



ZIMBABWE ASSISTANCE PROGRAM IN MALARIA

QUARTERLY REPORT

JANUARY 1–MARCH 31, 2020

Recommended Citation: Zimbabwe Assistance Program in Malaria (ZAPIM). April 2020. Year 5, Quarter 2, January 1–March 31, 2020 Report. Rockville, MD and Harare, Zimbabwe. ZAPIM, Abt Associates.

Contract and Task Order Number: AID-613-A-15-00010

Submitted to: United States Agency for International Development/President's Malaria Initiative

Submitted on: April 30, 2020



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ACRONYMS

ACT	Artemisinin-Based Combination Therapy
ANC	Antenatal Care
CD	Continuous Distribution
CM	Case Management
CCM	Community Case Management
DHIS	District Health Information System
DMO	District Medical Officer
EHT	Environmental Health Technician
EPI	Expanded Programme on Immunization
EPR	Epidemic Preparedness and Response
HCC	Health Centre Committee
HMIS	Health Management Information System
HW	Health Worker
IPTp	Intermittent Preventive Treatment in Pregnancy
IRS	Indoor Residual Spraying
LLIN	Long-Lasting Insecticidal Net
M&E	Monitoring and Evaluation
MIP	Malaria in pregnancy
MOHCC	Ministry of Health and Child Care
NMCESP	National Malaria Control and Elimination Strategic Plan
NMCP	National Malaria Control Program
ODK	Open Data Kit
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
RDT	Rapid Diagnostic Test
SBCC	Social and Behavioral Change Communication
SM&E	Surveillance Monitoring and Evaluation
SOP	Standard Operating Procedure
UMP	Uzumba Maramba Pfungwe

USAID	United States Agency for International Development
VHW	Village Health Worker
ZAPIM	Zimbabwe Assistance Program in Malaria
ZDHS	Zimbabwe Demographic and Health Survey

EXECUTIVE SUMMARY

This report presents the Year 5 Quarter 2 performance of the Zimbabwe Assistance Program in Malaria (ZAPIM). It covers the period January 1–March 31, 2020. Due to a delay in funding, ZAPIM postponed several activities from October 1 until February 2020. Most ZAPIM staff worked at 50% level of effort in January 2020. All staff were put back on full time once PMI released funds in February 2020. The President’s Malaria Initiative (PMI) requested ZAPIM to extend from its original ending date of 30 September 2020 to 31 March 2021. The project’s application to PMI for a no cost extension has been approved. Consequently, the project revised its work plan to cover the extension period by reducing the scope and scale of activities it would implement to spread the available funds to cover the extension. Some staff will be terminated in June 2020, and others will work half time starting in September 2020. The project was further affected by the coronavirus disease (COVID)-19 pandemic, which led to a lockdown and suspension of field activities. Therefore, the numbers of project activities implemented and goals accomplished during Quarter 2 are less than planned: activities were limited mainly to local meetings and office-based work, including the aforementioned revision of the work plan to March 2021.

ZAPIM accomplished the following planned activities during this quarter:

- Revised Year 5 activities in accordance with the available funding for the project extension from September 30, 2020, to March 31, 2021
- Supported the National Malaria Control Program (NMCP) in writing the National Malaria Control and Elimination Strategic Plan 2021-2025 and the Global Fund Proposal 2021-2023
- Trained 36 facility-based health workers in malaria case management and malaria in pregnancy
- Developed epidemic preparedness and response training material
- Developed mentorship abstract for submission to the American Society of Tropical Medicine and Hygiene conference
- Procured 70 Village Health Worker (VHW) training manuals, 30 sick child registers, and other stationery in preparation for VHW trainings
- Provided phone-based support to VHWs when the project did not have funding for field visits
- Provided fuel, technical, and logistical support for Environmental Health Technician (EHT)-led supportive supervision of 47 VHWs in Mutoko and 32 in Mbire districts
- Ensured availability of long-lasting insecticidal nets (LLINs) for continuous distribution (CD) to health facilities through provision of fuel and stationery
- Supported the distribution of 19,713 LLINs in 11 districts through CD
- Provided virtual mentorship and supportive supervision to facility workers and VHWs
- Provided leadership in the review and further refinement of data collection tools for the NMCP

- Provided virtual support to Health Centre Communities (HCCs) under the Evaluate Together phase of the Community Action Cycle (CAC) as they self- evaluated the performance of their plans
- Reviewed and documented VHW mobile reporting in Mbire District
- Reviewed and documented EHT supportive supervision of VHWs
- Reviewed and documented HCCs' self-evaluation of the CAC through the Evaluate Together phase of the cycle
- Continued to work on the development of the surveillance monitoring and evaluation training manual
- Reviewed and documented lessons learned from the pilot VHWs' mobile reporting in Mbire District

I. BACKGROUND

The President's Malaria Initiative (PMI) was created in 2005 to reduce malaria-related mortality by 50% across 15 high-burden countries in sub-Saharan Africa. PMI's commitment to combating malaria was bolstered with the 2008 passage of the Tom Lantos and Henry J. Hyde Global Leadership against HIV/AIDS, Tuberculosis, and Malaria Act (www.pmi.gov/about). In fiscal year 2011, Zimbabwe was chosen to be a PMI country; before then, the United States Agency for International Development (USAID) had provided some limited support for indoor residual spraying (IRS) and commodity procurement (Zimbabwe Malaria Operational Plan 2016). PMI supports an array of malaria prevention and treatment activities in Zimbabwe, including the procurement and distribution of long-lasting insecticide nets (LLINs), rapid diagnostic tests (RDT), artemisinin-based combination therapy (ACT), and sulfadoxine-pyrimethamine, the provision of IRS in high-burden areas, and the training of health care workers in the diagnosis and treatment of malaria.

On September 25, 2015, USAID awarded the five-year Zimbabwe Assistance Program in Malaria (ZAPIM) project to Abt Associates and its partners Save the Children, Jhpiego, and the Liverpool School of Tropical Medicine. This project's purpose is to support the National Malaria Control Program (NMCP) in providing comprehensive malaria prevention and treatment services to Zimbabweans, with the goal of reducing malaria morbidity and mortality. The project has five main areas of concentration: 1) Case Management (CM) and Malaria in Pregnancy (MIP), 2) LLINs, 3) Social and Behavioral Change Communication (SBCC), 4) Operational Research, and 5) Surveillance-Monitoring and Evaluation (SM&E). In addition, in Year 4, ZAPIM started implementing malaria elimination activities in Lupane District of Matabeleland North Province. The project, which was supposed to end on September 30, 2020, in Quarter 2 received approval of a six-month no-cost extension to March 31, 2021.

The project operates in 16 districts in three provinces:

- Mashonaland Central: Bindura, Centenary/Muzarabani, Guruve, Mazowe, Mbire, Mt. Darwin, Rushinga, and Shamva
- Mashonaland East: Goromonzi, Mutoko, Mudzi, Murehwa, and Uzumba Maramba Pfungwe (UMP)
- Matabeleland North: Binga, Hwange, and Lupane

2. ADMINISTRATIVE ACTIVITIES

2.1 STAFFING AND MANAGEMENT

Due to delays in the receipt of Year 5 funding, some ZAPIM staff had to work at 50% level of effort in January and February 2020. All staff were reinstated to full-time status once the funding was released in February. The ZAPIM Monitoring and Evaluation (M&E) Manager resigned from the project in February. Alexandra Keane is the new ZAPIM Technical Project Officer backstop, replacing Erin Mohebbi and Alex Mijares is the new ZAPIM M&E backstop, replacing Ekpenyong Ekanem from the Abt Associates headquarters office,

2.2 SUPPORT FOR THE NMCESP 2021-2025 AND THE GLOBAL FUND PROPOSAL 2021-2023

The ZAPIM Technical Director, LLIN Specialist, and SBCC Specialist, as well as the M&E Manager before his resignation, participated in NMCP writing workshops to support the development of the new National Malaria Control and Elimination Strategic Plan (NMCESP) 2021-2025 and the Global Fund Proposal for 2021-2023. A stakeholder's consultative meeting was held in Harare on January 23-24, 2020. All ZAPIM key technical leads attended the meeting. Following this was a series of workshops for the actual writing of the NMCESP and the Global Fund proposal. The first workshop took place at the Mazowe Hotel in Mazowe on February 5-8, 2020. Attendees developed the main objectives for the strategic plan and prioritization for the Global Fund proposal and set up writing teams for the different thematic areas. There were parallel writing activities for both documents. A second writing workshop took place at Rainbow Towers in Harare on February 11-14, 2020. A third was held at the Holiday Inn Hotel in Harare on February 17-20, 2020.

One of the key issues in the NMCESP is to include elimination in the strategy document title to emphasize Zimbabwe's move toward elimination. The overall objectives for the strategic plan are to reduce morbidity and mortality, and to accelerate toward elimination by increasing the number of districts doing elimination activities. The project awaits the finalized strategic plan from NMCP.

The Global Fund proposal finalization workshop, sponsored by the Global Fund Country Coordinating Mechanism, was held in Bulawayo on March 8-15, 2020. The ZAPIM LLIN/Vector Control Specialist was the only project staff who attended as ZAPIM did not have funds to pay more staff travel and accommodation costs. The proposal has been submitted to the Global Fund for approval.

3. TECHNICAL ACTIVITIES

3.1 MALARIA CASE MANAGEMENT AND MALARIA IN PREGNANCY

ZAPIM achievements in CM and MIP in Quarter 2 are as follows:

- Revision of Year 5 activities
- Training of 36 facility-based health workers in malaria CM and MIP
- Development of epidemic preparedness and response (EPR) training materials
- Community case management-Procurement of training materials and stationery

3.1.1 REVISION OF YEAR 5 WORK PLAN

When ZAPIM received its Year 5 funding in February 2020 from PMI, the expectation was to expand the project's tenure through March 2021. The project thus revised its activities to match the available funding and new timeline of the no-cost extension. This involved reducing the number of Ministry of Health and Child Care (MOHCC) staff to be trained and changing its approach to implementing some CM/MIP activities, as shown in Table 1.

