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President Bush's Emergency Plan for AIDS Relief

Country Operational Plan (COP) For Zambia

Plan Period: FY2004

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Table 1 Overview of HIV/AIDS in Country

1.1 Country Profile			
a. Population (millions):	9.9 million Nov 2000[1] 10.5 million Nov 2003 (2.0% growth projection) [2]	e. Per Capita Expenditure on Health (US$):	18US$[3]
b. Area (sq mi):	293,989[4] (752,612 km^2)	f. Life Expectancy (years):	36.9[5] 52.4[6]
c. Per Capita GDP (US$):	352.40 US$[7]	g. Infant Mortality (per 1,000 births):	95[8]
d. Adult Literacy Rate (%):	60.6% 15-49 year old women[9] 81.6% 15-59 year old men[10] 55% ≥5 years olds[11]	h. Under 5 Mortality (per 1,000 births):	168[12]

[1] Central Statistics Office [Zambia]. 2000. *Summary Report for the 2000 Census of Population and Housing*. Lusaka: Desktop Publishing Unit, CSO – Lusaka. http://www.zamstats.gov.zm/general/profile.asp; Downloaded 3/16/2004.
[2] Population extrapolated from 2000 census to 2003 using an annual growth rate of 2.0%.
[3] World Bank. 2001. http://devdata.worldbank.org/hnpstats/HnpAtaGlance.asp?sCtry=ZMB,Zambia: Downloaded 3/16/04
[4] Central Statistics Office [Zambia].2000. http://www.zamstats.gov.zm/general/profile.asp; Downloaded 3/16/2004.
[5] World Bank. 2002. http://devdata.worldbank.org/external/CPProfile.asp?SelectedCountry=ZMB&CCODE=ZMB&CNAME=Zambia&PTYPE=CP: Downloaded 3/16/04.
[6] Central Statistics Office [Zambia]. Estimated from 2000 Census.
[7] World Bank. 2002. http://devdata.worldbank.org/external/CPProfile.asp?SelectedCountry=ZMB&CCODE=ZMB&CNAME=Zambia&PTYPE=CP: Downloaded 3/16/04.
[8] Central Statistics Office [Zambia], Central Board of Health [Zambia], and ORC Macro. 2003. *Zambia Demographic and Health Survey 2001-2002*. Calverton, Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro.
[9] Central Statistics Office [Zambia], Central Board of Health [Zambia], and ORC Macro. 2003. *Zambia Demographic and Health Survey 2001-2002*. Calverton, Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro. p. 30.
[10] Central Statistics Office [Zambia], Central Board of Health [Zambia], and ORC Macro. 2003. Zambia Demographic and Health Survey 2001-2002. Calverton, Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro.
[11] Central Statistics Office [Zambia]. 2000. *Summary Report for the 2000 Census of Population and Housing*. Lusaka: Desktop Publishing Unit, CSO – Lusaka. http://www.zamstats.gov.zm/general/profile.asp; Downloaded 3/16/2004.
[12] Central Statistics Office [Zambia], Central Board of Health [Zambia], and ORC Macro. 2003. *Zambia Demographic and Health Survey 2001-2002*. Calverton, Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro.

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1.2 HIV/AIDS Statistics	
a. HIV prevalence in pregnant women:	19.1%[13]
b. Estimated number of HIV-infected people:	827,000 15-59 year olds in Nov 2003[14] 930,000 Total: 840,000 adult and 90,000 children[15] 865,298 total: 775,080 adult and 90,218 children[16]
c. Estimated number of individuals on ART:	
• Estimated number of individuals on ARV treatment	3,000[17]
• Estimated number of individuals on ARV treatment in US supported programs	2,000[18]
• Estimated number of individuals projected to be on treatment by March 31, 2005	15,000[19]
• Estimated number of individuals projected to be on treatment in USG supported programs by March 31, 2005	15,000[20]
d. Estimated number of AIDS orphans:	515,856[21] 495,691[22] 750,504[23]

[13] Central Board of Health [Zambia]. 2002. *ANC Sentinel Surveillance of HIV/Syphilis Trends in Zambia 1994-2002*. Lusaka Zambia.: Central Board of Health [Zambia]. This is a mean of 22 widely distributed Sentinel Surveillance Sites selected on convenience basis; it is slightly higher than female pop-based rate.

[14] The 15-59 population is 5.0 million in 2000 Census ([1]), the growth rate was 3.1 1980-1990, and 2.5 1990-2000. Assuming a 2.0% growth rate though 2003, multiplied by the 2001-2002 ZDHS ([7]) adult HIV prevalence rate of 15.6% yields this estimate of HIV infected adults age 15-59 in Nov 2003. The adults 60+ compose just 8% of adults.

[15] Communication with Karen A. Stanecki, Senior Advisor on Demographics and Related Data, Social Mobilization and Information Department, UNAIDS. This provisional UNAIDS 2004 estimate, is a projection using Zambia's CBOH ANC Sentinel Surveillance ([14]) prevalence rates using Spectrum software and UNAIDS population models. It is very similar to the prior estimate based on CSO reports.

[16] Central Statistics Office [Zambia]. Draft CSO HIV/AIDS Projections, to be published in April 2004.

[17] Ministry of Health. 2003. Estimated as 2,000 public sector, 1,000 private sector

[18] The USG supports the national public sector program and contributes significantly to all ART programs in the country.

[19] Ministry of Health, 2003.

[20] The USG supports the national program and contributes significantly to all ART programs in the country.

[21] Calculated using the World Bank population data from 2001 (10,282,500 people), % of DHS population below 15 (48.1%), % of children with one or both parents dead (14.9%), GRZ figure of the % of orphans due to AIDS (70%).

1.3 Characteristics of the HIV/AIDS Epidemic

a. Populations at comparative high risk:

Discordant couples:	Very high risk: 11.8% / year seroconversion of negative partner[24] 18.6% / year seroconversion if couple is aged 15-19. Risk Ratio for male negative partner is 11.6, for female is particularly high for females at 105.8.[25] Observed frequency of discordant couples is very high: 21% in Lusaka[26]
Pregnant women:	An annualized 5.5% seroconversion of urban pregnant women in last 100 days of pregnancy.[27] Similarly, pregnancy is frequent among fertile women.
Military/police personnel:	No prevalence survey has to date been conducted for the military/police. This is being planned as part of this COP. However, we do have some data from the 2003 BBSS for 229 uniformed personnel surveyed: 10% had sex with a sex worker and a mean of 0.62 non-regular partners in the past 12 months, 93.8% reported using a condom at last sex with sex worker and 78% used a condom with other non-regular partners; 5.5% had a symptom of a STI (genital ulcer or discharge) within last 12 months; 21.8% had ever been tested for HIV.[28]

[22] Calculated using CSO 2000 Census ([1]) and CSO 2001-2002 DHS ([7]) and again assuming a %2.0 population growth, the population below 15 is 4.8 million in 2003. *Using same 14.9% orphan rate, and GRZ attribution to AIDS (70%) as in ([18]) one gets this similar number.*

[23] Central Statistics Office [Zambia]. Draft CSO HIV/AIDS Projections, to be published in April 2004.

[24] *N Engl J Med. 2000 Mar 30;342(13):921-9*

[25] AIDS 1999; 13:1083. The age-adjusted incidence among women with HIV-positive spouses was 105.8 times (sic) that of women with HIV-negative spouses, the equivalent ratio for men being 11.6.

[26] Journal of Virology, January 2002, p. 397-405, Vol. 76, No. 1. Note that observed frequency of discordant couples in cross-sectional survey is less than initial frequency when 'boy first meets girl', since over time discordant couples produce an incident case and become concordant.

[27] Abstract Jeffrey Stringer, UAB, Lusaka Zambia. Preliminary unpublished result of PMTCT cord blood evaluation.

[28] Behavioral and Biologic Surveillance Survey Zambia, 2003: Long Distance Truck Drivers, Light Truck and Minibus Drivers and Uniformed Personnel. Draft Report, Measure/Evaluation, March 2004.

Sex Workers:	While in the DHS only 2% of women reported having 2 or more sexual partners, the Sexual Behavior Survey found 19% of women admitted exchanging money in their last sexual encounter with a non-regular partner.[29] Sex workers are individually at high risk, about half the risk of discordant couples. The median age of sex workers is 23 with the age at first sex for money being 17. Sex workers have a mean number of 2.7 clients a week with 1.7 clients the day prior to the survey. 55.3% used a condom with their last paying client with 65% of condom use being initiated by the sex worker. Only 13.3% have been tested for HIV. 56.1% of sex workers were found positive for at least one STI.[30]
Long distance and other truck drivers and bus drivers:	As part of the Behavioral and Biologic Surveillance Survey (BBSS) for men, long distance truckers (LDT) and mini-bus drivers were surveyed: 22% of LDT and 27% of minibus drivers had sex with sex workers in the last 12 months with an average number of 0.64 and 0.98 non-regular partners respectively. Condom use at last sex with a sex worker was high for LDTs at 93.5% but comparatively lower for mini-bus drivers at 72.9%; 12.5% of LDTs and 26.5% of mini-bus drivers had symptoms of a STI in last 12 months; 31.4% of LDTs and 22.7% of mini-bus drivers had ever been tested for HIV[31].
OVCs:	17.8% of children are orphans. Orphanhood is more prevalent in urban than rural areas with 22.9% in urban areas compared to 15.6% in rural areas[32]. It is estimated that approximately 82% of orphans are AIDS orphans. AIDS affected orphans and other vulnerable children under 15 who have lost one or both parents are vulnerable to sexual abuse both within and outside their homes. Orphans, especially those in child-headed households, are at high risk of resorting to prostitution to earn a living.

b. Risk factors related to comparative high risk:

[29] Sexual Behavior Survey 2003. Central Statistics Office and Measure/Evaluation, March 2003.
[30] Measure/Evaluation. *Behavioral And Biologic Surveillance Survey, Zambia, 2003*. Draft report, March 2004.
[31] Measure/Evaluation Behavioral And Biologic Surveillance Survey, Zambia, 2003: Long Distance Truck Drivers, Light Truck and Minibus Drivers and Uniformed Personnel. Draft report, March 2004.
[32] Sexual Behavior Survey 2003. Central Statistics Office and Measure/Evaluation, March 2003.

