugs and sex workers. These facilitate risky sexual behaviours which endanger the lives of the worker, their sexual partner and family. The health of mobile populations is jeopardised by the lack of access to health care as some countries will not provide these services to non-citizens. Female mobile populations are vulnerable to HIV and are also at risk of violence, rape, and exposure to risky sexual behaviours, including transactional sex. The women who are stay-at-home wives or partners are also at risk of HIV infection if the partner returns home infected with HIV. In most cases, the woman cannot negotiate safer sex.

Several programmes have been put in place to address access to HIV and STI services by VG, whilst some donors are also funding an OVC programme through the UN and various Implementing Partners. Support to accessing health services, education and socio-economic support is provided to OVC in collaboration with the Ministry of Primary and Secondary Education (MOPSE), Ministry of Health and Child Care (MOHCC) and the Ministry of Labour and Social Welfare (MOLSW). Some of this support includes school-related assistance, psychosocial support, food and nutrition, medical assistance, and household cash transfers.

The UNICEF Child Protection Unit runs an HIV Sensitive Social Protection programme where poor households are targeted and get cash transfers while the HIV Unit provides information, screening for HIV and referral for treatment and other services. They use the Family-Centred Care Programme in the provision of HTS and care and treatment. Case Care Workers attend to households affected by HIV and refer children who need education, food supplements and health care. Utilization of the CATS model has improved the treatment cascade for these children.

The DREAMS programme, which is designed for the adolescents girls and young women to reduce new infections among AGYW is implemented in six districts, which are –Bulawayo, Gweru, Mutare, Makoni, Chipinge and Mazowe. The core intervention strategies in DREAMS include empowering girls with life skills and reducing their risk of getting HIV, mobilizing communities for norms change, strengthening families through household economic strengthening and implementing programmes that reduce risks among their male partners. The DREAMS programme also targets YWSS or trading sex, out of school girls aged 15-24 years, GBV survivors, OVC (a key sub-population) and their caregivers. A Unique Identifier Code (UIC) system is used to track the adolescents accessing layered services. Boys also benefit from the DREAMS programme through the provision of VMMC and Comprehensive Sexuality Education (CSE) which is provided in primary and secondary schools from nine years of age. Zimbabwe has an Education Policy that guides the delivery of comprehensive sexuality education. The country is implementing youth programmes to ensure that young people have skills, knowledge, and capacity to protect themselves from contracting HIV and as well as promoting their access to SRH services. There are programmes addressing in and out of school HIV/GBV prevention with One Stop Centres for post-violence care. A Faith-Based Initiative plays a key role, among congregants, in the prevention of HIV and SGBV, timely reporting of GBV cases, referral for management of GBV survivors and cascading HIV interventions. Also, programmes

have been designed to ensure that ABYM have access to HIV prevention and treatment services through the VMMC programme. VMMC and ASRH linkages have been created to facilitate access to and uptake of HIV services by ABYM. Furthermore, health care workers have been trained in the provision of adolescent and youth-friendly services, with some health facilities having youth-friendly corners from which services are provided. Health services including HTS, HIV and STI are provided for artisanal miners by surrounding health facilities or through NGOs as outreach services to mining sites located far from health facilities.

On the 22nd of May 2013, the Government of Zimbabwe approved a new Constitution which takes a more inclusive approach to issues pertaining to PWD. The Government has taken several legislative and policy steps that demonstrate a commitment to advancing the rights of persons with disabilities. Further, in September 2013, Zimbabwe ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) which provides the basis for increased attention to the discrimination, abuses and poverty that affect women and men with disabilities. Some health workers have been trained in Sign Language to facilitate communication with deaf persons.

HIV programmes in recent years have included scaling-up of interventions in border towns to reduce HIV infections. The SADC Cross-Border Initiative (CBI) has twelve participating SADC member states who include Angola, Botswana, Democratic Republic of Congo, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, United Republic of Tanzania, Zambia, and Zimbabwe. The high HIV prevalence along the transport corridors gave 'birth' to the initiative in 2011 when a baseline survey revealed that the HIV prevalence rate among FSW and LDTD was 53% and 26% respectively. The overall objective of the CBI is to reduce HIV incidence and morbidity associated with HIV and AIDS, HIV/TB co-infection amongst LDTD, FSW and communities around borders and mitigate their associate impact in the SADC region.

The CBI provides basic HIV and AIDS services which include HIV Testing services, STI prevention and treatment services, provision of both male and female condoms, ART, and PrEP as well as basic primary health care services. The CBI handed over four Wellness Clinics at the Victoria Falls, Beitbridge, Forbes, and Chirundu South border posts of Zimbabwe. The clinics remain under the jurisdiction of the District Medical Officer. Local communities, mobile populations and key populations can also access the same facilities that are accessed by LDTD.

Despite this progress, programmatic gaps and challenges for VG response remain including:

- poor access to HTS, HIV and STI prevention, treatment care and psychosocial support services
- existence of policies affecting VG access to HIV and STI services such as age of Consent for accessing SRH services
- sub-optimal integration of HIV services with ASRH for VG
- high rates of SGBV against AGYW placing them at high risk of HIV
- ABYM lack skills to address norms that put their female partners at risk
- stigma and discrimination especially to PWDs which affects their access to HIV and STI services
- lack of skills such as Sign Language skills among service providers to enable the provision of quality services to PWDs
- IEC materials for visually impaired persons are not available in Braille
- health facilities are not designed to facilitate access by PWD, for example, lack of wheelchair ramps
- immigration related challenges including the lack of legal documents making it difficult for mobile populations to receive services outside their country.

Overall Strategic Approach

Access to HIV and STI services will be a key consideration through ensuring an enabling environment created to facilitate access both within and outside Zimbabwe for selected VG. This will entail high level advocacy, policy reviews and community buy-in for mitigation of SGBV. Targeted service delivery approaches will address access for each subgroup, coupled with relevant training of service providers.

Strategies and Key actions

Strategy 1. Creating enabling environment for VG response

Key actions

a. Address policies that have a negative impact on access to HIV and STI services by VG.
b. Address stigma and discrimination against VG.
c. Build the capacity to address SGBV at community and health facility levels.
d. Strengthen VG, HIV and STI response at all levels.

Strategy 2. Strengthen Service Delivery for VG at all Levels

Key actions

a. Strengthen cross border initiatives for HIV and STI prevention, treatment care and support
b. Scale-up evidence-based DREAMS initiative for AGYW and ABYM
c. Increase access to HIV information and services for PWD
d. Strengthen HIV literacy for adolescents, artisanal miners and LDTD
e. Strengthen access to HIV and STI services for OVC and adolescents
f. Address physical access of health facilities by VG including PWDs

4.1.6 Strategic Objective 4.6: 90% of People Engaged in Multiple Relationships Consistently and Correctly use Condoms by 2025

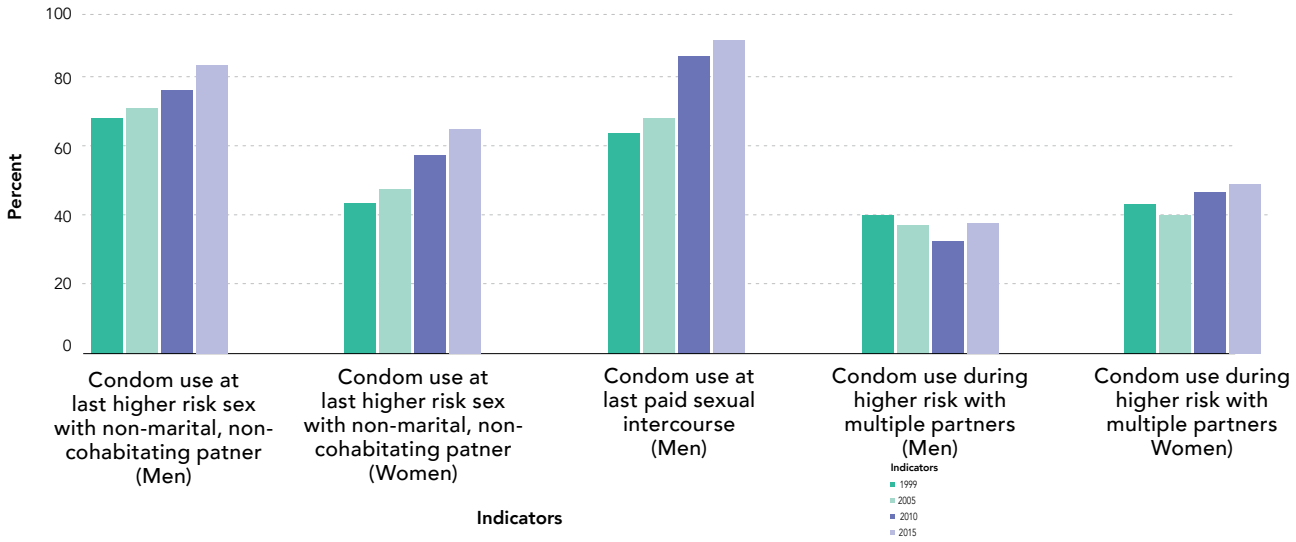
Contextual Analysis

In terms of condoms, Zimbabwe has adopted the UNAIDS target to increase the availability of condoms to 20 billion per year by 2020 in low- and middle-income countries and to achieve 90% condom use during the most recent sexual activity with a non-regular partner[16]. To meet this target, an estimated per capita condom use of 40 among men and 3 among women must be achieved. The target for Zimbabwe has been modelled on HIV infections to be averted.

When used consistently and correctly, condoms are highly effective in preventing HIV. Condoms are also effective at preventing STIs that are transmitted through bodily fluids, such as gonorrhoea and chlamydia. However, they provide less protection against the pathogens which spread through skin-to-skin contact such as the human papillomavirus (HPV), genital herpes, and syphilis. Thus, a comprehensive condom strategy is not a stand-alone venture, but to be implemented within an integrated manner with other interventions, including effective treatment protocols for STIs and HIV, voluntary medical male circumcision (VMMC), vaccination, pre-exposure prophylaxis (PrEP) of HIV and prevention of unintended pregnancies. According to ZDHS 2015, an estimated 2 million new HIV infections were averted by the increase in actual condom use between 1990 and 2016. In 2015, it was shown that condom use among young men 15-24 years, with multiple partners, increased from 50.5% in 2010 to 65.7% in 2015.

16 https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2016/february/20160212_condoms

Figure 24: Condom Use Trends in Zimbabwe (1999-2015)

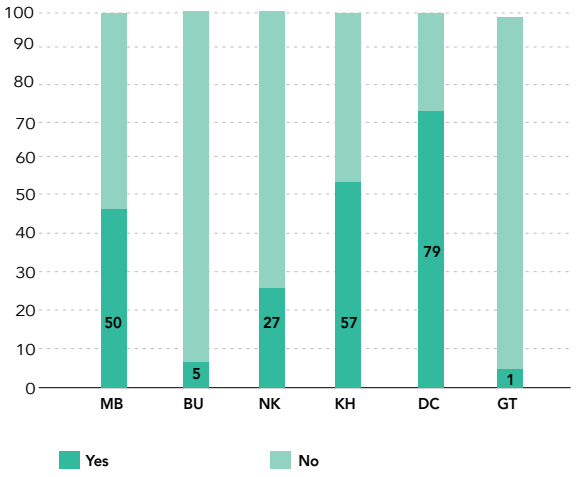


Source: ZDHS 2015

Male condom distribution increased in 2016 reaching a high of 104,423,569 against an annual target of 100,000,000. During the same period, female condom distribution was 4,899,651 against a target of 5,500,000. In a small study to determine the aetiology of STI syndromes, condom use among patients presenting with STIs was low in sexual encounters with the main partner as well as with casual partners as shown in figures 19 and 20.

Although these data are from a very small sample, they still indicate inadequate condom use among men at high risk of STIs, including HIV.

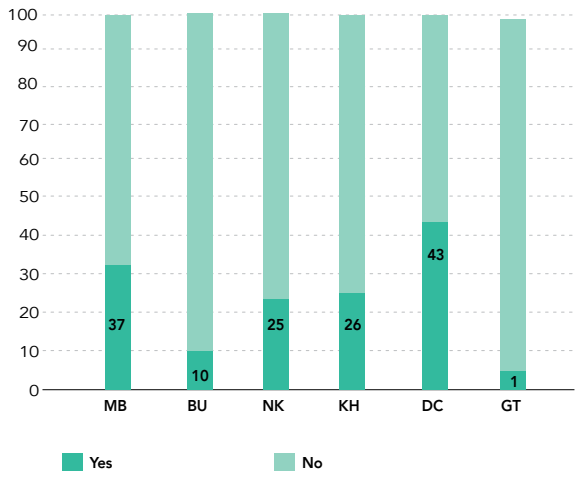
Figure 25: Condom Use Last Sexual Encounter with Casual Partner



Source: Zimbabwe STI Aetiology Study, 2015.

Note: MB=Mabvuku, BU=Budiriro, NK=Nkulumane Byo, KH=Khami Road Clinic Byo, Dulibadzimu Beit Bridge, GT= Gutu Masvingo

Figure 26: Condom Use Last Sexual Encounter with Main Partner



Source: Zimbabwe STI Aetiology Study, 2015.

Note: MB=Mabvuku, BU=Budiriro, NK=Nkulumane Byo, KH=Khami Road Clinic Byo, Dulibadzimu Beit Bridge, GT= Gutu Masvingo

For Zimbabwe to accelerate condom uptake, an aggressive scaling-up programme of condom distribution and use needs to be implemented with an estimated per capita condom use of 40 among men and 3 among women, as required to meet the UNAIDS target[17]. Availability of condoms to meet demand and promotion of consistent and correct use of male and female condoms requires that the targeted populations are known, and condoms are distributed with a targeted focus.

Despite the progress, challenges in condom programming still exist. Major gaps and challenges include:

- Inadequate funding for condoms procurement and programming
- Inadequate and quality data for condom programming
- Limited condom brands within the public sector leading to brand fatigue
- Weak private sector condom distribution
- Inadequate condom access for young rural women and married couples
- Weak integration of condom programming with other HIV programmes

17 The Condom Push Re-Invigorating Condom Programming in Eastern and Southern Africa Within the Context of The Fast-Track Strategy, UNAIDS & UNFPA, 2015

Overall Strategic Focus

To address the above cited challenges, the national condom programming drive will focus on ensuring the availability of adequate male and female condoms, creating targeted demand and diversifying condom distribution, marketing approaches and platforms for accessing condoms. Additionally, condom provision will be integrated and made available across all the other HIV and STIs service delivery points. Described below are the strategies and key actions to be implemented under these strategic objective areas.

Strategies and Key Actions

Strategy 1. Advocate for increased domestic and global funding for condom procurement and programming

Key actions

a. Advocate for adequate resource allocation for procurement and distribution of male and female condoms and lubricants
b. Conduct national forecasting and quantification of female and male condoms and lubricants for general and key populations
c. Procure adequate supplies of female and male condoms and lubricants

Strategy 2. Increase access to and availability of condoms and lubricants through targeted demand creation

Key actions

a. Conduct condom formative assessment on knowledge, perceptions and use of female and male condoms and lubricants

b. Implement rebranding of the public sector free condoms informed by the formative assessment
c. Informed by formative assessment findings, develop communication strategies and materials for condom marketing

Strategy 3. Diversify condom distribution, marketing approaches and platforms

Key actions

a. Conduct female and male condom and lubricants market segmentation and mapping
b. Promote supply and provision of free condoms using both traditional and non-traditional settings
c. Increase reach and utilisation of male and female condoms by high risk groups
d. Increase condom marketing and distribution through integration with other SRHR, HIV and STIs service delivery points

4.1.7 Strategic Objective 4.7: 90% of those sexually active reached with STI diagnosis, management, and treatment

Contextual Analysis

The MOHCC monitors STIs occurring throughout the country using the universal reporting of STI syndromes managed at all public sector health-care facilities. In addition, information is collected on serologic testing for syphilis in women attending antenatal care. However, Zimbabwe also has a considerably widespread private sector health-care system comprising general practitioner surgeries, private hospitals, and private out-patient health-care outlets, from which no data are collected for STIs and condoms. Table 7 shows the total number of STIs reported annually in Zimbabwe from 2010 to 2016. There has been downward trend of all STI syndromes observed from 1995 to 2016 as shown in figure 27.

Table 8: Total STIs reported annually in Zimbabwe from 2010 to 2016

Year	2010	2011	2012	2013	2014	2015	2016
Total males with STI	56,113	109,593	125,583	134,352	118,203	113,547	107,760
Total females with STI	89,204	174,995.3	193,569	198,610	171,004	155,576	144,282
All STIs	148,016.3	289,100.3	323,735	337,569	293,243	272,390	255,000

Source: Analysed Data from Reporting Health Facilities; MOHCC 2017

Figure 27: STI Syndromes Reported in Zimbabwe 1995 to 2016

Source: Analysed Data from Reporting Health Facilities; MOHCC 2017

Considerable progress has been made in the prevention and control of STIs as shown by declines in STI-related syndromes routinely collected from public sector clinics. However, the new cases reported annually are still at a high prevalence and further efforts need to be put in place to sustain the reduction of STIs. With the assistance of international funding, Zimbabwe successfully conducted aetiological studies of STI syndromes in 2014/2015 which gave updated information on the common causative pathogens for each of the syndromes of urethral discharge, genital ulcer and vaginal discharge, all using multiplex polymerase chain reaction (PCR) molecular testing[18,19,20]. In addition, another study to determine antimicrobial resistance in Neisseria gonorrhoea from five sentinel health-care facilities was successfully concluded between 2015 and 2016. The results of this first national surveillance study provided information to guide the management of gonococcal infections in the country[21].

In summary, the key achievements of the STI programme include:

- Development of relevant policies, strategies and guidelines including the STI Prevention and Control Strategy 2017-2021 and STI management guidelines
- Congenital syphilis being successfully included as part of the EMTCT agenda
- Routine syphilis testing for pregnant women has been implemented and has been successful, reaching more than 90%
- Monitoring and evaluation tools, including for congenital syphilis developed
- Integration of STIs and HIV interventions including provision of HIV testing and counselling to STIs clients has been implemented.
- Staff capacity has been strengthened in STI management with 1,500 health workers having been trained in syndromic management of STIs
- Implementation of effective STI surveillance including monthly case-based reporting and ANC surveillance.

Despite these achievements, the STI programme continues to experience challenges, especially at the implementation level. These gaps are grouped into three clusters of:

18 Rietmeijer CA et al. The etiology of male Urethral Discharge in Zimbabwe: Results from the Zimbabwe STI Etiology Study. Sex Transm Dis 2018;45(1):56-60.
19 Mungati M et al. The etiology of Genital Ulcer Disease and Co-infections with Chlamydia trachomatis and Neisseria gonorrhoeae in Zimbabwe: Results from the Zimbabwe STI Etiology Study. Sex Transm Dis 2018;45(1):61-68.
20 Chirenje ZM et al. The Etiology of Vaginal Discharge Syndrome in Zimbabwe: Results from the Zimbabwe STI Etiology Study. Sex Transm Dis. 2018;45(6):422-428.
21 Latif AS et al. Antimicrobial susceptibility in Neisseria gonorrhoeae isolates from five sentinel surveillance sites in Zimbabwe, 2015-2016. Sex Transm Infect. 2018 Feb;94(1):62-66

a. Inadequate financial resources leading to-efficient supply chain management that results in stock-outs of STI medicines, reagents, and test kits at both local and national level
b. Weak institutional capacity including limited health worker's capacity for syphilis testing and weak systems for quality assurance in provision of STI services especially lab services
c. Policy related challenges including weak reporting by the private sector, user fees that hinder access to services, unavailability and poor adherence to guidelines and standards

Overall Strategic Approach

To address the identified gaps and challenges, this strategy will focus on implementing three strategies of harmonizing and strengthening the national response at all levels, provision of norms and standards for patient-centred care of persons presenting for STI care and strengthening capacity of health workers on STI diagnosis and treatment through training, supportive supervision and mentorship

The health systems gaps including advocacy of STIs funding, procurement of essential commodities and supplies, strengthening of the laboratory systems, monitoring and evaluation, operations research and surveillance are addressed under the resilient and the sustainable systems domain of this strategy. Additionally, STIs prevention and management is integrated with other combination prevention interventions of HTS, PrEP, VMMC, KPs, VGs, condom programming and in EMTCT where the country has adopted dual elimination of MTCT of HIV and congenital syphilis.

Strategies and Key actions

Strategy 1: Harmonisation and strengthening the national response to the prevention of STIs, including, community-based, community-led preventive and referral mechanisms

Key actions

a. Develop and update STI prevention, treatment, and management IEC/SBCC materials
b. Increase access to information on STIs prevention, management and treatment through various channels of communication, including the radio, newspapers, newsletters, health-care providers, and communities
c. Ensure stigma-free provision of STI prevention, management and treatment for clients and their partners

Strategy 2: Provision of norms and standards for patient-centred care of persons presenting for STI care

Key actions

a. Increase the availability of updated STI policies, guidelines, protocols, and job aides
b. Ensure adherence to the updated STIs guidelines, protocols and job aides through supportive supervision and mentorship visits to health facilities
c. Create an enabling environment for access to STIs prevention, management, and treatment services

Strategy 3: Strengthen capacity building of the health system on STI diagnosis and treatment through training, supportive supervision, and mentorship

Key actions

a. Identify STIs training needs among service providers in both public and private facilities, and at community level and use this to develop a national STIs training plan

b. Review and update STI training materials through consultative meetings with stakeholders
c. Conduct STI training for service providers at both public and private facilities and at community level based on the training needs assessment
d. Strengthen the capacity of laboratories to conduct STI tests to support syndromic management
e. Strengthen STI M&E, surveillance, and research

4.1.8 Strategic Objective 4.8 Achieve and sustain MTCT of HIV at less than 5% and congenital syphilis at less than 250 cases per 100 000 live births

Contextual Analysis

Zimbabwe has made impressive gains towards the achievement of the EMTCT targets. Through a MNCH integrated approach, the country has attained almost universal testing for pregnant women (99%). Additionally, 93.5% of all pregnant women living with HIV have been put on ART to prevent MTCT representing a more than 10% increase from 84% in 2015 (PMTCT Annual Report, 2015). Although the country has not achieved the 2018 target of an MTCT rate of 6.25%, the rate decreased from 10% in 2015 to 7.8% in 2018[22]. The proportion of infants born to HIV positive mothers who received infant ARVs prophylaxis, in 2018 was 75%. Table 9 provides a summarised performance of the EMTCT programme during the period 2015 to 2019.

22 2018 Spectrum estimates

Table 9: Progress on EMTCT Targets

Indicator	Baseline	2018 target	2020 target	Current Status
Percent of infactys born to HIV positive mothers who are infected	10.8% (SPECTRUM, 2015)	6.25% (ZHSSP Mid-Term Review)	5% (ZNAPS3)	7.8% (SPECTRUM, 2018) Some Progress
Proportion of pregnant women who know their HIV status	99% (DHIS2, 2015)	99% (ZNAPS3)	99% (ZNAPS3)	**99% (DHIS2, 2018) On track**
Proportion of HIV positive pregnant women who who are put on ART	83.2% (DHIS2, 2015)	No target	95% (ZNAPS3)	**93.5% (DHIS2, 2018) On track**
Percent of infacts born to HIV-positive women started on cotrimoxazole prophylaxis within 2 months of birth	60% (DHIS2, 2015)	65% (ZNAPS3)	70% (ZNAPS3)	**69% (GAM Report, 2018) On track**
Percent of infacts born to HIV-positive women receiving a virological test for HIV within 2 months of birth	54% (Pro-Report, 2015)	72% (ZNAPS3)	75% (ZNAPS3)	63% (GAM Report, 2018) Some Progress

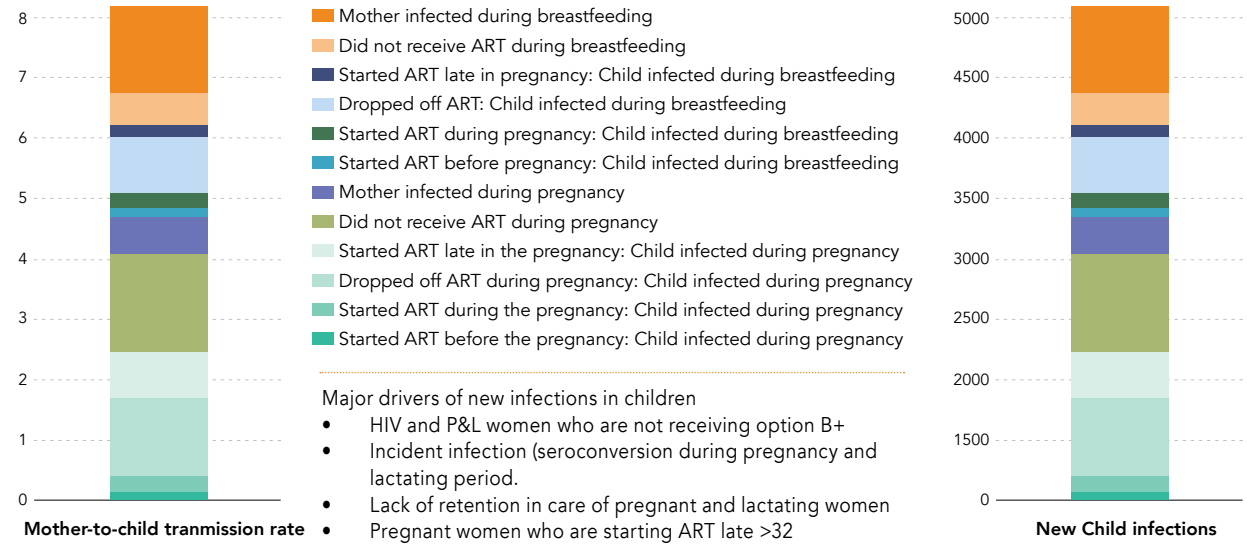
On track Some Progress

Source: PMTCT Progress Report 2019

Understanding the major sources of MTCT infections is critical to designing effective interventions for EMTCT. Like in many other countries in Southern Africa region, analysis of MTCT infections in Zimbabwe shows that the majority of infections occur because the:

- Mother was infected during breastfeeding period (18%)
- Mother dropped ART during pregnancy (14%))
- Pregnant woman started ART late (12 %)
- Did not receive ART during pregnancy (14%)
- Mother dropped ART during the breastfeeding period (12%)

Figure 28: Sources of New MTCT Infections in Zimbabwe



Source: National PMTCT Program Data 2018

The key drivers of MTCT in Zimbabwe are, therefore, HIV positive pregnant and lactating women not receiving option B+, incident infections, weak retention in care and pregnant women receiving ART care late at more than 32 weeks gestational age.

There is a dearth of information on the syphilis situation in the country. Available data estimates the prevalence of syphilis among pregnant women attending ANC at 1.9 %[23]. The STI prevalence is, however, reported to be higher among key populations, making it critical to strengthen syphilis and STI surveillance among key populations as part of the congenital syphilis elimination agenda.

Despite the progress made, the PMTCT programme continues to experience challenges with early ANC booking, ART initiation, weak retention in care and poor viral suppression especially among adolescent girls and young adult mothers. Priority bottlenecks include:

- Sub-optimal viral load testing coverage among pregnant and lactating women.
- Late ANC booking resulting in late ART initiation in pregnancy and possibility of incident infections
- Sub-optimal male involvement in EMTCT resulting in low uptake for services
- Weak private sector involvement in EMTCT responses including weak reporting
- Weak retesting in ANC, labour, and delivery and during the breastfeeding period
- Sub-optimal tracking of mother-infant pairs resulting in low retention
- Health systems challenges including laboratory and health information related challenges that negatively impact on EMTCT
- Sub-optimal integration of EMTCT and RMNCAH and N resulting in missed opportunities
- Weak EMTCT targeted interventions for pregnant and lactating adolescents and young women who are responsible for the majority of new MTCT infections
- Weak implementation of prong 1 and prong 2 of the WHO comprehensive approach to PMTCT
- Sub-optimal coverage of infant Prophylaxis (ARVs and Cotrimoxazole) and ART
- Inadequate syphilis prevention, diagnostic and treatment services.

Overall Strategic Approach

Given the documented source of new MTCT infections, to achieve EMTCT, the overall focus for the PMTCT programme will be ensuring early ANC booking, timely ART initiation and ensuring near 100% adherence and retention in the care for pregnant and lactating mothers and their infants. Programme data indicates that adolescent girls and young women are more likely to be infected and hence transmit HIV and syphilis to their infants, and more difficult to adhere to treatment and to be retained in care. HIV prevention for adolescent girls and young women is adequately covered under the combination prevention programme area and is, therefore, not discussed under the EMTCT programme area. With high cases of incident infections especially during the post-natal period, the PMTCT programme will prioritise interventions for the prevention of incident infections. Health systems related issues including laboratory management systems and health information which are key in EMTCT are covered under the resilient and sustainable systems thematic area.

23 https://tradingeconomics.com/zimbabwe/prevalence-of-syphilis-percent-of-women-attending-antenatal-care-wb-data.html

Strategies and Key Actions

Strategy 1: Promote early ANC booking, testing and initiation to treatment

Key actions

a. Implement interventions to promote male involvement in PMTCT
b. Partner with CHWs and other community players to promote early ANC booking

Strategy 2: Strengthen the prevention of unintended pregnancies among women and adolescents living with HIV

Key actions

a. Strengthen the integration of FP services in HIV, STIs and MNCH service delivery points.
b. Enhance provision of FP services at community level especially in partnership with networks of women living with HIV.

Strategy 3: Strengthen EMTCT and RMNCAH and N integration

Key actions

a. Strengthen coordination of RMNCAH and N and EMTCT programme.
b. Identify opportunities and implement integrated RMNCAH and N and EMTCT interventions across the continuum.

Strategy 4: Enhance adherence and retention in care for HIV positive pregnant and lactating women, their HEI and partners

Key actions

a. Scale-up VL monitoring for pregnant and lactating women through orienting service providers on the utilisation of VL results, creating demand for VL monitoring among pregnant women, and integrating EID into EPI services
b. Scale-up Peer to peer models including mentor mothers and expert clients to promote adherence and retention in care
c. Scale-up of the young mentor mothers' model to improve adherence, retention and VL suppression among pregnant adolescents and young mothers
d. Implement mobile health (mHealth) innovations such as mobile phone applications to support retention in care of pregnant and breastfeeding mothers and their children including the use of mobile phone reminders and WhatsApp innovations
e. Facilitate implementation of MTCT case audits at health facilities through the development of MTCT audit form and orienting health workers on its use
f. Strengthen combined provision of mother-infant pair services for enhanced retention
g. Implement innovative quality improvement "projects" to ensure retention in care of mother-infant pairs including the establishment of continuous quality improvement structures and their facilitation
h. Develop and disseminate IEC materials to improve uptake of EMTCT services

Strategy 5: Strengthen the prevention of incident infections especially during pregnancy and breastfeeding period

Key actions

a. Develop and implement a package of services for HIV-negative pregnant and lactating women
b. Enhance compliance to re-testing of HIV and syphilis negative pregnant and lactating women.
c. Build the capacity of health workers in the implementation of evidence-based interventions to prevent incident infections among pregnant and lactating women at high risk of HIV acquisition.
d. Implement innovative interventions to increase HTS for male partners of pregnant and lactating women including partner initiated HIVST.

4.2 Thematic area 2: HIV Care and Treatment

Under this thematic area, the HIV and STI strategy will implement three intertwined strategic objectives. Given the interlinkages between the objectives, these three objectives are jointly discussed. The three strategic objectives are:

- 4.2.1 Strategic Objective 4.9: 95 % of PLWHIV who know their status in all regions and among all populations are receiving treatment
- 4.2.2 Strategic Objective 4.10: 95 % of people on treatment in all regions and among all populations have suppressed VL
- 4.2.3 Strategic Objective 4.11: 95 % PLWHIV have increased access to screening, prevention, management, and treatment for HIV including TB, NCDs, STIs, Hepatitis

Contextual Analysis

Zimbabwe has made significant progress in the HIV care and treatment cascade. The number of people living with HIV enrolled on ART increased to over one million by end of 2017[24] translating to above 80% ART coverage among the total number of people living with HIV. The Country's scale-up of test and treat guidelines and the implementation of innovative approaches such as same day ART initiation and community ART retention approaches such as Community ART Refill Groups (CARG), have led to increased ART coverage and linkage. The country exceeded targets for initiating children on treatment (83%). Table 10 shows the country's progress on care and treatment indicators.

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Table 10: Progress on Care and Treatment Indicators

Indicator	Baseline	2018 target	2020 target	Current Status
Proportion of adults with HIV on ART	82% (SPECTRUM, 2015)	90% (ZNAPS3)	95% (ZNAPS3)	87% (HMIS, 2018) Some Progress
Proportion of children with HIV on ART	60% (SPECTRUM, 2015)	76% (ZNAPS3)	81% (ZNAPS3)	**99% (HMIS, 2018) On track**
Percentage of adults with HIV known to be on treatment 12 months after initiation of ARVs	91.9% (ePMS, 2015)	85% (ZNAPS3 M&E Plan)	85% (ZNAPS3 M&E Plan)	**93.5% (ePMS, 2018) On track**
Percentage of children with HIV known to be on treatment 12 months after initiation of ARVs	87.8% (ePMS, 2015)	85% (ZNAPS3 M&E Plan)	85% (ZNAPS3 M&E Plan)	**69% (ePMS 2018) On track**
Percentage of health facilities dispensing ARVs which have experienced a stock out of a t least one required ARV in the last 12 months	3.9% (eLMIS, 2015)	0% (ZNAPS3 M&E Plan)	0% (ZNAPS3 M&E Plan)	63% (GF Report, 2018) Some Progress

On track Some Progress

Source: HIV and STIs Review Report, 2019.

Despite these significant accomplishments, programme and survey data shows that a significant proportion PLWHIV, especially men, children and key populations, are yet to be identified. ART coverage was 86% in women but only 63% in men by end of 2017. Overall, country progress data also indicates that there is sub-optimal viral suppression for those on treatment, especially adolescents (72%) and children (77 %).

To ensure epidemic control, the country will need to fast track targeted interventions to find the link to treatment and retain those lagging behind, men, children, adolescents, and key populations. In summary, the following are the remaining priority gaps under the HIV care and treatment thematic area:

- A significant number of people living with HIV are still not on treatment, most of them being children, adolescents, men, and key populations.
- Sub-optimal linkage to treatment and retention in care especially among children, key and vulnerable populations, adolescents, and men.
- Low viral load suppression resulting from weak laboratory interface, high VL rejection rates, under-utilisation of available decentralized testing platforms and sub-optimal use of results.
- Sub-optimal integration of TB, NCD and palliative care in HIV care and treatment.

Overall Strategic Approach

This thematic area will be innovatively integrated with HTS (presented under combination strategy) to ensure finding and testing of PLWHIV not identified, and linking them to treatment as soon as possible and retaining them in care with a suppressed viral load. While sustaining gains already made under this programme area, the country will in the next five years focus on sub-populations and districts that are lagging behind across the cascade. Under this thematic area, the country will strengthen the integration of HIV diagnosis, care, and treatment with TB, STI, NCD and other co-morbidities. The country will scale-up TB/HIV integrative activities especially TB preventive treatment remains a priority.

Strategies and Key Actions

Strategies and key actions under this programme area are organised under four focus areas.

- **Focus area 1**: Link and retain infants and children in HIV care and treatment
- **Focus area 2**: Link and retain adults with special focus on men
- **Focus area 3**: Increase coverage and quality of care in the delivery of HIV care and treatment services
- **Focus area 4**: Strengthen collaborative management of co-morbidities, advanced HIV disease and other non-communicable diseases

Focus area 1: Link and retain infants and children in HIV care and treatment

Strategy 1. Enhance retention in treatment and care for infants and children

Key actions

a. Standardize and strengthen the adherence and retention support package for children
b. Optimize formulations and treatment regimens for children including second and third-line regimens
c. Utilise innovations such as mobile phone technology to follow up mothers and caregivers
d. Build the capacity of service providers to provide enhanced counselling and support to caregivers for improved adherence and retention
e. Engage peers including mentor mothers, CATS, and other expert patients to promote child adherence and retention

Focus area 2. Link and retain adults with special focus on men

Strategy 2. Optimize linkage to treatment and retention for adults with a focus on men

Key actions

a. Support linkage to treatment and retention through the use of peer expert clients
b. Implement innovative approaches to track clients including use of CHWs, mobile phone technology and appointment diaries
c. Train health care providers to adequately link and provide enhanced adherence counselling across the cascade of care for clients newly tested HIV-positive
d. Scale-up working HIV care and treatment DSD models for men including extended clinic hours and weekend clinics
e. Support scale-up and modification of Community ART Refill Groups (CARG) to address needs of specific sub-populations including cross-border CARG especially in border districts, fast-track ART refills, multi-month scripting and multi-month dispensing
f. Intensify communication and messaging to promote adherence and benefits from adherence such as U=U
g. Scale-up implementation of treatment literacy programmes for clients on ART

Focus area 3: Increase coverage and quality of care in the delivery of HIV Care and treatment services

Strategy 3: Promote the use of a minimum package of services for individuals testing HIV-negative including risk assessment and reduction, condoms, PrEP and VMMC

Key actions

a. Strengthen the competency of health care providers to offer immediate and on-going post-test counselling including risk assessment and reduction
b. Implement a minimum package of HIV prevention services for those testing negative
c. Strengthen access to and uptake of HIV prevention services for those testing negative for HIV
d. Strengthen the orientation of health care providers on the criteria for re-testing after an HIV-negative result

Strategy 4. Strengthen optimization of treatment regimens

Key actions

a. Advocate for and create buy-in for optimization of treatment regimens
b. Develop and implement guidelines to support the provision of Optimized regimens including TLD
c. Build the capacity of service providers in the provision of optimized regimens including TLD
d. Create the demand for and uptake of optimised regimens including TLD

Strategy 5. Prevention and monitoring of HIV drug resistance

Key actions

a. Establish the national capacity for HIV drug resistance genotyping
b. Scale-up roll out of third-line antiretroviral medicines at central and provincial levels

Strategy 6. Strengthen viral load monitoring

Key actions

a. Strengthen the viral load monitoring system through quality improvement initiatives to address bottlenecks including Long TAT
b. Strengthen and improve efficiency in the implementation of the integrated sample transportation system
c. Strengthen the use of VL results

Strategy 7. Scale-up quality improvement activities

Key actions

a. Establish accountability mechanisms in the delivery of quality HIV testing, care and treatment services including use of service charters and client feedback
b. Build the capacity of health care workers to analyse, identify challenges and apply QI methodology to solve challenges at provincial, district and facility level

Focus area 4. Strengthen collaborative management of co-morbidities, advanced HIV disease and other non-communicable diseases

Strategy 8: Strengthen TB and HIV collaborative activities

Key actions

a. Strengthen TB and HIV integrated planning, review, and implementation at all levels
b. Scale-up TB case finding and notification among PLWHIV by improving the quality of TB screening and facilitating increased use of GeneXpert MTB/RIF
c. Scale-up the provision and use of urinary LAM for the diagnosis of TB in PLWHIV
d. Scale-up facility and community-based TPT delivery models such as CARGs
e. Support community cadres including community health workers, expert clients, and peers to conduct TB screening and referral to health facilities

Strategy 9: Strengthen the management of Advanced HIV disease and Opportunistic infections including cryptococcal meningitis

Key actions

a. Scale-up the provision of co-trimoxazole prophylaxis as per national guidelines
b. Scale-up interventions for diagnosis, prevention, and management of cryptococcal disease in PLWHIV
c. Expand CD 4 testing for clients starting HIV treatment and those with advanced HIV disease

Strategy 10. Strengthen the integration of NCDs and mental health into HIV care and treatment

Key actions

a. Advocate for the integration of NCDs and mental health into HIV care and treatment
b. Strengthen the use of protocols, guidelines, and SOPs for supporting NCDs and mental health integration into HIV care and treatment
c. Build the capacity of health workers to integrate NCDs and mental health into HIV care and treatment
d. Scale-up promising practices in integrating mental health in the context of HIV care and treatment such as the friendship bench
e. Create demand and uptake of integrated HIV and NCD and mental health services by PLWHIV
f. Scale-up the integration of cervical cancer screening, diagnosis, and management in HIV and STIs prevention, treatment and care programmes

Strategy 11. Strengthen the integration of hepatitis screening, care and treatment into the HIV and STI response

Key actions

a. Advocate for the integration of viral Hepatitis screening, treatment and management with HIV and STIs response
b. Implement interventions to increase demand for viral Hepatitis screening, treatment and management especially among PLWHIV
c. Develop and implement guidelines and protocols on integrating viral hepatitis in the context of the HIV and STI response
d. Build the capacity of service providers to provide viral hepatitis screening, treatment, and management in the context of the HIV and STIs response

4.3 Thematic area 3: Gender, equity, human rights, and community engagement

4.3.1 Strategic Objective 4.12: A HIV and STI programming that engages communities and is gender, equity, and human rights sensitive

Contextual Analysis

Ensuring gender responsiveness, equity and human rights are key ingredients of the HIV response. Zimbabwe is a signatory to the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW); the UN Convention of the Rights of the Child; the Universal Human Rights Declaration and the SADC Protocol on Gender and Development adopted by Heads of State in August 2008. According to the 2015 ZDHS, the proportion of ever-married or partnered women 15–49 years old who experienced physical or sexual violence from a male intimate partner in the past twelve months was at 19.8%. A total of 9010 cases of sexual abuse were reported among females compared to 757 among males with the highest number of cases being reported in Harare and Manicaland provinces. To ensure gender considerations in the HIV response, a National Gender and HIV Implementation 2017-2020 plan was developed through a consultative process. This strategy will utilise this plan in ensuring gender is mainstreamed in planning, budgeting, programming, monitoring and evaluation. Although stigma and discrimination has reduced among the general population, there are still pockets of stigma and discrimination especially towards key populations. A study by CeSHHAR reported that about 5.9% of FSW avoided seeking healthcare in the last twelve months because of stigma.

Major gaps and challenges under this thematic area include:

- Limited opportunities and platforms for communities to air their voices and provide recommendation on the HIV and STI response in the country
- High levels of economic and social vulnerability among PLWHIV limiting their rightful access to quality treatment and other health services

- Lack of coordination platforms for networks of PLWHIV and KPs representing diverse groups
- Stigma and discrimination especially towards KPs at both community and facility level
- Weak programming on HIV and ageing

- Uncoordinated and fragmented GBV and Health Services for GBV survivors.

Strategies and Key Actions

Strategy 1. Address Stigma and discrimination in access and utilisation of HIV and STIs services

Key actions

a. Implement national stigma index-after every 2 years
b. Disseminate findings from the stigma index, develop and implement action plan to address identified stigma issues
c. Target community mobilisation involving groups of PLWHIV and KPs to address stigma at community level
d. Train service providers on provision of stigma free HIV and AIDS services including training in value clarifications especially in KP service provision
e. Active and meaningful involvement of PLWHIV including expert clients, mentor mothers and KPs in the provision of HIV and STIs services both at facility and community level

Strategy 2. Enhance facility community linkages and coordination in delivery of HIV and STIs services

Key actions

a. Conduct mapping and service delivery gaps of HIV and STIs service delivery cadres and groups in the country

b. Establish and strengthen clear reporting and coordination mechanisms between community cadres involved in HIV and AIDS service delivery and health facilities
c. Facilitate use of community score cards to enhance facility-community accountability in delivery of HIV and STI services
d. Implement community feedback mechanisms in delivery of HIV services including the use of client service charters, suggestion boxes and exit interviews

Strategy 3. Strengthen the capacity of community groups including networks of PLWHIV, adolescents and young people and key populations to participate in the HIV response

Key actions

a. Conduct capacity assessment and development capacity strengthening plan/ strategy
b. Strengthen the capacity of community groups including networks of PLWHIV, adolescents and young people and KP
c. Support community groups including networks of PLWHIV, adolescents and young people and KPs to participate in HIV and STIs response

Strategy 4: Address community vulnerability issues which impact on their access to HIV and STIs services

Key actions

a. Conduct vulnerability assessment on factors that increase risk to HIV acquisition and also negatively impact on access to HIV and STIs services
b. Implement interventions to address vulnerabilities at community level
c. Implement nutrition and food security interventions for PLWHIV

Strategy 5: Address policy and legal barriers that hinder access to HIV and STI prevention services

Key actions

a. Utilise results from UNAIDS supported national legal and policy barrier framework analysis

Strategy 6: Strengthen gender mainstreaming in HIV and STI response

Key actions

a. Update service providers on gender mainstreaming in the HIV and STIs response
b. Scale-up GBV interventions including ensuring all the time availability of PEP for SGBV survivors

4.4 Thematic area 4: Resilient and Sustainable Systems for Health

Strong and resilient health systems are critical for ensuring an effective response to the HIV and STI response. This thematic area covers the six WHO health systems blocks of:

a. Leadership and governance
b. Human resources for health
c. Strategic information
d. Procurement and Supply Chain Management and laboratory systems
e. Laboratory systems
f. HIV and STI response in humanitarian settings

4.4.1 Strategic Objective 4.13: Strengthened leadership and governance for an effective HIV and STIs response

Contextual Analysis

A strong leadership and governance at all levels is a critical ingredient of the HIV and STIs response. To ensure efficiency and effectiveness, there is need for a strong coordination of the response at all levels. Key achievements include:

- Strong political commitment to the HIV response demonstrated by the country having established NATF and the Health levy to fund HIV activities
- Presence of effective structures in place at both the national and sub-national levels to provide policy direction, coordination, and monitoring of the HIV response
- Strong partnership support and coordination for the HIV and STIs response
- Some level of engagement with private sector in HIV and STI response
- Remaining leadership and governance priority gaps and challenges include:
- Weak integration and coordination between different departments and units within MoHCC including with TB, RMNCAH and N, NCDs and Mental Health
- Too many Technical Working Groups resulting in the duplication and inefficiencies in the coordination of the HIV and STIs response
- Inadequate supportive supervision to the sub-national levels resulting mainly from inadequate funding and inadequate human resources at national level
- Low domestic financing for the HIV and STI response exposing the country to risks in case of donor pull out

Overall Strategic Approach

Under this strategic objective, the HIV and STI strategy will focus on strengthening coordination and integration between different programmes. The strategy will support the establishment of coordination forums where these do not exist and support their strengthening when established. Health care financing, an important pillar for an effective HIV and STIs response, is covered in this section as a component of leadership and governance. Key strategies and actions to be implemented under this strategic objective are discussed below.

Strategies and Key Actions

Strategy 1. Increased investments for the HIV and STI response

Key actions

a. Establish, empower, and facilitate HIV and AIDS financing advocacy/lobby group
b. Conduct resource mapping to identify commitments for the strategy period by thematic areas, and financing gaps and develop an HIV and STIs resource mobilisation strategy
a. Conduct an analysis of the overall country macro-economic situation and its impact on the HIV and STIs response and develop appropriate plans to sustain the HIV and STI response

Strategy 2. Strengthen coordination and integration in the HIV and STI response

Key actions

a. Strengthen the coordination between the MoHCC HIV, TB, RMNCAH, NCDs and other relevant departments through facilitating joint planning, review, and support supervision
b. Ensure functionality of HIV and STIs coordination forums including TWGs
c. Strengthen donor coordination through the already existing donor coordination desk to ensure efficiency in delivery of the HIV and STI response.

Strategy 3. Strengthen leadership and governance for the HIV and STIs response at all levels

Key actions

a. Conduct a review of the HIV and STI management and leadership functions at all levels
b. Strengthen staffing at leadership and management level for an effective HIV and STI response

4.4.2 Strategic Objective 4.14: Improved data quality and use for effective HIV and STIs response

Contextual Analysis

Adequate, timely and quality data is essential for tracking the response as well as for decision making towards improving the HIV and STIs response. Over the years, Zimbabwe has made significant investments in health information systems. The review conducted as part of this strategy development identified the following notable achievements under this strategic objective:

- Development and implementation of various electronic systems including District Health Information Systems (DHIS), Electronic Patient Management Systems (ePMS), electronic health records (EHR), electronic medical records system (ePOC) and logistics management information systems (LMIS)
- Increased use of data for decision making with some health workers being able to conduct cascade analysis
- Improved staff capacity in data collection, management and reporting
- Improved HIV data quality and timelines with functional data verification committees
- Though paper based, most of the visited facilities had the necessary HIV registers and M&E tools

Despite these achievements, the review documented some remaining gaps and challenges including:

- Inadequate strategic information staff both in terms of numbers and skills
- Weak supportive supervision and mentorship for HIV strategic information staff
- Inadequate strategic information infrastructure including lack of adequate computers, unavailability of internet and electricity connectivity
- Sub-optimal HIV data quality due to staff capacity gaps
- Lack of inter-operability between different electronic strategic information platforms
- Weak/or no reporting from private sector and uniformed service facilities
- Lack of unique identifiers resulting in weak tracking and reporting of false defaulters
- Largely paper-based system health information system
- Sub-optimal data use for decision making in improving HIV and STI response

Overall Strategic Approach

To address the identified gaps and challenges, this strategy will focus on improving on data quality and use through strengthening data quality audits and assessments and implementing data review meetings. Health workers' capacity will be strengthened HIV data analysis and use for decision making. Additionally, the strategy will focus on scale-up of inter-operable electronic systems for the AIDS response. To improve on learning from evidence, the country will focus on building the national capacity to design and implement HIV and STIs operations research. To ensure all HIV and STIs response data is captured, interventions to strengthen reporting by the private sector will be implemented. More specifically, the following strategies and key actions will be implemented.

Strategy 1. Improve HIV and STI data quality and use for decision making

Key actions

a. Conduct routine data quality assessments, audits, and reviews for HIV and STIs
b. Ensure the availability of adequate, updated and standardised HIV and STIs M&E data collection tools and their use
c. Strengthen HIV and STIs data use for decision making
d. Develop and rollout a Data Utilization Toolkit for the HIV and STIs response

Strategy 2. Scale-up use of electronic systems in HIV and STI

Key actions

a. Ensure the country's readiness for roll out of electronic systems for the HIV and STI response
b. Strengthen harmonisation and interoperability of HIV and STIs electronic systems
c. Build the capacity of health workers to use/ implement HIV and STIs electronic health information systems

Strategy 3. Strengthen HIV and STIs monitoring and evaluation, surveillance, and operations research

Key actions

a. Revise and update the national HIV and STIs operations research agenda
b. Build the capacity of the AIDS and TB unit in operations research designs, implementation, and documentation through partnership with research institutions and universities
c. Scale-up the use of HIV case-based surveillance
d. Support the implementation of HIV and STIs surveys
e. Conduct mid and end-term reviews of the HIV and STIs strategy

Strategy 4. Strengthen HIV and STIs reporting by private sector

Key actions

a. Develop and support the implementation of policy and guidelines to facilitate HIV and STIs reporting by private sector under the private public partnership (PPP) initiative
b. Train service providers in the private sector to collect data and report HIV and STIs data
c. Ensure the availability of HIV and STI reporting tools in private sector facilities
d. Facilitate HIV and STIs reporting by private sector facilities including by installing electronic systems and seconding data clerks in high volume clinics

Strategy 5. Strengthen HIV and STIs reporting by uniformed services

Key actions

a. Strengthen the implementation of relevant

   STIs reporting by uniformed services
b. Train uniformed service health care workers on HIV and STIs reporting
c. Ensure the availability of updated HIV and STIs reporting tools in uniformed services facilities
d. Facilitate HIV and STIs reporting by uniformed services facilities including by installing electronic systems and seconding data clerks in high volume clinics

4.4.3 Strategic Objective 4.15: Adequate, skilled, and motivated human resources for effective HIV and STI response

Contextual Analysis

Adequate, motivated and skilled human resources are key for effective delivery of quality HIV and STIs interventions. Zimbabwe has made progress in strengthening her human resources for the HIV and STI response including implementing a highly effective task shifting approach, maintaining a

competent workforce through innovative capacity building approaches such as mentorship and blended learning methods and piloting use of performance-based approach to increase staff motivation. Remaining gaps include:

- High levels of staff shortage resulting from freezing of employment by MoHCC, maldistribution and use of flexi hours resulting in an artificial shortage
- Demotivated health workers resulting in high attrition rates
- Sub-optimal capacity among health workers to provide specialised services such as PrEP and KP services
- High numbers of partner seconded staff at both national and service delivery levels creating a real sustainability risk in HIV and STI response in the event of donor/partner pull out

Overall strategic approach

To achieve the programme area strategic objective, the AIDS and TB unit in partnership with the Human Resources Development Directorate, will advocate for recruitment of additional staff and implement innovative interventions to increase staff motivation and retention. An HIV and STIs training needs assessment will be conducted, training plan developed and used to ensure targeted capacity strengthening. The following specific strategies and key actions will be implemented.

Strategies and Key Actions

Strategy 1. In partnership with Human Resources Directorate (HRDD), increase Staff recruitment, motivation, retention, and sustainability

Key actions

a. Enhance staff recruitment for the provision of HIV and STI services at all levels
b. Develop and implement motivation, retention, and sustainability plans
c. Develop a targeted HIV and STIs training plan for health care providers at all levels

Strategy 2. Build the capacity of health workers to deliver quality HIV and STI services

Key actions

a. Support scale-up implementation of innovative HIV and STIs training approaches including blended learning approaches
b. Establish and implement national clinical mentorship for provision of quality HIV and STI services
c. Establish and utilise centres of excellence to equip health workers with competency-based skills for provision of quality HIV and STI services
d. Monitor HIV and STIs training programmes at all levels

4.4.4 Strategic Objective 4.16: Uninterrupted availability of HIV and STI commodities and supplies at all levels

Contextual Analysis

Seamless availability of quality HIV and STIs commodities and supplies is a necessary ingredient for ending AIDS by 2030. Zimbabwe has made good progress in the procurement and supply chain management for HIV and STIs commodities and supplies. Notable achievements include:

- An efficient national pharmaceutical company responsible for procurement and supply of HIV and STI commodities exists
- There is a functional National medicines and Therapeutics Advisory Committee that provides leadership in the selection of HIV and STIs commodities to be procured.
- A routine nationally implemented bi-annual quantification of health commodities with pipeline monitoring

- A functional coordinated procurement plan for HIV and STI commodities
- Availability of strong partner support for HIV and STIs commodity procurement
- A government innovative commodity funding approach- the National AIDS Trust Fund (NATF) and the Health Levy exist to facilitate the procurement ARVs
- Improved infrastructure for storage of STI and ARV commodities
- A commodity quality assurance mechanism in place

Despite this notable progress and the existence of robust structures, the Zimbabwe HIV and STIs supply chain, just like in many other countries, faces end-to-end challenges, including those related to forecasting and quantification, storage and inventory management, distribution, quality assurance, and information management and reporting of supplies. Major challenges include:

- High donor dependency for HIV and STIs commodity procurement
- Inadequate storage capacity in some facilities
- Lack of power source/electricity or solar leading to poor storage conditions
- Inadequate skills among staff in HIV and STIs commodity forecasting, quantification and management
- Frequent stock-outs of essential commodities including condoms, drugs for STI treatment and paediatric ART formulations
- Multiple logistics systems that are not interoperable including Zimbabwe Assisted Pull Systems (ZAPS), Zimbabwe ART distribution Systems (ZADS) and Zimbabwe Laboratory Commodities Distribution Systems (ZILACODS)
- Commodity logistics information management not operational
- Unreliable transportation systems for the emergency supplies last mile distribution

Overall Strategic Approach

To address the identified challenges, this strategy will support targeted capacity building activities aimed at strengthening the entire supply chain. Informed by a robust national forecasting and quantification process, the strategy will support procurement of HIV and STIs commodities and supplies including HIV and STIs test kits, ARVs, STI commodities, female and male condoms and required laboratory supplies and reagents. With the essential HIV and STIs commodities procured, the strategy will strengthen appropriate storage, inventory management and distribution of HIV and STI commodities and supplies. Additionally, this strategy will prioritise the roll out of the Logistics Management Information Systems. Listed below are the specific strategies and key actions to be implemented.

Strategies and Key Actions

Strategy 1. Procurement of adequate and quality HIV and STIs commodities and supplies

Key actions

a. Update required HIV and STIs commodities and supplies at all levels of service delivery
b. Support national forecasting and quantification for HIV and STI commodities and supplies including reagents, vaccines (e.g. HPV), female and male condoms
c. Establish HIV and STIs PSM resource needs and develop resource mobilisation strategy
d. Advocate for adequate funding for HIV and STI commodities and supplies including drugs, laboratory reagents, vaccines, female, and male condoms
e. Procure adequate HIV and STI commodities and supplies including reagents, vaccines, female, and male condoms as per the country's need
f. Improve upstream logistics coordination and harmonization between MoFED (ZIMRA), Ministry of Industry, MoHCC/MCA, and NAC

Strategy 2. Strengthen appropriate storage, inventory management and distribution of HIV and STI commodities and supplies

Key actions

a. Build the capacity of health workers including laboratory and pharmacy staff on HIV and STIs supply chain management
b. Provide reliable transport systems for last mile distribution of HIV and STI commodities
c. Support expansion and/or upgrading of HIV and STIs storage facilities at national, provincial, district and facility levels
d. Promote integrated supply and distribution systems for HIV, STI and RMNCAH and N commodities and supplies where possible
e. Strengthen disposal of waste from HIV, STIs and laboratory commodities and supplies

Strategy 3. Support roll out of Logistics Management Information Systems

Key actions

a. Roll out ELMIS to all facilities in the country
b. Integrate eLMIS with NatPharm ERP to increase efficiency in ordering and improve data visibility

4.4.5 Strategic Objective 4.17: Strengthened Laboratory systems for effective HIV and STI response

Contextual Analysis

Strong laboratory systems are an essential component of ensuring quality HIV and STIs prevention, management, and treatment. Zimbabwe has made significant progress in strengthening the laboratory systems. The HIV and STIs programme review identified the following as being the key strengths of the country's laboratory system:

- An enabling policy environment for provision of quality laboratory services
- A strong laboratory assurance system and practices in place with the national microbiology reference laboratory having been accredited by ISO15189. Six other laboratories have been recommended for accreditation
- Integrated Sample Transportation (IST) guidelines have been developed. However, these are yet to be rolled out.
- Existence of a functional sample referral system from rural to reference local and international laboratories. Several laboratory including GeneXpert creating multi-purpose platforms for use.
- A notable improvement in viral load and EID equipment maintenance through innovatively implemented service and maintenance contracts.
- Routine viral load monitoring has been rolled out in most health facilities.
- Though not at the required scale, the country has successfully integrated TB/Viral load/EID through use of the GeneXpert.
- In some districts, through UNITAID funding, the country has rolled out POC testing.

The review further identified gaps that need to be addressed for the country to progress towards ending AIDS by 2030. Major laboratory gaps and challenges include:

- Low coverage for external quality assurance (EQA) of laboratories especially in non-PEPFAR supported districts.
- Long turn-around time for VL and EID with some visited sites reporting a TAT of 6 months.
- Weak sample transportation system. Although the country has developed guidelines for IST, this is yet to be rolled out to most facilities.
- Laboratory equipment service contracts do not cover all machines and equipment. There is no service contract for GeneXpert and other laboratory equipment (chemistry, haematology)
- Inadequate funding leading to stock out of laboratory supplies including POC cartridges

- Erratic supply of electricity and water negatively impacting on delivery of quality laboratory services
- Weak coordination of partners supporting laboratory services
- Laboratory Information Management Systems not interfaced with machines, electronic clinic patient records and other MoHCC health information systems
- Poor laboratory waste management with most laboratories having limited capacity for management of liquid waste

Strategies and Key Actions

To address the identified gaps, this strategy prioritises the following strategies and key actions.

Strategy 1. Strengthen coordination in the provision of laboratory services for HIV and STI response

Key actions

a. Establish and ensure functionality of a laboratory partnership forum at different levels

Strategy 2: Implement integrated sample transportation system

Key actions

a. Conduct country readiness for the integrated sample transportation system and prepare plan
b. Support the implementation of integrated sample transportation as per the work plan

Strategy 3. Strengthen provision of quality HIV, STI and Hepatitis laboratory services

Key actions

a. Review, update and orient health workers on SOPs and job aides for the provision of quality laboratory services
b. Scale-up quality assurance mechanisms in the delivery of HIV and STIs laboratory services including EQA schemes for all POCs sites
c. Strengthen quality improvement approaches at laboratory service delivery points to ensure quality in the delivery of HIV and STI services
d. Ensure the availability of skilled staff in the provision of quality laboratory HIV and STIs services
e. Improve laboratory waste management (including liquid waste)
f. Implement regular HIV and STIs laboratory supportive supervision

Strategy 4: Increase coverage for HIV and STIs laboratory services with special focus on VL testing, EID and HIV DR

Key actions

a. Redeployment of the Viral/EID platforms to needy provinces/districts to enhance optimization
b. Implement innovative interventions to reduce TAT for EID and VL
c. Partner with laboratories to prioritise VL for pregnant and lactating women
d. Increase demand for VL and EID by both health workers and clients
e. Increase use of VL results
f. Pilot and scale-up use of dual test kits for HIV and syphilis screening
g. Pilot use of syphilis screen and confirm test at testing sites to confirm active syphilis infection
h. Establish diagnostic capacity for HIV Drug Resistance testing
i. Establish and implement service and maintenance contract for all laboratory equipment
j. Implement HIV and STIs laboratory infrastructure improvement

4.4.6 Strategic Objective 4.18: Strengthen delivery of quality HIV and STIs services in Humanitarian settings

Contextual Analysis

The review of HIV and STIs programmes that was implemented as part of the development of this strategy identified that with the lessons learnt from the flooding and displacements resulting from Cyclone Idai, the national capacity for HIV and STIs response in humanitarian settings is a critical element for an effective response.

A major challenge from Cyclone Idai humanitarian crisis was reported as the displacement of populations resulting in difficulties in accessing HIV services including care and treatment[25]. Additional humanitarian issues that have negatively impacted on access to HIV and STI services in the country include prolonged drought and food insecurity[26]. This has led to harsh economic times and making it difficult for people living with HIV to pay for transport to access care and treatment services. The worsening economic situation in the country increases high risk behaviour especially among adolescent girls and young women (AGYW) putting them at risk of HIV acquisition.

Overall Strategic Approach

In ensuring effective HIV and STIs response in humanitarian settings, this strategy will strengthen the country preparedness and capacity to respond in times of humanitarian crisis. The strategy will support development of contingency plans for the HIV and STIs response including having a buffer stock and repositioning HIV and STI commodities including ARVs, STI commodities and female and male condoms in areas that are likely to be inaccessible during a humanitarian crisis. The strategy includes food security under community engagement, gender, equity, and human rights thematic area. To strengthen the HIV response in humanitarian settings, the strategy will implement the following strategies and key actions.

Strategies and Key Actions

Strategy 1: Strengthen country preparedness for HIV and STI response during humanitarian settings

Key actions

a. Conduct humanitarian risk assessment, and develop and implement contingency plans to ensure continued provision of integrated HIV services during and after the humanitarian crisis
b. Build the capacity of service providers including community health workers in preparedness and provision of integrated HIV services during humanitarian crisis
c. Develop national guidelines and SOPs in the provision of HIV prevention, treatment, and care services during humanitarian crisis
d. Develop mechanisms to ensure seamless provision of HIV prevention, care and treatment services including repositioning distribution commodity and supplies distribution mechanisms, as well as ensuring the availability of contingency/buffer HIV commodities and supplies in areas that may not be accessible during humanitarian crises such as flooding
e. Ensure stronger targeting of vulnerable and high-risk groups especially children, adolescents, pregnant and lactating women
f. Integrate HIV response in existing programmes such as the Minimum Essential Package for Reproductive health in emergency/ humanitarian setting

25 https://reliefweb.int/report/zimbabwe/preparedness-proactiveness-and-speed-are-key-tackling-humanitarian-emergencies
26 https://www.unaids.org/en/resources/presscentre/featurestories/2019/march/20190308_zimbabwe


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MFG. DATE: 10/2019
EXP. DATE: 09/2022

5. Strategy Implementation, Monitoring and Evaluation

5.1 Implementation of Governance Structures

To ensure effective implementation and the highest level of accountability, it is imperative that the MOHCC collaborates with other partners whilst at the same time ensuring that there is integration of services within the ministry's departments, taking into cognisance that the Minister of Health will have the overall responsibility in the implementation of the Zimbabwe Health Sector HIV and STIs strategy. Hence, it is incumbent on the AIDS and TB unit to continuously provide the permanent secretary of health with the necessary technical and administrative support so as to efficiently fulfil the functions that come with that role. Supported by the leadership of the Director and Deputy Director of the AIDS and TB unit, as shown in the organogram, each programme coordinator will be responsible for providing technical guidance in the implementation of strategies and key actions proposed for respective programme areas. At national level, the various Partnership Fora and the HIV and STIs Technical Working Groups (TWGs) will help strengthen partner coordination, whilst advocating for resourcing of the strategy, and providing the necessary technical advice for effective strategy implementation. The programme managers will be responsible for the day to day monitoring of the respective programme areas. At provincial level, the Provincial Health Management teams, and the HIV and STIs focal point persons will be responsible for the strategy implementation and monitoring within their province. This District Health Management team and the district focal persons will lead the implementation of the strategy at district level. Finally, each facility head will be accountable for the implementation of the strategy within their health facilities.

5.2 Operationalise the Implementation of the Strategy

It is deliberately designed that within one quarter after the approval of the strategy, the country's 63 districts will be grouped into clusters based on their HIV and STI situation, so as to ensure geographical and sub-population targeting in the implementation of this strategy. The clustering will utilise composite indicators across the HIV and STIs prevention and treatment cascade. A minimum package of interventions by programme area for each cluster will be developed. At the district level, Provincial Medical Directors will lead and supported the development of annual plans aligned to this strategy and its 3-year operational plan. The districts will then be provided with technical assistance to implement their annual action plans based on their clusters and the minimum package of HIV and STIs response as per their cluster.

5.3 Monitoring and evaluation of the HIV and STIs response

To ensure that the HIV and STI strategy does not become a "shelf document" but gets implemented, monitoring and evaluation will be done at two levels. Level one will involve process monitoring the implementation of the strategy itself. This level will be undertaken as part of management function and will utilise a set of

milestones that will need to be achieved during the life of the HIV strategy implementation. As part of the monitoring and evaluation framework of the strategy, a set of milestones for the life of the strategy will be developed. The strategy implementation will then be monitored based on those milestones.

The second level will focus on monitoring and evaluating the impact of the strategy in achieving the set impact and coverage targets as per the strategy's results framework/monitoring and evaluation framework. To assess this, the country will conduct a mid and end-term review of the programme.

Where possible, the monitoring and evaluation of the strategy will utilize existing national health information systems and structures. For purposes of monitoring and evaluating the impact of the strategy, a results framework detailing the impact, outcome and output indicators, targets by the five years, data sources and frequency of data collection has been developed and is annexed to this strategy.

6. Financing the HIV and STIs Strategic Plan

6.1 Costing Methodology

The Health Sector HIV and STI Strategy was costed using an activity-based approach. This process involved breaking down the strategic objectives into sub-strategic objectives and sub-activities that will be necessary to achieve the strategic outcomes. With the Health Sector HIV and STI Strategy 2021-2025 being a cross-cutting strategy that involves implementation across multiple programmes, an integrated approach to costing was taken. By using an integrated approach, activities for the various programme areas were considered cross-cutting. For example, training, monitoring and evaluation activities cannot be done in isolation but can only be carried out using a collaborative approach that considers the needs of all the programmes that make up the strategy.

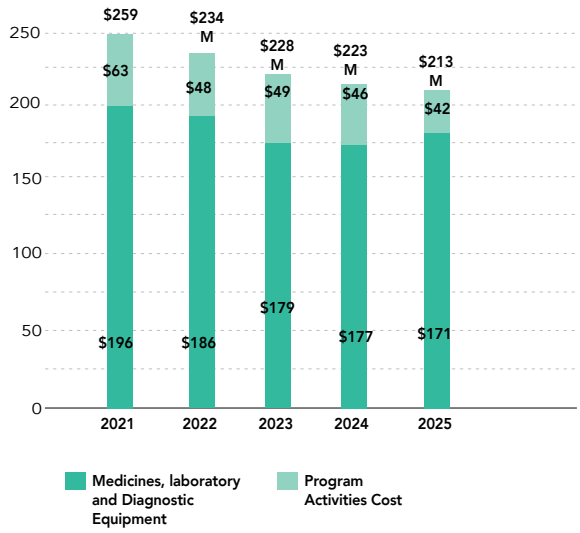
The activity-based costing approach only considered costs that would directly drive implementation of the strategy and excluded health system wide costs such as infrastructural development, facility operating costs and human resources for health. These health system costs were excluded because they would be accounted for in the health systems components of the Zimbabwe National Health Strategy 2021-2025[27]. However, some health system costs were only considered to the extent that they directly influence the implementation of this strategy. Other costs that were left out are the above site costs incurred by funders and implementing stakeholders who partner with the MOHCC within the HIV programme.

6.2 Overall Cost of Health Sector HIV and STI Strategy

Over the period 2021-2025, an estimated US$1.16 billion will be required to implement the strategy, with an average annual need of $232 million. Medicines, laboratory, and diagnostic commodities will cost $909 million ($79% of total strategy costs), and programme activity costs will require $248 million (21% of total strategy costs). For Zimbabwe to achieve the UNAIDS Fast Track 95-95-95 targets, an initial $260 million in 2021 will be needed to front-load investments that will drive the country towards attaining progress. However, from 2022 onwards, the costs of the strategy decline as major investments and key cost driving activities would have been incurred in the early years. Figure 29 below shows the annual cost of the strategy from 2021 – 2025.