Table 1: Updated ZAPIM Year 5 work plan in CM in response to available funding and extended timeline

Activity	Initially planned activities	Adjusted activities
CM/MIP training	Train 500 health workers	Train 120 health workers, with priority on new staff.
	Train CM trainers	Cancelled.
Malaria CM/MIP subcommittee meetings	Give technical and financial support to NMCP CM/MIP subcommittee meetings	Provide technical support only. Other partners will fund the activity.
Malaria clinical mentorship visits to health facilities	Provide district mentorship in 5 districts (10 health facilities per district), through visits by the full 5-person team	Reduced to 5 health facilities per district and only 2 mentors per district will visit; instead, ZAPIM will explore how to communicate via telephone and What's App to support and follow up with facilities and mentors.
Training of facility-based mentors	Support the training of facility-based peer mentors	Support cancelled.
Mentorship review meetings with participants from ZAPIM- and Global Fund-supported districts	Support NMCP mentorship review meetings	ZAPIM staff will participate in Global Fund-supported NMCP mentorship review meetings if planned.
Malaria death investigation/audit meetings	Support one-day provincial malaria death investigation/audit meetings	Instead of hotel-based meetings, malaria death investigations will take place at the facility level, thus institutionalizing malaria death audits. MOHCC provincial team will

Activity	Initially planned activities	Adjusted activities
		visit the district and assist the district team in carrying out death audits.

3.1.2 CM AND MIP TRAININGS

In March 2020, ZAPIM supported CM and MIP training of health workers—nurses, environmental health technicians (EHTs), nurse aides, a health promotion officer, and a pharmacy technician—from Binga and Hwange districts in Matabeleland North Province. Trainings for districts in Mashonaland East and Central were postponed in order to adhere to public health regulations to combat the coronavirus disease (COVID)-19 pandemic. Thirty-six of the planned 40 participants (90%) attended; four participants from Binga did not attend the training because of unavailability of public transportation. The training targeted newly recruited health workers. Table 2 lists training participants by cadre and gender.

Table 2: CM and MIP training participants in Matabeleland North, March 2020, by profession and gender

Profession	Male	Female	Total
Registered general nurses	4	8	12
Primary care nurses	3	7	10
Nurse aides	1	2	3
EHTs	6	3	9
Pharmacy technicians	0	1	1
Health promotion officer	1	0	1
Total	15	21	36

Trainers emphasized the importance of early diagnosis and correct management of malaria cases in the context of COVID-19. Participants were instructed to follow the Standard Operating Procedures (SOPs) provided for correct management of severe malaria, including adoption and use of the new malaria treatment guidelines for children under 5kgs using ACTs. Copies of this guidance were distributed for further dissemination at health facilities. The Provincial Epidemiology and Disease Control Officer assisted in clarifying and emphasizing policy issues including administration of intermittent preventive treatment in pregnancy (IPTp) as directly observed treatment and at four-week intervals.

To evaluate the trainings, participants' knowledge was assessed before and after training using a multiple-choice questionnaire. Knowledge increased substantially as evidenced by the increase in participants' scores from the pre-test average of 52% to the post-test average of 74%. Out of the 36 participants, 14 (39%) failed the pre-test (lowest score 12%); the highest pre-test score was 78%. All 36 participants passed the post-test; the participant who scored 12% on the pre-test scored 55% on the post-test and the highest post-test score was 88%. Participants who scored low marks will need constant support and will be prioritized during district supportive supervision.

Table 3: Summary of pre- and post-test scores for Matabeleland North CM and MIP training, March 2020

	Pre-test	Post-test
Total participants	36	36
Highest mark	78%	88%
Lowest mark	12%	55%
Total attained above 50%	22	36
Total attained below 50%	14	0
No change	0	02

3.1.3 DEVELOPMENT OF EPR TRAINING MATERIALS

In Year 4, ZAPIM, NMCP, and NMCP partners finalized the Malaria EPR guidelines, which ZAPIM will use to train district rapid response teams from outbreak-prone districts in Mashonaland East, Mashonaland Central, and Matabeleland North Provinces to enhance their preparedness and response to malaria outbreaks. The training will be practical to address commonly experienced challenges in EPR. ZAPIM also developed the training materials it will use. The NMCP and PMI have reviewed the materials, and the project is modifying the materials according to their comments.

3.1.4 PREPARATION OF ABSTRACT ON MENTORSHIP FOR SUBMISSION TO AMERICAN SOCIETY OF TROPICAL MEDICINE AND HYGIENE CONFERENCE 2020

ZAPIM in partnership with PMI and the MOHCC developed an abstract on the malaria clinical mentorship program to highlight the project's experiences from one year of implementation. The abstract shows results from a patient records review, feedback from mentors and mentees, and engagement of stakeholders. The records review compared practices before and after mentor implementation, using a checklist that noted adherence to service delivery standards across parameters including physical examination, diagnosis, classification, and treatment. Mentored facilities showed improvement in recommended practices across outpatient, antenatal, and integrated management of childhood illnesses (IMCI) registers. Mentors and mentees gave positive feedback on the approach, suggesting that malaria clinical mentorship is acceptable and can lead to quality management of malaria cases.

3.1.5 COMMUNITY CASE MANAGEMENT

Community-level CM (CCM) activities planned for Year 5 were revised to match the limited available funds.

3.1.5.1 PREPARATIONS FOR CCM TRAINING

ZAPIM Provincial Coordinators had the provincial teams in Mashonaland East and Mashonaland Central suggest dates for the CCM trainings of village health workers (VHWs). The dates then were proposed to the districts. Centenary District scheduled trainings for the first week of April; UMP still has to confirm a date.

ZAPIM procured the required training materials (70 participant manuals, 30 sick child registers, and other stationery like 70 counter books, 120 red pens, and 120 blue pens)

3.1.5.2 PARTICIPATION IN CCM SUPPORTIVE SUPERVISION

Because funding was not received until February, ZAPIM was unable to provide financial support for supportive supervision of VHWs, and ZAPIM staff did not visit the field. Various methods were instituted to ensure VHWs were supported by the districts including discussions on existing VHW WhatsApp groups, EHT-led supervision, phone calls to selected VHWs, and self-funded supervision of VHWs. Below is a summary of the findings from the activities:

WhatsApp: The ZAPIM Provincial Coordinators and CCM Specialist joined discussions on the VHW WhatsApp platforms for Mudzi and Centenary districts, because the group administrators of these two districts have incorporated ZAPIM staff into their WhatsApp groups. The groups discuss VHW welfare and CCM activities, and they announce updates from district offices. Participation in these groups enabled ZAPIM staff to learn about the malaria situation in the villages, availability of commodities at the community level, and the emphasis that Community Nurses are giving to infection prevention.

- Three-quarters of the VHWs in the groups indicated that they were involved primarily in health education on malaria because commodities were in short supply and health facilities were holding on to them.
- Unavailability of commodities at the community level remains a big challenge that could be contributing to the sporadic outbreaks experienced in some of the districts.

EHT-led supervision: This activity, which started in October 2019, paused during the IRS season and then resumed in January 2020. Five EHTs from Mutoko and eight EHTs from Mbire completed the supervision activity in Quarter 2. The five EHTs reached 47 of 83 VHWs in Mutoko District and four EHTs reached 32 of 86 VHWs in Mbire District. These numbers are from the EHTs themselves, who submitted their findings to the District Environmental Health Officer. Detailed reports for this activity will be shared through the Provincial Coordinators.

Telephone calls: In March, the ZAPIM Provincial Coordinator for Mashonaland Central contacted VHW peer supervisors to learn about the activities they have been carrying out. He was able to reach only 12 of the 44 peer supervisors due to challenges with the network. None of the peer supervisors reached indicated that they had conducted supportive supervision during Quarter 2.

Health facility support and supervision of VHWs: Nyadire Rural Health Center, Mutoko District Mashonaland East, conducted supportive supervision of all 11 of their VHWs in January 2020 with no financial or material support from the district or partners. This followed discussions by the ZAPIM CCM Specialist with the Community Health Department, where VHW supervision was encouraged. Below are the findings of the supportive supervision visits:

- CCM commodities were available at the community level.
- VHWs were providing CCM at the community level.
- All 11 VHWs were found to be enthusiastic about their work.
- All registers reviewed were well documented and neat.
- The VHWs register data on the monthly reporting form including health education on malaria and other conditions.

- Four of the 11 VHWs who had referred patients to the health center followed up on the outcomes of the patients with their families.

Table 4: Key findings and recommendations from VHW supportive supervision at Nyadire Rural Health Center, Mashonaland East, January 2020

Gap identified	Action taken/to be taken	Responsible party	Timing	Comments
Unavailability of cotton wool, methylated spirits, gloves, jik (disinfectant), solar lamps	Report was given to the Nurse In Charge	Supportive supervision team	Done end of January 2020	District unable to provide the items due to limited funding.
Data for health education on malaria and other conditions not disaggregated by gender	Immediate coaching given to VHWs to indicate participants by gender	Supportive supervision team	Done	VHWs will need continuous reminders to disaggregate the data by gender until the monthly reporting tool is revised.
There were 18 ACT blisters of expired medicines at community level in the following formulations: 1x6=3 2x6=8 4x6=7	VHWs to take the medicines to the clinic at end of January for exchange VHWs were educated to always return commodities to health facilities three months before they expire	VHWs SS team	February 5, 2020	The medicines were exchanged. Currently the VHWs have RDTs, ACTs, and gloves.

Supervision of VHWs remains the most challenging program element to implement, yet it is considered one of the most important elements of successful implementation. This makes alternative approaches like the EHT-led and VHW peer-to-peer supportive supervision important to increase support to the VHWs in relation to malaria CM at the community level. These two approaches are sustainable ways of supporting VHWs to ensure there is quality care at community level as well as of keeping VHWs motivated; however, both strategies require intensive monitoring in the initial stages to promote institutionalization/ownership by the districts.