High background of STIs	The existence of STIs, in particular genital sores, is associated with HIV/AIDS prevalence. The 2003 Sexual Behavior Survey found that 4.4% of males and 1.8% of females within the general population reported having a genital ulcer or discharge in the past 12 months. The 2003 BBSS found a high rate of STIs among sex workers with an overall STI prevalence of at least one STI among sex workers at 56%, 11.2 percent testing positive for gonorrhoea, 5.1 percent for Chlamydia, 34.1 percent for trichomonas vaginalis and 24.9 percent had syphilis[33].
unprotected sex	Among the general adult population, there is a high incidence of unprotected sex with non-regular partners with 58% of males and 66% of females reporting NOT using a condom during the last act of sex with a non-regular partner[34].
early initiation of sex	In Zambia, there is early initiation of sex with the median age at first sex for females at 17.0 and for males at 17.5.
poverty (sex for money)	Young women from poor households may be forced to sell sex for food, or for good grades, small gifts, or money. Given the high STI and HIV rates in Zambia, prostitution is a lethal activity. 15.3% of men who tested positive for syphilis had paid for sex while 22% of men surveyed across Zambia did not use a condom the last time they had an STI or STI symptoms.[35]
sexual violence against women	Violence against women and sexual violence against women is fairly common. 44% of women who were ever married reported experiencing sexual violence, of these approximately 50% reported sexual violence one or more times in the past 12 months.[36] Among females responding to the 2003 SBS, 16.3% reported ever being forced to have sex of which 77% reported being forced at least once within the last year. The most common perpetrator is the husband or live-in partners (61%), followed by boyfriend (18%) or former husband/boyfriend (3%). Only 3% reported a male relative.

c. HIV/AIDS prevalence by gender:[37]

Female: 17.8% Male: 12.9%

[33] Measure/Evaluation and Family Health International. Behavioral And Biologic Surveillance Survey, Zambia, 2003. Zambia.
[34] Sexual Behavior Survey 2003. Central Statistics Office and Measure/Evaluation, March 2003.
[35] Central Statistics Office [Zambia], Central Board of Health [Zambia], and ORC Macro. 2003. *Zambia Demographic and Health Survey 2001-2002.* Calverton, Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro.
[36] Central Statistics Office [Zambia], Central Board of Health [Zambia], and ORC Macro. 2003. *Zambia Demographic and Health Survey 2001-2002.* Calverton, Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro.
[37] Central Statistics Office [Zambia], Central Board of Health [Zambia], and ORC Macro. 2003. *Zambia Demographic and Health Survey 2001-2002.* Calverton, Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro.

d. HIV/AIDS prevalence by age groups (0-14 yrs; 15-24 yrs; 25-49 yrs):[38]

Age Groups:	Female:	Male:
0-14	No data	No data
15-24	11.2%	3.0%[39]
25-49	22.8%	19.2%[40]

e. HIV/AIDS prevalence by urban versus rural:

Urban: 23.1%[41] Rural: 10.8%[42]

f. ANC *surveillance trends (specify years compared):* The 22 site mean HIV rates for 1994, 1998, 2002 were respectively: 20.0%, 18.6%, 19.1%. Syphilis positive results (RPR+) was 10.6% in 1998 and also 10.6 in 2002 (N=12,000 each year)[43]

g. BSS surveys trends (specify years compared): The Zambia Sexual Behavior Surveys have been conducted 2-3 years: 1998, 2000, 2003. The trends found are encouraging with the proportion having sex with non-regular partners and exchanging money for sex declining, and use of condoms with non-regular partners increasing. % who had sex with non-regular partner in last 12 months: for males – 1998 (29.8%), 2000 (21.8), 2003 (21.2%); females – 1998 (12.4%), 2000 (11.3%), 2003 (11.4%). % using condoms during last sexual act with a non-regular partner: total males – 2000 (39%), 2003 (42%); urban males – 2000 (48%), 2003 (55%); total females – 2000 (33%), 2003 (34%); urban females – 2000 (38%), 2003 (44%). Exchanged money in last sexual act with non-regular partner: males – 2000 (24%), 2003 (29%); females – 2000 (26%), 2003 (19%).

[38] Central Statistics Office [Zambia], Central Board of Health [Zambia], and ORC Macro. 2003. *Zambia Demographic and Health Survey 2001-2002*. Calverton, Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro.
[39] Central Statistics Office [Zambia], Central Board of Health [Zambia], and ORC Macro. 2003. *Zambia Demographic and Health Survey 2001-2002*. Calverton, Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro.
[40] Central Statistics Office [Zambia], Central Board of Health [Zambia], and ORC Macro. 2003. *Zambia Demographic and Health Survey 2001-2002*. Calverton, Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro.
[41] Central Statistics Office [Zambia], Central Board of Health [Zambia], and ORC Macro. 2003. *Zambia Demographic and Health Survey 2001-2002*. Calverton, Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro.
[42] Central Statistics Office [Zambia], Central Board of Health [Zambia], and ORC Macro. 2003. *Zambia Demographic and Health Survey 2001-2002*. Calverton, Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro.
[43] Central Board of Health [Zambia]. 2002. *ANC Sentinel Surveillance of HIV/Syphilis Trends in Zambia 1994-2002*. Lusaka Zambia.: Central Board of Health [Zambia].

h. DHS surveys trends (specify years compared):	Demographic and Health Surveys (DHS) were conducted in Zambia in 1992, 1996 and 2002. Although there is limited comparative data from one DHS to another, a few of the same questions were asked in each of the population-based surveys. In 1996 98.8% women had ever heard of AIDS. The numbers of men and women having ever heard of AIDS remained at 99% in 1996 and 2002. The 2002 survey showed that 77.9% of women and 85.5% of men knew of two or more ways of avoiding HIV/AIDS. An increasing proportion of men (2.3% to 4.2%) and a decreasing proportion of women (8.6% to 6.1%) from 1996 to 2002, believed there was no way to avoid HIV/AIDS. The proportions of unmarried men and women reporting more than one sexual partner decreased from 6.7% to 2.6% and 32.5% to 17.1%, respectively. Conversely, the percentage of married women and men who reported having more than one sexual partner in the last 12 months increased slightly from 1.5% to 1.8% and 18.2% to 19.2%, respectively.
i. HIV/AIDS epidemic projections:	CSO projects that HIV prevalence among adults will decline from 13.93% in 2004 to 11.85% by 2010 with the number of number of HIV positive persons going from 865,298 (775,080 adults and 90,218 children) to 836,994 (756,082 adults and 80,912 children). Projections for the year 2018 made by The Futures Group using SPECTRUM software are twice as high as those produced by CSO: 1,200,000 people infected by HIV/AIDS compared to CSO projections of 684,607.
j. STI statistics:	A limited amount of STI data is available in Zambia. The Zambian Health Information System tracks only the number of STIs treated without specifying the diseases that have been encountered. 10% of all Zambian outpatient department attendances in public health facilities were STI-related.[44] It is known that the provinces with high incidence of HIV correspond to high incidence of STI's (Lusaka, Southern, Copperbelt).[45] In 2002, 6.5% of women and 7.7% of men 15-49 years of age tested positive for syphilis.[46] Similarly, 7.5% of pregnant women tested positive for syphilis in 2002.[15] A study conducted at the University Teaching Hospital of Zambia, found that just over half the STI patients were HIV positive.[47] The Behavioral And Biologic Surveillance Survey, Zambia for 2003 conducted by the Measure Project found a drop in STI prevalence among sex workers between 2000 and 2003: Syphilis – 34% to 23%, Gonorrhea – 22.1% to 16.7%, Chlamydia – 6.4% to 4.6%, Trichomoniasis – 50.1% to 32.4%. Overall, in 2003 56.1% of sex workers were found positive for at least one STI.

[44] Central Board of Health [Zambia]. 1998. *National STI Syndromic Case Management Guidelines in Zambia*. Central Board of Health.
[45] Central Board of Health. 2002. *Annual Health Statistical Bulletin*. Lusaka, Zambia. Central Board of Health [Zambia].
[46] Central Statistics Office [Zambia], Central Board of Health [Zambia], and ORC Macro. 2003. *Zambia Demographic and Health Survey 2001-2002*. Calverton, Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro.
[47] Duncan LE, et al. "Tuberculin Sensitivity and HIV-1 Status of Patients Attending a STD Clinic in Lusaka Zambia: A Cross-Sectional Study." *Transactions of the Royal Society of Tropical Medicine and* Hygiene; 89 (1): 37-40.

k. TB statistics:	The number of tuberculosis cases remained relatively stable from 1964 to 1984 between 100 to 120 per 100,000 population. Since 1985, the number of TB cases has been increasing by at least 20% annually. By the year 2000, there were 512/100,000 population TB cases. The annual risk of infection is estimated by the Central Board of Health to be 2.5%. The greatest proportion of TB cases for 2000 occurred in Lusaka Province (36%), followed by Copperbelt with 24% of the cases and Southern Province with 11%. The fewest numbers of TB cases are found in North Western Province with 3%. Factors contributing to this increase of TB in Zambia include the HIV epidemic where over 50% may be co-infected. A study at the University Teaching Hospital (UTH) found that 68 % of all TB patients on treatment are HIV positive. Poverty, inadequate case detection and management are other contributing factors that fuel the TB epidemic.[48]

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[48] National AIDS Council [Zambia]. *First National TB Conference*. May 27-30 2002: p. 1 & 5.

Table 2 National HIV/AIDS Response

2.1 National HIV/AIDS Coordinating Body	Type of organization (government, NGO, FBO, OVC) ; purpose of each national coordinating body, and description of membership
National HIV/AIDSSTI/TB Council (NAC)	The National HIV/AIDS/STI/TB Council (NAC) is a Zambian government institution that provides national leadership to coordinate and support the development, monitoring and evaluation of Zambia's multisectoral response to prevent and combat HIV, STIs and TB. They also provide leadership in resource mobilization. The Council is composed of representatives from selected government ministries, civil society (including Persons Living With HIV/AIDS [PLWHAs], NGOs, religious organizations, and professional health worker associations), the Attorney General, media, the traditional healers association and the general public. The Secretariat implements NAC decisions, including developing technical guidelines for coordination of prevention, treatment, care and support activities.
Country Coordinating Mechanism (CCM) for The Global Fund	The Country Coordinating Mechanism directs planning and coordination of Global Fund activities. It is chaired by the Permanent Secretary of the Ministry of Health and reflects a diverse membership including representatives from the National HIV/AIDS/STI/TB Council, Central Board of Health, National Malaria Control Program, other government ministries, the national university, faith-based organizations, community TB groups, youth, NGOs, media, PLWHAs, the private sector, and bilateral and multilateral donors. Bilateral donors are currently co-represented by the USG and the Dutch. The USG also provides technical assistance to the CCM for proposal development and implementation coordination.
Ministry of Health (MOH) and Central Board of Health (CBOH)	The national Ministry of Health (MOH) provides oversight for the entire health sector in the areas of policy, planning, legislation, resource mobilization, external relations, and monitoring and evaluation. It contracts with the Central Board of Health (CBOH) for delivery of health services. The Central Board of Health (CBOH) was established in 1996 and is contracted by the MOH to deliver health services at the national, provincial and district levels, working through hospitals, health centers and specialized institutions. Its Directorates include Public Health & Research, Clinical Care & Diagnostics; Health Services Planning; Technical Support & Services (for Provincial Health Offices); Finance and Accounts, Audit, and Purchasing & Supplies. It is one of the four Principal Recipients for Global Fund resources.

