

4.6.4 HEALTH SECTORAL PLAN

Zimbabwe is under an economic and humanitarian crisis characterised by foreign currency shortages and a fall in budgetary allocation that have caused a deterioration of social services including the delivery of health services. The effects of the economic downturn, increased poverty and the HIV/AIDS pandemic have had adverse impact on human resource base and thus impacting negatively on the health delivery system. Inadequate health service delivery has adversely affected the health of the vulnerable population groups, i.e. in the communal lands, new and peri-urban settlements. The effects of the natural phenomena such as El Nino, Cyclone Eline and year 2000 floods coupled with successive droughts have further exacerbated the plight of the vulnerable populations.

The various UN agencies in partnership with some government departments under the HARP conducted rapid assessments to provide evidence and quantify this humanitarian crisis. The health needs assessment came out with the following major findings:

- The mortality rates in the assessed districts have been increasing over the past year among the top ten priority diseases, e.g mean rates for tuberculosis (TB) have increased from 25.47 in 1998 to 41.87 in 2001 per 100,000 population; that of acute respiratory infections (ARI) increased from 19.35 in 1998 to 36.15 in 2001 and that for HIV/AIDS has increased from 18.29 in 1998 to 34.14 in 2001;
- Outpatient attendances at health institutions have been going down. This shows decreasing access to health facilities by the population, which may be a result poverty and a known lack of service and supplies;
- The vital essential drugs stocks are critically low nationally as found during the assessment but the situation is more critical at peripheral health institutions. This has been due to shortage of foreign currency to import the vital drugs and inadequate distribution system;
- There is an acute shortage of vital health personnel especially in the peripheral health institutions due to high attrition of professional staff from the public service in search of new employment opportunities and the HIV/AIDS pandemic;
- Outreach services have been drastically scaled down or suspended in a number of districts due to lack of financial, logistical support and inadequate human resources;
- The ability of the MoHCW to respond to epidemic prone diseases has been weakened by lack of resources including finance and logistics;
- There are gaps in the coordination mechanism MoHCW and other health stakeholders, e.g. NGOs, leading to duplication of efforts. An estimated 1,430,817 people will require reproductive health assistance between June 2002 and July 2003 - of that number 500,000 require critical emergency assistance.

Goal

Reduce number of avoidable deaths and suffering of vulnerable populations.

Objectives

- i) Improve accessibility of health services to the identified vulnerable population groups regardless of their location.
- ii) To increase availability of vital drugs and medical supplies including drugs for reproductive health and HIV/AIDS opportunistic infections in health institutions.
- iii) To monitor epidemic prone disease, strengthen prevention, and response to epidemics in good time.
- iv) To improve access to crisis-related critical emergency reproductive health services to the most vulnerable groups/communities
- v) To support Ministries, Parastatals and NGOs to reduce maternal morbidity and mortality due to pregnancy and childbirth compounded by crisis.

Vulnerability Criteria and Caseload

The assessment revealed that the vulnerable populations in this sector include approximately 1,000,000 excluding approximately 100,000 people in peri-urban settlements. Within this population, there are subgroups such as under-fives (15.44%), pregnant women (20%), the poor (+60%) and the elderly (10%) who are highly vulnerable. Some of the population groups are located far from health facilities and considering the current state of outreach services, these populations have been exposed to higher risk. During 2002, interventions will focus on the most acute areas such as those that were identified by HARP 1 assessment conducted in May 2002

and it is estimated that the various health sector stakeholders will reach a population of approximately 1,100,000. In terms of reproductive health support, target groups are adolescents, youths, women, pregnant women, nursing mothers and other "at risk" groups, including commercial sex workers and mobile/transient groups.

Strategies

- Mobilise adequate funding to procure vital drugs and medical supplies.
- Improve planning, stock control and procurement and distribution of vital drugs and medical supplies at all levels.
- Engage in policy dialogue for policies that will attract and retain professional health personnel.
- Training of health workers to improve the ability of the health sector to prevent and control diseases including responding to disease epidemics.
- Improve communication systems and logistical support for disease surveillance, prevention and control.
- Improve outreach services in the areas where it had been scaled down, resuscitate where it had been suspended and establish outreach services in areas where they do not exist in order to serve the identified vulnerable population groups.
- Training of community workers to improve the ability of the health sector to serve the vulnerable population.
- Community education to raise community awareness in order to be able to actively participate in prevention and control diseases including responding to disease epidemics.
- Strengthening reproductive health (RH) interventions, advocacy and coordinating access to emergency services for vulnerable populations affected by the crisis.