3.1.5.3 COMMUNICATION FROM THE DISTRICT HEALTH EXECUTIVES

The Mbire District Health Executive (DHE) reported that, in Quarter 2, malaria cases were on the decline in the district and there has been continuous support for the VHWs. The DHE also indicated that there is improved coordination of malaria prevention and treatment activities led by the District Medical Officer (DMO). The DMO has been instrumental in coordinating malaria activities through the Clinical Mentorship program, which he integrated into the oversight of CCM activities in the field.

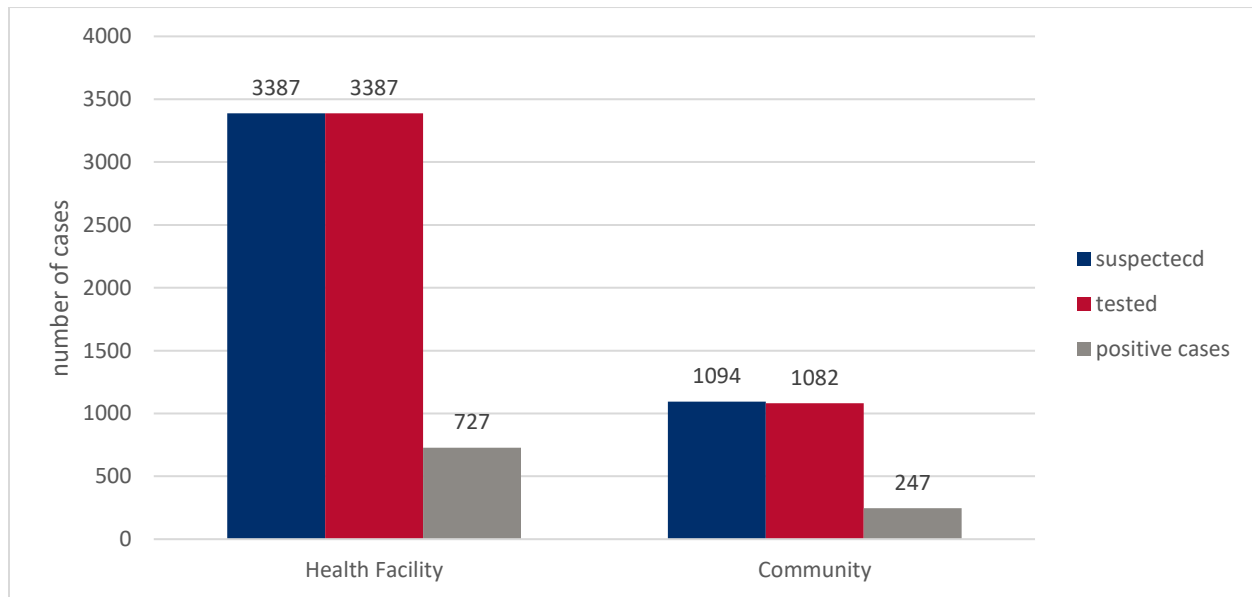
3.1.5.4 FOLLOW-UP ON VHW MOBILE REPORTING

The CCM Specialist worked closely with the M&E team in following up mobile reporting by VHWs in Mbire District. Details of the follow-up are in the M&E section (3.4).

3.1.6 AVAILABILITY OF COMMODITIES

Most health facilities in the districts did not have adequate malaria commodities because the facilities were not completely filled after they received minimum or below-minimum stocks of RDTs and ACTs. This meant VHWs had no or limited quantities of RDTs and ACTs when they went out to provide services at the village level. Figure 1 depicts VHWs' contribution to CM in Mbire District. This district has been targeted as ZAPIM supports a number of activities being implemented like VHW mobile reporting using smartphones and EHT-led supportive supervision.

Figure 1: Comparison of malaria testing at health facilities and community in Mbire District January –March 2020



As the figure shows, VHW contributions were quite significant. However, their efforts are hampered by lack of commodities. A total of 974 malaria-positive cases (727 at health facility and 247 at community) were recorded in Mbire District in Quarter 2; 247 of them were treated at the community level, meaning that VHWs treated 25% of positive cases. VHWs had a test rate of 98.9% of suspected cases, with the remainder being referral to a health facility. The district also realized a 50% reduction in malaria deaths this quarter, with one recorded death compared with two deaths in the same quarter for the previous two years. This is attributable to efforts by health facility staff and VHWs in instituting proper CM and other vector control activities at the community level. ZAPIM will continue to support malaria prevention and control activities to reach zero malaria deaths in the district.

3.2 LONG-LASTING INSECTICIDAL NETS

The COVID-19 pandemic and delayed release of funds had a negative impact on the training of health workers and VHWs on continuous distribution (CD) of LLINs, supportive supervision, and resupply of LLINs to health facilities by districts due to lack of district transportation.

During Quarter 2, the ZAPIM LLINs/Vector Control Specialist participated in the writing of the NMCESP 2021-2025. He was also part of the core writing team of the Global Fund proposal. He participated from February 2020 until the proposal was submitted in March 2020.

3.2.1 CONTINUOUS DISTRIBUTION OF LLINs

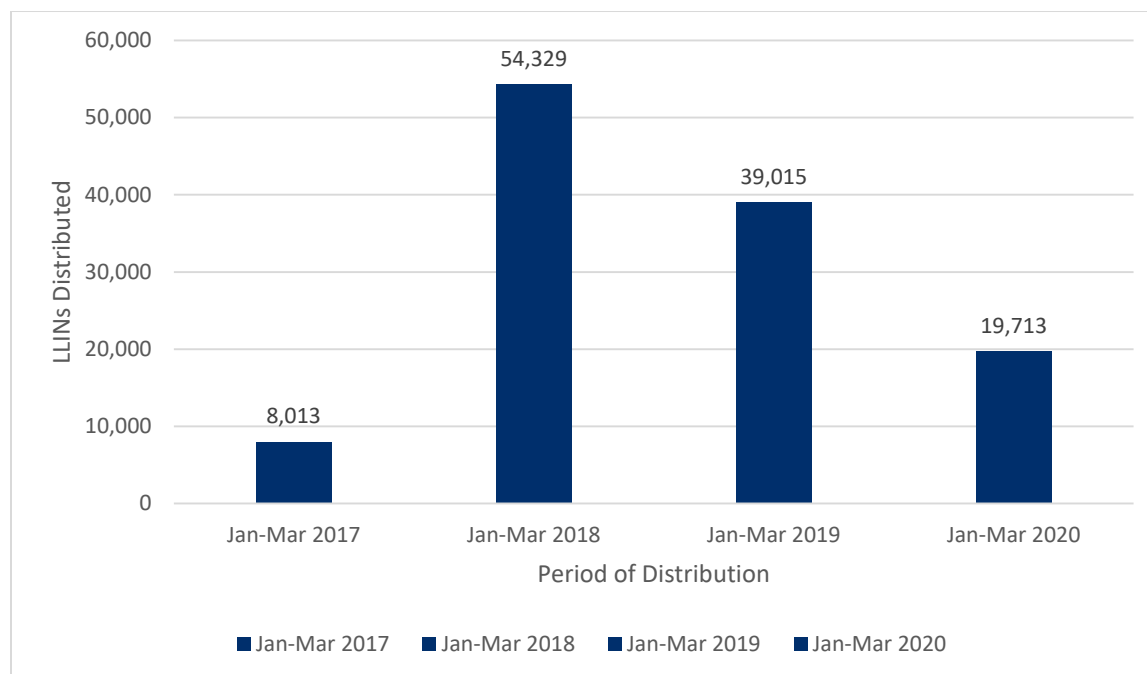
A total of 19,713 LLINs were distributed in 11 districts, as indicated in Table 5. Of the LLINs distributed in Quarter 2, 5,567 (28%) were distributed through antenatal care (ANC), 3,650 (19%) through the Expanded Programme on Immunization (EPI), and 10,496 (53%) through community channels.

Table 5: Distribution of LLINs to beneficiaries by district and by channel, January-March 2020

District	ANC	EPI	Community	Total
Bindura	350	145	158	653
Centenary	294	148	927	1,369
Guruve	687	411	1,203	2,301
Mazowe	1,589	856	1,616	4,061
Mbire	398	403	862	1,663
Mt Darwin	1,006	994	1,399	3,399
Rushinga	198	126	179	503
Shamva	499	324	1,762	2,585
Goromonzi	67	61	880	1,008
Hwedza	43	39	311	393
Murehwa	436	143	1,199	1,778
Total	5,567	3,650	10,496	19,713

Figure 2 compares LLIN distribution in the second quarter of project years since 2017. The second quarter coincides with the start of the peak malaria transmission period, and the demand for LLINs is usually high during this quarter. As Figure 2 shows, the number of LLINs distributed this year was the lowest since the launch of the CD program in January 2017. Distribution was negatively affected by the COVID-19 pandemic; the nationwide lockdown curtailed VHW visits to the community and women's visits to health facilities for ANC and EPI services.