National Orphans and Vulnerable Children (OVC) Steering Committee	The National Orphans and Vulnerable Children (OVC) Steering Committee provides leadership, policy guidance and resource mobilization on OVC issues. Membership includes social sector government ministries, child welfare networks, and faith-based organizations. UNICEF represents donors and USAID supports the Steering Committee through a grant to UNICEF. The OVC Secretariat is the Ministry of Sport, Youth and Child Development.
2.2 Time Period Covered in National HIV Strategic Plan(s) or document(s)	**Title of National HIV Strategic Plan(s) or document(s) that outline priorities and objectives**
From: 2002 To: 2005	National HIV/AIDS/STI/TB Intervention Strategic Plan 2002-2005. Strategic Objectives for this period are: to promote the implementation of multisectoral behavior change campaigns; to minimize the mother-to-child transmission of HIV; to make transfusion and use of sharp instruments safe; to improve the quality of life of PLWHA; to provide appropriate care, support and treatment of HIV/AIDS infected persons; to provide improved care and support services for OVCs; and to improve HIV/AIDS information, management and decision-making.
From: 2004 To: 2005	Scaling-Up Antiretroviral Treatment for HIV/AIDS in Zambia: Implementation Plan (Ministry of Health, in draft)
From: 2003 To: 2006	*Strategic Framework for the Expansion of the Prevention of Mother to Child Transmission of* HIV/AIDS Services in Zambia (Ministry of Health, October 2003)

2.3 Major Donor/Partner Organizations	Primary activities supported that are related to The Emergency Plan goals	Estimated 2004 Budget
Global Fund	Working through 4 principal recipients: the Central Board of Health (for public health sector); the Ministry of Finance & National Planning (for other government ministries); the Churches Health Association of Zambia (for faith-based groups); and the Zambia National AIDS Network (for NGOs), the Global Fund is supporting: • Implementation of multisectoral behavior change activities • Expansion of access to safer blood • Expansion of programs targeting high risk groups • Improving STI management and treatment • Expansion of access to quality Voluntary Counseling & Testing (VCT) services • Expansion of access to quality Prevention of Mother-to-Child Transmission (PMTCT) services • Distribution of condoms in the public sector • Support for people living with HIV/AIDS • Strengthening of home based care systems • Interventions to prolong and improve quality of life for people living with HIV/AIDS • Orphans and vulnerable children. • Expansion of DOTS to improve TB care • Improvement of malaria treatment by using coartem and prevention through expanded use of treated bed nets	US$ 42 million (for 2 yrs), including approximately $2 million for ARVs and $1.1 million for STI drugs and other supplies in the first year

World Bank	The Zambia National Response to AIDS (ZANARA) Project supports: • Community Response to AIDS (CRAIDS) small-grant fund • NAC • Workplace programs for government ministries	US$42 million (2003-2008)
United Nations Development Program	• Support for a multisectoral response to HIV/AIDS, particularly working to strengthen national, provincial and district HIV/AIDS task forces and committees	US $1.3 million
African Development Bank	• Support to the NAC	US $1.2 million
UNICEF	• Support for OVCs—health, income generation, policy • Support for expansion of PMTCT services • Life skills promotion programs in schools • HIV prevention education in conjunction with food distribution (with WFP and NGOs) • Technical assistance for procurement services at the Central Board of Health and assistance procuring drugs and supplies under ZANARA and the Global Fund • Exploring future activities to support ART for HIV+ children and home-based care	US $ 4 million (approximately)
DFID	• Capacity building for the NAC • Support for public health system PMTCT activities through UNICEF • Procurement of education materials, condoms and STI drugs for the public health system • Civil society activities focusing on rural areas and working in OVCs, behavior change, and human rights • Private sector workplace activities to develop HIV/AIDS policies and programs	UK pounds 20 million (2003-2008)—approximately UK pounds 3 million for 2004.

Japan	• Co-funding with USAID for the Corridors of Hope program in Zambia. Provide STI drugs, STI management and behavior change communication training for all sites under the program • Support for the VCT Partnership and VCT centers through the purchase of test kits; inventory control and evaluation; and national performance monitoring • Support to strengthen the virology lab at University Teaching Hospital through ARV and drug resistance monitoring, CD4 training and support for the sentinel surveillance	US $750,000
Norway	• Support capacity building within the NAC and the Zambia Network of HIV/AIDS Non-governmental Organizations (ZANAN) • Fund the expansion of VCT centers through the Zambia Voluntary Counseling and Testing organization. • Provide financial support to community-based organizations such as Copperbelt Health Education Program, Family Health Trust and Kara Counseling.	US $2.2 million
Canada	• Possible purchase of ARVs under the new drug procurement agreement currently being negotiated • Support to a regional training network that works on developing capacity in communications	Not known

Other Bilateral Donors: Netherlands, Sweden, Denmark, Ireland, European Union	Support to the public health system and delivery of health services at hospital, health center and community level. Some bilateral donors are planning or implementing discrete HIV/AIDS activities in addition to their pooled funding support for the public health system. These include: • the Netherlands is planning to move support from individual NGOs to support institutional capacity-building support to NGO/CBO networks such as the Churches Health Association of Zambia and the Zambia Network of AIDS NGOs • Sweden is considering initiating some small activities focused on youth	The majority of support is provided via annual disbursements to pooled funding arrangements. Netherlands: Euros 600,000

Table 3 The Emergency Plan In-Country Coordination and Targets for 2004-2008

3.1 The Emergency Plan In-Country Coordination
Within USG: A US Mission to Zambia Emergency Plan Committee was formed in November 2003 under the leadership of Ambassador Brennan. All USG agencies with a presence at post are represented: STATE, USAID, HHS/CDC, DOD, and Peace Corps. The Committee has been meeting regularly. The Track 1.5 request was prepared jointly. All agencies participated in the extremely valuable week-long meeting with the S/GAC Core Team in March. The Committee is continuing to work together to prepare this Country Operational Plan (COP) and review proposals for and guide the start-up of Track 1 activities. As Track 1 and 1.5 activities begin implementation, a more active programmatic and technical coordination function will be required by the Committee. For example, HHS/CDC and USAID have already been working together to coordinate PMTCT and ART expansion. With the approval of Track 2 activities, this technical coordination will intensify and involve implementing partners from all agencies. In addition to official Committee meetings, agency technical and management staff are meeting regularly to make sure that approaches, partners, and assistance is coordinated and maximized. Zambia's Track 1.5 proposal included the establishment of an Emergency Plan Coordinator position to be based in the Embassy, reporting directly to the Deputy Chief of Mission. Once this person is in place, he/she will take on the role of coordinating the planning, implementation, monitoring/evaluation, and reporting for all Emergency Plan activities in-country.

He/She will also serve as the point of contact between Post and S/GAC.

Between USG and other international partners: The UNAIDS Expanded Theme Group on HIV/AIDS and HIV/AIDS Technical Working Group bring together major donors (called Cooperating Partners—CPs-- in Zambia) working in this area for regular meetings. CPs (bilateral and multilateral) working in the health sector have monthly meetings. The USG has also maintained ongoing dialogue with DFID and the Netherlands to identify and coordinate bilateral activities in HIV/AIDS in response to high level government to government discussions in this area. The USG collaborates actively with JICA through the US-Japan Cooperation partnership that includes joint support to reach high risk groups in the Corridors of Hope project (see below).

- *Global Fund: The USG currently sits on the CCM, co-representing the bilateral donors.*
- World Bank-Multi-country HIV/AIDS Program (MAP) for Africa: The World Bank participates in the UNAIDS Expanded Theme Group and health sector coordination meetings.
- Other (specify): UNICEF, the European Union and other bilateral donors (Sweden, Denmark, Ireland, Canada, Norway, etc.) participate in the UNAIDS Expanded Theme Group and health sector coordination meetings, chaired by the Minister of Health.

Between USG and host government: The NAC, CBOH, Ministry of Youth Sport and Child Development and other institutions have technical working groups on PMTCT, VCT, OVCs, M&E, etc. which include membership from CPs and their contractors/grantees. In the health sector, there is a formal coordination structure that includes monthly Ministry of Health/CP Policy Consultative meetings, semi-annual Health Sector Committee meetings, an annual Consultative meeting and an annual Ministers/Heads of Missions Meeting. In addition, USG agencies have regular access to technical and management staff at NAC, CBOH, etc. and the Ambassador frequently meets with the Minister of Health.

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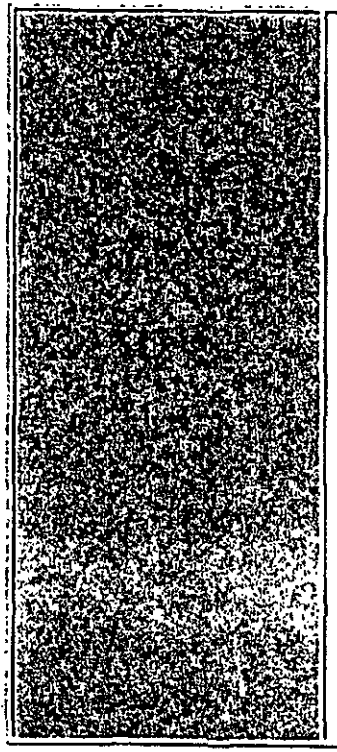
3.2 President's Emergency Plan Targets for 2004 – 2008							
Target Area	2004	2005	2006	2007	2008	2009	2010
Total # Infections averted	TO BE MODELED						398,500
# Infections averted: PMTCT	8,032	24,097	48,194	80,324	114,462	150,608	188,762
# Infections averted: Other (not PMTCT)	TO BE MODELED						
Total # receiving Care and Support	222,000	316,500	411,000	505,500	600,000	N/A	
# OVC receiving Care and Support	180,000	229,500	279,000	328,500	378,000		
# receiving Palliative Care	42,000	87,000	132,000	177,000	222,000		
# receiving ART	5,000	15,000	50,000	85,000	120,000		

Table 4 Implementing Partners, FY 04 Objectives, Activities, Budget

Table 4.1	Prevention of Mother-to-Child Transmission (PMTCT)
4.1.1 Current status of program in country	Initial efforts by the Government of the Republic of Zambia (GRZ) to address PMTCT began in 1999, with the support of cooperating partners including USAID and UNICEF, through pilot, demonstration and research programs in public health facilities in a limited number of target districts. These programs have continued to grow. Currently, 74 health facilities, in six provinces, offer PMTCT services, including the provision of ARV prophylaxis, primarily Nevirapine (NVP). The GRZ recently developed a Strategic Framework for the Expansion of PMTCT Services as well as national guidelines for implementation of PMTCT programs. The Framework's objective is to expand PMTCT services to all nine provinces and 72 districts in the country by the end of 2005. In addition to clinical services, the Framework calls for expanded community care and support activities and establishment of referral linkages to other HIV/AIDS, reproductive and child health services. An important recommendation in the expansion guidelines is to move to an "Opt Out" approach to counseling and testing. The USG supports this recommendation and will assist the GRZ to implement it. The GRZ's vision of PMTCT is an integrated approach that situates PMTCT interventions within maternal and child health services and builds upon existing initiatives in Safe Motherhood. Therefore PMTCT is being set up as part of existing antenatal services. HHS/CDC and USAID have been working with the GRZ on the comprehensive care package for PMTCT, which includes HIV counseling and testing, antenatal and labor and delivery care, ARV prophylaxis, family planning counseling and services, infant feeding counseling and support and linkages to HIV care.



