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| **Republic of Zimbabwe** |  | National AIDS Council |

**National AIDS Council of Zimbabwe**

**Strategic Plan 2021 - 2025**

**Reviewed October 2023**

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**SECTION A: Agency**

1. **Introduction**

In line with Government of Zimbabwe National Development Strategy (NDS) 1 2021 -2025, Ministry of Health and Child Care Strategy 2021-2023 and Zimbabwe National HIV and AIDS Strategic Plan (ZNASP IV) National AIDS Council of Zimbabwe (NAC) has adapted its strategy to fulfil the Vision 2030 thrust **(“Towards a Prosperous and Empowered Upper Middle-Income Society by 2030”).** The strategy has been developed following consultations with key stakeholders (Government ministries, parastatals, Media houses, labour, and private sector, People Living with HIV, civil society and uniformed forces) in the HIV response under the health and well-being priority area in compliance with Integrated Results Based Management (IRBM) on which the NDS1 is anchored.

Based on the lessons and successes of the Transitional Stabilisation Programme (TSP) and ZNASP IV, and guided by global health commitments, particularly the sustainable development goals and United Nations General Assembly Special Session (UNGASS) and the UNAIDS strategic plan, the National AIDS Council has developed an organisational strategic plan with the goal of ending AIDS by 2030. The country has made significant strides towards achieving epidemic control. This strategic plan intends to guide and solidify NAC’s efforts in ensuring that new cases of HIV are reduced while providing universal antiretroviral therapy (ART) to those infected and an enabling environment for pursuit of these objectives. In a bid to fulfil the NDS1 objectives, NAC is focusing on two programme areas namely; **Governance and Administration, and Multi-Sectoral Response to HIV, Epidemics and related Communicable Diseases (CDs) and Non – Communicable Diseases (NCD).** The intended key outcomes are;

1. Improved institutional capacity for service delivery
2. Increased alignment and harmonization of all organized sectors’ strategies with the ZNASP
3. Increased capacity of partners to deliver HIV and AIDS Services
4. Increased uptake of HIV services
5. Strengthened hub of strategic HIV information

This strategy was developed during an unprecedented COVID-19 pandemic which has not spared the HIV

Sector, thereby increasing the burden on limited resources.

1. **Background**

The National AIDS Council was established in 1999 through the National AIDS Council of Zimbabwe Act (Chapter 15:14) and started operating in 2000. The Act mandates NAC to provide for measures to combat the spread of the Human Immuno Deficiency Virus (HIV) and mitigate the impact of the Acquired Immune Deficiency Syndrome (AIDS) and the promotion, coordination and implementation of programmes. In addition, NAC is responsible for building the capacity of sectors, resource mobilization and management, development of strategies and, monitoring and evaluation of the effectiveness of the response. NAC has a multi-sectoral Board drawn from various sectors and is responsible for formulating the general policy and controlling operations. The Board provides oversight to the Secretariat at National, Provincial and District levels in its coordination and implementation of the multi-sectoral response to HIV and AIDS.

Through an effective multi-sectoral response coordinated by NAC, the country has managed to reduce HIV incidence by 82.2% from 0.99 in 2010 to 0.17 in 2022 and AIDS related death by 69% from 409 in 2010 to 127 in 2022 per 100000 people **(MOHCC 2023 HIV estimates)** using various strategies. The response to HIV has grown over the years, with over 90% coverage of people living with HIV receiving antiretroviral therapy, however HIV prevention remains a top priority. Whilst overall progress has been made in combating the spread of HIV, there are sub population groups that remained more vulnerable to HIV infection such as adolescent girls and young women, key and vulnerable populations (female sex workers, men having sex with men, transgender, artisanal miners, people who inject drugs people living with disabilities and prisoners) as shown in the graph below. In this regard, the response will provide targeted interventions including pandemic preparedness.

**Figure 1: HIV New infections by Age Group**



Considerable progress has been made towards achieving the 95 95 95 targets as shown in the graph below and the country is on track to achieve epidemic control.

**Figure 2: Progress towards Fast track Targets**

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The country is on track to achieve the fast-track targets although its lagging behind on children. The strategy seeks to achieve the 95-95-95 for children so that the country achieves universal coverage.

**Funding on HIV and AIDS - Sustainability of the response**

The Zimbabwe HIV&AIDS response grossly relies on external funding were 78% of the funding is coming from bilateral, multilateral, and international NGOs. This makes it difficult to sustain the response in view of the dwindling funding from eternal funders. The sources of funds according to 2014/5 NASA report are external (78%), Public (10%), Private (3%) and Out of Pocket (9%). Therefore, this strategy seeks to increase domestic financing of the HIV response.

1. **National Level Contribution:**
	1. **National Vision:**

Towards a prosperous and empowered upper middle-income society by 2030

* 1. **National Priorities the Agency is contributing to:**

|  |  |
| --- | --- |
|  | **Description of National Priority Area** |
| **NPA 1** | **Health and Well being**  |
| **NPA 2** | **Social protection** |
| **NPA 3** | **Youth, sport and culture** |
| **NPA 4** | **Devolution** |

* 1. **National Key Result Areas the Agency is contributing to:**

|  |  |
| --- | --- |
|  | **Description of National Key Result Area** |
| **NKRA 1** | **Public Health and Well Being** |
| **NKRA 2** | **Quality and affordable social protection for all** |
| **NKRA 3** | **Youth, sport, culture promotion and development** |
| **NKRA 4** | **Equitable Regional development** |

* 1. **National Outcomes the Agency is contributing to:**

|  |  |
| --- | --- |
|  | **Description of National Outcome** |
| **NOUC 1** | **Improved quality of life** |
| **NOUC 2** | **Improved access to inclusive social protection** |
| **NOUC 3** | **Increasing youth participation in decision making and development processes.** |
| **NOUC 4** | **Improved inclusive governance and socio-economic development** |

1. **Sectoral Level Contribution:**

**Sector Name: Health**

* 1. **Sectoral Key Results Areas**

|  |  |
| --- | --- |
|  | **Description of Sector Key Result Area** |
| **SKRA 1** |  |
| **SKRA 2** |  |
| **SKRA 3** |  |
| **SKRA 4** |  |
| **SKRA 5** |  |

* 1. **Sectoral Outcomes**

|  |  |
| --- | --- |
|  | **Description of Sectoral Outcome Description** |
| **SOUC 1** | Increased Domestic Funding for Health |
| **SOUC 2** | Improved human resource performance in the health sector |
| **SOUC 3** | Improved access to availability of essential medicines. |
| **SOUC 4** | Improved infrastructure facilities and critical equipment for Health Service Delivery |
| **SOUC 5** | Improved enabling environment for health services delivery |
| **SOUC 6** | Reduced morbidity and mortality due to communicable and Non-Communicable diseases  |
| **SOUC 7** | Improved Reproductive, maternal, new-born, child and adolescent health and Nutrition |
| **SOUC 8** | Improved public health surveillance and disaster preparedness and response |
| **SOUC 9** | Improved care and protection of vulnerable groups |
| **SOUC 10** | Improved Livelihoods for the poor and vulnerable |
| **SOUC 11** | Increased youth participation in leadership development programs |
| **SOUC 12** | Increased access to empowerment opportunities for youth |
| **SOUC 13** | Improved funding of devolution and decentralisation agenda |
| **SOUC 14** | Improved administrative decentralization  |