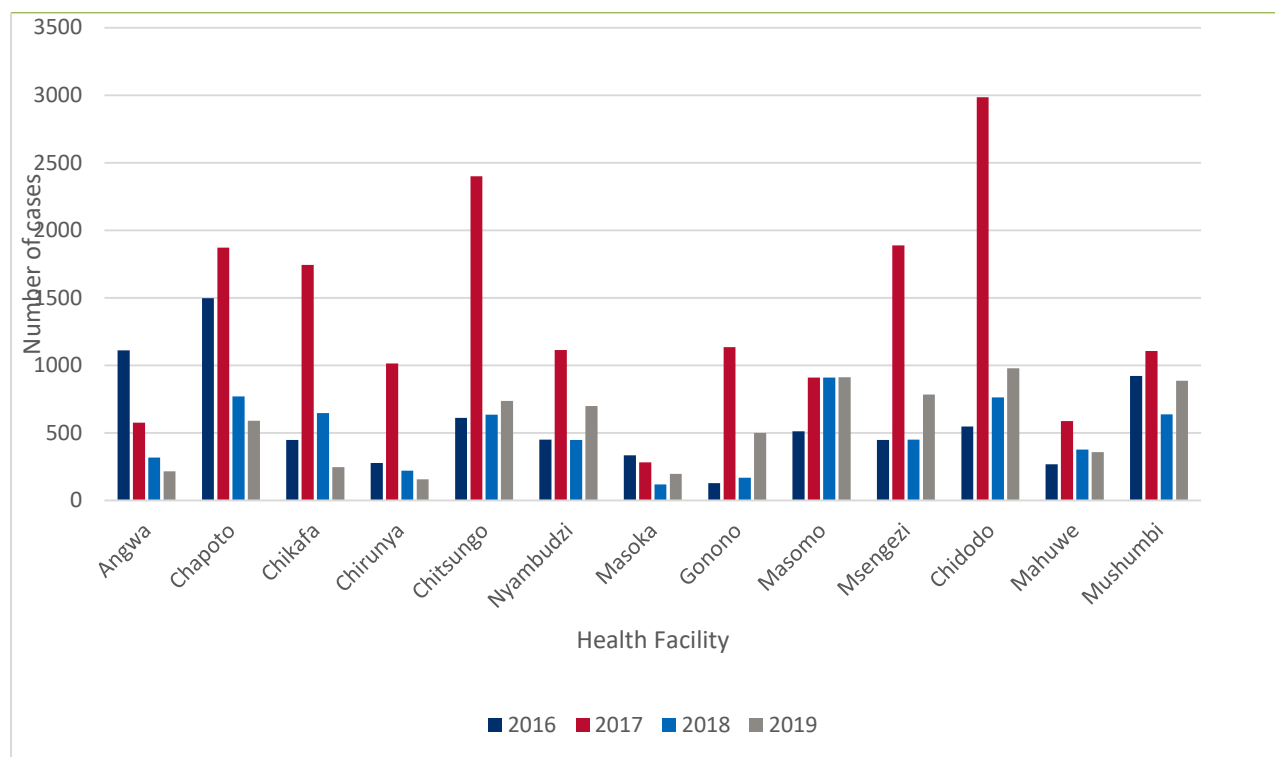
Figure 2: Comparison of LLINs distributed in Quarter 2, 2017-2020 in ZAPIM supported Districts



3.2.2 ASSESSMENT OF LLIN OWNERSHIP AND USE

Chidodo (Ward 5) is in northeastern Zimbabwe, in Mbire District (Mashonaland Central Province) and on the border with Mozambique. It used to be an area of high malaria transmission due to its location in the Zambezi Valley and its proximity to Mozambique. Figure 3 show the annual malaria cases for Chidodo Clinic in relation to other health facilities in the district.

Figure 3: Mbire District annual malaria cases by health facility 2016-2019



The local health facility also treats patients from Mozambique. For vector control, Chidodo received only IRS until 2017, when ZAPIM supported distribution of LLINs in response to a malaria outbreak. The ward being located in the Zambezi valley experiences some extremely hot weather conditions for long periods of the year and the people decide to sleep outside their sprayed rooms. As a result LLINs were deployed to protect people those who sleep outside. Furthermore, some communities in the ward stay in temporary unsprayable structures along Msengezi River where they conduct stream bank cultivation from March to November of each year. To protect this special population, LLINs were given. In July 2019, ZAPIM supported a mass LLIN distribution campaign in the ward. This was followed by the launch of the CD program in August 2019.

ZAPIM carried out a post distribution assessment of LLINs in Chidodo between November-December 2019. The assessment looked at access, ownership, and use of LLINs. Fifteen VHWs visited Chidodo's 18 villages. Each VHW randomly selected 5-10 households per village for a total of 175 households assessed. Results of the assessment are indicated in Table 6.

Table 6: Findings of the assessment of LLIN ownership and use in Chidodo Ward, Mbire District, November-December 2019

Variable	Total December 2019
Number of households assessed	175
Number of people in the households assessed	833
Number of sleeping places in permanent residences	482
Number of sleeping places outside residences	66
Number of sleeping spaces inside houses with LLINs	431 (89%)

Number of sleeping spaces outside with LLINs	47 (71%)
Total number of LLINs seen/observed	490
Number (percentage) of LLINs seen/observed to be still in plastic	49 (10%)
Total number (percentage) of LLINs seen/observed hanging or being used to cover sleeping spaces in permanent residences and outdoors	439 (90%)
Number (percentage) of users (people in households)	808 (97%)

The Chidodo assessment indicated that 84% of sleeping spaces inside houses and 71% outside were covered with an LLIN. 439 (90%) of the observed LLINs were in use with 808 (97%) of the household members said to be using them. The assessment found 49 (10%) of the nets sealed in the original plastic packaging. Coverage for pregnant women and children under 5 years sleeping under an LLIN was 8/8 (100%) and 138/140 (99%), respectively.

Achievements

- The continuous engagement of community leaders and their communities is bearing fruit. At the monthly village meetings, communities with support from the local health staff and VHWs now include malaria and LLIN distribution issues as permanent agenda items, unlike in the past when they discussed developmental and village housekeeping issues only.
- Chidodo Ward used to be a major contributor to the high burden of malaria in Mbire District. However, this has changed since 2017 and a similar trend is shown in other wards in Mbire where both IRS and LLINs are being promoted because they are a special population.
- The assessment showed that net availability in Chidodo Ward is high at 100%. This indicates that the CD program is achieving its objective of maintaining the high coverage attained during mass distribution.

Lessons Learned

- Continuously engaging community leaders and their communities and having a theme (My Net, My Life) that resonates with the community is critical in empowering them to take charge of community-level malaria activities and eventually to achieve malaria reduction.
- Mapping of special populations for the deployment of vector control interventions is important in the fight against malaria.
- Ensuring regular supply of LLINs is important in building community confidence in the program.

Way forward

- ZAPIM will continue documenting lessons learned from the communities and LLIN program and sharing the lessons with the NMCP and partners.
- The NMCP needs to map special populations in other high transmission areas and deploy evidence-based vector control interventions that have a strong SBCC component.
- The continuous engagement of community leaders that has shown good results in Mbire District should be implemented in other districts.
- ZAPIM should continue building the capacity of health workers and VHWs in LLIN programming and implementation.

3.3 SOCIAL AND BEHAVIORAL CHANGE COMMUNICATION

During the quarter, the SBCC thematic area focused on the following broad areas:

1. Supporting the NMCP rebranding exercise
2. Supporting the NMCP-led NMCESP writing
3. Supporting the NMCP Global Fund proposal writing
4. Disseminating existing SBCC communication material to communities
5. Revising and doing further preparatory work of the Year 5 work plan

3.3.1 SUPPORTING NMCP REBRANDING

The NMCP rebranding exercise continued to be a priority during Quarter 2. Key activities included refinement of data collection tools for use in stakeholder consultation and coordination of branding committee members to make inputs into the exercise.

3.3.2 SUPPORTING THE NMCP IN WRITING THE NATIONAL MALARIA STRATEGIC PLAN

ZAPIM provided technical support to the NMCP SBCC thematic area for the development of the NMCESP 2021-2025. A key outcome was the development of the main SBCC objective: to increase utilization of malaria interventions to at least 85% of the targeted population by 2025. Key approaches for attaining this objective were also developed:

- Conduct advocacy to raise the malaria profile and collaborate with NMCP program management for other higher-level advocacy activities as needed
- Engage special populations and networks of people to target specific interventions to increase utilization of malaria interventions
- Gather and use evidence in SBCC programming through operational research
- Strengthen community involvement, empowerment, initiative, ownership, and participation to reinforce and improve people's knowledge, attitudes, and practices
- Engage groups such as the private and development sectors and other government ministries to participate in SBCC activities

3.3.3 SUPPORTING THE NMCP IN WRITING THE GLOBAL FUND PROPOSAL

To strengthen the development of the NMCESP 2021–2025, ZAPIM also provided support to the NMCP in drafting the Global Fund grant proposal for 2021–2023. Key activities to promote and support positive behavior uptake were proposed for each the country's key malaria programmatic interventions. The proposal activities aim to achieve equity in the attainment of malaria knowledge and behavior adoption in all sectors of the Zimbabwean population and to promote high/full utilization of malaria services and interventions offered.

3.3.4 DISSEMINATION OF EXISTING SBCC COMMUNICATION MATERIAL FOR COMMUNITIES

Although no new materials were developed during Quarter 2, dissemination of existing malaria SBCC materials continued. Materials such as the ‘My Net, My Life’ leaflet and the ‘Dipa la malaria’ audio book continued to be circulated in the communities.

3.3.5 REVISIONS AND FURTHER PREPARATORY WORK FOR THE YEAR 5 WORK PLAN

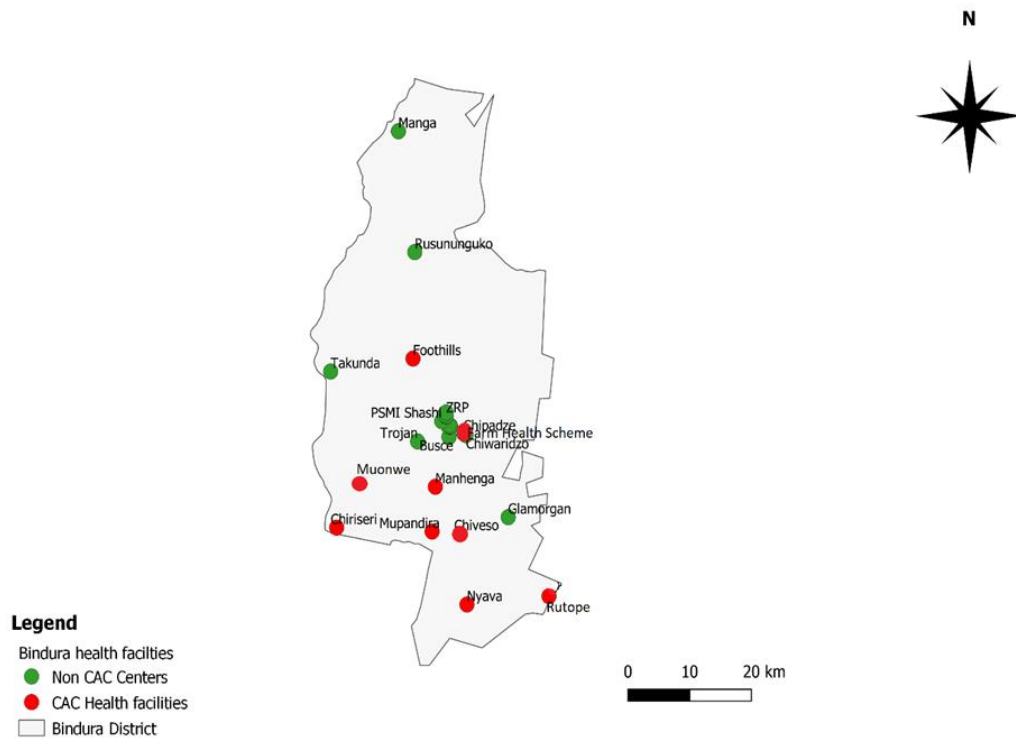
ZAPIM revised and did other preparatory work for implementing the Year 5 work plan. Activities were revised based on the implementation time and resources available.