UNICEF is also a significant partner, providing technical support to CBOH and planning for consistent availability of Nevirapine and other supplies. A PMTCT working group, which also includes Medicins Sans Frontiers, has been established and the Global Fund, DFID and the World Bank are additional funding partners.

Funding from the President's Initiative on PMTCT and The Emergency Plan Track 1.5 allowed both USAID and HHS/CDC to significantly increase support to PMTCT. They have supported Linkages and the University of Alabama/Centre for Infectious Disease Research in Zambia (CIDRZ) to progressively increase the number of facilities offering PMTCT services, JHPIEGO to develop and provide nationally standardized training to clinic staff, Johns Hopkins University Center for Communication Programs (JHU/CCP) to develop educational materials, and Rational Pharmaceutical Management Plus (RPM+) to integrate PMTCT information into a national VCT database.

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HHS/CDC and USAID are working directly with the Central Board of Health to further develop national PMTCT policies, monitoring systems, and government infrastructure. They are also both continuing to support significant scale-up of service delivery sites. Under Track 2, HHS/CDC is proposing to continue work with its partner University of Alabama/CIDRZ to expand PMTCT services in selected provincial centers and districts beginning in Western Province where 70% of pregnant women attending antenatal care clinics accept HIV-testing[49]. Two sites in Western Province began operation in November 2003 and they have tested 230 women, found 56 HIV infected and provided 39 with NVP.

USAID, has also been funding the University of Alabama/CIDRZ (through the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)), to support PMTCT services in all 25 public clinics in Lusaka district. In 2003, 37,928 women in these clinics were tested, 9,189 were HIV positive and 7,703 received NVP. USAID Track 1.5 funding is allowing EGPAF/UAB/CIDRZ to expand this assistance into 3 rural districts in Central and Eastern Provinces.

USAID, with its partner Linkages, has been supporting PMTCT programs in three provinces following a three-year pilot program in the Copperbelt Province. The intervention offers a comprehensive package of antenatal services including access to Nevirapine, accompanied by infant feeding counseling, community support and encouraging male involvement. In 2003, 7,932 women in Linkages' 23 sites were tested, of which 1,909 were HIV+ and 751 received NVP. USAID's Track 2 proposal requests funding for a new PMTCT partner, identified through competitive procurement, to take up the work that Linkages and UAB/CIDRZ have been doing, expand it in line with the Strategic Framework, and coordinate it with ongoing HHS/CDC funding to UAB/CIDRZ.

The military sector presents specific challenges for PMTCT. Currently none of the existing Zambian Defense Force (ZDF) medical facilities offers PMTCT services. As a significant number of civilians (family members and local community residents) also use military hospitals and clinics, initiating this service would greatly increase access to PMTCT. DOD, through its partner Project Concern International, is planning to assist the ZDF to train service providers, including doctors, nurses and social workers in this area.

[49] UAB/CIDRZ Quarterly Report to CDC

4.1.2 How new activities will contribute to The Emergency Plan targets, linkages to other activities	The prevention of mother to child transmission of HIV directly contributes to The Emergency Plan prevention and treatment targets. As per the national PMTCT program design, the USG will support use of antenatal care services as an entry point to promote HIV/AIDS prevention, counseling, testing, care and treatment services. The integrated PMTCT program in Zambia will prevent infections in newborns. The PMTCT program will also link HIV-infected mothers to the national ART program as a cost effective MTCT plus approach. HIV+ women and their children will be monitored through follow up activities and linked to care services when they meet eligibility criteria for ART. USG partners working on PMTCT will link with other USG partners working on Counseling and Testing (CT), ART, and prevention in order to promote and support standardized high quality services. There is a particular opportunity to capitalize on internal linkages within USG support to University of Alabama /CIDRZ, who have also received Track 1 and 1.5 funding to expand ART availability. USAID's Track 2 request for PMTCT activities will be carried out by a new partner, who will provide integrated support to PMTCT, CT, ART and care services in the public sector.

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4.1.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base; PMTCT; S/GAC)	Track (1.1.5; 2)
Linkages/Academy for Educational Development (Activities ending FY04) FBO? No	By September 30, 2004: 31 PMTCT sites in 3 provinces strengthened to deliver comprehensive PMTCT package Increased VCT uptake by 15% above 2001-2002 levels in 31 program sites	Technical assistance to PMTCT sites: • Training in clinical delivery of PMTCT package • Strengthen VCT uptake • Technical assistance for PMTCT Monitoring & Evaluation • Technical assistance for male involvement • Training of Peer Counselors to support seropositve mothers postnatally	USAID		PMTCT	FY03 IP funds

Center for Communications Programs/John Hopkins University (Activities ending FY04) FBO? No	By September 30, 2004: 3 newspaper supplements published Radio and TV production of PMTCT program segments Video and brochures produced and distributed	• National PMTCT IEC strategy designed and implemented	USAID		PMTCT	FY03 IP funds
JHPIEGO/Johns Hopkins University (Activities ending FY04) FBO? No	By September 30, 2004: 65 nurses and midwives trained in 3 provinces	• Training of nurses and midwives in PMTCT and infant feeding	USAID		PMTCT	FY03 IP funds
Rational Pharmaceutical Management Plus/Management Sciences for Health (Activities ending FY04) FBO? No	By September 30, 2004: Final database design completed and training done for all districts	• Integration of PMTCT database into national VCT database	USAID		PMTCT	FY03 IP funds

Elizabeth Glaser Pediatric AIDS Foundation / Univ. of Alabama / Centre for Infectious Disease Research in Zambia (CIDRZ) (Activities ending in FY05) FBO? No	By September 30, 2004: 100% public obstetrical facilities in Lusaka routinely offer PMTCT At least 50% of HIV-infected women delivering in those facilities take NVP	• Support delivery of PMTCT services at all 26 public sector clinics and University Teaching Hospital in Lusaka	USAID		PMTCT	FY03 PMTCT Core from AID/W
Linkages/Academy for Educational Development (Activities ending in FY05) FBO? No	By September 30, 2005: Expansion to 37 additional sites 7,316 HIV+ women identified for services	• Expand PMTCT services to additional sites spread out through six districts: Kitwe, Kapiri Mposhi and Choma where 100% coverage will be reached; and Mufulira, Mkushi and Kasungula where partial coverage will be obtained. • Recruitment and training of lay counselors	USAID			FY03 ESF funds
Elizabeth Glaser Pediatric AIDS Foundation / Univ. of Alabama / Centre for Infectious Disease Research in Zambia (CIDRZ) (Activities ending FY04) FBO? No	By September 30, 2004: 25,000 HIV+ pregnant women in three districts will receive PMTCT services including Nevirapine	• Establish PMTCT services in 3 rural districts (Kafue, Chipata and one to be named). Activities will include training, equipping, monitoring and setting up of services	USAID		PMTCT	1.5

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University of Alabama, Birmingham (UAB)/Centre for Infectious Disease Research in Zambia (CIDRZ) FBO? No	By September 30, 2004: Health workers in 5 clinics trained in counseling and testing	• Institute PMTCT in 3-5 clinics in Mongu district, Western Province through a grant program and ensure that uniform monitoring and evaluation and quality assurance activities are instituted	HHS/CDC			PMTCT	FY03 IP funds
JHPIEGO/Johns Hopkins University FBO? No	By September 30, 2004: To test the PMTCT training curriculum in one province	• Revise the national PMTCT training curriculum and materials • Train trainers for the PMTCT national expansion program	HHS/CDC			PMTCT	FY03 IP funds

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HHS/CDC FBO? No	By September 30, 2004: Provide technical, logistical and SI support for the scale-up of PMTCT services in 5 clinics in Western Province with partners JHPIEGO and UAB	• Provide technical assistance (TA) to the GRZ PMTCT implementing partner to develop strategies and tools to scale-up the PMTCT program • Procure essential commodities including IT equipment for M&E for expanding PMTCT activities • Contribute to developing a PMTCT monitoring system with CBOH and other partners (see 4.12 Strategic Information) • Provide TA to the NAC PMTCT technical working group to promote scientifically-based recommendations to partners implementing PMTCT programs • Provide technical assistance in developing a national IEC strategy for PMTCT	HHS/CDC		PMTCT	FY03 IP funds

University of Alabama, Birmingham (UAB)/Centre for Infectious Disease Research in Zambia (CIDRZ) FBO? No	By the end of 2004: Increase PMTCT services to 5 clinics in Mongu District, Western Province	• Furnish technical assistance (TA) and training to MOH implementing partners in Mongu district to properly deliver the integrated package of PMTCT services • Train peer counselors to support pregnant women and their families in developing coping mechanisms for dealing with HIV/AIDS and HIV/AIDS in pregnancy (see 4.6 CT) • Advocate for and mobilize communities to support and utilize PMTCT services • Encourage male involvement in reproductive health and HIV services • Support the development of lab services to provide HIV testing (see 4.14 Laboratory Support)	HHS/CDC		PMTCT	Track 2.0