27 Strategy still under the development process

Figure 29: Total Cost of Integrated HIV Strategy 2021-2025



6.3 Cost by Thematic Area

Over the 5-year period, Thematic Area 2: *HIV Care and Treatment*, has the highest cost of $592 million (51% of total strategy cost). The main cost drivers will be medicines and commodities for the diagnosis and treatment of HIV/AIDS, as well as other infections like cervical cancer. Thematic Area 1: *Combination Prevention* follows with a cost of $457 million (40% of the total strategy cost). This thematic area will mainly be focused on combination prevention that includes PMTCT, VMMC, HIV testing, as well as ensuring access to condoms, PrEP and STI treatment. Prevention activities targeting key and vulnerable populations are also outlined and costed in this thematic area. Thematic Area 4: *Resilient and Sustainable Systems for Health*, will cost $105 million (9% of total strategy cost). Interventions under this pillar are aimed at strengthening platforms to support service delivery including health information systems, monitoring, evaluation and human resources for health. A summary of the total strategy costs by thematic area is given in Table 11 below:

Table 11: Cost of Zimbabwe Health Sector HIV and STI Strategy by Thematic Area

	2021	2022	2023	2024	2025
Combination Prevention	$103,875,127	$94,296,377	$92,163,073	$88,901,788	$78,268,168
HIV care and treatment	$118,804,081	$121,770,812	$117,596,650	$116,624,669	$117,373,350
Gender, equity, human rights, and community engagement	$856,973	$336,384	$743,339	$336,384	$339,224
Resilient and Sustainable Systems for Health	$35,988,128	$17,195,878	$17,616,445	$17,254,378	$17,441,070
Total Cost	**$259,524,309**	**$233,599,451**	**$228,119,507**	**$223,117,219**	**$213,421,811**

6.4 Costs by Strategic Objective

The three strategic objectives under HIV Care and Treatment (4.9, 4.10 and 4.11) will cost an estimated $590 million (54% of total strategy costs). The cost drivers for these strategic objectives will mostly be for medicines, laboratory, and diagnostics for adult and paediatric ART initiation ($570 million total costs), as well as cervical cancer screening ($10 million). EID and Viral load testing, as well as the procurement of MTCT commodities and contraceptives, will cost an estimated $125 million and $53 million, respectively. These interventions fall under Strategic Objective 4.8: *Achieve and sustain MTCT of HIV at less than 5% and congenital syphilis at less than 250 cases per 100 000 live births*. Strategic Objective 4.3: *Achieve 80% Voluntary Medical Male Circumcision coverage in all districts by 2025* will cost an estimated $83 million (7% of total strategy cost).

The costs for this strategic objective are mostly for programme activities ($67 million), and the procurement of VMMC commodities and supplies that will cost an additional $16 million.

Strategic objectives 4.7: *90% of those sexually active reached with STI diagnosis, management and treatment, and* Strategic Objective 4.17: *Strengthened Laboratory systems for effective HIV and STI response* will cost $57 million and $53 million, respectively. For strategic objective 4.7, costs will mostly be for health worker training, planning and policy meetings, whilst for Strategic Objective 4.17, costs will be for the upgrading of infrastructure and equipment that will strengthen laboratory systems for HIV service delivery. Summaries of the Health Sector HIV and STI Strategy costs by strategic objective are shown in Table 12 below:

Table 12: Health Sector HIV and STI Strategy Cost by Strategic Objective

	2021	2022	2023	2024	2025
SO 4.1: 95 % of people living with HIV know their HIV status and are linked to prevention and care services by 2025.	$17,420,746	$15,601,707	$13,819,376	$12,270,781	$12,264,781
SO 4.2. 90% of people at substantial risk of HIV acquisition have access to and utilise PrEP	$2,679,546	$3,673,864	$4,368,548	$4,205,148	$3,933,698
SO 4.3: Achieve 80 % Voluntary Medical Male Circumcision coverage in all districts by 2025	$19,131,711	$15,663,802	$15,259,844	$17,794,444	$15,196,944
SO 4.4. 90% of key populations have access to and utilise quality combination prevention interventions by 2025	$657,602	$504,107	$504,107	$504,107	$503,357
SO 4.5: 90% of Vulnerable Groups (VG) reached with quality HIV and STI prevention services by 2025.	$646,858	$646,858	$646,858	$646,858	$646,858
SO 4.6: 90% of people engaged in multiple relationships consistently and correctly use condoms by 2025	$6,464,874	$6,249,860	$7,174,223	$7,026,543	$7,053,708
SO 4.7: 90% of those sexually active reached with STI diagnosis, management and treatment	$13,481,877	$12,470,169	$12,349,188	$12,347,884	$6,693,656

SO 4.8: Achieve and sustain MTCT of HIV at less than 5% and congenital syphilis at less than 250 cases per 100 000 live births	$43,391,914	$39,486,011	$38,040,930	$34,106,024	$31,975,166
SO 4.9-4.11: HIV Care and Treatment	$118,804,081	$121,770,812	$117,596,650	$116,624,669	$117,373,350
SO 4.12: A HIV and STI programming that engages communities and is gender, equity and human rights sensitive	$856,973	$336,384	$743,339	$336,384	$339,224
SO 4.13: Strengthened leadership and governance for effective HIV and STIs response	$146,538	$60,506	$60,506	$59,506	$99,406
SO 4.14: Improved data quality and use for effective HIV and STIs response	$8,152,328	$7,051,189	$7,329,790	$7,051,189	$7,286,125
SO 4.15: Adequate, skilled and motivated human resources for effective HIV and STI response	$4,453,009	$1,524,914	$1,567,714	$1,524,914	$1,567,714
SO 4.16: Uninterrupted availability of HIV and STI commodities and supplies at all levels	$2,373,795	$341,200	$335,450	$360,700	$334,950
SO 4.17: Strengthened Laboratory systems for effective HIV and STI response	$20,700,229	$8,191,470	$8,191,470	$8,231,470	$8,126,275
SO 4.18: Strengthen delivery of quality HIV and STIs services in humanitarian settings	$162,230	$26,600	$131,515	$26,600	$26,600
Total Cost	**$259,524,309**	**$233,599,451**	**$228,119,507**	**$223,117,219**	**$213,421,811**

6.5 Costs by Cost Category

The primary cost driver for the Health Sector HIV and STI Strategy 2021-2025 will be the cost of drugs, medical supplies and other health commodities that will total $886 million (77% of total strategy costs). These costs were adapted from the annual National Quantification and Forecasting Exercise that covers the period from January 2020 to December 2023. To derive the drug and commodity costs for 2024 and 2025, 2023 costs were assumed to be constant until December 2025. It should be noted that costs derived from this process change annually due to factors like changing guidelines, population targets and drug regimes. However, they still give an approximate estimate of actual costs. Other significant cost categories for this strategy include planning and policy meetings that will cost $46 million (4% of total strategy cost), health-worker training (3.7% of total strategy costs), and research, monitoring and evaluation costing $41 million (3.5% of total strategy costs). A summary of the Health Sector HIV and STI Strategy 2021-2025 by cost category is shown in Table 13 below:

Table 13: Health Sector HIV and STI Strategy Cost by Cost Category

	2021	2022	2023	2024	2025
Administration & Management (incl. salaries)	$2,619,859	$2,603,087	$2,603,087	$2,603,087	$2,603,087
Capital Medical/Lab Equipment - Maintenance	$1,512,580	$1,502,500	$1,502,500	$1,502,500	$1,502,500
Capital Medical/Lab Equipment – Purchase	$10,933,440	$487,740	$487,740	$3,047,740	$487,740
Communication costs (print, TV, radio)	$7,305,423	$4,838,137	$5,884,489	$4,539,414	$4,738,414
Community Outreach Events	$3,030,844	$2,713,944	$2,713,944	$2,713,944	$2,713,944
Direct Budget Support	$1,639,500	$199,500	$199,500	$192,600	$192,600
Drugs, Medical Supplies and Other Health Commodities	$183,651,046	$183,452,688	$176,885,936	$172,422,681	$169,270,795
Health Worker Salaries/Benefits	$5,785,674	$5,800,674	$5,800,674	$5,800,674	$5,800,674
Health Worker Training - In-service	$9,333,425	$8,643,842	$7,980,782	$7,508,197	$7,646,312
Health Worker Training - Pre-service	$181,400	$268,685	$167,150	$750	$750
Infrastructure - Construction/ Vehicles	$7,830,260	$543,200	$543,200	$543,200	$543,200
Infrastructure - Facility operating costs	$4,234,000	$4,234,000	$4,234,000	$4,234,000	$4,234,000
Infrastructure – Rehabilitation	$40,000	$0	$0	$40,000	$0
Planning & Policy Meetings	$11,270,874	$9,825,219	$10,191,544	$9,706,944	$5,127,059
Research, M&E, QA and Supervision	$8,693,819	$8,008,079	$8,243,423	$7,858,062	$8,007,643
Supply Chain Management	$161,355	$148,600	$159,855	$148,600	$161,355
Technical Assistance	$1,201,186	$237,618	$429,744	$162,888	$299,799
Total	$259,424,683	$233,507,511	$228,027,567	$223,025,279	$213,329,871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7. Investment Case and Bridging the Resource Gap

7.1 Bridging the Resource Gap

Zimbabwe faces a severely constrained fiscal space for health, limiting the government's ability to increase domestic financing for HIV services drastically. The changes in currency regime and consequent devaluation of the local currency have led to hyperinflation, reduced economic activity and a dwindling tax base. The emergence of the coronavirus since January 2020 will further constrain domestic and global fiscal space for health, thereby limiting the ability of funders to increase funding over the next five years.

To address these challenges, the country's Health Financing Strategy emphasises technical and allocative efficiencies in utilising available resources while exploring options for innovative financing options. Current domestic financing for HIV through the AIDS Levy is less than 20% of the total funds, while external funding contributes the largest share of 80%. This leaves the HIV response highly donor-dependent and vulnerable to shifts in their priorities. Globally, development assistance for health has flat lined over the years, with the recession caused by Covid-19 most likely to reduce further the sizes of budgets earmarked for international aid. Thus, while the gap analysis above indicates the need for more money for health, efficiencies are crucial to providing more health outcomes per dollar of money spent.

7.1.1 Mobilising Additional Domestic Financing for HIV Care

Over the last two decades, Zimbabwe has raised significant domestic resources through the AIDS Levy with over $132 generated annually between 2015 and 2020. However, currency challenges since 2018 have negatively affected the value of revenue raised from the fund, especially for the importation of drugs and commodities. This is evidenced by funding to the AIDS Levy falling from $43 million in 2018 to $3.5 million in 2019. The Health Financing Strategy recognises the value of such earmarked funding towards addressing short term needs within diseases areas. The strategy also advocates for new innovative approaches to raise domestic financing for health. Over the next five years, the country will continue to develop evidence and analyses needed to lobby for additional financing for health in general and and HIV in particular. Innovative mechanisms including sin taxes, public-private partnerships and development impact bonds will continue to be explored.

7.1.2 Increasing Efficiencies with Existing Resources

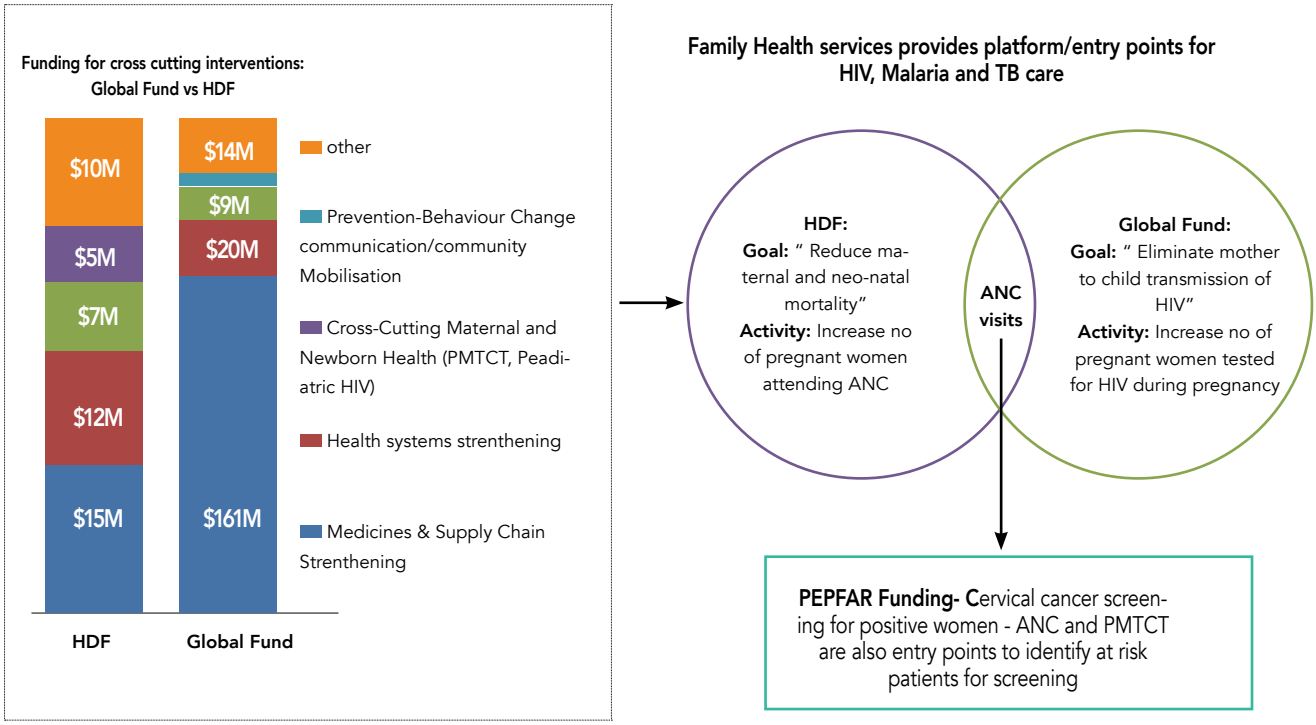
Allocative and technical efficiencies will enable the country to achieve value for money in the utilisation of available funding. These efficiencies can be unlocked at various levels including strategic, governance and operational levels. Value-based and cost-efficient approaches are needed by both the government, development and private sectors. As the strategy was developed, programmatic approaches to efficiency such as integration of HIV services, are reflected in the main strategic approaches adopted through this integrated strategy. Zimbabwe will pursue various financial and programmatic efficient approaches, including but not limited to the ones listed below:

7.1.2.1 Horizontal Integration

Adopting a patient-centred health systems focused approach in planning and service delivery can unlock potential savings in financing, human resources for health, procurement, health information systems and other areas. This can lead to increased efficiencies, such as reduced duplication of efforts, waiting times and wastages of medicines. These will result in improved quality of services not only for HIV but across all disease areas. Integrated delivery models are likely to be cheaper due to more efficient use of resources that can improve patient outcomes and can lead to longer and healthier lives for the population

As shown in Figure 30 below, whilst funding and implementing departments/partners are different, the patients remain the same. In many instances, services provided by programmes like maternal health such as ANC visits are entry platforms for other interventions like PMTCT and cervical cancer screening. Developing and implementing horizontally integrated service delivery models through better planning at national level, enhanced coordination in the allocation of resources such as training, monitoring, evaluation and communication can potentially achieve more whilst providing better patient experience and care. These models and relative costs need to be routinely assessed to identify the most appropriate and acceptable modalities to drive efficiency and effectiveness. In 2019, the MOHCC developed a Health Sector Coordination Framework that outlines interventions to improve horizontal integration. The framework that will be implemented together with this strategy by the Ministry's departments, has the potentially to unlock additional resources for the country's HIV ans STIs response programme.

Figure 30: Integration of Service Delivery Platforms



Source: 2019 MOHCC Resource Mapping Estimates

7.1.2.2 Vertical Integration

In addition to horizontal integration with other MOHCC programmes, vertical integration within the HIV treatment and care programmes can significantly unlock efficiencies and additional resources. The Zimbabwe Health Sector HIV and STI Strategy 2021-2025 is an integrated plan that leverages on the strength of a continuum of care approach from prevention, testing, initiation, and retention to care. Implementation of this strategy will improve financial and programmatic efficiencies, leading to better care for the population of Zimbabwe. Within the different funding sources, sub-programmes and implementing partners, integration, and harmonisation of resources for health systems interventions such as M&E, HIS, support and supervision can significantly improve service delivery whilst freeing up additional resources. The MOHCC will leverage on annual exercises such as Resource Mapping, National Health Accounts and the National Aids Spending Assessment to provide guidance on areas that may need to be improved. In addition, routine meetings, technical working groups and other multi-sectoral engagement platforms will continue to be used as levers to drive integration and efficiency at the implementation level.

7.1.2.3 Efficiencies in Procurement and Supply Chain Management

Procurement and supply chain management of medicines, commodities and equipment are the largest cost drivers for the programme (82% of total strategy costs). These costs will continue to grow as more patients are put on treatment whilst existing patients can now live longer due to improvements in care and viral suppression. Over the years, efficiencies in production, pricing and global supply chains have led to a continuous decline in overall per patient cost of care. Adopting new approaches such as pooled procurements for drugs and reagents, reference price negotiations, all-inclusive-procurement-models (such as price per result), leasing and volume guarantees for diagnostics and testing equipment can result in lower costs and faster turnaround times for results. Improved forecasting and quantification of commodities is critical to reducing wastages through the expiration of drugs, loss and pilferage. This also ensures that critical commodities reach the right patients at the right time.

7.1.2.4 Treatment Optimisation through Early Transition to new Drug Regimens

Treatment optimisation ensures every patient is on the simplest, most affordable, and effective drug regimen available. It also ensures medicines are easy-to-use for women of childbearing age; children; and people with TB, malaria and other co-infections. The systematic use of more potent and lower-cost drugs that meet these conditions will enable Zimbabwe to extend lifesaving treatment to a greater number of people living with HIV, which also increases the benefits per dollar spent. In addition, when patients are on safer and more tolerable regimens, adherence and viral suppression are likely to increase, reducing the risk of transmission and opportunistic infections. The country will develop systems for a rapid transition to new safer and effective drug combinations, as well as adopt improved testing platforms and algorithms to provide better care. In 2019, the country started the transition to DTG, with the Extended National HIV Care and Treatment Plan 2018-2020 investment case showing potential additional infections averted of over 160,000 over the next ten years due to this early transition. Over the next five years, Zimbabwe will continue to monitor global developments on drugs and testing, whilst promptly adhering to WHO guidelines on the adoption of new approaches and treatment regimens.

7.1.2.5 Innovation and Adoption of Cost-Effective Programming

The adoption of technological innovations will increase access to care, convenience and lower costs of implementation. The country will continue to roll out blended and e-learning approaches to reduce training costs. The use of the Zimbabwe Clinical Resources Application (ZCRA) will enable early access for healthcare workers to key documents and support dissemination of guidelines, job aides, memos, and prescribing tools. The expected results from using this application will include enhanced knowledge dissemination and retention for healthcare workers. Across all programme areas, the MOHCC will continue to scan for new approaches to providing care that lowers costs and increases patient access to quality, affordable and timely care.

7.1.2.6 Results-Based Financing and other Innovative Purchasing Mechanisms

Results-Based Financing (RBF) is an instrument that links financing to pre-determined results, with payment made only upon verification that the services agreed upon have been delivered. RBF is already being used for PMTCT interventions, and will be tested in the HIV and STI response, and if successful, will be scaled up to improving the performance of other HIV indicators. RBF will also be used to drive innovation, increase local ownership, scale and sustainability of the HIV prevention and treatment response.

8. Annexes

8.1 Monitoring and Evaluation results framework

Outcome Results	Indicator and Disaggregation		Baseline	Targets						Source of data	Frequency of data collection
			2018	2020	2021	2022	2023	2024	2025		
Goals: (i) Reduced Incidence of HIV and STIs (ii) Reduced HIV related deaths (iii) ZERO Stigma and Discrimination											
THEMATIC 1: COMBINATION PREVEVENTION											
Impact Results (i) HIV new infections[1](all age groups) reduced from 39000 (Female:22,000 and Male: 17,000) in 2018 to 12,600 (Female: 7,000; Male: 5,600) in 2025 (ii) New infections 15-49 years reduced from 32,500 in 2018 to 9,000 in 2025 (iii) New infections 15-24 years reduced from 13,500 (Female: 9200; Male: 4,300) in 2018 to 4,500 (Female:3,000; Male: 1,500) in 2025 (iv) New infections 10-19 years reduced from 5,500 in 2018 to 1,800 in 2025 (v) New infections 0-14 reduced from 5,000 (2018) to 3,100 in 2025 (vi) HIV incidence reduced for adult population (15+) from 0.5 in 2018 to 0.17 in 2025 (vii) Stigma Index[2]											
HIV &STI TESTING SERVICES **SO 1: 95 % of PLWHIV in all regions and among all populations know their status**											
Increased percentage of all PLHIV (15-49) who know their HIV status from 90% in 2018 to 95% in 2025	Increased percentage of women and men aged 15-49 who received an HIV test in the last 12 months and know their results Male	Female	61% (MICS 2019)	60%	65%	70%	80%	90%	95%	ZIMPHIA	5 years
		47% (MICS 2019)	60%	65%	70%	80%	90%	95%			
	Increased percentage of children living with HIV who know their status	Total	68%	70%	80%	90%	95%	95%	95%	Programme Data	Annual
	Increased percentage of people (15-24) living with HIV who know their status Males Females	Total	Data not available	90%	93%	93%	94%	95%	95%	Programme Data	Annual
		Data not available	90%	93%	93%	94%	95%	95%	Programme Data	Annual	
		Data not available	90%	93%	93%	94%	95%	95%	Programme Data	Annual	
	Number of people tested for HIV and received their results Female Male	Total	3,011,027	2,580,149	1,769,084	1,805,214	1,793,079	1,777,957	1,814,657	Programme Data	Annual
		1,959,193	1,625,494	1,096,832	1,101,181	1,075,847	1,048,994	1,052,501			
		1,051,834	954,655	672,252	704,033	717,232	728,962	762,156			
	Percentage of HIV positive results among the total HIV tests performed during the reporting period maintained	Total	6%		5%	5%	5%	5%	5%	Programme Data	Annual
	Percentage of people newly diagnosed with HIV initiated on ART increased.	Total	89%		93%	94%	95%	95%	95%	Programme Data	Annual
	Targeted HIV testing and counselling functioning sites increased	Total	1,659 (89%) (Epi-Review)	1,659 (89%)	1,874 (100%)	1,874 (100%)	1,874 (100%)	1,874 (100%)	1,874 total sites	Programme data	Annual
	Males and Females tested for HIV and received results annually increased	Total	90% (3,011,027) (DHIS2, 2018)	3,135,798 (ZNASP 3)	2,664,238	2,762,741	2,791,515	2,791,447	2,800,000	Programme data	Annual
	Maintain blood units screened for HIV	Total	100% (NAC Report, 2018)	100% (ZNAPS3)	100%	100%	100%	100%	100%	Programme data	Annual
	Increase number of blood units screened	Total	82,257	98,000	103,000	108,000	113,500	119,200	125,300	Programme Data	Annual
PRE-EXPOSURE PROPHYLAXIS (PrEP) **Strategic Objective (SO) 2: 90% of people at substantial risk of HIV acquisition have access to and utilise PrEP**											

1 Impact indicators on new infections (5 indicators); and HIV incidence are based on an 80% reduction from reference year 2010 to 2025.
2 Collected through stigma index studies

Outcome Results	Indicator and Disaggregation		Baseline	Targets						Source of data	Frequency of data collection
			2018	2020	2021	2022	2023	2024	2025		
Goals: (i) Reduced Incidence of HIV and STIs (ii) Reduced HIV related deaths (iii) ZERO Stigma and Discrimination											
90% of people at substantial risk of HIV infection reached with PrEP by 2025 through a targeted and integrated response	Increased number of high-risk clients who have been newly initiated on oral PrEP to prevent HIV infection in the last 12 months[3]		6,528	10,536	50,990	79,502	108,818	166,965	281,482	Programme	Annual
			No data	4,400	6,417	6,609	6,676	6,742	6,810	Programme	Annual
			1,570[4]	2,475	5,940	6,213	6,456	6,785	7,122	Programme	Annual
			749	1,969	2,028	1,819	1,637	1,474	1,326	Programme	Annual
			No data	1,034	13,442	20,863	24,909	29,694	34,148	Programme	Annual
			No data	658	16,450	36,190	60,075	111,954	212,713	Programme	Annual
			124		20	44	92	194	386	Programme	Annual
			No data		150	206	280	462	769	Programme	Annual
			No data		6,543	7,557	8,693	9,660	18,208	Programme	Annual
POST-EXPOSURE PROPHYLAXIS (PEP) **SO, 3 :100% of health staff or those potentially exposed to HIV through sexual assault, high risk unprotected sexual encounter reached with PEP within 72 hours of exposure**											
100% of health staff or those potentially exposed to HIV through sexual assault or through a high risk unprotected sexual encounter reached with PEP within 72 hours of exposure.	Increased percentage of sexually abused clients received PEP (HIV, STI, ECP) within 72 hours increased	Total	25% (Epi-Review Report, 2019)	100%[5]	100%	100%	100%	100%	100%	Programme	Annual
	Increased number of health staff reached with PEP in 72 hours	Total	No Data	200[6]	200	200	200	200	200	Programme	Annual
	Increased number of sexual and gender-based violence clients reached with PEP in 72 hours	Total	2,356 (COI 2019)	7,700	8,100	8,500	9,000	9,500	10,000	Programme	Annual
	Increased number of people engaged in high risk unprotected sex reached with PEP in 72 hours	Total	No Data		3,000[7]	5,000	9,000	11,000	12,000	Programme	Annual
VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC) **SO4: 80 % voluntary medical male circumcision rate attained in all districts by 2025.**											
Men aged 15+ years who are circumcised increased from 43% in 2018 (DMPPT2, 2019) 80% by 2025.	Increased number of men circumcised aged 15+ years as part of the minimum package of male circumcision for HIV prevention services	15+ years	299,302	330,178	331,000	370,369	409,122	463,448	175,211	Programme	Annual
KEY POPULATIONS **SO5: 90 % key populations have access and utilise quality HIV combination prevention interventions**											

3 Notes: (i) Year on year targets for the Main Populations were derived using CAGR (Compound Annual Growth) (ii) As the PrEPit tool does not provide a year on year breakdown by population for the number of initiations, a separate method was used for the Newly added Populations.
4 Figures for 2018 (baseline) – MSM, FSW,PWID, High risk men are in the COI Data 2018
5 All people presenting themselves to their health facility in need for PEP should receive the PEP service
6 Based on 0.05% of health staff having a needle accident
7 Estimated targeting of allprojected new infections for young people (15-24)

Outcome Results	Indicator and Disaggregation		Baseline	Targets						Source of data	Frequency of data collection
			2018	2020	2021	2022	2023	2024	2025		
Goals: (i) Reduced Incidence of HIV and STIs (ii) Reduced HIV related deaths (iii) ZERO Stigma and Discrimination											
90% (95% for FSW) of the Key Populations know their status by 2025 from 28% in 2018	Increased Percentage of key populations who were reached with the defined combination prevention package. MSM Transgender	FSW	No data available	75%	80%	85%	85%	90%	90%	Programme Data	Annual
		No data available	65%	75%	85%	90%	90%	90%	Programme Data	Annual	
		No data available	40%	65%	75%	85%	90%	90%	Programme Data	Annual	
	Increased Percentage of key populations living with HIV who received ART MSM Transgender	FSW	71.9%	75%	80%	85%	90%	95%	95%	Programme Data	Annual
		77%	80%	90%	95%	95%	95%	95%	Programme Data	Annual	
		No data available	50%	90%	95%	95%	95%	95%	Programme Data	Annual	
	Increased number of key populations with the defined combination prevention package MSM[8] Transgender	FSW	19800[9]	33,750	36,000	38,250	40,500	42,750	42,750	Programme Data	Annual
		No data available	8000	10000	12000	13000	14000	15,000[10]	Programme Data	Annual	
		No data available							Programme Data	Annual	
90% of PLHIV in prisons know their status by 2015	Increased percentage of PLHIV in prisons are on ART	Total	No data available	65%	70%	75%	80%	85%	90%	Programme Data	Annual
	Increase percentage of prisons implementing an effective TB screening	Total	No data available	100%	100%	100%	100%	100%	100%	Programme Data	Annual
	Increased percentage of prisoners with active TB infection initiated on appropriate TB treatment	Total	0.4%	100%	100%	100%	100%	100%	100%	Programme Data	Annual
	Increased number of PLHIV in prisons who know their status	Total	5,57211	5,572	5,572	5,572	5,572	5,572	5,572	Programme Data	Annual
	Increased number of PLHIV in prisons on ART	Total	No data available	5,572[12]	5,572	5,572	5,572	5,572	5,572	Programme Data	Annual
	Increased number of prisoners screened for TB	Total	No data available	19,000[13]	19,000	19,000	19,000	19,000	19,000	Programme Data	Annual
	Increased number of prisoners with active TB infection initiated on appropriate TB treatment	Total	80[14]	80	80	80	80	80	80	Programme Data	Annual
OTHER VULNERABLE GROUPS **SO 6: 90% of vulnerable groups are reached with quality HIV and STI prevention**											
90% of the vulnerable groups (farm workers, artisanal miners, people with disabilities, mobile and cross border populations, and fishermen) know their status by 2025	Increased Percentage vulnerable groups who have been reached with defined prevention package.	Total	No data available	10%	20%	30%	40%	50%	50%	Programme Data	Annual
	Increased number of vulnerable groups who reached a defined prevention package	Total	25,900	36,000	41,000	46,000	51,000	56,000	60,000	Programme Data	Annual
	Increased percentage of vulnerable groups living with HIV who received ART	Total	No data available	65%	70%	75%	80%	85%	90%	Programme Data	Annual
EMTCT and CONGENTITAL SYPHILIS **SO 7: Achieve and sustain MTCT of HIV and congenital syphilis at less than 5%**											

8 No population size estimates for MSM and transgender
9 FSWs population size estimates 45 000 with a reach of 44%, which was used to calculate baseline (UNAIDS, 2018).
10 The assumption is based on Harare and Bulawayo population size estimates (IBBS Report 2019)
11 Assumption is the population living with HIV are tested
12 This is to say that of all cases of TB they must be put on treatment
13 Assuming that all prisoners are screened
14 Based on the 0.2% put on TB treatment

Outcome Results	Indicator and Disaggregation		Baseline	Targets						Source of data	Frequency of data collection
			2018	2020	2021	2022	2023	2024	2025		
Goals: (i) Reduced Incidence of HIV and STIs (ii) Reduced HIV related deaths (iii) ZERO Stigma and Discrimination											
Infants born to HIV positive mothers who are infected reduced from 7.8% in 2018 (SPECTRUM) to <5% in 2025	Increase Health facilities providing ANC services are providing PMTCT	Total	96% (Epi-Review)	98%	99%	99%	99%	99%	99%	Programme data	Annual
	Increased proportion of women who attend at least one ANC visit	Total	93.5% (PMTCT Report 2018)	94%	94%	95%	96%	96%	97%	Programme data	Annual
	Increased proportion of pregnant women who know their HIV status	Total	99% (DHIS2)	99% (ZNASP3)	99%	99%	100%	100%	100%	ZDHS MICS ZIMPHIA	5 years
	Increased percentage of women whose male partners tested for HIV in ANC in the last 12 months	Total	22% (Programme Data, 2018)	25%	26%	27%	28%	29%	30%	Programme data	Annual
	Increased percentage of pregnant women who were tested for HIV and received their results – during pregnancy, during labour and delivery, and during the postpartum period (<72 hours), including those with previously known HIV status	Total	99% (Programme Data, 2018)	99%	99%	99%	99%	99%	99%	Programme data	Annual
	Increased HIV-positive pregnant and lactating women who received ARV medicines to reduce MTCT	Total	93.5% (Programme Data, 2018)	94%	95%	95%	95%	96%	97%	Programme data	Annual
	Increased percentage of infants born to HIV-positive women receiving ARV prophylaxis for prevention of MTCT	Total	72% (Programme Data)	75%	77%	80%	83%	85%	85%	Programme data	Annual
	Increased percentage infants born to HIV-positive women receiving a virological (DNA PCR) test for HIV within 2 months of birth	Total	63% (Programme Data, 2018; GAM Report)	65%	70%	77%	85%	87%	90%	Programme data	Annual
	Increased percentage of infants born to HIV positive women started on cotrimoxazole	Total	65% (PMTCT Report 2018)	75%	77%	80%	83%	85%	85%	Programme Data	Annual
	Increased proportion of pregnant women tested for Syphilis	Total	91% (PMTCT Report 2019)	95%	95%	95%	95%	95%	95%	Programme data	Annual
	Increased coverage of syphilis treatment in ANC	Total	80% (PMTCT Report 2019)	95%	95%	95%	95%	95%	95%	Programme data	Annual
	Increased percentages of syphilis exposed babies treated	Total	Not available	85%	88%	90%	93%	94%	95%	Programme data	Annual
	Reduce Number of congenital syphilis cases /100 000 LB	Total	105 (PMTCT Report 2019)	87	78	68	59	50	48	Programme data	Annual
STI PREVENTION AND MANAGEMENT SO 8: 90 %reached with STI diagnosis, management and treatment											
Women and men aged 15-49 who reported having STI in the past 12 months reduced from 2.2% in women and 2.6% men in 2015 to <1% for both in 2025	Reduction of number of new STI cases	Total	174,818	174,500	173,500	173,400	173,300	173,200	173,100	Programme data	Annual
	Reduce cases urethral discharge reported	Total	59,270	59,250	59,222	59,220	58,195	59,188	59,170	Programme data	Annual
	Reduce genital ulcer cases reported	Total	34,950	34,900	34,888	34,850	34,830	34,800	34,750	Programme data	Annual
	Reduce number of syphilis cases among STI clients (data includes SW; MSM)	Total	9,659	9,560	9,530	9,520	9,100	8,900	8,975	Programme data	Annual
	Total number of STI cases treated	Total	No data available	174,500[15]	173,500	173,400	173,300	173,200	173,100	Programme data	Annual

15 Assumption is all those diagnosed should be treated

Outcome Results	Indicator and Disaggregation		Baseline	Targets						Source of data	Frequency of data collection
			2018	2020	2021	2022	2023	2024	2025		
Goals: (i) Reduced Incidence of HIV and STIs (ii) Reduced HIV related deaths (iii) ZERO Stigma and Discrimination											
CONDOM PROGRAMMING – CORRECT & CONSISTENT USE **SO 9: 90 % of people engaged in multiple relationships consistently and correctly use condoms**											
Percentage of females and males reported using a condom during last sexual intercourse with a non-marital cohabitating partner in the last 12 months increased from 66.7% (women) and 85.3% (men) in 2016 (ZDHS) to 90% in 2025	Increased condoms distributed annually Female	Male	134m	116m	116m[16]	122m	128m	134.4m	141.1m	Programme data	Annual
		5m	4.8m	5m	5.2m	5.46m	5.733m	6m	Programme data	Annual	
	Increased percentage of adults – women and men (15-49 years) who had sexual intercourse with more than one partner in the last 12 months who reported using a condom during their last sexual act Female	Total	55%						90%	ZDHS	Annual
		44.2%						90%	ZDHS	5 years	
	Male	65.7%						90%	ZDHS	5 years	
	Increased Condom use in paid sex among 15 - 49	Total	90%						90%	ZDHS	5 years
	Increased young men and women aged 15 -24 years who can access condoms Male	Female	48.2%	80%					90%	ZDHS	5 years
		86.4%	90%					95%	ZDHS	5 years	
	Increased number of lubricants distributed	Total	No data	116m[17]	116m	122m	128m	134.4m	141.1m	Programme Data	Annual
THEMATIC AREA 2: CARE & TREATMENT											
Impact Results Annual AIDS related [18]deaths (15+) reduced from 21,800 (Female: 11,200; Male: 10,600) in 2018 to 10,800 (Female: 5,800; Male: 5,000) in 2025 AIDS related deaths reduced from 141.5 per 100,000 in 2018 to 86.9 per 100,000 in 2025 Annual AIDS deaths for 0-14 years[19] reduced from 3,300 in 2018 to 1,400 in 2025 Under-5 AIDS related mortality[20] AIDS deaths for adults (15+) reduced from 18,500 in 2018 to 8,400 in 2025 Stigma Index											
CARE AND TREATMENT **SO 10: 95 % of PLWHIV who know their status in all regions and among all populations are receiving treatment** **SO 11:95 % of people on treatment in all regions and among all populations have suppressed VL**											
Percentage of PLHIV who are receiving ART increased from (males:93%; females: 83% and children: 67%) in 2018 to 95% in 2025	Increased proportion of adults (+15) and children (0-14) with HIV on ART Female (+15) Male (+15) Children (0-14)	Total adults (+15)	85% (HMIS, 2019)	91%	92%	93%	94%	94.5%	95%	Programme data	Annual
		88% (HMIS)	93%	93%	93%	94%	94.5%	95%	Programme data	Annual	
		82% (HMIS)	91%	92%	93%	94%	94.5%	95%	Programme Data	Annual	
		70.2% (HMIS, 2019)	69.8%	72.6%	75.4%	78.2%	81%	83.8%	Programme data	Annual	
	Increased proportion of PLHIV (15-24) receiving ART Male	Female	88% (HMIS, 2019)	93%	93%	93%	94%	94.5%	95%	Programme Data	Annual
		70% (HMIS, 2019)	91%	92%	93%	94%	94.5%	95%	Programme Data	Annual	
	Increased percentage of adults and children with HIV known to be on treatment 12 months after initiation of ARVs	Total	89.7% (ePMS, 2018)	91%	92%	93%	93%	94%	95%	Programme data	Annual
	Increased percentage of adults15+ known to be on treatment 12 months after initiation of ARVs Male Female	Total Adults	90% (ePMS, 2018)	90%	91%	92%	93%	94%	95%	Programme data	Annual
		No data available	90%	91%	92%	93%	94%	95%	Programme data	Annual	
		No data available	90%	91%	92%	93%	94%	95%	Programme data	Annual	

16 MOHCC figures are different from ZNASP – figures provided by MOHCC
17 Same to male condoms – assuming use is the same
18 Impact indicators on Annual AIDS related deaths; AIDS related deaths per 100,000 population; and AIDS related deaths for adults 15+ years are based on an 80% reduction from reference year 2010 to 2025.
19 Impact indicator Annual AIDS deaths for 0-14 years is based on 2018 estimates since targets based on reference year 2010 have already been achieved.
20 Will utilize special studies to collect information for the 2021-2025.

Outcome Results	Indicator and Disaggregation		Baseline	Targets						Source of data	Frequency of data collection
			2018	2020	2021	2022	2023	2024	2025		
Goals: (i) Reduced Incidence of HIV and STIs (ii) Reduced HIV related deaths (iii) ZERO Stigma and Discrimination											
	Increased percentage of children (0-14) with HIV known to be on treatment 12 months after initiation of ARVs.	Children	92% (ePMS, 2018)	92%	92%	92%	93%	94%	95%	Programme data	Annual
	Reduced Attrition Male Female Children 0-14 Years	Total Adults	10% (ePMS, 2018)	9%	8%	7%	7%	6%	5%	Programme data	Annual
		No data available	9%	8%	7%	7%	6%	5%	Programme data	Annual	
		No data available	9%	8%	7%	7%	6%	5%	Programme data	Annual	
		No data available	8%	8%	8%	7%	6%	5%	Programme data	Annual	
	Increased number of PLHIV enrolled; Fast track, outreach, facility, Community ART Refill Groups, Family ART Refill Groups (use indicator for Differentiated Service Delivery)	Total	35%	55%	60%	65%	70%	75%	80%	Programme	Annual
	Increased number of PLHIV tested for viral load suppression	Total	44% (LIMS 2018)	70%	75%	80%	85%	90%	95%	Programme	Annual
	Increased Percentage of PLHIV on ART who have a suppressed viral load Females 15+ Males 15+ Females 15-24 Males 15-24	Total	85.3% (ZIMPHIA2018)	90%	92%	93%	94%	95%	95%	Programme data	Annual
		86.1% (ZIMPHIA 2018)	90%	92%	93%	94%	95%	95%	Programme data	Annual	
		75.1% (ZIMPHIA 2018)	80%	92%	93%	94%	95%	95%	Programme data	Annual	
		No Data Available	80%	92%	93%	94%	95%	95%	Programme data	Annual	
		No Data Available	80%	92%	93%	94%	95%	95%	Programme data	Annual	
	Increased number and coverage of PLHIV on ART Female 15+ Male 15+ Children 0-14 Females 15-24 Males 15-24	Total	1,146,532	1,220,757	1,241,360	1,262,033	1,282,279	1,295,565	1,308,194	Programme data	Annual
		668,322	698,578	705,638	713,405	729,018	741,026	751,687	Programme data	Annual	
		419,038	458,127	467,036	476,748	486,694	494,351	500,833	Programme data	Annual	
		59,172	57,935	56,393	53,458	49,848	45,330	41,765	Programme data	Annual	
		76,215	73,618	71,685	70,870	71,351	72,087	72,134	Programme data	Annual	
		34,041	41,066	40,917	41,643	42,672	43,904	44,367	Programme data	Annual	
	Increased percentage of Health facilities dispensing ARVs as per accreditation by national standards	Total								Programme data	Annual
	Increased percentage of private sector health facilities dispensing ART as per accreditation by national standards	Total								Programme Data	Annual
INTEGRATION OF SERVICES **SO 12:95 % PLWHIV have increased access to screening, prevention, management and treatment for HIV including TB, NCDs, STIs, Hepatitis**											
TUBERCOLOSIS (TB)											

Outcome Results	Indicator and Disaggregation		Baseline	Targets						Source of data	Frequency of data collection
			2018	2020	2021	2022	2023	2024	2025		
Goals: (i) Reduced Incidence of HIV and STIs (ii) Reduced HIV related deaths (iii) ZERO Stigma and Discrimination											
Increased access to ART and TB treatment.	Increased percentage of PLHIV in care screened for TB during their last clinical visit increased	Overall	95% (GF Report, 2018)	100% (ZNASP3)	100%	100%	100%	100%	100%	Programme data	Annual
	Increased proportion of PLHIV diagnosed of TB who are put on TB treatment.	Overall	95%	100% (ZNASP3)	100%	100%	100%	100%	100%	Programme data	Annual
	Increased percentage of TB patients who are HIV positive enrolled on ART	Overall	85% (HMIS, 2018)	90%	95%	95%	95%	95%	100%	Programme data	Annual
	Increased percentage of PLHIV newly enrolled in HIV care started on TB preventive therapy (TPT)	Overall	2% (GAM Report, 2018)	50%	70%	75%	80%	85%	90%	Programme data	Annual
	Increased percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period	Overall	77% (HMIS, 2019)	80%	80%	80%	80%	80%	80%	Programme data	Annual
	Increased number (proportion) of PLHIV initiated on TPT	Overall	72,812	400,000	440,000	480,000	520,000	560,000	600,000	Programme data	Annual
	Increased Number of PLHIV in care screened for TB during their last clinical visit	Total	37,141[21]	670,000	80,000	940,000	1,100,000	1,200,000	1,300,000	Programme data	Annual
	Increased number of TB patients who are HIV positive enrolled on ART	Total	45,000 (MoHCC presentation)	50,000	55,000	60,000	65,000	70,000	75,000	Programme Data	Annual
	Increased percentage of PLHIV who completed TPT	Total	77%	80%	85%	90%	95%	95%	95%	Programme data	Annual
NON-COMMUNICABLE DISEASES											
Increased percentage of women living with HIV 30-49 years old who are treated for cervical cancer increased to 90% by 2025.	Increased percentage of women living with HIV 30-49 years old who report being screened for cervical cancer	Total	No Data		50%	70%	80%	85%	90%	Programme data	Annual
	Increased number of women living with HIV (30 to 49 years) screened for cervical cancer	Total	76,000	81,000	86,000	91,000	96,000	101,000	106,000	Programme Data	Annual
	Increased number of women living with HIV (30 to 49 years) diagnosed for cervical cancer	Total	3,800	4,300	4,800	5,300	5,800	6,300	6,800	Programme Data	Annual
	Increased number of women living with HIV (30 to 49 years) treated for cervical cancer	Total	no data	4,300	4,800	5,300	5,800	6,300	6,800	Programme Data	Annual
Increased percentage increase of PLHIV treated for mental health to 90%	Increased percentage of PLHIV screened for mental health	Total	No Data		50%	70%	80%	85%	90%	Programme data	Annual
	Increased number of PLHIV screened for mental health	Total	No Data		1,000[22]	1,500	2,000	2,500	3,000	Programme Data	Annual
	Increased percentage of PLHIV diagnosed of mental health	Total	No Data		50%	70%	80%	85%	90%	Programme data	Annual
	All PLHIV diagnosed are treated for mental health	Total	No Data		100%	100%	100%	100%	100%	Programme data	Annual
HEPATITIS											

21 Assumption is all cases of TB must be screened for HIV
22 This is an estimated figure

Outcome Results	Indicator and Disaggregation		Baseline	Targets						Source of data	Frequency of data collection
			2018	2020	2021	2022	2023	2024	2025		
Goals: (i) Reduced Incidence of HIV and STIs (ii) Reduced HIV related deaths (iii) ZERO Stigma and Discrimination											
	Increased Percentage of PLHIV screened for Hepatitis B	Total	no data	10%	15%	20%	25%	30%	35%	Programme Data	Annual
	Increased Percentage of PLHIV treated for Hepatitis B	Total	3%[23]	3%	3%	3%	3%	3%	3%	Programme Data	Annual
	Increased Number of PLHIV screened for Hepatitis B	Total	1,500	2,000	2,500	3,000	3,500	4,000	4,500	Programme Data	Annual
	Increased Number of PLHIV treated for Hepatitis B	Total	50	67	83	100	117	133	150	Programme Data	Annual
	Increased Percentage of PLHIV screened for Hepatitis C	Total	no data	10%	15%	20%	25%	30%	35%	Programme Data	Annual
	Increased Percentage of PLHIV treated for Hepatitis C	Total		<1%[24]	<1%	<1%	<1%	<1%	<1%	Programme Data	Annual
	Increased Number of PLHIV screened for Hepatitis C	Total	100	150	200	250	300	350	400	Programme Data	Annual
	Increased number of PLHIV treated for Hepatitis C	Total	No data	<10	<10	<10	<10	<10	<10	Programme Data	Annual
NUTRITION											
PLHIV who are malnourished reduced from 9.03% in 2013 to 5% by 2025	Increase number of PLHIV receiving nutritional care and support	Total	117,000[25]	104,000	91,000	78,000	65,000	65,000	65,000	Programme data	Annual
REPRODUCTIVE HEALTH											
Reduced unmet need for family planning among women of childbearing age from 10% in 2015 (ZDHS) to 6.5% by 2025	Increased contraception use among women living with HIV	Total	67% (ZDHS, 2015)	68% (ZNASP3)	No Annual Target	No Annual Target	No Annual Target	No Annual Target	68%	ZDHS	5 years
	Increased number of women receiving SRHR services	Total	No data Available	375,000	455,000[26]	537,000	620,000	706,000	752,000	Programme Data	Annual
THEMATIC AREA 4: RESILIENT AND SUSTAINABLE HEALTH SYSTEMS											
LEADERSHIP AND GOVERNANCE **SO 14: Strengthened leadership and governance for provision of HIV and STIs services at all levels**											
COORDINATION	Maintain number of national MoHCC HIV and STIs Strategy progress review meetings held with stakeholders and partners	Total	No data available	2	2	2	2	2	2	Programme data	Biannual
HIV Response Financing	Decrease percentage of funding gap closed		40% (National Health Accounts2018)						20%[27]	Programme data	Annual
	Increase Percentage of local funds mobilized to support the national HIV response		30% (National Health Accounts 2018)						40%	Programme data	Annual
STRATEGIC INFORMATION AND MONITORING & EVALUATION **SO 16: Improved data quality and use for effective HIV and STIs response**											

23 According to the GAM Report (2018), Hepatitis B positivity rate is 3%.B
24 <1% is the hepatitis C positivity
25 Based on 9% of PLHIV malnourished of total PLHIV population and reduced by targets for indicator above, to reduce to 5% by 2025
26 Estimated to reach 50% of number of women living with HIV and increasing from 50% in 2020, and increased by 10% annually from 2021 to 2025
27 Calculated as 50% of the current funding gap

Outcome Results	Indicator and Disaggregation		Baseline	Targets						Source of data	Frequency of data collection
			2018	2020	2021	2022	2023	2024	2025		
Goals: (i) Reduced Incidence of HIV and STIs (ii) Reduced HIV related deaths (iii) ZERO Stigma and Discrimination											
100% of HIV and STIs Strategy M&E Plan indicators reported according to reporting time frames	Increased percentage of districts with district specific targets	Total	No data available		100%	100%	100%	100%	100%	Programme Data	Annual
	Increased percentage of district specific targets reported on	Total	No data available		100%	100%	100%	100%	100%	Programme Data	Annual
	All districts with functional patient level electronic reporting systems	Overall	No data available	63	63	63	63	63	63	Programme Data	Annual
	Increased number of districts with functional community based electronic systems	Overall	No data available	15	30	60	63	63	63	Programme Data	Annual
	Increased number of Research and Surveillance projects conducted	Overall	No data available		4	4	4	4	4	Programme Data	Annual
	Proportion of ART sites reporting electronic patient level data	Total	39% (ePMS, 2018)	50%	60%	70%	80%	85%	90%	Programme Data	Annual
PROCUREMENT AND SUPPLY CHAIN MANAGEMENT **SO 17: Uninterrupted availability of HIV and STI commodities and supplies at all levels**											
Reduced percentage of facilities that reported a stock out of the preferred first line HIV drug from 0.5% in 2018 to 0.8% in 2025	Reduced percentage of facilities reporting a stock out of preferred first line HIV drug	Overall	0.5%		<1%	<1%	<1%	<1%	<1%	Programme data	Annual
	Increased number of facilities with a functional Electronic Logistics Information Management Systems	Overall	5	100	600	1,350	1,650	1,650	1,650	Programme data	Annual
LABORATORY SYSTEMS **SO 18: Strengthened Laboratory systems for effective HIV and STI response**											
Increased number of laboratories (cumulative) accredited according to national or international standards Laboratory Systems from 1 lab in 2018 to 11 labs in 2025.	Increased number of lower level laboratories covered with quality assurance services	Overall	No data available	100	600	1,350	1,600	1,600	1,600	Programme data	Annual
SOCIAL ENABLERS											
Stigma and discrimination	Decrease percentage of PLHIV reporting internalized stigma in the past 12 months	Overall	no data						<10%	ZDHS	5 years
	Decrease percentage of PLHIV reporting anticipated stigma in the health facility	Overall	no data						<10%		
	Decrease percentage of reported stigma by key populations in health care settings	Overall	no data						<10%	Programme	Annual
	Increase number of health workers reached with stigma reduction interventions	Overall	no data	1,000	1,500	2,000	2,500	3,000	3,500	Programme	Annual
	Increase number of vulnerable and key populations reached with stigma reduction interventions	Overall	no data	10,000	11,000	12,000	13,000	14,000	15,000	Programme	Annual

8.2 Costed Operational Plan: 2021-2025

Total Cost of Zimbabwe Health Setor HIV and STI Strategy					
	2021	**2022**	**2023**	**2024**	**2025**
Medicines, Laboratory and Diagnostic Equipment	$196,258,421	$185,591,528	$179,036,031	$177,121,521	$171,422,390
Program Activities Cost	$63,265,889	$48,007,924	$49,083,476	$45,995,699	$41,999,421
Total Cost	$259,524,309	$233,599,451	$228,119,507	$223,117,219	$213,421,811
Total Cost of Zimbabwe Health Setor HIV and STI Strategy by Thematic Area					
	2021	2022	2023	2024	2025
Thematic Area 1: Combination Prevention	$103,875,127	$94,296,377	$92,163,073	$88,901,788	$78,268,168
Thematic area 2: HIV care and treatment	$118,804,081	$121,770,812	$117,596,650	$116,624,669	$117,373,350
Thematic area 3: Gender, equity, human rights and community engagement	$856,973	$336,384	$743,339	$336,384	$339,224
Thematic area 4: Resilient and Sustainable Systems for Health	$35,988,128	$17,195,878	$17,616,445	$17,254,378	$17,441,070
Total Cost	**$259,524,309**	**$233,599,451**	**$228,119,507**	**$223,117,219**	**$213,421,811**
Integrated HIV Strategy Cost by Strategic Strategic Objective					
	2021	2022	2023	2024	2025
SO 4.1: 95 % of people living with HIV know their HIV status and are linked to prevention and care services by 2025.	$17,420,746	$15,601,707	$13,819,376	$12,270,781	$12,264,781
SO 4.2. 90% of people at substantial risk of HIV acquisition have access to and utilise PrEP	$2,679,546	$3,673,864	$4,368,548	$4,205,148	$3,933,698
SO 4.3: Achieve 80 % Voluntary Medical Male Circumcision coverage in all districts by 2025	$19,131,711	$15,663,802	$15,259,844	$17,794,444	$15,196,944
SO 4.4. 90 % of key populations have access to and utilise quality combination prevention interventions by 2025	$657,602	$504,107	$504,107	$504,107	$503,357
SO 4.5: 90 % of Vulnerable Groups (VG) reached with quality HIV and STI prevention services by 2025.	$646,858	$646,858	$646,858	$646,858	$646,858
SO 4.6: 90 % of people engaged in multiple relationships consistently and correctly use condoms by 2025	$6,464,874	$6,249,860	$7,174,223	$7,026,543	$7,053,708
SO 4.7: 90 % of those sexually active reached with STI diagnosis, management and treatment	$13,481,877	$12,470,169	$12,349,188	$12,347,884	$6,693,656
SO 4.8: Achieve and sustain MTCT of HIV at less than 5% and congenital syphilis at less than 250 cases per 100 000 live births	$43,391,914	$39,486,011	$38,040,930	$34,106,024	$31,975,166
SO 4.9: 95 % of PLWHIV who know their status in all regions and among all populations are receiving treatment	$118,804,081	$121,770,812	$117,596,650	$116,624,669	$117,373,350
SO 4.10: 95 % of people on treatment in all regions and among all populations have suppressed VL					
SO 4.11: 95 % PLWHIV have increased access to screening, prevention, management and treatment for HIV including TB, NCDs, STIs, Hepatitis					
SO 4.12: A HIV and STI programming that engages communities and is gender, equity and human rights sensitive	$856,973	$336,384	$743,339	$336,384	$339,224
SO 4.13: Strengthened leadership and governance for effective HIV and STIs response	$146,538	$60,506	$60,506	$59,506	$99,406
SO 4.14: Improved data quality and use for effective HIV and STIs response	$8,152,328	$7,051,189	$7,329,790	$7,051,189	$7,286,125
SO 4.15: Adequate, skilled and motivated human resources for effective HIV and STI response	$4,453,009	$1,524,914	$1,567,714	$1,524,914	$1,567,714
SO 4.16: Uninterrupted availability of HIV and STI commodities and supplies at all levels	$2,373,795	$341,200	$335,450	$360,700	$334,950
SO 4.17: Strengthened Laboratory systems for effective HIV and STI response	$20,700,229	$8,191,470	$8,191,470	$8,231,470	$8,126,275
SO 4.18: Strengthen delivery of quality HIV and STIs services in humanitarian settings	$162,230	$26,600	$131,515	$26,600	$26,600
Total Cost	**$259,524,309**	**$233,599,451**	**$228,119,507**	**$223,117,219**	**$213,421,811**
Integrated HIV Strategy Cost by Strategic Strategic Objective					
	2021	**2022**	**2023**	**2024**	**2025**
SO 4.1: 95 % of people living with HIV know their HIV status and are linked to prevention and care services by 2025.	$17,420,746	$15,601,707	$13,819,376	$12,270,781	$12,264,781
HIV Testing Costs	$7,438,113	$7,002,645	$5,708,114	$4,168,394	$4,168,394
Program Activity Costs	$9,982,633	$8,599,062	$8,111,262	$8,102,387	$8,096,387
SO 4.2. 90% of people at substantial risk of HIV acquisition have access to and utilise PrEP	$2,679,546	$3,673,864	$4,368,548	$4,205,148	$3,933,698
Prep Provision Costs	$1,829,876	$2,844,644	$3,410,878	$3,410,878	$3,410,878
Program Activity Costs	$849,670	$829,220	$957,670	$794,270	$522,820
SO 4.4: Achieve 80 % Voluntary Medical Male Circumcision coverage in all districts by 2025	$19,131,711	$15,663,802	$15,259,844	$17,794,444	$15,196,944
VMMC Device Procurement Costs	$3,819,533	$2,929,846	$3,102,288	$3,102,288	$3,102,288
Program Activity Costs	$15,312,178	$12,733,956	$12,157,556	$14,692,156	$12,094,656

SO 4.4. 90 % of key populations have access to and utilise quality combination prevention interventions by 2025	$657,602	$504,107	$504,107	$504,107	$503,357
SO 4.5: 90 % of Vulnerable Groups (VG) reached with quality HIV and STI prevention services by 2025.	$646,858	$646,858	$646,858	$646,858	$646,858
SO 4.6: 90 % of people engaged in multiple relationships consistently and correctly use condoms by 2025	$6,464,874	$6,249,860	$7,174,223	$7,026,543	$7,053,708
Condom Procurement Cost	$6,226,043	$6,149,137	$6,959,123	$6,959,123	$6,959,123
Program Activity Costs	$238,831	$100,723	$215,100	$67,420	$94,585
SO 4.7: 90 % of those sexually active reached with STI diagnosis, management and treatment	$13,481,877	$12,470,169	$12,349,188	$12,347,884	$6,693,656
Testing and Treatment Costs	$2,543,000	$1,965,149	$1,849,189	$1,849,189	$1,849,189
Program Activity Costs	$10,938,877	$10,505,020	$10,499,999	$10,498,695	$4,844,467
SO 4.8: Achieve and sustain MTCT of HIV at less than 5% and congenital syphilis at less than 250 cases per 100 000 live births	$43,391,914	$39,486,011	$38,040,930	$34,106,024	$31,975,166
EID and Viral Load Testing Costs	$30,347,244	$26,065,323	$25,603,147	$22,680,496	$20,455,738
MTCT Commodities and Contraceptives Cost	$10,745,667	$11,714,003	$10,161,318	$10,161,318	$10,161,318
Program Activity Costs	$2,299,003	$1,706,685	$2,276,465	$1,264,210	$1,358,110
SO 4.9: 95 % of PLWHIV who know their status in all regions and among all populations are receiving treatment	$118,804,081	$121,770,812	$117,596,650	$116,624,669	$117,373,350
SO 4.10: 95 % of people on treatment in all regions and among all populations have suppressed VL					
SO 4.11: 95 % PLWHIV have increased access to screening, prevention, management and treatment for HIV including TB, NCDs, STIs, Hepatitis					
Treatment Costs (incl cervical cancer screening)	$115,455,075	$119,734,410	$115,049,369	$115,049,369	$115,049,369
Program Activity Costs	$3,349,006	$2,036,402	$2,547,281	$1,575,300	$2,323,981
SO 4.12: A HIV and STI programming that engages communities and is gender, equity and human rights sensitive	$856,973	$336,384	$743,339	$336,384	$339,224
SO 4.13: Strengthened leadership and governance for effective HIV and STIs response	$146,538	$60,506	$60,506	$59,506	$99,406
SO 4.14: Improved data quality and use for effective HIV and STIs response	$8,152,328	$7,051,189	$7,329,790	$7,051,189	$7,286,125
SO 4.15: Adequate, skilled and motivated human resources for effective HIV and STI response	$4,453,009	$1,524,914	$1,567,714	$1,524,914	$1,567,714
SO 4.16: Uninterrupted availability of HIV and STI commodities and supplies at all levels	$2,373,795	$341,200	$335,450	$360,700	$334,950
SO 4.17: Strengthened Laboratory systems for effective HIV and STI response	$20,700,229	$8,191,470	$8,191,470	$8,231,470	$8,126,275
Lab Commodity Costs	$4,221,923	$4,060,418	$4,060,418	$4,060,418	$4,060,418
Program Activity Costs	$16,478,306	$4,131,052	$4,131,052	$4,171,052	$4,065,857
SO 4.18: Strengthen delivery of quality HIV and STIs services in humanitarian settings	$162,230	$26,600	$131,515	$26,600	$26,600
Total Cost	**$259,524,309**	**$233,599,451**	**$228,119,507**	**$223,117,219**	**$213,421,811**
Integrated HIV Strategy Cost by Cost category					
	2021	**2022**	**2023**	**2024**	**2025**
Administration & Management (incl. salaries)	$2,619,859	$2,603,087	$2,603,087	$2,603,087	$2,603,087
Capital Medical/Lab Equipment - Maintenance	$1,512,580	$1,502,500	$1,502,500	$1,502,500	$1,502,500
Capital Medical/Lab Equipment - Purchase	$10,933,440	$487,740	$487,740	$3,047,740	$487,740
Communication costs (print, TV, radio)	$7,305,423	$4,838,137	$5,884,489	$4,539,414	$4,738,414
Community Outreach Events	$3,030,844	$2,713,944	$2,713,944	$2,713,944	$2,713,944
Direct Budget Support	$1,639,500	$199,500	$199,500	$192,600	$192,600
Drugs, Medical Supplies and Other Health Commodities	$183,651,046	$183,452,688	$176,885,936	$172,422,681	$169,270,795
Health Worker Salaries/Benefits	$5,785,674	$5,800,674	$5,800,674	$5,800,674	$5,800,674
Health Worker Training - In-service	$9,333,425	$8,643,842	$7,980,782	$7,508,197	$7,646,312
Health Worker Training - Pre-service	$181,400	$268,685	$167,150	$750	$750
Infrastructure - Construction/Vehicles	$7,830,260	$543,200	$543,200	$543,200	$543,200
Infrastructure - Facility operating costs	$4,234,000	$4,234,000	$4,234,000	$4,234,000	$4,234,000
Infrastructure - Rehabilitation	$40,000	$0	$0	$40,000	$0
Planning & Policy Meetings	$11,270,874	$9,825,219	$10,191,544	$9,706,944	$5,127,059
Research, M&E, QA and Supervision	$8,693,819	$8,008,079	$8,243,423	$7,858,062	$8,007,643
Supply Chain Management	$161,355	$148,600	$159,855	$148,600	$161,355
Technical Assistance	$1,201,186	$237,618	$429,744	$162,888	$299,799
Total	**$259,424,683**	**$233,507,511**	**$228,027,567**	**$223,025,279**	**$213,329,871**

Strategic objective/Strategies

Strategic objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.1: 95 % of people living with HIV know their HIV status and are linked to prevention and care services by 2025.																		
4.1.1 Effective management of HTS programme	4.1.1.1 Mobilize funding for programme implementation, remuneration and allowances for national and subnational staff, including lay providers (PCs) and community level cadres (Expert Clients)	4.1.1.1.1 Advocate for increased funding from the National AIDS Trust Fund to support programme implementation		No additional cost, to be conducted as ongoing activities by MOHCC				x	x	x	x	x	$ -					
		4.1.1.1.2 Hold an Annual Advocacy meeting to solicit financial support from partners, private sector and non-traditional donors annually		1 day annual meeting for 30 national level participants	35	per participant/day	30	x	x	x	x	x	$ 1,050	$ 1,050	$ 1,050	$ 1,050	$ 1,050	Planning & Policy Meetings
		4.1.1.1.4 Contribute to the Global Fund Resource Mobilization exercise in Year 3		No additional cost - to be conducted as ongoing activities by MOHCC and partners														
		4.1.1.1.4 Advertise vacant posts through a Newspaper posting and conduct interviews		Advertise vacant posts through a Newspaper posting	2000		1	x										
		4.1.1.1.5 Provide financial support for remuneration of HTS staff, PCs and Expert Clients		Salary for 3 national level HTS Programme Officers, 1 M & E Officer and 1 Programme Assistant @ $112,176 per annum									$ 112,176	$ 112,176	$ 112,176	$ 112,176	$ 112,176	Health Worker Salaries/ Benefits
				Salary for 1200 PCs @ $304.78/ month	304.78	per PC per month	14400	x	x	x	x	x	$ 4,388,832	$ 4,388,832	$ 4,388,832	$ 4,388,832	$ 4,388,832	Health Worker Salaries/ Benefits
				Allowances of $15/ month for 100 Expert Clients in the five high incidence districts	180	per Expert Client per annum	500	x	x	x	x	x	$ 90,000	$ 90,000	$ 90,000	$ 90,000	$ 90,000	Health Worker Salaries/ Benefits
	4.1.1.2 Conduct quarterly coordination meetings at all levels	4.1.1.2.1 Conduct 1 day quarterly HIV Prevention Partnership Fora at national level		1 day meeting at national level for 60 participants	$35	per person/day	60	x	x	x	x	x	$ 2,100	$ 2,100	$ 2,100	$ 2,100	$ 2,100	Planning & Policy Meetings
		4.1.1.2.2Conduct 1 day quarterly HTS TWG meeting at national level		1 day meeting at national level level for 50 participants	$35	per participant/day	50	x	x	x	x	x	$ 1,750	$ 1,750	$ 1,750	$ 1,750	$ 1,750	Planning & Policy Meetings
		4.1.1.2.4 Conduct quarterly HTS meetings at provincial and district levels as part of already scheduled quarterly management team meetings		No additional cost - to be conducted as ongoing activities by MOHCC during PHT and DHT meetings														
	4.1.1.4 Conduct annual HTS programme review to inform the annual planning processes	4.1.1.4.1 Conduct a 3 day annual review and planning meeting at provincial level for 8 rural provinces and 2 metropolitan provinces	3 day provincial level meetings for a total of 50 persons (42 participants should come from district level) Budget for a total of 8 meetings	Accomodation	$70	per travelling participant	1008	x	x	x	x	x	$ 70,560	$ 70,560	$ 70,560	$ 70,560	$ 70,560	Planning & Policy Meetings
				Conference Package	$35	per participant/day	1200	x	x	x	x	x	$ 42,000	$ 42,000	$ 42,000	$ 42,000	$ 42,000	Planning & Policy Meetings
				Dinner	$15	per travelling participant	1008	x	x	x	x	x	$ 15,120	$ 15,120	$ 15,120	$ 15,120	$ 15,120	Planning & Policy Meetings
				Transport Allowance	$30	per travelling participant	1008	x	x	x	x	x	$ 30,240	$ 30,240	$ 30,240	$ 30,240	$ 30,240	Planning & Policy Meetings
			3 day meeting for 40 participants each in Harare province and Bulawayo province Budget for 2 meetings	Accomodation	$70	per travelling participant	240	x	x	x	x	x	$ 16,800	$ 16,800	$ 16,800	$ 16,800	$ 16,800	Planning & Policy Meetings
				Conference Package	$35	per participant/day	240	x	x	x	x	x	$ 8,400	$ 8,400	$ 8,400	$ 8,400	$ 8,400	Planning & Policy Meetings
				Dinner	$15	per travelling participant	240	x	x	x	x	x	$ 3,600	$ 3,600	$ 3,600	$ 3,600	$ 3,600	Planning & Policy Meetings
				Transport Allowance	$30	per travelling participant	80	x	x	x	x	x	$ 2,400	$ 2,400	$ 2,400	$ 2,400	$ 2,400	Planning & Policy Meetings
		4.1.1.4.2 Conduct a 5 day national HIV Prevention level annual review and planning meeting	5 day national level meeting for a total of 60 persons (40 should be from subnational level)	Accomodation	$70	per travelling participant	100	x	x	x	x	x	$ 7,000	$ 7,000	$ 7,000	$ 7,000	$ 7,000	Planning & Policy Meetings
				Conference Package	$35	per participant/day	300	x	x	x	x	x	$ 10,500	$ 10,500	$ 10,500	$ 10,500	$ 10,500	Planning & Policy Meetings
				Dinner	$15	per travelling participant	100	x	x	x	x	x	$ 1,500	$ 1,500	$ 1,500	$ 1,500	$ 1,500	Planning & Policy Meetings
				Transport Allowance	$15	per travelling participant	200	x	x	x	x	x	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000	Planning & Policy Meetings