3.3.6 COMMUNITY SBCC

The focus during Quarter 2 was to support HCCs trained on the CAC Evaluate Together remotely, through the Provincial Coordinators. ZAPIM supported Mbire, Centenary, and Bindura Districts in analyzing and sharing their self-evaluation reports at the district level. Below are highlights from the Bindura District summary report. (Highlights from Mbire and Centenary were shared in previous quarterly reports.)

Figure 4: Bindura map showing health facilities covered by CAC

BINDURA MAP SHOWING HEALTH FACILITIES COVERED BY CAC



Source: Bindura Evaluation report 2020

Nine HCCs in Bindura District were trained on the CAC. Some of the HCCs are in locations that receive IRS, while others receive LLINs. The HCCs aimed to achieve 95% IRS coverage, distribution of LLINs to 100% of eligible beneficiaries, improved utilization of LLINs through promotion of the My Net, My Life

campaign and early treatment-seeking behavior in communities, and encouragement of all pregnant women to register early for antenatal care. Table 7 shows the actual achievements.

Table 7: Key findings from evaluation of Bindura CAC performance of HCCs, November 2019

Targeted Activity	Set Target	Achieved
Sensitization meetings	7	7
SBCC meetings	11	4
Community interviews	48	24
Focus group discussions	28	16
Community mapping	3	1
Participatory observations by CAC members, VHWs and EHT	All sprayed households	100% (observations of chemical mixing done at all sprayed households)
Formation of subcommittees addressed	12	12
Strengthen CAC committees	7 committees	4
CD of LLINs	All (100%) eligible beneficiaries	All (100%) targeted beneficiaries were given nets (at ANC, EPI, community)
IRS program	95%	Room coverage 90%
Net hang-up campaigns	7 sessions	4
Road shows	1	0

Source: Bindura Evaluation report 2020

These activities contributed to a reduction of malaria in Bindura District as indicated in Figures 5 and 6, given that CAC was introduced in malaria high-burden wards that were contributing the most cases in the district. Similar improvements were also observed in Mbire District. There has been a remarkable increase in pregnant women who register early for antenatal care based on evidence from an assessment of drivers of continuing malaria transmission in Angwa Ward (2018) and reduction in complaints related to itchiness resulting from contact with a new net as reported by village heads and VHWs during training sessions.

Notwithstanding these achievements, there are gaps which are similar in the self-evaluation reports from the other two districts (Mbire and Centenary); others are specific to specific districts. Explanations for not achieving the targets include the rainy season, resulting in the postponement of scheduled meetings, the unavailability of transportation to travel to venues, and other community activities, like distribution of agricultural supplies, taking precedence. Some reports do not mention tools that were used to collect the data, the number of respondents interviewed during the evaluation, the nature of the desk review, and evaluation objectives not following SMART criteria despite the facilitators using the CAC manual which ensured standardization of training. These shortcomings reflected in the reports were addressed through development of a simplified reporting template that was shared with all the Provincial Coordinators and District CAC Facilitators. Frequent follow-ups with the trained HCCs and facility staff will ensure they receive regular guidance in implementing the activities. The recommendation to have frequent supportive supervision visits to trained HCCs is based on actual post-training support visits, which were limited to

only five of the 9 HCCs trained in Bindura district. The other assumption has been that District CAC Facilitators would also conduct support visits during their routine work, but this has not happened, which they attribute to lack of time, and of transport and fuel.

Figure 5: Trends in malaria incidence in Bindura District, 2017-2019

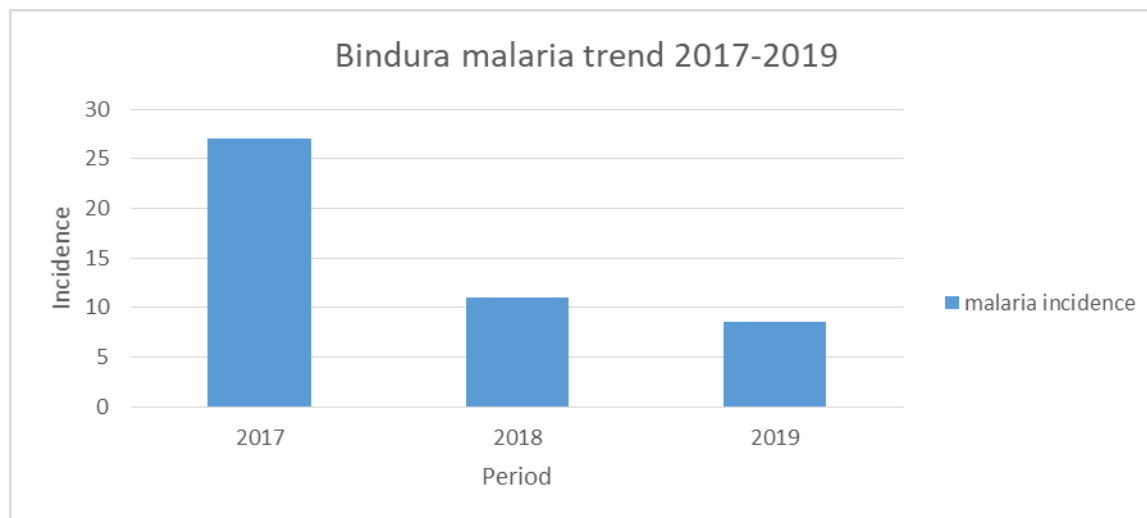
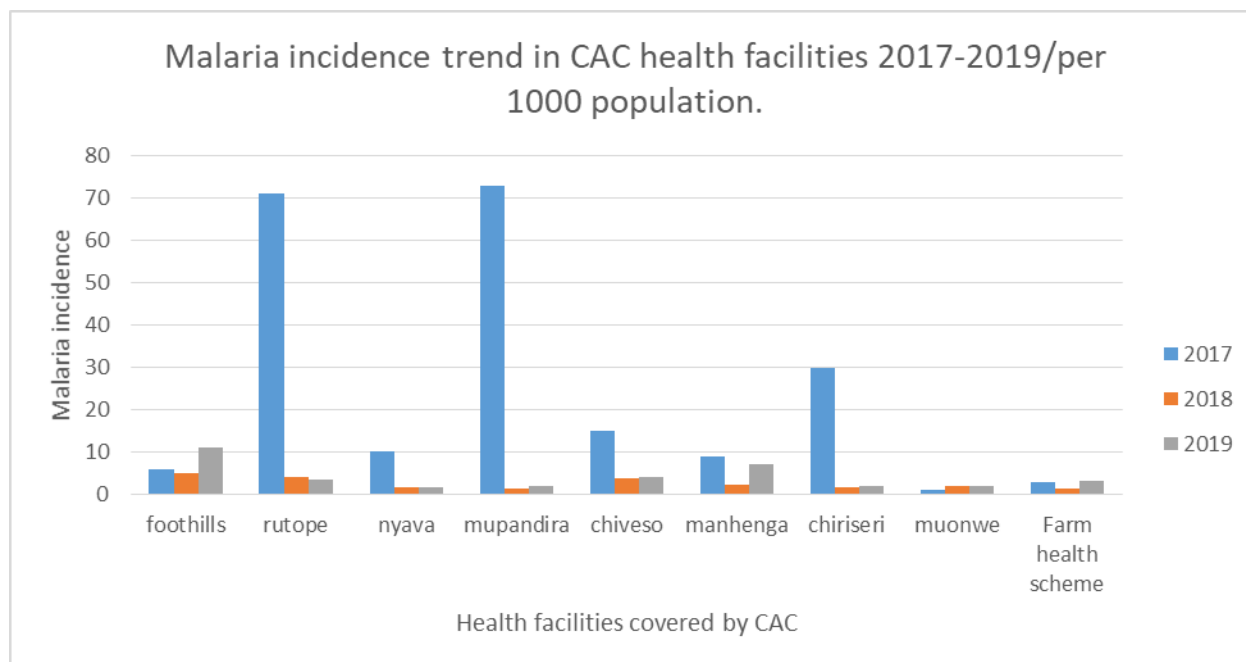


Figure 6: Trends in malaria incidence in health facilities with CAC activities in Bindura District, 2017-2019



Source: Bindura CAC Evaluation Report 2020.

3.3.7 OUTSTANDING CAC TRAININGS AND CLOSE-OUT MEETINGS

Four districts (Binga, Hwange, Mt. Darwin, and Shamva) are yet to be trained on the CAC Evaluate Together phase. The trainings have been delayed by the COVID-19 lockdown and are expected to be held once the lockdown ends. The CAC Evaluate Together trainings will include promotion of net

utilization to support the LLIN mass distribution campaigns that are scheduled for this year. Another component of the trainings will be SBCC close-out meetings, which will seek to understand the community's views on how the community has been transformed due to the CAC trainings, and data on improvements from the start of the program, the community's perceptions of the gaps in the community mobilization component, and how the community seeks to continue and transition after the trainings conclude.

3.4 M&E/OPERATIONAL RESEARCH

3.4.1 EPIDEMIC PREPAREDNESS AND RESPONSE GUIDELINES

ZAPIM continued to work with the Provincial Epidemiology and Disease Control Officer for Mashonaland East Province to develop the training schedule and materials. The scenarios and training materials are in place, and were shared with NMCP and PMI for further review. The trainings will be scenario-based to enhance practical application of the principles in the guidelines. The trainings were deferred to Year 5 Quarter 3 due to the COVID-19 pandemic.