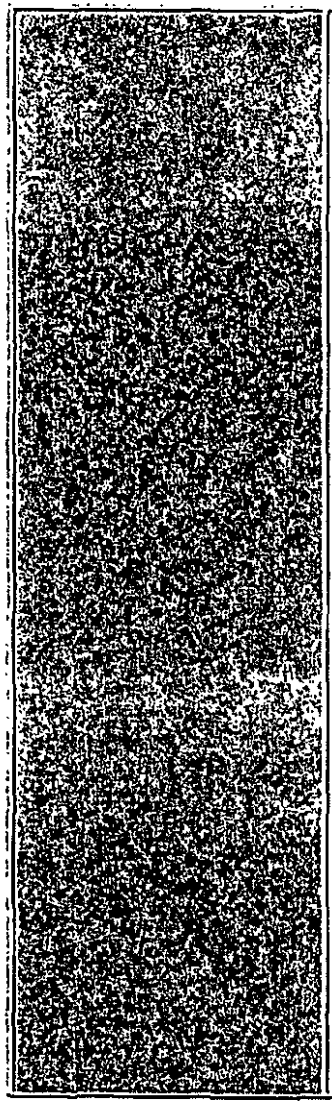
4.1.4 Proposed new activities in FY 04

Partner	FY 04 Objective	Activities for each objective	Agency	Budget
HIV/AIDS Service Delivery Project To be awarded May 2004 New partner? Yes FBO? TBD	Targets through March 31, 2005 to be established by June 2004 in collaboration with new partners. Indicators will include: Number of service outlets/programs providing the minimum package of PMTCT services according to national standards	• Technical assistance, training, funding, and other inputs to implement the full package of PMTCT services (including Nevirapine) at an expanded number of sites per the National Strategic Framework for the Expansion of PMTCT Services • Advocacy, training, and policy development to improve particular aspects of PMTCT practices including more emphasis at service delivery points on the "opt out" approach for CT; and building a national consensus on universal pre-counseling for all antenatal attendees; • Technical assistance and funding to support the dissemination of expanded information about PMTCT, including assistance with the annual national technical conference on PMTCT, information updates and advocacy	USAID	[redacted] (PMTCT)

	Number of HIV infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT. Number of health workers newly trained in the provision of PMTCT services according to national standards	• Technical assistance, policy/guidance development, and other inputs to women identified as HIV+ through PMTCT to link to services to ART services for themselves and their families • Technical assistance to strengthen linkages to other MCH services including post-partum family planning counseling and referral services funded through other mechanisms		
Project Concern International New partner? No FBO? No	By September 30, 2004: *75 medical personnel in 11* hospitals trained in PMTCT	• Provide training program in PMTCT to medical personnel in 11 military hospitals in anticipation of PMTCT services start-up in FY05	DOD	

Total partners:	3	New partners:	TBD-1	FBOs:	TBD	Total budget:	

Table 4.2	Abstinence and Faithfulness Programs
4.2.1 Current status of program in country	In responding to the HIV/AIDS epidemic in Zambia, youth constitute a critical population. Approximately 21.5 percent of the population of Zambia is between the age of 15 and 19. Within this age group, females are considered an extremely high-risk population. Twenty-five (25) percent of women of reproductive age are 15-19 years of age with the median age at first marriage being 19. According to the DHS 2001/2, the HIV prevalence level is already 6.6 percent for females in this age range; more than doubling to 16 percent among those 20-24 years of age. The 2003 Sexual Behavior Survey indicates that the median age at first sex is 17.0 for females and 17.5 for males with 33.2% of single male adolescents and 27.7% of single female adolescents having had sex in the last 12 months. In generalized epidemic countries such as Zambia, where 12.9% of adult males and 17.8% of adult females are HIV infected (ages 15-49), the individual at highest risk may be the faithful HIV negative spouse (or regular partner) of a faithful infected person. Preliminary studies in Zambia and Kenya have also indicated that married young women are contracting HIV at a higher rate than are sexually active single girls in the same age group. In the 2003 Sexual Behavior Survey, 90.9% of married males and 98.3% of married females stated that they had been faithful to their spouse in the last 12 months; however, 37.1% of unmarried males and 27% of unmarried females had more than one partner in the last 12 months. Sex within a relationship is almost as frequent as that reported by commercial sex workers (2.7/week in Zambia), so the faithful negative spouse of an infected person may be at greater risk of HIV infection than even a commercial sex worker. This is because commercial sex workers often have the same serostatus as the customer, and because they are more likely to use a condom. For those who are in a discordant relationship, faithful unprotected sex with an infected partner may be the fastest way to get an HIV infection, since every single sex act risks HIV infection. How commonly are couples discordant? If men and women were paired on a random basis, given the HIV prevalence stated above, 26% of the pairings would be discordant (12.9% X 82.2% + 17.8% x 87.1%). Over a few years, discordances become concordant, as the positive partner infects the negative partner, so in a cross-sectional survey the observed discordances are less than when 'boy first met girl'. In Lusaka, the observed discordant rate is 21% (against urban background prevalence of about 26% for women and 18.5% for men). Thus, in Zambia, in light of the high incidence of discordant relationships, the USG will respond with two prevention approaches – promoting "the B" as well as "the C" for discordant coupes. The 'B' part of the ABC prevention strategy needs to be explicitly elaborated to include the 4 B's: 1) Be Tested, 2) Be Knowledgeable about your partner's current status, 3) Be Safe, and of course, 4) Be Faithful. These messages will be used throughout Abstinence and Faithfulness programs as well as for Other Prevention activities.



The Zambian Defense Force has a particular need for HIV prevention campaigns with approximately 1700 soldiers participating in United Nations Peacekeeping missions around the world. In addition, the lack of adequate family housing in Zambia also keeps families separated for up to four years. The use of commercial sex workers by deployed soldiers and/or those separated due to inadequate housing is thought to be significant. Given this situation, members of the ZDF are considered to be at high risk for exposure to HIV. Numerous years of low budgets for military activities has resulted in lack of adequate aggressive, proactive HIV/AIDS prevention campaigns.

To respond to the critical need in Zambia to reach high risk youth, the USAID-supported multimedia Helping Each Other Act Responsibility (HEART) Campaign, designed by youth for youth, informs young people about HIV/AIDS, discusses ways to protect oneself from HIV/AIDS with a strong focus on the promotion of abstinence or a "return to abstinence." This includes conveying the idea that abstinence is a social norm and encourages young people to discuss abstinence with their partners, close friends and family members. Community mobilization efforts, faith-based programs, school curricula and several media programs have also been designed to address and compliment many of the issues central to the HEART Campaign. Results of a one year assessment of impact of the HEART Campaign showed:

- Approximately 74 percent of male and 68 percent of female viewers said HEART TV spots prompted them to change behaviors including decisions to abstain from sex until they are more mature
- Male and female viewers discussed healthy behaviors, including abstinence, with a significantly wider range of people than did their counterparts
- There was a dose effect: the more health communication spots recalled, the greater the likelihood that the respondent was abstinent

Abstinence and being faithful messages were a prominent feature of the 4A Campaign, a mass media initiative that featured Zambian's First President Dr. Kenneth Kaunda and other prominent Zambians urging Zambians to act responsibly in the fight against AIDS. The campaign included television and radio announcements targeted to both youth and adult populations. The Better Health Campaign, a national-wide radio program that features radio spots on a multitude of health topics throughout the year, integrates abstinence and being faithful messages into its programming and has several spots specifically dedicated to these topics. All activities targeting youth include messages on abstinence and being faithful – including Youth Football and Netball Camps, Peer Education Trainings, Concerts hosted by Africa Alive!, Drama/Theater productions.

	Stigma is the single largest barrier to testing and behavior change, including abstinence and faithfulness. Leadership is desperately needed to break through the wall of silence. Some top level political, religious, military, law enforcement, civil society and traditional leaders are poised to play an extremely important role in the breaking of this wall of silence that enables HIV/AIDS to continue to spread, but need resources and political support to mobilize. In addition, the 225,000 refugees in Zambia (128,000 reside in six UNHCR camps) lack basic information about prevention, including abstinence and faithfulness programs.
4.2.2) How new activities will contribute to The Emergency Plan targets, linkages to other activities	Activities are directly linked to the prevention/infections adverted objectives of The Emergency Plan. These activities are also closely related to the activities under "Other Prevention Initiatives" in promoting ABC messages. The DOD will utilize funding from The Emergency Plan to support proactive HIV/AIDS prevention campaigns and program for the military. This will include the design, reproduction and distribution of posters, CDs and videos with critical HIV/AIDS prevention messages highlighting abstinence, faithfulness, and if all else fails, condoms, and safe sex practices. The additional messages would include the importance of HIV/AIDS testing and seeking out medical care for suspected cases of sexually transmitted illnesses and HIV/AIDS disease. Abstinence and Faithfulness programs would be used to promote abstinence and testing and counseling to ensure everyone knows his/her status and, if positive, the actions to take to prevent spouses and family members from getting HIV and promoting treatment. USAID will scale up its activities focused on high risk youth with the expansion and continuation of the HEART and 4A campaigns and youth activities such as football /netball camps, peer education training, drama/theater, and mobile video unit presentations and links to its other health communication and OVC activities. USAID will also initiate and strengthen Abstinence and Faithfulness activities within workplace programs in three government ministries and among small, medium and large businesses, in school-based programs to reach children aged 7-13 in the Eastern Region, and within programs for AIDS affected Orphans and Vulnerable Children. In addition, an Abstinence Campaign for youth will be initiated in conjunction with the 10 Corridors of Hope Cross Border Initiative sites throughout the country.

State will issue an Annual Program Statement (APS) to promote national leadership in the war against HIV/AIDS and to target responses among refugees and law enforcement agencies that cannot be addressed effectively by other USG agencies. The APS will solicit proposals that will support highest level national political, religious, civic, traditional, military and law enforcement leaders in playing critical leadership roles in the fight against HIV/AIDS. The APS will also support prevention, counseling and testing, treatment, palliative care, and OVC services among refugees and law enforcement personnel, two groups that other USG agencies have difficulty in reaching.

The projects funded under the APS will complement the activities of DOD, USAID, Peace Corps and HHS/CDC by responding to specific service-delivery gaps and by capitalizing on State's comparative advantage in working with national leaders in the arenas of politics, religion, civil and traditional society, the military, and law enforcement. According to Ambassador Tobias, "The most important issue... is generating strong national leadership – leaders...must stand up. Part of our effort in all countries is to do all we can to encourage bold leadership." While other agencies excel in the implementation of technical programs, the State Department wields the political stature necessary to mobilize a national leadership commitment in the struggle against HIV/AIDS. As the Ugandan model demonstrates, engaged national leaders can prevent new infections through compelling and appropriate messages that break down the wall of silence and reduce the stigma, thus enabling greater effectiveness of the ABC approach to prevention, testing, care and treatment.

In additional to the need for bold national leadership, there is a continuing need for improved service delivery to the six UNHCR refugee camps in Zambia. State, through the APS will be better positioned than other USG agencies to respond to the serious HIV/AIDS needs of refugees, including the need to promote abstinence and faithfulness in the camps while battling stigma. Numbering over 200,000, refugees are an often-overlooked factor in the Zambian HIV/AIDS equation. Prevention, counseling and testing, and care programs would be the central elements in a refugee-centered program. Since we hope that most refugees will eventually return to their countries of origin (mainly Angola and the Democratic Republic of Congo where prospects for peace have improved), we are reluctant to undertake treatment for refugees for fear that such might not continue after the refugees' return home.