Strategic objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.1: 95 % of people living with HIV know their HIV status and are linked to prevention and care services by 2025.																		
	4.1.1.4 Update HTS guidelines for adults and HTS guidelines for children and adolescents to align them to the new strategic direction of targeted testing	4.1.1.4.1 Engage consultant to lead the HTS guidelines revision process		Hire a local consultant for 30 days	$680	per day of consulting	30	x	x	x	x	x	$ 20,400	$ 20,400	$ 20,400	$ 20,400	$ 20,400	Technical Assistance
		4.1.1.4.2 Conduct a 3 day national level Inception Meeting to review the National HTS Guidelines	3 day workshop at national level for a total of 40 participants (10 should come from sub national level)	Accomodation	$70	per travelling participant	30	x	x	x	x	x	$ 2,100	$ 2,100	$ 2,100	$ 2,100	$ 2,100	Technical Assistance
				Conference Package	$35	per participant/day	120	x	x	x	x	x	$ 4,200	$ 4,200	$ 4,200	$ 4,200	$ 4,200	Planning & Policy Meetings
				Dinner	$15	per travelling participant	30	x	x	x	x	x	$ 450	$ 450	$ 450	$ 450	$ 450	Planning & Policy Meetings
				Transport Allowance	$30	per travelling participant	30	x	x	x	x	x	$ 900	$ 900	$ 900	$ 900	$ 900	Planning & Policy Meetings
		4.1.1.4.4 Conduct a 2 day national level meeting to finalize the National HTS guidelines	2 day meeting at national level for a total of 40 participants (10 should come from subnational level)	Accomodation	$70	per travelling participant	20	x	x	x	x	x	$ 1,400	$ 1,400	$ 1,400	$ 1,400	$ 1,400	Planning & Policy Meetings
				Conference Package	$35	per participant/day	80	x	x	x	x	x	$ 2,800	$ 2,800	$ 2,800	$ 2,800	$ 2,800	Planning & Policy Meetings
				Dinner	$15	per travelling participant	20	x	x	x	x	x	$ 300	$ 300	$ 300	$ 300	$ 300	Planning & Policy Meetings
				Transport Allowance	$30	per travelling participant	20	x	x	x	x	x	$ 600	$ 600	$ 600	$ 600	$ 600	Planning & Policy Meetings
		4.1.1.4.4 Print 5,000 copies of the adult population HTS guidelines		Print 5,000 copies of the general population HTS guidelines	$10	per copy printed	5000	x	x	x	x	x	$ 50,000	$ 50,000	$ 50,000	$ 50,000	$ 50,000	Communication costs (print, TV, radio)
		4.1.1.4.5 Print 5,000 copies of the HTS children and adolescent guidelines		Print 5,000 copies of the HTS children and adolescent guidelines	$10	per copy printed	5000	x	x	x	x	x	$ 50,000	$ 50,000	$ 50,000	$ 50,000	$ 50,000	Planning & Policy Meetings
		4.1.1.4.6 Conduct a Northern Region and a Southern Region Meeting to disseminate and distribute the revised HTS guidelines to provincial level		3 day meetings for Northern Region and Southern Region for 60 people/ meeting Budget for 2 meetings				x	x	x	x	x	$ -	$ -	$ -	$ -	$ -	Planning & Policy Meetings
				Accomodation	$60	per participant/day	180	x	x	x	x	x	$ 10,800	$ 10,800	$ 10,800	$ 10,800	$ 10,800	Planning & Policy Meetings
				Conference Package	$20	per participant/day	180	x	x	x	x	x	$ 3,600	$ 3,600	$ 3,600	$ 3,600	$ 3,600	Planning & Policy Meetings
				Dinner	$15	per participant/day	180	x	x	x	x	x	$ 2,700	$ 2,700	$ 2,700	$ 2,700	$ 2,700	Planning & Policy Meetings
				Transport Allowance	$30	per participant/day	180	x	x	x	x	x	$ 5,400	$ 5,400	$ 5,400	$ 5,400	$ 5,400	Planning & Policy Meetings
		4.1.1.4.7 Conduct 8 provincial level meetings for dissemination of revised HTS guidelines to district and lower levels		2 day meetings at provincial level for a total of 45 participants per meeting Budget for 8 meetings	$25	per participant/day	90	x	x	x	x	x	$ 2,250	$ 2,250	$ 2,250	$ 2,250	$ 2,250	Planning & Policy Meetings
		4.1.1.4.8 Conduct 2 meetings for dissemination of the revised HTS Guidelines for the 2 metropolitan provinces, including central hospitals		2 meetings for 50 people in Bulawayo and Harare	$25	per participant/day	90	x	x	x	x	x	$ 2,250	$ 2,250	$ 2,250	$ 2,250	$ 2,250	Planning & Policy Meetings
	4.1.1.5 Strengthen private sector involvement in the HTS programme	4.1.1.5.1 Conduct mapping exercise of private sector HTS Providers at national and subnational levels in liaison with Zimbabwe Medical Association (ZIMA), Zimbabwe Nurses Association (ZINA) and Laboratory Scientists Council of Zimbabwe		No additional cost - to be conducted as ongoing activities within the provinces by MOHCC				x	x	x	x	x						Research, M&E, QA and Supervision
		4.1.1.5.2 Conduct orientation of private sector providers on HTS and data management		No additional cost - to be conducted as ongoing activities within the provinces by MOHCC				x	x	x	x	x						Health Worker Training - In-service

Strategic objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.1: 95 % of people living with HIV know their HIV status and are linked to prevention and care services by 2025.																		
	4.1.1.6 Strengthen HTS programme mentorship and supportive supervision	4.1.1.6.1 National and provincial level officers to provide mentorship and support to district level by conducting 2 visits per quarter		National level support and supervision *Per diems for 3 national level people(including driver) @$75/day x 6 days. Fuel x200 litres The above costs should be multiplied by 2 for 2 visits per quarter x 4 quarters	$75	per national level cadre	144	x	x	x	x	x	$ 10,800	$ 10,800	$ 10,800	$ 10,800	$ 10,800	
					$1.50	per litre	1600	x	x	x	x	x	$ 2,400	$ 2,400	$ 2,400	$ 2,400	$ 2,400	
				*1 provincial cadre @$48.00 x 5 days district cadre - lunch @$8.00 x 5 days	$48	per provincial level cadre	40	x	x	x	x	x	$ 1,920	$ 1,920	$ 1,920	$ 1,920	$ 1,920	
					$8	per provincial level cadre	40	x	x	x	x	x	$ 320	$ 320	$ 320	$ 320	$ 320	
		4.1.1.6.2 District level officers to provide mentorship and support to facility managers for 63		District level spport and supervision *Lunch allowance for 5 officers for 5 days *Fuel 100 litres every 2 months Cost 5 officers visit once every 2 months for 63 districts	$8	per cadre lunch allowance	9450	x	x	x	x	x	$ 75,600	$ 75,600	$ 75,600	$ 75,600	$ 75,600	
					$1.50	per litre	600	x	x	x	x	x	$ 900	$ 900	$ 900	$ 900	$ 900	
4.1.2 Targeted HTS demand generation	4.1.2.1 Establish TWG for Demand Generation HIV Prevention activities at national, provincial and district levels	4.1.2.1.1 Develop TORs and agree on membership of the Communications TWG which should include key partners in HIV prevention, private sector and civil society		No additional cost, to be conducted as ongoing activities by MOHCC														
		4.1.2.1.2 Invite members to set up Communications TWGs at all levels		No additional cost, to be conducted as ongoing activities by MOHCC														
		4.1.2.1.4 Hold quarterly HIV Prevention Communications TWG meetings for at all levels		National level conference @$30 per participant x 20	$30	per participant	20	x	x	x	x	x	$ 600	$ 600	$ 600	$ 600	$ 600	Planning & Policy Meetings
				Provincial level - lunch @10 per participant x 20	$10	per participant	20	x	x	x	x	x	$ 200	$ 200	$ 200	$ 200	$ 200	Planning & Policy Meetings
				District level - lunch @10 per participant x 20	$10	per participant	20	x	x	x	x	x	$ 200	$ 200	$ 200	$ 200	$ 200	Planning & Policy Meetings
	4.1.2.2 Strengthen community-based demand generation interventions for HTS targeting key populations, men, young people and other vulnerable populations.	4.1.2.2.1 Conduct half-day meeting with participants from national level, partners, HPOs and local authority to develop a Discussion Guide for Community Dialogues on HTS targeting men and young people		Half-day meeting for 6 national level participants, budget for teas and lunches	$17	per participant	6	x	x	x	x	x	$ 102	$ 102	$ 102	$ 102	$ 102	Planning & Policy Meetings
		4.1.2.2.2 Design, print and distribute the developed Discussion Guide for Community Dialogues		National level printing @ $1,50 a copy x 4000 copies	$1.50	per copy printed	4000	x	x		x		$ 6,000	$ 6,000		$ 6,000		Planning & Policy Meetings
		4.1.2.2.4 Conduct Community Dialogues on HTS among the targeted population through focus group discussions (FGDs) held in two urban and two rural districts over 4 days (Day one1: 8 Community Leaders; ii) Day two: 8 Adult men; Day three: 8 Young men; and Day four: 8 Young women)	Four (4) FDGs for 8 community members, 5 persons from national level and 2 persons from each respective district (15 people for each day x 4 days) Lunch allowance for all participants @10.00each x 4 days Fuel (40 litres)	Accomodation	$60	per participant	15	x	x	x	x	x	$ 900	$ 900	$ 900	$ 900	$ 900	Community Outreach Events
				Lunch	$15	per participant	15	x	x	x	x	x	$ 225	$ 225	$ 225	$ 225	$ 225	Community Outreach Events
				Dinner	$15	per participant	15	x	x	x	x	x	$ 225	$ 225	$ 225	$ 225	$ 225	Community Outreach Events
				Fuel	$1.50	per participant	200	x	x	x	x	x	$ 300	$ 300	$ 300	$ 300	$ 300	Community Outreach Events

Strategic objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.1: 95 % of people living with HIV know their HIV status and are linked to prevention and care services by 2025.																		
		4.1.2.2.4 Conduct Community Profiling through community dialogues in 5 high incidence districts Hwange [Matabeleland North]; Shurugwi [Midlands]; Zvishavane [Midlands]; Chikomba & Hwedza in [Mashonaland East] for 2 days each in 3 province Midlands (cover 2 districts for 2 days each in one week); Mash East (cover 2 districts for 2 days each in 1one week) Mat North (Hwange district 2days). All 3 provinces to be covered over a period of 3 weeks	i) Fuel costs ii) Per diem for 4 National staff x 9 days iii) Accommodation and dinner for 1 Provincial staff x 6 days iv) Lunch only for 1 District staff	Accomodation	$60	per participant	9	x	x	x	x	x	$ 540	$ 540	$ 540	$ 540	$ 540	Community Outreach Events
				Lunch	$15	per participant	9	x	x	x	x	x	$ 135	$ 135	$ 135	$ 135	$ 135	Community Outreach Events
				Dinner	$15	per participant	9	x	x	x	x	x	$ 135	$ 135	$ 135	$ 135	$ 135	Community Outreach Events
				Fuel	$1.50	per litre	400	x	x	x	x	x	$ 600	$ 600	$ 600	$ 600	$ 600	Community Outreach Events
				Allowance of $5 each for 1 day 20 community leaders & 40 community members/per district ($5 x 60)	$5	per community member	60	x	x	x	x	x	$ 300	$ 300	$ 300	$ 300	$ 300	Community Outreach Events
		4.1.2.2.5 Conduct quarterly targeted outreach prevention services (including moonlight outreaches) at district level to increase uptake of HTS for key populations, men, young people and other vulnerable groups		Cost of fuel (40l)	$1.50	per litre	40	x	x	x	x	x	$ 60	$ 60	$ 60	$ 60	$ 60	Community Outreach Events
				Dinner allowance for 3 clinical nurses and 3 mobilizers and 4 Champions x 5 districts for 10 nights for each quarter	$15	per participant	2000	x	x	x	x	x	$ 30,000	$ 30,000	$ 30,000	$ 30,000	$ 30,000	Community Outreach Events
		4.1.2.2.6 Pay stipend of $15 per month for the 20 champions in each of the 5 high incidence districts		$15 per month x 20 Champions x 5 districts	$180	per stipend per annum	100	x	x	x	x	x	$ 18,000	$ 18,000	$ 18,000	$ 18,000	$ 18,000	Health Worker Salaries/ Benefits
		4.1.2.2.7 Conduct one road show per district per quarter for the 5 hotspot districts and communities targeting men, young people and vulnerable populations		$252 per roadshow + lunch allowances for 5 district staff	$252	per roadshow	1	x	x	x	x	x	$ 252	$ 252	$ 252	$ 252	$ 252	Health Worker Salaries/ Benefits
					$180	per stipend per annum	25	x	x	x	x	x	$ 4,500	$ 4,500	$ 4,500	$ 4,500	$ 4,500	Community Outreach Events
	4.1.2.4 Utilize local Champions for demand generation	4.1.2.4.1 Develop a Training Toolkit for Champions	Four (4) day meeting x 20 participants (10 national level including partners and 10 from provinces and districts)	Accomodation	$70	per travelling participant	10	x					$ 700					Planning & Policy Meetings
				Lunch	$15	per participant	20	x					$ 300					Planning & Policy Meetings
				Dinner	$15	per travelling participant	10	x					$ 150					Planning & Policy Meetings
				Transport Allowance	$30	per travelling participant	10	x					$ 300					Planning & Policy Meetings
		4.1.2.4.2 Pretest the Training Toolkit for Champions in 1 district	Field work in 3 districts conducting interviews with champions to solicit feedback on the draft toolkit. Conduct fieldwork over a 21 day period for 4 participants	Accomodation	$60	per participant	84	x					$ 5,040					
				Lunch	$15	per participant	84	x					$ 1,260					
				Dinner	$15	per participant	84	x					$ 1,260					
				Fuel	$1.50	per participant	84	x					$ 126					
		4.1.2.4.4 Print Training Toolkit for Champions		Print 70 toolkits @ $8 each	$8	per toolkit printed	70	x	x	x	x	x	$ 560	$ 560	$ 560	$ 560	$ 560	Communication costs (print, TV, radio)
		4.1.2.4.4 Identify and recruit 20 Champions per district from each local community to link with the local facility and community for demand generation activities: 20 Champions x 5 districts		No additional cost, to be conducted as ongoing activities by MOHCC														
		4.1.2.4.5 Conduct training of 20 Champions for each of the 5 districts	Workshop for 20 Champions and 3 facilitators for each district x 3 days for each district X 5 districts	Accomodation	$60	per participant	345	x	x	x	x	x	$ 20,700	$ 20,700	$ 20,700	$ 20,700	$ 20,700	Health Worker Training - In-service
				Conference Package	$25	per participant	345	x	x	x	x	x	$ 8,625	$ 8,625	$ 8,625	$ 8,625	$ 8,625	Health Worker Training - In-service
				Dinner	$15	per participant	345	x	x	x	x	x	$ 5,175	$ 5,175	$ 5,175	$ 5,175	$ 5,175	Health Worker Training - In-service
				Transport Allowance	$30	per participant	345	x	x	x	x	x	$ 10,350	$ 10,350	$ 10,350	$ 10,350	$ 10,350	Health Worker Training - In-service

Strategic objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.1: 95 % of people living with HIV know their HIV status and are linked to prevention and care services by 2025.																		
	4.1.2.4 Increase awareness of the importance of HTS among key populations, men, young people and other vulnerable populations	4.1.2.4.1 Identify and recruit an advertising firm to develop communication materials and a Community Dialogue Guide on HTS targeting key populations, men, young people and other vulnerable groups using the Comprehensive National HIV Communications Strategy. Messages will also include social media and bulk sms campaign messages		Costs for advertising firm at $35 per hour x 200 hours	$35	per hour of advertising	200	x	x	x	x	x	$ 7,000	$ 7,000	$ 7,000	$ 7,000	$ 7,000	Communication costs (print, TV, radio)
		4.1.2.4.2 Conduct a 1 day validation meeting for the draft communication materials developed by the Advertising Agency	One (1) day meeting for 10 participants from national level including partners and 5 selected provincial and district participants (Total of 15 participants)	Accomodation	$60	per participant	5	x	x	x	x	x	$ 300	$ 300	$ 300	$ 300	$ 300	Planning & Policy Meetings
				Conference Package	$35	per travelling participant	10	x	x	x	x	x	$ 350	$ 350	$ 350	$ 350	$ 350	Planning & Policy Meetings
				Dinner	$15	per travelling participant	10	x	x	x	x	x	$ 150	$ 150	$ 150	$ 150	$ 150	Planning & Policy Meetings
				Transport Allowance	$30	per travelling participant	10	x	x	x	x	x	$ 300	$ 300	$ 300	$ 300	$ 300	Planning & Policy Meetings
		4.1.2.4.4 Conduct a 2-day pre-testing activity for the draft communication materials developed by the Advertising Agency	Field work in 5 districts to carry out interviews with target audiences: allowances for 5-member team per district x 5 days and fuel to travel to each district	Accomodation	$60	per district participant	125	x	x	x	x	x	$ 7,500	$ 7,500	$ 7,500	$ 7,500	$ 7,500	Research, M&E, QA and Supervision
				Lunch	$15	per district participant	125	x	x	x	x	x	$ 1,875	$ 1,875	$ 1,875	$ 1,875	$ 1,875	Research, M&E, QA and Supervision
				Dinner	$15	per district participant	125	x	x	x	x	x	$ 1,875	$ 1,875	$ 1,875	$ 1,875	$ 1,875	Research, M&E, QA and Supervision
				Fuel	$2	per litre	1000	x	x	x	x	x	$ 1,500	$ 1,500	$ 1,500	$ 1,500	$ 1,500	Research, M&E, QA and Supervision
		4.1.2.4.4 Print and distribute fliers, posters and banners the following materials to all HTS districts		Print 70,000 fliers @ $0.45 each	$0.45	per flier printed	70,000	x	x	x	x	x	$ 31,500	$ 31,500	$ 31,500	$ 31,500	$ 31,500	Communication costs (print, TV, radio)
				Print 10,000 posters @ $0.45 each	$0.45	per poster printed	10000	x	x	x	x	x	$ 4,500	$ 4,500	$ 4,500	$ 4,500	$ 4,500	Communication costs (print, TV, radio)
				Print 70 x 3mx1m banners with eyelets @ $100 each	$100	per banner	70	x	x	x	x	x	$ 7,000	$ 7,000	$ 7,000	$ 7,000	$ 7,000	Communication costs (print, TV, radio)
		4.1.2.4.5 Send out bulk sms once a quarter to identified geographical HIV hotspots using geo-fencing to identify specific population such as men and young people		Bulk sms @ $0.02 per msg x 500,000	$0	per sms	500000	x	x	x	x	x	$ 10,000	$ 10,000	$ 10,000	$ 10,000	$ 10,000	Communication costs (print, TV, radio)
4.1.4. Capacity building for HTS providers	4.1.4.1 Build capacity of health workers and lay providers (PCs) on conducting HIV testing using Rapid Diagnostic Tests and HIV self tests including newly recruited PCs and private sector HTS providers	4.1.4.1.1 Engage consultant to review ad revise the HTS Training Manual for Children and Adolescents		Hire a local consultant for 30 days	680	per day of consulting	30	x					$ 20,400					Technical Assistance
		4.1.4.1.2 Hold 2 day national level meeting at inception and 2 day meeting at the end of the review process for 40 participants (10 from subnational level)	2 day meeting 40 participants at inception (10 from subnational level)	Accomodation	$70	per travelling participant	20	x					$ 1,400					Health Worker Training - In-service
				Conference Package	$25	per participant	80	x					$ 2,000					Health Worker Training - In-service
				Dinner	$15	per travelling participant	20	x					$ 300					Health Worker Training - In-service
				Transport Allowance	$30	per travelling participant	20	x					$ 600					Health Worker Training - In-service

Strategic objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.1: 95 % of people living with HIV know their HIV status and are linked to prevention and care services by 2025.																		
			2 day meeting at end of training (10 from subnational level)	Accomodation	$70	per travelling participant	20	x					$ 1,400					Health Worker Training - In-service
				Conference Package	$25	per participant	80	x					$ 2,000					Health Worker Training - In-service
				Dinner	$15	per travelling participant	20	x					$ 300					Health Worker Training - In-service
				Transport Allowance	$30	per travelling participant	20	x					$ 600					Health Worker Training - In-service
		4.1.4.1.4 Print training tools		Print HIVST Training manuals - 2,000 copies	$10	per manual printed	2000	x					$ 20,000					Communication costs (print, TV, radio)
				Print Facilitator's HIVST Training manuals - 150 copies	$10	per manual printed	150	x					$ 1,500					Communication costs (print, TV, radio)
				Print Health worker HIVST training manual - 1400 copies	$10	per manual printed	1400	x					$ 14,000					Communication costs (print, TV, radio)
				Print Community worker HIVST training manual - 450 copies	$10	per manual printed	450	x					$ 4,500					Communication costs (print, TV, radio)
				Print HTS for Children and Adolescents training manuals x 2000	$10	per manual printed	2000	x					$ 20,000					Communication costs (print, TV, radio)
				Print revised Rapid HIV Testing Trainer's Guide x 150 @$30.00 each	$30	per guideline printed	150	x					$ 4,500					Communication costs (print, TV, radio)
				Print Revised Rapid HIV Testing Participant's Manuals @$25.00 each x 1000	$25	per manual printed	1000	x					$ 25,000					Communication costs (print, TV, radio)
				Print new HIV Testing Algorithm for the adult population x 5000	$1	per algorithm printed	5000	x					$ 3,500					Communication costs (print, TV, radio)
				Print new HIV Testing Algorithm for Pregnant and Lactating women x 3,500	$1	per algorithm printed	3500	x					$ 2,450					Communication costs (print, TV, radio)
				Print 15,000 SOPs for the three test kits in the new HIV Testing algorithm	$10	per SOP printed	15000	x					$ 150,000					Communication costs (print, TV, radio)
				Print 5,000 syphilis testing SOPs - x 5000 of each = 20,000	$10	per SOP printed	20000	x					$ 200,000					Communication costs (print, TV, radio)
				Print Quality Assurance Guidelines for Rapid Diagnostic tests x 5000 @ $15. each	$15	per guideline printed	15	x					$ 225					Communication costs (print, TV, radio)
		4.1.4.1.4 Conduct 3 day provincial level training of health workers in HTS for Children and Adolescents	3 day training for 45 people x 10 trainings	Accomodation	$60	per participant	1350	x					$ 81,000					Health Worker Training - In-service
				Conference Package	$20	per participant	1350	x					$ 27,000					Health Worker Training - In-service
				Dinner	$15	per participant	1350	x					$ 20,250					Health Worker Training - In-service
				Transport Allowance	$30	per participant	1350	x					$ 40,500					Health Worker Training - In-service
		4.1.4.1.5 Conduct quarterly support and mentorship to PCs and nurse testers to all facilities with identified gaps in service provision **Team of 5 people visit a facility over 5 days and conduct 3 visits per district ideally all facilities should be		No additional cost - carried out during support and mentorship visits														Research, M&E, QA and Supervision
		4.1.4.1.6 Disseminate the Revised HIV rapid Testing Training Manual, National HIV Testing Algorithm and Quality Assurance Guidelines for Rapid Diagnostic Testing through sensitization of Provincial Trainers X 5 days/training x 3 regional level	3 regional level workshops for 45 participants and 5 facilitators x 5 days each in 2021 (use provincial level costing)	Accomodation	$60	per participant	750	x					$ 45,000					Planning & Policy Meetings
				Conference Package	$20	per participant	750	x					$ 15,000					Planning & Policy Meetings
				Dinner	$15	per participant	750	x					$ 11,250					Planning & Policy Meetings
				Transport Allowance	$30	per participant	750	x					$ 22,500					Planning & Policy Meetings

Strategic objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.1: 95 % of people living with HIV know their HIV status and are linked to prevention and care services by 2025.																		
		4.1.4.1.7 Conduct training for health care workers and PCs on HIV testing using Rapid Diagnostic Tests including HIV self test kits for new recruits, annually	Workshop for 35 participants x 5 days x 10 provinces	Accomodation	$60	per participant	1750	x	x	x	x	x	$ 105,000	$ 105,000	$ 105,000	$ 105,000	$ 105,000	Health Worker Training - In-service
				Conference Package	$20	per participant	1750	x	x	x	x	x	$ 35,000	$ 35,000	$ 35,000	$ 35,000	$ 35,000	Health Worker Training - In-service
				Dinner	$15	per participant	1750	x	x	x	x	x	$ 26,250	$ 26,250	$ 26,250	$ 26,250	$ 26,250	Health Worker Training - In-service
				Transport Allowance	$30	per participant	1750	x	x	x	x	x	$ 52,500	$ 52,500	$ 52,500	$ 52,500	$ 52,500	Health Worker Training - In-service
		4.1.4.1.8 Conduct district level trainings to disseminate the new HIV testing algorithm and Quality Assurance Guidelines for Rapid Diagnostic Testing hospitals and local authorities)	Trainings for 45 participants x 2-days x 63 districts	Accomodation	$40	per participant	5670	x	x	x	x	x	$ 226,800	$ 226,800	$ 226,800	$ 226,800	$ 226,800	Health Worker Training - In-service
				Conference Package	$17	per participant	5670	x	x	x	x	x	$ 96,390	$ 96,390	$ 96,390	$ 96,390	$ 96,390	Health Worker Training - In-service
				Dinner	$8	per participant	5670	x	x	x	x	x	$ 45,360	$ 45,360	$ 45,360	$ 45,360	$ 45,360	Health Worker Training - In-service
				Transport Allowance	$20	per participant	5670	x	x	x	x	x	$ 113,400	$ 113,400	$ 113,400	$ 113,400	$ 113,400	Health Worker Training - In-service
		4.1.4.1.9 Engage a local consultant to develop Blended Learning Package for PCs for 30 days		Hire a local consultant for 30 days	$680	per day of consulting	30	x					$ 20,400					Technical Assistance
		4.1.4.1.10 Convene 2 day national meeting at inception and 2 days at the end of the development process for the Blended Learning Package for PCs	Two x 2 day national level meetings for 35 participants (15 from subnational level)	Accomodation	$70	per participant	60	x					$ 4,200					Technical Assistance
				Conference Package	$35	per participant	200	x					$ 7,000					Technical Assistance
				Dinner	$15	per participant	60	x					$ 900					Technical Assistance
				Transport Allowance	$30	per participant	60	x					$ 1,800					Technical Assistance
	4.1.4.2 Build capacity for provision of innovative HTS (HIVST, Index testing, targeted PITC) by health workers, PCs and private sector HTS providers	4.1.4.2.1 Conduct Blended Learning training for PCs at provincial level 15 four-day trainings in year 1 and 25 four-day in year 2 to cover all 1200 PCs. The four-day trainings will be in two parts of 2 days duration each		2 day training x 30 participants and 5 facilitators x 30 trainings in Year 1. Conference facility, accommodation and dinner for 35 people at $48/day	$48	per participant	2100	x					$ 100,800					Health Worker Training - In-service
				2 day training x 30 participants and 5 facilitators x 50 trainings in Year 2. Conference facility, accommodation and dinner for 35 people at $48/day	$48	per participant	2100		x					$ 100,800				Health Worker Training - In-service
		4.1.4.2.2 Conduct support and mentorship for PCs undergoing Blended learning (10 in year 1 and 20 in year 2 & 10 year 3)	2 National level cadres x 6 days, one provincial cadre per diem x 5 days and 2 district officers lunch for 5 days x 40 visits Fuel x 100 litres	National and provincial level cadres														Health Worker Training - In-service
				Accomodation	$60	per national and provincial level cadre							$ 9,000	$ 18,000	$ 9,000			Health Worker Training - In-service
				Lunch	$15	per national and provincial level cadre							$ 2,250	$ 4,500	$ 2,250			Health Worker Training - In-service
				Dinner	$15	per national and provincial level cadre							$ 2,250	$ 4,500	$ 2,250			Health Worker Training - In-service
				Fuel	$1.50	per litre							$ 3,000	$ 6,000	$ 3,000			Health Worker Training - In-service
				District level cadres														Health Worker Training - In-service
				Lunch	$15.00	per district level cadre							$ 1,500	$ 3,000	$ 1,500			Health Worker Training - In-service
		4.1.4.2.4 Conduct 5-day refresher training for 1200 PCs on new and emerging issues in HTS in year 4 & 5	5 x 5-day training for 60 participants & 5 facilitators) 10 in year 4 and 10 in year 5	Accomodation	$60	per participant										$ 97,500	$ 97,500	Health Worker Training - In-service
				Conference Package	$20	per participant										$ 32,500	$ 32,500	Health Worker Training - In-service
				Dinner	$15	per participant										$ 24,375	$ 24,375	Health Worker Training - In-service
				Transport Allowance	$30	per participant										$ 48,750	$ 48,750	Health Worker Training - In-service

Strategic objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.1: 95 % of people living with HIV know their HIV status and are linked to prevention and care services by 2025.																		
		4.1.4.2.4 Conduct training of health care workers in HIV ST	2 day district level training for 40 participants and 3 facilitators x 24 trainings in year 1 & year 2	Accomodation	$60	per participant	2064	x	x				$ 123,840	$ 123,840				Health Worker Training - In-service
				Conference Package	$20	per participant	2064	x	x				$ 41,280	$ 41,280				Health Worker Training - In-service
				Dinner	$15	per participant	2064	x	x				$ 30,960	$ 30,960				Health Worker Training - In-service
				Transport Allowance	$30	per participant	2064	x	x				$ 61,920	$ 61,920				Health Worker Training - In-service
		4.1.4.2.5 Conduct training of Community Workers in Community Based HIVST distribution	2 day district level training for 25 participants and 3 facilitators x 15 trainings in year 1 & year 2	Accomodation	$60	per participant	840	x	x				$ 50,400	$ 50,400				Health Worker Training - In-service
				Conference Package	$20	per participant	840	x	x				$ 16,800	$ 16,800				Health Worker Training - In-service
				Dinner	$15	per participant	840	x	x				$ 12,600	$ 12,600				Health Worker Training - In-service
				Transport Allowance	$30	per participant	840	x	x				$ 25,200	$ 25,200				Health Worker Training - In-service
		4.1.4.2.6 Orient health workers on targeted PITC, Index testing and HIVST		No additional costs done during other trainings and sensitization meetings														
			Support for 100 Expert clients for the 5 high incident districts Provincial level training for 3 days (they will join trainings conducted through Care and Treatment) Conference facility, per diems and transport	No additional cost														Health Worker Training - In-service
4.1.4. HTS Service Delivery	4.1.4.1 Strengthen HTS policy awareness, understanding and utilization by health workers, PCs Expert Clients and private sector HTS providers	4.1.4.1.1 Carry out orientation of health workers and PCs on HTS policies, guidelines, SOPs and Job Aides, including Quality Assurance Guidelines		No additional cost - to be done during the orientation meetings, refresher trainings etc.														
		4.1.4.1.2 Distribute HTS policies, guidelines, SOPs and Job Aides to all facilities providing HTS		No additional cost														
	4.1.4.2 Strengthen HIV prevention among HIV negative individuals to minimize sero-conversion	4.1.4.2.1 Hire a local consultant to develop a Comprehensive HIV Prevention Package for HCW and clients (maximum of 30 days)		Hire a local consultant for 30 days	$680	per day of consulting	30	x					$ 20,400					Technical Assistance
		4.1.4.2.2 Conduct a 2-day meeting at the beginning and 1 day Validation Meeting for the draft Comprehensive HIV Prevention Package	One 2 day meeting for 50 participants (20 from subnational level)	Accomodation	$70	per travelling participant	40	x					$ 2,800					Technical Assistance
				Conference Package	$35	per participant	100	x					$ 3,500					Technical Assistance
				Dinner	$15	per travelling participant	40	x					$ 600					Technical Assistance
				Transport Allowance	$30	per travelling participant	40	x					$ 1,200					Technical Assistance
			One day validation meeting for 50 participants (20 from subnational level)	Accomodation	$70.00	per travelling participant	40	x					$ 2,800					Technical Assistance
				Conference Package	$35.00	per participant	100	x					$ 3,500					Technical Assistance
				Dinner	$15.00	per travelling participant	40	x					$ 600					Technical Assistance
				Transport Allowance	$30	per participant	40	x					$ 1,200					Technical Assistance
		4.1.4.2.4 Print Comprehensive HIV Prevention toolkit/ Job aid for health workers		Print 5000 HIV Prevention toolkit/Job aid for HCW	$10	per job aide printed	5000	x					$ 50,000					Communication costs (print, TV, radio)

Strategic objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.1: 95 % of people living with HIV know their HIV status and are linked to prevention and care services by 2025.																		
		4.1.4.2.4 Print IEC Materials (posters, fliers) for the Comprehensive HIV Prevention package		Print 10,000 Comprehensive HIV Prevention posters	$1	per poster printed	10000	x					$ 7,000					Communication costs (print, TV, radio)
				Print 3 million fliers with Comprehensive HIV Prevention messages	$0.1	per flier printed	3000000	x					$ 300,000					Communication costs (print, TV, radio)
		4.1.4.2.5 Conduct 2 day Northern and Southern region meetings to sensitize Mentors and Focal persons and trainers on the Comprehensive HIV Prevention package	Two (2)day meetings of 55 participants and 5 facilitators at provincial level for northern and southern regions. Conference package, Accommodation and dinner allowances, transport	Accomodation	$60	per participant	240	x					$ 14,400					Health Worker Training - In-service
				Conference Package	$20	per participant	240	x					$ 4,800					Health Worker Training - In-service
				Dinner	$15	per participant	240	x					$ 3,600					Health Worker Training - In-service
				Transport Allowance	$30	per participant	240	x					$ 7,200					Health Worker Training - In-service
		4.1.4.2.6 Conduct I day sensitization of health care workers, PCs and private sector HTS providers on the Comprehensive HIV Prevention Package during scheduled orientations and trainings		One day meeting at district level for 40 people. Budget for teas and lunches	$8	per participant	2520	x					$ 20,160					Health Worker Training - In-service
			additional day after nurses meetings to disseminate the Comprehensive HIV Prevention package conference package at district level accommodation, transport allowance	Accomodation	$60	per participant	2520	x					$ 151,200					Health Worker Training - In-service
				Conference Package	$20	per participant	2520	x					$ 50,400					Health Worker Training - In-service
				Dinner	$15	per participant	2520	x					$ 37,800					Health Worker Training - In-service
				Transport Allowance	$15	per participant	2520	x					$ 37,800					Health Worker Training - In-service
	4.1.4.4 Strengthen integration of HTS in other services	4.1.4.4.1 Orient facility managers on integration of HTS in other services such as VMMC, EPI, RH and Youth friendly services		No additional cost - already costed under mentorship and supervision visits														Health Worker Training - In-service
		4.1.4.4.2 Support provision of integrated HTS through mentorship and supportive supervision visits		No additional cost - already costed under mentorship and supervision visits														Health Worker Training - In-service
	4.1.4.4 Strengthen targeted PITC in health facilities	4.1.4.4.1 Disseminate guidance on implementation of PITC in selected entry points		No additional cost - already costed under mentorship and supervision visits														
			Conduct Conventional HIV Testing as per national need	Costs adapted from te laboratory quantification outputs presentation 24 February 2020									$3,009,615	$3,703,885	$2,631,900	$ 2,631,900	$ 2,631,900	Drugs, Medical Supplies and Other Health Commodities
			Conduct HIV Self Testing as per national need	Costs adapted from te laboratory quantification outputs presentation 24 February 2020									$1,940,000	$1,127,926	$894,104	$ 894,104	$ 894,104	Drugs, Medical Supplies and Other Health Commodities
			Procure HIV Recency Test Kits as per national need	Costs adapted from te laboratory quantification outputs presentation 24 February 2020									$1,029,824	$672,434	$642,390	$ 642,390	$ 642,390	Drugs, Medical Supplies and Other Health Commodities
		4.1.4.4.2 Provide orientation, mentorship and supportive supervision on use of Adult and Adolescent and Young children's Screening tools		No additional cost - already costed under mentorship and supervision visits														
	4.1.4.5 Scale up provision of innovative HTS approaches (HVST, Index testing) in all districts	4.1.4.5.1 Support provision of HIVST through health facilities, workplaces, community-based approaches including secondary distribution from ANC clients and index testing	Cost of test HIV self test kits as follows: Year 1 = 729,377 kits @ $2.00 each Year 2 = 749,200 @ $2.00 each Year 3 = 769,860 @ $2.00 each	Year 1	$2	per test kit	729337	x					$ 1,458,674					Drugs, Medical Supplies and Other Health Commodities
				Year 2	$2	per test kit	749200		x					$ 1,498,400				Drugs, Medical Supplies and Other Health Commodities
				Year 3	$2	per test kit	769860			x					$ 1,539,720			Drugs, Medical Supplies and Other Health Commodities

Strategic objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.1: 95 % of people living with HIV know their HIV status and are linked to prevention and care services by 2025.																		
		4.1.4.5.2 Support provision of Index testing and elicitation of Index Case Contacts through health facilities, workplaces and community-based approaches including secondary distribution from ANC clients and index testing		No additional cost - already costed under supervision visits														
		4.1.4.5.4 Support provision of Index testing through health facilities, workplaces, community-based approaches including secondary distribution from ANC clients ad index testing		No additional cost - already costed under supervision visits														
	4.1.4.6 Strengthen HTS for KP (Gay men and other men who have sex with men (MSM); Sex workers (SW) and their clients; transgender (TG) people; Prisoners and other people in closed settings; People who inject drugs (PWID)	4.1.4.6.1 Conduct targeted HTS campaigns in KP hotspots		No additional cost - already costed under Demand Generation														
		4.1.4.6.2 Provide support to health workers, PCs and private sector HTS providers in the provision of KP-friendly HTS - Moonlight HTS and Wellness clinics HTS for SW; - PITC and VCT HTS in prisons; - HIVST and Index testing for all KP	Four HW conduct outreach HTS IN 5 high incidence districts x 5 days per quarter Lunch for 4 people x 5 days x 5 districts per quarter, Airtime @5 per facility x 80 facilities in the 5 high burden districts	Accomodation	$60	per participant	100	x	x	x	x	x	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	Community Outreach Events
				Lunch	$15	per participant	100	x	x	x	x	x	$ 1,500	$ 1,500	$ 1,500	$ 1,500	$ 1,500	Community Outreach Events
				Dinner	$15	per participant	100	x	x	x	x	x	$ 1,500	$ 1,500	$ 1,500	$ 1,500	$ 1,500	Community Outreach Events
				Fuel	$1.50	per litre	4000	x	x	x	x	x	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	Community Outreach Events
		4.1.4.6.4 Provide support for KP peer support groups		No additional costs - prioritized during routine service provision														
	4.1.4.7 Strengthen HTS for vulnerable populations (Orphans and vulnerable children (OVC), adolescent girls and young women (AGYW), adolescent boys and young men (ABYM), artisanal miners, people with disability (PWD), long distance truck drivers (LDTD) and mobile populations)	4.1.4.7.1 Conduct targeted testing for vulnerable groups: - OVC - child-friendly HTS in facilities, institutions and communities; EID - AGYW - youth-friendly HTS; DREAMS project; HIVST, Index testing - ABYM - youth-friendly HTS; DREAMS project; through VMMC services; HIVST, Index testing - Artisanal miners - outreach HTS, HIVST, PITC, VCT - PWD - HIVST, Index testing - LDTD - HIVST, Index testing at Wellness Clinics and targeted HTS campaigns at truck stops - Mobile populations - cross border HTS; HIVST		No additional costs - prioritized during routine service provision														
		4.1.4.7.2 Provide mentorship and support to health workers, PCs and private sector HTS providers in HTS provision to vulnerable populations		No additional cost - already costed under supervision visits														
	4.1.4.8 Strengthen community HTS	4.1.4.8.1 Monitor and support community-based HTS providers such as PCs, Expert Clients, peer educators and community nurses as they provide HIV testing, HIVST support, Index testing and contact tracing		No additional cost - already costed under supervision visits														

Strategic objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.1: 95 % of people living with HIV know their HIV status and are linked to prevention and care services by 2025.																		
	4.1.4.9 Strengthen linkages to post-test services	4.1.4.9.1 Distribute HTS IEC materials to community members		No additional costs														
		4.1.4.9.2 Orient health workers, PCs and Expert Clients on post-test services including follow-up of HTS clients and referrals to health facilities		No additional cost - already costed under supervision visits														
4.1.5. Strengthened HTS Quality Assurance	4.1.5.1 Strengthen Internal Quality Control at all entry points	4.1.5.1.1 Standardize Internal Quality Control for HIV testing according to Rapid HIV testing training manual		No additional costs														
		4.1.5.1.2 Disseminate Quality Assurance Guidelines		No additional cost - will be done during sensitization on the new HIV testing algorithm														
		4.1.5.1.4 District Laboratory Technician to prepare and distribute samples for Internal Quality Control, in liaison with the community nursing department to ensure all entry points are covered		No additional costs														
	4.1.5.2 Expand EQA coverage from the 40 PEPFAR-supported districts to the remaining 23 districts for HIV rapid testing proficiency testing for 2,500 testers twice a year	4.1.5.2.1 Create an inventory of active testers and share the list of active testers with NMRL and ZINQAP		No additional costs														
		4.1.5.2.2 Distribute EQA samples to individual testers Expand EQA coverage to 23 non Pepfar supported districts to cover 2,500 testers @ 24.08 per participant per shipment x 2 shipments per year		$24.08 per participant per shipment x 2,500 testers x 2 shipments per year	$24	per participant	5000	x	x	x	x	x	$ 120,400	$ 120,400	$ 120,400	$ 120,400	$ 120,400	Supply Chain Management
		4.1.5.2.4 District Laboratory Scientist to maintain register of testers and samples distributed, results received and corrective action taken		No additional costs														
		4.1.5.2.4 Make arrangements for inclusion of Laboratory Technician in support and mentorship team		No additional costs														
		4.1.5.2.5 Conduct national level quarterly support and mentorship support to provincial level (using selection criteria such as data discrepancies, low performance in EQA)	2 teams of 5 persons each - 3 national, 1 province, 1 district - (total of 10 persons) travel to 2 provinces over a 5 day period every quarter , fuel 200l per province Each team covers 1 province in 5 days * Each province receives at least 1 visit per year unless there is a reason to go back to the same province	Accomodation	$60	per participant	100	x	x	x	x	x	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	Research, M&E, QA and Supervision
				Lunch	$15	per participant	100	x	x	x	x	x	$ 1,500	$ 1,500	$ 1,500	$ 1,500	$ 1,500	Research, M&E, QA and Supervision
				Dinner	$15	per participant	100	x	x	x	x	x	$ 1,500	$ 1,500	$ 1,500	$ 1,500	$ 1,500	Research, M&E, QA and Supervision
				Fuel	$2	per litre	1600	x	x	x	x	x	$ 2,400	$ 2,400	$ 2,400	$ 2,400	$ 2,400	Research, M&E, QA and Supervision

Strategic objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.1: 95 % of people living with HIV know their HIV status and are linked to prevention and care services by 2025.																		
		4.1.5.2.6 Conduct provincial level quarterly mentorship support and mentorship to districts		Already costed in support and mentorship														
		4.1.5.2.7 Support for District Laboratory Scientist to conduct Root Cause Analysis and corrective action to poor performers of rapid testing		No additional cost.														
4.1.6. Strengthened Health Information Management	4.1.6.1 Strengthen data analysis and usage for decision making at all levels	4.1.6.1.1 Conduct data cleaning exercise by holding quarterly provincial level meeting for 90 people (Provincial and District M&E and Health Information Officers)	90 Provincial and District M&E and Health Information Officers X 5 days (30 participants and 5 facilitators for 5 days). This is done quarterly before the GF report writing.	Accomodation	$60	per participant	2500	x	x	x	x	x	$ 150,000	$ 150,000	$ 150,000	$ 150,000	$ 150,000	Research, M&E, QA and Supervision
				Conference Package	$20	per participant	2500	x	x	x	x	x	$ 50,000	$ 50,000	$ 50,000	$ 50,000	$ 50,000	Research, M&E, QA and Supervision
				Dinner	$15	per participant	2500	x	x	x	x	x	$ 37,500	$ 37,500	$ 37,500	$ 37,500	$ 37,500	Research, M&E, QA and Supervision
				Transport Allowance	$30	per participant	2500	x	x	x	x	x	$ 75,000	$ 75,000	$ 75,000	$ 75,000	$ 75,000	Research, M&E, QA and Supervision
			National Officers will facilitate. Quarterly 3 X 5 Day regional level meetings to conduct data cleaning for 30 participants and 5 facilitators (conference, perdiems, transport) per quarter	Accomodation	$60	per participant	2100	x	x	x	x	x	$ 126,000	$ 126,000	$ 126,000	$ 126,000	$ 126,000	Research, M&E, QA and Supervision
				Conference Package	$20	per participant	2100	x	x	x	x	x	$ 42,000	$ 42,000	$ 42,000	$ 42,000	$ 42,000	Research, M&E, QA and Supervision
				Dinner	$15	per participant	2100	x	x	x	x	x	$ 31,500	$ 31,500	$ 31,500	$ 31,500	$ 31,500	Research, M&E, QA and Supervision
				Transport Allowance	$30	per participant	2100	x	x	x	x	x	$ 63,000	$ 63,000	$ 63,000	$ 63,000	$ 63,000	Research, M&E, QA and Supervision
		4.1.6.1.2 Conduct District cascade analysis for different target population groups for non-PEPFAR funded districts to inform programming and prioritization of funding by holding quarterly district level meetings for 90 participants and 5 facilitators f	90 Provincial and District M&E and Health Information Officers X 5 days (30 participants and 5 facilitators for 5 days)	Accomodation	$60	per participant	2500	x	x	x	x	x	$ 150,000	$ 150,000	$ 150,000	$ 150,000	$ 150,000	Research, M&E, QA and Supervision
				Conference Package	$20	per participant	2500	x	x	x	x	x	$ 50,000	$ 50,000	$ 50,000	$ 50,000	$ 50,000	Research, M&E, QA and Supervision
				Dinner	$15	per participant	2500	x	x	x	x	x	$ 37,500	$ 37,500	$ 37,500	$ 37,500	$ 37,500	Research, M&E, QA and Supervision
				Transport Allowance	$30	per participant	2500	x	x	x	x	x	$ 75,000	$ 75,000	$ 75,000	$ 75,000	$ 75,000	Research, M&E, QA and Supervision
			This is done quarterly before the GF report writing. National Officers will facilitate. Quarterly 3 X 5 day regional level meetings to conduct data cleaning for 30 participants and 5 facilitators (conference, perdiems, transport) per quarter	Accomodation	$60	per participant	2100	x	x	x	x	x	$ 126,000	$ 126,000	$ 126,000	$ 126,000	$ 126,000	Research, M&E, QA and Supervision
				Conference Package	$20	per participant	2100	x	x	x	x	x	$ 42,000	$ 42,000	$ 42,000	$ 42,000	$ 42,000	Research, M&E, QA and Supervision
				Dinner	$15	per participant	2100	x	x	x	x	x	$ 31,500	$ 31,500	$ 31,500	$ 31,500	$ 31,500	Research, M&E, QA and Supervision
				Transport Allowance	$30	per participant	2100	x	x	x	x	x	$ 63,000	$ 63,000	$ 63,000	$ 63,000	$ 63,000	Research, M&E, QA and Supervision
	4.1.6.2 Ensure availability of all data collection and reporting tools	4.1.6.2.1 Review and update the data collection tools (HIVST, Provider HTS, HIV Contact Tracing) to reflect innovations.		No additional cost														
		4.1.6.2.2 Print and distribute M&E tools		Print HTS register 8,000	$14	per register printed	8000	x	x	x	x	x	$ 112,000	$ 112,000	$ 112,000	$ 112,000	$ 112,000	Communication costs (print, TV, radio)

Strategic objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.1: 95 % of people living with HIV know their HIV status and are linked to prevention and care services by 2025.																		
				Print HIVST registers 5,000	$14	per register printed	5000	x	x	x	x	x	$ 70,000	$ 70,000	$ 70,000	$ 70,000	$ 70,000	Communication costs (print, TV, radio)
				Print Index case testing registers 3,000	$14	per register printed	3000	x	x	x	x	x	$ 42,000	$ 42,000	$ 42,000	$ 42,000	$ 42,000	Communication costs (print, TV, radio)
			Print Client intake booklet of 100 forms each ($5 per booklet) …..1st year 20,000 booklets …..2nd year 40,000 booklets …..4rd year 40,000 booklets	Year 1	$5	per booklet printed	20000	x					$ 100,000					Communication costs (print, TV, radio)
				Year 2	$5	per booklet printed	40000		x					$ 200,000				Communication costs (print, TV, radio)
				Year 3	$5	per booklet printed	40000			x					$ 200,000			Communication costs (print, TV, radio)
	4.1.6.4 Strengthened quality of HTS data	4.1.6.4.1 Conduct quarterly sensitization d district level meetings of service providers on use of the updated tools by holding quarterly for 90 people for 5 days	Carry out sensitization of service providers on use of the updated tools by holding quarterly district level meeting for 90 people for 5 days. 300 Litres of fuel per quarter.	Accomodation	$60	per participant	1800	x	x	x	x	x	$ 108,000	$ 108,000	$ 108,000	$ 108,000	$ 108,000	Planning & Policy Meetings
				Conference Package	$20	per participant	1800	x	x	x	x	x	$ 36,000	$ 36,000	$ 36,000	$ 36,000	$ 36,000	Planning & Policy Meetings
				Dinner	$15	per participant	1800	x	x	x	x	x	$ 27,000	$ 27,000	$ 27,000	$ 27,000	$ 27,000	Planning & Policy Meetings
				Fuel	$1.50	per litre	1200	x	x	x	x	x	$ 1,800	$ 1,800	$ 1,800	$ 1,800	$ 1,800	Planning & Policy Meetings
		4.1.6.4.2 Conduct quarterly provincial level Data Quality Audit (DQA) visits in the districts for 16 people (6 National, 6 Provincial and 4 from District) for 5 days.	Conduct quarterly provincial level Data Quality Audit (DQA) visits in the districts for 16 people (6 National, 6 Provincial and 4 from District) for 5 days. 600 Litres of fuel per quarter	Accomodation	$60	per participant	240	x	x	x	x	x	$ 14,400	$ 14,400	$ 14,400	$ 14,400	$ 14,400	Research, M&E, QA and Supervision
				Lunch	$15	per participant	240	x	x	x	x	x	$ 3,600	$ 3,600	$ 3,600	$ 3,600	$ 3,600	Research, M&E, QA and Supervision
				Dinner	$15	per participant	240	x	x	x	x	x	$ 3,600	$ 3,600	$ 3,600	$ 3,600	$ 3,600	Research, M&E, QA and Supervision
				Fuel	$1.50	per participant	2400	x	x	x	x	x	$ 3,600	$ 3,600	$ 3,600	$ 3,600	$ 3,600	Research, M&E, QA and Supervision
		4.1.6.4.4 Conduct quarterly provincial level onsite data verification visits to facilities with HTS data quality issues (for 16 people (6 National, 6 Provincial and 4 from District) for 5 days)	Conduct quarterly provincial level on-site data verification visits to facilities with HTS data quality issues (for 16 people (6 National, 6 Provincial and 4 from District) for 5 days). 600 Litres of fuel per quarter.	Accomodation	$60	per participant	64	x	x	x	x	x	$ 3,840	$ 3,840	$ 3,840	$ 3,840	$ 3,840	Research, M&E, QA and Supervision
				Lunch	$15	per participant	64	x	x	x	x	x	$ 960	$ 960	$ 960	$ 960	$ 960	Research, M&E, QA and Supervision
				Dinner	$15	per participant	64	x	x	x	x	x	$ 960	$ 960	$ 960	$ 960	$ 960	Research, M&E, QA and Supervision
				Fuel	$1.5	per litre	2400	x	x	x	x	x	$ 3,600	$ 3,600	$ 3,600	$ 3,600	$ 3,600	Research, M&E, QA and Supervision
		4.1.6.4.4 Conduct support visits to facilities that have data quality challenges	Conduct data cleaning exercises by holding quarterly provincial level meeting for 90 people (Provincial and District M&E and Health Information Officers) for 5 days (30 participants and 5 facilitators for 5 days) - this is done quarterly before the GF report writing (National Officers will facilitate). 300 Litres of fuel per quarter	Accomodation	$60.0	per participant	2500	x	x	x	x	x	$ 150,000	$ 150,000	$ 150,000	$ 150,000	$ 150,000	Research, M&E, QA and Supervision
				Lunch	$15.0	per participant	2500	x	x	x	x	x	$ 37,500	$ 37,500	$ 37,500	$ 37,500	$ 37,500	Research, M&E, QA and Supervision
				Dinner	$15.0	per participant	2500	x	x	x	x	x	$ 37,500	$ 37,500	$ 37,500	$ 37,500	$ 37,500	Research, M&E, QA and Supervision
				Fuel	$1.50	per litre	2500	x	x	x	x	x	$ 3,750	$ 3,750	$ 3,750	$ 3,750	$ 3,750	Research, M&E, QA and Supervision
4.1.7 Strengthened Supply Chain Management (SCM)	4.1.7.1 Ensure uninterrupted supply of HIV and Syphilis testing commodities at all levels	4.1.7.1.1 Attend bi-annual forecasting and quantification meetings		No additional costs														
	4.1.7.2 Strengthen Logistics Management skills	4.1.7.1.2 Maintain adequate stocks of testing commodities at facilities including HIVST kits (minimum and maximum stock levels)		No additional costs														
		4.1.7.1.4 Maintain entry point stock cards		No additional costs														
		4.1.7.1.4 Provide quarterly support and mentorship for logistics management		No additional costs - included in the support and mentorship visits)														
		4.1.7.1.5 Redistribute excess kits before expiry		No additional costs														
Total Cost													$ 17,420,746	$ 15,601,707	$ 13,819,376	$ 12,270,781	$ 12,264,781	

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Strategic Objective/Strategies	Strategic Objective	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
Strategic objective 1: All populations reached with adequate and targeted biomedical, behavioral and structural HIV prevention interventions																		
SO 4.2. 90% of people at substantial risk of HIV acquisition have access to and utilise PrEP																		
4.2.1 Advocacy for increased and sustainable funding for PrEP	4.2.1.1 Develop PrEP resource mobilization tools to be utilized for funding applications to various stakeholders including funding for PrEP to AIDS Levy	4.2.1.1.1 Conduct PrEP Quartely Programme Performance and Planning Review		Quartely Meeting for 1 days at national Level, 50 participants of which 10 are provincial (Inclusive of Conference fee per person, perdiems and 2 nights accomodation for Provincail Staff).	$125	per participant	400	x	x	x	x	x	$ 50,000	$ 50,000	$ 50,000	$ 50,000	$ 50,000	Planning & Policy Meetings
		4.2.1.1.2 Disseminate Investment case to policy makers, legislators and potential funders		Dissemination, review, and planning breakfast meeting, 30 participants	$25	per participant	30	x	x	x	x	x	$ 750	$ 750	$ 750	$ 750	$ 750	Planning & Policy Meetings
		4.2.1.1.4 Draft a PrEP financing Policy Advocacy Brief		Local Technical consultant 5 days;	$680	per day of consulting	5	x		x			$ 3,400		$ 3,400			Technical Assistance
		4.2.1.1.4 Conduct meeting with Legislators, donors and other key stakeholders using the PrEP Policy Advocacy Brief as a guide		Breakfast meeting at national level , 50 participants; breakfast costs.	$25	per participant	50	x		x			$ 1,250		$ 1,250			Planning & Policy Meetings
		4.2.1.1.5 Conduct a funding engagement meetings with relevant Private Sector stakeholders and orient them on the PrEP investment case		Half day meeting, 30 participants including refreshments (Teas & Lunch)	$25	per participant	30	x	x	x	x	x	$ 750	$ 750	$ 750	$ 750	$ 750	Planning & Policy Meetings
4.2.2 Innovative, targeted demand creation for PrEP	4.2.2.1 Increase PrEP awareness among target populations	4.2.2.1.1 Conduct periodic assessments on awareness, knowledge and utilization of PrEP to guide implementation of demand creation activities		Assessment visits; 4 x MOHCC Staff, 6 Nights, inclusive perdiems, fuel 500Ltrs														Research, M&E, QA and Supervision
				Accomodation	$60	per participant	24	x	x	x	x	x	$ 1,440	$ 1,440	$ 1,440	$ 1,440	$ 1,440	Research, M&E, QA and Supervision
				Lunch	$15	per participant	24	x	x	x	x	x	$ 360	$ 360	$ 360	$ 360	$ 360	Research, M&E, QA and Supervision
				Dinner	$15	per participant	24	x	x	x	x	x	$ 360	$ 360	$ 360	$ 360	$ 360	Research, M&E, QA and Supervision
				Fuel	$1.50	per litre	500	x	x	x	x	x	$ 750	$ 750	$ 750	$ 750	$ 750	Research, M&E, QA and Supervision
		4.2.2.1.2 Engage Communication Specialist to develop PrEP messages targeted at various population groups		Local Technical consultant 5 days;	$680	per day of consulting	5	x					$ 3,400					Technical Assistance
		4.2.2.1.4 Print and disseminate PrEP IEC materials		Printing of 5000 per district, dissemination to be done within internal structures					x		x			$ -		$ -		
				Print posters	$1	per copy printed	325000		x		x			$ 227,500		$ 227,500		Communication costs (print, TV, radio)

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Strategic Objective/Strategies	Strategic Objective	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
``				Print leaflets	$0	per leaflet printed	325000		x		x			$ 32,500		$ 32,500		Communication costs (print, TV, radio)
		4.2.2.1.4 Hold sensitization meetings with community leaders		National level 1 day (2 night) sensitization meeting on PrEP. 50 participants incl of Confernece ccosts, perdiem and transport.	$125	per participant	100		x	x	x	x		$ 12,500	$ 12,500	$ 12,500	$ 12,500	Planning & Policy Meetings
				District Level 1 day (2 night) sensitization meeting on PrEP with 100 participants. 10 Provincial Staff, incl of perdiem and transport. Refreshments for meeting	$110	per participant	100		x	x	x	x		$ 11,000	$ 11,000	$ 11,000	$ 11,000	Planning & Policy Meetings
		4.2.2.1.5 Carry out targeted PrEP awareness activities as part of programmes for PrEP target groups as per MOHCC guidance		National Level meeting for PrEP Champions (75 participants) incl of perdiem and transport.	$125	per participant	75		x	x	x	x		$ 9,375	$ 9,375	$ 9,375	$ 9,375	Planning & Policy Meetings
				1 dialogue per district: Average of 30 MOH officials and 150 attendees with costs for mobilization, refreshments, and transportation	30	per national level official	1950		x	x	x	x		$ 58,500	$ 58,500	$ 58,500	$ 58,500	Planning & Policy Meetings
					$3	per community participant	7800		x	x	x							Planning & Policy Meetings
		4.2.2.1.6 Utilize mass media, social media and targeted campaigns to create PrEP programme awareness		3 month campaign: 3 Whatsapp/ social media videos, and radio (6 spots per day for 3 months on 2 stations; 3 PrEP radio programs) Digital Advertising on Online platforms, advertising and management of HIV prevention social media pages for 3 months eahch year	$15,000	per tv spot produced	6	x	x	x	x	x	$ 90,000	$ 90,000	$ 90,000	$ 90,000	$ 90,000	Communication costs (print, TV, radio)
					$2,000	per spot aired on TV	6	x	x	x	x	x	$ 12,000	$ 12,000	$ 12,000	$ 12,000	$ 12,000	Communication costs (print, TV, radio)
					$2,000	per radio spot produced	3	x	x	x	x	x	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	Communication costs (print, TV, radio)
					$0.02	per bulk sms sent	5000000	x	x	x	x	x	$ 105,000	$ 105,000	$ 105,000	$ 105,000	$ 105,000	Communication costs (print, TV, radio)
	4.2.2.2 Integrate PrEP into other demand creation plans within other programs	4.2.2.2.1 Sensitize personnel in other programs existing demand generation structures in order to drive PrEP in their communities.		One day meeting to sensitize demand generation cadres (including those from other programs) (avg. of 2 per district) on PrEP incl of perdiem and transport. Refreshments for meeting	$75	per participant	1950	x		x			$ 146,250		$ 146,250			Planning & Policy Meetings
	4.2.2.4 Increase demand for PrEP among target populations	4.2.2.4.1 Routine engagement and scale up the use of PrEP Champions to increase targeted demand for PrEP		2 day training at district level of 1 champions per PrEP offering Facility on PrEP ; 2 facilitators, 75 Participants. Training to occur at provinces	$110	per participant	750	x		x			$ 82,500		$ 82,500			Health Worker Training - In-service

Zimbabwe Health Sector HIV and STI 3 year operational plan																	
Strategic Objective/Strategies	Strategic Objective	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
4.2.4 Strengthen provision of quality PrEP services at all levels	4.2.4.1 Build capacity for PrEP service providers in the public and private sectors	4.2.4.1.1 Capacity Building of Health care workers in districts by providing PrEP training		Training for district level HCW conducted at national-level: 2 participants per District for 3 days (4 nights) based on the national guidelines and training materials; 2 facilitators; including conferencing cost, Perdiem, transport. Budget for 50 participants	$125	per participant	400	x	x	x			$ 50,000	$ 50,000	$ 50,000			Health Worker Training - In-service
		4.2.4.1.2 Carry out training or orientation of PrEP Champions and peers		Training for PrEP Champions & Peers, 2 participants per District for 2 days (3 nights); 2 facilitators;	$125	per participant	400	x		x			$ 50,000		$ 50,000			Health Worker Training - In-service
	4.2.4.2 Avail and utilize risk assessment tools	4.2.4.2.1 Disseminate PrEP risk assessment tool and registers to all facilities.		Printing of 3 registers per facility	$10	per register printed	6000	x		x			$ 60,000		$ 60,000			Communication costs (print, TV, radio)
				Dissemination can be done using internal Structures (No cost allocated)														Planning & Policy Meetings
		4.2.4.2.2 Design risk assessment tool for pregnant and lactating women		Local Technical consultant 3 days;	$680	per day of consulting	3	x					$ 2,040					Technical Assistance
		4.2.4.2.4 Develop Adoption mechanisms and tools to encourage service provision for new biomedical delivery methods and formulations		Local Technical consultant 3 days;	$680	per day of consulting	3	x					$ 2,040					Technical Assistance
		4.2.4.2.4 Conduct risk assessment at all ANC points		No cost, Risk assessment tool for Pregnant and Lactating women at ANC points in all Facilities				x	x	x	x	x						Research, M&E, QA and Supervision
	4.2.4.4 Strengthen integration of PrEP services into other HIV and STI programs including for key populations and EMTCT.	4.2.4.4.1 Integrate PrEP with prevention and other programmes such as STI, Family Planning, Condom, HIV testing services (HTS)		No cost, Quarterly HIV Prevention Integration meetings at National Level. Budget for 50 participants	$125	per participant	200	x	x	x	x	x	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 25,000	Planning & Policy Meetings
		4.2.4.4.2 Provide PrEP at all entry points in health facilities in the public and private sectors		Costs for Prep adapted from Quantification of Adult and Paediatric Antiretroviral Medicines in Zimbabwe				x	x	x	x	x	$ 1,829,876	$ 2,844,644	$ 3,410,878	$ 3,410,878	$ 3,410,878	Drugs, Medical Supplies and Other Health Commodities
	4.2.4.4 Explore use of DSD for PrEP with selected target population groups	4.2.4.4.1 Conduct consultations and dialogues with service providers and clients on various DSD model		Local Technical consultant 5 days	$680	per day of consulting	5	x					$ 3,400					Technical Assistance
		4.2.4.4.2 Design and standardise a DSD model for PrEP service provision, and develop criteria for identifying high adherence.		Local Technical consultant 3 days	$680	per day of consulting	3	x					$ 2,040					Technical Assistance

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Strategic Objective/Strategies	Strategic Objective	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.2.4.4.4 Pilot the developed DSD model		Partner technical support (no additional cost)				x	x	x	x	x				$ -	$ -	
		4.2.4.4.4 Roll out the DSD models based on pilot results		Design DSD models guidelines for all facilities. (2 per facilitiy)				x	x	x	x	x		$ -	$ -	$ -	$ -	
				print of DSD models guidelines for all facilities. (3 per facilitiy)					x									
	4.2.4.5 Improve adherence for PrEP clients at risk of HIV acquisition through enhanced counselling and other approaches.	4.2.4.5.1 Review and elicit shortfalls of current adherence monitoring systems such as peer to peer, use of champions, phone calls and mobile platforms		One full day (2 nights) national meeting with 5 National representatives; 10 from provincial and 1 per district level	$125	per participant	16	X	x	x	x	x	$ 2,000	$ 2,000	$ 2,000	$ 2,000	$ 2,000	Planning & Policy Meetings
		4.2.4.5.2 Address the shortfalls of current adherence monitoring systems to improve continuation rates among PrEP clients at continued HIV risk exposure		Partner technical support (no additional cost)				x	x									
	4.2.4.6 Embrace innovative PrEP delivery methods and formulations	4.2.4.6.1 Review of the PrEP Implementation Plan		Assessment visits of 6 x districts; 4 x MOHCC Staff, 6 Nights, inclusive perdiems, fuel 500Ltrs														
				Accomodation	$60	per participant	144	x	x	x	x	x	$ 8,640	$ 8,640	$ 8,640	$ 8,640	$ 8,640	Research, M&E, QA and Supervision
				Lunch	$15	per participant	144	x	x	x	x	x	$ 2,160	$ 2,160	$ 2,160	$ 2,160	$ 2,160	Research, M&E, QA and Supervision
				Dinner	$15	per participant	144	x	x	x	x	x	$ 2,160	$ 2,160	$ 2,160	$ 2,160	$ 2,160	Research, M&E, QA and Supervision
				Fuel	$15	per participant	1200	x	x	x	x	x	$ 18,000	$ 18,000	$ 18,000	$ 18,000	$ 18,000	Research, M&E, QA and Supervision
		4.2.4.6.2 Adapt existing guidelines to include new PrEP delivery methods and formulation		Half day meeting, 20 participants including refreshments (Teas & Lunch)	$25	per participant	20	x					$ 500					Planning & Policy Meetings
		4.2.4.6.4 Carry out formative assessments in preparation for new PrEP methods and formulations		Assessment visits of 6 x districts; 4 x MOHCC Staff, 6 Nights, inclusive perdiems, fuel 500Ltrs					x									Research, M&E, QA and Supervision
				Accomodation	$70	per participant	24	x	x	x	x	x	$ 1,680	$ 1,680	$ 1,680	$ 1,680	$ 1,680	Research, M&E, QA and Supervision
				Lunch	$15	per participant	24	x	x	x	x	x	$ 360	$ 360	$ 360	$ 360	$ 360	Research, M&E, QA and Supervision
				Dinner	$15	per participant	24	x	x	x	x	x	$ 360	$ 360	$ 360	$ 360	$ 360	Research, M&E, QA and Supervision
				Transport Allowance	$25	per participant	24	x	x	x	x	x	$ 600	$ 600	$ 600	$ 600	$ 600	Research, M&E, QA and Supervision

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Strategic Objective/Strategies	Strategic Objective	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.2.4.6.4 Pilot implementation of new delivery methods and formulations.		Partner technical support (no cost allocated)					x									
		4.2.4.6.5 Orient service providers on new PrEP delivery methods and formulations		2-day (3-night) National Level meetings with District level participants; 3 per district (DMO; DNO & Pharmacist, including perdiems, transport and conferencing fee; 2 facilitators.	$110	per participant	195			x	x					$ 21,450	$ 21,450		Planning & Policy Meetings
		4.2.4.6.6 Roll out new PrEP delivery methods and formulations		Design of New PrEP delivery methods and formulation guidelines for all facilities. To be done through international technical assistance	$905.50	per day of consulting	30	x					$ 27,165					Technical Assistance
				Print and Dissemination of Guidelines. 3 per facility	$10	per copy printed	2000			x					$ 20,000			Communication costs (print, TV, radio)
	4.2.4.7 Implement Quality Improvement (QI) interventions for the PrEP Programme	4.2.4.7.1 Conduct Quartely assessment of PrEP quality indicators		Provincial Assessment visits (covering 2 x districts); 4 x MOHCC Staff, 6 Nights, inclusive perdiems, fuel 500Ltrs				x	x	x	x	x						Research, M&E, QA and Supervision
				Accomodation	$60	per participant	240	x	x	x	x	x	$ 14,400	$ 14,400	$ 14,400	$ 14,400	$ 14,400	Research, M&E, QA and Supervision
				Lunch	$15	per participant	240	x	x	x	x	x	$ 3,600	$ 3,600	$ 3,600	$ 3,600	$ 3,600	Research, M&E, QA and Supervision
				Dinner	$15	per participant	240	x	x	x	x	x	$ 3,600	$ 3,600	$ 3,600	$ 3,600	$ 3,600	Research, M&E, QA and Supervision
				Transport Allowance	$1.50	per litre	5000	x	x	x	x	x	$ 7,500	$ 7,500	$ 7,500	$ 7,500	$ 7,500	Research, M&E, QA and Supervision
		4.2.4.7.2 Carry out Annual PrEP Programme Review and PrEP planning meetings		PrEP review and planning meeting for 2 days (3 nights), 50 participants of which 20 are provincial and district representatives				x										
				Accomodation	$70	per participant	150	x	x	x	x	x	$ 10,500	$ 10,500	$ 10,500	$ 10,500	$ 10,500	Planning & Policy Meetings
				Lunch	$15	per participant	150	x	x	x	x	x	$ 2,250	$ 2,250	$ 2,250	$ 2,250	$ 2,250	Planning & Policy Meetings
				Dinner	$15	per participant	150	x	x	x	x	x	$ 2,250	$ 2,250	$ 2,250	$ 2,250	$ 2,250	Planning & Policy Meetings
				Transport Allowance	$30	per participant	150	x	x	x	x	x	$ 4,500	$ 4,500	$ 4,500	$ 4,500	$ 4,500	Planning & Policy Meetings