3.4.2 MALARIA SM&E TRAINING MANUAL

ZAPIM continued to develop the SM&E Training Manual during the quarter, and shared the draft manual with NMCP for further development of the facilitators and participants guides. The manual and other training materials will enhance the quality of SM&E trainings and ensure that implementation processes occur at all levels.

3.4.3 GLOBAL FUND PROPOSAL WRITING

ZAPIM provided technical support to the Surveillance Monitoring Evaluation and Operational Research (SMEOR) thematic group during the writing of the malaria proposal for the Global Fund. If the proposal is successful, the NMCP will have funding to help support the malaria control intervention by all the five thematic areas for the next three years.

3.4.4 WEEKLY VHW MOBILE REPORTING PILOT IN MBIRE DISTRICT

ZAPIM provided financial and technical support in the weekly mobile reporting by VHWs in Mbire District through procurement of airtime for use with Open Data Kit (ODK) system for reporting malaria cases, deaths, and the availability of malaria commodities at the VHW level. A total of 185 (100%) VHWs are able to report on a weekly basis: 134 (72.4%) are reporting via the ODK system and 51 (27.5%) use SMS texts to health facilities.

The ODK system faced challenges due to lack of consistent electricity, discontinuation of service by a communications provider, late USG funds disbursement to ZAPIM, unavailability of network coverage and some VHW non-proficiency in using the ODK system. Since most VHWs did not have means to charge their cell phones, this led to some VHWs charging their phones directly from solar panels damaging the phones irreparably. ZAPIM intends to replace the damaged phones using some that the project used for data collection for the net durability study. Service provider, Econet Wireless, disconnected some of the lines that were not being used because of airtime issues. The late disbursement of Year 5 funds led to the late procurement of airtime for the VHW cell phones, so VHWs were not able to use the phones consistently. Other challenges include non-availability of network coverage, and VHWs being not fully conversant with the ODK system despite having been trained on it.

Lessons learned

- VHWs are now able to report on time (weekly), and health facilities are able to plot their malaria weekly thresholds to monitor and respond to outbreaks in time.
- VHWs are no longer walking long distances to the health facility to report the malaria cases.
- The mobile reporting system has reduced paperwork at the health facility because data can be stored electronically in Excel files.
- Effective implementation of the system is dependent on timely disbursement of funds

Challenges

- Frequent deletion of the application (ODK) system by the VHW's
- Charging of smartphones using a car charge which is connected directly to the solar panel.
- Unreliable power supply and interruptions to the communication network negatively impacted reporting
- In some areas an unreliable communication infrastructure independent of power supply posed challenges to the reporting

Way forward

- The project will lock the ODK application with an anti-deletion application software to avoid accidental or intentional deletion of the application.
- There is a need to use a simple system that allows short message services (SMS) to be sent to the health facilities by the VHW's which does not need to have internet connectivity like the ODK system.
- Despite initial training on ODK, some of the VHW's are not conversant with the web based application hence the need for them to use SMS for reporting.
- There is need to provide solar charging systems or power banks for charging the smartphones.
- To ensure long term sustainability, there is need to provide simple cellphones capable of sending SMS text messages to the health facilities. Such phones are cheaper than smartphones and it costs less to send SMS than ODK data.

4. GENDER

ZAPIM training materials and SBCC materials are gender sensitive. Services provided in ZAPIM-supported districts are accessible to men and women equally. ZAPIM provided pregnant women with LLINs and sulfadoxine-pyrimethamine during ANC visits in ZAPIM-supported districts, because pregnant women are more vulnerable to malaria. ZAPIM recognizes the important role women play in the care of children, particularly those under 5 years of age. ZAPIM's gender activities aimed to empower women with knowledge and skills to better protect themselves and their families against malaria and to seek early treatment in case of illness.

5. ENVIRONMENTAL COMPLIANCE

ZAPIM ensures its activities do not harm the environment. In this regard, it focuses on three areas:

- Generation of medical waste at both the health facility and community level
- Disposal of LLIN solid and liquid waste
- Management of public health medicines and commodities

5.1 MEDICAL WASTE

If ZAPIM does not properly handle, store, and dispose of the medical waste that health facilities and CCM generate, there is a risk of disease transmission. In this quarter, ZAPIM technical staff supported community health workers in infection prevention. During community CM supportive supervision, the EHTs reoriented VHWs on proper handling of medical waste and the need to take medical waste to health facilities monthly, for proper disposal. The program uses supportive supervision visits to mitigate identified gaps in handling and disposing of medical waste, and to ensure implementation of suggested measures. ZAPIM started integrating environmental compliance into quarterly data quality assessments during Year 4 and will continue to do so in Year 5.

The distribution of LLINs generates solid waste from LLIN packages. Considering the high volume of nets the program distributes, there is potential harm to the environment from failing to follow proper disposal procedures. Households' washing of nets may contaminate water sources if communities do not know techniques for proper disposal of water from LLIN washing. To mitigate the negative environmental effects of liquid and solid waste, ZAPIM trained VHWs and other health workers on the proper disposal of LLIN waste in one ward of Shamva District during this quarter. This requires cutting LLIN packaging into small pieces and burying the pieces in a pit 50-100 cm deep, away from water bodies. Households should not wash nets in rivers or dams but rather in a container with water, and then dispose of the water in a pit. ZAPIM provided this information to all community members during LLIN distribution and CD training this quarter in 11 ZAPIM-supported districts.

5.2 MANAGEMENT OF PUBLIC HEALTH MEDICINES AND COMMODITIES

ZAPIM supports activities at both the health facility and community levels at places that distribute medicines and commodities such as malaria medicines, testing kits, syringes, and gloves. There is a risk of children ingesting improperly secured medicines. Medicines may also expire, and using expired medicines may result in poor treatment outcomes. It is therefore necessary to have good medicine and commodity management practices in place. Through malaria supportive supervision, ZAPIM teaches health workers proper storage of medicines and ways to avoid drug expiration (e.g., quantification of stocks and proper handling of expired drugs). To ensure correct communication of information on management of medicines and commodities, pharmacists and pharmacy technicians are part of the malaria CM training team. ZAPIM started procuring and distributing lockable medicine boxes for VHWs in Year 4 in Mbire District and will extend the same support to selected districts in Year 5.

6. CHALLENGES AND RECOMMENDATIONS

The delay in ZAPIM's Year 5 funding meant that the project implemented only minimal activities during the quarter. ZAPIM staff had to reduce their hours worked to 50% in January. All staff were re-instated to 100% level of effort in February when Year 5 funding was released. The unexpected delay in funding affected staff morale as staff had to work part-time and defer activities, thereby losing momentum gained on long-term malaria prevention and treatment efforts from previous years. Even when the funds were released, they were less than expected. At the same time, PMI requested an extension of ZAPIM to March 31, 2021, which meant the project had to change the scope and scale of its activities. Some changes will necessitate some staff being terminated in June 2020, further affecting staff morale. In addition to the funding challenges, the declaration of the COVID-19 pandemic prevented implementation of field activities in last two weeks of March, so the project could not catch up on activities scheduled for the quarter. These included some time-sensitive malaria pre-season preparatory activities, like training of facility rapid response teams on EPR, which is negatively impacting the teams' preparedness and responsiveness for epidemics that are currently happening in the districts.

Despite the delay in funding release, the project leveraged on regular and open communication with PMI and USAID Contractors' Office to get updates on the funding status. The updates were particularly useful in keeping staff informed and guiding Abt leadership's decision making in whether to close-out the project or not. For example in January, Abt leadership extended the "At Risk" operating period from closing out on January 31 to February 28 because the project had been informed that funding approval process had moved significantly and appeared more certain. Knowing that the project was not closing out boosted staff morale and enhanced staff's drive to re-strategize and pick up activities from where they had been left. As soon as funding was released, Abt leadership allowed that the non-core funds provided annually for end of year celebrations and typically spent in December be spent in February. The ZAPIM office had been closed the whole of December so the team utilized these funds by having a relaxed lunch at Vanilla Moon Restaurant and had two Year 5 activities planning sessions where lunch and refreshments were provided. While the activities planning sessions were useful in building technical cohesion, the social lunches served as great team building opportunities. Although the COVID-19 pandemic hindered implementing activities as planned, the project quickly transitioned to tele-working and this allowed for both staff safety and continuity of some technical activities. To ensure that staff could continue to work efficiently during the pandemic period, staff was provided with additional data bundles so that they could have internet connectivity while at home. This has seen staff being able to stay in touch and attend important periodic meetings with HO, PMI and NMCP. The project also started using other cost-effective means of information sharing such as utilizing the Abt and ZAPIM WhatsApp group. These platforms are used mainly to share safety and security updates or other discuss technical issues. In this past quarter and

going forward until lockdown restrictions are relaxed, ZAPIM will continue to implement activities through the MOHCC structures at provincial and district level.

ZAPIM has experience challenges with incomplete or late submission of reports for activities supported at district level including EHT-led supportive supervision, CAC evaluation, and LLIN CD. The ZAPIM Provincial Coordinators continue to follow up with the relevant department and to encourage timely submission of activity reports. ZAPIM has developed reporting tools to help with standardization and completeness of the reports for some of the activities and it is developing more tools. ZAPIM Provincial Coordinators have been assisting the districts with development of their reports.

To mitigate against challenges of limited funding, which prevented ZAPIM from doing field activities earlier in the quarter, and the COVID-19 lockdown in March, ZAPIM developed phone-based mentoring and support through phone calls and WhatsApp groups. This enabled the ZAPIM team to understand malaria activities taking place in the field and challenges experienced and to provide technical guidance and suggestions to address the challenges.