Furthermore, other USG agencies are constrained in their ability to support the HIV/AIDS needs of law enforcement services. The APS will address this service delivery gap by soliciting proposals aimed at providing counseling and testing , treatment, and care for members of the law enforcement services who are a vector of transmission.

The mission-wide Emergency Plan Committee will select award recipients in strict concurrence with the Emergency Plan's 2-7-10 objectives. Awards will range from [redacted] The APS Projects Coordinator will coordinate preparation of the APS and the selection, implementation and reporting requirements of the agreements. APS Project Coordinator will manage administrative oversight for projects. Agreement awards surpassing [redacted] will require a thorough pre-screening of the organization's absorptive capacity.

4.2.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency?	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
Center for Communication Programs/Johns Hopkins University Society for Family Health/Population Services International (Both activities ending FY 04) FBOs? No	By September 30, 2004: Nine TV and Radio spots for 4A campaign produced and broadcasted 4th round of HEART campaign completed 70% recall rate of HEART campaign messages by youth in Lusaka	• Technical Assistance to expand the HEART Campaign, 4A Campaign, Youth/Netball Camps, Peer Education Trainings, Concerts, Drama/Theater Productions, and Mobile Video Unit Presentations	USAID			FY03

Health Communication Partnership: Center for Communication Programs/Johns Hopkins University in partnership with Academy for Educational Development, Save the Children, The International HIV/AIDS Alliance, and Tulane University's School of Public Health and Tropical Medicine To be awarded May 2004 FBO? No	Program design completed by April 2004	• Design a behavior change communications program that supports HIV/AIDS treatment, prevention and care goals including key messages on abstinence and faithfulness. The goal is to better enable communities, families and individuals to take action to prevent disease, and to promote and maintain health. Activities will focus on reducing high-risk behavior and strengthening community action for HIV/AIDS prevention. HCP will undertake an assessment of behavior change needs and issues relating to HIV/AIDS which will serve as the basis of the program design and subsequent activities	USAID		Base	1.5

4.2.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Health Communication Partnership: Center for Communication Programs/Johns Hopkins University with partnership with Academy for Educational Development, Save the Children, The International HIV/AIDS Alliance, and Tulane University's School of Public Health and Tropical Medicine To be awarded May 2004 New partner? Yes FBO? No	Targets through March 31, 2005 to be established by June 2004 in collaboration with Health Communication Partnership Illustrative indicators include: • 5th round of HEART Campaign completed • Number of new messages developed and disseminated targeted to discordant couples • Number of community programs promoting Abstinence and Be Faithful messages	• Continuation and expansion of the HEART Campaign for youth • Expanded use of community leaders to support abstinence and faithfulness messages targeting child-parent communication, peer education & support, youth decision-making processes and male responsibility • Continuation and expansion of activities supporting healthy behavior in youth such as sport camps, peer education trainings, drama/theater productions • Campaign and community mobilization for partner testing, and Be Faithful messages • Promotion of couples communication around Be Faithful messages, encouraging more openness and responsibility towards partners and protecting them from HIV	USAID	(Base)

[redacted] To be awarded May 2004 New partner? Yes FBO? TBD	By March 31, 2005: 5000 youth and 15,000 orphans and vulnerable children living in AIDS affected households throughout the country in project areas reached with abstinence and faithfulness messages	• Implement abstinence and faithfulness promotion programs in conjunction with youth livelihood activities for AIDS affected youth aged 15-24 and in HIV/AIDS OVC activities nationwide.	USAID	[redacted] (Base)
Creative Associates International, Inc. School Health & Nutrition/ Ministry of Education New partner? No FBO? No	By March 31, 2005: Establish an abstinence program in the Eastern Province to reach 50,000 children ages 7-13 1,200 teachers trained on HIV/AIDS education emphasizing abstinence and in training peer educators 30 guidance counselors trained in HIV/AIDS counseling Establish a baseline of current HIV/AIDS teaching, counseling activities in Eastern Province	• Conduct an abstinence education program and promotional campaign within schools for children 7-13 in the Eastern Province • Train teachers, school counselors, peer educators • Initiate an Information Education and Communication (IEC) campaign that focuses on abstinence • Carry out regular monitoring and evaluation of HIV/AIDS educational activities • Conduct a situational analysis of HIV/AIDS educational activities in 25 schools of Eastern Province • Complete the HIV/AIDS impact assessment that began in 2003 • Train school and community members to develop action plans and write proposals for funding • Improve the data base for planning HIV/AIDS interventions	USAID	[redacted] (S/GAC)

[redacted] To be awarded May 2004 New partner? Yes FBO? TBD	By March 31, 2005: Promote abstinence in the ten existing Corridors of Hope sites for 25,000 adolescents age 10-19	• Implement an Abstinence Campaign for adolescents in ten Corridors of Hope sites to reach 30% of adolescents age 10-19 with abstinence messages and activities.	USAID	[redacted] (Base)
New award To be awarded by August 31, 2004 New Partner? Yes FBO? TBD	By March 31, 2005: 23,800 small scale farmers and 2000 extension workers will receive abstinence and be faithful messages and information on HIV/AIDS Counseling and Testing and ART in the districts where the program will be operating 2000 extension workers trained as trainers of farmers	• Design and implement a community-based HIV/AIDS outreach program for small scale farmers that focuses on HIV/AIDS prevention messages that promote abstinence and faithfulness, and include information and referrals for Counseling and Testing and ART • Link with other USAID mission funded agricultural development activities that are introducing labor-saving technologies and disseminating household nutrition information for women- and children-headed households • Train agricultural extension workers as HIV/AIDS educators • Develop IEC materials that promote abstinence and faithfulness	USAID	[redacted] (S/GAC)

[redacted] To be awarded May 2004 New partner? Yes FBO? TBD	By March 31, 2005 Promote abstinence and faithfulness to prevent HIV/AIDS infections among 2000 government workers in two government ministries and 10,000 workers in the private sector with A&B prevention messages	• Provide technical assistance to develop strategies, action plans and HIV/AIDS prevention activities promoting abstinence and faithfulness for the Ministry of Agriculture and Cooperatives and the Ministry of Commerce, Trade and Industries and for small, medium and large private sector workplace programs • Design/identify and disseminate IEC material appropriate to government and private sector workers that promotes abstinence and faithfulness	USAID	[redacted] (S/GAC)
[redacted] APS to be issued on April 30, 2004 New partner? Yes FBO? TBD	Award grants supporting greater leadership by national leaders in support of campaigns to fight stigma-related barriers to prevention with particular focus on abstinence and faithfulness. Award grants supporting similar prevention programs among law enforcement personnel and refugees.	• Implementing partners in collaboration with senior Embassy management will engage national leaders to promote public and media outreach encouraging abstinence and faithfulness while battling stigma • Implementing partners will promote abstinence and faithfulness among refugees and law enforcement personnel	STATE	[redacted] (S/GAC)
Project Concern International New partner? No FBO? No	By March 31, 2005: 1500 brochures, 1 cassette, 1 CD and 1 video advocating abstinence and faithfulness reproduced and distributed at 69 medical posts, clinics and hospitals in 9 provinces.	• Provide technical assistance to design, reproduce and distribute HIV/AIDS abstinence and faithfulness promotional materials appropriate for the Military	DOD	[redacted]

Total partners:	8	New partners:	TBD-5	FBOs:	TBD	Total budget:	[redacted]

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Table 4.3	Blood Safety
4.3.1 Current status of program in country	The Zambia National Blood Transfusion Service (ZNBTS) is charged with providing safe blood services in Zambia. Blood transfusion services are currently decentralized, with inadequate expertise in all locations to provide for the national need for blood services. The ZNBTS conducted strategic planning last year to determine ways to better meet the needs of Zambia. Its conclusion was that a network model with a strong central laboratory, provincial offices leading blood donation activities and local hospitals connected with an updated logistics system would be the most appropriate design for Zambia. The Zambia National Blood Transfusion Service has prepared a Track 1.0 proposal for enhancing the availability of safe blood products throughout Zambia. HHS/CDC has provided technical assistance for preparing this proposal. The Zambian Defense Force (ZDF) does not currently participate in the national blood donor program as they have a separate military blood donation program. The USG will work on insuring the 10 regional military hospitals and the military referral hospital in Lusaka are aware of national safety guidelines on blood banking and are using proper protocols.
4.3.2 How new activities will contribute to The Emergency Plan targets; linkages to other activities	The network model that the Zambia National Blood Transfusion Service has proposed should increase blood donations and provide better testing for blood products, thus preventing the transmission of HIV and other blood-borne pathogens through the blood supply. In addition, the improved logistics system being designed for the ZNBTS will be available for the rest of the public health system to use, providing a possible platform through which to ship samples requiring testing to support ART. The USG team has already begun discussions with the ZNBTS on the need for quality assurance for HIV and other testing. We foresee the ZNBTS as a major partner in quality assurance activities for HIV testing. Although contaminated blood accounts for only 5% of most HIV infections, it is critical in a high risk group such as the ZDF that national guidelines for blood donors be followed and that blood for transfusions be tested before being used in operations or transfusions. Pre-screening would allow donors to know their status and get appropriate counseling and enter anti-retroviral therapy if desired. Additionally pre-screening is critical to ensuring HIV negative persons stay negative.