Activities

To meet the objectives in this sector, humanitarian agencies (health sector stakeholders) will:

- Procure and distribute vital drugs and medical supplies;
- Training health workers in disease control, surveillance and epidemic preparedness and response;
- Provide radio communications equipment to peripheral health centres and resuscitate radio communications at affected district and rural health centres to respond to disease epidemics immediately;
- Establish and/or resuscitate outreach services in the vulnerable areas;
- Provide transport to extension workers for the outreach programmes focusing on community education, home based care under the HIV/AIDS pandemic, Extended Programme on Immunisation (EPI), etc and disease surveillance, prevention and control and quick response to epidemics in the vulnerable areas;
- Conduct community information and education campaigns;
- Training of community based extension workers to respond to the evolving crisis;
- Provide support for quality RH service provision to vulnerable groups, including facilitating procurement of RH drugs, kits and supplies and provision of support for development of materials for use in advocacy towards behaviour change.

Indicators

Programme monitoring will be based on the following indicators:

- Stock levels of vital drugs and medical supplies;
- Number and category of health workers trained to serve the vulnerable populations;
- Number of identified health centres with adequate communication systems and logistics to respond to the emergency;
- Population reached or covered by education campaigns and proportion involved in disease prevention and control activities;
- Number of outreach visits conducted for the vulnerable population groups by extension workers;
- Population covered by outreach services;
- Numbers of community level extension workers trained and functional within the affected areas;
- Widened access and increased numbers of RH emergency assistance beneficiaries, disaggregated by gender and age.

Appealing Agency:	WORLD HEALTH ORGANIZATION
Project Title:	Building/strengthening health sector partnership (stakeholders)
Project Code:	ZIM-02/H01
Sector:	Health
Themes:	Health Sector Coordination
Objective:	Coordinate health sector interventions in order to increase efficiency in resource allocation and distribution and provide technical back up for acceptable quality health services and information sharing.
Targeted Beneficiaries:	All health sector partners
Implementing Partners:	MoHCW, UN agencies and NGOs
Project Duration:	July 2002 - June 2003
Funds Requested:	US\$ 378,420

SUMMARY

During the previous (Cyclone Eline and Floods) and current humanitarian crisis, it was noted that there is a large number of health sector stakeholders (60 Local Authorities, RDCs/Urban Councils; 20 NGOs/Church related organisations; private sector; and, UN agencies) working in the health sector and a lot of other partners working in the various sectors. In the health sector, these partners use various disease case definitions and disease control strategies. This gives different pictures and figures on assessed situations making unclear background for partners to take appropriate decisions. There is lack of leadership and direction resulting in overlaps and duplication of services.

The MoHCW in conjunction with WHO, a technical body for coordination will on regular basis issue a statement to inform partners on the epidemiological trends and other relevant information. MoHCW in conjunction with WHO will also consider different approaches, discuss with all partners, and obtain consensus on disease control strategies according to the existing resources. The Health Coordinator-HARP in WHO will assist with the day-to-day coordination of the sector.

Relationship to CHAP strategic and short-term goals and sector objectives

This project is in line with the overall Common Humanitarian Action Plan (CHAP) short-term objectives of laying the foundations for recovery programming in health services preventing, containing and addressing the outbreak of disease, including HIV/AIDS. It also supports the overall health sector plan in the CHAP, specifically the objectives on (a) timely prevention and control of disease epidemics and (b) Improving accessibility of health services to the most vulnerable population groups.

Expected outcome

The main expected outcome will be improved health service delivery to the target population and improved response to disease prevention, control and epidemics.

Activities

- Organise and prepare in collaboration with partners coordination meetings from national down to district level.
- Strengthen health information exchange by regular dissemination of epidemiological information and distribution of health guidelines and manuals.
- Monitor quality of health services.
- Conduct joint field assessment missions.