The mobile VHW reporting system in Mbire District experienced many challenges, including the lack of a reliable source for charging cell phones causing some VHWs to improvise a charging source—they connected their phone directly to solar panels which irreparably damaged the phones. Resources permitting, it would be ideal to provide VHWs with solar power banks to charge the phones or solar lights with ports for charging phones. Some VHWs deleted the ODK application from the phones. To prevent a recurrence of this, ZAPIM will install software on the phones that will protect against ODK deletion. Some VHWs had challenges using the ODK application and resorted to using SMS texts to send data to health facilities. ZAPIM will consider using a simple SMS-based reporting or providing VHWs a refresher training on ODK. Delay of release of Year 5 funding prevented ZAPIM from buying airtime for the mobile reporting, but most VHWs continued to report, using SMS at their own cost. ZAPIM is now in a position to provide the VHWs with air time. For sustainability, ZAPIM is encouraging health facilities to provide airtime for VHWs from other resources, like Result-Based Financing.

The emergence of COVID-19 affected activities requiring group meetings and trainings. There is demand for malaria SBC work as there emerged a perception in some areas that COVID-19 and malaria were related. This necessitated very rapid response in correcting these perceptions and continues up to now. The major challenge is that the most effective strategies to curb these emerging perceptions need interpersonal communication at localized level but the social distancing requirements curtail such strategies. Health promotion human resources have also been overwhelmed in some cases with COVID 19 responses at the expense of continuous and concentrated malaria education for communities.

ANNEX A: PMP INDICATORS/YEAR 5 MILESTONE MATRIX

#	Indicator/ Milestone	Type	Targets/ Benchmarks		YR 5 Q1 Results	Results			Comments/ Problems Encountered	Next Steps
			Baseline (year and source)	Year 5 (Oct 2020– March 2020)		Year 5 Cumulative Results	Percentage of Annual Target Achieved			
CM	Number of malaria deaths	Performance Monitoring Plan (PMP)	392 (Health Management Information System (HMIS) 2016)	N/A	251	251	Not applicable (N/A)	Baseline and results are national. Of the 251 deaths, 13 reported in Mashonaland Central Province, 11 Mashonaland East Province and 2 Matabeleland North Province.	Scale up malaria interventions and continue to support malaria death investigations in the affected provinces.	
CM	Incidence of malaria	PMP	17/1,000 (HMIS 2016)	N/A	9.12/1,000	9.12/1,000 (HMIS/district health information system (DHIS2))	N/A	129 094 confirmed cases were reported in the country. ZAPIM-supported districts such as Mudzi, Mutoko, UMP, Shamva, and Rushinga also reported a high number of cases.	ZAPIM will continue to prioritize high-impact interventions to help reduce the number of districts experiencing malaria outbreaks.	
CM	Proportion of women who received two or more doses of IPTp during ANC	PMP	35% (MIS 2012)	N/A	37%	37%	N/A	37% is according to the 2016 MIS.	Maternal Child Health Integrated Program (MCHIP) carried out an assessment in Manicaland to determine the causes for the low IPTp uptake. ZAPIM continues to follow assessment findings and recommendations to improve the program.	
CM	Proportion of under-5 children who sought	PMP	68.8% (MIS 2012)	N/A	50%	50%	N/A	The figure of 50% is according to the 2015 Zimbabwe Demographic and Health Survey	The indicator was not well reported in the 2016 MIS preliminary report and	

#	Indicator/ Milestone	Type	Targets/ Benchmarks		YR 5 Q1 Results	Results		Comments/ Problems Encountered	Next Steps
			Baseline (year and source)	Year 5 (Oct 2020– March 2020)		Year 5 Cumulative Results	Percentage of Annual Target Achieved		
	treatment within 24 hours of onset of fever							(ZDHS). The new NMCESP is still being costed and will inform the targets.	therefore the 2015 ZDHS report was used as a reliable source.
CM	Percentage of suspected malaria cases that receive a parasitological test	PMP	99.8% (HMIS 2016)	100%	98.3%	98.3%	98.3%	Need to continue encouraging communities that any suspected malaria case should be tested.	Health facilities and community-based health workers should continue to exhibit high compliance and acceptable practices. These health workers are adhering to the guidelines and this is a good practice.
CM	Percentage of confirmed malaria cases that receive first-line antimalarial treatment according to national policy	PMP	93% (HMIS 2016)	100%	99.9%	99.9%	99.9%	The indicator only captures ACTs; other anti-malarials given to complicated cases are not documented in the DHIS2.	Results show that the level of access to treatment of deserving cases for first-line treatment increased in Q2.
CM+CCM	Number of health workers, including VHWs, trained in malaria case management (ACTs, MIP/IPTp, RDTs, microscopy, medicines management)	PMP	896 (Year 1 ZAPIM Annual Report)	500	120	36	30%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity from Q3
CM	Number of planned malaria-related supportive supervision of health facility workers conducted	PMP	0 (2016)	6	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity from Q3.
CM	Number of districts with outbreak response plans	PMP	0 (2016)	15	15	15	100%	All district plans feed into the provincial plan.	As part of the outbreak response initiative, ZAPIM will continue to support all districts to ensure they have robust plans to quickly respond to any outbreaks.

#	Indicator/ Milestone	Type	Targets/ Benchmarks			Results			Comments/ Problems Encountered	Next Steps
			Baseline (year and source)	Year 5 (Oct 2020– March 2020)	YR 5 Q1 Results	Year 5 Cumulative Results	Percentage of Annual Target Achieved			
									ZAPIM supported the revision of the EPR guidelines. In Q2 ZAPIM will support the training of provincial and district staff. It is anticipated that this will go a long way to improving the quality of the outbreak response plans.	
CM	Functional training database (TrainSMART) for the current trainings and future trainings	Year 5 milestone	0 (2016)	1	1	1	100%	Database to be maintained in Year 5.	Database to be maintained in Year 5.	
CM	NMCP CM/MIP subcommittee quarterly meetings supported	Year 5 milestone	1 (2016)	1	0	0	0%	Planned for Q3	ZAPIM will continue to engage NMCP so that subcommittee meetings are held as planned.	
CM	Number of staff trained in CM/MIP reached with SMS information reminders and quizzes	Year 5 milestone	0 (2016)	500	0	0	0%	Planned for Q3 3	To be implemented as planned.	
CM	Number of CM and MIP training tools and job aids printed	Year 5 milestone	0 (2016)	500	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity from Q2.	
CM	Number of facility-based peer mentor trained	Year 5 milestone		25	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	To be implemented as planned.	
CM	Number of on-the-job mentorship visits to five districts conducted	Year 5 milestone	0 (2016)	10	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity from Q3.	
CM	Number of national mentorship review meetings conducted	Year 5 milestone	0 (2016)	1	0	0	0%	Planned for Q3	To be implemented as planned.	

#	Indicator/ Milestone	Type	Targets/ Benchmarks		YR 5 Q1 Results	Results			Comments/ Problems Encountered	Next Steps
			Baseline (year and source)	Year 5 (Oct 2020– March 2020)		Year 5 Cumulative Results	Percentage of Annual Target Achieved			
CM	Number of malaria death investigation/ malaria death audit meetings with NMCP, hospitals, and PMDs, DMOs, and Matrons in attendance	Year 5 milestone	2 (2016)	3	0	0	0%	Planned for Q3	To be implemented as planned.	
CCM	Number of facility-based health workers oriented on supportive supervision process and tools	Year 5 milestone	0 (2016)	25	0	0	0%	Planned for Q3	To be implemented as planned.	
CCM	Number of VHWs followed up (post-training follow-up)	Year 5 milestone	0 (2016)	440	0	0	0%	Planned for Q3	To be implemented as planned.	
CCM	Number of training manuals and job aids (facilitators and participant manuals, medicine supply and accountability register, RDT job aid, and monthly reporting book) printed	Year 5 milestone	0 (2016)	1,320	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity from Q2.	
CCM	Number of annual district VHW review meetings conducted (8 districts)	Year 5 milestone	0 (2016)	8	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity from Q3.	
CCM	Number of VHWs visited through biannual supportive supervision in 11 districts	Year 5 milestone		440	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity from Q3.	

#	Indicator/ Milestone	Type	Targets/ Benchmarks			Results			Comments/ Problems Encountered	Next Steps
			Baseline (year and source)	Year 5 (Oct 2020– March 2020)	YR 5 Q1 Results	Year 5 Cumulative Results	Percentage of Annual Target Achieved			
CCM	Number of items procured for the VHWs (digital thermometers, and torches)	Year 5 milestone	0 (2016)	1,480	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity from Q3.	
LLIN	Proportion of population that slept under an insecticide treated net the previous night	PMP	49% (MIS 2012)	N/A	54%	54%	N/A	54% is according to the MIS 2016.	The indicator is not reported every quarter or year.	
LLIN	Proportion of children under-5 who slept under an LLIN the previous night	PMP	8% (ZDHS 2010-11) 49.6% (MIS 2012)	N/A	17.5% (ZDHS 2015) 33% (MIS 2016)	17.5% (ZDHS 2015) 33% (MIS 2016)	N/A	It is important to note the different methodologies used for MIS and ZDHS.	There is need to scale up the interventions which promote net usage among children. The new NMCESP is still being costed and will inform the targets.	
LLIN	Proportion of women of child-bearing age who slept under an LLIN the previous night	PMP	49.1% (MIS 2012)	N/A	36% (MIS 2016)	36% (MIS 2016)	N/A	Only 36% of women slept under an LLIN the previous night, which was a substantial decrease compared to the 49% in the 2012 MIS.	There is need to scale up the interventions which promote net usage among women aged 15-49 years. The new NMCESP is still being costed and will inform the targets.	
LLIN	Proportion of households in ZAPIM target districts with one or more LLINs	PMP	46.4% (MIS 2012)	N/A	58% (MIS 2016)	58% (MIS 2016)	N/A	The baseline and results are national.	The National Malaria M&E Plan is being finalized and will inform the targets.	
LLIN	LLIN CD system rolled out in ZAPIM target districts	PMP	10 (Year 1 ZAPIM Annual Report)	11	11	11	100%	ZAPIM had anticipated a delay in funding and therefore the nets were prepositioned in advance to cover this critical period and to avoid stock outs	To be done throughout the year.	
LLIN	Net durability study findings produced and recommendations	PMP	0 (2016)	1	1	1	100%	Report was finalized and approved	Recommendations to be adopted for future distribution planning.	