Zimbabwe Health Sector HIV and STI 3 year operational plan																	
Strategic Objective/Strategies	Strategic Objective	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.2.4.7.4 Hold quarterly Technical Working Group meetings to review and take action on results of quartely quality assessment		Half day meeting for 30 PrEP and Key population stakeholders at Ministry of Health	$25	per participant	30	x	x	x	x	x	$ 750	$ 750	$ 750	$ 750	$ 750	Planning & Policy Meetings
		4.2.4.7.4 Provide regular support, supervision and mentorship to trained service providers in the public and private sectors		Support & Mentorship visits of 10 x districts per quarter; 4 x MOHCC Staff, 6 Nights, inclusive perdiems, fuel 500Ltrs				x	x	x	x						
				Accomodation	$60	per participant	240	x	x	x	x	x	$ 14,400	$ 14,400	$ 14,400	$ 14,400	$ 14,400	Health Worker Training - In-service
				Lunch	$15	per participant	240	x		x	x	x	$ 3,600		$ 3,600	$ 3,600	$ 3,600	Health Worker Training - In-service
				Dinner	$15	per participant	240	x	x	x	x	x	$ 3,600	$ 3,600	$ 3,600	$ 3,600	$ 3,600	Health Worker Training - In-service
				Transport Allowance	$1.50	per litre	5000	x	x	x	x	x	$ 7,500	$ 7,500	$ 7,500	$ 7,500	$ 7,500	Health Worker Training - In-service
		4.2.4.7.5 Conduct bottleneck analysis to understand reasons for PrEP discontinuation among targeted populations.		12 day analysis within 4 provinces, 2 x National level staff , inclusive perdiems, fuel 500Ltrs														Research, M&E, QA and Supervision
				Accomodation	$60	per participant	96		x	x	x	x		$ 5,760	$ 5,760	$ 5,760	$ 5,760	Research, M&E, QA and Supervision
				Lunch	$15	per participant	96	x	x	x	x	x	$ 1,440	$ 1,440	$ 1,440	$ 1,440	$ 1,440	research, M&E, QA and Supervision
				Dinner	$15	per participant	96	x	x	x	x	x	$ 1,440	$ 1,440	$ 1,440	$ 1,440	$ 1,440	Research, M&E, QA and Supervision
				Fuel	$1.50	per litre	2000	x	x	x	x	x	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000	Research, M&E, QA and Supervision
		4.2.4.7.6 Use bottleneck analysis findings to develop and implement quality improvement projects to address identified bottlenecks		Half day meeting for 30 PrEP and Key population stakeholders at Ministry of Health, Refreshments (teas and Lunch)	$25	per participant	30	x	x	x	x	x	$ 750	$ 750	$ 750	$ 750	$ 750	Planning & Policy Meetings
		4.2.4.7.7 Provide regular supportive supervision to trained service providers in the public and private sectors						x	x	x	x	x						
	4.2.4.8 Strengthen pharmacovigilance for PrEP	4.2.4.8.1 Train HCW on HIV DR monitoring among PrEP users who seroconvert while taking PrEP		Training of HCW on HIV DR monitoring; 80 partiipants (1 per district); 2 facilitators including conference fees, perdiem and transport	$125	per participant	80		x	x		x		$ 10,000	$ 10,000		$ 10,000	Health Worker Training - In-service

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/Strategies	Strategic Objective	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
				Provincial Assessment visits (covering 2 x districts); 2 x MOHCC Staff, 6 Nights, inclusive perdiems, fuel 500Ltrs				x		x								Research, M&E, QA and Supervision
		4.2.4.8.2 Conduct Monitoring of adverse drug reactions among PrEP users and update indicators used within the MCAZ Surveillance system.		Provincial Assessment visits (covering 2 x districts); 2 x MOHCC Staff, 6 Nights, inclusive perdiems, fuel 500Ltrs					x		x							Research, M&E, QA and Supervision
				Accomodation	$60	per participant	24	x	x	x	x	x	$ 1,440	$ 1,440	$ 1,440	$ 1,440	$ 1,440	Research, M&E, QA and Supervision
				Lunch	$15	per participant	24	x	x	x	x	x	$ 360	$ 360	$ 360	$ 360	$ 360	Research, M&E, QA and Supervision
				Dinner	$15	per partcipant	24	x	x	x	x	x	$ 360	$ 360	$ 360	$ 360	$ 360	Research, M&E, QA and Supervision
				Fuel	$1.50	per litre	50	x	x	x	x	x	$ 75	$ 75	$ 75	$ 75	$ 75	Research, M&E, QA and Supervision
		4.2.4.8.4 Carry out cohort event monitoring		No cost allocated				x	x	x	x	x						
	Total Cost												$ 2,679,546	$ 3,673,864	$ 4,368,548	$ 4,205,148	$ 3,933,698	

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Main activities	Sub-Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.4. 90 % of key populations have access to and utilise quality combination prevention interventions by 2025																		
4.4.1 Create an enabling environment for the KP response	4.4.1.1 Utilize the Legal Environment Assessment (LEA) findings and recommendations	4.4.1.1.1 Conduct meeting to advocate the review and revision of laws and policies to parliamentarians using LEA study findings and recommendations		Breakfast meeting to engage 30 x Legal, Justice and Health parliamentarian representativesincluding conference fee, perdiem (100 per parliamentarian), fuel	$25	per participant	30	X	x	x	x	x	750	750	750	750	750	Planning & Policy Meetings
		4.4.1.1.2 Conduct orientation of law enforcement and local authorities on the rights of KP and laws and policies protecting KP		National level 1 day sensitization meeting on KP Rights and protecting laws; total of 50 participants. Including conference fee	$25	per participant	50	x	x	X	x	x	1250	1250	1250	1250	1250	Planning & Policy Meetings
	4.4.1.2 Empower KP, communities and service providers in KP-related policies for KP stigma and discrimination reduction	4.4.1.2.1 Review and update existing KP curriculums to ensure orientation of KPs, CBOs and service providers on KP rights		Provincial Assessment visits (covering 5 x districts); 2 x MOHCC Staff, 6 Nights, inclusive perdiems, fuel 500Ltrs				X	x	x	x	x	0	0	0	0	0	Research, M&E, QA and Supervision
				Accomodation	$60	per assessor	14	X	x	x	x	x	840	840	840	840	840	Research, M&E, QA and Supervision
				Lunch	$15	per assesor	14	X	x	x	x	x	210	210	210	210	210	Research, M&E, QA and Supervision
				Dinner	$15	per assesor	14	X	x	x	x	x	210	210	210	210	210	Research, M&E, QA and Supervision
				Fuel	$1.50	per litre	200	X	x	x	x	x	300	300	300	300	300	Research, M&E, QA and Supervision

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Main activities	Sub-Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.4.1.2.2 Orient KP on their human rights and relevant laws and policies which protect their rights		1 dialogue x 5 district: 2x MOH officials (and 30 attendees, refreshments, and transportation	$25	per participant	30	X	x	x	x		750	750	750	750		Planning & Policy Meetings
		4.4.1.2.3 Orient service providers in the public and private sectors and KP-led CSOs on the rights of KP and the relevant laws and policies protecting the rights of KP, using existing forums		National level 1 day sensitization meeting; total of 50. Including conference fee. Ensure at least 20 participants come from subnational levels				X	x	X	x	x						Planning & Policy Meetings
				Accomodation	$70	per travelling participant	20	X	x	X	x	x	1400	1400	1400	1400	1400	Planning & Policy Meetings
				Conference Package	$25	per participant	50	X	x	X	x	x	1250	1250	1250	1250	1250	Planning & Policy Meetings
				Dinner	$15	per participant	20	X	x	X	x	x	300	300	300	300	300	Planning & Policy Meetings
				Transport Allowance	$30	per travelling participant	20	X	x	X	x	x	600	600	600	600	600	Planning & Policy Meetings
		4.4.1.2.4 Orient community and religious leaders and communities on the rights of KP and relevant laws and policies protecting KP, using existing forums		1 dialogue x 5 district each quarter[: 2x MOH officials (and 30 attendees, refreshments, and transportation				X	x	x	x							Planning & Policy Meetings
				Accomodation	$60	per participant	600	X	x	x	x	x	36000	36000	36000	36000	36000	Planning & Policy Meetings
				Conference Package	$20	per participant	600	X	x	x	x	x	12000	12000	12000	12000	12000	Planning & Policy Meetings
				Dinner	$15	per participant	600	X	x	x	x	x	9000	9000	9000	9000	9000	Planning & Policy Meetings
				Transport Allowance	$30	per participant	600	X	x	x	x	x	18000	18000	18000	18000	18000	Planning & Policy Meetings
	4.4.1.3 Strengthen management of the KP programme and ensure the meaningful participation of KP at all levels	4.4.1.3.1 Review and update HIV and STIs policy and strategic documents to ensure prioritization of KP interventions		2 day national level meeting, 120 attendees; including 2 x provinicial and 1 x district level. Assume 65 district level officials and 20 provincial level officials				X	x	x	x							
				Accomodation	$70	per travelling participant	85	X	x	x	x	x	5950	5950	5950	5950	5950	Planning & Policy Meetings
				Conference Package	$25	per participant	120	X	x	x	x	x	3000	3000	3000	3000	3000	Planning & Policy Meetings
				Dinner	$15	per participant	85	X	x	x	x	x	1275	1275	1275	1275	1275	Planning & Policy Meetings
				Transport Allowance	$30	per participant	85	X	x	x	x	x	2550	2550	2550	2550	2550	Planning & Policy Meetings
		4.4.1.3.2 Engage KPS in programme planning, implementation, monitoring and evaluation through their existing networks		Half day meeting; 50 participants- 10 National level representatives and 40 KP's. Refreshments (teas and lunch)	$25	per participant	50	X	x	x	x	x	1250	1250	1250	1250	1250	Planning & Policy Meetings
		4.4.1.3.3 Conduct quarterly KP TWG meetings and Partnership Forums at all levels, ensuring inclusion of KP as key members of these forums		Half day meeting for 30 PrEP and Key population stakeholders at Ministry of Health; Including KP's as key members	$25	per participant	30	X	X	X	X	x	750	750	750	750	750	Planning & Policy Meetings
		4.4.1.3.4 Conduct an annual programme review and annual planning		KP review and planning meeting for 2 days (3 nights), 75 participants of which 10 are provincial and 1 x 63 district representatives, Inclusive perdiem, transport/fuel and conference fee				X	X	X	X							Planning & Policy Meetings
				Accomodation	$70	per participant	75	X	X	X	X	X	5250	5250	5250	5250	5250	Planning & Policy Meetings
				Conference Package	$25	per participant	75	X	X	X	X	X	1875	1875	1875	1875	1875	Planning & Policy Meetings
				Dinner	$15	per participant	75	X	X	X	X	X	1125	1125	1125	1125	1125	Planning & Policy Meetings
				Transport Allowance	$30	per participant	75	X	X	X	X	X	2250	2250	2250	2250	2250	Planning & Policy Meetings

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Main activities	Sub-Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.4.1.3.5 Conduct Health Facility Committee and stakeholder meetings where KP are included as key committee members and stakeholders at facility, district, provincial and national levels		No additional cost, quarterly KP discussion to be held through exisitng structures, ensuring the inclusion of KP's as Committee members.				X	X	X	X	X						
4.4.2 Build capacity of public sector facilities to provide quality and KP-friendly services	4.4.2.1 Build health care workers' clinical competence to provide KP-friendly facility-based services which also address management of sexual and gender based violence (SGBV) against KP, including referral for care	4.4.2.1.1 Review pre-service training curriculum for health workers to include training in SGBV management and KP-friendly services		Half day meeting for 15 stakeholders at Ministry of Health; including refreshments (teas and lunch)	$25	per participant	15	X	X	X	X	X	375	375	375	375	375	Planning & Policy Meetings
		4.4.2.1.2 Conduct training of health care workers to provide SGBV management and KP-friendly services in all health facilities		2 x district-level trainer of trainers each quarter; 2 Participants per district; 3 x Facilitators. Including conference fee, perdiem and transport/fuel. Asusme 133 participants per quarterly meeting				X	x	X	x	x						
				Accomodation	$40	per participant	532	x	x	x	x	x	21280	21280	21280	21280	21280	Health Worker Training - In-service
				Conference Package	$17	per participant	532	x	x	x	x	x	9044	9044	9044	9044	9044	Health Worker Training - In-service
				Dinner	$8	per participant	532	x	x	x	x	x	4256	4256	4256	4256	4256	Health Worker Training - In-service
				Transport Allowance	$20	per participant	532	x	x	x	x	x	10640	10640	10640	10640	10640	Health Worker Training - In-service
		4.4.2.1.3 Train KP as service providers for provision of HIV and STI prevention and treatment services in health care facilities		2 x district-level trainer of trainers each quarter; 63 Participants; 3 x Facilitators. Including conference fee, perdiem and transport/fuel				X		X								
				Accomodation	$40	per participant	504	x	x	x	x	x	20160	20160	20160	20160	20160	Health Worker Training - In-service
				Conference Package	$17	per participant	504	x	x	x	x	x	8568	8568	8568	8568	8568	Health Worker Training - In-service
				Dinner	$8	per participant	504	x	x	x	x	x	4032	4032	4032	4032	4032	Health Worker Training - In-service
				Transport Allowance	$20	per participant	504	x	x	x	x	x	10080	10080	10080	10080	10080	Health Worker Training - In-service
		4.4.2.1.4 Engage KP as service providers in health care facilities for HIV and STI prevention and treatment services	Covered in the above activity															
4.4.3 Demand generation and increased and uptake of HIV and STI services by KP	4.4.3.1 Assessment to understand barriers in uptake of HIV and STI prevention and treatment services by KP	4.4.3.1.1 Conduct a national KP sub-population specific formative evaluation of barriers to uptake of HIV and STI prevention and treatment services by KP		Assessment visits of 6 x districts; 4 x MOHCC Staff, 6 Nights, inclusive perdiems, fuel 500Ltrs														
				Accomodation	$40	per participant	144	x	x	x	x	x	5760	5760	5760	5760	5760	Research, M&E, QA and Supervision
				Lunch	$8	per participant	144	x	x	x	x	x	1152	1152	1152	1152	1152	Research, M&E, QA and Supervision
				Dinner	$15	per participant	144	x	x	x	x	x	2160	2160	2160	2160	2160	Research, M&E, QA and Supervision
				Fuel	$30	per litre	400	x	x	x	x	x	12000	12000	12000	12000	12000	Research, M&E, QA and Supervision

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Main activities	Sub-Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.4.3.1.2 Develop KP sub-population specific SBCC strategies in line with the Comprehensive National HIV Communications Strategy for Zimbabwe 2019-2025 using findings from the formative assessment findings		Hire a local consulant over a 5 day period	$680	per day of consulting	5	x	X				3400					Technical Assistance
				Hold a national level meeting for 50 participants to validate the findings of the consultancy	$25	per participant	50	x	x				1250					Planning & Policy Meetings
		4.4.3.1.3 Implement KP sub-population specific SBCC strategies including use of mobile phone technology and social media in line with the Comprehensive National HIV Communications Strategy for Zimbabwe 2019-2025 and formative assessment		Partner technical support in implementing SBCC strategies (no additonal cost)						X	X	X			0	0	0	
	4.4.3.2 Scale up Enhanced Peer Mobilization (EPM) model for demand generation through peer education and positive care seeking behavior among KP	4.4.3.2.1 Review and update existing KP peer educators training materials to ensure sub-population specific KP peer educators training needs are adequately addressed		Half day meeting, 25 participants including refreshments (Teas & Lunch)	$25	per participant	25	X					625					Planning & Policy Meetings
		4.4.3.2.2 Recruit and train peer educators representing each KP sub-population		3 Day Training; 50 Participants; including Accomodation, conference package and transportation				X	X				0	0				
				Accomodation	$70	per participant	150	x	x	x	x	x	10500	10500	10500	10500	10500	Health Worker Training - In-service
				Lunch	$25	per participant	150	x	x	x	x	x	3750	3750	3750	3750	3750	Health Worker Training - In-service
				Dinner	$15	per participant	150	x	x	x	x	x	2250	2250	2250	2250	2250	Health Worker Training - In-service
				Transport Allowance	$30	per participant	150	x	x	x	x	x	4500	4500	4500	4500	4500	Health Worker Training - In-service
		4.4.3.2.3 Conduct quarterly support and supervision visits to trained peers		Quartely Support and supervision visits; 3 x National Level Staff. 4 Provinces covered. 10 working days total, including perdiems and fuel.				X	X	X	X	X	0	0	0	0	0	
				Accomodation	$60	per participant	120	X	X	X	X	X	7200	7200	7200	7200	7200	Research, M&E, QA and Supervision
				Lunch	$15	per participant	120	X	X	X	X	X	1800	1800	1800	1800	1800	Research, M&E, QA and Supervision
				Dinner	$15	per participant	120	X	X	X	X	X	1800	1800	1800	1800	1800	Research, M&E, QA and Supervision
				Fuel	$1.50	per litre	1600	X	X	X	X	X	2400	2400	2400	2400	2400	Research, M&E, QA and Supervision
		4.4.3.2.4 Provide incentives for KP sub-population peer educators		Partner Supported (No additional Costs)				X	X	X	X	X	0	0	0	0	0	
	4.4.3.3 Engage innovative approaches for reaching KP with demand creation messages	4.4.3.3.1 Set up social media platforms for demand creation for KP-friendly services		Partner Supported (No additional Costs)				X					0					
		4.4.3.3.2 Utilize innovative social networking platforms including WhatsApp, Facebook, twitter, Instagram to promote uptake of HIV and STI prevention and treatment services		Develop 3 Whatsapp/ social media videos, and messages to be used. Management fee of social media sites	$15,000	per spot production	1	X	X	X	X	X	15000	15000	15000	15000	15000	Communication costs (print, TV, radio)

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Main activities	Sub-Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.4.3.3.3 Continue to utilize mass media and print media as appropriate to promote uptake of HIV and STI prevention and treatment services by KP		Develop 3 radio messaged to be played, develop 3 Print 100,000 copies of messages	$2,000	per radio spot produced	3	X	x	x	x	x	6000	6000	6000	6000	6000	Communication costs (print, TV, radio)
					$1	per copy printed	100000	x	x	x	x	x	70000	70000	70000	70000	70000	Communication costs (print, TV, radio)
				3 month media booking covering 6 spots per day for 3 months on 2 stations; placement of Digital Adverts/messaged on 2 x Online platforms, each year.	$15,000	per tv spot produced	3	x	X	x	x	x	45000	45000	45000	45000	45000	Communication costs (print, TV, radio)
					$500	per tv spot placed	90	x	x	x	x	x	45000	45000	45000	45000	45000	Communication costs (print, TV, radio)
					$1,000	per billboard produced	5	x	x	x	x	x	5000	5000	5000	5000	5000	Communication costs (print, TV, radio)
					$2,050	per billboard placed	3	x	x	x	x	x	6150	6150	6150	6150	6150	Communication costs (print, TV, radio)
4.4.4 Improve Service delivery for KP	4.4.4.1 Increase access to HIV and STI services by KP	4.4.4.1.1 Conduct meeting with MOHCC departments advocating for review and/or removal of user fees for KP to access HIV and STI services		Meeting with 10 key stakeholders from relevant Ministry departments to lobby for removal of user fees . Conduct follow-on meetings No additional cost				X										
	4.4.4.2 Implement national KP subpopulation-specific minimum packages of HIV and STI prevention and treatment services	4.4.4.2.1 Review, update or revise KP minimum package of services for each KP subpopulation		National Level Half day Meeting, 25 participants; refreshmets (teas &lunch cost).	$25	per participant	50	X	x	x	x	x	1250	1250	1250	1250	1250	Planning & Policy Meetings
		4.4.4.2.2 Develop SOPs and Job Aides on KP service delivery and orient service providers		Hire an international consultant over a 40 day period to design SOP's and Job aides for KP Service delivery.	$905.50	per participant	40	x					36220					Technical Assistance
				Printing of 5000 x SOP's and 5000 x Job Aides for all Facilities (2 per facility)	$10	per guideline copied	5000	X					50000					Communication costs (print, TV, radio)
					$10	per SOP copied	5000	x					50000					Communication costs (print, TV, radio)
		4.4.4.2.3 Orient service providers on KP subpopulation-specific minimum packages through existing meetings and during training on provision of KP-friendly services		Printing of 1000 KP Subpopulation package for HCW	$10	per copy printed	1000	X					10000					Communication costs (print, TV, radio)
	4.4.4.3 Scale up KP services including strengthening linkages and support services for HIV, STI and SGBV	4.4.4.3.1 Review and increase number of facilities and staff offering a one-stop shop for health care including testing, STI services, FP, cervical cancer, post GBV care, ART, TB laboratory and other services		National Level Half day Meeting, 20 participants; refreshmets (teas &lunch cost).	$25	per participant	20	X	x	X	x	x	500	500	500	500	500	Planning & Policy Meetings
		4.4.4.3.2 Review and increase the number of facilities and staff offering Young Sisters Programmes to target Young FSW to increase uptake, adherence and retention in HIV prevention and treatment		National Level Half day Meeting, 25 participants; refreshmets (teas & lunch cost).	$25	per participant	25	X	x	X	x	x	625	625	625	625	625	Planning & Policy Meetings
		4.4.4.3.3 Utilize KP subpopulation-specific differentiated service delivery models for KP initiation and retention in HIV treatment cascade including use of Drop-In Centres		No additional cost, to be conducted as part of routine service delivery at facilities														
		4.4.4.3.4 Develop and implement a system to transition stable KP clients on ART to the public sector as part of sustainability efforts		Perfrom 1 x 2 day meeting National Level; 30 attendees (Prevention, care and treatment representatives) 10 provincial staff , inclusive conference fee, perdirm, fuel/ transport														
				Accomodation	$60	per participant	30	x	x	x	x	x	1800	1800	1800	1800	1800	Planning & Policy Meetings

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Strategic Objective/ Strategies	Key actions	Main activities	Sub-Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
				Conference Package	$20	per participant	30	x	x	x	x	x	600	600	600	600	600	Planning & Policy Meetings
				Dinner	$15	per participant	30	x	x	x	x	x	450	450	450	450	450	Planning & Policy Meetings
				Transport Allowance	$30	per participant	30	x	x	x	x	x	900	900	900	900	900	Planning & Policy Meetings
		4.4.4.3.5 Carry out a review of KP-specific peer models to deliver HIV prevention services including male/female condom and lubricant distribution, risk reduction counseling, and referral for HIV/STI/SRH clinical service, HIVST		10 day analysis within 4 provinces, 2 x National level staff; Technical Assistance from Partners(no additional Cost)														
				Accomodation	$60	per participant	80	x	x	x	x	x	4800	4800	4800	4800	4800	Research, M&E, QA and Supervision
				Lunch	$15	per participant	80	x	x	x	x	x	1200	1200	1200	1200	1200	Research, M&E, QA and Supervision
				Dinner	$15	per participant	80	x	x	x	x	x	1200	1200	1200	1200	1200	Research, M&E, QA and Supervision
				Fuel	$1.50	per litre	400	x	x	x	x	x	600	600	600	600	600	Research, M&E, QA and Supervision
		4.4.4.3.6 Refine the KP-specific models using review findings		National Level Half day Meeting, 25 participants; refreshmets (teas &lunch cost).	$25	per participant	25	X	x	x	x	x	625	625	625	625	625	Planning & Policy Meetings
		4.4.4.3.7 Utilize KP-specific peer models to deliver targeted HIV prevention services and referrals		No Costs Associated														
	4.4.4.4 Strengthen linkages to enhance KP-friendly service provision and address SGBV for KP	4.4.4.4.1 Create linkages between health facilities and law enforcement agents for post-violence support for affected KP and referral for care	Conduct meeting to identify possible linkages and systems between health facilities and law enforcement agents	National Level 1 day meeting, 90 attendees (including 1 x district representative, 1 x provincial representative) and partner technical support; conference fee, per diems and transpport														
				Accomodation	$70	per travelling participant	75	x	x	x	x	x	5250	5250	5250	5250	5250	Planning & Policy Meetings
				Conference Package	$25	per participant	75	x	x	x	x	x	1875	1875	1875	1875	1875	Planning & Policy Meetings
				Dinner	$15	per participant	75	x	x	x	x	x	1125	1125	1125	1125	1125	Planning & Policy Meetings
				Transport Allowance	$30	per travelling participant	75	x	x	x	x	x	2250	2250	2250	2250	2250	Planning & Policy Meetings
		4.4.4.4.2 Develop innovative approaches to strengthen community and facility bidirectional linkages to enhance referrals including use of KP peers, KP groups, unique identifier codes and referral tools	Conduct meeting to develop innovative approaches to strengthen community and facility bidirectional linkages and referrals.	National Level 2 day meeting, 90 attendees (including 1 x district representative, 1 x provincial representative) and partner technical support; conference fee, per diems and transpport				X	x	x	x	x						
				Accomodation	$70	per travelling participant	150	x	x	x	x	x	10500	10500	10500	10500	10500	Planning & Policy Meetings
				Conference Package	$25	per participant	180	x	x	x	x	x	4500	4500	4500	4500	4500	Planning & Policy Meetings
				Dinner	$15	per participant	150	x	x	x	x	x	2250	2250	2250	2250	2250	Planning & Policy Meetings
				Transport Allowance	$30	per participant	75	x	x	x	x	x	2250	2250	2250	2250	2250	Planning & Policy Meetings
		4.4.4.4.3 Address violence against KP by training health workers, improving partnership with law enforcement agencies and strengthening referrals for GBV survivors	Adapt and include in KP training material how to address violence against KP's for HCW	200 x Printing of Training Manual	$10	per copy printed	200	X					2000					Communication costs (print, TV, radio)

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Strategic Objective/ Strategies	Key actions	Main activities	Sub-Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.4.4.5 Strengthen KP peer support	4.4.4.5.1 Establish KP subpopulation-specific peer support groups and treatment buddies to facilitate adherence and retention for HIV prevention and treatment		Already costed as part of activity 4.4.4.1.1.4, no additional cost				X		X								
		4.4.4.5.2 Review the Sisters Peer Adherence Support Groups, focused on increasing retention in care and treatment among FSW		National Level Half day Meeting, 25 participants; lunch cost.	$25	per participant	25	x	x	x	x	x	625	625	625	625	625	Planning & Policy Meetings
		4.4.4.5.3 Increase the number of Sisters Peer Adherence Support Groups,	Identify and train personnel to run/lead Sister Peer Adherence groups in Each district	Perform 1 x 2 day training (3 nights) on Adherence support & KP's; 70 participants (1 per district) each quarter; 2 facilitators including conference fees, perdiem and transport				X	X	X	X	X						
				Accomodation	$60	per participant	72	x	x	x	x	x	4320	4320	4320	4320	4320	Health Worker Training - In-service
				Conference Package	$20	per participant	72	x	x	x	x	x	1440	1440	1440	1440	1440	Health Worker Training - In-service
				Dinner	$15	per participant	72	x	x	x	x	x	1080	1080	1080	1080	1080	Health Worker Training - In-service
				Transport Allowance	$30	per participant	72	x	x	x	x	x	2160	2160	2160	2160	2160	Health Worker Training - In-service
	4.4.4.6 Strengthen quality of services provided to KP	4.4.4.6.1 Conduct Quartely Quality assurance using KP quality indicators		Provincial Assessment visits (covering 2 x districts); 4 x MOHCC Staff, 6 Nights, inclusive perdiems, fuel 500Ltrs														
				Accomodation	$60	per participant	24	X	X	X	X	X	1440	1440	1440	1440	1440	Research, M&E, QA and Supervision
				Conference Package	$20	per participant	24	X	X	X	X	X	480	480	480	480	480	Research, M&E, QA and Supervision
				Dinner	$15	per participant	24	X	X	X	X	X	360	360	360	360	360	Research, M&E, QA and Supervision
				Fuel	$1.50	per participant	500	X	X	X	X	X	750	750	750	750	750	Research, M&E, QA and Supervision
		4.4.4.6.1.2 Conduct Quarterly Support, Supervision & mentorship to all trained health care workers providing KP-friendly services		Support & Mentorship visits of 10 x districts per quarter; 4 x MOHCC Staff, 6 Nights, inclusive perdiems, fuel 500Ltrs														
				Accomodation	$60	per participant	24	x	x	x	x	x	1440	1440	1440	1440	1440	Health Worker Training - In-service
				Conference Package	$15	per participant	24	x	x	x	x	x	360	360	360	360	360	Health Worker Training - In-service
				Dinner	$15	per participant	24	x	x	x	x	x	360	360	360	360	360	Health Worker Training - In-service
				Fuel	$1.50	per litre	500	x	x	x	x	x	750	750	750	750	750	Health Worker Training - In-service
	Total Cost												657602	504107	504107	504107	503357	

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Main activities	Sub Activities	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.5: 90 % of Vulnerable Groups (VG) reached with quality HIV and STI prevention services by 2025.																		
4.5.1 Creating enabling environment for VG response	4.5.1.1 Address policies that have a negative impact on access to HIV and STI services by VG	4.5.1.1.1 Hold a national level meeting with 50 participants to address policies. Assume 20 partiipants will come from subnational levels		Accomodation	$70.00	per travelling participant	20	x	x	x	x	x	$ 1,400	$ 1,400	$ 1,400	$ 1,400	$ 1,400	Planning & Policy Meetings
				Conference Package	$25.00	per participant	50	x	x	x	x	x	$ 1,250	$ 1,250	$ 1,250	$ 1,250	$ 1,250	Planning & Policy Meetings
				Dinner	$15.00	per travelling participant	20	x	x	x	x	x	$ 300	$ 300	$ 300	$ 300	$ 300	Planning & Policy Meetings
				Transport Allowance	$30.00	per travelling participant	20	x	x	x	x	x	$ 600	$ 600	$ 600	$ 600	$ 600	Planning & Policy Meetings
	4.5.1.2 Address stigma and discrimination against VG			Already costed as part of activity 4.5.1.1, no additional cost														
	4.5.1.4 Build capacity to address SGBV at community and health facility levels			To include as part of activity 4.4.2.1.2, no additional cost														
	4.5.1.4 Strengthen VG HIV and STI response at all levels			To be included as part of ongoing activities, no additional cost														
4.5.2 Strengthen service delivery for VG at all levels	4.5.2.1 Strengthen cross border initiatives for HIV and STI prevention, treatment care and support																	
	4.5.2.2 Scale up evidence-based DREAMS initiative for AGYW and ABYM			Scale up DREAMS model to an additional 6 more dstricts per annum	$107,218.00	per district	6	x	x	x	x	x	$ 643,308	$ 643,308	$ 643,308	$ 643,308	$ 643,308	Community Outreach Events
	4.5.2.4 Increase access to HIV information and services for PWD			To be included as part of main activity 4.4.4.2, no additional cost														
	4.5.2.4 Strengthen HIV literacy for adolescents, artisanal miners and LDTD			To be included as part of activity 4.4.4.4, no additional cost														
	4.5.2.5 Strengthen access to HIV and STI services for OVC and adolescents			To be included as part of activity 4.4.4.4, no additional cost														
	4.5.2.6 Address physical access of health facilities by VG including PWDs			To be included as part of MOHCC infrastructure projects, no direct cost to HIV program														
	Total Cost												$ 646,858	$ 646,858	$ 646,858	$ 646,858	$ 646,858	

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Strategic Objective/ Strategies	Key actions	Main Activities	Sub Activities	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.6: 90 % of people engaged in multiple relationships consistently and correctly use condoms by 2025																		
4.6.1 Advocate for increased domestic and global funding for condom procurement and programming	4.6.1.1 Advocate for adequate resource allocation for procurement and distribution of male and female condoms and lubricants	4.6.1.1.1 Conduct annual mapping of female and male condoms budget requirements based on the quantification report		MOHCC to lead process, no additional costs														Planning & Policy Meetings
		4.6.1.1.2 Conduct annual national female and male condoms resource mapping to identify financial gaps		MOHCC to lead process, no additional costs														Planning & Policy Meetings
		4.6.1.1.3 Conduct stakeholders meetings to disseminate female and male condoms financial resource mapping report		Hold 3 day northern and southern region meetings with 50 participants each to disseminate female and male condom reports														Planning & Policy Meetings
				Accomodation	$60	per participant	300	X	X	X	X	X	$18,000	$18,000	$18,000	$18,000	$18,000	Planning & Policy Meetings
				Lunch	$15	per participant	300	X	X	X	X	X	$4,500	$4,500	$4,500	$4,500	$4,500	Planning & Policy Meetings
				Dinner	$15	per participant	300	X	X	X	X	X	$4,500	$4,500	$4,500	$4,500	$4,500	Planning & Policy Meetings
				Transport Allowance	$30	per participant	300	X	X	X	X	X	$9,000	$9,000	$9,000	$9,000	$9,000	Planning & Policy Meetings
		4.6.1.1.4 Develop female and male financial resources mobilisation plan		MOHCC to lead process, no additional costs														Planning & Policy Meetings
		4.6.1.1.5 Establish and train a multidisciplinary resource female and male condoms resource mobilisation task team		MOHCC to lead process, no additional costs														Planning & Policy Meetings
		4.6.1.1.6 Facilitate the resource mobilisation team to conduct advocacy meetings with members of parliement and other players to advocate for increased budget allocation and disbursement to support condom programming		MOHCC to lead process, no additional costs														Planning & Policy Meetings
		4.6.1.1.7 Facilitate the resource mobilisation team to participate in national budget making process and advocate for increased funding for condom programming		MOHCC to lead process, no additional costs														Planning & Policy Meetings

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Main Activities	Sub Activities	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.6.1.2 Conduct national forecasting and quantification of female and male condoms and lubricants for general and key populations	4.6.1.2.1 Facilitate national forecasting and quantification committee meetings to quantify female and male condoms and lubricants for all populations		Ongoing activity already being conducted by the DPS and MOHCC Quantification Team, no additional cost														Planning & Policy Meetings
		4.6.1.2.2 Conduct stakeholder meetings to disseminate male and female condoms forecasting and quantification report		Meeting to disseminate the quantification report, that will occur within existing TWG meetings. No additional cost														Planning & Policy Meetings
		4.6.1.2.3 Support half yearly stakeholder meetings to review and update the national female and male condoms forecasting and quantification report		Ongoing activity already being conducted by the DPS and MOHCC Quantification Team, no additional cost														Planning & Policy Meetings
	4.6.1.3 Procure adequate supplies of female and male condoms and lubricants	4.6.1.3.1 Procure adequate female and male condoms and llubricants based on need as per the national quantification report		Costs adapted from Quantification of condoms and contraceptives January 2020 to December 2023 Annual Quantification Report				X	X	X	X	X	$ 6,226,043	$ 6,149,137	$ 6,959,123	$ 6,959,123	$ 6,959,123	Drugs, Medical Supplies and Other Health Commodities
			4.6.1.4.2 Procure and maintain a nation condom buffer stock	Already costed as part of activity 4.6.1.4.1, no additional cost														Drugs, Medical Supplies and Other Health Commodities
4.6.2 Increase access to and availability of condoms and lubricants through targeted demand creation	4.6.2.1 Conduct condom formative assessment on knowledge, perceptions and use of female and male condoms and lubricants	4.6.2.1.1 Review routine studies and surveys including demographic surveys like ZHDS,MICS, Stigma Index to integrate assessments on female and male condoms levels of knowledge, perceptions and use		Hire a national consultant to conduct a formative asessment on the perceptions and use of condoms over 10 days	$680	per day of consulting	10	X					$6,800					Technical Assistance
		4.6.2.1.2 Conduct stakeholders meetings to disseminate findings on condom formative asssessment		National level validation meeting for assessment with 30 participants	$35	per participant	30	X					$1,050					Planning & Policy Meetings
		4.6.2.1.3 Conduct periodic Condom and Lubricants consumer preference surveys especially among the KPs		Assume consumer preference survey is conducted twice a year, over a total of 42 days. Assume a team of 4 persons to conduct surveys														Research, M&E, QA and Supervision
				Accomodation	$60	per surveyor	168	X	X	X	X	X	$10,080	$10,080	$10,080	$10,080	$10,080	Research, M&E, QA and Supervision
				Lunch	$15	per surveyor	168	X	X	X	X	X	$2,520	$2,520	$2,520	$2,520	$2,520	Research, M&E, QA and Supervision
				Dinner	$15	per surveyor	168	X	X	X	X	X	$2,520	$2,520	$2,520	$2,520	$2,520	Research, M&E, QA and Supervision

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Strategic Objective/ Strategies	Key actions	Main Activities	Sub Activities	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
				Fuel	$1.50	per surveyor	1200	X	X	X	X	X	$1,800	$1,800	$1,800	$1,800	$1,800	Research, M&E, QA and Supervision
		4.6.2.1.4 Conduct stakeholder meetings to disseminate condoms and lubricants consumer surveys and develop plan to implent survey recommendations		Meeting to disseminate the quantification report, that willoccur within existing TWG meetings. No additional cost														Planning & Policy Meetings
	4.6.2.2 Implement rebranding of the public sector free condoms informed by the formative assessment	4.6.2.2.1 Engage a marketing consultant to lead the re-branding of the public sector condoms		Hire an International conultant/ natinal consultant to rebarnd public sector condoms. Consultancy Fee, Plane Ticket, Accomodation (bed & breakfast) Transport and communications	$905.50	per day of consulting	30	X		X		X	$27,165		$27,165		$27,165	Technical Assistance
		4.6.2.2.2 Conduct key informant surveys, group discussions and immersions with condom users (including key populations and young people) to inform the rebranding		Alreasy costed as part of main activity 4.6.2.2.1, no additional cost														Technical Assistance
		4.6.2.2.3 Develop a rebranding strategy based on findings from the condom rebranding formative assessment		Alreasy costed as part of main activity 4.6.2.2.1, no additional cost														Technical Assistance
		4.6.2.2.4 Prototypes and pretest among the consumers		Alreasy costed as part of main activity 4.6.2.2.1, no additional cost														Technical Assistance
		4.6.2.2.5 Rebrand the condoms using the most preferred brand prototype		Alreasy costed as part of main activity 4.6.2.2.1, no additional cost														Technical Assistance
		4.6.2.2.6 Engage and Human Centred Design (HCD) consultant to gather consumer insights using HCD approaches		Hire an international consultant to gather consumer insights using HCD approaches	$905.50	per day	15	X					$13,583					Communication costs (print, TV, radio)
		4.6.2.2.7 Engage advertising agency to design condom marketing messages bassed on the consumer insights survey and formative assessment	4.6.2.4.4 Engage advertising agency to design condom marketing messages bassed on the consumer insights survey and formative assessment	Hire an advertising agency for an 80 hours campaign at us30/hour	$30	per hour	80	X	X	X			$2,400	$2,400	$2,400			Communication costs (print, TV, radio)
		4.6.2.2.8 Facilitate delivery of targetted condom programming messages through specific channels including TV and radio	4.6.2.4.4 Facilitate delivery of targetted condom programming messages through specific channels including TV and radio	Place TV spots for flighting of 60-second condom adverts and jingles at 2 slots per day at evening prime time for ZTV for 30 slots	$500	per spot	30	X	X	X			$15,000	$15,000	$15,000			Communication costs (print, TV, radio)

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Strategic Objective/ Strategies	Key actions	Main Activities	Sub Activities	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
				Book and schedule flighting of 30 - 45 seconds condom radio spots on key radio stations such as StarFM, Radio Zimbabwe and at least 5 community radio stations across the country at 5 slots per day during prime time	$300	per spot	30	X	X	X			$9,000	$9,000	$9,000			Communication costs (print, TV, radio)
				Also schedule for paid interviews on radio and TV to discuss the importance of condoms at one interview per 6 months	$1,200	per program	2	X	X	X			$2,400	$2,400	$2,400			Communication costs (print, TV, radio)
		4.6.2.2.9 Provide technical assistance to develop and deliver condom progamming messages through mobile phone and internet platforms including WhatsApp, Twitter, Instagram amng others	4.6.2.4.5 Provide technical assistance to develop and deliver condom progamming messages through mobile phone and internet platforms including WhatsApp, Twitter, Instagram amng others	Recruit a social media intern to be paid an allowance every month	$15	per day	261	X	X	X			$3,915	$3,915	$3,915			Communication costs (print, TV, radio)
				Support the social media campaign with data every month.	$35	per gigabyte	12	X	X	X			$420	$420	$420			Communication costs (print, TV, radio)
				Procure 1 x laptop, 1 x smart phone for use in supporting the condom social media campaign.	$800	phone plus labtop	1	X					$800					Communication costs (print, TV, radio)
				Post 2000 bulk sms once per quarter using geo fencing in priority high incidence districts.	$0	per SMS	8000	X	X	X			$168	$168	$420			Communication costs (print, TV, radio)
	4.6.2.3 Informed by formative assessment findings, develop communication strategies and materials for condom marketing			Already costed as part of activity 4.6.2.2.9, no additional cost														
4.6.3 Diversify condom distribution, marketing approaches and platforms	4.6.3.1 Conduct female and male condom and lubricants market segmentation and mapping		4.6.3.1.1 Provide technical assistance to conduct condom and lubricants market segmentation and mapping	Hire a national consultant to Provide technical assistance to conduct condom and lubricants market segmentation and mapping Over 10 days ***Consult PSI if they can provide technical assistance	$680	per day of consulting	10	x	x	x	x	x	$6,800	$6,800	$6,800	$6,800	$6,800	Technical Assistance
			4.6.3.1.2 Conduct a stakeholders meeting to disseminate findings of the market segmentation and mapping exercise	Meeting to disseminate the quantification report, that will occur within existing TWG meetings, no additional costs														Planning & Policy Meetings
			4.6.3.1.4 Conduct consultation meetings with specific sub-populations groups to develop targetted condom marketing strategy/plan	Two one day consultative meetings with 30 participants at national level	$35	per participant	60	x	x	x	x	x	$2,100	$2,100	$2,100	$2,100	$2,100	Planning & Policy Meetings

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Strategic Objective/ Strategies	Key actions	Main Activities	Sub Activities	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.6.3.2 Promote supply and provision of free condoms using both traditional and non-traditional settings		4.6.3.2.1 Conduct partnership meetings with public sector and private sector workplace, enter into MoUs and facilitate distribution of female and male on condoms through the workplaces	Quarterly Prevention Partnership Forum meeting at national level with 40 participants	$35	per participant	160	x	x	x	x	x	$5,600	$5,600	$5,600	$5,600	$5,600	Planning & Policy Meetings
			4.6.3.2.2 Establish and train place champions to promote and monitor uptake of female and male condoms at both public and private sector workplaces	MOHCC to lead process, no additional costs														Health Worker Training - In-service
			4.6.3.2.3 Facilitate distribution of female and male condoms through public and private facility channels including through provision of condom dispensers	MOHCC to lead process, no additional costs														Drugs, Medical Supplies and Other Health Commodities
			4.6.3.2.4 Conduct partnership meeting to develop MoUs and distribute female and male condoms through hotels, salons and petrol stations	National level partnership meeting with 50 participants to develop MOUs for the distribution of condoms throuh hotels, salons and petrol stations	$35	per person	50	X					$1,750					Planning & Policy Meetings
	4.6.3.3 Increase reach and utilisastion of male and female condoms by high risk groups		4.6.3.3.1 Conduct an assessment on barriers to access and utilisation of female and male condoms by high risk groups including adolescents, KPs, people with disabilities among others	Hire a national consultant to conduct an asessment of the bariers to access and use of condoms, over 10 days	$680	per day of consulting	30	x		x			$20,400		$20,400			Technical Assistance
			4.6.3.3.2 Conduct stakeholders meeting to disseminate findings of the assesment and to develo plan to address identified barriers	National meeting with 30 participants to disseminate findings of the assesment and to develop plan to address identified barriers	$35	per person	30	x		x			$1,050		$1,050			Planning & Policy Meetings
			4.6.3.3.4 Identify and train peer educators as condom and lubricants distributors	MOHCC to lead process, no additional costs														Health Worker Training - In-service
			4.6.3.3.4 Facilitate high risk groups sub-population specific peer educators to distribute condoms to their peers through their social networks	MOHCC to lead process, use existing networks of peer educators, no additional cost														Community Outreach Events
			4.6.3.3.5 Delivery of condoms from central to distribution site	Assume condoms will be delivered together with the medical supplies to the facilities														Drugs, Medical Supplies and Other Health Commodities
			4.6.3.3.6 Distribute female and male condoms and lubricants through high risk groups hotspots including placement of condom dispensers in brothels, truck spots and other sub-population specific hotspots	Condom dispensers costed in 4.6.4.2.4 Assume the existing community health workers will distribute														Drugs, Medical Supplies and Other Health Commodities

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Strategic Objective/ Strategies	Key actions	Main Activities	Sub Activities	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.6.3.4 Increase condom marketing and distribution through integration in other SRHR, HIV and STIs service delivery points		4.6.3.4.1 Review and update SOPs and job aides on integrating condom programming with other SRHR, HIV and STI service delivery points	Engage a national consultant. One-day consultative meeting between key stakeholders and the consultant (30 participants). One-day feedback meeting (30 participants) Printing of 2000 job aides	$680	per day of consulting	30	x		x			$20,400		$20,400			Technical Assistance
					$25	per participant	30	x		x			$750		$750			Planning & Policy Meetings
					$10	per job aide printed	2000	x		x			$20,000		$20,000			Communication costs (print, TV, radio)
			4.6.3.4.2 Orient health care workers on the SOPs and job aides for integrating provision of condoms and lubricants within SRHR, HIV and STIs service delivery points	Quarterly district level TSG meetings for condom coordiantion (30 people - 1 day tea, lunch) plus provincial team support twice a year for 4people	$3	per participant	7800	x		x			$23,400		$23,400			Planning & Policy Meetings
				Accomodation	$60	per participant	4	x		x			$240		$240			Planning & Policy Meetings
				Lunch	$15	per participant	4	x		x			$60		$60			Planning & Policy Meetings
				Dinner	$15	per participant	4	x		x			$60		$60			Planning & Policy Meetings
				Fuel	$1.50	per litre	400	x		x			$600		$600			Planning & Policy Meetings
	Total Cost												$ 6,464,874	$ 6,249,860	$ 7,174,223	$ 7,026,543	$ 7,053,708	

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025```	
SO 4.7: 90 % of those sexually active reached with STI diagnosis, management and treatment																		
4.7.1 Harmonisation and strengthening the national response to the prevention of STIs, including, community-based, community-led preventive and referral mechanisms	4.7.1.1 Develop and update IEC and SBCC materials on STI prevention, treatment and management	4.7.1.1.1 Conduct SBCC formative assessment on HIV prevention, treatment and management	Hire a local consultant over a 20 day period		$680.00	per day	20	x					$13,600					Technical Assistance
			Hold 2 half day quarterly national level coordination and review meetings with 30 people, cost for conference package		$125	per person	60	x					$7,500					Planning & Policy Meetings
			Conduct stakeholders dissemination meeting on the STI SBCC formative assessment		$125	per person	30	x					$3,750					Planning & Policy Meetings
		4.7.1.1.2 Use the SBCC formative assessment to review STIs prevention, treatment and management messages in the national communication strategy	To be conducted as part of ongoing MOHCC activities, no additional costs															

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025```````	
		4.7.1.1.3 Use the SBCC formative assessment to review STIs prevention, treatment and management messages in the national communication strategy	Hire a local consultant over a 10 day period		$680	per day	10	x					$6,800					Technical Assistance
			Conduct three 1 day national level meetings with 40 participants to develop IEC/SBCC materials		$125	per person	120	x					$15,000					Planning & Policy Meetings
			Print and distribute 5000 STIs IEC/SBCC materials		$1	per poster												Communication costs (print, TV, radio)
	4.7.1.2. Increase access to information on STIs prevention, management and treatment through various channels of communication, including use of radio, newspapers, newsletters, health-care providers and communities	4.7.1.2.1 Conduct consultative meeting with stakeholders to develop STIs prevention, management and treatment communication plan detailing mesaages and communication channels for segmented audiences	Hold 2 half day quarterly national level coordination and review meetings with 30 people, cost for conference package		$ 35.00	per person	60	x	x	x	x		$2,100	$2,100	$2,100	$2,100		Planning & Policy Meetings
		4.7.1.2.2 Develop and disseminate STI prevention, management and treatment messages through print media and radio media	Produce radio spots for theme campaign	3 diff perspectives	$2,000	per spot of production	3	x	x	x	x	x	$6,000	$6,000	$6,000	$6,000	$6,000	Communication costs (print, TV, radio)
			Produce newspaper adverts	1x week, 4 weeks, 4 papers	$2,000	per insertion	16	x	x	x	x	x	$32,000	$32,000	$32,000	$32,000	$32,000	Communication costs (print, TV, radio)
			Produce leaflets	2 diff x 10 provinces to account for language/ cultutre	$2,000	per insertions	20	x	x	x	x	x	$40,000	$40,000	$40,000	$40,000	$40,000	Communication costs (print, TV, radio)
			Produce poster		$2,000	per poster production	1	x	x	x	x	x	$2,000	$2,000	$2,000	$2,000	$2,000	Communication costs (print, TV, radio)
			Produce banner		$1,000	per banner production	1	x	x	x	x	x	$1,000	$1,000	$1,000	$1,000	$1,000	Communication costs (print, TV, radio)
			Produce billboards	3 diff perspectives	$1,000	per billboard production	3	x	x	x	x	x	$3,000	$3,000	$3,000	$3,000	$3,000	Communication costs (print, TV, radio)
			Place radio spots - 60 sec	5x a week for 8 weeks x 10 stations	$300	per spot placement	400	x	x	x	x	x	$120,000	$120,000	$120,000	$120,000	$120,000	Communication costs (print, TV, radio)
			Place radio programs	2x a week for 8 weeks x 10 stations	$1,200	per program placement	160	x	x	x	x	x	$192,000	$192,000	$192,000	$192,000	$192,000	Communication costs (print, TV, radio)
			Print leaflets	150 per facility	$0	per leaflet printing	150000	x	x	x	x	x	$15,000	$15,000	$15,000	$15,000	$15,000	Communication costs (print, TV, radio)
			Print posters	10 per facility	$1	per poster printing	10000	x	x	x	x	x	$7,000	$7,000	$7,000	$7,000	$7,000	Communication costs (print, TV, radio)
			Place billboards	2 per district	$1,400	set up costs	124	x	x	x	x	x	$173,600	$173,600	$173,600	$173,600	$173,600	Communication costs (print, TV, radio)
			Place billboards	2 per district	$650	per billboard placement per month	124	x	x	x	x	x	$80,600	$80,600	$80,600	$80,600	$80,600	Communication costs (print, TV, radio)
			Produce Themed T-Shirts	500 per event assuming 3 events	$10	per person	1500	x	x	x	x	x	$15,000	$15,000	$15,000	$15,000	$15,000	Communication costs (print, TV, radio)

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025`````	
		4.7.1.2.3 Conduct feasibility study on use of social media and mobile phone technology in dissemination of STIs prevention, management and treatment messages			$200,000	per study	1	x					$200,000					Research, M&E, QA and Supervision
		4.7.1.2.4 Provide technical assistance to develop and dissemmination of STI prevention, maagement and treatment messages through social media platforms including facebook, whatsApp, twitter and instagram especially targeting adolescents	Hire a local consultant over a 4 day period		$680	per day	10	x					$6,800					Technical Assistance
			Place STI prevention, maagement and treatment messages through social media platforms	Internet Costs - Facebook, Twitter, Whatsapp	35	60 Gigabyte per month	12	x	x	x	x	x	$420	$420	$420			Communication costs (print, TV, radio)
		4.7.1.2.5 Develop and distribute key STIs prevention, management and treatment messages flipchart/pamplet for use by health care workers	Produce flipchart/ pamplet		$2,000	per poster production	1	x	x	x	x	x	$2,000	$2,000	$2,000	$2,000	$2,000	Communication costs (print, TV, radio)
			Print flipchart/ pamplet		$1	per flip chart/ pamplet printing	1600	x	x	x	x	x	$1,120	$1,120	$1,120	$1,120	$1,120	Communication costs (print, TV, radio)
		4.7.1.2.6 Conduct orientation of health workers on the key STIs messages through mentorship visits	5 mentors in every district to go back and forth to facilities. Assume facilities in 32 districts will be visited quarterly, and each visit lasts for 5 days		$110	per person	800	x	x	x	x	x	$88,000	$88,000	$88,000	$88,000	$88,000	Health Worker Training - In-service
		4.7.1.2.7 Facilitate health workers to provide STIs information to clients through integration with other facility health education sessions		No costs associated				x	x	x			$0	$0	$0			Health Worker Training - In-service
		4.7.1.2.8 Monitor provision of STIs information at facility level through supportive supervision and mentorship visits		No costs associated				x	x	x			$0	$0	$0			
		4.7.1.2.9 Conduct orientation meetings with community health workers on key STIs prevention, management and treatment messages	4.5.1.2.9 Conduct orientation meetings with community health workers on key STIs prevention, management and treatment messages	Conduct an overnight district level workshop with 30 participants per district.	$75	per person	30	x					$2,250					Health Worker Training - Pre-service
		4.7.1.2.10 Facilitate community health workers to conduct STIs prevention, management and treatment community education meetings	4.5.1.2.10 Facilitate community health workers to conduct STIs prevention, management and treatment community education meetings	No costs associated														Health Worker Training - In-service
	4.7.1.3 Ensure stigma free provision of STI prevention, management and treatment for clients and their partners	4.7.1.3.1 Review the HIV stigma index survey to include assessment of stigma related to other STIs and its impact on accessing services and partner tracing	Engage local consultant to lead the process over a 10 day period		$680	per day	10	x					$6,800					Technical Assistance
			Hold a national level meeting with 50 participants		$125	per person	10	x					$1,250					Planning & Policy Meetings

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025`````	
			Hold 3 half day quarterly national level coordination and review meetings with 30 people, cost for conference package		$125	per person	90	x					$11,250					Planning & Policy Meetings
		4.7.1.3.2 Conduct dissemination meetings with stakeholders and develop a plan to adress STIs related stigma	Conduct one day national level dissemination meeting with 80 total participants, having 40 participants coming from outside of Harare		$125	per person	80	x					$10,000					Planning & Policy Meetings
		4.7.1.3.3 Conduct community sensitization meetings with communities and key populations to normalise STIs disclosure and contact tracing	Hold quarterly sensitization meetings with 50 participants per district		$75	per person	50	x					$3,750					Health Worker Training - In-service
		4.7.1.3.4 Orient community health workers on reduction of STIs related stigma and discrimination	Hold sensitization meetings with 30 community healthcare workers per district		$75	per person	30	x					$2,250					Health Worker Training - In-service
		4.7.1.3.5 Facilitate community health workers to conduct stigma reduction community mobilsation and dialogue meetings		No costs associated														Administration & Management (incl. salaries)
4.7.2 Provision of norms and standards for patient-centred care of persons presenting for STI care	4.7.2.1 Increase availability of updated STI policies, guidelines, protocols and job aides	4.7.2.1.1 Conduct review of existing STI guidelines, protocols and job aides	Hire a local consultant to review guidelines for 20 days		$680	per day	20	x					$13,600					Technical Assistance
			Conduct 2 validation workshops with 35 participants		$125	per person	35	x					$4,375					Planning & Policy Meetings
		4.7.2.1.2 Provision of technical assistance in the revision/updating of STIs guidelines, protocols and job aides based on review findings																Technical Assistance
		4.7.2.1.3 Conduct stakeholders dissemination meetings on the updated STIs guidelines, protocols and job aides	Hold a 2 day dissemination meeting for 30 participants in each district		$75	per person	60	x					$4,500					Planning & Policy Meetings
		4.7.2.1.4 Print updated STIs guidelines, protocols and job aides	Printing of 2,000 copies each of the guidelines, job aides and protocols		$5	per copy	2000	x					$10,000					Communication costs (print, TV, radio)
		4.7.2.1.5 Distribute the updated STI guidelines, protocols and job aides to all public and private facilities providing STI services		No costs associated				x					$0					
	4.7.2.2 Ensure adherence to the updated STIs guidelines, protocols and job aides through supportive supervision and mentorship visits to health facilities	4.7.2.2.1 Conduct orientation of health workers on the updated STI guidelines, protocols and job aides through mentorship visits		No costs associated				x	x	x	x	x	$0	$0	$0	$0	$0	Health Worker Training - In-service
		4.7.2.2.2 Support display of STIs guidelines, protocols and job aides in all STIs service delivery points		No costs associated				x	x	x	x	x	$0	$0	$0	$0	$0	Communication costs (print, TV, radio)

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025`````	
		4.7.2.2.3 Monitor adherence to the STI guidelines, protocols and job aides through through supportive supervision visits		No costs associated				x	x	x	x	x	$0	$0	$0	$0	$0	
	4.7.2.3 Create an enabling environment for access to STIs prevention, management and treatment services	4.7.2.3.1 Conduct an assessment legal and policy barriers to accessing STI prevention and treatment services including age of consent to screening and users		No costs associated				x					$0					Research, M&E, QA and Supervision
		4.7.2.3.2 Conduct consultative meeting to disseminate findings on STIs legal and policy assessment and to develop action plan for adress identified barriers		No costs associated					x					$0				Planning & Policy Meetings
		4.7.2.3.3 Conduct advocacy meetings to review policies and legal frameworks to promote access to STI prevention, management and treatment services	Conduct advocacy meetings at the national for partners.	1 National meeting held annually Assume 50 people per meeting	$125	per person	50	x	x	x	x	x	$6,250	$6,250	$6,250	$6,250	$6,250	Planning & Policy Meetings
			Conduct advocacy meetings at the provincial level for partners.	2 provincial meetings held bi-annually Assume 50 people per meeting	$110	per person	10	x	x	x	x	x	$1,100	$1,100	$1,100	$1,100	$1,100	Planning & Policy Meetings
			Conduct advocacy meetings at the district level for partners.	5 district meetings held quarterly Assume 50 people per meeting	$75	per person	63000	x	x	x	x		$4,725,000	$4,725,000	$4,725,000	$4,725,000		Planning & Policy Meetings
		4.7.2.3.4 Provide technical assistance to review/develop policies and legal frameworks to increase access to STI prevention, management and treatment services	Already costed as part of activity 4.5.2.4.4, no additional cost	No costs associated														Technical Assistance
		4.7.2.3.5 Conduct stakeholder sensitization meetings on the revised STI prevention, management and treatment policies	Hold 3 half day quarterly national level coordination and review meetings with 30 people from national level and civil society organisations, cost for conference package		$125	per person	90	x	x	x	x	x	$11,250	$11,250	$11,250	$11,250	$11,250	Planning & Policy Meetings
4.7.3 Strengthen capacity building of the health system on STI diagnosis and treatment through training, supportive supervision and mentorship	4.7.3.1. Identify STIs training needs among service providers in both public and private facilities, and at community level and use this to develop a national STIs training plan	4.7.3.1.1 Conduct training needs assessment on provision of quality STI services among service providers at all levels including in public and private facilities and at community level	Hold a 3 day national level meeting on the development training needs assessment tools with 40 participants in total, ensuring 20 participants are coming from district and provincial level		$125	per person	120	x	x	x	x	x	$15,000	$15,000	$15,000	$15,000	$15,000	Planning & Policy Meetings
		4.7.3.1.2 Conduct consultative meeting with stakeholders to disseminate the findings of the STI training needs assessment		No costs associated				x					$0					Planning & Policy Meetings
		4.7.3.1.4 Develop a STI training plan for service providers at public and private facilities and at community level		No costs associated				x					$0					Planning & Policy Meetings
	4.7.3.2 Review and update STI training materials through consultative meetings with stakeholders	4.7.3.2.1 Provision of technical assistance to review existing pre-service curriculums on their adequacy in competency based training for facility based service providers in delivery of quality STIs services		No costs associated				x					$0					Technical Assistance

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025`````	
		4.7.3.2.2 Provision of technical assistance to review existing in-service curriculums on their adequacy in competency based training of facility based service providers in delivery of quality STI services		No costs associated				x					$0					Technical Assistance
		4.7.3.2.3 Provision of technical assistance to review existing community health workers STIs training curriculums		No costs associated				x					$0					Technical Assistance
		4.7.3.2.4 Conduct consultative stahol-ders meetings to disseminate findings from review of STIs training materials for facility based service providers and community health workers		No costs associated					x					$0				Planning & Policy Meetings
		4.7.3.2.5 Provision of technical assistance in updating STIs pre-service training curriculums		No costs associated					x					$0				Technical Assistance
		4.7.3.2.6 Provision of technical assistance in updating STIs inservice training curriculums		No costs associated					x					$0				Technical Assistance
		4.7.3.2.7 Provision of technical assistance in updating community health STIs workers training curriculums		No costs associated					x					$0				Technical Assistance
		4.7.3.2.8 Conduct consultative meetings to sensitize stakehold-ers on the updated STIs curriculums and training materials		No costs associated					x					$0				Planning & Policy Meetings
	4.7.3.3 Conduct STI training for service providers at both public and private facilities and at community level based on the train-ing needs assessment	4.7.3.3.1 Facilitate training of tutors from health workers train-ing insitutes on the updated pre-service STI curriculums	2 national level TOT's, provin-cial, district	2 National level training work-shops @402 per trainee	$402	Per trainee	70	x					$28,114					Health Worker Training - In-service
		4.7.3.3.2 Monitor use of the updated STIs curriculums in pre-service training through supportive supervision visits to training institutions	quarterly supervision visits by 5 district officials to facilities for 5 days	5 people per district * 64 dis-tricts * 5 days	$21	per person	1600	x	x	x	x	x	$33,455	$33,455	$33,455	$33,455	$33,455	Research, M&E, QA and Super-vision
		4.7.3.3.3 Train mentorship teams at national, provincial and district levels using the updated STIs inservice training curriculums	Conduct na-tional training workshop	2 people per province and tertiary health institutions	$402	Per trainee	35	x	x	x	x	x	$14,057	$14,057	$14,057	$14,057	$14,057	Health Worker Training - In-service
			Conduct 4 pro-vincial training workshops	2 people per district * 64 districts 30-35 people per training	$402	Per trainee	128	x					$51,409					Health Worker Training - In-service
		4.7.3.3.4 Facilitate na-tional, provincial and district mentorship teams to offer STI mentorship to health care workers at both public and private facilities		2 people per district * 64 districts * 12 visits per facility per per year * 1600 facilities	$720	Per men-tor per year	128	x	x	x	x	x	$92,160	$92,160	$92,160	$92,160	$92,160	Research, M&E, QA and Super-vision
		4.7.3.3.5 Conduct training of community health workers on STIs prevention, management and treatment			60	Per person	64100	x	x	x	x	x	$3,846,000	$3,846,000	$3,846,000	$3,846,000	$3,846,000	Health Worker Training - In-service
	4.7.3.4 Strengthen capacity of laboratories to conduct STI tests to support syndromic management	4.7.3.4.1 Procure syphilis test kits as per country need	Procure HIV/ Syphilis Duo Test Kits	Costs adapted from the laboratory quan-tification outputs presentation 24 February 2020				x	x	x	x	x	$1,310,362	$888,599	$704,576	$704,576	$704,576	Drugs, Medical Supplies and Other Health Commod-ities

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025```	
			Procure Syphilis Test Kits	Costs adapted from the laboratory quantification outputs presentation 24 February 2020									$1,232,638	$1,076,550	$1,144,613	$1,144,613	$1,144,613	Drugs, Medical Supplies and Other Health Commodities
			Procure Syphilis Commodities	Costs adapted from the laboratory quantification outputs presentation 24 February 2020									$943,492	$933,033	$928,012	$927,128	$0	Drugs, Medical Supplies and Other Health Commodities
		4.7.3.4.2 Capacitate provincial and district labaratories to conduct STI laboratory test, for gonorrhoea,chlamydia ,TV HSV and Hepatitis using existing GeneXpert platforms to strenghten syndromic diagnosis	Capacity building of personel 2 per lab x 75 labs for 5 days,		$125	per person	375	x	x	x	x	x	$46,875	$46,875	$46,875	$46,875	$46,875	Health Worker Training - In-service
		4.7.3.4.3 Strenghten systems for internal and external quality assurance for STI diagnostics	Mohcc activity, no additional costs															
	4.7.3.5 Strengthen STI M&E, surveillance and research	4.7.3.5.1 Conduct STI Prevalence survey	Hire a national consultant to conduct a STI prevalence survey over a period of 30 days		$680	per day	30	x					$20,400					Technical Assistance

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.7: 90 % of those sexually active reached with STI diagnosis, management and treatment																		
4.7.1 Harmonisation and strengthening the national response to the prevention of STIs, including, community-based, community-led preventive and referral mechanisms	4.7.1.1 Develop and update IEC and SBCC materials on STI prevention, treatment and management	4.7.1.1.1 Conduct SBCC formative assessment on HIV prevention, treatment and management	Hire a local consultant over a 20 day period		$680.00	per day	20	x					$13,600	($1)	($1)	($1)	($1)	Technical Assistance
			Hold 2 half day quarterly national level coordination and review meetings with 30 people, cost for conference package		$125	per person	60	x					$7,500	($1)	($1)	($1)	($1)	Planning & Policy Meetings
			Conduct stakeholders dissemination meeting on the STI SBCC formative assessment		$125	per person	30	x					$3,750	($1)	($1)	($1)	($1)	Planning & Policy Meetings
		4.7.1.1.2 Use the SBCC formative assessment to review STIs prevention, treatment and management messages in the national communication strategy	To be conducted as part of ongoing MOHCC activities, no additional costs										($1)	($1)	($1)	($1)	($1)	
		4.7.1.1.3 Use the SBCC formative assessment to review STIs prevention, treatment and management messages in the national communication strategy	Hire a local consultant over a 10 day period		$680	per day	10	x					$6,800	($1)	($1)	($1)	($1)	Technical Assistance
			Conduct three 1 day national level meetings with 40 participants to develop IEC/ SBCC materials		$125	per person	120	x					$15,000	($1)	($1)	($1)	($1)	Planning & Policy Meetings
			Print and distribute 5000 STIs IEC/SBCC materials		$1	per poster							($1)	($1)	($1)	($1)	($1)	Communication costs (print, TV, radio)

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.7.1.2. Increase access to information on STIs prevention, management and treatment through various channels of communication, including use of radio, newspapers, newsletters, health-care providers and communities	4.7.1.2.1 Conduct consultative meeting with stakeholders to develop STIs prevention, management and treatment communication plan detailing mesaages and communication channels for segmented audiences	Hold 2 half day quarterly national level coordination and review meetings with 30 people, cost for conference package		$35.00	per person	60	x	x	x	x		$2,100	$2,100	$2,100	$2,100	($1)	Planning & Policy Meetings
		4.7.1.2.2 Develop and disseminate STI prevention, management and treatment messages through print media and radio media	Produce radio spots for theme campaign	3 diff perspectives	$2,000	per spot of production	3	x	x	x	x	x	$6,000	$6,000	$6,000	$6,000	$6,000	Communication costs (print, TV, radio)
			Produce newspaper adverts	1x week, 4 weeks, 4 papers	$2,000	per insertion	16	x	x	x	x	x	$32,000	$32,000	$32,000	$32,000	$32,000	Communication costs (print, TV, radio)
			Produce leaflets	2 diff x 10 provinces to account for language/ cultutre	$2,000	per insertions	20	x	x	x	x	x	$40,000	$40,000	$40,000	$40,000	$40,000	Communication costs (print, TV, radio)
			Produce poster		$2,000	per poster production	1	x	x	x	x	x	$2,000	$2,000	$2,000	$2,000	$2,000	Communication costs (print, TV, radio)
			Produce banner		$1,000	per banner production	1	x	x	x	x	x	$1,000	$1,000	$1,000	$1,000	$1,000	Communication costs (print, TV, radio)
			Produce billboards	3 diff perspectives	$1,000	per billboard production	3	x	x	x	x	x	$3,000	$3,000	$3,000	$3,000	$3,000	Communication costs (print, TV, radio)
			Place radio spots - 60 sec	5x a week for 8 weeks x 10 stations	$300	per spot placement	400	x	x	x	x	x	$120,000	$120,000	$120,000	$120,000	$120,000	Communication costs (print, TV, radio)
			Place radio programs	2x a week for 8 weeks x 10 stations	$1,200	($1)	160	x	x	x	x	x	$192,000	$192,000	$192,000	$192,000	$192,000	Communication costs (print, TV, radio)
			Print leaflets	150 per facility	$0	($1)	150000	x	x	x	x	x	$15,000	$15,000	$15,000	$15,000	$15,000	Communication costs (print, TV, radio)
			Print posters	10 per facility	$1	($1)	10000	x	x	x	x	x	$7,000	$7,000	$7,000	$7,000	$7,000	Communication costs (print, TV, radio)
			Place billboards	2 per district	$1,400	set up costs	124	x	x	x	x	x	$173,600	$173,600	$173,600	$173,600	$173,600	Communication costs (print, TV, radio)
			Place billboards	2 per district	$650	($1)	124	x	x	x	x	x	$80,600	$80,600	$80,600	$80,600	$80,600	Communication costs (print, TV, radio)
			Produce Themed T-Shirts	500 per event assuming 3 events	$10	($1)	1500	x	x	x	x	x	$15,000	$15,000	$15,000	$15,000	$15,000	Communication costs (print, TV, radio)
		4.7.1.2.3 Conduct feasibility study on use of social media and mobile phone technology in dissemination of STIs prevention, management and treatment messages			$200,000	per study	1	x					$200,000	($1)	($1)	($1)	($1)	Research, M&E, QA and Supervision
		4.7.1.2.4 Provide technical assistance to develop and dissemmination of STI prevention, maagement and treatment messages through social media platforms including facebook, whatsApp, twitter and instagram especially targeting adolescents	Hire a local consultant over a 4 day period		$680	per day	10	x					$6,800	($1)	($1)	($1)	($1)	Technical Assistance
			Place STI prevention, maagement and treatment messages through social media platforms	Internet Costs - Facebook, Twitter, Whatsapp	35	60 Gigabyte per month	12	x	x	x	x	x	$420	$420	$420			Communication costs (print, TV, radio)
		4.7.1.2.5 Develop and distribute key STIs prevention, management and treatment messages flipchart/ pamplet for use by health care workers	Produce flipchart/pamplet		$2,000	per poster production	1	x	x	x	x	x	$2,000	$2,000	$2,000	$2,000	$2,000	Communication costs (print, TV, radio)
			Print flipchart/ pamplet		$1	per flip chart/ pamplet printing	1600	x	x	x	x	x	$1,120	$1,120	$1,120	$1,120	$1,120	Communication costs (print, TV, radio)
		4.7.1.2.6 Conduct orientation of health workers on the key STIs messages through mentorship visits	5 mentors in every district to go back and forth to facilities. Assume facilities in 32 districts will be visited quarterly, and each visit lasts for 5 days		$110	per person	800	x	x	x	x	x	$88,000	$88,000	$88,000	$88,000	$88,000	Health Worker Training - In-service