1. **Ministry Level Contribution:**

**Ministry Name: Ministry of Health and Child care**

* 1. **Ministry Key Results Areas**

|  |  |
| --- | --- |
|  | **Description of Ministry Key Result Area** |
| **MKRA 1** | Public Health |
| **MKRA 2** | Curative Services  |
| **MKRA 3** | Bio- Medical Engineering, Bio- Medical Science, Pharmaceuticals, Bio-Pharmaceutical Production |
| **MKRA 4** | Policy and Administration |

* 1. **Ministry Outcomes**

|  |  |
| --- | --- |
|  | **Description of Ministry Outcome**  |
| **MOUC 1** | Increased domestic funding for health |
| **MOUC 2** | Improved human resource performance in health sector |
| **MOUC 3** | Improved enabling environment for health service delivery (governance) |
| **MOUC 4** | Reduced morbidity and mortality due to communicable and Non-Communicable Diseases |
| **MOUC 5** | Improved Reproductive, maternal, new-born, child and adolescent health and Nutrition |
| **MOUC 6** | Improved public health surveillance and disaster preparedness and response |
| **MOUC 7** | Improved access to availability of essential medicines |
| **MOUC 8** | Improved infrastructure facilities and critical equipment for Health Service Delivery |

1. **MDA:** National AIDS Council

2. **MDA Vote Number:** Nil

**3. MDA Vision Statement:**

A Zimbabwe free from new HIV infections, stigma and AIDS related deaths by 2030

**4. MDA Mission Statement:**

To lead and coordinate the national multi-sectoral response to HIV and AIDS in Zimbabwe.

**5. Core Values:**

In fulfilling its vision and mission, the operations of NAC will be underpinned by the following values:

* **Integrity**

We are committed to the highest standards of sincerity by dealing in a fair and credible manner with internal and external stakeholders.

* **Transparency**

We are open to scrutiny by stakeholders and partners accountable to all our stakeholders for the resources entrusted to us and for results towards meeting our mandate to lead and coordinate the multi-sectoral response to HIV and AIDS.

* **Accountability**

 We are accountable to all our stakeholders for the resources entrusted to us and for results towards meeting our mandate to lead and coordinate the multi-sectoral response to HIV and AIDS.

* **Professionalism**

We uphold the highest professional standards among our staff and in our dealings with our development partners, communities and all other stakeholders.

* **Innovation**

We endeavour to be proactive rather than respond to circumstances and are always looking for new approaches to benefit the national response to HIV and AIDS.

* **Inclusiveness**

We are committed to a multi-sectoral response to the HIV and AIDS epidemic and take measures to involve all stakeholders in addressing gender and other vulnerable groups.

* **Teamwork**

We believe that as teams we accomplish much more than the sum of our parts.

**6.**   **Terms of Reference:**

* Constitution of Zimbabwe
* National Aids Council of Zimbabwe Act Chapter 15.14

**Other sources of power**

* The Public Health Act Chapter 15.09
* The Medical Services Act. (1999).
* Public Finance Management Act Chapter 22.19
* Public Procurement and Disposal of Public Assets Act Chapter 22.23 of 2017
* Labour Relations Act Chapter 28.01 as amended
* Public Entities and corporate government Act
* Income Tax Act
* Pensions and Provident Fund Act

**Internal Policies**

* HR manual
* Sexual harassment policy
* Child protection and safeguarding policy
* Whistleblowing policy
* Code of conduct
* ICT policy
* Risk management
* Pension policy
* Accounting policy
* Procurement policy
* Board charter
* Audit charter
* Asset policy
* Motor vehicle policy

**7. Overall Functions:**

The NAC functions are as prescribed by the National AIDS Council of Zimbabwe Act Chapter 15:14 are:

1. To ensure the development of strategies and policies
	1. To combat HIV and AIDS; and
	2. To control and ameliorate the effects of HIV and AIDS epidemic; and
	3. To promote and coordinate the application of such strategies and policies and
2. To mobilize and manage resources, whether financial or otherwise, in support of a national response to HIV and AIDS.
3. To enhance the capacity of the various sectors of the community to respond to the HIV and AIDS epidemic and to co-ordinate their responses.
4. To encourage the provision of facilities to treat and care for persons infected with HIV and AIDS and their dependents.
5. To monitor evaluate the effectiveness of the strategies and policies referred to in paragraph (a) and, generally, the national response to HIV and AIDS;
6. To promote and co-ordinate research into HIV and AIDS and to ensure the effective dissemination and application of the results of such research.
7. To disseminate, and to encourage the dissemination of, information on all aspects of HIV and AIDS.
8. To submit regular reports to the President, through the Minister concerning the HIV and AIDS epidemic.
9. To exercise any other function that may be conferred on the Council by or in terms of this Act or any other enactment
10. Generally, to do all things which, in the Board’s opinion, are necessary or appropriate to combat HIV and AIDS and to ameliorate the effects of those diseases.

**8. Departments in the Agency and their functions:**

|  |  |
| --- | --- |
| **Department** | **Core Functions** |
| Operations  | To provide strategic leadership in the national response to HIV and AIDS, enhance the capacity of the various sectors of the community in the national response to HIV and AIDS.  |
| Finance and Administration | To mobilize and manage financial resources in support of the national response to HIV and AIDS |
| Communications | * Develop and implement communications plans
* Generate positive media coverage by cultivating relationships with the media
* Increase awareness and involvement by various sectors
* Soliciting support from the public, policy makers, donors and stakeholders for reforms and programme implementation
 |
| Human Resources  | To recruit, retain and manage competent human resources for the organisation and provide logistical and administrative support to the national response. Specific roles include:* Planning, Recruitment and Selection – The department plays a key role in developing the employer's workforce. The department oversees the need of filling a vacant post as well as the recruitment process.
* Compensation and benefits- The department is responsible for processing the salaries and benefits of all employees and ensuring compliance with the tax laws of Zimbabwe.
* Talent Management- Coordinates the issue relating to the management of Talent and skills within NAC as well coordination issues of Succession Planning
* Performance Management- Oversee the establishment of the Results based performance Management system as well as checking and analysing employee performance evaluations for future trainings and development as well as succession planning.
* Capacity Development- The department is responsible for ensuring that employees acquire new skills and knowledge to perform their job effectively, this also prepares employees for higher-level responsibilities.
* Industrial Relations - The HR Department promotes good industrial relations with the employees by providing platforms for Workers Committee and Works Council. The department is also responsible for overseeing the internal disciplinary process and external Labour matters.
* Health and safety - The HR Department coordinates employee wellness activities such that employees remain healthy for the benefit of both the employee and the performance of the organisation.
* Policy Development and Review – Revision and updating Policies in line with Labour Laws and Current trends and Practices
* HR MIS and General HR Administration
* Organisational review and redesign – Coordinate the related programmes
 |
| Monitoring and Evaluation | Provide strategic information management to the national responseTo manage the strategic information flow for the effectiveness of the strategies and policies for the national response to HIV and AIDSThe specific roles of the department include:* Conducting research, evaluations, surveys and surveillance
* Monitoring implementation of programmes – routine programme monitoring
* Evaluation of programmes to demonstrate effects and need for scale up and sustainability
* Guiding planning and implementation of the organizations mandate
* Gauging progress towards achievements of National Strategic Plan
* Capacity building of implementing partners on M&E
* Provide and support automated business information systems
* Guide policy and planning of the national response
* Leading and coordinating risk management
 |
| Internal Audit | * Internal Audit is an independent, objective assurance and consulting activity designed to add value to the operations of NAC.
* Internal Audit assist NAC to accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.
* Value addition is achieved through conducting assurance audits (Financial, compliance and value for money audits) as outlined in the approved risk-based annual plan.
* In addition, Internal Audit provides consulting and advisory services which assist the organisation in attaining its objectives and goals.
* Enterprise risk management is key to the survival of the Council. Internal Audit evaluates the effectiveness and contribute to the improvement of risk management process.
 |
| Procurement | * Provisions of goods and services required for organizational operations
 |