4.3.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source	Track (1, 1.5, 2)
N/A FBO? No	N/A	• N/A	N/A	N/A	N/A	N/A

4.3.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Zambia National Blood Transfusion Service New partner? Yes FBO? No	Increase the number of blood donors from 40,000 to 66,000, to hospitals throughout Zambia by the end of year one	• Build capacity at the central office to oversee blood supply management • Build capacity at provincial centers and district blood banks for supply management • Increase the number of different blood-borne pathogens tested for • Improve logistics infrastructure • Increase voluntary blood donations	HHS/CDC	Track 1.0 proposal
New partner? Yes FBO? No	By March 31, 2005: Complete a study of military blood banks at 10 regional hospitals and 1 referral hospital	• Conduct a baseline, in consultation with HHS/CDC, of military blood banks to determine if they are aware of national standards and abiding by proper protocols to improve blood safety in subsequent years	DOD	(S/GAC)

Total partners:	2	New partners:	2	FBOs:	0	Total budget:	

Table 4.4	Safe Injections and Prevention of Other Medical Transmission of HIV
4.4.1 Current status of program in country	The need to strengthen infection prevention practices in Zambia has been highlighted by a combination of field observations and data from studies including a number of assessments (e.g., PAC, 1997-8; midwifery education, 1999-2000), the early rounds of hospital accreditation surveys (1998-2000), and an injection safety study (2001). Beginning in 2000, efforts to strengthen infection prevention practices began expanding through USAID-funded activities in provincial hospitals and in curriculum revision for basic nursing education. At the same time, the national Expanded Program of Immunization (EPI) adopted a much more aggressive program on injection safety and, with funding from the Global Access to Vaccines Initiative (GAVI), launched a national program to strengthen injection safety, including introducing auto-disposable syringes and sharps disposal boxes to the immunization program. At the same time, USAID assisted the GRZ to develop hospital accreditation standards, which included procedures for the control of hazardous materials and wastes and the disposal of medical waste. The National Hospital Policy, recently developed with assistance from USAID partners, also includes reference to infection prevention standards. Largely as an outgrowth of these initiatives, the CBOH established a National Infection Prevention working group in 2002, with representation from CBOH, the University Teaching Hospital, the General Nursing Council and nursing schools, and cooperating partners, including USAID partners. The working group reviewed the existing information on infection prevention practices from available data as well as cumulative field experience and developed a strategy to strengthen these practices. Zambia's National Infection Prevention Guidelines, which incorporate the principles of injection safety, were developed and launched in the fall of 2003 with assistance from USAID's partner JHPIEGO. The working group is in the process of disseminating them nationally and building district-level capacity to implement them. Over 450 health workers have been trained to date. The Guidelines were also been incorporated, in an earlier draft, into the 2002 revision of the Integrated Technical Guidelines for Front Line Health Workers, the primary clinical guidelines for health-center staff.
4.4.2 How new [illegible] activities will contribute to The Emergency Plan targets, linkages to other activities	These activities directly contribute to The Emergency Plan prevention objectives. USAID with its Track 1 partner, Chemonics/JHPIEGO, and its Track 2 HIV/AIDS Service Delivery partner will link these activities to all USG-supported clinical service, laboratory and home-based care efforts so that providers and patients become more educated in injection safety.

4.4.3 Existing activities initiated prior to FY 04

Partner / C/T	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1, 5, 2)
JHPIEGO/Johns Hopkins University FBO? No	By September 2004: Launch National Infection Prevention Guidelines Train health workers in new Guidelines	• Develop National Infection Prevention Guidelines • Develop training materials for National Infection Prevention Guidelines • Train health workers in Guidelines	USAID			FY 03

4.4.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Chemonics International with *JHPIEGO* and The Mannoff Group New partner? Yes FBO? No	By January 31, 2005: Take steps to reduce unsafe and unnecessary injections to prevent medical transmission of HIV	• Assess current injection practices from client and provider perspectives • Produce national plan for safe and appropriate use of injections • *Design and field test district-level project to improve injection safety* • Develop and implement advocacy strategy for public understanding and support of national injection safety plan • Establish systems for monitoring and evaluating progress of injection safety	USAID	Track 1
To be awarded May 2004 New partner? Yes FBO? Yes / No	Targets through March 31, 2005 to be established by June 2004 in collaboration with new partners *Indicator: Number trained*	• In conjunction with any training on clinical care for HIV and OIs, *training to ensure a* medically safe facility environment including adequate systems of medical equipment sterilization and safe disposal of biomedical waste.	USAID	(S/GAC)

Total partners:	2	New partners:	TBD-1	FBOs:	TBD	Total budget:	

Table 45: Other Prevention Initiatives (e.g. Provision of condoms, control of STIs, high-risk groups)

4.5.1 Current status of program in country

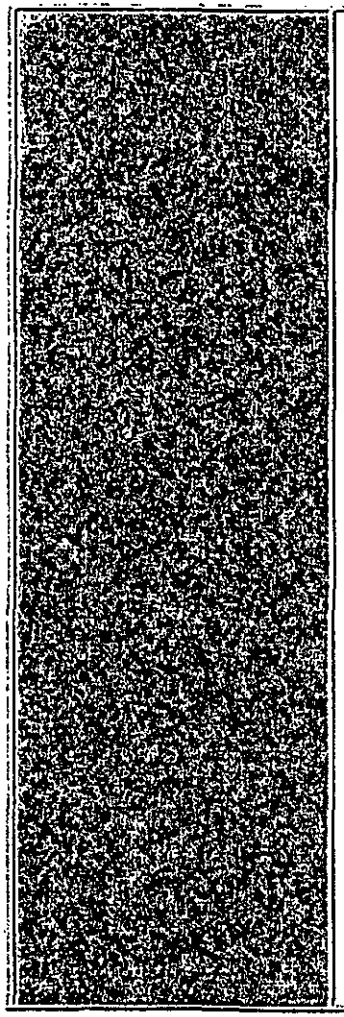
Nearly 100% of adult Zambians have heard of AIDS and over half know of at least two ways of preventing transmission. Nevertheless, HIV/AIDS remains at pandemic levels in Zambia, where women are affected at a substantially greater rate than men. The GRZ/MOH HIV/AIDS prevention strategy is based on the recognition that a significant portion of people aged 15-44 are engaged in high risk behaviors and gives high priority to increasing availability of condoms and improving timeliness and effectiveness of STI diagnosis and treatment. Many community-based and faith-based organizations support the government prevention strategies, targeting high-risk groups to expand their prevention activities, but lack resources. The USG supports the GRZ prevention strategy by funding activities that promote healthy practices, STI diagnosis and treatment, and consistent use of socially marketed condoms when abstinence and being faithful are not accepted options.

Those who are infected with STIs, in particular those suffering from lesions, are a high-risk group for contracting HIV[50]. The Behavioral And Biologic Surveillance Survey, Zambia for 2003 conducted by the Measure Project found 56.1% of sex workers positive for at least one STI. The Zambian Defense Force is at especially high risk group for STIs and HIV/AIDS due to frequent deployment of troops to peacekeeping missions to other countries in Africa, as well as postings to isolated and remote military posts, which put them at risk for engaging in unsafe sexual behavior. The fact that the Zambian Defense Force has grown without increases in family housing also puts the Defense Force at risk with spouses often being separated for two to four years while waiting for priority on a Family Housing List. During separations, some military personnel engage in risky sex practices by using commercial sex workers, subsequently infecting their spouses.

General populations and military personnel currently lack access to STI treatment and other methods of prevention for high-risk groups because health workers lack the skills to provide services based on government protocols for STI syndromic management treatment. The GRZ STI Control Program in Zambia, which began in the early 1980s, and is now referred to as the HIV/AIDS/STI/TB/Leprosy Program, employs the syndromic management of STIs. STI prevention and treatment programs are technically in place in the civilian and military sectors, but shortages of doctors and nurses have forced less experienced and educated personnel such as clinical officers (who have six months of theory and three months of experience), or two year Licensed Practical nurses, to become the front line of diagnosis and treatment. The limited training of these staff members has resulted in non-diagnosis or imperfect diagnosis of sexually transmitted diseases.

The HHS/CDC is working with the GRZ to improve syndromic management of STIs by evaluating drug effectiveness levels in treating STIs, supporting training health workers in new protocols, and providing technical assistance as a member of a NAC technical working group. It has been noted that the treatment of HIV positive patients has been a challenge in Zambia and may require different treatment protocols than for HIV negative patients. The GRZ/MOH is directing Global Fund monies to purchase STI drugs. Unfortunately STI drugs procured through MOH are not available to military service men and women. HHS/CDC is aiding the GRZ to conduct a situation analysis of STI treatment at health clinics in Zambia. The

[50] Holmes, King K., et al, *Sexually Transmitted Diseases, Third Ed.*, McGraw-Hill, New York, 1999, pp. 251-2.

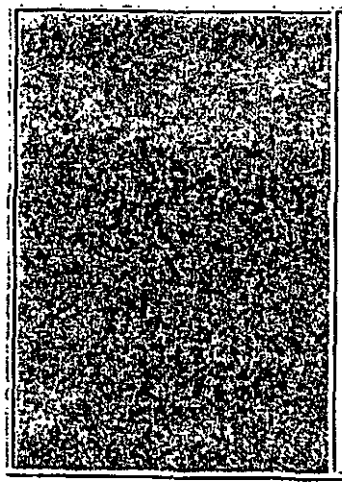


results of the syndromic management evaluation and situation analysis will feed into improved treatment guidelines to better care for HIV-infected STI patients. HHS/CDC is strengthening the capacity of the STI reference laboratory to conduct routine *Neisseria gonorrhea* sensitivity surveillance by providing technical assistance, financial assistance, and lab supplies to ensure that effective medications are being prescribed to HIV-infected STI patients in Zambia. (See 4.14 Laboratory Support).

USAID-supported prevention activities include the development and dissemination of HIV/AIDS prevention information, and messages, in addition to social marketing of condoms, to high risk groups and individuals such as commercial sex workers and their clients (both within the Corridors of Hope Cross Border Initiative sites and other parts of the country); minibus, taxi and truck drivers; migrant fishermen; traders and sellers; individuals with a high number of multiple sexual partners; uniformed personnel; and discordant couples. USAID's current program consists of health promotion and behavior change through a variety of conventional print, mass media and non-traditional media; the use of interpersonal communication through outreach workers and peer educators; and the establishment of condom retail outlets in areas frequented by high risk populations such as bars, hotels and truck parks.

In 2000, the USAID Regional HIV/AIDS Program for Southern Africa (RHAP) and USAID/Zambia launched a set of regional activities in response to 1) the significant contribution migrant and mobile populations were making to the spread of the epidemic and 2) the lack of resources to address this population in a consistent and holistic way. The primary aim of RHAP was to target high transmission populations (sex workers and their clients, long distance truck drivers) at cross border sites primarily with prevention interventions such as behavior change education, condom social marketing, peer education, and STI services. In Zambia, this program is being implemented in partnership with JICA. Track 1.5 funding has allowed the Zambia program, now known as the Corridors of Hope, to expand to three additional in-land sites along the transit corridor where large numbers of high risk groups are known to gather, plus rapidly integrate CT into STI service delivery. Total condom sales in this program for 2003 were 250,000. In addition, 2,286 long distance truck drivers and 11,795 commercial sex workers were treated for STIs as part of the cross-border program in 2003. The 2003 Behavioral And Biologic Surveillance Survey (BBSS) for Zambia, which is used to evaluate impact of the Corridors of Hope, has shown significant decline in STI prevalence among sex workers over the last four years.