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.7.1.2.7 Facilitate health workers to provide STIs information to clients through integration with other facility health education sessions		No costs associated				x	x	x			$0	$0	$0	($1)	($1)	Health Worker Training - In-service
		4.7.1.2.8 Monitor provision of STIs information at facility level through supportive supervision and mentorship visits		No costs associated				x	x	x			$0	$0	$0	($1)	($1)	
		4.7.1.2.9 Conduct orientation meetings with community health workers on key STIs prevention, management and treatment messages	4.5.1.2.9 Conduct orientation meetings with community health workers on key STIs prevention, management and treatment messages	Conduct an overnight district level workshop with 30 participants per district.	$75	per person	30	x					$2,250	($1)	($1)	($1)	($1)	Health Worker Training - Pre-service
		4.7.1.2.10 Facilitate community health workers to conduct STIs prevention, management and treatment community education meetings	4.5.1.2.10 Facilitate community health workers to conduct STIs prevention, management and treatment community education meetings	No costs associated									($1)	($1)	($1)	($1)	($1)	Health Worker Training - In-service
	4.7.1.3 Ensure stigma free provision of STI prevention, management and treatment for clients and their partners	4.7.1.3.1 Review the HIV stigma index survey to include assessment of stigma related to other STIs and its impact on accessing services and partner tracing	Engage local consultant to lead the process over a 10 day period		$680	per day	10	x					$6,800	($1)	($1)	($1)	($1)	Technical Assistance
			Hold a national level meeting with 50 participants		$125	per person	10	x					$1,250	($1)	($1)	($1)	($1)	Planning & Policy Meetings
			Hold 3 half day quarterly national level coordination and review meetings with 30 people, cost for conference package		$125	per person	90	x					$11,250	($1)	($1)	($1)	($1)	Planning & Policy Meetings
		4.7.1.3.2 Conduct dissemination meetings with stakeholders and develop a plan to adress STIs related stigma	Conduct one day national level dissemination meeting with 80 total participants, having 40 participants coming from outside of Harare		$125	per person	80	x					$10,000	($1)	($1)	($1)	($1)	Planning & Policy Meetings
		4.7.1.3.3 Conduct community sensitization meetings with communities and key populations to normalise STIs disclosure and contact tracing	Hold quarterly sensitization meetings with 50 participants per district		$75	per person	50	x					$3,750	($1)	($1)	($1)	($1)	Health Worker Training - In-service
		4.7.1.3.4 Orient community health workers on reduction of STIs related stigma and discrimination	Hold sensitization meetings with 30 community healthcare workers per district		$75	per person	30	x					$2,250	($1)	($1)	($1)	($1)	Health Worker Training - In-service
		4.7.1.3.5 Facilitate community health workers to conduct stigma reduction community mobilsation and dialogue meetings		No costs associated									($1)	($1)	($1)	($1)	($1)	Administration & Management (incl. salaries)
4.7.2 Provision of norms and standards for patient-centred care of persons presenting for STI care	4.7.2.1 Increase availability of updated STI policies, guidelines, protocols and job aides	4.7.2.1.1 Conduct review of existing STI guidelines, protocols and job aides	Hire a local consultant to review guidelines for 20 days		$680	per day	20	x					$13,600	($1)	($1)	($1)	($1)	Technical Assistance
			Conduct 2 validation workshops with 35 participants		$125	per person	35	x					$4,375	($1)	($1)	($1)	($1)	Planning & Policy Meetings
		4.7.2.1.2 Provision of technical assistance in the revision/updating of STIs guidelines, protocols and job aides based on review findings											($1)	($1)	($1)	($1)	($1)	Technical Assistance

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.7.2.1.3 Conduct stakeholders dissemination meetings on the updated STIs guidelines, protocols and job aides	Hold a 2 day dissemination meeting for 30 participants in each district		$75	per person	60	x					$4,500	($1)	($1)	($1)	($1)	Planning & Policy Meetings
		4.7.2.1.4 Print updated STIs guidelines, protocols and job aides	Printing of 2,000 copies each of the guidelines, job aides and protocols		$5	per copy	2000	x					$10,000	($1)	($1)	($1)	($1)	Communication costs (print, TV, radio)
		4.7.2.1.5 Distribute the updated STI guidelines, protocols and job aides to all public and private facilities providing STI services		No costs associated				x					$0	($1)	($1)	($1)	($1)	
	4.7.2.2 Ensure adherence to the updated STIs guidelines, protocols and job aides through supportive supervision and mentorship visits to health facilities	4.7.2.2.1 Conduct orientation of health workers on the updated STI guidelines, protocols and job aides through mentorship visits		No costs associated				x	x	x	x	x	$0	$0	$0	$0	$0	Health Worker Training - In-service
		4.7.2.2.2 Support display of STIs guidelines, protocols and job aides in all STIs service delivery points		No costs associated				x	x	x	x	x	$0	$0	$0	$0	$0	Communication costs (print, TV, radio)
		4.7.2.2.3 Monitor adherence to the STI guidelines, protocols and job aides through through supportive supervision visits		No costs associated				x	x	x	x	x	$0	$0	$0	$0	$0	
	4.7.2.3 Create an enabling environment for access to STIs prevention, management and treatment services	4.7.2.3.1 Conduct an assessment legal and policy barriers to accessing STI prevention and treatment services including age of consent to screening and users		No costs associated				x					$0	($1)	($1)	($1)	($1)	Research, M&E, QA and Supervision
		4.7.2.3.2 Conduct consultative meeting to disseminate findings on STIs legal and policy assessment and to develop action plan for adress identified barriers		No costs associated					x				($1)	$0	($1)	($1)	($1)	Planning & Policy Meetings
		4.7.2.3.3 Conduct advocacy meetings to review policies and legal frameworks to promote access to STI prevention, management and treatment services	Conduct advocacy meetings at the national for partners.	1 National meeting held annually Assume 50 people per meeting	$125	per person	50	x	x	x	x	x	$6,250	$6,250	$6,250	$6,250	$6,250	Planning & Policy Meetings
			Conduct advocacy meetings at the provincial level for partners.	2 provincial meetings held bi-annually Assume 50 people per meeting	$110	per person	10	x	x	x	x	x	$1,100	$1,100	$1,100	$1,100	$1,100	Planning & Policy Meetings
			Conduct advocacy meetings at the district level for partners.	5 district meetings held quarterly Assume 50 people per meeting	$75	per person	63000	x	x	x	x		$4,725,000	$4,725,000	$4,725,000	$4,725,000	($1)	Planning & Policy Meetings
		4.7.2.3.4 Provide technical assistance to review/develop policies and legal frameworks to increase access to STI prevention, management and treatment services	Already costed as part of activity 4.5.2.4.4, no additional cost	No costs associated									($1)	($1)	($1)	($1)	($1)	Technical Assistance
		4.7.2.3.5 Conduct stakeholder sensitization meetings on the revised STI prevention, management and treatment policies	Hold 3 half day quarterly national level coordination and review meetings with 30 people from national level and civil society organisations, cost for conference package		$125	per person	90	x	x	x	x	x	$11,250	$11,250	$11,250	$11,250	$11,250	Planning & Policy Meetings

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
4.7.3 Strengthen capacity building of the health system on STI diagnosis and treatment through training, supportive supervision and mentorship	4.7.3.1. Identify STIs training needs among service providers in both public and private facilities, and at community level and use this to develop a national STIs training plan	4.7.3.1.1 Conduct training needs assessment on provision of quality STI services among service providers at all levels including in public and private facilities and at community level	Hold a 3 day national level meeting on the development training needs assessment tools with 40 participants in total, ensuring 20 participants are coming from district and provincial level		$125	per person	120	x	x	x	x	x	$15,000	$15,000	$15,000	$15,000	$15,000	Planning & Policy Meetings
		4.7.3.1.2 Conduct consultative meeting with stakeholders to disseminate the findings of the STI training needs assessment		No costs associated				x					$0	($1)	($1)	($1)	($1)	Planning & Policy Meetings
		4.7.3.1.4 Develop a STI training plan for service providers at public and private facilities and at community level		No costs associated				x					$0	($1)	($1)	($1)	($1)	Planning & Policy Meetings
	4.7.3.2 Review and update STI training materials through consultative meetings with stakeholders	4.7.3.2.1 Provision of technical assistance to review existing pre-service curriculums on their adequacy in competency based training for facility based service providers in delivery of quality STIs services		No costs associated				x					$0	($1)	($1)	($1)	($1)	Technical Assistance
		4.7.3.2.2 Provision of technical assistance to review existing in-service curriculums on their adequacy in competency based training of facility based service providers in delivery of quality STI services		No costs associated				x					$0	($1)	($1)	($1)	($1)	Technical Assistance
		4.7.3.2.3 Provision of technical assistance to review existing community health workers STIs training curriculums		No costs associated				x					$0	($1)	($1)	($1)	($1)	Technical Assistance
		4.7.3.2.4 Conduct consultative staholders meetings to disseminate findings from review of STIs training materials for facility based service providers and community health workers		No costs associated					x				($1)	$0	($1)	($1)	($1)	Planning & Policy Meetings
		4.7.3.2.5 Provision of technical assistance in updating STIs pre-service training curriculums		No costs associated					x				($1)	$0	($1)	($1)	($1)	Technical Assistance
		4.7.3.2.6 Provision of technical assistance in updating STIs inservice training curriculums		No costs associated					x				($1)	$0	($1)	($1)	($1)	Technical Assistance
		4.7.3.2.7 Provision of technical assistance in updating community health STIs workers training curriculums		No costs associated					x				($1)	$0	($1)	($1)	($1)	Technical Assistance
		4.7.3.2.8 Conduct consultative meetings to sensitize stakeholders on the updated STIs curriculums and training materials		No costs associated					x				($1)	$0	($1)	($1)	($1)	Planning & Policy Meetings
	4.7.3.3 Conduct STI training for service providers at both public and private facilities and at community level based on the training needs assessment	4.7.3.3.1 Facilitate training of tutors from health workers training insitutes on the updated pre-service STI curriculums	2 national level TOT's, provincial, district	2 National level training workshops @402 per trainee	$402	Per trainee	70	x					$28,114	($1)	($1)	($1)	($1)	Health Worker Training - In-service
		4.7.3.3.2 Monitor use of the updated STIs curriculums in pre-service training through supportive supervision visits to training institutions	quarterly supervision visits by 5 district officials to facilities for 5 days	5 people per district * 64 districts * 5 days	$21	per person	1600	x	x	x	x	x	$33,455	$33,455	$33,455	$33,455	$33,455	Research, M&E, QA and Supervision

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.7.3.3.3 Train mentorship teams at national, provincial and district levels using the updated STIs inservice training curriculums	Conduct national training workshop	2 people per province and tertiary health institutions	$402	Per trainee	35	x	x	x	x	x	$14,057	$14,057	$14,057	$14,057	$14,057	Health Worker Training - In-service
			Conduct 4 provincial training workshops	2 people per district * 64 districts 30-35 people per training	$402	Per trainee	128	x					$51,409	($1)	($1)	($1)	($1)	Health Worker Training - In-service
		4.7.3.3.4 Facilitate national, provincial and district mentorship teams to offer STI mentorship to health care workers at both public and private facilities		2 people per district * 64 districts * 12 visits per facility per per year * 1600 facilities	$720	Per mentor per year	128	x	x	x	x	x	$92,160	$92,160	$92,160	$92,160	$92,160	Research, M&E, QA and Supervision
		4.7.3.3.5 Conduct training of community health workers on STIs prevention, management and treatment			60	Per person	64100	x	x	x	x	x	$3,846,000	$3,846,000	$3,846,000	$3,846,000	$3,846,000	Health Worker Training - In-service
	4.7.3.4 Strengthen capacity of laboratories to conduct STI tests to support syndromic management	4.7.3.4.1 Procure syphilis test kits as per country need	Procure HIV/ Syphilis Duo Test Kits	Costs adapted from the laboratory quantification outputs presentation 24 February 2020				x	x	x	x	x	$1,310,362	$888,599	$704,576	$704,576	$704,576	Drugs, Medical Supplies and Other Health Commodities
			Procure Syphilis Test Kits	Costs adapted from the laboratory quantification outputs presentation 24 February 2020									$1,232,638	$1,076,550	$1,144,613	$1,144,613	$1,144,613	Drugs, Medical Supplies and Other Health Commodities
			Procure Syphilis Commodities	Costs adapted from the laboratory quantification outputs presentation 24 February 2020									$943,492	$933,033	$928,012	$927,128	$0	Drugs, Medical Supplies and Other Health Commodities
		4.7.3.4.2 Capacitate provincial and district labaratories to conduct STI laboratory test, for gonorrhoea,chlamydia ,TV HSV and Hepatitis using existing GeneXpert platforms to strenghten syndromic diagnosis	Capacity building of personel 2 per lab x 75 labs for 5 days,		$125	per person	375	x	x	x	x	x	$46,875	$46,875	$46,875	$46,875	$46,875	Health Worker Training - In-service
		4.7.3.4.3 Strenghten systems for internal and external quality assurance for STI diagnostics	Mohcc activity, no additional costs										($1)	($1)	($1)	($1)	($1)	
	4.7.3.5 Strengthen STI M&E, surveillance and research	4.7.3.5.1 Conduct STI Prevalence survey	Hire a national consultant to conduct a STI prevalence survey over a period of 30 days		$680	per day	30	x					$20,400	($1)	($1)	($1)	($1)	Technical Assistance
Total Cost													$13,481,877	$12,470,169	$12,349,188	$12,347,884	$6,693,656	

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.8: Achieve and sustain MTCT of HIV at less than 5% and congenital syphilis at less than 250 cases per 100 000 live births																		
4.8.1 Promote early ANC booking, testing and initiation to treatment	4.8.1.1 Implement interventions to promote male involvement in PMTCT	4.8.1.1.1 Document working practices for male involvement in the context of PMTCT and ANC		Hire an international consultant over a 30 day period to document all practices on male involvement in the context of ANC and PMTCT	$905.50	per day	30	X					$27,165	$-1	$-1	$-1	$-1	Technical Assistance
		4.8.1.1.2 Use findings from the documentation to harmonise male involvement in PMTCT interventions		To be included in the technical assistance that is part of activity 4.8.1.1.1. No additional cost									$-1	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.8.1.1.3 Develop guidance for male involvement in the context of PMTCT and ANC		To be included in the technical assistance that is part of activity 4.8.1.1.1. No additional cost									$-1	$-1	$-1	$-1	$-1	Technical Assistance
		4.8.1.1.4 Orient service providers on guidance for male involvement in the context of PMTCT and ANC		Hold district level trainings for 30 participants on guidance for male involvement in the context of PMTCT and ANC	$17	per day	60	x	x	x	x	x	$1,020	$1,020	$1,020	$1,020	$1,020	Health Worker Training - In-service
		4.8.1.1.5 Recruit and train additional male mobilisers		To be included as part of ngoing NGO activities, no additional cost									$-1	$-1	$-1	$-1	$-1	Health Worker Training - In-service
		4.8.1.1.6 Facilitate male mobilisers through provision of transport allowance and incentives to mobilise men for EMTCT		Assume a total of 1,500 male mobilisers will receive transport allowances for 5 days every month of the year	$10	per person	1500	x	x	x	x	x	$15,000	$15,000	$15,000	$15,000	$15,000	Health Worker Salaries/ Benefits
		4.8.1.1.7 Develop a wellness package for men attending PMTCT (screening for NCDs,TB)		To be included in the technical assistance that is part of activity 4.8.1.1.1. No additional cost									$-1	$-1	$-1	$-1	$-1	Technical Assistance
		4.8.1.1.8 Orient service providers on the wellness package of services for men attending clinics		To be included as part of the training in activity 4.8.1.1.4 No additional cost									$-1	$-1	$-1	$-1	$-1	Health Worker Training - In-service
		4.8.1.1.9 Conduct formative assessment to understand barriers to male uptake of EMTCT services		To be included in the technical assistance that is part of activity 4.8.1.1.1. No additional cost									$-1	$-1	$-1	$-1	$-1	Technical Assistance
		4.8.1.1.10 Develop IEC materials with targetted messages for promoting uptake of PMTCT services by men		Place TV spots for 32 weeks that convey key messaging for PMTCT services for men	$15,000	per TV spot	32	x		x			$480,000	$-1	$480,000	$-1	$-1	Communication costs (print, TV, radio)
				Place radio spots for 32 weeks that convey key messaging for PMTCT services for men	$2,000	per radio spot	32	x	x	x	x	x	$64,000	$64,000	$64,000	$64,000	$64,000	Communication costs (print, TV, radio)
				Produce newspaper adverts for 32 weeks	$2,000	per newspaper advert	32	x		x		x	$64,000	$-1	$64,000	$-1	$64,000	Communication costs (print, TV, radio)
				Print 2 posters for 1,500 healthcare facilities promoting male involvement in PMTCT	$1	per poster	3000	x		x			$2,100	$-1	$2,100	$-1	$-1	Communication costs (print, TV, radio)
	4.8.1.2 Partner with CHWs and other community players to promote early ANC booking	4.8.1.2.1 Conduct a review of community cadres (in addition to CHWs) who are involved in promotion of MNCH services especially ANC uptake and identify their capacity needs		Hold 3 day provincial level meetings with 30 participants to review community cadres involved in PMTCT. Budget for 10 national level participants	$110	per person/ per day	90	x		x		x	$9,900	$-1	$9,900	$-1	$9,900	Planning & Policy Meetings
		4.8.1.2.2 Review and update existing community level ANC follow up tools and ensure they capture ANC uptake		To be included as part of activity 4.8.1.2.1. No additional cost									$-1	$-1	$-1	$-1	$-1	Planning & Policy Meetings

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.8.1.2.4 Orient CHWs and other cadres identified on the updated ANC tools		Hold 2 day district level meetings to orient 30 CHW's on updated ANC tools.	$75	per person per day	30	x	x	x			$2,250	$2,250	$2,250	$-1	$-1	Planning & Policy Meetings
		4.8.1.2.4 Facilitate CHWs to conduct home visits and record all pregnant women in their areas of operation including status on early ANC uptake		To be included as ongoing activities by NGOs orienting CHWs. No additional cost									$-1	$-1	$-1	$-1	$-1	Community Outreach Events
		4.8.1.2.5 Provide incentives to CHWs and other community cadres to implement escorted referrals to pregnant women to ensure early ANC uptake		To be included as ongoing activities by NGOs orienting CHWs. No additional cost									$-1	$-1	$-1	$-1	$-1	Health Worker Salaries/ Benefits
4.8.2 Strengthen prevention of unintended pregnancies among women and adolescents living with HIV	4.8.2.1 Strengthen integration of FP services in HIV, STIs and MNCH service delivery points	4.8.2.1.1 Review and update existing protocols protocols, SOPs and guidelines on FP and HIV, STIs and MNCH integration		Hire an international consultant over a 60 day period to review and update protocols and SOPs	$905.50	per day	60	X					$54,330	$-1	$-1	$-1	$-1	Technical Assistance
		4.8.2.1.2 Orient health workers on updated protocols protocols, SOPs and guidelines on FP and HIV, STIs and MNCH integration through support supervision visits		Hold a 5 day provincial training workshop in 10 provinces. Budget for 80 participants in total	$35	per person per day	80		X	X			$-1	$2,800	$2,800	$-1	$-1	Health Worker Training - In-service
		4.8.2.1.3 Conduct an assessment on the level of FP and HIV integration especially in ART and HTC service delivery points identifying opportunities and bottlenecks to integration		Hire a national consultant over a 30 day period to conduct an assessment on the level of FP and HIV integration especially in ART and HTC service delivery points identifying opportunities and bottlenecks to integration	$680	per person per day	30	X					$20,400	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.8.2.1.4 Develop FP and HIV capacity strengthening plan based on the results from the assessment		To be included as part of activity 4.8.2.1.4 No additional cost									$-1	$-1	$-1	$-1	$-1	Technical Assistance
		4.8.2.1.5 Conduct mentorship for health workers on provision of integrated FP, HIV, STI and MNCH services including strengthening provider initiated FP services especially in ART clinics		To be included as part of activity 4.8.2.1.4, no additional cost									$-1	$-1	$-1	$-1	$-1	Health Worker Training - In-service
		4.8.2.1.6 Ensure all time availability of FP commodities including long term FP methods at HTS and ART service delivery points	Procure MNCH commodities and medicines	Costs adapted from the Quantification of Essential Medicines and Medical Supplies in Zimbabwe Report, Covering the Period January 2020 to December 2023									$2,594,518	$2,625,632	$2,657,152	$2,657,152	$2,657,152	Drugs, Medical Supplies and Other Health Commodities
			Procure contraceptives	Costs adapted from the Quantification of Essential Medicines and Medical Supplies in Zimbabwe Report, Covering the Period January 2020 to December 2023									$8,151,149	$9,088,371	$7,504,166	$7,504,166	$7,504,166	Drugs, Medical Supplies and Other Health Commodities
	4.8.2.2 Enhance provision of FP services at community level especially in partnership with networks of women living with HIV	4.8.2.2.1 Review and update existing CHW and expert clients curriculum to include a module on provision of FP services as an important PMTCT prong		Hire a national consultant over a 30 day period to ensure the CHW curriculum to ensure PMTCT prong is aligned to the basic community health package	$680	per day	30		X				$-1	$20,400	$-1	$-1	$-1	Technical Assistance

Zimbabwe Health Sector HIV and STI 3 year operational plan																	
Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.8.2.2.2 Train CHWs and other community cadres to offer FP information and services using the updated curriculum		Already costed as part of activity 4.8.2.1.2									$-1	$-1	$-1	$-1	$-1	Health Worker Training - In-service
		4.8.2.2.3 Sensitize networks of women and adolescents living with HIV on the importance of FP as an important prong of PMTCT		Hold 2 x 2 day national level meetings 0f 50 people each to sensitise communities on the importance of FP	$125	per person per day	100	X					$12,500	$-1	$-1	$-1	$-1	Community Outreach Events
		4.8.2.2.4 Facilitate meetings between networks of women living with HIV to sensitise the members on importance of FP as an important prong of PMTCT		Hold quarterly district level meetings to sensitise women on the importance of FP. Budget for 40 participants per meeting, and 16 districts per quarter	$17	per person	160	X	X	X	X	X	$2,720	$2,720	$2,720	$2,720	$2,720	Community Outreach Events
4.8.3 Strengthen EMTCT and RMNCH and N integration	4.8.3.1 Strengthen coordination of RMNCAH and N and EMTCT program	4.8.3.1 1 Review current RMNCAH and N and EMTCT working relationships including coordination in planning, implementation, review and identify opportunities and challenges for strengthening coordination and integration		Hold quarterly national level meetings between partners and the MOHCC Family Health and PMTCT department to identify synergies between the 2 departments and how they can be strengthened	$35	per person	120	X	X	X	X	X	$4,200	$4,200	$4,200	$4,200	$4,200	Planning & Policy Meetings
		4.8.3.1.2 Using the review findings conduct joint meeting with RMNCAH and N departments and stakeholders to plan for and develop joint action plans		Already costed as part of activity 4.8.4.1.1, no additional cost										$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.8.3.1.4 Conduct Quartely joint RMNCAH and N and EMTCT review meetings		Already costed as part of activity 4.8.4.1.1, no additional cost										$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.8.3.1.4 Facilitate joint RMNCAH and N and EMTCT supportive supervision visits at provincial, district and national levels		Hold 5 day quarterly support and supervision visits for 5 participants, targeting 10 districts per quarter	$65	per person per day	100	X	X	X	X	X	$6,500	$6,500	$6,500	$6,500	$6,500	Research, M&E, QA and Supervision
	4.8.3.2 Identify opportunities and implement integrated RMNCAH and N and EMTCT interventions across the continuum	4.8.3.2.1 Develop a package of integrated EMTCT for HIV, Syphilis and Hepatitis B and RMNCAH and N interventions across the RMNCAH continuum		Hire an international consultant over a 6 day period to develop package for Integrated EMTCT for HIV, Syphilis and Hepatitis B and RMNCAH and N interventions across the RMNCAH continuum	$905.50	per day	6	X					$5,433	$-1	$-1	$-1	$-1	Technical Assistance
		4.8.3.2.2 Orient health workers on the integrated RMNCAH and N and EMTCT of HIV, Sphilis and Hepatitis B interventions across the RMNCAH continuum including information, screening for the three conditions at ANC, EID, vaccination, initiation to treatment among others		Hold a 5 day provincial training workshop in 10 provinces. Budget for 80 participants in total	$110	per person per day	400	X	X	X			$44,000	$44,000	$44,000	$-1	$-1	Health Worker Training - In-service
		4.8.3.2.3 Review and update guidelines, SOPs, and job aides for promoting integrated RMNCAH and N and EMTCT of HIV, Syphilis and hepatitis B		Already costed as part of activity 4.8.4.2.1, no additional cost				X					$-	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.8.3.2.4 Orient health workers on the updated guidelines, SOPs and job aides for provision of integrated RMNCH and N and EMTCT for HIV, Syphilis and Hepatitis B		Already costed as part of activity 4.8.4.2.2, no additional cost				X					$-	$-1	$-1	$-1	$-1	Planning & Policy Meetings

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.8.3.2.5 Build capacity of health worker to implement integrated RMNCH and N and EMTCT of HIV, Syphilis and Hepatitis B through mentorship visits to service delivery points		Already costed as part of activity 4.8.4.2.2, no additional cost				X					$-	$-1	$-1	$-1	$-1	Health Worker Training - In-service
		4.8.3.2.6 Ensure implementation of RMNCAH and N and EMTCT of HIV, Syphilis and Hepatitis B through joint supportive supervision to service delivery points		Already costed as part of activity 4.8.4.1.4, no additional cost				X					$-	$-1	$-1	$-1	$-1	Research, M&E, QA and Supervision
4.8.4 Enhance adherence and retention in care for HIV positive pregnant and lactating women, their HEI and partners	4.8.4.1 Scale up VL monitoring for pregnant and lactating women through orienting service providers on utilisation of VL results, creating demand for VL monitoring among pregnant women, and integrating EID into EPI services	4.8.4.1.1 Conduct VL Testing	Abbot VL	Costs adapted from te laboratory quantification outputs presentation 24 February 2020				X					$6,447,023	$6,625,116	$6,504,112	$6,582,506	$6,611,050	Drugs, Medical Supplies and Other Health Commodities
			Roche VL	Costs adapted from te laboratory quantification outputs presentation 24 February 2020				X					$14,494,495	$11,009,647	$10,130,411	$7,514,100	$5,332,058	Drugs, Medical Supplies and Other Health Commodities
			BM VL	Costs adapted from te laboratory quantification outputs presentation 24 February 2020				X					$1,791,516	$1,931,428	$2,083,552	$2,227,535	$2,373,553	Drugs, Medical Supplies and Other Health Commodities
			Hologic VL	Costs adapted from te laboratory quantification outputs presentation 24 February 2020				X					$2,005,034	$2,318,400	$2,511,600	$2,784,911	$3,038,194	Drugs, Medical Supplies and Other Health Commodities
			Samba VL	Costs adapted from te laboratory quantification outputs presentation 24 February 2020				X					$1,204,624	$1,633,004	$1,741,389	$2,063,104	$2,331,486	Drugs, Medical Supplies and Other Health Commodities
			GeneXpert VL	Costs adapted from te laboratory quantification outputs presentation 24 February 2020				X					$827,080	$682,410	$632,730	$519,723	$422,548	Drugs, Medical Supplies and Other Health Commodities
		4.8.4.1.2 Conduct EID Testing	Roche EID	Costs adapted from te laboratory quantification outputs presentation 24 February 2020				X					$1,932,127	$942,036	$1,035,681	$406,835	$41,388	Drugs, Medical Supplies and Other Health Commodities
			EID mPIMA	Costs adapted from te laboratory quantification outputs presentation 24 February 2020				X					$1,327,388	$743,648	$793,328	$420,728	$153,698	Drugs, Medical Supplies and Other Health Commodities
			EID Gene Xpert	Costs adapted from te laboratory quantification outputs presentation 24 February 2020				X					$181,700	$94,990	$94,990	$94,990	$94,990	Drugs, Medical Supplies and Other Health Commodities
			EID Samba	Costs adapted from te laboratory quantification outputs presentation 24 February 2020				X					$136,256	$84,644	$75,354	$66,064	$56,774	Drugs, Medical Supplies and Other Health Commodities

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.8.4.2 Scale up Peer to peer models including mentor mothers and expert clients to promote adherence and retention in care	4.8.4.2.1 Document existing peer to peer models for increasing adherence and retention of mother MIPs and their partners		Hire a national consultant for 21 days to document existing peer to peer models for increasing adherence and retention of mother MIPs and their partners	$680	per day	21	X		X			$14,280	$-1	$14,280	$-1	$-1	Research, M&E, QA and Supervision
		4.8.4.2.2 Conduct meetings at national, provincial and district levels on promising peer to peer models		Hold national level meeting with 30 participants on promising peer to peer models	$35	per day	30	X					$1,050	$-1	$-1	$-1	$-1	Planning & Policy Meetings
				Hold 2 provincial level meeting with 20 participants on promising peer to peer models	$110	per day	40	X	X				$4,400	$4,400	$-1	$-1	$-1	Planning & Policy Meetings
				Hold 3 district level meeting with 20 participants on promising peer to peer models	$75	per day	60	X	X				$4,500	$4,500	$-1	$-1	$-1	Planning & Policy Meetings
		4.8.4.2.3 Review and document guidance for establishment of peer to peer models including mentor mothers and young mentors		Already costed as part of activity 4.8.4.2.1 No additional cost				X					$-	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.8.4.2.4 Using documented guidance, support health facilities and communities to establish peer to peer models for promoting MIP and partners retention in care		Activity will be part of ongoing MOHCC support and supervision costed on activity 4.8.4.1.4 No additional cost				X					$-	$-1	$-1	$-1	$-1	
		4.8.4.2.5 Facilitate peers including mentor mothers to follow up MIPs lost to follow up and ensure adherence and retention in care		To be included in ongoing community worker activities, no additional cost				X					$-	$-1	$-1	$-1	$-1	Community Outreach Events
	4.8.4.4 Scale up of the young mentor mothers model to improve adherence, retention and VL suppression among pregnant adolescents and young mothers.	4.8.4.4.1 Document the Young Mentor Mother program		To be included in ongoing MOHCC and partner activities, no additional cost				X					$-	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.8.4.4.2 Develop guidance for establishment and implementation of the Young mentor mother program		Hold a national level meeting with 50 participants to establish workplan for young menor mother program	$35	per day	50	X					$1,750	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.8.4.4.3 Train district HIV/ EMTCT focal point persons on the establishment and implementation of young mentor mother program		Hold district level trainings for participants from all districts on the young mentor mother program	$17	per day	60	X	X				$1,020	$1,020	$-1	$-1	$-1	Health Worker Training - In-service
		4.8.4.4.4 Support districts/health facilities to recruit young mentors mothers		To be included as part of ongoing MOHCC and partner supportive and supervision activities, no additional cost				X					$-	$-1	$-1	$-1	$-1	Community Outreach Events
		4.8.4.4.5 Scale up the young mentor mother program by facilitating training of young mentor mothers		Hold district level meeting to train 20 young mentor mothers per district	$75	per day	1200	X	X	X			$90,000	$90,000	$90,000	$-1	$-1	Health Worker Training - In-service
		4.8.4.4.6 Facilitate young mentors to provide support including counselling services to adolescent girls and young women to enhance adherence and retention		To be included as part of the trainings in activity 4.8.4.4.5, no additional cost				X					$-	$-1	$-1	$-1	$-1	Health Worker Training - In-service

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.8.4.4 Implement Mhealth innovations such as mobile phone applications to support retention in care of pregnant and breastfeeding mothers and their children including use of mobile phone reminders and WhatsApp innovations	4.8.4.4.1 Document existing Mhealth innovations for increasing retention in care of pregnant and lactating women, their infants and partners		Hire a national consultant for 28 days to document existing Mhealth innovations for increasing retention in care of pregnant and lactating women, their infants and partners	$680	per day	28	X					$19,040	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.8.4.4.2 Conduct dissemination meetings with PMTCT stakeholders on Mhealth innovations to ensure retention in care		Hold two 3 day provincial level dissemination meetings for 50 participants.	$110	per person per day	300		X	X			$-1	$33,000	$33,000	$-1	$-1	Planning & Policy Meetings
		4.8.4.4.3 Develop guidance for use of Mhealth innovations such as SMS and Whatsapp platforms for EMTCT		Hire an interational consultant to develop Mhealth application	$905.50	per day	10	X					$9,055	$-1	$-1	$-1	$-1	Technical Assistance
		4.8.4.4.4 Orient service providers and other stakeholders on the use of Mhealth innovations for EMTCT		Hold a 1 day national level meeting for 60 partcipants for orientation on use of Mhealth innovations	$35	per person	60	X					$2,100	$-1	$-1	$-1	$-1	Planning & Policy Meetings
				Hold a 2 days provincial mhealth training with 35 participants	$110	per person per day	70	X					$7,700	$-1	$-1	$-1	$-1	Planning & Policy Meetings
				Hold a 3 days district level mhealth trainings with 30 participants for all 60 districts	$27	per person per day	600	X	X	X			$16,200	$16,200	$16,200	$-1		Planning & Policy Meetings
		4.8.4.4.5 Provide airtime and internet services to health workers for implementation of Mhealth innovations to ensure retention in care		Assume a total of 1,500 healthcare workers will receive airtime and data to facilitate mobile applications	$10.00	per person	1500		X	X	X	X	$-1	$15,000	$15,000	$15,000	$15,000	Health Worker Salaries/ Benefits
	4.8.4.5 Facilitate implementation of MTCT case audits at health facilities through development of MTCT audit form and orienting health workers on its use	4.8.4.5.1 Printing and Distribution of the Cases Investigation form		Print 2,000 copies of the cases investigation form	$10	per booklet	2000	X		X		X	$20,000	$-1	$20,000	$-1	$20,000	Communication costs (print, TV, radio)
				Hold a 2 day national level meeting with 60 participants to disseminate findings of the cases investigation form	$125	per person per day	120	X		X			$15,000	$-1	$15,000	$-1	$-1	Planning & Policy Meetings
		4.8.4.5.2 Orientation and sensitisation of HCWs on the Case Investigation Form (CIF)		Hold a 5 day provincial level meeting with 60 participants in each province to sensitise healthcare workers on the Case Investigation Form	$110	per person per day	300	X					$33,000	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.8.4.5.3 Ensure completion of the case investigation forms by health facilities through supportive supervision		Hold 5 day quarterly support and supervision visits for 5 participants in total in each province	$65	per person per day	250	X	X	X	X	X	$16,250	$16,250	$16,250	$16,250	$16,250	Research, M&E, QA and Supervision
		4.8.4.5.4 Facilitate national, provincial, district and facility MTCT audits meetings to develop action plans to address identified causes of MTCT		Hold two 5 day provincial level meeting with 6o participants each to address and action on MTCT audits plans	$110	per person per day	600		X	X	X	X	$-1	$66,000	$66,000	$66,000	$66,000	Planning & Policy Meetings
		4.8.4.5.5 Support implement of MTCT audits committee action plans		Already costed as part ofactivity 4.8.4.5.4, no additional cost									$-1	$-1	$-1	$-1	$-1	Planning & Policy Meetings

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.8.4.6 Strengthen combined provision of mother infant pair services for enhanced retention	4.8.4.6.1 Support development of integrated mother and infant pair minimum package of services across the entire mother and infant continuum of care		To be included as part of the technical assistance in activity 4.8.4.2.1, No additional cost									$-1	$-1	$-1	$-1	$-1	Technical Assistance
		4.8.4.6.2 Orient health workers on the implementation of integrated mother and infant pair minimum package of services		Already costed as part of activity 4.8.4.4.2, no additional cost									$-1	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.8.4.6.3 Monitor provision of integrated mother infant pair services through supportive supervision		Already costed as part of activity 4.8.4.1.4, no additional cost									$-1	$-1	$-1	$-1	$-1	Research, M&E, QA and Supervision
		4.8.4.6.4 Print and disseminate Mother Baby Pair register to all health facilities providing EMTCT services		Print 2,000 copies of the mother baby pair register	$10	per register	2000	X		X			$20,000	$-1	$20,000	$-1	$-1	Communication costs (print, TV, radio)
		4.8.4.6.5 Orient health workers on the use of MBP register to undertake cohort analysis		Hold a 3 day district level meeting wit 35 participants in 50 districts	$75	per person per day	875		X	X			$-1	$65,625	$65,625	$-1	$-1	Planning & Policy Meetings
		4.8.4.6.6 Ensure use of MBP through regular supportive supervision to PMTCT sites		Already costed as part of activity 4.8.4.1.4, no additional cost									$-1	$-1	$-1	$-1	$-1	Planning & Policy Meetings
	4.8.4.7 Implement innovative quality improvement "projects" to ensure retention in care of mother infant pairs including establishment of continuous quality improvement structures and their facilitation	4.8.4.7.1 Facilitate establishment of EMTCT sub-quality improvement committee within the existing QI commitees at all levels		Hold quarterly national level meetings between the MOHCC and partners, budget for 30 participants	$35	per peson per day	120	X	X	X	X	X	$4,200	$4,200	$4,200	$4,200	$4,200	Planning & Policy Meetings
		4.8.4.7.2 Train EMTCT sub-quality improvement commitees at all levels		Hold a 1 day national level training for 60 participants	$35	per person	60	X					$2,100	$-1	$-1	$-1	$-1	Health Worker Training - In-service
				Hold a 5 days provincial level training for 35 participants	$110	per person	35		X				$-1	$3,850	$-1			Health Worker Training - In-service
				Hold a 3 days district level training for 30 participants in 60 districts	$75	per person	900		X	X			$-1	$67,500	$67,500			Health Worker Training - In-service
		4.8.4.7.3 Facilitate regular meetings of the EMTC sub-quality improvement commitees at all levels		Already costed as part of activity 4.6.4.6.1, no additional cost									$-1	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.8.4.7.4 Facilitate EMTCT sub- quality improvementt commitees to implement mini "QI projects" for ensuring retention in care of pregnant women and lactating mothers and their infants		Hold a 2 day national level meeting with 60 participants, ensuring 20 participants come from sub national level	$125	per person per day	120	X					$15,000	$-1	$-1	$-1	$-1	Planning & Policy Meetings
	4.8.4.8 Develop and disseminate IEC materials to improve uptake of EMTCT services	4.8.4.8.1 Print 1,000,000 leaflets that promote uptake of eMTCT services		Print 1,000,000 eMTCT leaflets	$0.1	per leaflet printed	1000000	x	x	x	x	x	$100,000	$100,000	$100,000	$100,000	$100,000	Communication costs (print, TV, radio)
		4.8.4.8.2 Print 5,000 posters that promote uptake of eMTCT services		Print 5,000,000 eMTCT posters	$1	per poster printed	5000	x	x	x	x	x	$3,500	$3,500	$3,500	$3,500	$3,500	Communication costs (print, TV, radio)

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
4.8.5 Strengthen prevention of incident infections especially during pregnancy and breast-feeding period	4.8.5.1 Develop and implement a package of services for HIV-negative pregnant women and lactating women	4.8.5.1.1 Print and avail the minimum service package for HIV negative pregnant and lactating women		Print 2,000 copies of the minimum service package	$10	per booklet	2000	X					$20,000	$-1	$-1	$-1	$-1	Communication costs (print, TV, radio)
		4.8.5.1.2 Conduct orientation of health workers on the minimum service package for HIV and STIs negative and lactating women		Train 60 healthcare workers per district on the minimum service package	$75	per person per day	60	X	X	X	X	X	$4,500	$4,500	$4,500	$4,500	$4,500	Health Worker Training - In-service
		4.8.5.1.3 Ensure adherence to the minimum service package for HIV, STIs negative and lactating women through mentorship and supportive supervision visits		Already costed as part of activity 4.8.4.1.4, no additional cost									$-1	$-1	$-1	$-1	$-1	Research, M&E, QA and Supervision
	4.8.5.2 Enhance compliance to re-testing of HIV and syphilis negative pregnant and lactating women	4.8.5.2.1 Review and update existing algorithms and job aides for enhancing re-testing as per national guidelines		Hire an international consultant over a 60 day period to review and update algorithms	$905.50	per day	60		X				$-1	$54,330	$-1	$-1	$-1	Technical Assistance
		4.8.5.2.2 Print and avail algorithms, SOPs and job aides for enhancing retesting of HIV and syphilis negative pregnant and lactating women		Print 2,000 copies each of the algorithms, job aides and SOPs	$3	per copy	6000		X				$-1	$15,000	$-1	$-1	$-1	Communication costs (print, TV, radio)
		4.8.5.2.3 Orient health workers on the updated algorithms, SOPs and job aides for enhancing retesting of HIV and syphilis negative pregnant and lactating women		Already costed as part of activity 4.8.5.1.2, No additional cost									$-1	$-1	$-1	$-1	$-1	Health Worker Training - In-service
		4.8.5.2.4 Integrate review for documentation and compliance to re-testing of HIV and syphilis negative pregnant and breastfeeding women as part of national mentorship and supportive supervision		Already costed as part of activity 4.8.5.2.1 No additional cost									$-1	$-1	$-1	$-1	$-1	Technical Assistance
		4.8.5.2.5 Define and include re-testing of HIV and syphilis negative pregnant woment and breastfeeding mothers as part of the facility managers perfomance targets		Already costed as part of activity 4.8.5.2.1 No additional cost									$-1	$-1	$-1	$-1	$-1	Technical Assistance
	4.8.5.4 Build capacity of health workers in implementation of evidence based interventions to prevent incident infections among pregnant and lactating women at high risk of HIV acquisation	4.8.5.4.1 Print and avail risk assessment form/tools for HIV acquisation among women in the context of EMTCT		Print 5,000 forms for HIV acquisition	$10	per 100 paged booklet	500	X	X	X	X	X	$5,000	$5,000	$5,000	$5,000	$5,000	Communication costs (print, TV, radio)
		4.8.5.4.2 Orient health workers on the use of the risk assessment form/ tools in the context of EMTCT		Hold 2 provincial level meetings with 50 participants each to orient healthworkers on the risk assessment form	$20	per person per day	100	X	X				$2,000	$2,000	$-1	$-1	$-1	Planning & Policy Meetings
		4.8.5.4.3 Ensure adherence to the use of the risk assessment form/ tools through mentorship and supportive visits		Already costed as part of activity 4.8.4.1.4, no additional cost									$-1	$-1	$-1	$-1	$-1	Research, M&E, QA and Supervision
		4.8.5.4.4 Develop guidelines and SOPS for use of innovative evidence based interventions for prevention of incident infections during pregnancy and lacting period among women at risk especially PrEP		Hire a national consultant for 14 days to develop guidelines and SOPS for use of innovative evidence based interventions for prevention of incident infections during pregnancy and lacting period among women at risk especially PrEP	$680	per day	14	X					$9,520	$-1	$-1	$-1	$-1	Technical Assistance

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.8.5.4.5 Print and avail guidelines and SOPs for PreP use during pregnancy and lactating period		Print 5,000 copies of guidelines and SOPs	$10.00	per guideline copy	5000	X		X			$50,000	$-1	$50,000	$-1	$-1	Communication costs (print, TV, radio)
		4.8.5.4.6 Orient health workers on guidelines and SOPs on use of PreP during pregnancy and lactating period through mentorship and supportive supervision visits		Already costed as part of activity 4.8.4.1.4, no additional cost									$-1	$-1	$-1	$-1	$-1	Planning & Policy Meetings
	4.8.5.4 Implement innovative interventions to increase HTS of male partners of pregnant and lactating women including partner initiated HIVST	4.8.5.4.1 Develop national guidelines, protocols and job aides for implementation of partner initiated HIVST		Hire a national consultant over a 30 day period to develop guidelines, protocols and job aids	$680	per day	30	X					$20,400	$-1	$-1	$-1	$-1	Technical Assistance
		4.8.5.4.2 Orient health workers on partner initiated HIVST		Hold 2 provincial level meetings with 50 participants each to orient healthworkers on partner initiated HIVST	$20	per person	100	X	X	X			$2,000	$2,000	$2,000	$-1	$-1	Planning & Policy Meetings
		4.8.5.4.3 Facilitate health workers to counsell and train women on parner initiated HIVST during clinic visits		Hold district level trainings for 30 participants on partner initiated HIVST	$17	per person	800	X	X	X			$13,600	$13,600	$13,600	$-1	$-1	Health Worker Training - In-service
		4.8.5.4.4 Implement door to door testing campaigns targetting high risk male partners to pregnant and lactating women		Hold campaigns in 4 districts per quarter	$59,770	per campaign	16	X	X	X	X	X	$956,320	$956,320	$956,320	$956,320	$956,320	Community Outreach Events
	Total Cost												$43,391,914	$39,486,011	$38,040,930	$34,106,024	$31,975,166	

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.9: 95 % of PLWHIV who know their status in all regions and among all populations are receiving treatment																		
SO 4.10: 95 % of people on treatment in all regions and among all populations have suppressed VL																		
SO 4.11: 95 % PLWHIV have increased access to screening, prevention, management and treatment for HIV including TB, NCDs, STIs, Hepatitis																		
4.9.1 Enhance retention in treatment and care for infants and children	4.9.1.1 Standardize and strengthen adherence and retention support package for children	4.9.1.1.1 Review and update existing adherence and retention support package for children	2day meeting for 20 people	Conferencing for 20 people	$25.00	per participant per day	40	x		x			$1,000	-$1	$1,000	-$1	-$1	Planning & Policy Meetings
		4.9.1.1.2 Update existing adherence and retention support package for children based on the findings	Already costed as part of activity 4.9.1.1.1, no additional cost	No cost - MOHCC to lead the process				x		x			$0	-$1	$0	-$1	-$1	Planning & Policy Meetings
		4.9.1.1.4 Design and print and avail updated adherence and retention and support package for children in health facilities and other sites providing HIV care and treatment for children	Design and print updated package for updated adherence, retention and support package for children	Print 5000 copies of the package	$10.00	per copy	5000	x		x			$50,000	-$1	$50,000	-$1	-$1	Communication costs (print, TV, radio)
		4.9.1.1.4 Orient service providers and other players on the updated adherence and retention support package for children	Distribute updated package for updated adherence, retention and support package for children	PEPFAR partners to distribute in the 40 districts 200litres/ district for 23 nonPEPFAR using MOHCC vehicles.	$1.50	per litre	4600	x		x			$6,900	-$1	$6,900	-$1	-$1	Direct Budget Support
			National Dissemination of package to provincial stakeholders (ToT) for 80people/ region	Conferencing, per diems and transport allowance 3nights for2 day regional dissemination meetings (Southern and Northern Region).	$340.00	per participant	160	x		x			$54,400	-$1	$54,400	-$1	-$1	Health Worker Training - Pre-service
			10 Provincial dissemination meetings to districts	Conferencing, per diems and transport allowance 3nights for2 day 10 provincial dissemination meetings .(40 Clinical Mentors per meeting including facilitators)	$280.00	per participant	400	x		x			$112,000	-$1	$112,000	-$1	-$1	Health Worker Training - Pre-service
			Cascade to facilities to be done using the mentorship platform	Costed under HRH-Clinical Mentorship section									-$1	-$1	-$1	-$1	-$1	Health Worker Training - Pre-service
	4.9.1.2 Optimize formulations and treatment regimens for children including second and third-line regimens	4.9.1.2.1 Review existing guidelines, SOP and protocols for treatment of children to include optimised regimens	Conduct 3meetings by the Adaptation Committee to adapt the WHO Consolidated Guidelines for HIV	1-day conferencing for 30 people X3meetings	$25.00	per participant per day	90	x	x	x	x	x	$2,250	$2,250	$2,250	$2,250	$2,250	Planning & Policy Meetings
		4.9.1.2.2 Design and print and avail updated guidelines, protocols and SOPs that include optimised regimens	Design and print updated guidelines and SOPs and protocols	Print 5000 copies of the updated guidelines	$10.00	per copy	5000		x				-$1	$50,000	-$1	-$1	-$1	Communication costs (print, TV, radio)
			Distribute updated package for updated guidelines, SOPs, and protocols	PEPFAR partners to distribute in the 40 districts 200litres/ district for 23 nonPEPFAR using MOHCC vehicles.	$1.50	per litre	4600		x				-$1	$6,900	-$1	-$1	-$1	Direct Budget Support

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								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.9.1.2.4 Orient service providers on the updated guidelines, protocols, SOPs that include optimised regimes	National Dissemination of package to provincial stakeholders (ToT) for 80 people/ region	Conferencing, per diems and transport allowance 3nights for2 day regional dissemination meetings (Southern and Northern Region).	$340.00	per participant	160		x				-$1	$54,400	-$1	-$1	-$1	Health Worker Training - Pre-service
			10 Provincial dissemination meetings to districts	Conferencing, per diems and transport allowance 3nights for2 day 10 provincial dissemination meetings .(40 Clinical Mentors per meeting including facilitators)	$280.00	per participant	400		x				-$1	$112,000	-$1	-$1	-$1	Health Worker Training - Pre-service
			1day district sensitization meetings on package (35 participants incl facilitators/district X63)	Conference, per diem, and transport at the district rate One rep per facility 1day meeting	$27.00	per participant	2205		x				-$1	$59,535	-$1	-$1	-$1	Health Worker Training - Pre-service
		4.9.1.2.4 Train service providers on the optimised treatment regimens for children	Training in above row, complemented by HIT BL platform	Costed above in 4.9.1.2.4									-$1	-$1	-$1	-$1	-$1	Health Worker Training - In-service
		4.9.1.2.5 Develop guidelines for monitoring the optimised regimens for children treatment	Refer to Supply Chain	No cost in development process - Printing and Designing costs already costed for in 4.9.1.2.2									-$1	-$1	-$1	-$1	-$1	Direct Budget Support
		4.9.1.2.6 Train service providers to monitor provision of optimised regimens to children	Refer to Supply Chain	No cost - Factored in MOHCC DPS and Clinical Mentorship Costs									-$1	-$1	-$1	-$1	-$1	Health Worker Training - In-service
	4.9.1.4 Utilise innovations such as mobile phone technology to follow up mothers and care givers	4.9.1.4.1 Conduct a national assessment on readiness for use of mobile technology in promoting adherence and retention of children in HIV care and treatment	Design a data collection tool for care-givers and HCWs Present draft tool to TWG	1day conferencing for 15 task team members	$25.00	per person per day	15	x					$375	-$1	-$1	-$1	-$1	Research, M&E, QA and Supervision
				Half a day conferencing for TWG for 35people	$25.00	per person per day	35	x					$875	-$1	-$1	-$1	-$1	Research, M&E, QA and Supervision
		4.9.1.4.2 Utilise the findings to develop an mobile phone application to regularly remind mothers to bring child for clinic visits	Conduct field visits	Per-diems for 4officers/team incl driver for 5 day facility visits X5teams	$65.00	per person per day	20	x					$1,300	-$1	-$1	-$1	-$1	Research, M&E, QA and Supervision
				Fuel for 5vehicles @ 200litres/ vehicle	$1.50	per litre	1000	x					$1,500	-$1	-$1	-$1	-$1	Research, M&E, QA and Supervision
				App Developers Fee Maintenance Fees	$2,000.00	per app	1	x					$2,000	-$1	-$1	-$1	-$1	Drugs, Medical Supplies and Other Health Commodities
		4.9.1.4.4 Facilitate use of SMS, calls and WhatsApp to trace mothers and care givers of children living with or exposed to HIV through provision of airtime	Procure airtime for facility teams to SMS,call and WhatsApp at 10USD/ facility	Monthly Airtime for 1600 facilities 10usd/primary level facilities	$10.00	per primary level facility	19200	x	x	x	x	x	$192,000	$192,000	$192,000	$192,000	$192,000	Communication costs (print, TV, radio)
				Monthly Airtime for 200 facilities 20usd/hospital	$20.00	per hospital	2400	x	x	x	x	x	$48,000	$48,000	$48,000	$48,000	$48,000	Communication costs (print, TV, radio)
				Monthly Airtime for 6 facilities 50usd/central hospitals	$50.00	per central hospital	72	x	x	x	x	x	$3,600	$3,600	$3,600	$3,600	$3,600	Communication costs (print, TV, radio)

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	4.9.1.4 Build capacity of service providers to provide enhanced counselling and support to care givers for improve adherence and retention	4.9.1.4.1 Conduct training needs assessment among service providers for HIV exposed and positive children		Already costed as part of activity 4.14.1.4, no additional costs									-$1	-$1	-$1	-$1	-$1	Research, M&E, QA and Supervision
		4.9.1.4.2 Based on the training needs assessment, develop a training needs assessment on enhanced child counselling including disclosure and psychosocial support		Already costed as part of activity 4.14.1.4, no additional costs									-$1	-$1	-$1	-$1	-$1	Research, M&E, QA and Supervision
		4.9.1.4.4 Review existing training materials on child counselling including disclosure and psychosocial support		Already costed as part of activity 4.14.1.4, no additional costs									-$1	-$1	-$1	-$1	-$1	Research, M&E, QA and Supervision
		4.9.1.4.4 Train and support service providers to provide psychosocial support for caregivers and children in child- friendly centres		Already costed as part of activity 4.14.1.4, no additional costs									-$1	-$1	-$1	-$1	-$1	Health Worker Training - In-service
	4.9.1.5 Engage peers including mentor mothers, CATS and other expert patients to promote child adherence and retention	4.9.1.5.1 Map existing peer models and their capacity and needs to support children adherence and retention in care		Already costed as part of activity 4.4.4.4.4, no additional cost									-$1	-$1	-$1	-$1	-$1	Health Worker Training - In-service
		4.9.1.5.2 Based on the findings develop a capacity building plan for the various peers to support children adherence and retention in care		Already costed as part of key action 4.14.1.4, no additional cost									-$1	-$1	-$1	-$1	-$1	Health Worker Training - In-service
		4.9.1.5.4 Review existing peer training curriculums to ensure inclusion of issues of children adherence and retention in care		Already costed as part of key action 4.14.1.4, no additional cost									-$1	-$1	-$1	-$1	-$1	Health Worker Training - In-service
		4.9.1.5.4 Recruit and train peers including mentor mothers, expert clients and CATs to support children adherence and retention in care		Already costed as part of activity 4.14.2.1.5, no additional cost									-$1	-$1	-$1	-$1	-$1	Health Worker Training - In-service
		4.9.1.5.4.5 Facilitate peers including provision of transport to implement activities for ensuring children adherence and retention in care		To be included as part of ongoing MOHCC and partner activities, no additional cost									-$1	-$1	-$1	-$1	-$1	Health Worker Training - In-service
4.9.2 Optimize linkage to treatment and retention for adults with a focus on men	4.9.2.1 Support linkage to treatment and retention through use of peer expert clients	4.9.2.1.1 Recruit and train peer expert clients		Already costed for as part of main activity 4.15.1.1, no additional cost									-$1	-$1	-$1	-$1	-$1	
	4.9.2.2 Implement innovative approaches to track clients including use of CHWs, mobile phone technology and appointment diaries	4.9.2.2.1 Conduct documentation of working models and approaches for client tracking for ensuring retention in care	Print the Client Tracking System (Defaulter Tracking Package) tools (registers and diaries)	No cost, already costed in the SI part of Strategy.	$10.00	per package	5000	x					$50,000	-$1	-$1	-$1	-$1	Communication costs (print, TV, radio)
		4.9.2.2.2 Conduct dissemination meeting to share experiences on working practices for tracking clients	Conduct sensitisation meetings on Defaulter tracking package to HCWs	No cost, already costed in the SI part of Strategy.									-$1	-$1	-$1	-$1	-$1	

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		4.9.2.2.4 Standardise CHWs scope-of-work in line with Community Health Strategy	Develop standardized SOPs for the recruitment, training, and deployment of CHWs	No additional costs associated beyond HR									-$1	-$1	-$1	-$1	-$1	
			Conduct mapping exercise of current CHWs	No cost activity - to use already existing TWGs									-$1	-$1	-$1	-$1	-$1	
		4.9.2.2.4 Recruit and train CHWs and expert clients for tracking of clients lost to follow up	Conduct 3day district level trainings of additional 2000Expert patients (to take total to 3200expert patients)	Conferencing, per diem, transport for 3day training of 2000 CHWs at district level	$65.00	per HCW	2000	x					$130,000	-$1	-$1	-$1	-$1	Health Worker Training - In-service
		4.9.2.2.5 Facilitate peer expert clients through performance based initiatives to track clients who are lost to follow up	Stipend of USD15/ month for 3200 CHWs (2/facility) for 5 years	Monthly allowance/stipendfor 3200 expert patients	$15.00	per HCW	3200	x	x	x	x	x	$48,000	$48,000	$48,000	$48,000	$48,000	Health Worker Training - In-service
		4.9.2.2.6 Print and avail appointment diaries in health facilities providing HIV care and treatment services	Print 5000 copies of appointment diaries	Part of defaulter tracking package above	$10.00	per copy	5000	X		x		x	$50,000	-$1	$50,000	-$1	$50,000	Communication costs (print, TV, radio)
		4.9.2.2.7 Orient health workers on the use of appointment diaries in tracking clients and ensuring their retention in care	Conduct sensisitisation on Defaulter tracking package to HCWs	Already costed as part of activity 4.14.1.2.4									-$1	-$1	-$1	-$1	-$1	
		4.9.2.2.8 Facilitate use of appointment diaries to track clients and ensure retention in care	No cost - MOHCC to lead the process	Already costed as part of activity 4.14.1.2.4									-$1	-$1	-$1	-$1	-$1	
		4.9.2.2.9 Facilitate use of mobile phones to track and follow up clients through provision of airtime	Procure airtime monthly for facility teams to follow up clients	USD3/month/ facility for 1800 facilities for 5years (Consider other airtime budgets)	$3.00	per facility	1800	x	x	x	x	x	$5,400	$5,400	$5,400	$5,400	$5,400	Communication costs (print, TV, radio)
	4.9.2.3 Train health care providers to adequately link and provide enhanced adherence counselling across the cascade of care for clients newly tested HIV-positive	4.9.2.3.1 Conduct training needs assessment among service providers on enhanced adherence counselling especially for men and clients recently testing positive for HIV	training needs assessment among service providers on enhanced adherence counselling especially for men and clients recently testing positive for HIV	per-diems for 5 staff to conduct 10 facility visits for 10 days:									-$1	-$1	-$1	-$1	-$1	
				Accommodation	$70.00	per participant	50	x	x	x	x	x	$3,500	$3,500	$3,500	$3,500	$3,500	Research, M&E, QA and Supervision
				Lunch	$15.00	per participant	50	x	x	x	x	x	$750	$750	$750	$750	$750	Research, M&E, QA and Supervision
				Dinner	$15.00	per participant	50	x	x	x	x	x	$750	$750	$750	$750	$750	Research, M&E, QA and Supervision
				Fuel	$1.50	per participant	400	x	x	x	x	x	$600	$600	$600	$600	$600	Research, M&E, QA and Supervision
		4.9.2.3.2 Based on the needs assessment findings, develop a training plan for service providers on enhanced counselling	No cost - Budgeted under HRH section	Already costed as part of activity 4.15.1.4, no additional cost									-$1	-$1	-$1	-$1	-$1	
		4.9.2.3.3 Review and update HIV counselling training materials to strengthen enhanced counselling for men and those recently testing positive for HIV	No cost - Budgeted under HRH section	Already costed as part of activity 4.15.1.4, no additional cost									-$1	-$1	-$1	-$1	-$1	

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		4.9.2.3.4 Conduct training of service providers on enhanced adherence counselling especially for men and clients recently testing positive for HIV through supportive supervision and mentorship visits to health facilities	No cost - Budgeted under HRH section	Already costed as part of activity 4.15.1.4, no additional cost									-$1	-$1	-$1	-$1	-$1	
	4.9.2.4 Scale-up working HIV care and treatment DSD models for men including extended clinic hours and weekend clinics	4.9.2.4.1 Document HIV care and treatment DSD models for men to identify working practices and areas for improvement	Merge with review of Consolidated guidelines and OSDM to develop DSD models for men	Already costed as part of activity 4.9.1.2.4, no additional cost									-$1	-$1	-$1	-$1	-$1	
		4.9.2.4.2 Conduct dissemination meeting with HIV care and treatment stakeholders to share experiences on working DSD models for men	Conferencing for 1 TWG meeting for 30 participants	Riding on sensitization meetings on new guidelines and OSDM in earlier section, as well as key action 4.13.2									-$1	-$1	-$1	-$1	-$1	
		4.9.2.4.3 Review and update guidelines, SOPs and job aides on HIV care and treatment DSD models for men		Conferencing for 1 TWG meeting for 30 participants	$25.00	per participant	30	x	x	x	x	x	$750	$750	$750	$750	$750	Planning & Policy Meetings
		4.9.2.4.4 Orient health care workers on updated guidelines, SOPs and Job aides on HIV care and treatment DSD models for men	Merge with key action 4.9.1.4, no additional cost										-$1	-$1	-$1	-$1	-$1	
		4.9.2.4.5 Facilitate service providers to offer extended/ flexible clinic hours for men through provision of overtime allowance as an incentive	Merge with key action 4.9.1.4, no additional cost	Already costed as part of activity 4.9.1.2.4, no additional cost									-$1	-$1	-$1	-$1	-$1	
	4.9.2.5 Support scale-up and modification of Community ART Refill Groups (CARG) to address needs of specific sub-populations including cross-border CARG especially in border districts, fast-track ART refills, multi-month scripting and multi-month dispensing	4.9.2.5.1 Document community ART refill Groups recommend modifications to address needs of specific sub-populations especially mobile and cross border populations	Merge with review of Consolidated guidelines and OSDM to develop DSD models for mobile and crossborder populations	Conduct a task team meeting for the review and design of the new and modified DSD models (Teas and conferencing for 15 people x 1 meeting)	$25.00	per participant	15	x	x	x	x	x	$375	$375	$375	$375	$375	Planning & Policy Meetings
		4.9.2.5.2 Develop guidelines, SOPs and job aides for implementation of cross border CARGs	Merge with review of Consolidated guidelines and OSDM to develop DSD models for mobile and crossborder populations	Already costed as part of activity 4.9.2.5.1, no additional cost														
		4.9.2.5.3 Orient health care workers on guidelines, SOPs and Job aides on cross border CARGs	Merge with review of Consolidated guidelines and OSDM to develop DSD models for mobile and crossborder populations	Conduct mentorship and incoporate updates in e - learning plaforms to orient and disseminate HCW (budgeted under mentorship and to be incoporated into already existing platforms)														
		4.9.2.5.4 Support facilities to implement cross border CARGs by ensuring availability of adequate ARV supplies	Merge with review of Consolidated guidelines and OSDM to develop DSD models for mobile and crossborder populations	Conduct support of implementation of new DSD models through existing Care and Treatment quarterly support visits														
		4.9.2.5.5 Develop guidelines and protocols for fast-track ART refills, multi-month scripting and multi-month dispensing	Merge with review of Consolidated guidelines and OSDM to develop DSD models for mobile and crossborder populations	Already costed as part of activity 4.9.2.5.1, no additional cost														

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		4.9.2.5.6 Orient service providers on guidelines, SOPs, and jobs aides on fast-track ART refills, multi-month scripting and multi-month dispensing	Merge with review of Consolidated guidelines and OSDM to develop DSD models for mobile and crossborder populations	Conduct mentorship and incoporate updates in e - learning plaforms to orient and disseminate HCW (budgeted under mentorship and to be incorporated into already existing platforms)														
		4.9.2.5.7 Support facilities to implement fast-track ART refills, multi-month scripting and multi-month dispensing by ensuring availability of adequate ARV supplies	Merge with review of Consolidated guidelines and OSDM to develop DSD models for mobile and crossborder populations	Already costed as part of activity 4.9.2.5.4, no additional cost														
	4.9.2.6 Intensify communication and messaging to promote adherence and benefits from adherence such as U=U	4.9.2.6.1 Conduct formative assessment on barriers to HIV treatment adherence by adults especially by men	1. Engage local TA for 14days for the formative assessment		$680.00	per day of consulting	14	x					$9,520	-$1	-$1	-$1	-$1	Technical Assistance
			Conduct data collection 2 teams of 4 including driver x 5 days		$110.00	per participant	40	x					$4,400	-$1	-$1	-$1	-$1	Research, M&E, QA and Supervision
			Conduct 1 stakeholder meeting (conference for 40 participants and per diems for 10 provincial cadres)	Accommodation	$70.00	per travelling participant	10	x					$700	-$1	-$1	-$1	-$1	Planning & Policy Meetings
				Conference Package	$25.00	per participant	40	x					$1,000	-$1	-$1	-$1	-$1	Planning & Policy Meetings
				Dinner	$15.00	per travelling participant	10	x					$150	-$1	-$1	-$1	-$1	Planning & Policy Meetings
				Transport Allowance	$30.00	per travelling participant	10	x					$300	-$1	-$1	-$1	-$1	Planning & Policy Meetings
		4.9.2.6.2 Develop targeted messages on benefits to HIV treatment adherence	Conduct meetings to review Treatment Literacy manual using Community TWG	Conduct a 5 day provincial multistakeholder meeting for 35 cadres (conference, per diems,)	$110.00	per participant	175	x					$19,250	-$1	-$1	-$1	-$1	Planning & Policy Meetings
		4.9.2.6.3 Develop targeted messages on benefits to HIV treatment adherence	Use the Treatment Literacy develop multimedia messages focusing on adherence	Develop and design subpopulation specific messages using the Combined HIV Communications Strategy to be flighted on social meeting including short animated films with sign language incoporated x 1 quarterly, one pager information sheets (pdf, jpeg) x 1 monthly														
				Design of leaflets	$2,000.00	per leaflet produced	1	x					$2,000	-$1	-$1	-$1	-$1	Technical Assistance
				Printing of messaging (100,000 leaflets)	$0.10	per leaflet printed	100000	x	x	x	x	x	$10,000	$10,000	$10,000	$10,000	$10,000	Communication costs (print, TV, radio)
		4.9.2.6.4 Recruit peer lay health workers to reach men with messages on benefits of HIV treatment adherence	Cross reference with PMTCT budget lines. Specify PMTCT budget lines	Alereadly costed as part of activity 4.8.1.1.1, no additional cost														
		4.9.2.6.5 Design U=U HIV treatment messages for adults especially men	Alreasy costed as part of activity 4.9.5.4, no additional cost															

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								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.9.2.6.6 Use different channels to reach men in different settings including through use of male champions with U=U adherence messages	Monthly allowances for male champions under PMTCT.	To be included as part of partner activities, no additional cost														
	4.9.2.7 Scale-up implementation of treatment literacy programs for clients on ART	4.9.2.7.1 Review and update existing HIV treatment literacy materials	Engage TA to review and update existing Treatment Literacy package	Local TA for 2consultants (programme person and graphic design expert for 21days)	$905.50	per day of consulting	42	x		x		x	$38,031	-$1	$38,031	-$1	$38,031	Technical Assistance
			Conduct 3 stakeholder consultation meetings during the consultancy for reviewing and updating treatment literacy package	Conferencing , travel and per diems for 30 participants for 1 day x 3 meetings	$125.00	per participant	30	x		x		x	$3,750	-$1	$3,750	-$1	$3,750	Technical Assistance
		4.9.2.7.2 Print and avail updated HIV treatment literacy materials	Print 25,000 copies Courier Fees	Cost per copy x 25000	$10.00	per copy printed	25000	x		x		x	$250,000	-$1	$250,000	-$1	$250,000	Communication costs (print, TV, radio)
		4.9.2.7.3 Orient stakeholders including networks of PLHIV, expert clients and lay counsellors on the updated HIV treatment literacy materials		Conferencing for 1-day meeting with 100 participants in Northern and Southern Region									-$1	-$1	-$1	-$1	-$1	
				Accommodation	$60.00	per participant	200	x	x	x	x	x	$12,000	$12,000	$12,000	$12,000	$12,000	Planning & Policy Meetings
				Conference Package	$20.00	per participant	200	x	x	x	x	x	$4,000	$4,000	$4,000	$4,000	$4,000	Planning & Policy Meetings
				Dinner	$15.00	per participant	200	x	x	x	x	x	$3,000	$3,000	$3,000	$3,000	$3,000	Planning & Policy Meetings
				Transport Allowances	$30.00	per participant	200	x	x	x	x	x	$6,000	$6,000	$6,000	$6,000	$6,000	Planning & Policy Meetings
		4.9.2.7.4 Facilitate expert clients and lay counsellors including through provision of transport allowances to conduct HIV treatment literacy for networks of PLHIV		No cost - this day to day work for the lay health workers									-$1	-$1	-$1	-$1	-$1	
		4.9.2.7.5 Facilitate networks of PLHIV to conduct meetings to educate their members on HIV treatment including on optimized regimens		No cost - MOHCC to lead the process									-$1	-$1	-$1	-$1	-$1	
4.9.3 Promote the use of a minimum package of services for individuals testing HIV-negative including risk assessment and reduction, condoms, PrEP and VMMC	4.9.3.1 Strengthen the competency of health care providers to offer immediate and on-going post-test counselling including risk assessment and reduction	4.9.3.1.1 Review guidelines and protocols to strengthen immediate and ongoing post test counselling including assessment and risk reduction		Already costed as part of sub strategic objective 4.15.2, no additional cost									-$1	-$1	-$1	-$1	-$1	
		4.9.3.1.2 Orient service service providers the updated guidelines for immediate and ongoing post test counselling including risk assessment and reduction		Already costed as part of sub strategic objective 4.15.2, no additional cost									-$1	-$1	-$1	-$1	-$1	
		4.9.3.1.4 Ensure adherence to the updated guidelines through supportive supervision to HTS sites		Already costed as part of sub strategic objective 4.15.2, no additional cost									-$1	-$1	-$1	-$1	-$1	
		4.9.3.1.4 Conduct HTS mentorship visits and strengthen immediate and post test counselling including on risk reduction		Already costed as part of sub strategic objective 4.15.2, no additional cost									-$1	-$1	-$1	-$1	-$1	