**9. State Enterprises and Parastatals, Statutory Bodies and Grant Aided Institutions under the Agency and their functions.** None

**10. Agency KRAs**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **KRA Ref** | **KRA Description** | **weight** | **MKRA REF** | **SKRA REF** | **NKRA REF** | **NPA REF** |
| **KRA1** | Coordination and management of the national response to HIV and AIDS | 50% | 1,4 |  | 1. Public Health and Well Being2. Quality and affordable social protection for all3. Youth, sport, culture promotion and development4. Equitable Regional development | 1. Health and Well being 2. Social protection3. Youth, sport and culture4. Devolution |
| **KRA2** | Strategic information management on HIV and AIDS | 30% | 1,4 |  | 1. Public Health and Well Being2. Quality and affordable social protection for all3. Youth, sport, culture promotion and development4. Equitable Regional development | 1. Health and Well being 2. Social protection3. Youth, sport and culture4. Devolution |
| **KRA3** | Governance, Resource Mobilization and Management | 20% | 4 |  | 1. Public Health and Well Being2. Quality and affordable social protection for all3. Youth, sport, culture promotion and development4. Equitable Regional development | 1. Health and Well being 2. Social protection3. Youth, sport and culture4. Devolution |

**11. Environmental Scan**

**11 a. PESTLEG Analysis**

|  |  |  |
| --- | --- | --- |
| Political | Positive Impact | Negative Impact |
| Political will | Creation of enabling environment for the HIV response |  |
| Engagement and re-engagement | Unlocking funding streams |  |
| Economic | Impact |   |
| Shifting funding priorities |   | Dwindling funding for HIV programs |
| Global recession |   | Dwindling funding for HIV programs |
| Emerging epidemics |   | Shifting funding priorities |
| Changes in currency |   | Budget erosion, limited motivation, loss of expertise |
| Sociological/Social | Impact |   |
| Level of education (High literacy) | Appreciation of the HIV response. Higher level of comprehension of messages and situations, Ability to use technology | High risk sexual behaviours |
| Moral decadency | Easy to make targeted interventions  | Age mixing, Multiple concurrent sexual partnerships, Unprotected sex, Drug and substance abuse, GBV |
| Extended family |   | Child headed familiesAbuse of orphan resourcesBurden to the HIV responseYoung Women selling sex |
| Life styles | Health and wellness  | Increase in NCDs that results in strategic shift of funding |
| Social Classes |   | Abuse of less privileged |
| Health seeking behaviours | Wellness for those with positive behaviours  | Burden to the response for those with poor health seeking behaviour |
| Population structure | Life support systemDemographic dividend |   |
| Immigration and Emigration | Improved family income  | Spousal separationMorale decadencyInadequate family support systemsImportation of unapproved productsTreatment literacy and adherence |
| Rural and urban disparities | Strong family support systemLess stigma and discrimination in rural areas  | Limited exposure to information for the rural populaceDifficulties in accessing HIV and AIDS services |
| Emergency of new diseases | Appreciation of indigenous foods and way of lifeImproved innovation and new skills  | Disruption of planned activitiesDiversion of resources  |
| Technological | Impact |  |
| Internet connectivity | Easy communicationQuickens decisions makingImproved support systemSaves resources – cut down on expenses |   |
| Cyber-attacks (Hacking) |   | Loss of important data  |
| Automation | Paperless office (Savings)Efficient service deliveryImproved records keepingTimeous information dissemination | Loss of important data  |

|  |  |  |
| --- | --- | --- |
| **Legal** | **Positive Impact** | **Negative Impact** |
| Constitution of Zimbabwe | Guarantees Health as a Right for all | There is need to harmonize all laws and align them to the Constitution  |
| Public health act | Interventions for epidemics and NCDs and CDs Provision of HIV services for all | Age of access to SRHR and Family planning services |
| ZNASP IV,  | Gives us the strategic directions and priority focus areas | Focused on AGYW leaving out ABYM, challenges of those ageing with HIV |
| NAC Act | Gives us the mandate to coordinate national multisectoral response to HIV/AIDS |  |
|  Cabinet Directive of 2001 |  Provision of the multisectoral structures.  |  There is need to review the decentralized structures to meet the current challenges, e.g. KPs, Youths, Disabilities  |
| Public procurement and disposal of Public assets act | Enhances transparency, value for money and minimizes corruption | Bureaucratic and leads to inefficiency  |
| ZIDERA |  | Affects the procurement of medicines and other medical supplies |
| legislation (RDC & Urban Council’s Acts)Legal Age of Majority and Marriages Act  | Outlines provision of health delivery services in our communities Guides age specific provision of health services to different sub populations and ages  | User fees hinder access to ART services  The two legislations conflict on consent to sexual activities and marriage |
| **Environmental** | **Positive Impact** | **Negative Impact** |
| Climate change | An emerging issue that needs mainstreaming and innovations into HIV response | Shifting focus of funding from HIV to climate issue Climate change affects the most vulnerable people who are least able to cope making them vulnerable to HIV, Floods and their impacts on our communities |
| Land degradation |  | Increased poverty levels, fuels new STIs and new HIV infections |
| **Governance** | **Positive Impact** | **Negative Impact** |
| PECOG- (Public Entities corporate governance act) corporate government framework | TransparencyEnhances good corporate governance |   |
| Anti-corruption drive | Transparency and effective use of public funds |   |
|  Civil Society Networks |  Their presence allows for delivery of health services at community level where the organizations operate and are based and get funding for the programs complementing government | Unstructured civil society networks Makes coordination difficultCauses confusionMakes funding allocation difficult |

**11 b. SWOT Analysis**

|  |  |
| --- | --- |
| **STRENGTHS** | **WEAKNESSES** |
| · Local funding base· Structures at all levels· Diverse skilled personnel· Strong partner support and collaboration· Good governance· Multisector response · Transparency· Integration of NCDs and other emergencies· Evidence based programming | · Inadequate disaster preparedness· Inadequate support to partners· Limited tools of the trade· Limited domestic funding· Limited resource mobilisation |
| **OPPORTUNITIES** | **THREATS** |
| · Domestic manufacturing of medicine· Proposed collection of AIDS Levy through VAT· Social contracting· NDS 1, Vision 2030· Impetus for devolution· Platform for Reviewing this Strategy· Technological advancement | · Centralisation of the procurement processes · Shortage of foreign currency for procurement of commodities· Sanctions and additional safeguard measures· Fragmented civic society coordination of the response. |