FINANCIAL SUMMARY	
Budget Item	US\$
Providing technical support for coordination and guideline, good practices and monitor health quality services	150,000
Conduct joint assessment and information sharing with partners	130,000
Logistical support	60,000
Contingency (6%)	17,000
Programme support costs (6%)	21,420
Total	378,420

Appealing Agency:	WORLD HEALTH ORGANIZATION
Project Title:	Disease surveillance
Project Code:	ZIM-02/H02
Sector:	Health
Themes:	Data collection and appropriate use
Objective:	Improve the ability of health personnel to utilise health information for decision-making and prompt detection and control of epidemics
Targeted Beneficiaries:	Ten most vulnerable districts
Implementing Partners:	MoHCW, UN agencies and NGOs
Project Duration:	July 2002 - June 2003
Funds Requested:	US\$ 593,600

SUMMARY

One of the critical areas assessed for the HARP was that of disease surveillance. The rapid assessment revealed that surveillance was weak at all levels. Although the timeliness and completeness of data collection was reported as 86% and 96% respectively, analysis and use of surveillance data at health facility level was minimal. Response to epidemics and disease outbreaks was therefore delayed. A large number of health workers interviewed had not received any training in disease surveillance. Case definitions were available for EPI diseases at 74% of health facilities, but less than 5% of health facilities had case definitions for other priority diseases like AIDS, malaria and cholera. Twenty-one per cent (21%) of the health facilities did not have standard case definitions for any priority diseases. Supervision was minimal – only 4% of rural health facilities had received any supervisory visits in the last 6 months.

According to MoH projections in 1998, it was estimated that people suffering from HIV/AIDS related illnesses occupy 70% of all hospital beds. The assessment revealed that HIV/AIDS was among the top five causes of mortality, however it did not feature in the top causes of morbidity, although health workers generally agree that the bulk of the morbidity that they see in the Outpatient Department (OPD) is HIV-related.

A large proportion of diseases were classified in non-descript categories such as “ symptoms and ill defined conditions, viral conditions or diseases of the central nervous system.” Such classifications do not help in defining the burden of disease in a population. Age distribution of data is limited to two main age groups, under fives, fives and above. There is no information by more specific age groups or gender. It is therefore very difficult to identify particularly at risk groups for certain conditions. Humanitarian assistance may thus not be targeted at the appropriate groups.

Expected Outcome

This project therefore aims at strengthening disease surveillance so as to be able to detect and respond promptly to epidemics. It also aims at strengthening the health information system so as to be able to accurately assess the disease burden and the particular populations at risk and how it is affected by this emergency situation.

Activities

- Training in basic epidemiology and surveillance and outbreak response.
- Reviewing the case definition for HIV/AIDS and improve diagnosis and recording of HIV related illnesses.
- Reviewing of the data health information tools so as to capture narrower age groups and gender.
- Supporting and supervising.
- Programming management.

FINANCIAL SUMMARY	
Budget Item	US\$
Train district and rural health centre staff on disease surveillance – action thresholds, epidemic preparedness, disease detection and response.	150,000
Review/redesign, produce and distribute health information tools	50,000
Develop/reproduce and distribute disease case definitions and community level IEC materials	100,000
Provide emergency kits for epidemic prone diseases	200,000
Monitoring and support	60,000
Program support costs (6%)	33,600
Total	593, 600

Appealing Agency:	WORLD HEALTH ORGANIZATION
Project Title:	Policy on professional health staff to strengthen health service delivery
Project Code:	ZIM-02/H03
Sector:	Health
Theme:	Policy Dialogue on Staff Retention
Objective:	Advocate for policies that will attract and retain professional health personnel
Targeted Beneficiaries:	Vulnerable populations: 1,100,000 Children: 169,840 Women: 307,230
Implementing Partners:	MoHCW, UN agencies and NGOs
Project Duration:	July 2002 – June 2003
Funds Requested:	US\$ 21,200

SUMMARY

In the recent rapid health needs assessment, it was established that the country is facing a critical shortage of professional staff especially at district and sub-district levels. The public health sector has lost 7% of its personnel since January 2000 and approximately +40% posts remain vacant. This picture is based on the old staff establishment, however, the MoHCW is currently going through a restructuring exercise, which attempts to rationalise staffing levels to suit the public health sector needs and when this exercise is completed it is expected to reflect an even worse staffing situation. The non-availability of key professional staff in the health delivery system adversely affects the quality care provided.

WHO, in conjunction with other stakeholders, needs to engage Government (MoHCW) to urgently review policies or develop a policy that would attract and retain professionals.