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	4.9.3.2 Implement a minimum package of HIV prevention services for those testing negative	4.9.3.2.1 Review, update and develop a minimum package of HIV and STIs prevention services for those testing negative		Already costed as part of key action 4.14.2, no additional cost									-$1	-$1	-$1	-$1	-$1	
		4.9.3.2.2 Print and avail the minimum package of HIV and STIs prevention services for those testing negative		Already costed as part of activity 4.1.4.1, no additional cost, no additional cost									-$1	-$1	-$1	-$1	-$1	
		4.9.3.2.4 Orient service providers on the minimum package of HIV and STIs prevention services for those testing negative		Already costed as part of sub strategic objective 4.15.2, no additional cost									-$1	-$1	-$1	-$1	-$1	
		4.9.3.2.4 Ensure implementation of the Minimum package of HIV and STIs prevention services for those testing negative through supportive supervision visits		Already costed as part of activity 4.15.2.2.2, no additional cost									-$1	-$1	-$1	-$1	-$1	
	4.9.3.3 Strengthen access to and uptake of HIV prevention services for those testing negative for HIV	4.9.3.3.1 Conduct mapping of HIV and STI prevention services available at each HTS delivery points		Already costed as part of activity 4.14.1.2.1, no additional cost									-$1	-$1	-$1	-$1	-$1	
		4.9.3.3.2 Disseminate the HIV prevention mapping findings report	Print and disseminate copies of the HIV prevention mapping report	Print 5,000 copies of the HIV prevention mapping report	$10.00	per copy printed	5,000	x		x		x	$50,000	-$1	$50,000	-$1	$50,000	Communication costs (print, TV, radio)
				No additional cost for dissemination, to be disseminated through existing platforms														
		4.9.3.3.3 Review and update available referral forms to ensure effective closed loop referral		Already costed as part of activity 4.14.1.2.4, no additional cost									-$1	-$1	-$1	-$1	-$1	
		4.9.3.3.4 Orient the service providers on the updated referral forms		Already costed as part of activity 4.15.2.2.2, no additional cost									-$1	-$1	-$1	-$1	-$1	
	4.9.3.4 Strengthen orientation of health care providers on the criteria for re-testing after a HIV-negative result	4.9.3.4.1 Orient service providers on the criteria for retesting after a HIV negative result		Already costed as part of activity 4.15.2.2.2, no additional cost									-$1	-$1	-$1	-$1	-$1	
		4.9.3.4.2 Ensure service providers adherence to guidelines/criteria for retesting through routine supportive supervision visits		Already costed as part of activity 4.15.2.2.2, no additional cost									-$1	-$1	-$1	-$1	-$1	
4.9.4 Strengthen optimization of treatment regimens	4.9.4.1 Advocate for and create buy in for optimization of treatment regimens	4.9.4.1.1 Conduct national analysis on rationale, need and readiness for optimized regimens and third line ARV drugs	Per-diems for national level staff to conduct facility visits and Transportation costs	Hold facility level visits quarterly over a 10 day period. Budget for a team of 5 officials									-$1	-$1	-$1	-$1	-$1	
				Accommodation	$60.00	per participant	200	x	x	x	x	x	$12,000	$12,000	$12,000	$12,000	$12,000	Research, M&E, QA and Supervision
				Lunch	$15.00	per participant	200	x	x	x	x	x	$3,000	$3,000	$3,000	$3,000	$3,000	Research, M&E, QA and Supervision
				Dinner	$15.00	per participant	200	x	x	x	x	x	$3,000	$3,000	$3,000	$3,000	$3,000	Research, M&E, QA and Supervision
				Fuel	$1.50	per litre	1600	x	x	x	x	x	$2,400	$2,400	$2,400	$2,400	$2,400	Research, M&E, QA and Supervision
		4.9.4.1.2 Develop a national position paper on optimized regimens and third line ARV drugs	No cost - MOHCC to lead the process	No cost - MOHCC to lead the process									-$1	-$1	-$1	-$1	-$1	

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.9.4.1.4 Conduct consultation meetings with stakeholders at national and regional levels on optimized regimens and third line ARV drugs	Conferencing for 2 national level meetings and 8 regional level meeting.	National level meeting to host 50 participants over 2 days	$25.00	per participant	100	x	x	x	x	x	$2,500	$2,500	$2,500	$2,500	$2,500	Planning & Policy Meetings
				Hold 3 day northern and southern region meetings for 50 participants each									-$1	-$1	-$1	-$1	-$1	
				Accommodation	$60.00	per participant	1200	x	x	x	x	x	$72,000	$72,000	$72,000	$72,000	$72,000	Planning & Policy Meetings
				Conference Package	$20.00	per participant	1200	x	x	x	x	x	$24,000	$24,000	$24,000	$24,000	$24,000	Planning & Policy Meetings
				Dinner	$15.00	per participant	1200	x	x	x	x	x	$18,000	$18,000	$18,000	$18,000	$18,000	Planning & Policy Meetings
				Transport Allowance	$30.00	per participant	1200	x	x	x	x	x	$36,000	$36,000	$36,000	$36,000	$36,000	Planning & Policy Meetings
	4.9.4.2 Develop and implement guidelines to support provision of optimized regimens including TLD	4.9.4.2.1 Review and update existing HIV care and treatment guidelines, SOPs and job aides to include the optimized regimens	No cost - MOHCC to lead the process	No cost - MOHCC to lead the process														
			Provide HIV treatment regimens as per need. Costs adapted from the Quantification of Adult and Paediatric Antiretroviral Medicines in Zimbabwe Quantification Report Covering the Period January 2020 - December 2023	Adult ART (including paediatrics taking adult formulations)				x	x	x	x	x	$106,313,055	$110,616,592	$103,403,966	$103,403,966	$103,403,966	Drugs, Medical Supplies and Other Health Commodities
				Padeiatric ART				x	x	x	x	x	$7,831,577	$7,647,456	$9,236,682	$9,236,682	$9,236,682	Drugs, Medical Supplies and Other Health Commodities
		4.9.4.2.2 Print and avail guidelines, SOPs and job aides on optimized regimens at all levels	Print 2,500 copies of the guidelines	Print 2,500 copies of the guidelines	$10.00	per copy printed	2500	x	x	x	x	x	$25,000	$25,000	$25,000	$25,000	$25,000	Communication costs (print, TV, radio)
			Print 2,500 copies of the SOPs	Print 2,500 copies of the SOPs	$10.00	per copy printed	2500	x	x	x	x	x	$25,000	$25,000	$25,000	$25,000	$25,000	Communication costs (print, TV, radio)
			Print 2,500 copies of the Job Aides	Print 2,500 copies of the Job Aides	$10.00	per copy printed	2500	x	x	x	x	x	$25,000	$25,000	$25,000	$25,000	$25,000	Communication costs (print, TV, radio)
		4.9.4.2.4 Orient service providers on the updated guidelines, SOPs and job iades on optimized regimens through supportive supervision and mentorship visits to health facilities	Conduct the supportive and mentorship visits quarterly over a 5 day period quarterly, budget for 5 participants	Per-diems for supportive supervision and mentorship visits per year. Conduct the visits quarterly over a 5 day period quarterly, budget for 5 participants														
				Accommodation	$60.00	per participant	100	x	x	x	x	x	$6,000	$6,000	$6,000	$6,000	$6,000	Research, M&E, QA and Supervision
				Lunch	$15.00	per participant	100	x	x	x	x	x	$1,500	$1,500	$1,500	$1,500	$1,500	Research, M&E, QA and Supervision
				Dinner	$15.00	per participant	100	x	x	x	x	x	$1,500	$1,500	$1,500	$1,500	$1,500	Research, M&E, QA and Supervision
				100 litres of fuel	$1.50	per participant	100	x	x	x	x	x	$150	$150	$150	$150	$150	Research, M&E, QA and Supervision
	4.9.4.3 Build capacity of service providers in provision of optimized regimens including TLD	4.9.4.3.1 Conduct training needs assessment among service providers on provision of optimized regimens	Merge activity with 4.7.8.1.1	Already costed in 4.9.4.1.1, no additional cost														
		4.9.4.3.2 Develop training plan for service providers on provision of optimized regimens	No cost - MOHCC to lead the process	No cost - MOHCC to lead the process								x						

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.9.4.3.3 Conduct review of and update HIV care and treatment guidelines to ensure inclusion of a module on provision of optimized regimens	See section reviewing consolidated guidelines, OSDM and job aide	Hire an international consultant to review and update the consolidated guidelines	$905.50	day of consulting	30	x		x		x	$27,165		$27,165		$27,165	Technical Assistance
				Hold a 5 day national review meeting to review guidelines, OSDM and job aides. Ensure at least 20 participants come from subnational level	$125.00	Per day per participant	175	X		X		X	$21,875		$21,875		$21,875	Planning & Policy Meetings
				Accommodation	$70.00	per travelling participant	100	x		x		x	$7,000		$7,000		$7,000	Planning & Policy Meetings
				Conference Package	$25.00	per participant	250	x		x		x	$6,250		$6,250		$6,250	Planning & Policy Meetings
				Dinner	$15.00	per travelling participant	100	x		x		x	$1,500		$1,500		$1,500	Planning & Policy Meetings
				Transport Allowance	$30.00	per travelling participant	100	x		x		x	$3,000		$3,000		$3,000	Planning & Policy Meetings
				Hold 3 day northern and southern region meetings for 50 participants each	$110.00	per participant	150	x		x		x	$16,500		$16,500		$16,500	Planning & Policy Meetings
		4.9.4.3.4 Train mentors at national, provincial and district level to roll out training on optimized regimens	Conferencing for 2 day training at national level, 8 provincial level trainings and 63 district level meetings	No cost- see HR section														
		4.9.4.3.5 Facilitate trained mentors to roll out training of service providers on provision of optimized regimens	Per-diems/ allowances for mentors. Give more specifics on this activity, as it is a reference to other activities	No cost- see HR section														
	4.9.4.5 Create demand for and uptake of optimised regimens including TLD	4.9.4.5.1 Conduct formative assessment on knowledge levels among PLHIV and possible barriers to uptake of optimized regimens	Per-diems for assessors. Specify the per diems	Already costed as part of activity 4.9.2.7.1, no additional cost														
		4.9.4.5.2 Based on assessment findings, develop targeted IEC materials on optimized regimens including TLD	No cost - MOHCC to lead the process	Already costed as part of activity 4.9.2.7.1, no additional cost														
		4.9.4.5.3 Print and disseminate IEC materials on optimized regimens including TLD	Incorporate into TA of Treatment Literacy package	Already costed as part of activity 4.9.2.7.2, no additional cost														
		4.9.4.5.4 Review and update existing HIV treatment literacy materials to including information on optimized regimens including TLD	Covered under treatment literacy above	Already costed as part of activity 4.9.2.7.1, no additional cost														
		4.9.4.5.5 Conduct sensitization meetings with networks of PLHIV on optimized regimens including TLD	Covered under treatment literacy above	Already costed as part of activity 4.9.2.7.4, no additional cost														
		4.9.4.5.6 Facilitate networks of PLHIV to conduct sensitization meetings with their members on optimized regimens including TLD	Covered under treatment literacy above	No cost - MOHCC to lead the process														

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
4.9.5 Prevention and monitoring of HIV drug resistance	4.9.5.1 Establish national capacity for HIV drug resistance genotyping	4.9.5.1.1 Infrastructal changes to laboratory to enable HIV DR testing	Setting up a lab for HIV DR: partitioning of the HIVDR room; environmental control	USD10,000 for the lab to be used as HIV DR lab needs to be partitioned to create a unidirectional work flow. The room also needs to be air conditioned for environmental control. Laboratory stools for personnel will also be required for the HIV DR room.	$10,000.00	per lab set up	1	x					$10,000					Capital Medical/Lab Equipment - Purchase
		4.9.5.1.2 Procurement of Sequencer in the lab	Procurement of sequencer	USD110,000	$110,000.00	per sequencer	1	x					$110,000					Capital Medical/Lab Equipment - Purchase
		4.9.5.1.3 Procurement of ancillary equipment	USD52,000 for ancillary equipment needed to support testing . Freezers , thermocyclers, gel documentation column and pipettes. These are needed but a not sold as part of the main analyzer.	USD52,000 for ancillary equipment needed to support testing . Freezers , thermocyclers, gel documentation column and pipettes. These are needed but are not sold as part of the main analyzer.	$52,000.00	per ancillary equipment procurement	1	x					$52,000					Capital Medical/Lab Equipment - Purchase
		4.9.5.1.4 Procurement of laboratory reagents and consumables for HIV DR																
		4.9.5.1.5 Develop HIV DR EQA plan and seek WHO accreditation of the HIVDR genotyping lab	EQA Costs	USD2500 for WHO requirements to enroll in HIV DR EQA to assure the quality of testing and as a requirements for accreditation. EQA program has 2 challenges a year.	$25,000.00	for WHO requirements	1	x					$25,000					Drugs, Medical Supplies and Other Health Commodities
		4.9.5.1.6 Conduct regular quantification and forecasting for the HIVDR lab reagents and supplies		Already costed as part of activity 4.16.1.5, no additional cost														
		4.9.5.1.7 Support procurement, storage and supply of HIVDR lab reagents and supplies. Specify exactly what must be taken from labs quantification report		Already costed as part of activity 4.16.1.5, no additional cost														
	4.9.5.2 Scale-up roll out of third-line antiretroviral medicines at central and provincial levels	4.9.5.2.1 Sensitize provincial HCWs on HIV DR	Refreshment training of provincial teams on HIV DR including interpretation of results, and third line ART (| Accommodation, conference fees, per diem, transport reimbursement for 2 nights) unit cost USD125 x 5 participants per province x 10 provinces	$125.00	per participant	100	x		x		x	$12,500		$12,500		$12,500	Health Worker Training - In-service
		4.9.5.2.2 Through mentorship visits train service providers on the prescription and management of clients on third line ARVs	Merge activity with 4.7.8.4.5	Already costed as part of activity 4.9.4.4.5, no additional costs														
		4.9.5.2.3 Establish and train team of clinicians to provide expert advice on HIVDR, make recommendations for initiating clients and management of clients on third line ARV treatment	Conferencing for 1 day meeting at national level for 30 participants	Already costed as part of activity 4.9.5.1.8, no additional cost	$25.00	per participant	30	x	x	x	x	x	$750	$750	$750	$750	$750	Planning & Policy Meetings

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.9.5.2.4 Facilitate regular meetings at national and provincial level by the team of clinical experts on HIVDR and third line treatment		Conferencing for quarterly meetings at national and provincial level for 30 participants	$25.00	per participant	120	x	x	x	x	x	$3,000	$3,000	$3,000	$3,000	$3,000	Planning & Policy Meetings
4.9.6 Strengthen viral load monitoring	4.9.6.1 Strengthen viral load monitoring system through quality improvement initiatives to address bottlenecks including Long TAT	4.9.6.1.1 Sensitize subnational levels on updated Bottleneck analysis guidelines and SOPs		Already costed as part of activity 4.9.4.4.4, no additional cost													
		4.9.6.1.2 Sensitize subnational levels on updated Bottleneck analysis guidelines and SOPs		Already costed as part of activity 4.9.4.4.4, no additional cost													
		4.9.6.1.3 Training of laboratory and facility service providers to undertake site specific viral load monitoring bottleneck analysis	Training of laboratory and facility service providers to undertake site specific viral load monitoring bottleneck analysis	Hold 3 day provincial level trainings for 50 staff each meeting													
				Accommodation	$70.00	per participant	1500	x	x	x	x	x	$105,000	$105,000	$105,000	$105,000	$105,000	Health Worker Training - In-service
				Conference Package	$25.00	per participant	1500	x	x	x	x	x	$37,500	$37,500	$37,500	$37,500	$37,500	Health Worker Training - In-service
				Dinner	$15.00	per participant	1500	x	x	x	x	x	$22,500	$22,500	$22,500	$22,500	$22,500	Health Worker Training - In-service
				Transport allowances	$30.00	per participant	500	x	x	x	x	x	$15,000	$15,000	$15,000	$15,000	$15,000	Health Worker Training - In-service
		4.9.6.1.4 Support sites to develop site specific quality improvement projects to address identified bottlenecks including long TAT	Hold 5 day quarterly support and supervision visits to 2 provinces per quarter. Budget for a team of 5 assessors	Hold 5 day quarterly support and supervision visits to 2 provinces per quarter. Budget for a team of 5 assessors													
				Accommodation	$60.00	per participant	200	x	x	x	x	x	$12,000	$12,000	$12,000	$12,000	$12,000	Research, M&E, QA and Supervision
				Lunch	$20.00	per participant	200	x	x	x	x	x	$4,000	$4,000	$4,000	$4,000	$4,000	Research, M&E, QA and Supervision
				Dinner	$15.00	per participant	200	x	x	x	x	x	$3,000	$3,000	$3,000	$3,000	$3,000	Research, M&E, QA and Supervision
				Fuel	$1.50	per litre	1600	x	x	x	x	x	$2,400	$2,400	$2,400	$2,400	$2,400	Research, M&E, QA and Supervision
	4.9.6.2 Strengthen and improve efficiency in the implementation of the integrated sample transportation system	4.9.6.2.1 Conduct an assessment of the existing sample transportation systems and provide recommendations for designing an efficient integrated sample transportation system	Riding on IST and VL TWGs	Already costed as part of activity 4.9.5.2.1, no additional cost													
		4.9.6.2.2 Conduct partnership meetings with directorate of laboratory services to develop guidelines for the implementation of integrated sample transportation system	1 day conferencing for IST TWG for 30people X4quarters/ year X5years	25USD/person/ day	$25.00	per participant	120	x	x	x	x	x	$3,000	$3,000	$3,000	$3,000	$3,000	Planning & Policy Meetings
		4.9.6.2.3 Orient service providers and laboratory staff at all levels on the guidelines for the implementation of integrated sample transportation system	Sensitization of HCWS from labs and facilities	1day conference, per diem, and transport for 1621 health facility representatives, 80 reps from provincial medical directorates and 100 laboratory scientists from District and Provincial Labs	$110.00	per participant	1621	x		x		x	$178,310		$178,310		$178,310	Health Worker Training - In-service

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.9.6.3 Strengthen use of VL results	4.9.6.3.1 Undertake analysis at all levels on challenges/barriers to timely use of VL results		Already costed as part of activity 4.9.4.4.4, no additional cost													
		4.9.6.3.2 Develop and support implementation of plans to address barriers to use of VL results		No cost- riding on QI Bottleneck analysis costed under 4.7.8.4.4													
		4.9.6.3.3 Develop job aides and SOPs on use of VL lab results		Already costed as part of activity 4.9.4.4.4, no additional cost													
		4.9.6.3.4 Orient service providers on the job aides and SOP for use of lab results through supportive supervision and mentorship visits		Already inculded as part of sub strategic objective 4.15.2 cost, no additional costs													
		4.9.6.3.5 Conduct onsite mentorship for clinical and laboratory staff on use of the VL results		Already inculded as part of sub strategic objective 4.15.2 cost, no additional costs													
		4.9.6.3.6 Facilitate joint lab and clinical staff meetings on the use of VL results		Biannual 1day District VL Clinic: Lab Interface Meeting with lab and facility staff	$75.00	per participant	1890	x	x	x	x	x	$141,750	$141,750	$141,750	$141,750	$141,750	Planning & Policy Meetings
4.9.7 Scale up quality improvement activities	4.9.7.1 Establish accountability mechanisms in delivery of quality HIV testing, care and treatment services including use of service charters and client feedback	4.9.7.1.1 Review existing accountability mechanisms for delivery of HIV testing, care and treatment and make recommendations for improvement	Conduct quarterly QA/QI TWG meetings incl recipients of care	Ride on QA/QI TWG One day conferencing for 25 people/ quarter	$25.00	per participant	100	x	x	x			$2,500	$2,500	$2,500			Planning & Policy Meetings
		4.9.7.1.2 Conduct meetings with stakeholders at national, provincial and district levels on strengthening accountability in provision of quality HIV testing, care and treatment services	Use the MIPA TWG	NO cost- already in existence funded by NAC	$0.00	per participant											
		4.9.7.1.3 Support HIV testing and treatment sites to establish and implement client service charters as part of ensuring accountability in delivery of services		Hold 5 day quarterly support and supervision visits to 2 provinces per quarter. Budget for a team of 4 assessors	$65.00	per assessor	160	x	x	x	x	x	$10,400	$10,400	$10,400	$10,400	$10,400	Research, M&E, QA and Supervision
		4.9.7.1.4 Ensure adherence to the service charters through supportive supervision to HIV testing and treatment sites		Already costed as part of activity 4.9.7.1.4, no additional cost													
		4.9.7.1.5 Conduct annual client exit interviews at HIV testing and treatment service delivery sites	1day meeting to dept. the QA/QI tools for Client Exit Interviews to capture nuanced HIV related issues (currently generic) X2 meetings	Conferencing for 1day for 20 participants X2	$25.00	per participant	40	x	x	x	x	x	$1,000	$1,000	$1,000	$1,000	$1,000	Planning & Policy Meetings
			Print 2000 copies of tools for facilities/ year		$10.00	per copy printed	2000	x	x	x	x	x	$20,000	$20,000	$20,000	$20,000	$20,000	Communication costs (print, TV, radio)
			Sensitise HCWs on tools using the Mentors Technical Update Meetings. Give more specifics on this activity	3 day conference, per diem, and transport for 1621 health facility representatives	$110.00	per participant	1621	x	x	x	x	x	$178,310	$178,310	$178,310	$178,310	$178,310	Health Worker Training - In-service

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.9.7.2 Build the capacity of health care workers to analyse, identify challenges and apply QI methodology to solve challenges at provincial, district and facility level	4.9.7.2.1 Review and update QI tools to ensure delivery of quality HIV testing, care and treatment services	Update QI sections of OSDM and HIT Blended Learning	Already costed as part of activity 4.9.1.2.4, no additional cost													
		4.9.7.2.2 Train service providers on use of QI tools to identify challenges in delivery of quality HIV testing, care and treatment services	Riding on HIT Blended Learning and CM for ongoing support	Already costed as part of activity 4.15.2, no additional cost													
		4.9.7.2.3 Support establishment of provincial, district and facility quality improvement teams	Support QA/QI Directorate to develop SOPs for establishing provincial and district teams	No cost- riding on QA/QI TWGs. Specify the exact QA/ QI activities													
		4.9.7.2.4 Facilitate meetings by provincial, district and facility teams to analyse HIV testing, care and treatment service delivery	Adopt QI approach in HIV testing, care and treatment riding on OSDM, HIT Blended Learning, and Clinical Mentorship. Give more specific cost assumptions	Already costed as part of activity 4.13.2.1, no additional cost													
		4.9.7.2.5 Facilitate consultative meetings by provincial, district and facility teams to develop QI projects for delivery HIV testing and treatment services		Already costed as part of activity 4.13.2.1, no additional cost													
		4.9.7.2.6 Support provincial, district and facility quality improvement teams to implement their QI projects		Already costed as part of activity 4.13.2.1, no additional cost													
4.9.8 Strengthen TB and HIV collaborative activities	4.9.8.1 Strengthen TB and HIV integrated planning, review and implementation at all levels	4.9.8.1.1 Conduct joint HIV and TB quartely planning and review meetings at national level (2021, 2022 and 2023)]		National level joint HIV/TB planning and review meeting with 50 people for 3 days. 4 nights at $125 per day	$125.00	per person per day	700	X	X	X	X	X	$87,500	$87,500	$87,500	$87,500	$87,500	Planning & Policy Meetings
		4.9.8.1.2 Conduct TB/HIV collaboratives programme performance review meeting for peer sharing and knowledge exchange		Accommodation + dinner x 50pple provincial rates $110 x 3 nights x 1 meeting/ year	$110.00	per person per day	150	X	X	X	X	X	$16,500	$16,500	$16,500	$16,500	$16,500	Planning & Policy Meetings
		4.9.8.1.3 Conduct quarterly national TB & HIV & RMNCH partnership forum meetings		National level meeting for 70 participants for 1 day) [TB to support 2 meetings & HIV to support 2 meetings]	$35.00	per person per day	279	X	X	X	X	X	$9,765	$9,765	$9,765	$9,765	$9,765	Planning & Policy Meetings
		4.9.8.1.4 Facilitate participation of TB program management teams in mid term and end term review and planning for the HIV program		(TB program management included as part of the Review Teams)													
		4.9.8.1.5 Conduct mentorship visits by a multi-disciplinary district team for post training support on intergrated TB & HIV care including RMNCH, Paeds and adolescents HIV & TB care & cancer		(DSA for 5 pple including driver, unapproved accomodation for 5 days quarterly per district for 63 districts per year)	$10.00	per person per day	6300	X	X	X	X	X	$63,000	$63,000	$63,000	$63,000	$63,000	Health Worker Training - In-service
		4.9.8.1.6 Conduct meetings with donors to plan for and discuss joint HIV and TB funding including with Global fund		Ongoing MOHCC activities, no additional cost													

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.9.8.2 Scale up TB case finding and notification among PLHIV by improving quality of TB screening and facilitating increased use of GeneXpert MTB/RIF	4.9.8.2.1 Conduct assessment on quality of TB case finding and use of GeneXpert MTB/RIF	Hire a external consultant over a 30 day period to conduct an assessment on quality of TB case finding and use of GeneXpert MTB/RIF	Consultation Fees	$905.50	per day	30	X					$27,165					Technical Assistance
		4.9.8.2.2 Based on the findings from the assessment conduct HIV and TB stakeholder consultations on improving quality of TB case finding and use of GeneXpert platforms for EID and viral load screening		To be included as part of the national TWG meetings. No additional cost														
		4.9.8.2.3 Develop MoUs and partnership agreements with TB program on the use of GeneXpert platforms for EID and VL monitoring	Ongoing MOHCC activities, no additional cost	Ongoing MOHCC activities, no additional cost														
		4.9.8.2.4 Train service providers/ laboratory staff on integrated HIV and TB use of GeneXpert MTB/RIF platforms through mentorship visits	Already costed as part of activity 4.7.12.1.5. Ongoing MOHCC activities, no additional cost	Already costed as part of activity 4.9.8.1.5, no additional cost														
		4.9.8.2.5 Build capacity of service providers in TB screening and case finding through supportive supervision and mentorship visits	Already costed as part of activity 4.7.12.1.5. Ongoing MOHCC activities, no additional cost	Already costed as part of activity 4.9.8.1.5, no additional cost														
		4.9.8.2.6 Ensure quality in TB screening and use of GeneXpert platforms for EID and VL through regular supportive supervision visits	Quality in TB screening and use of GeneXpert platforms for EID and VL through regular supportive supervision visits	Conduct quarterly supportive visits by the national lab teams to laboratories and facilities with Gene Xpert platforms (per diems for 5member team incl. driver x 5 days)	$65.00	per person per day	100	X	X	X	x	x	$6,500	$6,500	$6,500	$6,500	$6,500	Research, M&E, QA and Supervision
	4.9.8.3 Scale-up the provision and use of urinary LAM for the diagnosis of TB in PLHIV	4.9.8.3.1 Review and update guidelines to include use of urinary LAM for TB diagnosis in PLHIV in line with WHO guidance	Review and update guidelines to include use of urinary LAM for TB diagnosis in PLHIV in line with WHO guidance	To be included as part of the national TWG meetings. No additional cost														
		4.9.8.3.2 Print and avail guidelines for urinary LAM in the diagnosis of TB for PLHIV	Print 2000 copies of guidelines for urinary LAM in year 1	Print 2000 copies of guidelines for urinary LAM in year 1	$10.00	per copy	2000	X		x			$20,000					Communication costs (print, TV, radio)
		4.9.8.3.3 Orient service providers through mentorship and supportive supervision visits on the guidelines for use of urinary LAM in diagnosis of TB for PLHIV	Already costed as part of activity 4.7.12.1.5. Ongoing MOHCC activities, no additional cost	Already costed as part of activity 4.9.8.1.5, no additional cost														
		4.9.8.3.4 Support urinary LAM diagnosis through ensuring availability of necessary laboratory supplies and equipment	Included in support visits by the laboratory department. Activity 4.7.12.2.6, No additional cost	Already costed as part of activity 4.9.8.2., no additional cost														
	4.9.8.4 Scale-up facility and community-based TPT delivery models such as CARGs	4.9.8.4.1 Review and update guidelines, SOPs and job aides to include the new shorter TPT regimens	To be included as part of the national TWG meetings. No additional cost	To be included as part of the national TWG meetings. No additional cost														

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.9.8.4.2 Print and avail updated guidelines, SOPs and job aides on new shorter TPT regimens	Print 2000 copies of updated guidelines, SOPs and job aides on new shorter TPT regimens	Print 2000 copies of updated guidelines, SOPs and job aides on new shorter TPT regimens	$10.00	per copy	2000	X	X	X	x	x	$20,000	$20,000	$20,000	$20,000	$20,000	Communication costs (print, TV, radio)
		4.9.8.4.3 Orient service providers including CHWs and other community cadres on updated guidelines, SOPs and job aides on new shortened TPT regimes	National level dissemination meeting for the updated guidelines, SOPs and job aides on new shorted TPT regime for 50 people, 3 nights and 2 days for both Southern and Northern regions	National level dissemination meeting for the updated guidelines, SOPs and job aides on new shorted TPT regime for 50 people, 3 nights and 2 days for both Southern and Northern regions	$125.00	per person per day												
			Cluster orientation of Community Health Workers and expert clients on SOPs, tools and guidelines distribution to be done by trained facility health workers at monthly meetings with VHWs.	$3 for refreshments for each CHW, average of 10 CHWs per primary health facility in the 23 non -pepfar supported districts,443 facilities	$3.00	per person per day	4430	X					$13,290					Health Worker Training - In-service
		4.9.8.4.4 Develop IEC materials on benefits and availability of TPT to increase demand	Ongoing MOHCC activities, no additional cost	Ongoing MOHCC activities, no additional cost														
		4.9.8.4.5 Provide transport and incentives to community cadres including CHWs and expert clients to educate PLHIV on benefits and availability of TPT	Provide transport allowance for 4430 CHWs and expert clients from the 23 non-pepfar supported districts to educate PLHIV on benefits and availability of TPT	Provide transport allowance for 4430 CHWs and expert clients from the 23 non-pepfar supported districts to educate PLHIV on benefits and availability of TPT	$10.00	per person per day	4430	X	X	X	x	x	$44,300	$44,300	$44,300	$44,300	$44,300	Research, M&E, QA and Supervision
		4.9.8.4.6 Facilitate networks of PLHIV to conduct meetings to sensitize their members on benefits and availability of TPT	Ongoing MOHCC and Implementing partners activities, no additional cost	Ongoing MOHCC and Implementing partners activities, no additional cost														
	4.9.8.5 Support community cadres including community health workers, expert clients and peers to conduct TB screening and referral to health facilities	4.9.8.5.1 Review and update existing guidelines, SOPs, job aides and training tools for TB screening by community cadres	Ongoing MOHCC activities, no additional cost	Ongoing MOHCC activities, no additional cost														
		4.9.8.5.2 Orient community cadres including expert clients, CHWs and peers on TB screening through use of the updated guidelines, SOPs and job aides	Already costed as part of activity 4.7.12.4.4, no additional cost	Already costed as part of activity 4.9.8.4.4, no additional cost														
		4.9.8.5.3 Provide transport allowances and incentives to community cadres to conduct TB screening	Already costed as part of activity 4.7.12.4.5, no additional cost	Already costed as part of activity 4.9.8.4.4, no additional cost														
		4.9.8.5.4 Provide transport allowances and incentives to community cadres to conduct escorted referrals to health facilities for TB screening and management	Already costed as part of activity 4.7.12.4.5, no additional cost	Already costed as part of activity 4.9.8.4.4, no additional cost														

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
4.9.9 Strengthen management of advanced HIV disease and opportunistic infections including cryptococcal meningitis	4.9.9.1 Scale up the provision of co-trimoxazole prophylaxis as per national guidelines	4.9.9.1.1 Review and update existing guidelines and protocols for provision of co-trimoxazole prophylaxis based on new WHO guidelines		Already costed as part of activity 4.9.1.2.2, no additional cost														
		4.9.9.1.2 Print and avail the revised guidelines and protocols for provision co-trimoxazole in health facilities		Already costed as part of activity 4.9.1.2.2, no additional cost														
		4.9.9.1.3 Orient service providers on the updated guidelines and protocols for provision of co-trimoxazole		Already costed as part of activity 4.9.1.2.2, no additional cost														
		4.9.9.1.4 Ensure adherence to the co-trimoxazole guidelines and protocols through regular supportive supervision		Already costed as part of activity 4.9.1.2.2, no additional cost														
	4.9.9.2 Scale-up interventions for diagnosis, prevention and management of cryptococcal disease in PLHIV	4.9.9.2.1 Review and update HIV treatment guidelines to include diagnosis, prevention and management of cryptococcal disease in PLHIV in line with WHO guidelines		No cost - MOHCC to lead the process														
		4.9.9.2.2 Print and avail updated guidelines on cryptococcal diseases to health facilities		Print 2500 copies of the package	$10.00	per copy printed	2500	x					$25,000					Communication costs (print, TV, radio)
		4.9.9.2.3 Orient service providers through mentorship and supportive supervision visits on diagnosis, prevention and management of cryptococcal disease in PLHIV		Already costed as part of activity 4.9.4.4.4, no additional cost														
		4.9.9.2.4 Facilitate service providers through supportive supervision visits to offer interventions for diagnosis, prevention and management of cryptococcal disease in PLHIV		Already costed as part of activity 4.9.4.4.4, no additional cost														
	4.9.9.3 Expand CD 4 testing for clients starting HIV treatment and those with advanced HIV disease	4.9.9.3.1 Conduct national assessment on availability and functionality of CD 4 machines	Conduct desktop review and contact agents for information on functionality	No cost. MOHCC to lead the work	$70.00	per participant per day	50	x				x	$3,500				$3,500	Research, M&E, QA and Supervision
		4.9.9.3.2 Based on the findings support procurement and servicing of CD 4 machines	Procure CD4 machines	One -time procurement (need estimate cost per machine or overall budget for procurement of CD4 machines)														
			Service and maintenance fees for CD4 machines every year	Yearly fees for service and maintenance contract	$10,000.00	per contract per year	1	x	x	x	x	x	$10,000	$10,000	$10,000	$10,000	$10,000	Capital Medical/Lab Equipment - Maintenance
		4.9.9.3.3 Train service providers through mentorship and supportive supervision visits to implement CD 4 testing for clients starting treatment and those with advanced HIV disease	Regular mentorship and supportive supervision visits	Already costed as part of activity 4.9.4.4.4, no additional cost														

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
4.9.10 Strengthen integration of NCDs and mental health into HIV care and treatment	4.9.10.1 Advocate for integration of NCDs and mental health into HIV care and treatment	4.9.10.1.1 Conduct national analysis on magnitude of NCDs and mental ill health among PLHIV	Hold 6 day visists to 4 provinces to assess the impact of NCDs and mental health on PLHIV. Budget for a team of 5 assessors	Accommodation	$60.00	per participant	120	x	x	x	x	x	$7,200	$7,200	$7,200	$7,200	$7,200	Research, M&E, QA and Supervision
				Lunch	$15.00	per participant	120	x	x	x	x	x	$1,800	$1,800	$1,800	$1,800	$1,800	Research, M&E, QA and Supervision
				Dinner	$15.00	per participant	120	x	x	x	x	x	$1,800	$1,800	$1,800	$1,800	$1,800	Research, M&E, QA and Supervision
				Fuel	$1.50	per litre	1200	x	x	x	x	x	$1,800	$1,800	$1,800	$1,800	$1,800	Research, M&E, QA and Supervision
		4.9.10.1.2 Develop a national policy paper on HIV, NCDs and mental health	No cost - MOHCC to lead the process	No cost - MOHCC to lead the process														
		4.9.10.1.3 Conduct sensitization meetings with stakeholders on HIV, NCDs and mental health integration	Conferencing for 1-day sensitization meetings with 50 participants	Conferencing for 1-day sensitization meetings with 50 participants	$35.00	per participant	50	x	x	x	x	x	$1,750	$1,750	$1,750	$1,750	$1,750	Planning & Policy Meetings
		4.9.10.1.4 Conduct sensitization meetings service providers/clinicians on HIV care and treatment, NCDs and mental health integration	Conferencing for 1-day sensitization meetings with 50 participants	Conferencing for 1-day sensitization meetings with 50 participants	$25.00	per participant	50	x	x	x	x	x	$1,250	$1,250	$1,250	$1,250	$1,250	Planning & Policy Meetings
	4.9.10.2 Strengthen use of protocols, guidelines and SOPs for supporting NCDs and mental health integration into HIV care and treatment	4.9.10.2.1 Review and update existing HIV treatment and care guidelines, SOPs and protocols on integration of NCDs and mental health	No cost - MOHCC to lead the process	MOHCC to lead the process, no additional cost														
		4.9.10.2.2 Print and avail updated HIV, NCDs and mental health integrated guidelines/SOPs and protocols to all health facilities	Print 2500 copies of the package	Print 2500 copies of the package	$10.00	per copy printed	2500	x		x		x	$25,000		$25,000		$25,000	Communication costs (print, TV, radio)
		4.9.10.2.3 Orient health workers on the use of the updated guidelines/ protocols and SOPs during supportive supervision and mentorship visits	Per-diems for mentors for xx supportive supervision. Give more specifics on the per diems	Already costed as part of activity 4.9.4.4.4, no additional cost														
	4.9.10.3 Build capacity of health workers to integrate NCDs and mental health into HIV care and treatment	4.9.10.3.1 Review and update existing HIV treatment and care training curriculums/mentorship and support supervision tools to ensure integration of NCDs and mental health	No cost - MOHCC to lead the process	MOHCC to lead process, no additional cost														
		4.9.10.3.2 Develop and orient health workers on NCDs screening tools especially among PLHIV	Conferencing for 1-day sensitization district level meetings with 50 participants	Conferencing for 1-day sensitization district level meetings with 50 participants	$17.00	per participant	3150	x		x		x	$53,550		$53,550		$53,550	Planning & Policy Meetings
		4.9.10.3.4 Train health workers on integrating NCDs screening and management with HIV care and treatment programs	Merge activity with 4.7.14.4.2	Already costed as part of ctivity 4.9.11.4.2, no additional cost														
		4.9.10.3.5 Partner with mental health department to train lay cadres on screening and management of common mental disorders especially among PLHIV	Merge activity with 4.7.14.4.2	Already costed as part of ctivity 4.9.11.4.2, no additional cost														

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.9.10.4 Scale up promising practices in integrating mental health in the context of HIV care and treatment such as the friendship bench	4.9.10.4.1 Conduct documentation of promising practices for integrating mental health in the context of HIV care and treatment	No cost - MOHCC to lead the process	No cost - MOHCC to lead the process														
		4.9.10.4.2 Disseminate the promising practices for integrating mental health in the context of HIV care and treatment	Conferencing for 1 day TWG Meeting with 30 participants	Conferencing for 1 day TWG Meeting with 30 participants	$25.00	per participant	30	x		x		x	$750		$750		$750	Planning & Policy Meetings
		4.9.10.4.3 Develop guidance documents for promoting the scale up of the identified promising practices	No cost - MOHCC to lead the process	No cost - MOHCC to lead the process														
		4.9.10.4.4 Train service providers scale up and monitor implementation of "friendship Bench"in the context of HIV care and treatment	Merge activity with 4.7.14.4.2	Already costed as part of activity 4.9.11.4.2, no additional cost														
	4.9.10.5 Create demand and uptake of integrated HIV and NCD and mental health services by PLHIV	4.9.10.5.1 Conduct formative assessment especially among PLHIV on integrating NCDs and mental health in HIV care and treatment programs	Per-diems for assessors, Transport costs. Give more specifics	Already costed as part of activity 4.9.11.1, no additional cost														
		4.9.10.5.2 Review HIV care and treatment literacy materials on inclusion of NCD and mental health screening	No cost - MOHCC to lead the process on the per diems. Give more specifics	Already costed as part of activity 4.9.11.1, no additional cost														
		4.9.10.5.3 Utilise revised HIV care and treatment literacy materials to conduct sensitization among PLHIV on NCD and mental health integration including screening	Merge activity with 4.7.14.4.2	Already costed as part of activity 4.9.11.4.2, no additional cost														
		4.9.10.5.4 Conduct target sensitization meetings and campaigns with groups and networks of PLHIV on NCDs and mental health screening and management in the context of HIV care and treatment	Conferencing for 1-day sensitization meetings with 100 participants	Conferencing for 1-day sensitization meetings with 100 participants	$25.00	per participant	100	x	x	x	x	x	$2,500	$2,500	$2,500	$2,500	$2,500	Planning & Policy Meetings
	4.9.10.6 Scale up integration of cervical cancer screening, diagnosis, and management in HIV and STIs prevention, treatment and care programs	4.9.10.6.1 Review and update existing HIV treatment and care guidelines, SOPs and protocols to ensure integration of cervical cancer screening, diagnosis and management		Already costed as part of activity 4.14.1.2, no additional cost. Ensure existing SOPs include cervical cancer screening, diagnosis and management														
		4.9.10.6.2 Orient health workers on the updated integrated HIV care and treatment and cervical cancer guidelines/ protocols and SOPs during supportive supervision and mentorship visits		Already costed as part of key action 4.14.2.2, no additional cost														
		4.9.10.6.3 Train health workers on cervical cancer screening, diagnosis and management especially for women living with HIV		Already costed as part of key action 4.14.2.2, no additional cost. Ensure cervical cancer screening is included in existing support and supervision activities														
		4.9.10.6.4 Facilitate HPV vaccination for adolescent girls through integration in adolescent health and HIV prevention programs		No additional cost, to include HPV vaccinations in annual quantifications														

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.9.10.6.5 Procure essential supplies for cervical cancer screening including acetic acid		Costs adapted from Quantification of Visual Inspection with Acetic Acid and Cervicography (VIAC) commodities in Zimbabwe Report Covering the Period Jan 2020 - December 2023									$1,310,443	$1,470,362	$2,408,721	$2,408,721	$2,408,721	Drugs, Medical Supplies and Other Health Commodities
4.9.11 Strengthen integration of hepatitis screening, care and treatment into HIV and STI response	4.9.11.1 Advocate for integration of viral Hepatis screening, treatment and management with HIV and STIs response	4.9.11.1.1 Conduct an national analysis on the magnitude/ burden of viral hepatitis among PLHIV	Conduct Viral Hepatitis Biomarker Survey		$175,766.80	per survey	1		x					$175,767				Research, M&E, QA and Supervision
		4.9.11.1.2 Develop targetted advocacy materials on HIV and STIs treatment and viral Hepatitis integration		Already costed as part of activity 4.14.1.2, no additional cost. Ensure existing SOPs include viral hepatitis screening, diagnosis and management													
		4.9.11.1.3 Conduct sensititization/advocacy meetings with nationl stakeholders including with MoHCC and other players on HIV and STIs and Viral Hepatitis integration	To be conducted riding on already existing meeetings TWGs	No additional cost, viral hepatitis integration to be integrated in existing TWGs and meeting agendas													
		4.9.11.1.4 Conduct sensitization meetings at national and provincial levels with clinicians on HIV and STIs and Viral Hepatitis integration	National level meeting	One national meeting with of 40 people of which 10 are from provinces	$110.00	per person	40	x					$4,400					Planning & Policy Meetings
			Provincial level meeting	10 provincial meetings with 40 people each ($75 per participant)	$75.00	per person	400	x					$30,000					Planning & Policy Meetings
	4.9.11.2 Implement interventions to increase demand for Viral Hepatitis Screening, treatment and management especially among PLHIV	4.9.11.2.1 Conduct formative assessment on levels of knowledge on importance of viral Hepatitis screening, treatment and management in the context of HIV and STIs prevention, treatment and care		Already costed as part of activity 4.9.11.1, no additional cost													
		4.9.11.2.2 Develop IEC materials on for promoting integrated Hepatitis screening and management in the context of HIV and STIs response		To be developed leveraging on Viral Hepatitis TWGs. Print 13000 copies of IEC material at $1 per copy.	$10.00	per copy	13000	x					$130,000					Communication costs (print, TV, radio)
		4.9.11.2.3 Conduct community sensitization for uptake of Hepatitis screening and treatment services in the context of HIV and STIs response		10 Community dialogue sessions per district leveraging on already existing HIV and STI platforms	$200.00	per session	640	x					$128,000					Community Outreach Events
		4.9.11.2.4Conduct target sensititization meetings and campaigns with groups and networks of PLHIV on viral Hepatitis screening and management in the context of HIV and STI response	10 Provincial level 1 day meetings of 45 people per year. Conferencing and perdiems for 45 people at provincial rate of $75 per day. Fuel for participants at an average of 1000l per province at $1.4 per litre.	Accomodation	$60.00	per participant	450	x	x	x	x	x	$27,000	$27,000	$27,000	$27,000	$27,000	Community Outreach Events
				Lunch	$15.00	per participant	450	x	x	x	x	x	$6,750	$6,750	$6,750	$6,750	$6,750	Community Outreach Events
				Dinner	$15.00	per participant	450	x	x	x	x	x	$6,750	$6,750	$6,750	$6,750	$6,750	Community Outreach Events
				Transport Allowance	$30.00	per participant	450	x	x	x	x	x	$13,500	$13,500	$13,500	$13,500	$13,500	Community Outreach Events
			Lunch allowance for 5 000 participants per district in 64 districts at $5 per person. Intertainment and facilitation costs at $1000 per district.	Lunch	$5.00	per participant	5000	x	x	x	x	x	$25,000	$25,000	$25,000	$25,000	$25,000	Community Outreach Events
				Entertainment	$1,000.00	per district	63	x	x	x	x	x	$63,000	$63,000	$63,000	$63,000	$63,000	Community Outreach Events

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.9.11.3 Develop and implement guidelines and protocols on integrating viral hepatitis in the context of HIV and STI response	4.9.11.3.1 Review existing HIV and STI prevention and treatment guidelines to include integration of viral hepatitis screening, treatment and management		Already costed as part of activity 4.9.4.4.4, no additional cost													
		4.9.11.3.2 Orient service providers on guidelines for integrating viral hepatitis screening, treatment and management in HIV and STIs response		Already costed as part of sub strategic objective 4.15.2, no additional cost				x	x	x	x	x	$0	$0	$0	$0	$0	
	4.9.11.4 Build capacity of service providers to provide viral hepatitis screening, treatment and management in the context of HIV and STIs response	4.9.11.4.1 Review existing HIV and STIs training curriculums to integrate viral Hepatitis screening, treatment and management		Already costed as part of activity 4.9.4.4.4, no additional cost				x					$0					
		4.9.11.4.2 Train service providers on viral hepatitis screening, treatment and management in the context of HIV and STIs response		Already costed as part of sub strategic objective 4.15.2, no additional cost				x	x	x	x	x	$0	$0	$0	$0	$0	
		4.9.11.4.3 Integrate support for viral hepatitis screening in existing HIV and STIs supervision and mentorship		Already costed as part of sub strategic objective 4.15.2, no additional cost				x	x	x	x	x	$0	$0	$0	$0	$0	
	Total Cost												$118,804,081.00	$121,770,812.00	$117,596,650.00	$116,624,669.00	$117,373,350.00	

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
Thematic area 3: Community Engagement, Gender, Equity and Human Rights																		
SO 4.12: A HIV and STI programming that engages communities and is gender, equity and human rights sensitive																		
4.12.1 Address Stigma and discrimination in access to and utilisation of HIV and STIs services	4.12.1.1 Implement national HIV stigma index survey every 2 years	4.12.1.1.1 Identify stakeholders and form working group for the conduct of the survey	Hold 3 national level meetings to form a TWG and develop the TORs	Hold a national level meeting for 30 participants to form the TWG	$125.00	per participant	30	x		x			$3,750.00	-$1.00	$3,750.00	-$1.00	-$1.00	Planning & Policy Meetings
		4.12.1.1.2 Engage a consultant to design the survey including development of protocols and survey tools	Hire an international consultant over a 30 day period to design the survey	Consultancy Fees	$905.50	per day of consultancy	30	x		x			$27,165.00	-$1.00	$27,165.00	-$1.00	-$1.00	Technical Assistance
			Conduct a 2 day national level meeting to validate the results of the consultancy. Ensure that 20 participants come from sub-national level	Conference Package	$25.00	per participant	50	x		x			$1,250.00	-$1.00	$1,250.00	-$1.00	-$1.00	Planning & Policy Meetings
				Accommodation	$70.00	per travelling participant	20	x		x			$1,400.00	-$1.00	$1,400.00	-$1.00	-$1.00	Planning & Policy Meetings
				Dinner	$15.00	per travelling participant	20	x		x			$300.00	-$1.00	$300.00	-$1.00	-$1.00	Planning & Policy Meetings
				Transport Allowance	$30.00	per travelling participant	20	x		x			$600.00	-$1.00	$600.00	-$1.00	-$1.00	Planning & Policy Meetings
		4.12.1.1.3 Conduct community sensitisation for the survey including meetings with community leaders/influencers, general community and networks of PLHIV	Hold national level meeting with 30 participants in each province to sensitise them on the survey	Conference Package	$25.00	per participant	30	x		x			$750.00	-$1.00	$750.00	-$1.00	-$1.00	Planning & Policy Meetings
		4.12.1.1.4 Conduct Stigma index survey data collection, analysis and report writing for the survey	Average study costs including costs for dissemination and or publication	Average costs per study	$200,000.00	per study	1	x		x			$200,000.00	-$1.00	$200,000.00	-$1.00		Research, M&E, QA and Supervision
	4.12.1.2 Disseminate findings from the stigma index, develop and implement action plan to address identified stigma issues	4.12.1.2.1 Conduct meeting with stakeholders to disseminate findings of the survey and develop action plan for addressing identified stigma and discrimination issues	Hold 1 day national level meeting with 50 participants, ensuring that 10 participants come from sub-national levels	Conference Package	$25.00	per participant	50	x		x			$1,250.00	-$1.00	$1,250.00	-$1.00	-$1.00	Planning & Policy Meetings
				Accomodation	$70.00	per travelling participant	10	x		x			$700.00	-$1.00	$700.00	-$1.00	-$1.00	Planning & Policy Meetings
				Dinner	$15.00	per travelling participant	10	x		x			$150.00	-$1.00	$150.00	-$1.00	-$1.00	Planning & Policy Meetings
				Transport Allownace	$30.00	per travelling participant	10	x		x			$300.00	-$1.00	$300.00	-$1.00	-$1.00	Planning & Policy Meetings

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.12.1.3 Target community mobilisation involving groups of PLWHIV and KPs to address stigma at community level	4.12.1.3.1 Engage a consultant to conduct mapping of resources and tools currently being used to address HIV stigma and discrimination at community level	Already costed as part of technical assistance in activity 4.12.1.1.1, no additional cost	No additional cost									-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Technical Assistance
		4.12.1.3.2 Conduct meetings for development of a standardised package for addressing HIV and STIs related stigma at community level	Hold 2 day national level meeting with 50 participants, ensuring 20 people from subnational level are present	Conference Package	$25.00	per participant	50	x	x	x	x	x	$1,250.00	$1,250.00	$1,250.00	$1,250.00	$1,250.00	Planning & Policy Meetings
				Accommodation	$70.00	per travelling participant	40	x	x	x	x	x	$2,800.00	$2,800.00	$2,800.00	$2,800.00	$2,800.00	Planning & Policy Meetings
				Dinner	$15.00	per travelling participant	40	x	x	x	x	x	$600.00	$600.00	$600.00	$600.00	$600.00	Planning & Policy Meetings
				Transport Allowance	$30.00	per travelling participant	20	x	x	x	x	x	$600.00	$600.00	$600.00	$600.00	$600.00	Planning & Policy Meetings
		4.12.1.3.3 Conduct stakeholder meetings to orient them on the standardised package for addressing HIV and STIs related stigma at community level	Already costed as part of activity 4.12.1.2.1, no additional cost	No additional cost				x					$0.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
	4.12.1.4 Train service providers on provision of stigma free HIV and AIDS services including training in value clarifications especially in KP service provision	4.12.1.4.1 Conduct review of existing materials/ tool for training health service providers on provision of stigma free services	Hire a consultant over a 60 day period to design tool for stigma free HIV services	Consultancy Fees	$905.50	per day of consultancy	60	x					$54,330.00	-$1.00	-$1.00	-$1.00	-$1.00	Technical Assistance
			Hold a national level meeting for 50 participants to validate the consultancy. Ensure at leas 20 members come from subnational levels	Conference Package	$25.00	per participant	50	x					$1,250.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
				Accommodation	$70.00	per travelling participant	40	x					$2,800.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
				Dinner	$15.00	per travelling participant	40	x					$600.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
				Transport Allowance	$30.00	per travelling participant	40	x					$1,200.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
		4.12.1.4.2 Develop a standardised material/package for training service providers in delivery of stigma free HIV and AIDS services	To be included in consultancy that is part of activity 4.12.4.1.1, no additional cost	No additional cost				x					$0.00	-$1.00	-$1.00	-$1.00	-$1.00	Technical Assistance
		4.12.1.4.3 Conduct a training needs assessment among health workers on provision of stigma free HIV and STI services	Train 60 healthcare workers per district on stigma free HIV services	Already costed as part of activity 4.14.1.4.6, no additional cost													-$1.00	Health Worker Training - In-service
		4.12.1.4.4 Develop a stigma reduction training plan for health workers based on the findings from the training needs assessment	To be included in consultancy that is part of activity 4.12.4.1.1, no additional cost	No additional cost									-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Technical Assistance
		4.12.1.4.5 Review available training approaches including mentorship, online, blended learning and OJT with view of integrating stigma reduction training for health workers.	Hold 5 day national level meeting with 50 participants to continuously review training approaches and make necessary changes	Conference Package	$35.00	per participant	50	x	x	x	x	x	$1,750.00	$1,750.00	$1,750.00	$1,750.00	$1,750.00	Planning & Policy Meetings
		4.12.1.4.6 Conduct training of health workers on stigma reduction in the delivery of HIV and STI services through integration in the existing training approaches	To be included in training that is part of activity 4.12.4.4, no additional cost	No additional cost									-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Health Worker Training - In-service

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.12.1.5 Active and meaningful involvement of PLHIV including expert clients, mentor mothers and KPs in provision of HIV and STIs services both at facility and community levels	4.12.1.5.1 Conduct a mapping exercise to identify cadres of PLHIV and KPs involved in service delivery at facility and community level	Conduct field visits over a 21 day period to conduct mapping exercise. Budget for a team of 5 participants										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Research, M&E, QA and Supervision
				Accommodation	$60.00	per participant	105	x	x	x	x	x	$6,300.00	$6,300.00	$6,300.00	$6,300.00	$6,300.00	Research, M&E, QA and Supervision
				Lunch	$15.00	per participant	105	x	x	x	x	x	$1,575.00	$1,575.00	$1,575.00	$1,575.00	$1,575.00	Research, M&E, QA and Supervision
				Dinner	$15.00	per participant	105	x	x	x	x	x	$1,575.00	$1,575.00	$1,575.00	$1,575.00	$1,575.00	Research, M&E, QA and Supervision
				Fuel	$1.50	per litre	600	x	x	x	x	x	$900.00	$900.00	$900.00	$900.00	$900.00	Research, M&E, QA and Supervision
		4.12.1.5.2 Conduct stakeholder meeting to disseminate findings of the mapping and develop an harmonised facility and community cadres of PLHIV and those affected by HIV involved in HIV and STI response.	Hold a 3 day provincial level training workshop for 50 participants to ensure that harmonisation of cadres aligns with the integration in the Community Health Strategy	Per-diems for 3 days	$110.00	per participant	150	x	x	x	x		$16,500.00	$16,500.00	$16,500.00	$16,500.00	-$1.00	Planning & Policy Meetings
		4.12.1.5.3 Review and update curriculums and training materials for various cadres of PLHIV involved in HIV and STIs service delivery at facility and community level	Hold a 5 day national meeting for 50 participants to review and integrate training curricular among all cadres, ensuring that at least 20 participants are involved in the process	Per-diems for 5 days	$110.00	per participant	250	x	x	x	x	x	$27,500.00	$27,500.00	$27,500.00	$27,500.00	$27,500.00	Planning & Policy Meetings
		4.12.1.5.4 Recruit community cadres for delivery of HIV and STI services at community and facility level including expert clients, peer educators, mentor mothers and KPs	No additional cost, to be included in ongoing recruitment of CHWs by the MOHCC and partners	No additional cost									-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Administration & Management (incl. salaries)
		4.12.1.5.5 Train the recruited community cadres using the updated curriculum/training materials	Train 60 CHWs per district over a 5 day period, assume 16 districts per quarter					x	x	x	x	x	$0.00	$0.00	$0.00	$0.00	$0.00	Health Worker Training - In-service
				Accommodation	$40.00	per community health worker	80	x	x	x	x	x	$3,200.00	$3,200.00	$3,200.00	$3,200.00	$3,200.00	Health Worker Training - In-service
				Lunch	$8.00	per community health worker	80	x	x	x	x	x	$640.00	$640.00	$640.00	$640.00	$640.00	Health Worker Training - In-service
				Dinner	$8.00	per community health worker	80	x	x	x	x	x	$640.00	$640.00	$640.00	$640.00	$640.00	Health Worker Training - In-service
				Transport Allowance	$10.00	per community health worker	80	x	x	x	x	x	$800.00	$800.00	$800.00	$800.00	$800.00	Health Worker Training - In-service
		4.1.12.1.5.6 Facilitate the community cadres to provide HIV and STIs services through provision of incentives	To be included as part of HR costs of MOHCC and partners, no additional cost	No additional cost									-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Administration & Management (incl. salaries)
4.12.2 Enhance facility community linkages and coordination in delivery of HIV and STIs services	4.12.2.1 Conduct mapping and service delivery gaps of HIV and STIs service delivery cadres and groups in the country	4.12.2.1.1 Conduct mapping exercise on community and facility linkages in the delivery of HIV and STI services	Already costed as part of activity 4.12.1.5.1, no additional cost	No additional cost									-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Research, M&E, QA and Supervision

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.12.2.1.2 Conduct stakeholders meetings to disseminate community and facility linkages mapping and development of an action plan to address identified challenges	Hold 2 day national level meeting with 50 participants, ensuring 20 people from subnational level are present	Conference Package	$25.00	per participant	100	x	x	x	x	x	$2,500.00	$2,500.00	$2,500.00	$2,500.00	$2,500.00	Planning & Policy Meetings
				Accommodation	$70.00	per participant	40	x	x	x	x	x	$2,800.00	$2,800.00	$2,800.00	$2,800.00	$2,800.00	Planning & Policy Meetings
				Dinner	$15.00	per participant	40	x	x	x	x	x	$600.00	$600.00	$600.00	$600.00	$600.00	Planning & Policy Meetings
				Transport Allowance	$30.00	per participant	40	x	x	x	x	x	$1,200.00	$1,200.00	$1,200.00	$1,200.00	$1,200.00	Planning & Policy Meetings
	4.12.2.2 Establish/and strengthen clear reporting and coordination mechanisms between community cadres involved in HIV and AIDS service delivery and health facilities	4.12.2.2.1 Review existing community cadres reporting and referral tools and coordination mechanisms	Already costed as part of activity 4.12.1.5.1, no additional cost	No additional cost									-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Research, M&E, QA and Supervision
		4.12.2.2.2Conduct stakeholders consultative meeting to update reporting tools and coordination mechanims based on the review findings	Already costed as part of activity 4.12.1.5.4, no additional cost	No additional cost									-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Research, M&E, QA and Supervision
		4.12.2.2.3 Orient community cadres on the updated reporting and referral tools	Hold district level meetings with 30 healthcare workers per district, assume 64 districts visited per annum	Per diems	$17.00	per participant	1920	x		x		x	$32,640.00	-$1.00	$32,640.00	-$1.00	$32,640.00	Planning & Policy Meetings
		4.12.2.2.4 Appoint a health service provider as a focal point in the link faciity to supervise and coordinate community cadres involved in provision of HIV and STI services	To be included as part of ongoing MOHCC activities, no additional cost	No additional cost									-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Administration & Management (incl. salaries)
		4.12.2.2.5 Facilite the community focal point service provider to conduct monthly supportive supervision to health facilities	Community focal person in each province to conduct 4 support and supervision visits to facilities every month	Lunch	$8.00	per visit	48	x	x	x	x	x	$384.00	$384.00	$384.00	$384.00	$384.00	Research, M&E, QA and Supervision
				Transport Allowance	$10.00	per visit	48	x	x	x	x	x	$480.00	$480.00	$480.00	$480.00	$480.00	Research, M&E, QA and Supervision
		4.12.2.2.6 Facilitate monthly facility and community cadres coordination meeting at link/ catchment facility	Hold 1 day district level meetings with 30 healthcare workers per district. Assume 16 districts visited per quarter		$17.00	per participant	1920	x	x	x	x	x	$32,640.00	$32,640.00	$32,640.00	$32,640.00	$32,640.00	Planning & Policy Meetings
	4.12.2.3 Facilitate use of community score cards to enhance facility-community accountability in delivery of HIV and STI services	4.12.2.3.1 Provision of technical assistance to develop community score card	Hire an international consultant over a 2 week period to develop community score card		$905.50	per day of consultancy	14	x					$12,677.00	-$1.00	-$1.00	-$1.00	-$1.00	Technical Assistance
			Hold a 1 day national level meeting to validate the consultancy, ensuring 20 participants come from subnational level		$25.00	per participant	50	x					$1,250.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
			Accomodation		$70.00	per travelling participant	20	x					$1,400.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
			Dinner		$15.00	per travelling participant	20	x					$300.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
			Transport Allownace		$30.00	per travelling participant	20	x					$600.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
		4.12.2.3.2 Conduct stakeholders score orientation meetings to facilitate roll out	Hold a national level meeting with 50 participants, enuring 20 participants come from sub national levels										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
			Accomodation		$70.00	per participant	20	x					$1,400.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
			Dinner		$15.00	per participant	20	x					$300.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
			Transport Allownace		$30.00	per participant	20	x					$600.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
		4.12.2.3.3 Train health workers and community cadres on the use of community score cards	Already costed as part of the community level training that is part of ativity 4.12.1.5.5. No additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Health Worker Training - In-service
		4.12.2.3.4 Facilitate accountability meetings between health care workers and community cadres	Already costed as part of activity 4.12.2.2.6, no additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Research, M&E, QA and Supervision
	4.12.2.4 Implement community feedback mechanisms in delivery of HIV and STI services including use of client service charters, suggestion boxes and exit interviews	4.12.2.4.1 Train facilities providing HIV and STIs services on development and use of client service charters as a part of improving customer care in delivery of services	Hold 2 day provincial level trainings with 80 particpants per province		$110.00	per participant	1600	x	x	x	x	x	$176,000.00	$176,000.00	$176,000.00	$176,000.00	$176,000.00	Health Worker Training - In-service
		4.12.2.4.2 Support facilities implementing HIV and STIs services to develop client service charters as part of improving customer care in the delivery of services	To be included in ongoing facility support activities 4.7.1.2.4.9.2.4.4 and other support visits. No additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Administration & Management (incl. salaries)
		4.12.2.4.3 Print client service charters and display them at HIV and STIs service delivery points	Print 5,000 copies of the client service charters		$10.00	per copy	5000	x		x			$50,000.00	-$1.00	$50,000.00	-$1.00	-$1.00	Communication costs (print, TV, radio)
		4.12.2.4.4 Develop facility suggestion boxes and sensitize clients to provide their suggestions towards improving HIV and STIs service delivery	Print 1,000,000 leaflets that will be used as questionaires to evaluate client satisfaction		$0.10	per leaflet	1000000	x		x			$100,000.00	-$1.00	$100,000.00	-$1.00	-$1.00	Communication costs (print, TV, radio)
4.12.3 Strengthen capacity of community groups including networks of PLHIV, adolescents and young people and key populations to participate in HIV response	4.12.3.1 Conduct capacity assessment and development capacity strengthening plan/ strategy	4.12.3.1.1 Review and update existing tools for assessing capacity of community based organisations including groups of PLHIV, adolescents and young people and KP in HIV and STIs response	Already costed as part of activity 4.12.2.2.1, no additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Research, M&E, QA and Supervision
		4.12.3.1.2 Conduct capacity assessment of community groups involved in delivery of HIV and STI services	To be included in the operational research costed in activity 4.12.1.5.1, no additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Research, M&E, QA and Supervision
		4.12.3.1.3 Conduct stakeholders engagement meeting for the development of capacity development plan/strategy for community groups involved in HIV and STI response at community level	Hold 5 day stakeholders meeting at national level for 50 participants to address gaps in the capacity of community groups. Ensure 20 people come from subnational levels		$25.00	per participant	250	x					$6,250.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
			Accomodation		$70.00	per travelling participant	100	x					$7,000.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
			Dinner		$15.00	per travelling participant	100	x					$1,500.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
			Transport Allownace		$30.00	per travelling participant	100	x					$3,000.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
	4.12.3.2 Strengthen capacity of community groups including networks of PLHIV, adolescents and young people and KP	4.12.3.2.1 Review existing capacity strengthening curriculums and training materials for community groups involved in HIV and STIs response	Already costed as part of activity 4.12.4.2.4, no additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.12.3.2.2 Conduct a stakeholders meeting to update the capacity building training materials to address gaps identified from the capacity assessment	Already costed as part of activity 4.12.4.2.4, no additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
		4.12.3.2.3 Conduct initial training of the identified community groups based on the capacity building plan/ strategy	To be included in existing trainings already costed in activities 4.12.1.4.6, 4.12.1.5.5 and activity 4.12.2.2.4. No additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Health Worker Training - In-service
		4.12.3.2.4 Continue capacity stregthening of the various community groups through mentorship and supportive supervision visits	To be included in existing trainings already costed in activities 4.11.1.4.6, 4.11.1.4.5 and activity 4.11.2.4.4. No additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Health Worker Training - In-service
	4.12.3.3 Support community groups including networks of PLHIV, adolescents and young people and KPs to participate in HIV and STIs response	4.12.3.3.1 Facilitate the groups to conduct meetings for development action plans for HIV and STI response at community level	Hold quarterly stakeholder meetings in each province for 50 participants		$20.00	per partcipant	200	x	x	x	x	x	$4,000.00	$4,000.00	$4,000.00	$4,000.00	$4,000.00	Planning & Policy Meetings
		4.12.3.3.2 Support the groups in mobilising funding for the implementing of HIV and STIs action plans at community level	Hold a 5 day workshop to develop a concept note and investment case to mobilise additional funding for community groups. Budget for 50 participants		$110.00	per partcipant	250	x	x	x	x	x	$27,500.00	$27,500.00	$27,500.00	$27,500.00	$27,500.00	Planning & Policy Meetings
4.12.4 Address community vulnerability issues which impact on their access to HIV an STIs services	4.12.4.1	Conduct vulnerability assessment on factors that increase risk to HIV acquisition and also negatively impact on access to HIV and STIs services	4.12.4.1.1 Conduct community vulnerability assessments that make them vulnerable to HIV infection and hinder access to HIV and STIs prevention, management and treament services	Already costed as part of activity 4.12.1.5.1, no additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00
		4.12.4.1.2 Conduct stakeholders meetings to disseminate findings from thevulnerability assessment exercise	Conduct a national level meeting with 50 participants for 3 days		$25.00	per participant	150	x					$3,750.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
	4.12.4.2 Implement interventions to address vulnerabilities at community level	4.12.4.2.1 Conduct consultative meeting to develop strategy for addressing community vulnerabilities especially for adolescent girls	Already costed as part of activity 4.12.1.5.1, no additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
		4.12.4.2.2 Conduct partnership meetings and develop MoUs with social security department and partners to design and implement social protection package/strategy in the context of HIV and STIs	Conduct a national level meeting with 50 participants		$25.00	per participant	50	x	x	x	x	x	$1,250.00	$1,250.00	$1,250.00	$1,250.00	$1,250.00	Planning & Policy Meetings
		4.12.4.2.3 Conduct advocacy meetings with relevant authorities to waive user fees in the provision of HIV and STI services and related comormibidities	Already costed as part of activity 4.12.4.2.2, no additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
		4.12.4.2.4 Support PLHIV support groups and link them to SMEs to provide funding for small businesses	Already costed as part of activity 4.12.4.4.2, no additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.12.4.3 Implement nutrition and food security interventions for PLHIV	4.12.4.3.1 Conduct an assessment to understand the food security and nutrition situation among PLHIV	Conduct fieldwork and key informant interviews over a 21 day period to develop a situational analysis on the food security situation. Budget for 5 assessors										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Research, M&E, QA and Supervision
			Accomodation		$60.00	per travelling participant	105		x		x		-$1.00	$6,300.00	-$1.00	$6,300.00	-$1.00	Research, M&E, QA and Supervision
			Lunch		$15.00	per travelling participant	105		x		x		-$1.00	$1,575.00	-$1.00	$1,575.00	-$1.00	Research, M&E, QA and Supervision
			Dinner		$15.00	per travelling participant	105		x		x		-$1.00	$1,575.00	-$1.00	$1,575.00	-$1.00	Research, M&E, QA and Supervision
			Fuel		$1.50	per litre	600		x		x		-$1.00	$900.00	-$1.00	$900.00	-$1.00	Research, M&E, QA and Supervision
		4.12.4.3.2 Link with nutrtion and food security agencies to provide food and nutrition supplements to PLHIV as part of care package	Hold a national level meeting with 50 stakeholders to find ways of improving coordination and collaboration in food security for PLHIV. Ensure 20 participants come from sub-national level		$25.00	per participant	50		x		x		-$1.00	$1,250.00	-$1.00	$1,250.00	-$1.00	Planning & Policy Meetings
			Accomodation		$70.00	per travelling participant	20		x		x		-$1.00	$1,400.00	-$1.00	$1,400.00	-$1.00	Planning & Policy Meetings
			Dinner		$15.00	per travelling participant	20		x		x		-$1.00	$300.00	-$1.00	$300.00	-$1.00	Planning & Policy Meetings
			Transport Allownace		$30.00	per travelling participant	20						-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
		4.12.4.3.3 Link PLHIV with food security organisations to support in implementation of food security livehood programs	Already costed as part of activity 4.12.4.4.2, no additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
4.12.5 Address policy and legal barriers that hinder access to HIV and STI prevention services	4.12.5.1 Utilise results from UNAIDS supported national legal and policy barrier framework analysis	4.12.5.1.1 Conduct dissemination findings on the assessment of legal and policy barriers to access and utilisation of HIV and STIs services	Hold a national level meeting for 50 participants to determine barriers to access, ensuring 20 participants come from sub-national levels		$25.00	per participant	50	x	x	x	x	x	$1,250.00	$1,250.00	$1,250.00	$1,250.00	$1,250.00	Planning & Policy Meetings
			Accomodation		$70.00	per travelling participant	20	x	x	x	x	x	$1,400.00	$1,400.00	$1,400.00	$1,400.00	$1,400.00	Planning & Policy Meetings
			Dinner		$15.00	per travelling participant	20	x	x	x	x	x	$300.00	$300.00	$300.00	$300.00	$300.00	Planning & Policy Meetings
			Transport Allownace		$30.00	per travelling participant	20	x	x	x	x	x	$600.00	$600.00	$600.00	$600.00	$600.00	Planning & Policy Meetings
		4.12.5.1.2 Based on the findings of the legal and policy analysis, provide technical assistance for the review and update existing policy and legal frameworks	Hire an international consultant over a 2 week period to review and update existing policy and legal frameworks		$905.50	per day of consulting	14	x					$12,677.00	-$1.00	-$1.00	-$1.00	-$1.00	Technical Assistance
		4.12.5.1.3 Sensitize service providers on the updated policy and legal frameworks to ensure protection of rights of PLHIV	Hold a national level meeting for 30 participants to review update policy		$25.00	per participant	30	x					$750.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
		4.12.5.1.4 Review existing client treatment literacy manual and other PLHIV engagement materials to include their rights and protection in the materials	To be included as part of technical assistance in activity 4.12.5.1.2, no additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.12.5.1.5 Sensitize PLHIVs through their networks on their human rights	Already costed as part of activity 4.12.4.4.1, no additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Planning & Policy Meetings
		4.12.5.1.6 Integrate protection of client rights in the already existing supportive supervision visits	To be included in the in - service training of HCW through the HIT blended Learning, and through continued mentorship already budgeted for in the Care and Treatment section. No additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Research, M&E, QA and Supervision
4.12.6 Strengthen gender mainstreaming in HIV and STI response	4.12.6.1 Update service providers on gender mainstreaming in HIV and STIs response	4.12.6.1.1 Review and update existing tools for promoting gender mainstreaming in HIV and STIs programming	Already costed as part of activity 4.11.4.4.1, no additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Research, M&E, QA and Supervision
		4.12.6.1.2 Orient health workers through mentorship visits on mainstreaming gender principles in their service delivery	To be included in the in - service training of HCW through the HIT blended Learning, and through continued mentorship already budgeted for in the Care and Treatment section. No additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Health Worker Training - In-service
	4.12.6.2 Scale up GBV interventions including ensuring all the time availability of PEP for SGBV survivors	4.12.6.2.1 Conduct documentation of experiences in health facilities that are integrating GBV services	To be included in ongoing MOHCC activities and meetings, no additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Research, M&E, QA and Supervision
		4.12.6.2.2 Conduct stakeholders meetings to disseminate findings the health facilities implementing GBV services	Hold a national level meeting with 50 participants in total to disseminate findings from GBV documentation. Ensure 20 participants come from subnational levels		$25.00	per participant	50	x	x	x	x	x	$1,250.00	$1,250.00	$1,250.00	$1,250.00	$1,250.00	Planning & Policy Meetings
			Accomodation		$70.00	per travelling participant	20	x	x	x	x	x	$1,400.00	$1,400.00	$1,400.00	$1,400.00	$1,400.00	Planning & Policy Meetings
			Dinner		$15.00	per travelling participant	20	x	x	x	x	x	$300.00	$300.00	$300.00	$300.00	$300.00	Planning & Policy Meetings
			Transport Allownace		$30.00	per travelling participant	20	x	x	x	x	x	$600.00	$600.00	$600.00	$600.00	$600.00	Planning & Policy Meetings
		4.12.6.2.3 Orient health care workers on provision of GBV services through mentorship and supportive supervision	To be included in the in - service training of HCW through the HIT blended Learning, and through continued mentorship already budgeted for in the Care and Treatment section. No additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Health Worker Training - In-service
		4.12.6.2.4 Roll out provision of GBV to other health facilities based on experiences from health facilities already implementing GBV services	To be included in ongoing MOHCC activities, no additional cost										-$1.00	-$1.00	-$1.00	-$1.00	-$1.00	Administration & Management (incl. salaries)
	Total Cost												$856,973	$336,384	$743,339	$336,384	$339,224	