12. **Agency Programmes and Outcomes:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Prog. Ref** | **Programme Name** | **Programme Outcome/s** | **Weight**  | **Responsible Department** | **Contributing MDAs/****Other Partners** | **Type of Contribution** | **Sector Outcome Ref.** | **National Outcome Ref** | **SDG Ref** |
| 1 | Governance and Administration | 1. Improved institutional capacity for service delivery
 | 20% | Finance and Administration, HR., ICT, PR and Communication, Procurement and Audit | MoHCCMoFEDPRAZAGNATPHARMPSC, UNAIDS, UNDP, UNFPACivil Society | Policy and TechnicalFinance and PolicyOversightOversightCommoditiesCapacity Building and PolicyTechnical support Technical support Technical support and ResourcesTechnical support and ResourcesOversight | 1,2,3,5, 13,14 | 1,4 | 3 |
| 2 | Multi-sectoral response to HIV, epidemics and related CDs and NCDs | 1. Increased alignment and harmonization of all organized sectors strategies with the ZNASP IV 2. Increased capacity of partners to deliver HIV and AIDS Services3. Increased uptake of HIV services 4. Strengthened hub of strategic HIV information  | 30%10%10%30% | Programmes, M & E, Communications, Finance and Administration, HR. communications and audit | MOHCCMOPSE, MOHTESTD, MOYSAR, ZAN, ZNFPC, MCAZUNDP, UNFPA, UNAIDSInformal sectorZNNPMCAZUNAIDSILOUNICEFWFPUNDPPEPFARAvenir HealthGovernment ministriesASOs | Technical supportTechnical supportTechnical supportTechnical supportCivil society coordinationCapacity building and Technical supportCoordinates responseCoordinates PLHIVQuality control and regulationResources and technical supportResources and technical supportResources and technical supportResources and technical supportResources and technical supportResources and technical supportTechnical support, Capacity buildingImplement HIV programmes, research, capacity building,  | 5,6,7,9,10,11,121,2,3,4,6,7,9,123,4,5,6,7,8,9,10,11,12,2,5,6,7,8,9,10,11,14 | 1,2,3,41,2,3,41,2,3,41,2,3,4 | 3333 |
|  |  |  |  |  |  |  |  |  |  |

**13. Policies Applicable for the MDA:**

|  | **External Policy** | **Programme Ref** | **Internal Policy** | **Programme Ref** |
| --- | --- | --- | --- | --- |
|  | National Development Strategy 1 2021 to 2025 | 1, 2 | National AIDS Council strategic plan | 1,2  |
|  | Income Tax Act (Chapter 23:06) | 1 | National HIV AIDS research priorities | 1,2 |
|  | Zimbabwe National HIV and AIDS Strategic Plan (ZNASP IV) 2021 to 2025 | 1, 2 | NAC Policies and guidelines HR policy, Procurement policy, Code of conduct, Audit Charter, Whistle blowing and retaliation policy, Audit and risk management policiesFinance and administration policiesM & E guidelinesIT policies  | 1,2 |
|  | 2019 WHO guidelines  | 2 | NAC communication strategy | 1,2 |
|  | Sustainable Development Goals (SDGs)  | 1,2 | NAC Board Resolutions | 1,2 |
|  | ZUNDAF | 1,2 | Board policies  | 1,2 |
|  | Global Political Resolutions and commitments | 1 |  |  |
|  | National Health Strategy 2021-2025 | 1,2 |  |  |
|  | ASRH Strategy 2021-2025 | 2 |  |  |
|  | National Gender Policy | 2 |  |  |
|  | MOHCC policies and guidelines | 1,2 |  |  |
|  | Labour Act (Chapter 28:01 amended) | 1,2 |  |  |
|  | International Standards on Auditing (ISA) | 1 |  |  |
|  | International Public Sector Accounting Standards | 1 |  |  |
|  | Public entities cooperate governance Act (Chapter 10:31 2018) | 1 |  |  |
|  | National Youth Policy | 2 |  |  |
|  | Public Finance Management Act (Chapter 22:19 2009) | 1 |  |  |
|  | Public procurement and disposal of public Assets Act (Chapter 22:23 2018) | 1 |  |  |

1. **CLIENT NEEDS/PROBLEMS ANALYSIS:**

|  |  |  |
| --- | --- | --- |
| **Direct Clients** | **Needs/Problems** | **Extent *(Magnitude/seriousness)*** |
| 1. AIDS Service Organisations including Networks of PLHIV
 | **Needs:*** Policies and Guidelines
* Coordination
* Capacity building
* Funding
* Information
* Feedback
* M&E policies and guidelines

**Problems:*** Lack of capacity to develop and implement policies
* Lack strategic information
* Limited M & E capacity
* Limited sectoral coordination of ASOs
* Limited implementing capacity

**Causes:*** Lack of expertise
* Inadequate funding
* Lack of expertise
* Inadequate funding
* Lack of M & E System
* Stigma and discrimination
* Lack of expertise
* Inadequate funding
* Inadequate funding
* Inadequate human resource
* Emergencies
* Delayed disbursements (GF)
 | * Strategic plans, policies and guidelines
* Harmonised and aligned coordination
* Comprehensive training on planning, governance, monitoring and evaluation, resource mobilisation and advocacy
* Adequate funding
* Accurate, timely and evidence-based information
* Relevant and timely feedback
* effective and routine monitoring and evaluation

standardized monitoring and evaluation tools |
| 1. General Population,
 | **Needs:*** HIV testing services
* Age-appropriate Information (ZDHS data Information on HIV prevention)
* HIV prevention services

**Problems*** Lack of information
* Limited access to HIV and AIDS services

**Causes:*** Inadequate IEC materials
* Lack of access to media platforms
* Language barriers
* Inadequate knowledge
* Long distances
* Lack of information
* Financial constraints
* Inadequate human resources
* Shortages of medicines
* Unavailability of laboratory services
 | * 74% coverage 26% gap
* In full and on time
 |
| 1. Women
 | **Needs:*** Economic strengthening
* PMTCT
* Cancer screening with VIAC
* Condoms
* Information on GBV

**Problems:*** Access to HIV and AIDS services

**Causes:*** Lack of empowerment
* Lack of economic empowerment
* Long distances to health centres
* Lack of human resources
 | * Infection rate 8.17%
* Continuous

  |
| 1. Men
 | **Problems:*** Poor health seeking behaviour

**Causes:*** Inadequate knowledge
* Stigma and discrimination
* Unfriendly user facilities
* Long waiting times to be attended to
* Unavailability of outreach services
 |  |
| 1. Young People,
 | **Needs:*** Information on SRHR and HIV services
* SRHR and HIV services
* Policies and legislation
* Coordination
* Funding
* Meaningful involvement of young people
* Capacity development
* Transitioning of young people to adulthood
* Economic empowerment

**Problems*** Weak coordination structures for different sub groups of young people i.e. People With Disabilities (PWDs)
* Limited access to SRHR services
* Low coverage of HIV prevention and treatment services by ASOs
* Low uptake of HIV prevention and treatment services by ASOs
* Limited data on adolescents
* Limited resources for Young people sector meetings
* Mental Health, Drug and substance abuse, Bullying and suicide
* Negative impact of social media on young people