#	Indicator/ Milestone	Type	Targets/ Benchmarks			Results				
			Baseline (year and source)	Year 5 (Oct 2020– March 2020)	YR 5 Q1 Results	Year 5 Cumulative Results	Percentage of Annual Target Achieved	Comments/ Problems Encountered	Next Steps	
	adopted for future distribution planning									
LLIN	Integrated vector management strategy developed	Year 5 milestone		1	1	1	100%	Strategy developed and awaiting finalization and approval	Once approved, health staff will be trained.	
LLIN	Number of people (LLIN distributors) trained in LLIN continuous and mass distribution	PMP	1,358 (2016)	1,132	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity from Q3.	
LLIN	Number of LLINs distributed (mass + CD)	PMP	573,950 (2016)	288 000	17 144	37,023	13%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity from Q3.	
LLIN	Number of wards covered for LLIN follow-up visits by health facility staff and VHVs 2 weeks after mass distribution.	Year 5 milestone	N/A	34	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity from Q3.	
LLIN	Number of districts covered to identify and map special populations	Year 5 milestone	N/A	8	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity from Q3 .	
LLIN	Number of community mobilization, net follow-up visits/meetings in all wards that are benefiting from the LLIN distribution.	Year 5 milestone	N/A	14	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity from Q3.	
LLIN	Number of LLIN data quality assessments conducted	Year 5 milestone	N/A	24	0	0	0%	Implementation affected by delay in project funding	Need to accelerate the implementation of the activity from Q3	

#	Indicator/ Milestone	Type	Targets/ Benchmarks		YR 5 Q1 Results	Results			Comments/ Problems Encountered	Next Steps
			Baseline (year and source)	Year 5 (Oct 2020– March 2020)		Year 5 Cumulative Results	Percentage of Annual Target Achieved			
LLIN	Number of cluster LLIN review and planning meetings conducted	Year 5 milestone	N/A	8	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity from Q3	
LLIN	Number of district-level supportive supervision visits focusing on health facilities and wards conducted	Year 5 milestone	N/A	14	0	0	0%	Affected by delay in project funding and the COVID-19 Pandemic	To be implemented as planned.	
LLIN	SOPs and guidelines developed for LLIN distribution	Year 5 milestone	N/A	1	0	0	0%	Implementation affected by delay in project funding	Need to accelerate the implementation of the activity from Q3.	
LLIN	Number of vector control subcommittee meetings supported	Year 5 milestone	1 (2016)	2	0	0	0%	Planned for Q3	ZAPIM will continue to engage NMCP so that subcommittee meetings are held as planned.	
LLIN	Support of entomology training at Africa University	Year 5 milestone	0 (2016)	1	0	0	0%	Implementation affected by delay in project funding	ZAPIM will continue supporting as the need arises	
SBCC	SBCC repository (on-line database) of malaria messages and delivery methods established	PMP	0 (2016)	1	0	0	0%	This falls under the portfolio of the mainstream MOHCC.	ZAPIM will no longer support the activity.	
SBCC	Number of persons trained in SBCC	PMP	1066 (2016)	720	0	0	0%	Trainings to focus on CAC stages. Implementation affected by delay in project funding	Need to accelerate the implementation of the activity from Q3	
SBCC	Rapid assessment-Knowledge, Attitude and Practice Surveys of the Mbire community completed	PMP	0 (2016)	1	1	1	100%	NMCP, with ZAPIM support, conducted an assessment to systematically identify the drivers of high malaria transmission in Angwa Ward.	The results will be used as evidence for implementing required programmatic decisions.	

#	Indicator/ Milestone	Type	Targets/ Benchmarks			Results			
			Baseline (year and source)	Year 5 (Oct 2020– March 2020)	YR 5 Q1 Results	Year 5 Cumulative Results	Percentage of Annual Target Achieved	Comments/ Problems Encountered	Next Steps
SBCC	Commemoration of the SADC Community Malaria Day supported	Year 5 milestone	1 (2016)	1	0	0	0%	Implementation affected by delay in project funding	ZAPIM will continue to support future commemorations.
SBCC	World Malaria Day Campaign supported in 3 provinces	Year 5 milestone	3 (2016)	4	0	0	0%	Implementation affected by delay in project funding	ZAPIM will continue support as need arises.
SBCC	SBCC materials and tools (including leaflets and posters) in local languages for ANC attendees, LLINs, elimination and printed and disseminated	Year 5 milestone	0 (2016)	20 050	0	0	0%	Implementation affected by delay in project funding	Need to accelerate implementation of the activity from Q3.
SBCC	Number of IPTp messages developed and disseminated	Year 5 milestone	N/A	4	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity from Q
SBCC	Number of community dialogues meetings in high malaria-burden wards of Binga and Hwange districts	Year 5 milestone	0 (2016)	16	0	0	0%	Planned for Q3	To be implemented as planned.
SBCC	National-level malaria branding initiative to operationalize strategy 7 of Malaria Communication Strategy	Year 5 milestone	0 (2016)	1	0	0	0%	ZAPIM started supporting this initiative in Year 4 and will continue throughout Year 5	ZAPIM will be a key partner supporting this process this year.
SBCC	Number of promotional materials procured for HCC members	Year 5 milestone	0 (2016)	5 000	0	0	0%	The materials to be printed and distributed	Monitor the use of materials.
SBCC	Number of radio spots produced for	Year 5 milestone	0 (2016)	60	0	0	0%	Planned for Q3	To be implemented as planned.

#	Indicator/ Milestone	Type	Targets/ Benchmarks		YR 5 Q1 Results	Results		Comments/ Problems Encountered	Next Steps
			Baseline (year and source)	Year 5 (Oct 2020– March 2020)		Year 5 Cumulative Results	Percentage of Annual Target Achieved		
	sensitization on LLIN campaign								
SBCC	Number of radio spots produced for sensitization on IRS campaign	Year 5 milestone	0 (2016)	180	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic Mashonaland, Manicaland, and Masvingo districts	ZAPIM to continue supporting as need arises.
SBCC	Number of SBCC subcommittee meetings conducted	Year 5 milestone	1 (2016)	1	0	0	0%	Planned for Q3	ZAPIM will continue to engage NMCP so that subcommittee meetings are held as planned.
M&E	Malaria M&E training manual revised	Year 5 milestone	0 (2016)	1	0	0	0%	ZAPIM continued to support the revision of the manual and this will be finalized in Q3	To be implemented as planned.
M&E	Number of SM&E training manual printed and distributed	Year 5 milestone	N.A	500	0	0	0%	The training manual will be printed and distributed once it has been finalized	Once finalized and approved, NMCP, ZAPIM, and other partners will use the standardized manual to train health workers in SM&E.
M&E	Number of districts and health facility staff trained in M&E, supportive supervision, epidemic alert protocols (EPR/IDSR)	PMP	10 (2016)	150	0	0	0%	Planned for Q3	To be implemented as planned.
M&E	ZAPIM M&E database updated	Year 5 milestone	0 (2016)	1	1	1	100%	The M&E database was updated on a regular basis.	M&E database will continue to be updated throughout the year and used to monitor the performance of the project.
M&E	Number of national, provincial and district data quality assessments conducted	Year 5 milestone	0 (2016)	6	0	0	0%	Planned for Q3	To be implemented as planned.
M&E	Number of provincial and district planning	Year 5 milestone	0 (2016)	3	0	0	0%	Planned for Q3	To be implemented as planned.

#	Indicator/ Milestone	Type	Targets/ Benchmarks			Results				
			Baseline (year and source)	Year 5 (Oct 2020– March 2020)	YR 5 Q1 Results	Year 5 Cumulative Results	Percentage of Annual Target Achieved	Comments/ Problems Encountered	Next Steps	
	and review meetings conducted									
M&E	Revised EPR guidelines printed and distributed	Year 5 milestone	0 (2016)	65	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity in Q3	
M&E	Number of rapid response team members trained in the revised EPR guidelines	Year 5 milestone	0 (2016)	56	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity in Q3	
M&E	Malaria Research Agenda developed and printed	Year 5 milestone	0 (2016)	500	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity from Q3.	
M&E	Number of VHVs supported with airtime for weekly mobile data reporting	Year 5 milestone	0 (2016)	186	0	0	0%	Implementation affected by delay in project funding and COVID-19 Pandemic	Need to accelerate the implementation of the activity in Q3.	
M&E	AMIS protocol developed	Year 5 milestone	0 (2016)	1	0	0	0%	Planned for Q3	To be implemented as planned.	
M&E	Number of surveillance, M&E, and Operations Research subcommittee meetings supported	Year 5 milestone	0 (2016)	2	0	0	0%	Planned for Q3	ZAPIM will continue to engage NMCP so that subcommittee meetings are held as planned.	
M&E	Project achievements, lessons learned, best practices, and challenges documented	Year 5 milestone	N/A	1	0	0	0%	Planned for Q3	To be implemented as planned.	
Elimination	Foci database updated	Year 5 milestone	N/A	1	0	0	0%	Planned for Q3	To be implemented as planned.	
Elimination	Number of reporting tools updated,	Year 5 milestone	N/A	1300	0	0	0%	Planned for Q3	To be implemented as planned.	

#	Indicator/ Milestone	Type	Targets/ Benchmarks		YR 5 Q1 Results	Results		Comments/ Problems Encountered	Next Steps
			Baseline (year and source)	Year 5 (Oct 2020– March 2020)		Year 5 Cumulative Results	Percentage of Annual Target Achieved		
	printed, and distributed								
Elimination	Number of malaria elimination review meetings.	Year 5 milestone	N/A	1	0	0	0%	Planned for Q3	To be implemented as planned.
Elimination	Number of data quality assessments conducted	Year 5 milestone	N/A	2	0	0	0%	Planned for Q3	To be implemented as planned.
Elimination	Number of EHTs trained in entomology (refresher)	Year 5 milestone	N/A	25	0	0	0%	Planned for Q3	To be implemented as planned.
Elimination	Number of supportive supervision visits for elimination	Year 5 milestone	N/A	2	0	0	0%	Implementation affected by delay in project funding	Need to accelerate the implementation of the activity in Q3