Relationship to CHAP strategic and short-term goals and sector objectives

This project is in line with the overall CHAP short-term objectives of laying the foundations for recovery programming in health services preventing, containing and addressing the outbreak of disease, including HIV/AIDS. It also supports the overall health sector plan in the CHAP, specifically the objectives on (a) timely prevention and control of disease epidemics and (b) improving accessibility of health services to the identified vulnerable population groups regardless of their location.

Expected outcome

The main expected outcome would be improved staff retention and thus improved access to health services by the vulnerable populations.

Activities

- Conduct high-level discussions with policy makers.
- Development of draft policy.
- Monitor implementation of the policy.

FINANCIAL SUMMARY	
Budget Item	US\$
Conduct meetings	10,000
Monitoring assessment and information sharing with partners	10,000
Program support costs (6%)	1,200
Total	21,200

Appealing Agency:	WORLD HEALTH ORGANIZATION
Project Title:	Procurement of vital drugs and medical supplies
Project Code:	ZIM-02/H04
Sector:	Health
Themes:	Vital Drugs and Medical Supplies
Objective:	Increase availability of vital drugs and medical supplies including drugs for HIV/AIDS opportunistic infections in health institutions.
Targeted Beneficiaries:	Vulnerable populations: 1,100,000 Children: 169,840 Women: 307,230
Implementing Partners:	MoHCW, UN agencies and NGOs
Project Duration:	July 2002 - June 2003
Funds Requested:	US\$ 7,763,175

SUMMARY

In a recent rapid health needs assessment, it was established that the country is facing a critical drug shortage of vital drugs and the missions and rural health centres are the worst affected. These peripheral health facilities had less than 30% of their average drugs stocks, which shows that they had a month's cover, or less. Drug distribution was found to be unsatisfactory with some institutions having more than their requirements in certain drug categories.

WHO, in conjunction with MoHCW and other major stakeholders, will urgently procure and ensure prompt distribution of the vital drugs and medical supplies. WHO, in conjunction with MoHCW and other partners, will carry out periodic drug assessments. All efforts to prevent vital drugs and medical supplies running out of stock as have been experienced over the last year will be minimised.

Relationship to CHAP strategic and short-term goals and sector objectives

This project is in line with the overall CHAP short-term objectives of laying the foundations for recovery programming in health services preventing, containing and addressing the outbreak of disease, including HIV/AIDS. It also supports the overall health sector plan in the CHAP, specifically the objectives on (a) increasing the availability of vital drugs and medical supplies including drugs for HIV/AIDS opportunistic infections in health institutions; and, (b) preventing and controlling disease epidemics.

Expected outcome

The main expected outcome will be improved availability of vital drugs and medical supplies and improved access to health services to the vulnerable populations.

Activities

- Procure and distribute drugs to the identified areas.
- Monitor drug and medical supply stocks and quality of health services

FINANCIAL SUMMARY	
Budget Item	US\$
Procurement of drugs and medical supplies to the health services providing for the vulnerable populations	6,900,000
Logistics support	60,000
Monitoring assessment and information sharing with partners	15,000
Contingency (5%)	348,750
Program support costs (6%)	439,425
Total	7,763,175

Appealing Agency:	WORLD HEALTH ORGANIZATION / UNITED NATIONS CHILDREN'S FUND
Project Title:	Strengthening of cholera epidemic response
Project Code:	ZIM-02/H05
Sector:	Health
Themes:	Cholera Prevention, Surveillance, Management, Response
Objectives:	To prevent cholera epidemic by improving water and sanitation to the epidemic prone communities. To decrease transmission and reduce mortality through organising prompt action at community and health centre level.
Targeted Beneficiaries:	Three regularly affected provinces
Implementing Partners:	MoHCW, UN agencies and NGOs
Project Duration:	July 2002 – June 2003
Funds Requested:	US\$ 1,113,000

SUMMARY

Zimbabwe is experiencing one of its worst cholera epidemics this year. The epidemic has affected three provinces namely, Manicaland, Mashonaland East and Masvingo. Sporadic cases have occurred in some cities and other provinces. Zimbabwe has reported 2,484 cases and 242 deaths giving a high mortality rate of 9.7%. The institutional case fatality is 3.1%. The most affected province is Manicaland where cases are still being reported. The epidemic has affected those districts with poor water and sanitation coverage. The surveillance system has been found wanting and the response to the epidemic by health staff less than optimal.