**Causes*** Language barriers
* Stigma and discrimination
* Lack of action and budgets to solve the problems
* Lack of harmonisation of policies
* Inadequate Funding in some wards
* Stigma and discrimination
* Age restriction to access SRHR and HIV services
* Legislative restriction
* Poor parent child communication
* Information gap for the 10-14 age group
* Limited funding
* Limited services for Mental Health
* Socio-economic challenges
* Peer pressure
* Poor parent child communication
* Lack of parental guidance on how to manage social media.
 | * Lack information on HIV and SRHR -only 46% women and 47% for men aged 15-24 had comprehensive knowledge on HIV prevention (ZDHS 2015/6)
* Limited access to HIV prevention services – only 62.7% women and 45.3% for men 15-24 were ever tested and received results (ZDHS 2015/6)
* Existing policies not user friendly for young people to access HIV prevention services i.e. age of HT consent is 18. Status disclosure, age majority
* The YPN coordination forum is limited in reaching to constituencies
 |
| 1. Key and Vulnerable Populations
 | **Needs:*** Size estimates for different sub-groups
* Coordination
* Enabling environment (Criminalization and Stigma associated with KVPs)

**Problems*** There is inadequate information to guide on number of KPs so as to address their problems
* Limited coordination structures at Provincial and District levels
* Lack of access SRHR services by KAPs
* Gender Based Violence
* Black market gender affirming healthcare services

**Causes*** Stigma and discrimination
* Culture and religion
* Criminalisation Myths and misconceptions
* Service provider attitude
* Structures not KP inclusive
* Restrictive laws, practices and attitude that hinder access to HIV and AIDS services
* Stigma and discrimination
* Gender inequality
* Inadequate protective legislation and policies
* Limited access to gender affirming healthcare services
 | * No size estimates for KVP - MSM, IDU, Trans gender and all MARPs (truck driver, Artisanal miners, uniformed forces, Clients of FSW,)

FSW – 45000 (15-49 years) (CeSHHAR FSW Size estimates report 2017)Prisoners- 19900 (2017 prison report)* Lack of coordination structures at Provincial and District levels that includes KP
* There is still criminalization of sodomy and IDU
* KPs shunned in other forums
 |
| 1. Informal sector
 | **Needs:*** Coordination
* Information on HIV and AIDS
* Funding
* Access to SRHR and TB services

**Problems*** Limited capacity to implement policies
* Lack of accessibility to HIV and AIDS services
* Limited implementation of the strategy
* Lack of data for the informal sector

**Causes*** Lack of funding
* User fees
* Nature of their work
* Lack of outreach services specific to the informal sector
* Lack of coordination
* Lack of tailor-made programmes for the sector
 | * There are no decentralised structures
* The informal sector strategy was launched but there is no costed operational plan to implement the strategy
* There is no information on the magnitude of HIV in the informal sector.
* They don’t have funding for HIV programming.
 |

1. **STAKEHOLDERS ANALYSIS**

|  |  |  |
| --- | --- | --- |
| **Direct Stakeholders** | **Demands/ Expectations** | **Extent *(Magnitude/seriousness)*** |
| 1. Funding partners
 | **Demands*** Accountability and transparency
* Strategic plans and policy documents
* Acquittals
* Reports -
* Scientific evidence

**Expectations** * Enabling environment (laws and policies)
* Target tailored programmes
* Strategic information on programme areas
* Inclusion of target groups
 | * 100% (High)
* 100% (High)
* 100% (High)
* 100% (High)
* 80% (High)
* 60% (Medium)
* 100% (High)
* 100% (High)
* 100% (High)
 |
| 1. UN Agencies
 | **Demands*** Accountability
* Compliance
* Resource management
* Policy documents

**Expectations** * Coordination services
* Partnerships
* Link to ministries and communities
 | * 100%
* 100%
* 100%
* 100%
* 100%
* 100%
* 100%
 |
| 1. Tax payers
 | **Demands*** Affordable and accessible quality products and services
* Accountability and transparency
* Information on HIV and AIDS

**Expectations** Involvement/ EngagementConsistence services | * 100%
* 100%
* 100%
* 100%
* 100%
 |
| 1. Community leaders, AIDS Action Committees, Labour Unions
 | **Demands*** Engagement
* Accountability and transparency
* Information on HIV and AIDS national response
* Access to quality and affordable services for their constituents
* Capacity building
* Resource mobilisation
* Coordination

**Expectations** * Feedback
* Involvement
 | * 100%
* 100%
* 100%
* 100%
* 100%
* 100%
* 100%
* 100%
* 100%
 |
| 1. Medical Service providers -
 | **Demand*** Capacity building
* Policy guidance
* Access to quality and affordable services and products for their clients
* Business (Public Private Partnership)
* Information on HIV and AIDS
* Enabling environment
* Resources
* Scientific Evidence

**Expectations** * Engagement
* Technical Guidance
 | * 100%
* 100%
* 100%
* 100%
* 100%
* 100%
* 100%
* 100%
* 100%
* 100%
 |
| 1. Suppliers and Manufacturers
 | **Demands*** Policy guidance
* Information on HIV and AIDS national response

**Expectation** * Business and Partnerships
* Transparency
 | * 100%
* 100%
* 100%
* 100%
 |
| 1. MOHCC
 | **Demand*** Financial resources for HIV treatment, care and support
* Capacity building
* Accountability
* Systems strengthening

**Expectations** * Transparency
* Involvement
 | * 100%
* 100%
* 100%
* 100%
* 100%
* 100%
 |
| 1. Other Government Ministries
 | **Demands*** Funding
* HIV and AIDS Services
* Systems strengthening
* Accountability and transparency
* Technical support
* Commodities
* Coordination

**Expectations** * Partnerships
* Collaboration
* Engagement
* Information on HIV and AIDS
 | * 50% (Medium)
* 100% (High)
* 100% (High)
* 100% (High)
* 100% (High)
* 100% (High)
* 100% (High)
* 100% (High)
* 100% (High)
* 100% (High)
* 100% (High)
* 100% (High)
 |
| 1. Media
 | **Demands*** Information on the national response
* Policies
* Capacity building on national response reporting
* Moral accountability

**Expectations** * Commodities
* Partnerships
* Collaboration
* Exposure to HIV interventions
 | * 100% (High)
* 100% (High)
* 100% (High)
* 100% (High)
* 100% (High)
* 100% (High)
* 100% (High)
* 100% (High)
 |