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
Thematic area 4: Resillient and Sustainable Health Systems and cross-cutting issues																		
SO 4.13: Strengthened leadership and governance for effective HIV and STIs response																		
4.13.1 Increase investments for HIV and STI response and ensure sustainability	4.13.1.1 Establish, empower and facilitate HIV and AIDS financing advocacy/ lobby group	4.13.1.1.1 Establish an inclusive HIV and AIDS financing advocacy coalition group with clear terms of reference	Terms of reference made within existing MOHCC internal structures	(no cost allocated)														Planning & Policy Meetings
		4.13.1.1.2 Train the established HIV and AIDS financing advocacy coalition group	Conduct two day trainings for HIV and AIDS coalition group	One day national level training with 15 people and 1 facilitator (based in Harare), conference package and transport allowance	$50	per person per day	15	x	x	x	x	x	$750	$750	$750	$750	$750	Health Worker Training - Pre-service
		4.13.1.1.3 Facilitate HIV and STIs financing coalition consultative meeting for development of action plan	Conduct a half day meeting for action plan development	One day national level meeting with 15 people (based in Harare), conference package and transport allowance	$50	per person per day	15	x	x	x	x	x	$750	$750	$750	$750	$750	Planning & Policy Meetings
		4.13.1.1.4 Facilitate the HIV and STI financing advocacy and coalition groups to participate in annual budget making process	Conduct a full day meeting for action plan development	One day national level meeting with 15 people (based in Harare), conference package and transport allowance	$50	per person per day	15	x	x	x	x	x	$750	$750	$750	$750	$750	Planning & Policy Meetings
		4.13.1.1.5 Review and update existing HIV and AIDS budget tracking tools	Review and update will be performed at MOHCC offices	(no cost allocated)									$-1	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.13.1.1.6 Orient the HIV and AIDS advocacy coalition on the use of the budget tracking tools	Conduct a half day meeting on budget tracking tools.	half day national level meeting with 15 people and 1 facilitator (based in Harare), conference package and transport allowance	$50	per person per day	16	x	x	x	x	x	$800	$800	$800	$800	$800	Planning & Policy Meetings
		4.13.1.1.7 Facilitate the HIV and STI financing advocacy and coalition groups to undertake budge tracking	Conduct a half day meeting for budget tracking	half day national level meeting with 15 people (based in Harare), conference package and transport allowance	$50	per person per day	15	x	x	x	x	x	$750	$750	$750	$750	$750	Planning & Policy Meetings
	4.13.1.2 Conduct resource mapping to identify commitments for the strategy period by thematic areas, and financing gaps and develop HIV and STIs resource mobilisation strategy	4.13.1.2.1 Provide technical assistance for implementation of annual resource mapping exercise	3 x National Consultants	5 Day 3 x Technical consultants providing technical assistance work	$680	per person per day	15	x					$10,200	$-1	$-1	$-1	$-1	Technical Assistance
		4.13.1.2.2 Conduct stakeholders consultative meetings to disseminate resource mapping findings	Conduct a half day meeting for resource mapping findings dissemination	half day national level meeting with 25 people (based in Harare), conference package and transport allowance	$50	per person per day	25	x	x	x	x	x	$1,250	$1,250	$1,250	$1,250	$1,250	Planning & Policy Meetings
		4.13.1.2.3 Develop a national HIV and STIs resource mobilisation strategy to bridge financial gaps	Conduct a full 3 day meeting for the development of resource mobilisation strategy	3 day meeting with 20 people (Harare based), conference package and transport allowance	$50	per person per day	60	x			x	x	$3,000	$-1	$-1	$3,000	$3,000	Planning & Policy Meetings
	4.13.1.3 Conduct an analysis of the overall country macro-economic situation and its impact on HIV and STIs response and develop appropriate plans to sustain HIV and STI response	4.13.1.3.1 Conduct a macro-economic analysis and its impact on HIV and STIs response	Analysis perfromed at MOHCC offices	(no cost allocated)									$-1	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.13.1.3.2 Conduct stakeholders consultative meetings to disseminate the macro-economic analysis and its impact on HIV and STIs response	Conduct a half day meeting for macro-econoic analysis and impact dissemination	half day national level meeting with 50 people (based in Harare), conference package and transport allowance	$50	per person per day	50	x	x	x	x	x	$2,500	$2,500	$2,500	$2,500	$2,500	Planning & Policy Meetings
		4.13.1.3.3 Develop a national strategy to address the impact of the country's macro-economic situation on HIV and STIs response	Conduct a full 4 day meetings for the development national strategy addressing macro-economic situation and response	4 day meeting with 35 people, 10 participants from Provincial level, accomodation, conference package, dinner and transport allowance	$125	per person per day	140	x				x	$17,500	$-1	$-1	$-1	$17,500	Planning & Policy Meetings
4.13.2. Strengthen coordination and integration in HIV and STI response	4.13.2.1 Strengthen coordination between MoHCC HIV, TB, RMNCAH, NCDs and other relevant departments through facilitating joint planning, review and support supervision	4.13.2.1.1 Provision of technical assistance to AIDS and TB unit to develop a position paper on promoting efficiency in HIV and STIs response through intergration and coordination	3 x National Consultants	5 Day 3 x Technical consultants providing technical assistance work	$680	per person per day	15	x					$10,200	$-1	$-1	$-1	$-1	Technical Assistance
		4.13.2.1.2 Conduct a meeting with development partners through the donor coordination office to present position paper on integrated and coordinated HIV and STIs response	Conduct a full day meeting with development partners	1 day meeting with 55 people (Harare based), conference package and transport allowance	$70	per person per day	55	x					$3,850	$-1	$-1	$-1	$-1	Planning & Policy Meetings

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.13.2.1.3 Facilitate development of resolution/commitment statement by development partners and donors on supporting delivery of an integrated and coordinated HIV and STIs response	Conduct a half day meeting with development partners	1 day meeting with 55 people (Harare based), conference package and transport allowance	$15	per person per day	55	x					$825	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.13.2.1.4 Facilitate participation of the AIDS and TB unit in donor/ development partners coordination meetings	Utilization of existing internal structures within MOHCC	(no cost allocated)				x	x	x	x	x	$-	$-	$-	$-	$-	Planning & Policy Meetings
		4.13.2.1.5 Develop a ministerial position paper on strengthening HIV, TB, RMNCAH, NCDs and other sectors in the national HIV and STIs response	Utilization of existing internal structures for collaboration within MOHCC	(no cost allocated)				x					$-	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.13.2.1.6 Conduct dissemination meeting of the position paper for strengthening HIV, TB, RMNCAH and NCDs integration and coordination	Conduct a half day meeting for the dissemination of position paper	1 day meeting with 25 people (Harare based), conference package and transport allowance	$25	per person per day	25	x					$625	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.13.2.1.7 Facilitate Quarterly HIV and TB joint planning and review meetings	Utilization of existing internal structures for collaboration within MOHCC	(no cost allocated)									$-1	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.13.2.1.8 Facilitate annual HIV, TB and RMNCAH joint planning and review meetings	Conduct a full 4 day meetings for the development national strategy addressing macro-economic situation and response	4 day meeting with 80 people, 30 participants from Provincial level, accomodation, conference package, dinner and transport allowance	$125	per person per day	320	x	x	x	x	x	$40,000	$40,000	$40,000	$40,000	$40,000	Planning & Policy Meetings
		4.13.2.1.9 Facilitate Quartely HIV, TB and RMNCAH joint supervision visits at provincial, district and facility levels	Conduct a 5 day joint supervision visits at provincial level each quarter	5 day joint supervision with 15 people from National Level, acoomodation, meals, fuel	$83	per person per day	75	x	x	x	x	x	$6,256	$6,256	$6,256	$6,256	$6,256	Research, M&E, QA and Supervision
		4.13.2.1.10 Facilitate development of a joint HIV, STIs and TB strategy	Conduct a full 4 day meetings for the development national strategy addressing macro-economic situation and response	4 day meeting with 80 people, 30 participants from Provincial level, accomodation, conference package, dinner and transport allowance	$70	per person per day	320	x				x	$22,400	$-1	$-1	$-1	$22,400	Planning & Policy Meetings
	4.13.2.2 Ensure functionality of HIV and STIs coordination forums including TWGs	4.13.2.2.1 Conduct an analysis of the existing HIV and STIs coordination forums to identify functionality and areas that need to be strengthened	Utilization of existing internal structures within MOHCC	(no cost allocated)				x					$-	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.13.2.2.2 Conduct stakeholders forum to disseminate findings from the HIV and STIs coordination forums functionality assesment	Conduct a full day meeting for dissemination of findings of the coordination forums functionality	full day national level meeting with 45 people (based in Harare), conference package and transport allowance	$60	per person per day	45	x	x	x	x	x	$2,700	$2,700	$2,700	$2,700	$2,700	Planning & Policy Meetings
		4.13.2.2.3 Develop an action plan for strengthening HIV and AIDS coordination forums	Conducted with dissemination findings meeting	(no cost allocated)				x				x	$-	$-1	$-1	$-1	$-	Planning & Policy Meetings
		4.13.2.2.4 Facilitate routine meetings for the HIV and STIs coordination forums including TWGs at all levels	Conduct a half day meeting quarterly for coordination forums and TWG	half day meeting with 30 people (Harare based), conference package and transport allowance	$50	per person per day	30	x	x	x			$1,500	$1,500	$1,500	$-1	$-1	Planning & Policy Meetings
	4.13.2.3 Strengthen donor coordination through already existing donor coordination desk to ensure efficiency in delivery of HIV and STI response.	4.13.2.3.1 Conduct quartely coordnitation review meetings with donors	Conduct full day meetings with Donors review coordination activties scheduled	Full day meeting with 50 people (Harare based), conference package and transport allowance	$50	per person per day	50	x	x	x			$2,500	$2,500	$2,500	$-1	$-1	Planning & Policy Meetings
4.13.3 Strengthen leadership and governance for HIV and STIs response at all levels	4.13.3.1 Conduct a review of the HIV and STI management and leadership functions at all levels	4.13.3.1.1 Conduct a HIV and STIs leadership and governance assessment at national, provincial and district level for supporting implementation of the joint HIV and STIs strategy	Perform national Assessment	(no cost allocated)				x					$-	$-1	$-1	$-1	$-1	Administration & Management (incl. salaries)

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
			Conduct a 5 day assessment at provincial level	5 day assessment with 20 people from National Level, acoomodation, meals, fuel	$83	per person per day	100	x					$8,341	$-1	$-1	$-1	$-1	Administration & Management (incl. salaries)
			Conduct a 5 day assessment at district level	5 day assessment with 20 people from ProvincialLevel, acoomodation, meals, fuel	$76	per person per day	100	x					$7,591	$-1	$-1	$-1	$-1	Administration & Management (incl. salaries)
		4.13.3.1.2 Conduct a dissemination meeting on the finding of the review with view to developing recommendations to strengthen leadership for HIV and STIs response at all levels	Conduct a full day meeting for dissemination of findings on the review and development of recommendations	full day meeting with 30 people (Harare based), conference package and transport allowance	$50	per person per day	30	x					$1,500	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.13.3.1.3 Conduct an amendment/review and updating of the organisational structure of the AIDS and TB unit based on the findings of the review	Utilization of existing internal structures within MOHCC	(no cost allocated)				x					$-	$-1	$-1	$-1	$-1	Administration & Management (incl. salaries)
	4.13.3.2 Strengthen staffing at leadership at leadership and management level for effective HIV and STI response	4.13.3.2.1 Conduct an analysis of the staffing at national, provincial and district level for the effective implementation of the joint HIV and STIs strategy	Utilization of existing internal structures within MOHCC	(no cost allocated)				x					$-	$-1	$-1	$-1	$-1	Administration & Management (incl. salaries)
		4.13.3.2.2 Review and update staff roles and responsibilities at all levels to ensure effective implementation of the joint strategy	Utilization of existing internal structures within MOHCC	(no cost allocated)				x					$-	$-1	$-1	$-1	$-1	Administration & Management (incl. salaries)
		4.13.3.2.3 Recruit/ second critical cadres at leadership and governance level to strengthen implementation of the joint strategy based on the review findings	Utilization of existing internal structures within MOHCC	(no cost allocated)					x				$-1	$-	$-1	$-1	$-1	Administration & Management (incl. salaries)
Total Cost													$146,538	$60,506	$60,506	$59,506	$99,406	

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.14: Improved data quality and use for effective HIV and STIs response																		
4.14.1 Improve HIV and STI data quality and use for decision making	4.14.1.1 Conduct routine data quality assessments, audits and reviews for HIV and STIs	4.14.1.1.1 Conduct consultative meetings for the development of HIV and STIs RDQA/DQA guidelines and SOPs		One day national level meeting for 50 at provincial level	$125.00	per person	50	x					$6,250	$(1)	$(1)	$(1)	$(1)	Planning & Policy Meetings
		4.14.1.1.2 Conduct consultative meetings to orient stakeholders on the RDQA/DQA guidelines and SOPs		Meeting for 40 pple (Teas and Lunch in the ATP boardroom)	$35.00	per person	40	x					$1,400	$(1)	$(1)	$(1)	$(1)	Planning & Policy Meetings
		4.14.1.1.3 Establish and train provincial and district HIV and STIs DQA/RDQA teams	Conduct national Trainer or Trainer workshop with 35 people	One national trainings with 35 people each for two days	$125.00	per person	70	x					$8,750	$(1)	$(1)	$(1)	$(1)	Health Worker Training - In-service
			Conduct one day provincial trainings for RDQA teams in each province	10 provincial trainings with 30 people each	$110.00	per person	600	x					$66,000	$(1)	$(1)	$(1)	$(1)	Health Worker Training - In-service
		4.14.1.1.4 Conduct joint HIV and STIs RDQA/ DQA at provincial, district and facility levels	District teams conduct joint HIV and STIs RDQA/DQA at district and facility levels with provincial support and supervision	Accommodation, Bed and Breakfast	$20.91	per person	7200	x	x	x	x	x	$150,545	$150,545	$150,545	$150,545	$150,545	Research, M&E, QA and Supervision
				Fuel 1000l per province	$1.50	Per litre	10000	x	x	x	x	x	$15,000	$15,000	$15,000	$15,000	$15,000	Research, M&E, QA and Supervision
		4.14.1.1.5 Conduct onsite data verification quarterly at national, provincial and district level, monthly at facility level	Onsite Data Verification by National Team	Quarterly Data Verification by National Team of 15 people for 5 days	$125.00	per person per day	300	x	x	x	x	x	$37,500	$37,500	$37,500	$37,500	$37,500	Research, M&E, QA and Supervision
			Onsite Data Verification by Provincial Team	Quarterly Data Verification by provincial Team of 5 people for 5 days	$110.00	per person per day	800	x	x	x	x	x	$88,000	$88,000	$88,000	$88,000	$88,000	Research, M&E, QA and Supervision

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
			Onsite Data Verification by District Team	Monthly Data Verification by District Team of 5 people for 5 days	$75.00	per person per day	19200	x	x	x	x	x	$1,440,000	$1,440,000	$1,440,000	$1,440,000	$1,440,000	Research, M&E, QA and Supervision
		4.14.1.1.6 Provide technical assistance to develop and implement data validation rules in electronic systems		Outsource work to code validation rules into DHIS2	$680.00	per day	10	x					$6,800	$(1)	$(1)	$(1)	$(1)	Technical Assistance
		4.14.1.1.7 Conduct readiness assessment for the decentralisatin of DHIS 2 to district and facility level		2 teams of 5 people per province (x10 provinces) for 10 days	$110.00	per person per day	100	x					$11,000	$(1)	$(1)	$(1)	$(1)	Technical Assistance
			Training on the assessment	One day training meeting for 50 people	$110.00	per person per day	50	x					$5,500					Health Worker Training - In-service
		4.14.1.1.8 Using findings from the readiness assessment provide the neccesary software and hardware including provision of computers and internet for DHIS 2 decentralization	Procure hardware and sofaware for 1097 facilities	What hardware is this?				x					$-	$(1)	$(1)	$(1)	$(1)	Capital Medical/Lab Equipment - Maintenance
		4.14.1.1.9 Train health care workers in the use of DHIS 2 for improving HIV and STIs data quality		3 day district level Training for at least 1 health worker from 1097 facilities	$75.00	per person per day	3291	x	x	x	x	x	$246,825	$246,825	$246,825	$246,825	$246,825	Health Worker Training - In-service
		4.14.1.1.10 Conduct Quartely data quality review meetings at national and provincial level	Conduct routine national level data quality reviews	One day national level meeting for 40 people (Teas and Lunch).	$35.00	per person per day	40	x	x	x	x	x	$1,400	$1,400	$1,400	$1,400	$1,400	Planning & Policy Meetings
			Conduct provincial level data quality review meetings	One day meeting with 30 people	$110.00	per person per day	1200	x	x	x	x	x	$132,000	$132,000	$132,000	$132,000	$132,000	Research, M&E, QA and Supervision
		4.14.1.1.11 Conduct monthly data quality review meetings at facility level		No associated costs				x	x	x	x	x	$-	$-	$-	$-	$-	Research, M&E, QA and Supervision
		4.14.1.1.12 Provide technical assistance for the development of unique identifier algorith	Engage a local consultant to develop unique identifier algorithm for the HIV & STI programme	10 days for local cosultant time	$680.00	per day	10	x					$6,800	$(1)	$(1)	$(1)	$(1)	Technical Assistance
	4.14.1.2 Ensure availability of adequate, updated and standardised HIV and STIs M& E data collection tools and their use	4.14.1.2.1 Conduct a review and update of existing HIV and STIs data collection and reporting tools	Conduct a review and update meeting on HIV &STIs data collection tools	A 5 day provincial level meeting for 75 pple / 5 nights (Conferencing, Perdiems, Transport)	$110.00	per person per day	375	X					$41,250	$(1)	$(1)	$(1)	$(1)	Planning & Policy Meetings
		4.14.1.2.2 Print data collection and reporting tools and indicator reference sheets		Annual HMIS patient management tools costs	$1,612,366.00	per annum	1	X	X	X	X	x	$1,612,366	$1,612,366	$1,612,366	$1,612,366	$1,612,366	Communication costs (print, TV, radio)
		4.14.1.2.3 Conduct distribution of the updated HIV and STIs data collection and reporting tools	Distribution from national level to 10 provinces	Distribution of the updated HIV and STIs data collection and reporting tools from national to province (1 driver x 1 day x 10 provinces + fuel)	$125.00	per day	10	X	X	X	X	x	$1,250	$1,250	$1,250	$1,250	$1,250	Research, M&E, QA and Supervision
			Distribution from provinces to 63 districts	Distribution of the updated HIV and STIs data collection and reporting tools from the province to 63 districts (1 driver x 1 day x 63 districts + fuel)	$110.00	per day	63	X	X	X	X	x	$6,930	$6,930	$6,930	$6,930	$6,930	Research, M&E, QA and Supervision
			Distribution from districts to 1700 sites	Distribution of the updated HIV and STIs data collection and reporting tools from the province to 63 districts (1 driver x 10 days x 63 districts (1700 sites) + fuel)	$75.00	per day	630	X	X	X	X	x	$47,250	$47,250	$47,250	$47,250	$47,250	Research, M&E, QA and Supervision

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.14.1.2.4 Orient health workers on the updated data collection and reporting tools	Conduct TOT of district mentors	A 3 day provincial level meeting for 100 pple / 2 nights (Conferencing, Perdiems, Transport) (50 for Northern and Southern)	$110.00	per person per day	300	X					$33,000	$(1)	$(1)	$(1)	$(1)	Health Worker Training - In-service
			63 District level meetings	63 X 1 day district level meetings to cater for 1700 sites (Conferencing, Perdiems, Transport) (1 person per sites in 2 day district level meeting)	$27.00	per person per day	1700	X					$45,900	$(1)	$(1)	$(1)	$(1)	Planning & Policy Meetings
		4.14.1.2.5 Conduct supportive supervision and mentorship visits to health facilities to ensure adherence and use of the updated data collection and reporting tools	Supervision and Supportive visit by National level	National team X 15 pple for 5 days to districts (Provincial rate per diems , transport) (quarterly)	$83.41	per person per day	300	X	X	X	X	x	$25,023	$25,023	$25,023	$25,023	$25,023	Research, M&E, QA and Supervision
			Supervision and Supportive visit by Province level	10 Provincial team X 5 pple for 5 days (District rate per diems , transport)(Quarterly)	$75.91	per person per day	1000	X	X	X	X	x	$75,909	$75,909	$75,909	$75,909	$75,909	Research, M&E, QA and Supervision
			Supervision and Supportive visit by District Team	63 X District team X 5 pple for 5 days (transport, Lunch)(Monthly)	$20.91	per person per day	18900	X	X	X	X	x	$395,182	$395,182	$395,182	$395,182	$395,182	Research, M&E, QA and Supervision
	4.14.1.3 Strengthen HIV and STIs data use for decision making	4.14.1.3.1 Conduct health workers training needs assessment on HIV and STIs data use for decision making including on data analyis, presentation, interpretation and use	Engage technical consultant to conduct a training needs assessment for HIV & STIs data use for decision making	Consultancy fees for 20 days days for 1 international consultant	$905.50	per day	10	x					$9,055	$(1)	$(1)	$(1)	$(1)	Technical Assistance
			Inception and feedbcak meeting	2 meetings (1 inception and 1 feedback) with conferencing for 50 people each at national level	$50.00	per person per day	100	x					$5,000	$(1)	$(1)	$(1)	$(1)	Planning & Policy Meetings
			Field vist	Two national teams of 5 people for 5 days	$83.41	per person per day	25	x					$2,085	$(1)	$(1)	$(1)	$(1)	Research, M&E, QA and Supervision
		4.14.1.3.2 Develop a HIV and STI tool kit for data use for data making	Engage technical consultant to develop an HIV & STI tool kit for data use	Consultancy fees for 5 days days for 1 international consultant	$905.50	per day	5	x					$4,528	$(1)	$(1)	$(1)	$(1)	Technical Assistance
		4.14.1.3.3 Develop HIV and STIs strategic information mentorship and training guide	Engage technical consultant to develop an HIV & STI tool kit for data use	Consultancy fees for 5 days days for 1 international consultant	$905.50	per day	5	x					$4,528	$(1)	$(1)	$(1)	$(1)	Technical Assistance
		4.14.1.3.4 Conduct health workers training (through mentorship) on HIV and STIs data use of decision making based on the assessment findings		3 day district level training meeting for 1700 health workers	$75.00	per person per day	5100	x					$382,500	$(1)	$(1)	$(1)	$(1)	Planning & Policy Meetings
		4.14.1.3.5 Support in provision of technical assistance for the development of data visuals for key indicators (dashboards) in DHIS 2 and situation room	Engage technical consultant to develop an HIV & STI tool kit for data use	Consultancy fees for 5 days days for 1 international consultant	$905.50	per day	5	x					$4,528	$(1)	$(1)	$(1)	$(1)	Technical Assistance
		4.14.1.3.6 Conduct national and provincial HIV and STIs data use for decision making conferences		3 day meeting for 50 people per year for 5 years	$50.00	per person per day	150	x	x	x	x	x	$7,500	$7,500	$7,500	$7,500	$7,500	Planning & Policy Meetings
		4.14.1.3.7 Produce quarterly SI bulletins on key highlights, new developments, success stories,		Design and print of 150 copies per quarter	$2,000.00	per quarter	4	x	x	x	x	x	$8,000	$8,000	$8,000	$8,000	$8,000	Communication costs (print, TV, radio)
	4.14.1.4 Develop and rollout a Data Utilization Toolkit for HIV and STIs response			No additional cost, to use existing DHIS2, ePMS and other systems														

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
4.14.2 Scale up use of electronic systems in HIV and STI	4.14.2.1 Ensure country readiness for roll out of electronic systems for HIV and STI response	4.14.2.1.1 Conduct a national readiness assessment for the roll out of electronic health information systems for HIV and STIs response	Engage technical consultant to conduct a national readiness assessment for the roll out of electronic health information systems for HIV and STIs response	Consultancy fees for 20 days days for 1 international consultant	$905.50	per day	20	x					$18,110	$(1)	$(1)	$(1)	$(1)	Technical Assistance
		4.14.2.1.2 Develop HIV and STIs electronic systems roll out plan using the assessment findings	Engage technical consultant to develop HIV and STIs electronic systems roll out plan using the assessment findings	Consultancy fees for 10 days days for 1 international consultant	$905.50	per day	10	x					$9,055	$(1)	$(1)	$(1)	$(1)	Technical Assistance
		4.14.2.1.3 Implement necessary infrastructural support including provision of electricity to enable roll out of the HIV and STIs elecronic systems		To be developed once assessment in activity 4.14.2.1.1 is complete, no additional cost				x	x	x	x	x	$-	$-	$-	$-	$-	
		4.14.2.1.4 Procurement of necessary equipment including computers and and software installation for HIV and STIs electronic systems roll out		To be developed once assessment in activity 4.14.2.1.1 is complete, no additional cost				x	x	x	x		$-	$-	$-	$-	$(1)	
	4.14.2.2 Strengthen harmonisation and interoperability of HIV and STIs electronic systems	4.14.2.2.1 Review existing HIV and STIs electronic systems with view to supporting their harmonisation and inter-operability		To be conducted as part of the service readiness assessment in activity 4.14.2.1.1, no additional cost				x					$-	$(1)	$(1)	$(1)	$(1)	
		4.14.2.2.2 Conduct stakeholders dissemination meetings on the findings of the review and develop a road map for supporting harmonisation and inter-operability of existing electronic systems		Two day national meeting with 50 stakeholders	$50.00	per person per day	100	x					$5,000	$(1)	$(1)	$(1)	$(1)	Planning & Policy Meetings
		4.14.2.2.3 Provide technical assistance for the development of an harmonised and inter-operable HIV and STIs electronic systems	Engage technical consultant to develop a harmonised and inter-operable HIV and STIs electronic systems	Consultancy fees for 30 days days for 1 international consultant	$905.50	per day	30	x					$27,165	$(1)	$(1)	$(1)	$(1)	Technical Assistance
	4.14.2.4 Build capacity of health workers to use/implement HIV and STIs electronic health information systems	4.14.2.4.1 Conduct a health workers capacity needs assessment on implementation of electronic health information systems		To be conducted as part of the service readiness assessment in activity 4.14.2.1.1, no additional cost									$(1)	$(1)	$(1)	$(1)	$(1)	
		4.14.2.4.2 Conduct a dissemination on the findings of the training needs assesment and develop a health workers training plan for implementation of electronic health information sytems		No costs associated conducted as part of the stakeholder dissemination on review findings 4.14.2.2.2									$(1)	$(1)	$(1)	$(1)	$(1)	
		4.14.2.4.3 Build capacity of health workers on use of the HIV and STIs electronic systems through mentorship visits	Conduct national Trainer or Trainer workshop with 35 people	One national trainings with 35 people each	$125.00	per person	70	x					$8,750	$(1)	$(1)	$(1)	$(1)	Health Worker Training - In-service
			Conduct one day provincial trainings for RDQA teams in each province	10 provincial trainings with 30 people each	$110.00	per person	600	x					$66,000	$(1)	$(1)	$(1)	$(1)	Health Worker Training - In-service
4.14.3 Strengthen HIV and STIs monitoring and evaluation, surveillance and operations research	4.14.4.1 Revise and update national HIV and STIs operations research agenda	4.14.4.1.1 Engage Technical assistance to develop the HIV and STI research agenda	Engage local consultant to do a desk review, conduct a stakeholder consultation meeting & update the HIV & STI research agenda	Consultancy fees for one consultant for 14 days	$400.00	per day	14	x					$5,600	$(1)	$(1)	$(1)	$(1)	Technical Assistance

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.14.4.1.2 Conduct stakeholders dissemination meeting of the national HIV and STIs research agenda	Conduct a one-day national level stakeholders meeting	One-day conferencing x 80 people	$35.00	per person	50	x					$1,750	$(1)	$(1)	$(1)	$(1)	Planning & Policy Meetings
				Overnight allowances for 30 people x 2 nights	$125.00	per person	60	x					$7,500	$(1)	$(1)	$(1)	$(1)	Planning & Policy Meetings
	4.14.4.2 Build capacity of the AIDS and TB unit in operations research designs, implementation and documentation through partnership with research institutions and universities	4.14.4.2.1 Conduct an operational research capacity building course targeting health workers at national/provincial/district level research protocol development, quality assured data entry & analysis and scientific paper writing	Conduct a national Operations Research course consisting 3 one-week modules targeted at 12 participants i.e. Module 1 on Research Protocol Development (7 nights) back-to-back with Module 2 on Data Analysis (7 days) & Module 3 after 6-9 months on Scientific Paper-writing for 9 nights	Conferencing & overnight allowances for 25 people x 25 nights	$125.00	per person	625	x	x	x	x	x	$78,125	$78,125	$78,125	$78,125	$78,125	Health Worker Training - In-service
			Engage Technical Assistance of 5 regional/international facilitators to facilitate in the 3 modular national Operations Research course	Consultancy fees for 25 days for 5 consultants + return flight airfares	$905.50	per per per day	125	x	x	x	x	x	$113,188	$113,188	$113,188	$113,188	$113,188	Technical Assistance
			Obtain MRCZ ethics clearance for 12 research proposals from the national Operations Research course	MRCZ ethics clearance fees for a records review study at USD200 x 12 research proposals	$200.00	per proposal	12	x	x	x	x	x	$2,400	$2,400	$2,400	$2,400	$2,400	Research, M&E, QA and Supervision
		4.14.4.2.2 Support sharing of HIV and STIs operations research findings in national and regional summits	Support an annual HIV/TB Operations Research Dissemination meeting	One-day conferencing x 80 people	$35.00	per person	50	x	x	x	x	x	$1,750	$1,750	$1,750	$1,750	$1,750	Planning & Policy Meetings
				Overnight allowances for 30 people x 2 nights	$125.00	per person	60	x	x	x	x	x		$7,500		$7,500	$7,500	Planning & Policy Meetings
		4.14.4.2.3 Conduct operations research studies to enhance the translation of policy to practice of the national ARV Guidelines incl STIs and TB/HIV	Obtain MRCZ ethics clearance for 2 operations research studies developed annually at national level	MRCZ ethics clearance fees for two research protocols at USD500	$500.00	per protocol	2	x	x	x	x	x	$1,000	$1,000	$1,000	$1,000	$1,000	Research, M&E, QA and Supervision
			Support field data collection for 6 operations research studies annually i.e. 4 studies from the national OR course + 2 studies from national level	per diems for 8 people x 10 days per research study x 6 OR studies	$20.91	per person per day	480	x	x	x	x	x	$10,036	$10,036	$10,036	$10,036	$10,036	Research, M&E, QA and Supervision
			Support data analysis and manuscript writing workshops for 2 OR studies conducted at national level	conferencing for 5 days + overnight per diems for 6 nights x 5 people	$125.00	per person per day	30	x	x	x	x	x	$3,750	$3,750	$3,750	$3,750	$3,750	Planning & Policy Meetings
			Support publication costs for 14 manuscripts accepted for publication in peer-reviewed open access scientific journals (12 manuscripts from the national OR course + 2 manuscripts from national level)	publication cost of usd1,600 x 14 manuscripts	$1,600.00	per publication	14	x	x	x	x	x	$22,400	$22,400	$22,400	$22,400	$22,400	Research, M&E, QA and Supervision
			Monthly salary support for recruitengagement of an Operations Research Fellow to coordinate research at national level on key HIV/STI programme priorities & to coordinate annual OR training courses	Salary support x 1 cadre	$4,000.00	per month	12	x	x	x	x	x	$48,000	$48,000	$48,000	$48,000	$48,000	Administration & Management (incl. salaries)
		4.14.4.2.4 Conduct meetings with identified research institutions and enter in MoU for capacity strengthening of AIDS and TB unit in operations research	Conduct quaterly Operational Research & Surveillance Technical Working Group meeting	No costs associated (covered under M&E quarterly TWG meetings)				x	x	x	x	x	$-	$-	$-	$-	$-	

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.14.4.3 Scale up use of HIV case based surveillance	4.14.4.3.1 Conduct national ToT for HIV Patient Monitoring System and Case Based Surveillance		conferencing for 5 days + overnight per diems for 6 nights x 80 people	$125.00	per person per day	80	x					$10,000	$(1)	$(1)	$(1)	$(1)	Health Worker Training - In-service
		4.14.4.3.2 Conduct District step down trainings	Conduct training of health workers on HIV CBS through onsite mentorship and during data review meetings	1 day Conference package X 50 people	$27.00	per person per day	50	x					$1,350	$(1)	$(1)	$(1)	$(1)	Planning & Policy Meetings
		4.14.4.3.3 Conduct pms & CBS TWG		1 day Conference package X 180 people at district level	$25.00	per person per day	180	x	x	x	x	x	$4,500	$4,500	$4,500	$4,500	$4,500	Planning & Policy Meetings
		4.14.4.3.4 Conduct District support visits for CBS		per diems for 6 people x 5 days per month	$20.91	per person per day	360	x	x	x	x	x	$7,527	$7,527	$7,527	$7,527	$7,527	Research, M&E, QA and Supervision
		4.14.4.3.5 Conduct Provincial support visits for CBS		fuel and per diems for 3 people x 5 days per quarter	$75.91	per person per day	360	x	x	x	x	x	$27,327	$27,327	$27,327	$27,327	$27,327	Research, M&E, QA and Supervision
		4.14.4.3.6 Conduct National support visits for CBS		per diems for 4 people x 5 days per quarter	$83.41	per person per day	360	x	x	x	x	x	$30,027	$30,027	$30,027	$30,027	$30,027	Research, M&E, QA and Supervision
		4.14.4.3.7 Conduct data analysis and report writing workshop for HIV PMS AND cbs		conferencing for 5 days + overnight per diems for 6 nights x 30 people	$125.00	per person per day	180	x	x	x	x	x	$22,500	$22,500	$22,500	$22,500	$22,500	Planning & Policy Meetings
		4.14.4.3.8 Conduct dissemination meeting with stakeholders to share CBS findings		1 day Conference package for 100 people at national level	$35.00	per person per day	100	x	x	x	x	x	$3,500	$3,500	$3,500	$3,500	$3,500	Planning & Policy Meetings
	4.14.4.4 Support implementation of HIV and STIs surveys	4.14.4.4.1 Conduct national HIV DR survey	Conduct combined Protocol writing workshops for Pre-Treatment and acquired HIV DR survey	Conferencing for 5 days + overnight per diems for 6 nights x 30 people	$125.00	per person per day	180	x		x			$22,500	$(1)	$22,500	$(1)	$(1)	Planning & Policy Meetings
			Procure medical consumables for site and separating laboratory onsite for 500 samples	No additional cost, to be incorporated as part of commodity costs									$(1)	$(1)	$(1)	$(1)	$(1)	
			Conduct Training of Healthcare workers in Pre treatement and acquired HIV Drug resistance Surveillance	conferencing for 3 days + overnight per diems for 4 nights x 80 people	$125.00	per person per day	320	x		x		x	$40,000	$(1)	$40,000	$(1)	$40,000	Health Worker Training - In-service
			Conduct Supportive Suppervision for Pre-Treatment and Acquired HIV DR survey	fuel and provincial rate per diems for 4 people x 3 days per province	$75.91	per person per day	2400	x		x		x	$182,182	$(1)	$182,182	$(1)	$182,182	Research, M&E, QA and Supervision
			Specimen pick up from sites for Pre-Treatment and Acquired HIV DR survey	fuel and district rate per diems for 3 people x 5 days per quarter	$20.91	per person per day	60	x		x		x	$1,255	$(1)	$1,255	$(1)	$1,255	Supply Chain Management
			Shipment for genotyping of Specimens for Pre-Treatment and Acquired HIV DR survey	MRCZ ethics clearance fees	$1,500.00	per protocol	1	x				x	$1,500	$(1)	$(1)	$(1)	$1,500	Supply Chain Management
				Shipment costs	$10,000.00	per study	1	x		x		x	$10,000	$(1)	$10,000	$(1)	$10,000	Supply Chain Management
			Conduct genotyping of DR specimens	No additional costs, to be included as part of activity									$(1)	$(1)	$(1)	$(1)	$(1)	Research, M&E, QA and Supervision
			Conduct Data analysis and report writing workshop for Pre-Treatment and acquired HIV DR survey	conferencing for 5 days + overnight per diems for 6 nights x 30 people	$125.00	per person per day	150	x					$18,750	$(1)	$(1)	$(1)	$(1)	Planning & Policy Meetings
			Conduct HIV DR TWG	I day conference package	$25.00	per person per day	30	x	x	x	x	x	$750	$750	$750	$750	$750	Planning & Policy Meetings
			Conduct a stakeholders meeting for dissemination of HIV DR Results	1 day Conference package	$25.00	per person per day	50	x	x	x	x	x	$1,250	$1,250	$1,250	$1,250	$1,250	Planning & Policy Meetings

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
			Conduct support suppervision for HIV DR Early Warning Indicators	Fuel and provincial rate per diems for 4 people x 3 days per province	$110.00	per person per day	12	x	x	x	x	x	$1,320	$1,320	$1,320	$1,320	$1,320	Research, M&E, QA and Supervision
			Provincial level data analysis and report writing workshop for HIV DR Early Warning Indicators	Conferencing for 5 days + overnight per diems for 6 nights x 30 people	$110.00	per person per day	180	x					$19,800	$(1)	$(1)	$(1)	$(1)	Planning & Policy Meetings
		4.14.4.4.2 Conduct national ANC sentinel surveillance		Conduct operational research	$200,000.00	per study	1	x	x	x	x	x	$200,000	$200,000	$200,000	$200,000	$200,000	Research, M&E, QA and Supervision
		4.14.4.4.3 Conduct national surveillance of Adverse Events in conjuction with MCAZ		Conduct operational research	$200,000.00	per study	1	x	x	x	x	x	$200,000	$200,000	$200,000	$200,000	$200,000	Research, M&E, QA and Supervision
		4.14.4.4.4 Conduct ZIMPHIA survey		No additional cost, to be conducted by partners									$(1)	$(1)	$(1)	$(1)	$(1)	Research, M&E, QA and Supervision
		4.14.4.4.5 Conduct national integrated bio-behavioral survey		Conduct operational research	$200,000.00	per study	1	x	x	x	x	x	$200,000	$200,000	$200,000	$200,000	$200,000	Research, M&E, QA and Supervision
		4.14.4.4.6 Conduct national PMTCT effectiveness survey		Conduct operational research	$1,373,658.00	per study	1	x	x	x	x	x	$1,373,658	$1,373,658	$1,373,658	$1,373,658	$1,373,658	Research, M&E, QA and Supervision
		4.14.4.4.7 Conduct national STIs surveillance survey		Conduct operational research	$200,000.00	per study	1	x	x	x	x	x	$200,000	$200,000	$200,000	$200,000	$200,000	Research, M&E, QA and Supervision
		4.14.4.4.8 Conduct a national anti-microbial resistance assessment and reporting in every two years		Conduct operational research	$200,000.00	per study	1	x	x	x	x	x	$200,000	$200,000	$200,000	$200,000	$200,000	Research, M&E, QA and Supervision
	4.14.4.5 Conduct mid and end term review of the HIV and STIs strategy	4.14.4.5.1 Provide technical assistance to conduct a mid term review of the HIV and STI strategy	Engage technical consultant to conduct a national readiness assessment for the roll out of electronic health information systems for HIV and STIs response	Consultancy fees for 20 days days for 1 international consultant	$905.50	per day	20			x			$(1)	$(1)	$18,110	$(1)	$(1)	Technical Assistance
		4.14.4.5.2 Conduct stakeholders dissemination meeting on the HIV and STI strategy review findings		One day meeting with 60 people	$50.00	per person per day	60			x			$(1)	$(1)	$3,000	$(1)	$(1)	Technical Assistance
		4.14.4.5.3 Provide technical assistance for the updating of the HIV and AIDS strategy based on the review findings	Engage technical consultant to conduct a national readiness assessment for the roll out of electronic health information systems for HIV and STIs response	Consultancy fees for 20 days days for 1 international consultant	$905.50	per day	10			x			$(1)	$(1)	$9,055	$(1)	$(1)	Technical Assistance
4.14.4. Strengthen HIV and STIs reporting by private sector	4.14.4.1 Develop and support implementation of policy and guidelines to facilitate HIV and STIs reporting by private sector under the private public partnership (PPP) initiative	4.14.4.1.1 Conduct private sector consultation meetings on development of HIV and STIs policy and guidelines for private sector reporting		No costs associated beyond AIDS & TB Staff time														
		4.14.4.1.2 Provide technical assistance in the development of the policy and guidelines for HIV and STIs reporting by private sector		No costs associated beyond AIDS & TB Staff time														
		4.14.4.1.3 Conduct dissemination meetings with the private sector on the development HIV and STIs reporting policy and guidelines		No costs associated beyond AIDS & TB Staff time														
		4.14.4.1.4 Develop a MoU with private sector on HIV and STIs reporting		No costs associated beyond AIDS & TB Staff time														

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.14.4.2 Train service providers in private sector to collect data and report HIV and STIs data	4.14.4.2.1 Conduct training needs assessment on HIV and STIs reporting among the private sector health care workers		Already costed as part of activity 4.14.2.1.1, no ddition cost														
		4.14.4.2.2 Conduct dissemination meeting on the findings of the training nees assessment for private sector and develop a training plan		Already costed as part of activity 4.14.2.1.1, no ddition cost														
		4.14.4.2.3 Train private sector health care workers on HIV and STIs reporting through mentorship visits		This activity will ride on training and mentroship budget assumptions														
	4.14.4.4 Ensure availability of HIV and STI reporting tools in private sector facilities	4.14.4.4.1 Printing of HIV and STIs reporting tools for private sector facilities		This activity will ride on printing budget on detailed activity line 4.14.1.2.4														
		4.14.4.4.2 Distribution of the HIV and STIs reporting tools to private sector health facilities		This activity will ride on budget for distribution of tools														
		4.14.4.4.3 Orient private sector health care workers on the use of the tool through supportive supervision and mentorship visits		This activity will ride on training and mentroship budget assumptions														
	4.14.4.4 Facilitate HIV and STIs reporting by private sector facilities including by installing electronic systems and seconding data clerks in high volume clinics	4.14.4.4.1 Mapping of the high volume private clinics providing HIV and STI services		Already costed as part of the public needs assessmet in activity 4.14.2.1.1, no additional cost													$(1)	
		4.14.4.4.2 Support installation of electronic systems in private sector facilities proving HIV and STI services		Conducted as part of the public sector needs assessment													$(1)	
		4.14.4.4.3 Orient private sector health care workers on the use of the electronic reporting systems through mentorship visits to health facilities		This activity will ride on training and mentroship budget assumptions													$(1)	
		4.14.4.4.4 Recruit and second data clerks to high volume private clinics to support HIV and STIs reporting		This activity will ride on HRH budget assumptions on DECs														
4.14.5 Strengthen HIV and STIs reporting by uniformed services	4.14.5.1 Strengthen implementation of policy and guidelines to facilitate HIV and STIs reporting by uniformed services	4.14.5.1.1 Conduct uniformed services consultation meetings on development of HIV and STIs reporting policy and guidelines for uniformed services		This activity will ride on training and mentroship budget assumptions														
		4.14.5.1.2 Provide technical assistance in the development of the policy and guidelines for HIV and STIs reporting by uniformed services		This activity will ride on training and mentroship budget assumptions														
		4.14.5.1.3 Conduct dissemination meetings with the uniformed services on the developed HIV and STIs reporting policy and guidelines		This activity will ride on training and mentroship budget assumptions	$125.00	per person per day	60	x					$7,500	$(1)	$(1)	$(1)	$(1)	Planning & Policy Meetings
		4.14.5.1.4 Develop a MoU with uniformed services on HIV and STIs reporting		This activity will ride on training and mentroship budget assumptions										$(1)	$(1)	$(1)	$(1)	

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.14.5.2 Train uniformed service health care workers on HIV and STIs reporting	4.14.5.2.1 Conduct training needs assessment on HIV and STIs reporting among uniformed services health care workers		This activity will ride on training needs assessment budget assumptions										$(1)	$(1)	$(1)	$(1)	
		4.14.5.2.2 Conduct dissemination meeting on the findings of the training nees assessment for uniformed services and develop a training plan		This activity will ride on training needs assessment budget assumptions										$(1)	$(1)	$(1)	$(1)	
		4.14.5.2.3 Train uniformed services health care workers on HIV and STIs reporting through mentorship visits		This activity will ride on training needs assessment budget assumptions										$(1)	$(1)	$(1)	$(1)	
	4.14.5.3 Ensure availability of updated HIV and STIs reporting tools in uniformed services facilities	4.14.5.3.1 Printing of HIV and STIs reporting tools for private sector facilities		This activity will ride on printing budget assumptions on detailed activity line 4.13.1.2.4										$(1)	$(1)	$(1)	$(1)	
		4.14.5.3.2 Distribution of the HIV and STIs reporting tools to private sector health facilities		This activity will ride on budget for distribution of tools										$(1)	$(1)	$(1)	$(1)	
		4.14.5.3.4 Orient private sector health care workers on the use of the tool through supportive supervision and mentorship visits		This activity will ride on training and mentroship budget assumptions										$(1)	$(1)	$(1)	$(1)	
	4.14.5.4 Facilitate HIV and STIs reporting by uniformed services facilitiesi ncluding by installing electronic systems and seconding data clerks in high volume clinics	4.14.5.4 .1 Mapping of the high volume uniformed services clinics providing HIV and STI services		Conducted as part of the public sector needs assessment										$(1)	$(1)	$(1)	$(1)	
		4.14.5.4.2 Support installation of electronic systems in uniformed services facilities providing HIV and STI services		This activity will ride on training and mentroship budget assumptions										$(1)	$(1)	$(1)	$(1)	
		4.14.5.4.3 Orient uniformed services health care workers on the use of the electronic reporting systems through mentorship visits to health facilities		This activity will ride on training and mentroship budget assumptions										$(1)	$(1)	$(1)	$(1)	
		4.14.5.4.4 Recruit and second data clerks to high volume uniformed services clinics to support HIV and STIs reporting		This activity will ride on HRH budget assumptions on DECs										$(1)	$(1)	$(1)	$(1)	
	Total Cost												**$8,152,328**	**$7,051,189**	**$7,329,790**	**$7,051,189**	**$7,286,125**	

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.15: Adequate, skilled and motivated human resources for effective HIV and STI response																		
4.15.1 In partnership with Human Resources Development Directorate (HRDD) increase Staff recruitment, motivation, retention and sustainability	4.15.1.1 Enhance staff recruitment for provision of HIV and STI services at all levels	4.15.1.1.1 Conduct staff establishment review including review of vacanct positions by cadre especially for provision of HIV and STI services at all levels	Hold a 5 day national level meeting for 50 participants, ensuring that at 20 come from subnational levels		$35	per national level participant	150	x	x	x	x	x	$5,250	$5,250	$5,250	$5,250	$5,250	Planning & Policy Meetings
				Accomodation	$70	per travellig participant	100	x	x	x	x	x	$7,000	$7,000	$7,000	$7,000	$7,000	Planning & Policy Meetings
				Dinner	$15	per travelling participant	100	x	x	x	x	x	$1,500	$1,500	$1,500	$1,500	$1,500	Planning & Policy Meetings
				Transport Allowance	$30	per travelling participant	100	x	x	x	x	x	$3,000	$3,000	$3,000	$3,000	$3,000	Planning & Policy Meetings
			Provide for salaries and allowances for National Treatment Programme officials at head office					x	x	x	x	x	$1,161,414	$1,161,414	$1,161,414	$1,161,414	$1,161,414	Health Worker Salaries/ Benefits
		4.15.1.1.2 Based on the review findings, conduct consultative meetings in partnership with HRH department to develop a national HRH recruitment plan to ensure effective HIV and STIs service delivery	Hold a 2 day national level meeting for 50 participants to assist in developing the operational plan		$35	per participant	100	x					$3,500	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.15.1.1.3 In partnership with HRH directorate, recruit critical cadres for provision of HIV and STI services at all levels including lay cadres	No additional cost, already ongoing activities conducted by the HSB					x					$-	$-1	$-1	$-1	$-1	
	4.15.1.2 Develop and implement motivation, retention and sustainability plans	4.15.1.2.1 Conduct an assessment of motivation, retention and sustainability of competent HRH for provision of HIV and STI services	Conduct a 2 week assessment for 5 participants in selected provinces to assess the provision of HIV and STI service	Accomdation	$60	per participant	70	x	x	x	x	x	$4,200	$4,200	$4,200	$4,200	$4,200	Research, M&E, QA and Supervision
				Lunch	$20	per participant	70	x	x	x	x	x	$1,400	$1,400	$1,400	$1,400	$1,400	Research, M&E, QA and Supervision
				Dinner	$15	per participant	70	x	x	x	x	x	$1,050	$1,050	$1,050	$1,050	$1,050	Research, M&E, QA and Supervision
				Fuel	$1.50	per litre	400	x	x	x	x	x	$600	$600	$600	$600	$600	Research, M&E, QA and Supervision
		4.15.1.2.2 Using the assessment findings to develop a HRH motivation, retention and sustainability plan for sustainable delivery of quality HIV and STI services	Hire an international consultant over a 30 day period to develop the HRH motivation, retention and sustainability plan for the delivery of HIV and STI services		$905.50	per day of consultancy	30	x					$27,165	$-1	$-1	$-1	$-1	Technical Assistance
			Hold a 2 day national level meeting for 50 total participants to validate findings, ensuring that 20 come from subnational levels		$35	perparticipant	100	x					$3,500	$-1	$-1	$-1	$-1	Planning & Policy Meetings
				Accomodation	$70	per travelling participant	40	x					$2,800	$-1	$-1	$-1	$-1	Planning & Policy Meetings
				Dinner	$15	per travelling participant	40	x					$600	$-1	$-1	$-1	$-1	Planning & Policy Meetings
				Transport Allowance	$30	per travelling participant	40	x					$1,200	$-1	$-1	$-1	$-1	Planning & Policy Meetings
		4.15.1.2.3 Conduct stock taking of HIV and STIs HRH staff supported through development partners at all levels	No additional, to be conducted by partners and MOHCC ongoing activities										$-1	$-1	$-1	$-1	$-1	

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.15.1.2.4 In partnership with HRH directorate, develop a transition plan for recruitment of HIV and STIs developemnt partners support staff by GOZ	No additional cost, to be conducted as part of ongoing activities in activity4.15.1.2.2										$-1	$-1	$-1	$-1	$-1	
		4.15.1.2.5 Engage TA to revise, update and cost the HCW Retention strategies guided by the existing HCW Retention Policy	No additional cost, to be conducted as part of ongoing activities in activity4.15.1.2.2										$-1	$-1	$-1	$-1	$-1	
		4.15.1.2.6 Review and document HIV and STIs staff retention schemes	No additional cost, to be conducted as part of ongoing activities in activity 4.15.1.2.2										$-1	$-1	$-1	$-1	$-1	
		4.15.1.2.7 Use documentation findings to implement staff retention schemes at all levels including perfomance based incentives											$-1	$-1	$-1	$-1	$-1	
	4.15.1.3 Develop a targetted HIV and STIs training plan for health care providers at all levels	4.15.1.3.1 Conduct training needs assessment for provision of HIV and STIs services in both public and private facilities at all levels	Engage TA for development of a national integrated HIV multidisciplinary and multi-level blended learning training package - targeting multi-disciplinary teams, at all levels, with in-built tailoring for pre-service and in-service and covering both the public and private sectors through one consultancy covering the following in the TORs: 1. a national (public and private sectors, pre- and in-service) training needs assessment for provision of comprehensive quality services for HIV and related conditions - including TB/HIV collaboration, related NCDs such as Ca Cervix and Mental Health, etc and be inclusive of special needs for PWDs and other vulnerable and key affected populations;	Hire 2 program expert consultants for a 40 day period	$680	per day of consultancy	80	x					$54,400	$-1	$-1	$-1	$-1	Technical Assistance
				Hire a local consultant for M&E over a 40 day period	$680	per day of consultancy	40	x					$27,200	$-1	$-1	$-1	$-1	Technical Assistance
				Hire a local consultant for IT over a 40 day period	$680	per day of consultancy	40	x					$27,200	$-1	$-1	$-1	$-1	Technical Assistance
				Hold a 5 day national level meeting for 50 participants to validate the consultancy. Ensure that 20 participants come from subnational levels	$25	per participant	50	x					$1,250	$-1	$-1	$-1	$-1	Technical Assistance
				Accomodation	$70	per travelling participant	20	x					$1,400	$-1	$-1	$-1	$-1	Technical Assistance
				Dinner	$15	per travelling participant	20	x					$300	$-1	$-1	$-1	$-1	Technical Assistance
				Transport Allowance	$15	per travelling participant	20	x					$300	$-1	$-1	$-1	$-1	Technical Assistance
			2. Use this assessment to review and update related pre-service and in-service training curricula to develop a national integrated HIV multidisciplinary and multi-level blended learning training package, targeting multidisciplinary teams, at all levels, with in-built tailoring for public and private sectors;	Already costed as part of consultancy in activity 4.14.1.4.1, no additional costs									$-1	$-1	$-1	$-1	$-1	

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
			Review and update of respective existing electronic based HCW training monitoring tools, TrainSMART, to include making them interoperable with the Human Resources Information System (HRIS) and other relevant MoHCC eletronic systems, and also adaptable in the private sector.	Already costed as part of consultancy in activity 4.14.1.4.1, no additional costs									$-1	$-1	$-1	$-1	$-1	
			Conduct targeted training of HCWs using the updated national integrated HIV multidisciplinary and multi-level blended learning training package. One training of 40 people per province x 10 provinces per year requiring per-diems for the face to face sessions (4 days)	Conferencing, travel and per diem costs at provincial rates at $110 per person per day for 4 days for 10 provincial trainings of 400 participants per year	20	per participant	400											Planning & Policy Meetings
				Accomodation	60	per participant	400	x	x	x	x							Planning & Policy Meetings
				Dinner	15	per partci-pant	400	x	x	x	x							Planning & Policy Meetings
				Transport Allowance	15	per participant	400	x	x	x	x							Planning & Policy Meetings
		4.15.1.3.2 Conduct consultative meetings with relevant stakeholders including MoHCC, Ministry of Education and health care workers training instituions to develop a national training plan for provision of quality HIV and STI services	Conduct 3 consultative stakeholder meetings for the development of a national integrated HIV multidisciplinary and multi-level blended learning training package which targets multidisciplinary teams, at all levels, with in-built tailoring for pre-service and in-service and covering both the public and private sectors.	Conferencing, transport and per diems at povincial rates - $110 per person per day for 60 participants for 2 days per meeting for 3 meetings.	$110	per participant	360	x					$39,600	$-1	$-1	$-1	$-1	Planning & Policy Meetings
4.15.2 Build capacity of health workers to deliver quality HIV and STI services	4.15.2.1 Support scale up implementation of innovative HIV and STIs training approaches including blended learning approaches	4.15.2.1.1 Conduct a documentation of existing HIV and STIs training approaches	Conduct an evaluation and documentation of existing HIV and STIs training approaches in both public and private pre- and in-service facilities at all levels, including for people with disabilities and other vulnerable and key affected populations	Local consultancy rate for 2 consultants - a programmes expert and an IT expert for 28 days in year 1 and in last year (a before and after)	$680	per day of consultancy	30	x		x		x	$20,400	$-1	$20,400	$-1	$20,400	Technical Assistance
					$680	per day of consultancy	30	x		x		x	$20,400	$-1	$20,400	$-1	$20,400	Technical Assistance
													$-1	$-1	$-1	$-1	$-1	
				Accomodation	$70	per travelling participant	20	x		x		x	$1,400	$-1	$1,400	$-1	$1,400	Planning & Policy Meetings
				Dinner	$15	per travelling participant	20	x		x		x	$300	$-1	$300	$-1	$300	Planning & Policy Meetings
				Transport Allowance	$15	per travelling participant	20	x		x		x	$300	$-1	$300	$-1	$300	Planning & Policy Meetings
			Conduct field visits to selected sites in conducting the evaluation and documentation of existing HIV and STIs training approaches in both public and private pre- and in-service facilities at all levels, including for people with disabilities and other vulnerable and key affected populations	Travel and per diem costs for 2 teams of 5 people visiting selected sites over a period of 7 days									$-1	$-1	$-1	$-1	$-1	

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
				Accomodation	$60	per participant	35	x	x	x	x	x	$2,100	$2,100	$2,100	$2,100	$2,100	Research, M&E, QA and Supervision
				Lunch	$15	per participant	35	x	x	x	x	x	$525	$525	$525	$525	$525	Research, M&E, QA and Supervision
				Dinner	$15	per participant	35	x	x	x	x	x	$525	$525	$525	$525	$525	Research, M&E, QA and Supervision
				Fuel	$1.50	per litre	200	x	x	x	x	x	$300	$300	$300	$300	$300	Research, M&E, QA and Supervision
		4.15.2.1.2 Conduct a rapid assessment on the required equipments and tools for implementation of innovative learning approaches such as online and blended learning	Conduct a rapid assessment on the required equipments and tools for implementation of innovative learning approaches such as online, blended learning and digital audio/video conferencing.	Local consultancy rates for 3 experts in ICT, Training and relevant engeneering for 30 days.									$-1	$-1	$-1	$-1	$-1	
			Conduct field visits to selected sites in conducting the rapid assessment on the required equipments and tools for implementation of innovative learning approaches	Travel and per diem costs for 2 teams of 5 people visiting selected sites over a period of 30 days									$-1	$-1	$-1	$-1	$-1	
		4.15.2.1.3 Procure equipment for implementation of innovative HIV and STIs training approaches including computers and tablets for online and blended learning	Procure equipment for implementation of innovative HIV and STIs training approaches guided by the rapid assessment of equipment required done above.	Estimated total cost of $25000 per site (from historical costs of pilot sites set up in Masvingo under SolidarMed) for 10 provincial centres communicating with 65 districts = 75 sites	250000	per site	10	x					$2,500,000	$-1	$-1	$-1	$-1	Capital Medical/Lab Equipment - Purchase
			Install the procured equipment at identified training institutions including centres of excellence	Travel and per diems costs for 8 teams of 3 people spending a total of 28 days to do renovations and installations of ICT equipment and security at all 75 sites									$-1	$-1	$-1	$-1	$-1	
				Accomodation	$60	per participant	672	x					$40,320	$-1	$-1	$-1	$-1	Capital Medical/Lab Equipment - Purchase
				Lunch	$15	per participant	672	x					$10,080	$-1	$-1	$-1	$-1	Capital Medical/Lab Equipment - Purchase
				Dinner	$15	per participant	672	x					$10,080	$-1	$-1	$-1	$-1	Capital Medical/Lab Equipment - Maintenance
				Fuel	200	per litre	672	x					$134,400	$-1	$-1	$-1	$-1	Capital Medical/Lab Equipment - Purchase
	4.15.2.2 Establish and implement national clinical mentorship for provision of quality HIV and STI services	4.15.2.2.1 Constitute and train a multidisplinary clinical HIV and STIs mentorship teams to address the identified training areas	Conduct a training of multidisplinary (to incl clinicians, pharmacy, lab, M & E) clinical HIV and STIs mentorship teams to address the identified training areas	Conferencing, travel and per diem costs at provincial rates at $110 per person per day for 6 days for one mentor training of 40 mentors per year. Assume mentorship occurs in all 10 provinced									$-1	$-1	$-1	$-1	$-1	
				Accomodation	$60	per participant	2400	x	x	x	x	x	$144,000	$144,000	$144,000	$144,000	$144,000	Health Worker Training - In-service

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Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
				Lunch	$15	per participant	2400	x	x	x	x	x	$36,000	$36,000	$36,000	$36,000	$36,000	Health Worker Training - In-service
				Dinner	$15	per participant	2400	x	x	x	x	x	$36,000	$36,000	$36,000	$36,000	$36,000	Health Worker Training - In-service
				Transport Allowance	1.5	per litre	3000	x	x	x	x	x	$4,500	$4,500	$4,500	$4,500	$4,500	Health Worker Training - In-service
		4.15.2.2.2 Facilite the teams to visit districts and health facilities to provide HIV and STIs mentorship services	Provide support for integrated HIV and STI mentors to visit districts and health facilities to provide HIV and STIs mentorship services	Travel and per diem costs at unproven rate of $29 per person per day for district teams of 5 (including driver) per district for 63 districts visiting facilities for 5 days per quarter									$-1	$-1	$-1	$-1	$-1	
				Accomodation	$40	per participant	315	x	x	x	x	x	$12,600	$12,600	$12,600	$12,600	$12,600	Health Worker Training - In-service
				Lunch	$8	per participant	315	x	x	x	x	x	$2,520	$2,520	$2,520	$2,520	$2,520	Health Worker Training - In-service
				Dinner	$8	per participant	315	x	x	x	x	x	$2,520	$2,520	$2,520	$2,520	$2,520	Health Worker Training - In-service
				Fuel	200	per participant	315	x	x	x	x	x	$63,000	$63,000	$63,000	$63,000	$63,000	Health Worker Training - In-service
	4.15.2.3 Establish and utilise centres of excellence to equip health workers with competency based skills for provision of quality HIV and STI services	4.15.2.3.1 Support placement of health workers in the established HIV and STIs CoE	Provide support for placement of in-service health workers in the established HIV and STIs CoE	Travel and per diems daily rate per person for 14 days for 6 HCWs semesterly at each of the 14 established CoEs									$-1	$-1	$-1	$-1	$-1	
				Accomodation	$60	per participant	84	x	x	x	x	x	$5,040	$5,040	$5,040	$5,040	$5,040	Health Worker Training - In-service
				Lunch	$15	per participant	84	x	x	x	x	x	$1,260	$1,260	$1,260	$1,260	$1,260	Health Worker Training - In-service
				Dinner	$15	per participant	84	x	x	x	x	x	$1,260	$1,260	$1,260	$1,260	$1,260	Health Worker Training - In-service
				Fuel	1.5	per litre	400	x	x	x	x	x	$600	$600	$600	$600	$600	Health Worker Training - In-service
		4.15.2.3.2 Support mantainance of a training data base at nation, provincial, district and at facility level	Service and mantainance of a training database in year 1 while building in-house capacity then yearly as in-house staff is weaned to continue servicing and maintaining within the department.	Local TA for a programmes expert and an IT expert for 2 weeks per quarter in year 1, then yearly thereafter	$680	per day of consultancy	30	x	x	x	x	x	$20,400	$20,400	$20,400	$20,400	$20,400	Technical Assistance
					$35	per participant	50	x	x	x	x	x	$1,750	$1,750	$1,750	$1,750	$1,750	Planning & Policy Meetings
					$70	per travelling participant	40	x	x	x	x	x	$2,800	$2,800	$2,800	$2,800	$2,800	Planning & Policy Meetings
					$15	per travelling participant	40	x	x	x	x	x	$600	$600	$600	$600	$600	Planning & Policy Meetings
					$30	per travelling participant	40	x	x	x	x	x	$1,200	$1,200	$1,200	$1,200	$1,200	Planning & Policy Meetings
	4.15.2.4 Monitor HIV and STIs training programmes at all levels			Already costed as part of activity 4.14.2.1.2, no additional cost														
Total Cost													$4,453,009	$1,524,914	$1,567,714	$1,524,914	$1,567,714	