The projects target those districts with poor water and sanitation coverage that have been affected by the current cholera outbreak. It aims to improve access to safe water through protection of family and communal wells and supply of commodities for improved ventilated latrines for families. The project will also improve community awareness on identifying cholera cases and management before referral to health centres.

At health centre level, the project aims to strengthen surveillance (i.e. case detection, investigation, response, reporting and feedback) through training of health workers and providing the commodities that enhance epidemic preparedness.

Relationship to CHAP strategic and short-term goals and sector objectives

This project is in line with the overall CHAP short-term objectives of laying the foundations for recovery programming in health services preventing, containing and addressing the outbreak of disease, including cholera. It also supports the overall health sector plan in the CHAP, specifically the objectives on: (a) timely prevention and control of disease epidemics and (b) Improving accessibility of health services to the most vulnerable population groups.

Expected outcome

The main expected outcome would be improved water and sanitation coverage. Strengthened cholera prevention methods and enhanced cholera preparedness.

Activities

- Identify and protect of water facilities (Conduct water quality surveillance).
- Supply building materials for VIP latrines.
- Develop, produce and disseminate IEC materials to the community and health institutions.
- Disseminate guidelines on cholera control.
- Train health staff on early case detection, case management, and reporting and epidemic control in general.
- Provide of drugs and supplies for cholera control and preparedness.

- Strengthen communication through provision/repair of communication radios, telephones etc.

FINANCIAL SUMMARY	
Budget Item	US\$
IEC material development and dissemination	150,000
Training of staff	200,000
Drugs and supplies for cholera	300,000
Community mobilisation activities	150,000
Communication equipment - procure/repair and install	250,000
Program support costs (6%)	63,000
Total	1,113,000

Appealing Agency:	WORLD HEALTH ORGANIZATION / UNITED NATIONS CHILDREN'S FUND
Project Title:	Strengthening of malaria epidemic response
Project Code:	ZIM-02/H06
Sector:	Health
Themes:	Malaria Prevention, Surveillance, Management, Response
Objective:	To prevent malaria mortality and reduce morbidity and reduce social suffering due to malaria
Targeted Beneficiaries:	Ten districts mostly affected by malaria
Implementing Partners:	MoHCW, UN agencies and NGOs
Project Duration:	July 2002 – June 2003
Funds Requested:	US\$ 1,855,000

SUMMARY

Malaria remains one of the major causes of OPD attendances in Zimbabwe. Over 2,500 people die of malaria and over 3 million have at least one episode of malaria in a year. Resistance to Chloroquine is increasing as evidenced by the drug sensitivity monitoring exercises currently being carried out in the country. Drug shortage particularly Sulphadoxine – Pyramethamine (S-P) which has been the second line treatment has been experienced in the past years. This was mainly due to the declining foreign currency availability in Zimbabwe.

The outreach services have been declining in the last few years due to the current humanitarian crisis. The Ministry has not managed to respond adequately to disease outbreaks due to staff shortages and other logistics. This has aggravated the plight of the vulnerable populations. This project seeks to strengthen malaria control interventions in the vulnerable areas through indoor residual spraying and provision of insecticide treated nets (ITN).

Relationship to CHAP strategic and short-term goals and sector objectives

This project is in line with the overall CHAP short-term objectives of laying the foundations for recovery programming in health services preventing, containing and addressing the outbreak of disease, including malaria. It also supports the overall health sector plan in the CHAP, specifically the objectives on: (a) timely prevention and control of disease epidemics; and, (b) improving accessibility of health services to the most vulnerable population groups.

Expected outcome

The main expected outcome would be reduction in mortality and morbidity in malaria.

Activities

- Training health staff on early case detection, case management, and reporting and epidemic control in general.
- Providing of adequate anti-malarial drugs.
- Training of communities to promote community based malaria control activities.
- Developing, producing and disseminating IEC materials to the community and health institutions.
- Increasing indoor residual spraying coverage.
- Providing ITNs.
- Monitoring and evaluation.

FINANCIAL SUMMARY	
Budget Item	US\$
Training of health workers	150,000
Providing anti-malarials	200,000
Training of the community	100,000
Developing and disseminating IEC material	200,000
Providing ITNs	600,000
Providing transport	100,000
Mobilising community activities	150,000
Monitoring and evaluation	250,000
Program support costs (6%)	105,000
Total	1,855,000