1. **STRATEGIES, ASSUMPTIONS, RISKS AND MITIGATIONS**

**Strategies:** Game plan to achieve the targets

**Assumptions:** Positive factors that can assist in the achievement of the targets

**Risks:** Factors which militate against the achievement of results

**Mitigation:** Interventions to reduce the gravity or intensity of the damage

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Period** | **Strategies** | **Assumptions** | **Risks** | **Mitigations** |
| **Programme 1**: Governance and Administration |
| **Outcome 1**: Improved institutional capacity for service delivery |
| Budget Year | Strengthen Capacity of Board on corporate governance | Board members have capacity needs | Frequent retirement of Board members | Advocating for Board members to serve full term |
| Strengthening human capacity for organizational efficiency and effectiveness | Adequacy of resources  | Staff attrition  | Creating favourable conditions of service |
| Strengthening resource mobilisation including domestic and alternative | Positive response from possible funders | Instability of local currency in view of changing macro-economic environment. Lack of political will | Establish resource mobilization unit within the NAC structures.Indexing of local currency to foreign currencyPolitical engagement |
|  | Strengthening resource management and accountability systems  | Existence of management and accountability systems  | Changes on fiscal policies which affect management of resources | Quickly adjusting to changes |
| Strengthening of risk management and governance control systems  | All departments have systems and controls | Policy change | Be responsive to policy changes |
| **4-5 Years** | Strengthen Capacity of Board on corporate governance | Board members have capacity needs | Frequent retirement of Board members | Advocating for Board members to serve full term |
| Strengthening human capacity for organizational efficiency and effectiveness | Adequacy of resources  | Staff attrition  | Creating favourable conditions of service |
| Strengthening resource mobilisation | Positive response from possible funders | Instability of local currency in view of changing macro-economic environment.  | Establish resource mobilization unit within the NAC structures.Indexing of local currency to foreign currency |
| Strengthening resource management and accountability systems  | Existence of management and accountability systems  | Changes on fiscal policies which affect management of resources | Quickly adjusting to changes |
| Strengthening of risk management and governance control systems  | All departments have systems and controls | Policy change | Be responsive to policy changes |
| **Programme 2:** Multi-sectoral response to HIV, epidemics and related CDs and NCDs |
| **Outcome 2:** Increased alignment and harmonization of all organized sectors strategies with the ZNASP |
| **Budget Year** |  |  |  |  |
| Alignment of all the sector strategies to the ZNASP IV addendum (Public, private, informal sector, civil society, faith based, PLHIV, Youth, Key Population and Labour) | Emerging issues may need alignment to the realigned ZNASP IV addendum | Inadequate resources | Resource mobilization |
| Enhanced Mainstreaming of HIV and AIDS into sectors | Buy in from stakeholders | Emerging epidemics that divided focus | Orientation of leadershipSystems strengthening  |
| Enhance social contracting with stakeholders | Sectors abide by the social contract | Mis-management of resources | Capacity strengthening |
| **4-5 Years** | Enhanced Mainstreaming of HIV and AIDS into sectors | Buy in from stakeholders | Emerging epidemics that divided focus | Orientation of leadershipSystems strengthening  |
| End term review of ZNASP IV | The operating environment will not change | Emerging epidemics that will influence the national priorities | Disaster preparedness |
| Monitor adherence to the social contract | Social partners are compliant with NAC guidelines and SOPs | Failure to achieve results | Capacity building of social partnersStrengthen audit and M & E |
| Alignment of all the sector strategies to the ZNASP IV addendum (Public, private, informal sector, civil society, faith based, PLHIV, Youth, Key Population and Labour) | Emerging issues may need alignment to the realigned ZNASP IV addendum | Inadequate resources | Resource mobilization |
| **Programme 2:** Multi-sectoral response to HIV, epidemics and related CDs and NCDs |
| **Outcome 3:** Increased capacity of partners to deliver HIV and AIDS Services |
| **Budget Year** | Strengthen Institutional Capacity of ASOs (grants management) (HR, Financial, technical, structures) | * There are capacity gaps
* NAC has resources to do the capacitation exercise
 | * Emerging epidemics that will influence the national priorities
* Staff attrition within organisations
* Reduced funding to ASOs
 | Systems strengthening  |
| Enhance sectors to develop and implement strategies and M & E plan | There are gaps in program planning and management  | Partners change focus | Capacity assessment of sectors |
|  |  |  |  |
| **4-5 Years** | Strengthen Institutional Capacity of ASOs (grants management) (HR, Financial, technical, structures) | * There are capacity gaps
* NAC has resources to do the capacitation exercise
 | * Emerging epidemics that will influence the national priorities
* Staff attrition within organisations
* Reduced funding to ASOs
 | Systems strengthening  |
| Enhance sectors to develop and implement strategies and M & E plan | There are gaps in program planning and management  | Partners change focus | Capacity assessment of sectors |
|  |  |  |  |
| **Programme 2:** Multi-sectoral response to HIV, epidemics and related CDs and NCDs |
| **Outcome 4:** Increased uptake of HIV services  |
| **Budget Year** | Enhance availability, accessibility and affordability of products and services | People will take up the services | * Emerging epidemics
* Religious and cultural beliefs induced barriers
 | Increased awarenessAdvocacy |
| Support demand generation for HIV&AIDS services | Low uptake of services | * Religious and cultural beliefs induced barriers
* Unavailability of services
 | Awareness campaign and advocacyCapacity building |
|  | Mainstream mental health issues into HIV&AIDS programming | Stakeholders are ready to mainstream mental health into programming  | * Lack of capacity by stakeholders to mainstream mental health into their programs
* Lack of resources
 | Capacity building  |
|  | Mainstream drug and substance abuse into HIV&AIDS programming | Stakeholders are ready to mainstream drug and substance abuse into programming  | * Lack of capacity by stakeholders to drug and substance abuse into their programs
* Lack of resources
 | Capacity building  |
|  | Focus on boys and men in the national HIV&AIDS response  | buy in from stakeholders and the target group | * resistance from stakeholders
 | Sensitisation and advocacy  |
| **4-5 Years** | Enhance availability, accessibility and affordability of products and services | People will take up the services | * Emerging epidemics
* Religious and cultural beliefs induced barriers
 | Increased awarenessAdvocacy |
| Support demand generation for HIV&AIDS services | Low uptake of services | * Religious and cultural beliefs induced barriers
* Unavailability of services
 | Awareness campaign and advocacyCapacity Building  |
|  | Mainstream mental health issues into HIV&AIDS programming | Stakeholders are ready to mainstream mental health into programming  | * Lack of capacity by stakeholders to mainstream mental health into their programs
* Lack of resources
 | Capacity building  |
|  | Mainstream drug and substance abuse into HIV&AIDS programming | Stakeholders are ready to mainstream drug and substance abuse into programming  | * Lack of capacity by stakeholders to drug and substance abuse into their programs
* Lack of resources
 | Capacity building  |
| **Programme 2:** Multi-sectoral response to HIV, epidemics and related CDs and NCDs |
| **Outcome 5:** Strengthened hub of strategic HIV information  |
| **Budget Year** | Strengthen Reporting and documentation at all levels | Availability of M & E systemsM & E capacity among ASOs | Competing priorities  | Capacity building |
| Enhanced generation and utilization of evidence  | * Resources available (Human, financial and material)
* Supportive policies
 | Censorship | Advocacy |
| Strengthen strategic information dissemination  | * Resources available
* Availability of media platforms
 | * Cyber attack
* Misinterpretation of information
 | Use of multimedia platformCapacity BuildingConsistent and continuous dissemination of information.Use of local languages |
| Strengthen IT systems | ConnectivityResources  | Change of IT policiesNew technologies | Capacity building |
| **4-5 Years** | Strengthen Reporting and documentation at all levels | Availability of M & E systemsM & E capacity among ASOs | Competing priorities  | Capacity building |
| Enhanced generation and utilization of evidence  | * Resources available (Human, financial and material)
* Supportive policies
 | Censorship | Advocacy |
| Strengthen strategic information dissemination  | * Resources available
* Availability of media platforms
 | * Cyber attack
* Misinterpretation of information
 | Use of multimedia platformCapacity BuildingConsistent and continuous dissemination of information.Use of local languages |
| Strengthen IT systems | ConnectivityResources  | Change of IT policiesNew technologies | Capacity building |