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.16: Uninterrupted availability of HIV and STI commodities and supplies at all levels																		
4.16.1 Procurement of adequate and quality HIV and STIs commodities and supplies	4.16.1.1 Update required HIV and STIs commodities and supplies at all levels of service delivery	4.16.1.1.1 Conduct regular analysis to develop an inventory of essential HIV and STIs prevention, treatment and management equipment, commodities and supplies including laboratory reagents and vaccines at all levels of service delivery		Ongoing activity already being conducted by the DPS and MOHCC Quantification Team every six months, no additional cost				x		x				-1		-1	-1	Supply Chain Management
		4.16.1.1.2 Conduct meetings with HIV and STI stakeholders including pharmacy department to disseminate the required list of HIV and STI prevention, treatment and management commodities and supplies at all levels		Hold bi-annual meetings to disseminate updated list of medical, lab and pharmaceutical supplies	$25	per person per day	100	x	x	x	x	x	2500	2500	2500	2500	2500	Planning & Policy Meetings
	4.16.1.2 Support national forecasting and quantification for HIV and STI commodities and supplies including reagents, vaccines (eg HPV), female and male condoms	4.16.1.2.1 Using the inventory of essential HIV and STIs commodities and supplies, facilitate national forecasting and quantification committee meetings to quantify required supplies and commodites		Ongoing activity already being conducted by the DPS and MOHCC Quantification Team, no additional cost				x		x								
		4.16.1.2.2 Conduct stakeholder meetings to disseminate HIV and STIs commdities and supplies forecasting and quantification report		Ongoing activity already being conducted by the DPS and MOHCC Quantification Team, no additional cost				x	x	x	x	x						Supply Chain Management
		4.16.1.2.3 Develop national HIV and STIs quantification plan		Ongoing activity already being conducted by the DPS and MOHCC Quantification Team, no additional cost				x	x	x	x	x						Planning & Policy Meetings
		4.16.1.2.4 Support half yearly stakeholder meetings to review and update the national HIV and STIs forecasting and quantification plan		Ongoing activity already being conducted by the DPS and MOHCC Quantification Team, no additional cost				x	x	x	x	x						Supply Chain Management
	4.16.1.3 Establish HIV and STIs PSM resource needs and develop resource mobilisation strategy	4.16.1.3.1 Conduct annual HIV and STIs PSM budget requirements		Ongoing activity already being conducted by the DPS and MOHCC Quantification Team, no additional cost				x	x	x	x	x	0	0	0	0	0	
		4.16.1.3.2 Conduct annual national PSM resource mapping to identify gaps		Conduct operational research on produrement and stock management in multiple provinces and districts	200,000	per research study	1	x	x	x	x	x	200000	200000	200000	200000	200000	Research, M&E, QA and Supervision
		4.16.1.3.3 Conduct stakeholders meetings to disseminate HIV and STI financial resource mapping		Hold annual meeting with stakeholders to discuss funding gap analysis using resource mapping data	25	per participant per day	50	x	x	x	x	x	1250	1250	1250	1250	1250	Planning & Policy Meetings
		4.16.1.3.4 Develop HIV and STIs financial resources mobilisation plan		Already costed as part of activity 4.16.1.4.4, no additional cost									-1	-1	-1	-1	-1	
	4.16.1.4 Advocate for adequate funding for HIV and STI commodities and supplies including drugs, reagents, vaccines, female and male condoms	4.16.1.4.1 Establish national HIV and STIs PSM domestic resource advocacy commitee		No cost									-1	-1	-1	-1	-1	Planning & Policy Meetings
		4.16.1.4.2 Train the national HIV and STIs PSM domestic resource advocacy committee		Conduct 1 day training for 20 committee members	25	per participant per day	20		x				-1	500	-1	-1	-1	Planning & Policy Meetings
		4.16.1.4.3 Facilitate PSM resource advocacy committee to hold half yearly meetings with members of parliament	Hold bi-annual meetings with members of parliament to advocate for adequate funding for HIV and STI commodities	Attend existing advocacy meetings, budget for printing of 500 policy briefs	2.5	per policy brief	500	x	x	x	x	x	1250	1250	1250	1250	1250	Communication costs (print, TV, radio)
		4.16.1.4.4 Facilitate the HIV and STIs PSM resource advocacy committee to track budget making process and advocate for increased domestic financing		Already costed as part of activity 4.16.1.4.4 No additional cost				x	x	x	x	x						Planning & Policy Meetings

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.16.1.5 Procure adequate HIV and STI commodities and supplies including reagents, vaccines, female and male condoms as per the country's need	4.16.1.5.1 Facilitate meetings to ensure time sharing and confirmation of supply plan (procurement plan) with procurement entities.		Ongoing activity already being conducted by the DPS and MOHCC Quantification Team, no additional cost				x	x	x	x	x						Supply Chain Management
		4.16.1.5.2 Procure adequate HIV and STI commodities as per the country need including HIV test kits, PrEP commodities, STIs commodities, ARVs, optimized regimens, opportunistic infections, PrEP, condoms, STI commodities for all		Already costed in previous sections, no additional costs														
		4.16.1.5.3 Procure buffer stocks for essential commodities and supplies including ARVs		Already costed as part of activity 4.16.1.5.2, no additional cost									-1	-1	-1	-1	-1	
	4.16.1.6 Improve upstream logistics coordination and harmonization between MoF(ZIMRA), Ministry of Industry, MoHCC and NAC	4.16.1.6.1 Develop policy statement for the harmonisation and coordination of PSM functions between different agencies	Hold 1 day meeting with PSM members to develop policy statement on harmonisation of PSM	Printing of policy briefs costed for on activity 4.16.1.4.4.	25	per participant per day	20	x		x			500	-1	500	-1	-1	Planning & Policy Meetings
		4.16.1.6.2 Establish PSM coordination forum bringing together the different agencies		Hold biannual meeting with different stakehlders	25	per participant per day	100	x	x	x	x	x	2500	2500	2500	2500	2500	Planning & Policy Meetings
		4.16.1.6.3 Facilitate regular PSM coordination and coordination meetings with stakeholders		Hold 1 day quarterly meeting with stakeholders	25	per participant per day	100	x	x	x	x	x	2500	2500	2500	2500	2500	Planning & Policy Meetings
4.16.2 Strengthen appropriate storage, inventory management and distribution of HIV and STI commodities and supplies	4.16.2.1 Build capacity of health workers including laboratory and pharmacy staff on HIV and STIs supply chain management	4.16.2.1.1 Conduct health workers PSM training needs assessment		To be merged with needs assessment training for HR in 4.15.1.4.1				x	x	x	x	x						Health Worker Training - In-service
		4.16.2.1.2 Develop a PSM training plan for health workers at different levels		Activity merged costed for on 4.14.1.4.1 and training plan to be included in the national blended learning training package				x	x	x	x	x						
		4.16.2.1.3 Conduct training of health workers through mentorship/OJT at differen levels on supply chain based on the capacity development plan		Training through mentorship/OJT costed for in sub strategic objective 4.15.1				x	x	x	x	x						Health Worker Training - Pre-service
	4.16.2.2 Provide reliable transport systems for last mile distribution HIV and STI commodities	4.16.2.2.1 Conduct an assessment to identify last mile distribution challenges		To be conducted alongside 4.16.1.4.2									-1	-1	-1	-1	-1	
		4.16.2.2.2 Conduct dissemination meeting with stakeholders on identified challenges and develop reccomendations to adress the challenges	Hold a 1 day dissemination meeting at national level with stakeholders. Costs to include accommodation for participants from out of town	Accommodation	70	per participant per day	50	x					3500	-1	-1	-1	-1	Planning & Policy Meetings
				Dinner	15	per participant per day	50	x					750	-1	-1	-1	-1	Planning & Policy Meetings
				Transport allowance	30	per participant per day	50	x					1500	-1	-1	-1	-1	Planning & Policy Meetings
				Meeting	25	per participant per day	50	x					1250	-1	-1	-1	-1	Planning & Policy Meetings
		4.16.2.2.3 Budget for and procure adequate fuel for ensuring last mile distribution		Procurement of fuel for 10 delivery trucks	4320	per vehicle per year	10	x	x	x	x	x	43200	43200	43200	43200	43200	Direct Budget Support
		4.16.2.2.4 Replace aging fleet of commodity delivery trucks	Procurement of 5 vehicles per year for 2 years	Replacement of one commodity delivery truck per province	40000	per vehicle	10	x					400000	-1	-1	-1	-1	Capital Medical/ Lab Equipment - Purchase
				Insurance	900	per vehicle per year	10	x	x	x	x	x	9000	9000	9000	9000	9000	Capital Medical/ Lab Equipment - Maintenance

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
				Maintenance	350	per vehicle per year	10	x	x	x	x	x	3500	3500	3500	3500	3500	Capital Medical/ Lab Equipment - Maintenance
	4.16.2.3 Support expansion and/ or upgrading of HIV and STIs storage facilities at national, provincial, district and facility levels	4.16.2.3.1 Mobilise additional resources for expansion of storage capacity for NatPharm Gweru and Chinhoyi branches.	Hold 1 day provincial level meeting to mobilise resources to expand storage capacity. Budget for 50	Accommodation	60	per person per day	50	x	x				3000	3000	-1	-1	-1	Planning & Policy Meetings
				Transport allowance	15	per travelling participant	50	x	x				750	750	-1	-1	-1	Planning & Policy Meetings
				Dinner	15	per person per day	50	x	x				750	750	-1	-1	-1	Planning & Policy Meetings
				Conference	25	per participant per day	50	x	x				1250	1250	-1	-1	-1	Planning & Policy Meetings
		4.16.2.3.2 Mobilise resources for alternative power sources for optimal storage of HIV and STI commodities.		Already costed as part of 4.16.2.4.1 No additional cost									-1	-1	-1	-1	-1	
		4.16.2.3.3 Carry out assesment of storage conditions and capacity at facility level		Hire local consultant to carry out warehouse assessment over a 30 day period	680	per day of consultancu	30	x					20400	-1	-1	-1	-1	Research, M&E, QA and Supervision
		4.16.2.3.4 Undertake infrastructural development to improve storage conditions and capacity in the selected facilities						x	x	x	x		0	0	0	0	-1	
		4.16.2.3.5 Engage technical assistance to assess and implement warehouse optimization recommendations		Already costed as part of 4.16.2.4.1 No additional cost									-1	-1	-1	-1	-1	
	4.16.2.4 Promote integrated supply and distribution systems for HIV, STI and RMNCAH and N commodities and supplies where possible	4.16.2.4.1 Undertake an assessment of opportunities for integrated supply chain of HIV, STIs, and RMNCAH and N commodities		Hire a consultant	20000	per consultant	1	x			x		20000	-1	-1	20000	-1	Research, M&E, QA and Supervision
				Accommodation	70	per participant per day	50	x			x		3500	-1	-1	3500	-1	Research, M&E, QA and Supervision
				Dinner	15	per participant per day	50	x			x		750	-1	-1	750	-1	Research, M&E, QA and Supervision
				Fuel	1.5	per participant per day	300	x			x		450	-1	-1	450	-1	Research, M&E, QA and Supervision
				per-diems	105	per participant per day	10	x			x		1050	-1	-1	1050	-1	Research, M&E, QA and Supervision
		4.16.2.4.2 Conduct meeting with HIV, STIs and RMNCAH and N stakeholders to diseminate findings on the integrated supply chain and distribution system		Hold 1 day meeting with stakeholder	25	per participant	50	x					1250	-1	-1	-1	-1	Planning & Policy Meetings
		4.16.2.4.3 Develop guidance for intergrated supply chain and distribution system		No cost - MOHCC to lead the process														
		4.16.2.4.4 Conduct pilot integrated supply chain and distribution system		Conferencing, per diems and transport allowance 3 nights for 2 day 10 provincial dissemination meetings .	280	per participant	400	x					112000	-1	-1	-1	-1	Research, M&E, QA and Supervision
	4.16.2.5 Strengthen disposal of waste from HIV, STIs and laboratory commodities and supplies	4.16.2.5.1 Develop guidelines and SOPs for the disposal of HIV and STIs		Activity already costed for on 4.15.2.1.1 No additional cost required														

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.16.2.5.2 Orient health workers on the guidelines and protocols for safe disposal of HIV and STIs related waste	10 provincial waste disposal sensitisation meetings	10 provincial level meetings with 25 participants per meeting	25	per participant	250	x	x	x	x	x	6250	6250	6250	6250	6250	Planning & Policy Meetings
		4.16.2.5.3 Mobilise resources for timely disposal of HIV and STIs related wastes		No cost - MOHCC -DP-Sto lead the process									-1					
		4.16.2.5.4 Facilitate partnership meetings and enter into MoUs with local government and private players in disposal of HIV and STIs related waste		Hold 1 day meeting with MOHCC, City health departments and private stakeholders on waste disposal	25	per participant	25	x					625					Planning & Policy Meetings
4.16.3 Support roll out of electronic Logistics Management Information Systems (eLMIS)	4.16.3.1 Roll out ELMIS to all facilities in the country	4.16.3.1.1 Conduct facility readiness assessment for the roll out of eLMISs based on lessons learnt from implementing facilities		Same cost as assessment in 4.16.2.4.1	25570	per assesement	1	x					25570	-1	-1	-1	-1	Research, M&E, QA and Supervision
		4.16.3.1.2 Procure and deploy necessary hardware including computers and mobile phones to support the roll out	All sites provided with functional computer and mobile communication devices	laptops	700	per laptop	1800	x					1260000	-1	-1	-1	-1	Direct Budget Support
				Smart phones	100	per phone	1800	x					180000	-1	-1	-1	-1	Direct Budget Support
		4.16.3.1.3 Train health workers on the implementation of eLMIS through mentorship and supportive supervision visits		Training through mentorship/OJT costed for in 4.14									-1	-1	-1	-1	-1	
		4.16.3.1.4 Provide airtime and internet services to health facilities to support eLMIS roll out		10GB data for each facility at $35 per gb	35	per facility	1800	x	x	x	x	x	63000	63000	63000	63000	63000	Direct Budget Support
	4.16.3.2 Intergrate eLMIS with NatPharm ERP to increase efficiency in ordering and improve data visibility	4.16.3.2.1 Provide technical assistance for development of inter-operable eLMIS and ERP system in all NatPharm brances		Activity already coasted for on 4.15.2.1.1 No additional cost required									-1	-1	-1	-1	-1	
		4.16.3.2.2 Train health workers on the roll out of eLMIS and ERP inter-operable system		Training through mentorship/OJT costed for in sub ojective 4.15									-1	-1	-1	-1	-1	
		4.16.3.2.3 Support rollout inter-operable eLMIS to all NatPharm Branches through provision required software and internet		No additional cost, to be included as part of activities 4.16.4.2.1 and 4.16.4.2.2									-1	-1	-1	-1	-1	
	Total Cost												**$2,373,795**	**$341,200**	**$335,450**	**$360,700**	**$334,950**	

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
			Initial riders training	8 district level trainings x 35 people/training x 3 nights: 5 facilitators per training (Total of 40 people/ training)	$75.00	Per participant per day	960	X					72000	-1	-1	-1	-1	Health Worker Training - In-service
			Development of IST guidelines	National level meeting, conference for 30 people x 3 days	$25.00	Per participant per day	90						-1	-1	-1	-1	-1	Planning & Policy Meetings
			Printing of all IST SOPs and guidelines	Print 1,600 copies for 1600 facilities @ $15.00/ copy	$15.00	per copy	1600	X					24000	-1	-1	-1	-1	Planning & Policy Meetings
		4.17.2.1.3 Capacity Building for IST: Implementation. Develop an implementation plan for the integrated sample transportation	Printing of IST tools for Riders	Print IST tools for riders X 280 bikes	$461.00	Per copy	280	X					129080	-1	-1	-1	-1	Communication costs (print, TV, radio)
			Printing of IST sample collection tools for collection sites (Spokes)	Printing of sample collection tools for facilities at $5 per 100 page booklet for 1600 facilities at 1 booklet per facility per month*12 months	$5.00	Per booklet	19200	X					96000	-1	-1	-1	-1	Communication costs (print, TV, radio)
		4.17.2.1.4 Conduct orientation meetings with stakeholders and health care workers providing lab services on IST system SOPs/protocols	HCW and stakeholder orientation meetings on IST system SOPs/protocols	Conduct 1 day overnight conference at district level*40 participants	$75.00	Per participant per day	40	X	X	X	X	x	3000	3000	3000	3000	3000	Planning & Policy Meetings
		4.17.2.1.5 Include STI and hepatitis diagnosis reagents in national quantification exercise.	Activity to happen at the NQE, no additional costs involved.	Activity to happen at the NQE, no additional costs involved.				X	X	X	X		0	0	0	0	-1	
	4.17.2.2 Support the implementation of IST as per work plan	4.17.2.2.1 Conduct stakeholder meetings to establish the operational requirements and needs for the successful implementation of IST	Conduct sensitization meetings with PMDs, DMOs, PHSA, DHSA, DEHO, PMLS, DMLS, DNO	Already costed as part of activity 4.17.2.1.1, no additional cost				X					0	-1	-1	-1	-1	
		4.17.2.2.2 Conduct partnership meetings with all stakeholders to identify dedicated or shared cadre for IST and develop clear terms of reference	Partner Sensitisation	Already costed as part of activity 4.17.2.1.1, no additional cost									-1	-1	-1	-1	-1	
		4.17.2.2.3 Procure necessary supplies for the implementation of IST based on the operational requirements report including motorcycles and coller boxes	Motorbike Purchase (5 year depreciation)	185 bikes @ 3200 a bike	$3,200.00	Per bike	185	X					592000	-1	-1	-1	-1	Infrastructure - Construction/ Vehicles
			Registration (in-country process)	Register bikes @ 300 per bike	$300.00	Per registration	185	X					55500	-1	-1	-1	-1	Infrastructure - Construction/ Vehicles

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
Strategic objective 4.16: Strengthened laboratory systems for effective HIV and STIs response																		
4.17.1 Strengthen coordination in provision of laboratory services for HIV and STI response	4.17.1.1 Establish and ensure functionality of a laboratory partnership forum at different levels	4.17.1.1.1 Conduct mapping of laboratory partners for HIV and STI response at different levels	Conduct desktop mapping of laboratory partners across all provinces.	MOHCC to lead this process (2 people per HQ level.) No additional costs involve				X	X	X	X	x						Planning & Policy Meetings
		4.17.1.1.2 Conduct consultative meetings with the HIV and stakeholders to disseminate findings of the lab partners mapping exercise	Consultative meeting with HIV stakeholders	Conference facility: 2 1 day overnight National level meetings with attendees across 10 provinces: 7 people per province* 10 provinces * 2 days	$125.00	Per participant per day	140	X	X	X	X	X	17500	17500	17500	17500	17500	Planning & Policy Meetings
		4.17.1.1.3 Conduct stakeholder meeting to establish laboratory partnership forum, define its membership and terms of reference	Consultative meetings with HIV stakeholders	Already costed in 4.17.1.1.2				X	X	X	X							Planning & Policy Meetings
		4.17.1.1.4 Facilitate quarterly laboratory partners meetings at national and provincial level	Conduct 8 Quarterly laboratory partners meetings annually (4 at a National Level and 4 at a Provincial level)	Conduct 4 2 day overnight National Level meetings with 35 participants per meeting	$125.00	Per participant per day	280	X	X	X	X	x	35000	35000	35000	35000	35000	Planning & Policy Meetings
				Conduct 4 2 day overnight Provincial level meetings with 35 participants per meeting	$110.00	Per participant per day	280						-1	-1	-1	-1	-1	Planning & Policy Meetings
4.17.2 Implement integrated sample transportation system	4.17.2.1 Conduct country readiness for the integrated sample transportation system and prepare plan	4.17.2.1.1 Conduct country readiness assessment for the implementation of the integrated sample transportation system including identifying implementation challenges and solutions	Conduct Desktop assessment of the integrated sample transportation system including identifying implementation challenges and solutions	MoHCC to lead this process. No additional costs involved.				X						-1	-1	-1	-1	Planning & Policy Meetings
		4.17.2.1.2 Capacity Building for IST implementation - Training and Awareness	Conduct sensitization meetings with PMDs, DMOs, PHSA, DHSA, DEHO, PMLS, DMLS, DNO	10 overnight meetings @ province level for 25 people per meeting (20 from province and 5 from National Office) X 1 day meeting	$110.00	Per participant per day	250	X					27500	-1	-1	-1	-1	Planning & Policy Meetings
			Partner Sensitisation	1 day Conference facilities for 30 people at $25.00/ person	$25.00	Per participant per day	30	X					750	-1	-1	-1	-1	Planning & Policy Meetings
			Cluster Sensitisation	Cluster sensitisation meetings in 73 districts x 35 people per meeting x 1 day	$75.00	Per participant per day	805	X					60375	-1	-1	-1	-1	Planning & Policy Meetings

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
			Carrier box (2 yr depreciation)	185 carrier boxes @ 35 per box	$35.00	Per carrier box	185	X					6475	-1	-1	-1	-1	Drugs, Medical Supplies and Other Health Commodities
			Back-Pack (see attached specs)	185 back packs @ 400 a back pack	$400.00	Per back-back	185	X					74000	-1	-1	-1	-1	Drugs, Medical Supplies and Other Health Commodities
			Temperature data logger (5 year depreciation)	185 temperature data loggers at 48 per data logger	$48.00	Per temperature data logger	185	X					8880	-1	-1	-1	-1	Drugs, Medical Supplies and Other Health Commodities
			Rider's uniforms (2 year depreciation) (see attached specs)	2 uniforms per rider * 185 bikes	$195.00	Per uniform	370	X					72150	-1	-1	-1	-1	Drugs, Medical Supplies and Other Health Commodities
			Bike Toolkit (see attached specs)	1 tool kit* 185 bikes	$100.00	Per tool kit	185	X					18500	-1	-1	-1	-1	Infrastructure - Construction/ Vehicles
			Rider training	276*185 riders per training	$276.00	Per training	185	X					51060	-1	-1	-1	-1	Infrastructure - Construction/ Vehicles
			Smartphone for M&E and communication	185 smart phones*200	$200.00	Per smartphone	185	X					37000	-1	-1	-1	-1	Communication costs (print, TV, radio)
			Procure Cotton Wool	0.09 ounces per day*240 days per bike*280 bikes	$6.00	Ounces	6048	X	X	X	X	x	36288	36288	36288	36288	36288	Drugs, Medical Supplies and Other Health Commodities
			Procure Plastic re-usable envelopes for request forms and results	1 per bike*280	$3.00	Per re-usable envelope	280	X					840	-1	-1	-1	-1	Administration & Management (incl. salaries)
			Procure Ziplog bags	0.12 per bag* 1 per bike per day *240 days*280 bikes	$33.60	Per ziplog bag	240	X	X	X	X	x	8064	8064	8064	8064	8064	Drugs, Medical Supplies and Other Health Commodities
			Procure Spill kit for bike	6 kits per bike per year*280	$36.00	6 kits per bike	280	X	X	X	X	x	10080	10080	10080	10080	10080	Infrastructure - Construction/ Vehicles
			Procure Gloves for bike	1 box of hundred*6 per bike per year*280 bikes	$30.00	6 boxes of gloves	280	X	X	X	X	x	8400	8400	8400	8400	8400	Infrastructure - Construction/ Vehicles
			Procure Icepacks	12 packs per bike per year*280 bikes	$18.00	12 Icepacks	280	X	X	X	X	x	5040	5040	5040	5040	5040	Drugs, Medical Supplies and Other Health Commodities
			Procure Stationery	89 hubs* 3 bikes per hub	$461.00	Stationery Per bike	267	X	X	X	X	x	123087	123087	123087	123087	123087	Administration & Management (incl. salaries)
			Fuel	5 litres per bike per day*240 days a year*280 bikes	$1.50	Per Litre	336000	X	X	X	X	x	504000	504000	504000	504000	504000	Administration & Management (incl. salaries)
				$50 per month per bike*280 bikes	$50.00	Per Litre	280	X	X	X	X	x	14000	14000	14000	14000	14000	Administration & Management (incl. salaries)
			Bike Tracking System (Satellite)	1 per bike*280	$144.00	Per tracking system	280	X	X	X	X	x	40320	40320	40320	40320	40320	Infrastructure - Construction/ Vehicles
			Bike Insurance (comprehensive)	70 per bike per year*280	$70.00	Per insurance	280	X	X	X	X	x	19600	19600	19600	19600	19600	Infrastructure - Construction/ Vehicles

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
			Rider salary	$400 per rider per month*280	$400.00	Salary per month	3360	X	X	X	X	x	1344000	1344000	1344000	1344000	1344000	Administration & Management (incl. salaries)
			Rider Refresher Training	1*1 training per year	$69.00	Per training	280	X	X	X	X	x	19320	19320	19320	19320	19320	Health Worker Training - In-service
			Routine service contract (minor)	6 services per year per bike	$100.00	Per bike minor service	1680	X	X	X	X	x	168000	168000	168000	168000	168000	Infrastructure - Construction/ Vehicles
			Routine service contract (major) and repairs	4 services per year per bike	$225.00	Per major service	1120	X	X	X	X	x	252000	252000	252000	252000	252000	Infrastructure - Construction/ Vehicles
			Bike tyres (20000km)	4 bikes per year per bike	$40.00	Per tyre	1120	X	X	X	X	x	44800	44800	44800	44800	44800	Infrastructure - Construction/ Vehicles
		4.17.2.2.4 Solar to Cover Laboratories	Procure solar systems for all IST labs	40Kw solar system* 37 labs	$110,000.00	Per solar system	37	X					4070000	-1	-1	-1	-1	Infrastructure - Construction/ Vehicles
		4.17.2.2.5 Support operational costs of the laboratory sample transport hubs and testing laboratories	Support operational costs of the laboratory sample transport hubs and testing laboratories	Already costed as part of activity 4.17.2.2.4, no additional cost				X	X	X	X		0	0	0	0	-1	
		4.17.2.2.6 Train health care workers involved in the IST system to conduct regular bottleneck analysis to identify gaps	Training of health care workers involved in the IST system to conduct regular bottleneck analysis to identify gaps	Already costed in 4.17.2.1.4				X	X	X	X		0	0	0	0	-1	
4.17.3 Strengthen provision of quality HIV, STI and Hepatitis laboratory services	4.17.3.1 Review, update and orient health workers on SOPs and job aides for provision of quality laboratory services	4.17.3.1.1 Conduct review of and update HIV, STIs and hepatitis laboratory guidelines, SOPs and job aides	MOHCC to lead at national level, Printing of guidelines (100 pages) (550 copies for all labs and facilities) SOPs (2 pages) job aides (1 page) HIV facilities: (SOPs and job aids) 2500 and 137 labs . How many facilities to have guidelines? Graphic Design cost?	Guidelines: 1 copy each per facility. 100 pages per copy. 2500 HIV testing facilities and (124 labs)	$0.10	Per page	262400	X					26240	-1	-1	-1	-1	Communication costs (print, TV, radio)
				SOPs. 5 copies per facility. 2 pages per SOP. 2500 HIV testing facilities and 124 labs	$0.10	Per page	26240	X					2624	-1	-1	-1	-1	Communication costs (print, TV, radio)
				Print job aides. 5 job aids per facility. 1 page per job aid for 2500 l HIV testing facilities and all 124 labs.	$0.10	Per page	13120	X					1312	-1	-1	-1	-1	Communication costs (print, TV, radio)
				Graphic design for guidelines* 2624 copies	$5.00	Per copy	2624	X					13120	-1	-1	-1	-1	Communication costs (print, TV, radio)
		4.17.3.1.2 Print and avail to all health facilities the updated HIV, STIs and hepatitis laboratory guidelines, protocols, SOPs and job aides including the HIV QA guidelines	Print updated HIV, STIs and hepatitis laboratory guidelines, protocols, SOPs and job aides including the HIV QA guidelines	Already costed as part of activity 4.17.4.1.1, no additional cost				X					0	-1	-1	-1	-1	

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.17.3.1.3 Orient health workers on the updated laboratory guidelines, protocols and SOPs including the HIV QA guidelines through mentorship visits to health facilities	National level team of 5 people to sensitize all provinces on updated laboratory guidelines, protocols and SOPs	1 day overnight allowance for National team of 5 people, travel to 10 provinces, 1 province a day.	$110.00	Per participant per day	50	X	X	X	X	x	5500	5500	5500	5500	5500	Planning & Policy Meetings
			Provincial team of 5 people to 5 people to sensitize districts on-site on updated laboratory guidelines, protocols and SOPs	1 day overnight allowance for Province team of 5 people, travel to 59 districts	$75.00	Per participant per day	295	X	X	X	X	x	22125	22125	22125	22125	22125	Research, M&E, QA and Supervision
			District team of 5 people per district to sensitize all 2500 facilities	District overnight meeting*5 people per district*2 days per district	$75.00	Per participant per day	590	X	X	X	X	x	44250	44250	44250	44250	44250	Research, M&E, QA and Supervision
		4.17.3.1.4 Conduct supportive supervision visits to health facilities providing HIV, STIs and Hepatitis laboratory services	Supportive supervision visits to health facilities providing HIV, STIs and Hepatitis laboratory services	Already costed in 4.17.4.1.4				X	X	X	X						-1	
	4.17.3.2 Scale up quality assurance mechanisms in delivery HIV and STIs laboratory services including EQA schemes for all POCs sites	4.17.3.2.1 Document experiences from POC sites currently implementing EQA	Provincial Scientist to conduct desktop review. No additional costs involved.	No additional costs involved.				X	X	X	X						-1	Research, M&E, QA and Supervision
		4.17.3.2.2 Conduct stakeholder consultative meeting on experiences from POC sites implementing EQA	National level consultative meetings with 35 people from all of the 10 provinces.	2 day overnight National level meetings (Southern region & Northern Region). 35 people per province, 10 provinces. 2 nights per meeting	$125.00	Per participant per day	700	X	X	X	X	x	87500	87500	87500	87500	87500	Planning & Policy Meetings
		4.17.3.2.3 Enroll all POCs in relevant Proficiency Testing Programmes	POC VL	EQA for POCs VL: EQ panel costs @ $28/ panel (POC device) for 140 GX and 100 samba machines twice a year across 240 sites	$28.00	Per panel	480	X	X	X	X	x	13440	13440	13440	13440	13440	Capital Medical/Lab Equipment - Purchase
			POC EID	EID: GX 35, 57 Mpimas*2 times a year	$28.00	Per panel	184	X	X	X	X	x	5152	5152	5152	5152	5152	Capital Medical/Lab Equipment - Purchase
				$28* Mpima*58*2 times a year	$28.00	Per panel	116	X	X	X	X	x	3248	3248	3248	3248	3248	Capital Medical/Lab Equipment - Purchase
			Syphilis	24.06 per panel. HIV/ Syphilis Duo only in ANC: 2500 testers, 2 times a year	$24.06	Per panel	5000	X	X	X	X	x	120300	120300	120300	120300	120300	Capital Medical/Lab Equipment - Purchase
			Hepatitis	24 per panel*2500 testers*2 times a year	$24.06	Per panel	5000	X	X	X	X	x	120300	120300	120300	120300	120300	Capital Medical/Lab Equipment - Purchase
			Rapid HIV tests	$24 panel per cycle*2 cycles* 2500 testers per annum	$24.06	Per panel	5000	X	X	X	X	x	120300	120300	120300	120300	120300	Capital Medical/Lab Equipment - Purchase

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.17.3.2.4 Provide support for EQA in POC sites through mentorship, refresher trainings and supportive supervision	Conduct mentorship, refresher trainings and supportive supervision twice a year across across10 provinces, cover all facilities and all labs across. 3 incl driver. Same across all districts. people per province.	Team of 3 incl driver *2days a province*10 provinces	$110.00	Per trainer	60	X	X	X	X	x	6600	6600	6600	6600	6600	Health Worker Training - In-service
				I day training of trainers*70 participants per province, 10 provinces	$20.00	Per trainee	70						-1	-1	-1	-1	-1	Health Worker Training - In-service
				District level training, 1 day, 35 participants per district*59 districts	$17.00	Per trainer/ driver	3835	X	X	X	X		65195	65195	65195	65195	-1	Health Worker Training - In-service
		4.17.3.2.5 NMRL to conduct post market surveillance for test kits quarterly covering all regions of the country	Conduct post market surveillance for test kits quarterly covering 10 provinces	4 people to cover 10 provinces, 1 province per day. Overnight allowances for all provinces.	$110.00	Per participant per day	40	X	X	X	X	x	4400	4400	4400	4400	4400	Research, M&E, QA and Supervision
	4.17.3.3 Strengthen quality improvement approaches at laboratory service delivery points to ensure quality in delivery of HIV and STI services	4.17.3.3.1 Enroll all HIV and STI testing sites to a proficiency testing program	Enroll all POCs in proficiency testing program	Already costed under 4.16.4.2.4. No additional costs involved.				X	X	X	X		0	0	0	0	-1	Research, M&E, QA and Supervision
			Proficiency testing programs for Conventional VL & EID	Conventional VL & EID are covered under PEPFAR				X	X	X	X		0	0	0	0	-1	Research, M&E, QA and Supervision
		4.17.3.3.2 Train health care workers including those providing lab services in quality improvement	Conduct 1*2 day meeting at National Level to train Health Care Workers in quality improvement	1* 2 day National level training across 10 provinces, 35 participants from each province	$125.00	Per participant per day	700	X	X	X	X	x	87500	87500	87500	87500	87500	Planning & Policy Meetings
			Conduct 1 day meetings across districts to train Health Care Workers in quality improvement	Conduct 1 day meetings across all districts 59 districts. 65 people per meeting	$17.00	Per participant per day	3304						-1	-1	-1	-1	-1	Planning & Policy Meetings
		4.17.3.3.3 Establish laboratory quality improvement committees in all health facilities providing HIV and STIs laboratory services	MoHCC to conduct desktop review to establish lab quality improvement committees	MoHCC to conduct desktop review to establish lab quality improvement committees				X	X	X	X		0	0	0	0	-1	
		4.17.3.3.4 Provide support to the laboratory/or integrated QI committees through mentorship and supportive supervision	Mentorship and supervision support to the laboratory/or integrated QI committees	Already costed as part of activity 4.17.4.2.4, no additional cost				X	X	X	X		0	0	0	0	-1	
		4.17.3.3.5 Facilitate laboratory/ integrated QI improvement committee meetings	Laboratory/ integrated QI improvement committee meetings	Already costed as part of activity 4.17.4.2.4, no additional cost				X	X	X	X		0	0	0	0	-1	
		4.17.3.3.6 Facilitate laboratory/ integrated QI improvement committees to develop QI projects to address gaps in HIV and STIs laboratory service provision	Laboratory/ integrated QI improvement committee meetings	Already costed as part of activity 4.17.4.2.4, no additional cost				X	X	X	X		0	0	0	0	-1	

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.17.4.4.7 Support the committees to implement the identified laboratory specific QI projects	Committee support to implement identified laboratory specific QI projects	Already costed as part of activity 4.17.4.2.4, no additional cost				X	X	X	X		0	0	0	0	-1	
	4.17.3.4 Ensure availability of skilled staff for provision of quality laboratory HIV and STIs services	4.17.3.4.1 Conduct laboratory staffing and training needs assessment for provision of quality HIV and STIs laboratory services at all levels	Laboratory staffing and training needs assessment for provision of quality HIV and STIs laboratory services at all levels	MoHCC to conduct desktop review. No additional costs involved.				X	X	X	X		0	0	0	0	-1	
		4.17.3.4.2 Use the findings to advocate with human resources department to recruit additional laboratory staff for provision of HIV and STIs laboratory services	MoHCC to recommended findings.	No costs involved.				X	X	X	X		0	0	0	0	-1	
		4.17.3.4.3 Develop HIV and STIs laboratory health care providers capacity development plan	MOHCC to convey meeting at head office.	No costs involved.				X	X	X	X		0	0	0	0	-1	
		4.17.3.4.4 Provide training to HIV and STIs laboratory staff through various training approaches including mentorship, online training, or blended model	Training to HIV and STIs laboratory staff	Already costed as part of activity 4.17.4.4.4, no additional cost				X	X	X	X		0	0	0	0	-1	
		4.17.3.4.5 Task-shift HIV and STIs laboratory services to non-lab technical staff through mentorship and support supervision	Mentorship and support supervision fro HIV & STI lab services	Already costed as part of activity 4.17.4.4.4, no additional cost				X	X	X	X		0	0	0	0	-1	
	4.17.3.5 Improve laboratory waste management (including liquid waste)	4.17.3.5.1 Review and update existing HIV and STIs laboratory waste disposal policies, guidelines and SOPs	Conduct National level meeting to review and update existing HIV and STIS laboratory waste disposal policies, guidelines and SOPs	1 day 3 day National level meeting *35 participants from all provinces.	$125.00	Per participant per day	350	X	X	X	X	x	43750	43750	43750	43750	43750	Planning & Policy Meetings
		4.17.3.5.2 Print and disseminate HIV and STIs waste disposal policies, guidelines and SOPs	Printing of Waste disposal guidelines for all facilities and all labs	60 pages per copy *2500 facilities, 124 labs	$0.10	Per page	157440	X					15744	-1	-1	-1	-1	Communication costs (print, TV, radio)
			Print Waste management policies for all facilities and all labs	15 pages per copy *2500 facilities, 124 labs	$0.10	Per page	39360	X					3936	-1	-1	-1	-1	Communication costs (print, TV, radio)
			Print Waste management SOPs (2 pages) for all facilities and all labs	2 pages per copy *2500 facilities, 124 labs	$0.10	Per page	5248	X					524.8	-1	-1	-1	-1	Communication costs (print, TV, radio)

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.17.3.5.3 Orient/ train health workers on the updated HIV and STIs laboratory waste disposal policies, guidelines and SOPs through mentorship and support supervision visits by safety officers	Train provincial HCW's on the updated HIV and STIs laboratory waste disposal policies, guidelines and SOPs through mentorship and support supervision visits by safety officers	1 day National level training * 35 participants from 10 provinces.	$125.00	Per participant per day	350	X	X	X	X	x	43750	43750	43750	43750	43750	Health Worker Training - In-service
			Train district HCW on the updated HIV and STIs laboratory waste disposal policies, guidelines and SOPs through mentorship and support supervision visits by safety officers	1 day training across 59 districts* 65 participants per district.	$17.00	Per participant per day	3835	X	X	X	X	x	65195	65195	65195	65195	65195	Health Worker Training - In-service
		4.17.3.5.4 Ensure adherence to HIV and STIs laboratory waste management guideline through supportive supervision to health facilities providing laboratory services	Supportive supervision to health facilities providing laboratory services to ensure adherence to HIV and STIs laboratory waste management guidelines	Already costed as part of activity 4.17.4.5.4, no additional cost				X	X	X	X							
		4.17.3.5.5 Undertake refurbishment of two regional incinerators to handle liquid VL waste	Refurbish Harare Hospital incinerator and Mpilo Hospital (Bulawayo) incinerator	Replacement of grates, controls and burners, and re-bricking the interior with high temperature bricks* 2	$20,000.00	Per Incinerator	2	X			X		40000	-1	-1	40000	-1	Infrastructure - Rehabilitation
		4.17.3.5.6 Facilitate regular transportation of VL waste to the 2 regional incinerators	Transport liquid waste once a week from NMRL, BRIDH, Mutare, Gwanda, Chinhoyi, Bulawayo, Lupane, Gweru	Assume a need of 200 litres per month for each site (84 sites x200 litres)	$1.50	Per Litre	16800	X	X	X	X	x	25200	25200	25200	25200	25200	Supply Chain Management
		4.17.3.5.7 Regular transportation and incineration of waste to 2 regional incinerators	Transport liquid waste once a week from NMRL, BRIDH, Mutare, Gwanda, Chinhoyi, Bulawayo, Lupane, Gweru	Already costed as part of activity 4.17.4.5.6, no additional cost				X	X	X	X							
	4.17.3.6 Implement regular HIV and STIs laboratory supportive supervision	4.17.3.6.1 Conduct review of and update existing laboratory supportive supervision guidelines, SOP and job aides	Review of and update existing laboratory supportive supervision guidelines, SOP and job aides	Already costed as part of activity 4.17.4.1.1, no additional cost				X	X	X	X							
		4.17.3.6.2 Orient stakeholders and service providers on the updated service delivery guidelines and SOPs	Stakeholders and service providers orientation on the updated service delivery guidelines and SOPs	Already costed as part of activity 4.17.4.1.1, no additional cost				X	X	X	X							

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.17.3.6.3 Facilitate NMRL to conduct quarterly supportive supervision to HIV and STIs national testing laboratories	Lab support and supervision to VL testing labs including quarterly DQA 2 teams of 3 people (including driver) to cover 11 labs in 6 days.	6 participants* 6 days	$65.00	Per participant per day	144	X	X	X	X	x	9360	9360	9360	9360	9360	Research, M&E, QA and Supervision
			Lab support and supervision to VL testing labs including quarterly DQA 2 teams of 3 people (including driver) to cover 11 labs in 6 days.	Fuel	$1.50	Per Litre	200	X	X	X	X	x	300	300	300	300	300	Research, M&E, QA and Supervision
		4.17.3.6.4 Facilitate the provincial laboratory scientists to conduct quarterly supportive supervision visits to the provincial laboratories.	Lab support and supervision to VL testing labs inl quarterly DQA 2 teams of 3 people (including driver) to cover 11 labs in 6 days.	6 people* 6 days	$65	Per participant per day	144	X	X	X	X	x	9360	9360	9360	9360	9360	Research, M&E, QA and Supervision
			Lab support and supervision to VL testing labs inl quarterly DQA 2 teams of 3 people (including driver) to cover 11 labs in 6 days.	Fuel	$1.50	Per Litre	800	X	X	X	X	x	1200	1200	1200	1200	1200	Research, M&E, QA and Supervision
		4.17.3.6.5 Facilitate district Laboratory scientists to conduct quarterly supportive supervision visits to HIV,STI and Hepatitis testing sites districts	Lab support and supervision to VL testing labs inl quarterly DQA 2 teams of 3 people (including driver) to cover 11 labs in 6 days.	6 people* 6 days	$65	Per participant per day	144	X	X	X	X	x	9360	9360	9360	9360	9360	Research, M&E, QA and Supervision
			Lab support and supervision to VL testing labs inl quarterly DQA 2 teams of 3 people (including driver) to cover 11 labs in 6 days.	Fuel	$1.50	Per Litre	800	X	X	X	X	x	1200	1200	1200	1200	1200	Research, M&E, QA and Supervision
4.17.4 Increase coverage for HIV and STIs laboratory services with special focus on VL testing, EID and HIV DR	4.17.4.1 Redeployment of the Viral/EID platforms to needy provinces/ districts to enhance optimization	4.17.4.1.1 Conduct an assessment on coverage of VL and EID/POC to identify needy districts	Assessment on coverage of VL and EID/POC to identify needy districts	Desk review. No costs involved.				X	X	X	X	x	0	0	0	0	0	
		4.17.4.1.2 Use the findings to review/develop a plan for placement/ establishment of EID/POC/ VL laboratory staff	Review/ develop a plan for placement/ establishment of EID/POC/ VL laboratory staff	Desk review. No costs involved.				X	X	X	X	x	0	0	0	0	0	
		4.17.4.1.3 Support districts to use other existing platforms including GeneXpert machines for VL and EID	Support districts to use other existing platforms including GeneXpert machines for VL and EID	MohCC to facilitate this process, no additional costs involved.				X	X	X	X	x	0	0	0	0	0	

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.17.4.1.4 Procure POC machines/VL devices for placement in needy districts/health facilities	HIV Drug Resistance testing platform	105*1000 tests	$105.00	Per test	1000	X	X	X	X	x	105000	105000	105000	105000	105000	Capital Medical/Lab Equipment - Purchase
		4.17.4.1.5 Procure necessary supplies for EID/VL POC machines	GX VL	164*8 tests a day	$9.88	Per test	173184	X	X	X	X	x	1711057.92	1711057.92	1711057.92	1711057.92	1711057.92	Drugs, Medical Supplies and Other Health Commodities
			Mpima	3 tests a day*57	$25	Per test	45144	X	X	X	X	x	1128600	1128600	1128600	1128600	1128600	Drugs, Medical Supplies and Other Health Commodities
			Samba II	102*3 tests a day	$15	Per test	80784	X	X	X	X	x	1171368	1171368	1171368	1171368	1171368	Drugs, Medical Supplies and Other Health Commodities
	4.17.4.2 Implement innovative interventions to reduce TAT for EID and VL	4.17.4.2.1 Conduct regular bottlenecks analysis to identify causes of delay through the EID/VL cascade	Analysis to identify causes of delay through the EID/VL cascade	Desktop Analysis, no costs involved				X	X	X	X		0	0	0	0	-1	
		4.17.4.2.2 Develop mini QI projects to address identified bottlenecks	Mini QI projects to address identified bottlenecks	Desktop Analysis, no costs involved				X	X	X	X		0	0	0	0	-1	
		4.17.4.2.3 Support establishment of web based VL and EID dashboards for tracking VL and EID results	Dashboard Designing/ Website designing	Design web based dashboard	$500	Per dashboard	2	X					1000	-1	-1	-1	-1	Communication costs (print, TV, radio)
			Cost of web based dashboard	Monthly dashboard subscription *2 (VL and EID)	$50	Monthly subscription	24	X	X	X	X	x	1200	1200	1200	1200	1200	Communication costs (print, TV, radio)
		4.17.4.2.4 Train support through mentorship and supportive supervision visits on the use of the EID/VL dashboards	Mentorship and supportive supervision visits on the use of the EID/VL dashboards	Already costed as part of activity 4.16.4.6.5, no additional cost				X	X	X	X		0	0	0	0	-1	
		4.17.4.2.5 Improve laboratory and clinic interface for districts labs/hubs to shorten TAT for EID and VL testing	Internet & software, program, database for clinics	Internet per facility*2500 facilities	$35	Per facility	2500	X	X	X	X	x	87500	87500	87500	87500	87500	Communication costs (print, TV, radio)
				Server per clinic*2500 clinics	$1,000	Per server	2500	X					2500000	-1	-1	-1	-1	Infrastructure - Construction/ Vehicles
		4.17.4.2.6 Support installation of printers and procurement of essential supplies including paper and cartridge to communicate EID and VL results	Procure printers at all sites testing EID and VL.	1 SMS printer per site*2500 sites	$1,785	Per printer	2500	X					4462500	-1	-1	-1	-1	Capital Medical/Lab Equipment - Purchase
		4.17.4.2.7 Provide necessary support including provision of cellphone and airtime to support use of SMS and applications such as WhatsApp to communicate EID/VL results	Cellphone and airtime to support use of SMS and applications such as WhatsApp to communicate EID/VL results	Airtime @ per cellphone 1500000 sms for VL & EID tests*5000 cellphones	$0.02	Per sms	1500000	X	X	X	X	x	30000	30000	30000	30000	30000	Communication costs (print, TV, radio)
				Airtime/data per month. 1 GB per month*5000 cellphones	$35	Per GB	5000	X	X	X	X	x	175000	175000	175000	175000	175000	Communication costs (print, TV, radio)

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Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.17.4.3 Partner with laboratories to prioritise VL for pregnant and lactating women	4.17.4.3.1 Conduct consultative meetings to forecast and quantify GeneXpert VL cartridges for use in prioritizing pregnant and lactating women	Consultative meetings to forecast and quantify GeneXpert VL cartridges for use in prioritizing pregnant and lactating women	Office review. No costs involved.				X	X	X	X		0	0	0	0	-1	
		4.17.4.3.2 Develop SOPs/ protocols on prioritisation of VL for pregnant and lactating women	Conduct 3 day national level meeting with 35 participants from all provinces.	3 days* 35 participants* 10 provinces.	$125	Per participant per day	350	X	X	X	X	x	43750	43750	43750	43750	43750	Planning & Policy Meetings
		4.17.4.3.3 Print and Orient health workers on the SOPs and protocols for prioritisation of VL for pregnant and lactating women	Print SOPs and protocols for prioritisation of VL for pregnant and lactating women	20 pages. 5 for protocol + 5 for SOPs* 2500 facilities and 124 labs.	$0.10	Per copy	52480	X					5248	-1	-1	-1	-1	Communication costs (print, TV, radio)
			Conduct 1 meeting to orient HCWs workers on the SOPs and protocols for prioritisation of VL for pregnant and lactating women across all provinces	1 day* 35 participants from each province* 10 provinces	$110	Per participant per day	350	X	X	X	X	x	38500	38500	38500	38500	38500	Planning & Policy Meetings
				1 day meeting per district* 70 participants per district districts* 59 districts	$17	Per participant per day	4130	X	X	X	X	x	70210	70210	70210	70210	70210	Planning & Policy Meetings
	4.17.4.4 Increase demand for VL and EID by both health workers and clients	4.17.4.4.1 Conduct sensitization of clients on the need for VL and EID in ART clinics and in PMTCT/ MNCH service delivery points	Sensitization of clients on the need for VL and EID in ART clinics and in PMTCT/ MNCH service delivery points	1 day Harare based meeting*70 participants,	$35	Per participant per day	70	X	X	X	X	x	2450	2450	2450	2450	2450	Health Worker Training - In-service
		4.17.4.4.2 Integrate sensitization of health workers on the importance of VL and EID results in client management and for EMTCT respectively	Sensitization of health workers on the importance of VL and EID results in client management and for EMTCT respectively	1 day Harare based meeting*70 participants,	$35	Per participant per day	70	X	X	X	X	x	2450	2450	2450	2450	2450	Health Worker Training - In-service
	4.17.4.5 Increase use of VL results	4.17.4.5.1 Support regular meetings between lab staff and service providers on the use of VL lab results	Hospital level meetings. No costs involved.	Hospital level meetings. No costs involved.				X	X	X	X		0	0	0	0	-1	
		4.17.4.5.2 Orient service providers on SOPS and guidelines on importance and use of VL and EID results in management of clients living with HIV and HIE	Orientation of service providers on SOPS and guidelines on importance and use of VL and EID results in management of clients living with HIV and HIE	Already costed as part of activity 4.17.4.1.1, no additional cost				X	X	X	X		0	0	0	0	-1	
		4.17.4.5.3 Ensure adherence to the guidelines/ SOPs on use of VL and EID results through supportive supervision and mentorship visits	ensure adherence to the guidelines/ SOPs on use of VL and EID results	Already costed as part of activity 4.17.4.1.1, no additional cost				X	X	X	X		0	0	0	0	-1	

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.17.4.6 Pilot and scale up use of dual test kits for HIV and syphilis screening	4.17.4.6.1 Develop guidelines and protocols for use of dual test kits for HIV and syphilis screening	Conduct 2 day meeting, national meeting, no provinces. Conference package. 15 people (HQ, labs, experts)	2 day meeting* 15 people	$35	Per participant per day	15	X	X	X	X	x	525	525	525	525	525	Planning & Policy Meetings
		4.17.4.6.2 Orient health care workers on the use of dual test kits through supportive supervision and mentorship visits	Health care worker orientation on the use of dual test kits through supportive supervision and mentorship visits	Already costed as part of activity 4.17.4.4.2, no additional cost				X	X	X	X		0	0	0	0	-1	Health Worker Training - In-service
		4.17.4.6.3 Procure the dual test kits and required supplies based on national quantification and scale up plan	Cost as per quantification report.	Cost as per quantification report.									-1	-1	-1	-1	-1	Drugs, Medical Supplies and Other Health Commodities
		4.17.4.6.4 Facilitate regular monitoring on the use of the dual test kits through supportive supervision and mentorship visits	Regular monitoring on the use of the dual test kits through supportive supervision and mentorship visits	Already costed in 4.16.4.4.2.				X	X	X	X	x	0	0	0	0	0	Research, M&E, QA and Supervision
	4.17.4.7 Pilot use of syphilis screen and confirm test at testing sites to confirm active syphilis infection	4.17.4.7.1 Develop guidelines/ protocols on the use of syphilis screen to confirm active syphilis infection	3 days, National level 25 participants 10 provinces. Conference package.	3 day meeting * 25 people per province* 10 provinces	$125	Per participant per day	250	X	X	X	X	x	31250	31250	31250	31250	31250	Planning & Policy Meetings
		4.17.4.7.2 Print guidelines and Orient health care worker on the use of the syphilis screen for confirming active syphilis test	Print 2.500 copies of the guidelines		$10	per copy printed	2500	x					25000	-1	-1	-1	-1	Communication costs (print, TV, radio)
		4.17.4.7.3 Procure the screens and pilot in selected districts	Already costed as part of activity 4.7.4.4.1, no additional cost	Already costed as part of activity 4.7.4.4.1, no additional cost									-1	-1	-1	-1	-1	
		4.17.4.7.4 Document emerging lessons on the use of the syphilis screen	Documentation of emerging lessons on the use of the syphilis screen .	No costs involved.									-1	-1	-1	-1	-1	
		4.17.4.7.5 Conduct dissemination meetings on the use of the syphilis screen for confirming active syphilis infection	National ,Provincial, Districts meetings. 70. Northern and southern region. 1 day.	National ,Provincial, Districts meetings. 70. Northern and southern region. 1 day.	$110	Per participant per day	140	x					15400	-1	-1	-1	-1	Planning & Policy Meetings
	4.17.4.8 Establish diagnostic capacity for HIV Drug Resistance testing.	4.17.4.8.1 Explore, identify and acquire HIV DR equipment using reagent bundling/ service level agreement arrangements	Explore and Identify - no cost. Acquire equipment, placement.	Explore and Identify - no cost. Acquire equipment, placement.									-1	-1	-1	-1	-1	
		4.17.4.8.2 Develop a national implementation plan for HIV DR testing	No costs involved.	No costs involved.									-1	-1	-1	-1	-1	

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Main Activity	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
		4.17.4.8.3 conduct HIV DR training,	5 people, 5 days at 7 machine lab sites. Lunch and tea allowance.	5 people, 5 days at machine lab sites. Lunch and tea allowance.	$125	Per participant per day	175	x	x	x	x	x	21875	21875	21875	21875	21875	Health Worker Training - In-service
		4.17.4.8.4 Include HIV DR reagents and consumables in national quantification exercise	HIV DR reagents and consumables	Already costed as part of activity 4.17.4.1.4, no additional cost									-1	-1	-1	-1	-1	
	4.17.4.9 Establish and implement service and maintenance contract for all laboratory equipment	4.17.4.9.1 Contract legal advice to develop laboratory serving and maintenance contracts with suppliers	No costs involved.	No costs involved.				X	X	X	X		0	0	0	0	-1	
		4.17.4.9.2 Facilitate establishment and adherence to a reporting system for machine servicing	No costs involved.	No costs involved.				X	X	X	X		0	0	0	0	-1	
		4.17.4.9.3 Integrate assessment of servicing and maintenance of laboratory equipment in supportive supervision and mentorship visits	No costs involved.	No costs involved.				X	X	X	X		0	0	0	0	-1	
	4.17.4.10 Implement HIV and STIs laboratory infrastructure improvement	4.17.4.10.1 Use national laboratory infrastructure checklist to conduct an assessment of existing laboratory facilities	No costs involved.	No costs involved.				X	X	X	X		0	0	0	0	-1	
		4.17.4.10.2 Conduct stakeholders meeting with stakeholders to disseminate infrastructural assessment findings and to develop an infrastructure laboratory improvement	Stakeholders meeting with stakeholders to disseminate infrastructural assessment findings and to develop an infrastructure laboratory improvement	1 day Harare based overnight meeting* 30 people*1 day, from 10 provinces.	$125	Per participant per day	30	X	X	X	X	x	3750	3750	3750	3750	3750	Planning & Policy Meetings
		4.17.4.10.3 Facilitate through provision of adequate financing to implement the infrastructure development as per plan including provision of water, installation of power/solar/ generator and provision of water/ drilling of boreholes and renovation to adequate space and good working conditions	Electricity: generators for those without. Water: for those without. Renovations	Electricity: generators for those without. Water: for those without. Renovations									-1	-1	-1	-1	-1	

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
SO 4.18: Strengthen delivery of quality HIV and STIs services in humanitarian settings																		
4.18.1 Conduct humanitarian risk assessment, develop and implement contingency plans to ensure continued provision of integrated HIV services during and after the humanitarian crisis	4.18.1.1 Provide technical assistance for conducting humanitarian risk assessment in the context of HIV and STIs response on annual basis		Hire a consultant over a 30 day period to conduct assessment on HIV response.	Consultancy fees	$905.50	per day of consulting	30	x					27165	-1	-1	-1	-1	Technical Assistance
	4.18.1.2 Conduct consultative meetings with stakeholders at all levels to disseminate findings of the humanitarian risk assesmsent in the context of HIV and STIs response		Already costed as part of the technical assistance in activity 4.17.1.1.1, no additional cost					x					0	-1	-1	-1	-1	Technical Assistance
	4.18.1.3 Conduct stakeholder consultative metings to develop province/ district specific contigency plans for HIV and STIs response in the humanitarian situations		Hold a national level meeting with 50 participants to develop contingency plans. Ensure 20 participants come from subnational levels					x					0	-1	-1	-1	-1	Planning & Policy Meetings
				Conference Package	$25	per participant	50	x					1250	-1	-1	-1	-1	Planning & Policy Meetings
				Accommodation	$70	per participant	20	x					1400	-1	-1	-1	-1	Planning & Policy Meetings
				Dinner	$15	per participant	20	x					300	-1	-1	-1	-1	Planning & Policy Meetings
				Transport Allowance	$30	per participant	20	x					600	-1	-1	-1	-1	Planning & Policy Meetings
4.18.2 Build capacity of service providers including community health workers in preparedness and provision of integrated HIV services during humanitarian crisis	4.18.2.1 Conduct health care providers capacity assessment for HIV and STIs response in humanitarian contexts		Conduct field visits over a 21 day period to assess health care providers response in humanitarian settings. Budget for a team of 5 visitors										-1	-1	-1	-1	-1	
				Accommodation	60	per participant	105	x	x	x	x	x	6300	6300	6300	6300	6300	Research, M&E, QA and Supervision
				Lunch	15	per participant	105	x	x	x	x	x	1575	1575	1575	1575	1575	Research, M&E, QA and Supervision
				Dinner	15	per participant	105	x	x	x	x	x	1575	1575	1575	1575	1575	Research, M&E, QA and Supervision
				Fuel	1.5	per litre	800	x	x	x	x	x	1200	1200	1200	1200	1200	Research, M&E, QA and Supervision
	4.18.2.2 Conduct stakeholders meetings to disseminate findings of the health care providers capacity assessment for HIV and STIs response in the context of HIV		Hold a 5 day national level meeting with 50 participants to develop contingency plans. Ensure 20 participants come from subnational levels										-1	-1	-1	-1	-1	
				Accommodation	70	per travelling participant	20	x	x	x	x	x	1400	1400	1400	1400	1400	Planning & Policy Meetings
				Conference Package	25	per participant	50	x	x	x	x	x	1250	1250	1250	1250	1250	Planning & Policy Meetings
				Dinner	15	per travelling participant	20	x	x	x	x	x	300	300	300	300	300	Planning & Policy Meetings
				Transport Allowance	30	per travelling participant	20	x	x	x	x	x	600	600	600	600	600	Planning & Policy Meetings
	4.18.2.3 Conduct stakeholder meetings to develop health care providers capacity development plan on HIV and STIs response in humanitarian contexts		To be included as part of mettings in activity 4.17.1.2.1,	no additional cost				x					0	-1	-1	-1	-1	
	4.18.2.4 Review and update existing curriculums for training health workers on humanitarian response to include a module on HIV and STI response in humanitarian contexts		Hire an international consultant over a 30 day period to conduct assessment on HIV response.	Consultancy fees	905.5	per day of consulting	30	x		x			27165	-1	27165	-1	-1	Technical Assistance
			Hold a national level meeting with 50 participants to validate the findings from the consultancy	Conference Package	25	per participant	50	x		x			1250	-1	1250	-1	-1	Technical Assistance

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
	4.18.2.5 Train health workers on HIV and STI response in humanitarian contexts through mentorship, online learning or through blended approaches		Train 50 health-care workers per province over a 3 day period. Include humaitarian response in training activities xxxxxx	Per-diems	$110	per participant per day	150	x		x			16500	-1	16500	-1	-1	Health Worker Training - In-service
4.18.3 Develop national guidelines and SOPs for provision of HIV prevention, treatment and care services during humanitarian crisis	4.18.3.1 Review existing guidelines, SOPs and job aides on health response during humanitarian situations and update them to include HIV and STIs response in humanitarian situations		Already costed as paty of technical assistance in activity 4.17.1.2.4,	no additional cost														
	4.18.3.2 Orient Health workers on updated the guidelines, SOPs and job aidesfor HIV and STIs response in humanitarian settings		Already included as part of training costs in activity 4.17.1.2.5,	no additional cost														
	4.18.3.3 Print and avail the guidelines to all health facilities		Print 2,000 copies of revised guidelines for humanitarian settings		10	per guideline printed	2000	x		x			20000	-1	20000	-1	-1	Communication costs (print, TV, radio)
			Print 2,000 copies of revised SOPs for humanitarian settings		10	per SOP printed	2000	x		x			20000		20000			Communication costs (print, TV, radio)
			Print 2,000 copies of revised Job Aides for humanitarian settings		10	per Job Aide printed	2000	x		x			20000		20000			Communication costs (print, TV, radio)
4.18.4 Develop mechanisms to ensure seamless provision of HIV prevention, care and treatment services including repositioning and ensuring availability of contingency/ buffer HIV commodities and supplies in areas that may not be accessible during humanitarian crisis such as flooding	4.18.4.1 Conduct consultative meeting with stakeholdes to define and quantify a national minimum kitty of essential commodities and supplies for HIV and STI response in humanitarian settings		Hold a 4 day national level meeting with 50 participants to determine the commodities and supplies necessary. Ensure that the output is presented during annual quantification meetings										-1		-1			Planning & Policy Meetings
				Accommodation	70	per travelling participant	80	x	x	x	x	x	5600	5600	5600	5600	5600	Planning & Policy Meetings
				Conference Package	25	per participant	200	x	x	x	x	x	5000	5000	5000	5000	5000	Planning & Policy Meetings
				Dinner	15	per travelling participant	80	x	x	x	x	x	1200	1200	1200	1200	1200	Planning & Policy Meetings
				Transport Allowance	30	per travelling participant	20	x	x	x	x	x	600	600	600	600	600	Planning & Policy Meetings
	4.18.4.2 Conduct stakeholder consultative meetings with stakeholders to orient them on the minimum kitty of essential commodities and supplies for HIV and STIs response in humanitarian settings		Already costed as part of activity 4.17.2.1.1,	no additional cost													-1	
	4.18.4.3 Procure and pre-position the mimum essential kitty for HIV and STIs response in areas that are prone to humanitarian risk		No additional cost, to be done through NatPharm and ZAPS ongoing processes	no additional cost													-1	
4.18.5 Ensure stronger targeting of vulnerable and high risk groups especially children, adolescents, pregnant and lactating women	4.18.5.1 Develop tools for profiling high risk groups in humanitarian situation in the context of HIV and STIs		Already costed as part of the technical assistance in activity 4.17.1.2.4	no additional cost													-1	
	4.18.5.2 Develop differentiated models for provision of services to high risk groups including children, adoelscents, pregnant and lactating women during humanitarians settings including interventions such as prevention and management of SGBV, provision of PrEP		Already costed as part of the technical assistance in activity 4.17.1.2.4	no additional cost													-1	

Zimbabwe Health Sector HIV and STI 3 year operational plan																		
Strategic Objective/ Strategies	Key actions	Detailed activities	Sub Activity	Budget Assumptions	Unit Cost	Unit	Quantity	Frequency					Total Costs					Cost Category
								Y1	Y2	Y3	Y4	Y5	2021	2022	2023	2024	2025	
4.18.6 Integrate HIV response in existing programs such as the Minimum Essential Package for Reproductive health in emergency/humanitarian settings	4.18.6.1 Develop guidelines to integrate HIV and STIs response in existing MISP for RH		Already costed as part of the technical assistance in activity 4.17.1.2.4	no additional cost													-1	
	4.18.6.2 Orient health workers and other service providers on guidelines and SOPs for integrating HIV and STIs in MISP for RH		Already costed as part of activity 4.17.1.2.5	no additional cost													-1	
	4.18.6.3 Print and avail guidelines for on HIV and STIs integration in MISP in all facilities and regions that are prone to humanitarian risks		Already costed as part of activity 4.17.1.4.4	no additional cost													-1	
	Total Cost												**162230**	**26600**	**131515**	**26600**	**26600**	

Cadre Type	Type of Reimbursement	Unit cost	Quantity	No. of days/ months	Frequency	Year 1	Year 2	Year 3	Year 4	Year 5	Include/ Exclude from Integrated HIV Strategy
Sustainability and Quality Assurence Officer	Salary	2,185	1	1	12	26,214	26,214	26,214	26,214	26,214	Include
Human Resources for Health Salary for HTS Training Officer	Salary	2,185	1	1	12	26,214	26,214	26,214	26,214	26,214	Include
Human Resources for Health Salary foAssistant HTS Officer	Salary	2,185	1	1	12	26,214	26,214	26,214	26,214	26,214	Include
Human Resources for Health Salary for HTS Programme Assistant	Salary	1,025	1	1	12	12,294	12,294	12,294	12,294	12,294	Include
HIVST Officer	Salary	2,185	1	1	12	26,214	26,214	26,214	26,214	26,214	Include
Human Resources for Health - Monitoring and Evalution Officer	Salary	1,764	1	1	1	1,764	1,764	1,764	1,764	1,764	Include
Monitoring and Evaluation Officer	Salary	1,500	2	1	12	36,000	36,000	36,000	36,000	36,000	Include
PMTCT Programme Officer	Salary	2,185	2	1	12	52,428	52,428	52,428	52,428	52,428	Include
Assistant PMTCT Programme Officer	Salary	2,005	2	1	12	48,108	48,108	48,108	48,108	48,108	Include
Support salary for NTP manager	Salary	3,836	1	1	12	46,026	46,026	46,026	46,026	46,026	Include
Support salary for DOTS and Training Officer	Salary	3,025	1	1	12	36,294	36,294	36,294	36,294	36,294	Include
Support salary for Data Manager	Salary	1,753	1	1	12	21,030	21,030	21,030	21,030	21,030	Include
Support salary for Senior M&E Officer	Salary	2,913	1	1	12	34,950	34,950	34,950	34,950	34,950	Include
Support salary for 2 Programme Assistants (Technical)	Salary	2,025	2	1	12	48,588	48,588	48,588	48,588	48,588	Include
Support salary for 2 Data Analysts - National Reference Laboratory	Salary	1,525	2	1	12	36,588	36,588	36,588	36,588	36,588	Include
Support salary for Logistician	Salary	1,825	1	1	12	21,894	21,894	21,894	21,894	21,894	Include
Support salary for Advocacy, Communication and Social Mobilisation Officer	Salary	2,525	1	1	12	30,294	30,294	30,294	30,294	30,294	Include
Support salary for TB/HIV Focal Person	Salary	3,025	1	1	12	36,294	36,294	36,294	36,294	36,294	Include
Support salary for Finance and Administration Officer	Salary	3,025	1	1	12	36,294	36,294	36,294	36,294	36,294	Include
Support salary for 2 Finance Assistants	Salary	1,625	2	1	12	38,988	38,988	38,988	38,988	38,988	Include
Support salary for Administration Assistant	Salary	1,625	1	1	12	19,494	19,494	19,494	19,494	19,494	Include
Support salary for a driver	Salary	495	1	1	12	5,934	5,934	5,934	5,934	5,934	Include
Support salary for a secretary	Salary	1,400	1	1	12	16,800	16,800	16,800	16,800	16,800	Include
Support salary for National TB Laboratory Coordinator	Salary	3,064	1	1	12	36,768	36,768	36,768	36,768	36,768	Include
Support salary for 8 Laboratory Scientists (NTBRL x4 & NMRL x4)	Salary	2,225	8	1	12	213,552	213,552	213,552	213,552	213,552	Include
Support salary for 2 Chief Laboratory Scientists	Salary	2,525	2	1	12	60,588	60,588	60,588	60,588	60,588	Include
Support salary for National PMDT Officer	Salary	3,025	1	1	12	36,294	36,294	36,294	36,294	36,294	Include
Support for continued WHO technical assistance, including salary support for the WHO TB medical officer.	Salary	8,750	1	1	12	105,000	105,000	105,000	105,000	105,000	Include
Support salary for Community TB Care Officer	Salary	2,025	1	1	12	24,294	24,294	24,294	24,294	24,294	Include
Total Cost						1,161,414	1,161,414	1,161,414	1,161,414	1,161,414	


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