**SECTION B: PERFORMANCE FRAMEWORK FOR THE MDA**

1. **Programme Performance Framework**

**17.a Outcome Performance Framework**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ref** | **Outcome Description** | **KPI:** | **Measurement Criterion (time; rate; etc)** | **Baseline** | **TARGETS** |
| **2021** | **2022** | **2023** | **2024** | **2025** |
| **Year**  | **Value**  | **T** | **ALV** | **T** | **ALV** | **T** | **ALV** | **T** | **ALV** | **T** | **ALV** |
| 1 | Improved institutional capacity for service delivery | Client Satisfaction Index | % | 2023 | 90 | - | - | - | - | - | - | 92% | +/-1% | 94% | +/-1% |
| Employee satisfaction index | % | 2023 | 62 | - | - | - | - | - | - | 80% | +/-9% | 90% | +/-5% |
| Proportion of employees attaining a minimum performance rating of 3 | % | 2023 | 100 | - | - | - | - | 99% | 1% | 100% | 0 | 100% | 0 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Increased alignment and harmonization of all organized sectors strategies with the ZNASP IV | Proportion of sectors whose plans are aligned with the ZNASP IV (Private, Public, Faith based, PLHIV, Informal Sector, Young people, Key Populations, Civil society) | % | 2023 | 100 | - | - | - | - | 100 | 0 | 100 | 0 | 100 | 0 |
| 3 | Increased capacity of partners to deliver HIV and AIDS Services | Proportion of socially contracted organizations implementing HIV and AIDS programs | % | 2023 | 100 | - | - | - | - | - | **-** | 100 | 0 | 100 | 0 |
| 4 | Increased uptake of HIV services | Percentage of men and women, living with HIV who know their HIV status | % | 2020 | M-84.3%W-88.3% | M-92W-92 | +/-5% | M-93W-93 | +/-2% | M-94W-94 | +/-2% | M-97W-97 | +/-2% | M-98W-98 | 0 |
| Percentage of PLHIV receiving ART. | % | 2020 | 85% | 92 | +/-5% | 93 | +/-2% | 94 | +/-2% | 97 | +/-2% | 98 | 0 |
| Percentage of PLHIV on ART who have a suppressed viral load | % | 2020 | 90.3% | 92 | +/-5% | 93 | +/-2% | 94 | +/-2% | 95% | +/-1% | 96% | 0 |
| 5 | Strengthened hub of strategic HIV information  | Proportion of implementers with M & E established departments | % | 2020 | 82% | 85 | +/-3% | 90 | +/-5% | 95 | +/-5% | 96 | 0 | 97 | 0 |

 **T = Target; ALV = Allowable Variance**

**18. Outputs Performance Framework**

| **No. & Prog. Code** | **Outputs** | **Output Indicator** | **Measurement Unit** | **Baseline** | **Previous Year** | **Current Year** | **Targets** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2022** | **2023** | **2024** | **2025** |
| **Value** | **Year** | **T** | **A** | **AV** | **T** | **ALV** | **T** | **ALV** | **T** | **ALV** |
| **Programme 1:** Governance and Administration |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **OUC 1:** Improved institutional capacity for service delivery |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **OP 1.1** | Corporate governance platforms established  | Number of corporate governance meetings conducted  | Number | 35 | 2019 | 27 | 0 | 35 | 27 | +/-2 | 28 | 0 | 28 | 0 |
| **OP 1.2** | Policies reviewed - Asset, MV, Proc, Accounts, Code of Conduct | Number of policies reviewed | Number | 6 | 2019 | 6 | 6 | 0 | 8 | 0 | 5 | 0 | 0 | 0 |
| **OP 1.3** | Policies developed -comms, media, H&S, Integrity | Number of policies developed  | Number | - | - | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| **OP 1.4** | Financial Statements Compiled | Number of financial statements compiled | Number | 1 | 2019 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 |
| **OP 1.5** | Budgets compiled | Number of budgets compiled | Number | 1 | 2019 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 |
| **OP 1.6** | Master Asset register updated | Number of master asset registered updated | Number | 1 | 2019 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 |
| **OP 1.7** | Good and services procured | Number of procurement plans produced | Number | 1 | 2019 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 |
| **OP 1.8** | Performance management system implemented | Number of performance management system implemented  | Number | 1 | 2019 | 1 |  | 0 | 1 | 0 | 1 | 0 | 1 | 0 |
| **OP 1.9** | Wellness sessions conducted | Number of sessions conducted | Number | 264 | 2019 | 264 | 264 | -24 | 308 | 0 | 308 | 0 | 308 | 0 |
| **OP 1.10** | HIV information disseminated - TV, Radio & Newspaper | Number of sessions conducted | Number | 104 | 2019 | 144 | 144 | 0 | 144 | 0 | 12 | 0 | 12 | 0 |
| **OP 1.11** | Commemorations Conducted | Number of commemorations conducted | Number | 17 | 2019 | 11 | 11 | 0 | 11 | 0 | 11 | 0 | 11 | 0 |
| **OP 1.12** | Exhibitions held | Number of exhibitions held | Number | 10 | 2019 | 10 | 10 | 0 | 10 | 0 | 10 | 0 | 10 | 0 |
| **OP 1.13** | Audits conducted | Number of audits conducted | Number | 49 | 2019 | 49 | 51 | +2 | 57 | +/-5 | 70 | +/-5 | 75 | +/-5 |
| **OP 1.14** | Industrial Relations Sessions Conducted | Number of industrial relations sessions conducted | Number | 6 | 2019 | 8 | 6 | -2 | 5 | 0 | 11 | +/-1 | 5 | +/-1 |
| **OP****1.15** | Enterprise Risk Management Reports Produced | Number of reports produced | Number | 60 | 2019 | 52 | 52 | +/- 10% | 52 | +/- 5% | 4 | 0 | 4 | 0 |
| **OP 1.16** | Statutory Reports Produced | Number of statutory reports produced  | Number | 42 | 2019 | 4 | 4 | 0 | 4 | 0 | 4 | 0 | 4 | 0 |

| **No. & Prog. Code** | **Outputs** | **Output Indicator** | **Measurement Unit** | **Baseline** | **Previous Year** | **Current Year** | **Targets** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2022** | **2023** | **2024** | **2025** |
| **Value** | **Year** | **T** | **A** | **AV** | **T** | **ALV** | **T** | **ALV** | **T** | **ALV** |
| **Programme 2:** Multi-sectoral response to HIV, epidemics and related CDs and NCDs |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **OUC 2:** Increased alignment and harmonization of all organized sectors strategies with the ZNASP IV |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **OP 2.1** | Coordination meetings conducted (TWG, Stakeholders, PAAC, DAAC) | Number of coordination meetings conducted | Number | 1376 | 2019 | 172 | 172 | 0 | 688 | +/-5% | 688 | +/-5% | 688 | +/-5% |
| **OP 2.2** | National Partnership forum conducted | Number of meetings conducted | Number | 2 | 2019 | - | - | - | - | - | 2 | 0 | 2 | 0 |
| **OP 2.3** | Provincial HIV&AIDS partnership forum conducted | Number of meetings conducted | Number | - | - | - | - | - | - | - | 20 | 0 | 20 | 0 |
| **OP 2.4** | District HIV&AIDS partnership forum conducted | Number of meetings conducted | Number | - | - | - | - | - | - | - | 170 | 0 | 170 | 0 |
| **OUC 3** Increased capacity of partners to deliver HIV and AIDS Services |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **OP 3.1** | ASOs socially contracted | Number of organizations socially contracted |  | 10 | 2022 | 10 | 10 | 0 | 11 | 0 | 11 | 0 | 11 | 0 |
| OUC 4 Increased uptake of HIV AND AIDS services |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **OP 4.1**  | HIV self-test kits procured |  |  |  |  | - | - | - | - | - | 180000 | 0 | 200000 | 0 |
| **OP 4.2** | ARVs, related medicines and consumables procured | Percentage of funds used to procure ARVs, related medicines and consumables | Percentage | 50 | 2019 | 50% | 50% | 0 | 50% | 0 | 50% | 0 | 50% | 0 |
| **OP 4.3** | Lab equipment serviced | Number of lab equipment serviced  | Number | 75 | 2022 | 75 | 75 | 0 | 75 | 0 | 80 | 0 | 85 | 0 |
| **OUC 5:** Strengthened hub of strategic HIV information  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **OP 5.1** | Key Reports produced (Annual, quarterly, GAM, HIV Estimates) | Number of key reports produced | Number | 7 | 2019 | 7 | 7 | 0 | 7 | 0 | 7 | 0 | 7 | 0 |
| **OP 5.2** | Scientific Abstracts Published | Number of scientific abstracts published | Number | 4 | 2019 | 3 | 3 | 0 | 2 | +/-1 | 20 | +/-1 | 20 | +/-1 |

 **T = Target A = Actual AV = Actual Variance ALV = Allowable Variance**

**19. Programme Budget**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Programme** |  | **Programme Outputs** | **Budget Last Year** | **Budget Current Year** | **Budget Year 1** | **Budget Year 2** | **Budget Year 3** | **Budget Year 4** | **Budget Year 5** |
| **Programme 1:****Governance and administration** | **Sub-Prog 1.**Board and CEOs Office | Policies reviewed-(Asset, Motor Vehicle, procurement, code of conduct and finance) | **11,520,592.00** | **62,020.00**  |  |  |  |  |  |
| Policies developed-(comms, media, H & S and integrity) |  | **95,520.00**  |  |  |  |  |  |
| Cooperate governance platforms established |  | **68,782.00**  |  |  |  |  |  |
| **Sub-Prog 2:**Finance, Administration, HR, IT services and Procurements | Performance appraisals done-(performance management system implemented) |  | **16,858.00**  |  |  |  |  |  |
| Consolidated Budgets compiled |  |  |  |  |  |  |  |
| Procurement plans produced | **814,878,597.00** |  |  |  |  |  |  |
| Wellness sessions conducted |  | **555,784.00**  |  |  |  |  |  |
| Industrial Relations sessions conducted |  | **47,900.00**  |  |  |  |  |  |
| **Sub-Prog 4:**Public Relations and communications | HIV information disseminated-(TV, radio and newspapers) | **52,086,880.00** | **432,000.00**  |  |  |  |  |  |
| Commemorations conducted | **79,860,316.00** | **150,000.00**  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Exhibitions held** |  | **200,000.00**  |  |  |  |  |  |
|  | **Audits Conducted** |  | **59,450.00** |  |  |  |  |  |
| **Total Programme Budget** |  |  |  |  |  |  |  |  |
| **Programme 2:**Multi-sectoral response to HIV, epidemics and related CDs and NCDs | **Sub-Prog 1:**Increased alignment and harmonisation of all organised sectors strategies with the ZINASP IV | Coordination meetings conducted(TWG, Stakeholders, PAAC, DAAC) |  | **1,427,512.00**  |  |  |  |  |  |
| National Partnership forums conducted |  |  |  |  |  |  |  |
| Provincial HIV & AIDS partnership forums conducted | **110,448,608.00** | **241,520.00**  |  |  |  |  |  |
| District HIV & AIDS partnership forums conducted | **44,820,502.00**  | **509,472.00**  |  |  |  |  |  |
| **Sub-Prog 2:****Increased capacity of partners to deliver HIV and AIDS Services** | ASOs socially contracted |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Sub-Prog 3:**Strengthened Hub of strategic HIV information  | Key Reports produced (Annual quarterly, GAM,HIV Estimates) | **40,295,693.00** | **155,798.00** |  |  |  |  |  |
| Scientific Abstracts published | **710,000.00** |  |  |  |  |  |  |
| **Total Programme Budget** |  |  |  |  |  |  |  |  |
| **TOTAL MDA BUDGET** |  |  |  |  |  |  |  |  |

**20. Human Resources for the Strategic Period.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Category**  | **Programme 1** | **Programme 2** | **NAC Total Personnel Requirements by Category** |
| **1** | Top Management  | **5** | **2** | **7** |
| **2** | Middle Management | **6** | **16** | **22** |
| **3** | Supervisory Management | **3** |  | **3** |
| **4** | Operational and Support staff | **119** | **171** | **290** |
| **5** | **Total** | **133** | **189** | **322** |

**21. Other Resources**

1. **Materials, Equipment and ICTs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Materials/****Equipment /ICT**  | **2021** | **2022** | **2023** | **2024** | **2025** |
| **Quantity** | **Cost**  | **Quantity**  | **Cost**  | **Quantity**  | **Cost**  | **Quantity**  | **Cost**  | **Quantity**  | **Cost**  |
| **Motor Vehicle** |  |  |  |  |  |  |  |  |  |  |
| **Laptops** |  |  |  |  |  |  | **260** | **$316 200** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Printers** |  |  |  |  |  |  | **102** | **$65 000** |  |  |
| **LCD Projectors** |  |  |  |  |  |  | **106** | **$86 000** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Cameras** |  |  |  |  |  |  | **11** | **$5 500** |  |  |
| **PA Systems** |  |  |  |  |  |  | **22** | **$11 000** |  |  |
| **Video Conferencing Equipment** |  |  |  |  |  |  | **11** | **$80 000** |  |  |
| **Servers** |  |  |  |  |  |  | **12** | **200 000** |  |  |
| **Wall split Air-conditioner** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Boardroom Chairs** |  |  |  |  |  |  |  |  |  |  |
| **Visitors chairs** |  |  |  |  |  |  |  |  |  |  |
| **Office chairs** |  |  |  |  |  |  |  |  |  |  |
| **Desks** |  |  |  |  |  |  |  |  |  |  |
| **Office Executive Tables** |  |  |  |  |  |  |  |  |  |  |
| **Filing cabinets** |  |  |  |  |  |  |  |  |  |  |
| **Workstations** |  |  |  |  |  |  |  |  |  |  |
| **Lounge suites** |  |  |  |  |  |  |  |  |  |  |
| **Coffee tables** |  |  |  |  |  |  |  |  |  |  |
| **Fridge** |  |  |  |  |  |  |  |  |  |  |
| **8-Seater Dining tables**  |  |  |  |  |  |  |  |  |  |  |
| **Floor Polishing Machine** |  |  |  |  |  |  |  |  |  |  |
| **Hoover**  |  |  |  |  |  |  |  |  |  |  |
| **High pressure car washing machine** |  |  |  |  |  |  |  |  |  |  |
| **Hand Grass Cutter Machine**  |  |  |  |  |  |  |  |  |  |  |

1. **Space Requirements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location** | **2021** | **2022** | **2023** | **2024** | **2025** |
| **Quantity (m2)** | **Cost** | **Quantity****(m2)** | **Cost** | **Quantity****(m2)** | **Cost** | **Quantity****(m2)** | **Cost** | **Quantity****(m2)** | **Cost** |
| **Masvingo**  |  |  |  |  |  |  |  |  |  |  |
| **Mashonaland East** |  |  |  |  |  |  |  |  |  |  |
| **Mashonaland West** |  |  |  |  |  |  |  |  |  |  |
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