4.5.2 How new activities will contribute to The Emergency Plan targets, linkages to other activities	These activities are directly linked to The Emergency Plan prevention objective and also link to abstinence and being faithful, behavior change communication and treatment activities. Containing the spread of HIV transmission through early and effective treatment of STIs linked to VCT will continue to be a focus for the GRZ in both civilian and military populations. The lack of data on the types and prevalence of STIs is a hindrance in developing focused and effective programming to fight the spread, identification and treatment of STIs. DOD and HHS/CDC will work to improve STI syndromic management by updating the national syndromic management protocols, and training health care workers, lab techs, and peer educators in the new protocols. To improve STI treatment, DOD will educate operations officers, commanders, lab techs and enlisted men in the importance of seeking treatment. DOD will also provide lab equipment to promote STI testing and drugs for treatment. To increase the number counseled and tested for HIV, HHS/CDC will work with GRZ to develop a counseling and testing referral system for STI patients and integrate CT into services for high risk groups. (See 4.6 Voluntary Counseling and Testing) The referral system will enable to medical system to identify HIV positive clients who may qualify for ART. USAID and its partners will expand activities and increase numbers of targeted high risk clients served throughout the country and within the Corridors of Hope Cross Border Initiative. USAID will scale-up health communication efforts, introduce new behavior change campaigns for high risk groups such as truckers, and increase social marketing of male and female condoms activities for discordant couples and other high risk groups. USAID will intensify The Corridors of Hope STI and CT services targeted at high risk groups, in 10 border towns and other high volume transit points as well as other services to high-risk clients including outreach counseling, social marketing of male and female condoms, and a behavior change campaign for Truckers. While USAID will continue to provide the technical inputs and implement services through World Vision, JICA has agreed to provide STI drugs. Clients of this program include sex workers, truck drivers, mini-bus drivers, uniformed personnel from a cross section of military institutions, personnel from the Immigration and Zambia Revenue Authority, and money changers.



As part of its comprehensive and mutually supportive ABC interventions, USAID supports activities that promote healthy practices and continued and regular use of condoms when abstinence and being faithful are not viable options. Activities are targeted at identified high risk populations in the context of Zambia such as discordant couples and couples where partner status is unknown; commercial sex workers; fishing communities; truck drivers; informal traders and uniformed personnel. (See Table 4.2 Abstinence and Faithfulness Programs for further discussion of high risk groups in Zambia, specifically discordant couples.)

The USAID-supported multimedia Helping Each Other Act Responsibility (HEART) Campaign, (described in detail under the Abstinence Faithfulness Section) provides education on condom use through the ABC message. HEART Campaign resulted in viewers being more likely to report condom use than nonviewers and perceived efficacy of condoms was positively and significantly correlated with viewership. Condom use was also included in activities such as the 4A Campaign, the Better Health Campaign and youth activities. (Described in detail under the Abstinence and Faithfulness Section)

4.5.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1 or 2)
Center for Communication Programs/Johns Hopkins University Society for Family Health/Population Services International (Both activities ending in FY 04)	By September 30, 2004: Nine TV and Radio spots for 4A campaign produced and broadcasted 4th round of HEART campaign completed 70% recall rate of HEART campaign messages by youth in Lusaka	• Technical Assistance to expand HEART Campaign, 4A Campaign, Youth/Netball Camps, Peer Education Trainings, Concerts, Drama/Theater Productions, Mobile Video Unit Presentations	USAID			FY03

Health Communication Partnership: Center for Communication Programs/Johns Hopkins University with partnership with Academy for Educational Development, Save the Children, The International HIV/AIDS Alliance, and Tulane University's School of Public Health and Tropical Medicine To be awarded May 2004 New partner? Yes FBO? No	Program design completed by April 2004	• Design a behavior change communications program that supports HIV/AIDS treatment, prevention and care goals including key messages on condoms use to better enable communities, families and individuals to take action to prevent disease, and to promote and maintain health. Activities will focus on reducing high-risk behavior and strengthening community action for HIV/AIDS prevention. HCP will undertake an assessment of behavior change needs and issues relating to HIV/AIDS which will serve as the basis of the program design and subsequent activities	USAID		Base	Track 1.5

AIDSMARK /Population Services International New Partner? No FBO? No	By September 30, 2004: Increase condom sales in Western Province from 180,000 in 2003 to 500,000 Increase condom sales in Northwestern Province from 120,000 in 2003 to 500,000 75% of youth in Lusaka recall an HIV advert with Dr. Kenneth Kaunda 70% of youth in Lusaka recall an ABC advert under the HEART campaign Expand condom Social Marketing activities in three new Corridors of Hope sites with additional sales of 300,000 condoms to Commercial Sex Workers and their clients	• Increase condom social marketing efforts in Western and North Western provinces where rates are higher than national averages • Expand activities to more border sites and target vulnerable groups through communications outreach and ensure male and female condom availability to CSWs and their clients including long distance truck drivers, bus and taxi drivers, uniformed personnel and young men • Develop support group 'Care Clubs' in the new sites. • Establish accessible condom outlets in bars, hotels and truck parks • Conduct IPC through workplace educational sessions, e.g., transport companies	USAID		Base	1.5

Family Health International/IMPACT with World Vision and JICA New Partner? No FBO? Yes	Between October 1, 2004 and March 31, 2005: Promote condom use in 41,400 sex workers and 15,000 of their clients to prevent new infections 3100 sex workers and 1100 of their clients provided with STI treatment 1600 sex workers and 550 of their clients provided with on-site VCT	• Corridors of Hope Cross Border Initiative: Continue to support FHI and World Vision through a sub-contract to implement the Corridors of Hope Cross Border Initiative in 10 sites to reduce HIV/AIDS infection among high risk groups	USAID	[redacted]	S/GAC	2.0
HHS/CDC local procurements New Partner? No FBO? No	By March 31, 2005: Develop revised STI Syndromic management protocols	• Complete STI syndromic management (SM) study • Revise SM treatment • Build laboratory infrastructure to conduct GC sensitivity tests (See 4.14 lab section) • TA to CBOH in conducting an STI situation analysis	HHS/CDC	[redacted]	Base	2.0

Project Concern International New partner? No FBO? No	By September 30, 2004: 295 military peer educator trainers trained to receive refresher Training of Trainers 20 performers trained and have visited 10 units	• Provide refresher training to peer educator, operations officers, and commanders on the latest changes in the signs and symptoms of sexually transmitted illnesses, their diagnosis and treatment • Provide training for performers with focus on drama/song/dance groups that promote STI/HIV/AIDS prevention messages through song and dance	DOD		DHAAP	

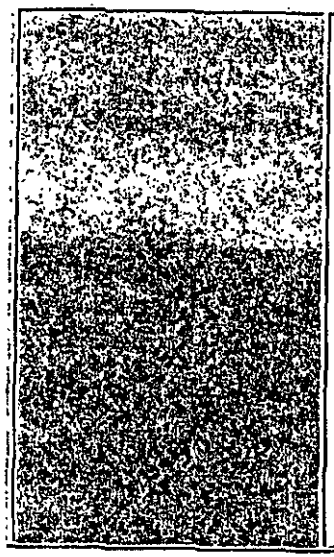
4.5.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Health Communication Partnership: Center for Communication Programs/Johns Hopkins University with partnership with Academy for Educational Development, Save the Children, The International HIV/AIDS Alliance, and Tulane University's School of Public Health and Tropical Medicine To be awarded May 2004 New partner? Yes FBO? No	Targets through March 31, 2005 to be established by June 2004 in collaboration with Health Communication Partnership Illustrative indicators include: • Increased condom use among high risk populations • Increased condom use among discordant couples • Number of community programs promoting condom use among high risk populations	• Continuation and expansion of the HEART Campaign • Campaign and community mobilization focusing on condom use for discordant couples and knowing partner status	USAID	(Base)

To be awarded May 2004 New partner? Yes FBO? TBD	Targets through March 31, 2005 to be established by June 2004 in conjunction with new partner. Indicators include: Number of service outlets. Number reached by communication messages Condoms sold For Corridors of Hope: Between October 1, 2004 and March 31, 2005: Sell/distribute 380,000 male condoms and 13,000 female condoms to sex workers and their clients Reach 1400 truckers with prevention messages	Technical Assistance and training to expand and strengthen the social marketing program of health promotion and behavior change to prevent HIV/AIDS through activities to: • Communicate information and health concepts for behavior change through a variety of conventional print, mass media and non-traditional media and the use of interpersonal communication through outreach workers and peer educators • Social market condoms to high risk groups such as minibus, taxi and truck drivers, migrant fishermen, traders and sellers, individuals with a high number of multiple sexual partners, and uniformed personnel • Establish/support condom retail outlets in areas frequented by high risk populations such as bars, hotels and truck parks • Develop a condom social marketing and health education campaign to discordant couples and those who do not know partner status • Conduct a comprehensive behavior change campaign under the Corridors of Hope (COH) Initiative along 10 border and high transit corridors within Zambia using interpersonal communications and condom social marketing focusing on a multi-country "trusted partner" campaign for truckers and sex workers	USAID	(Base)

Project Concern International New partner? No FBO? No	By March 2005: 50 doctors, nurses and clinical officers trained 30 laboratory technicians trained 500 new peer educators trained at 69 medical posts, clinics and hospitals in 9 provinces	• Provide training program for the Zambian Defense Force military on the signs and symptoms of sexually transmitted infections, their diagnosis and treatment • Provide training for peer educators on the signs and symptoms of sexually transmitted infections, their diagnosis, and treatment along with prevention information so they can sensitize soldiers to STI/HIV/AIDS prevention.	DOD	[redacted] (S/GAC)
HHS/CDC local procurement New Partner? No FBO? TBD	By September 2004: Initiate routine counseling and testing services to STI clients in at least 4 sites (Lusaka STI referral clinic, and 3 sites in Livingstone)	• Promote CT as a part of the STI standard package of care • Identify STI clients with HIV for ART (see CT section)	HHS/CDC	[redacted] Base
HHS/CDC local procurement New Partner? No FBO? TBD	By September 2005: Procure supplies for HIV infected STI clients at 10	• Procure testing and treatment supplies for ZDF's high risk population	HHS/CDC	[redacted] Base
Total partners:	7	New partners: TBD-1	FBOs: TBD	Total budget: [redacted]

Table 4.6	Counseling and Testing
4.6.1 Current status of program in country	The National HIV/AIDS/TB/STI Strategic Plan identifies expanding access to and use of HIV Counseling and Testing (CT) as a critical objective. As of 2001/2002, only 14% of men and 9% of women knew their HIV status. The continuing challenge is not only to make services accessible for all Zambians, but also to overcome barriers like stigma and the perception that it is only worth knowing one's status if treatment is available. In order to address the accessibility barrier, the goal is to integrate CT into routine health services as well as expand services provided by NGOs in order to reach 250,000 people per year. Discussion is beginning on the concept of routine "opt-out" counseling and testing in health facilities, particularly for services such as antenatal care and STI and TB treatment. The USG will help facilitate these discussions. In August 2000, the GRZ, in collaboration with NORAD, JICA, and USAID, began to explore ways to combine available resources to expand opportunities for Zambians to seek counseling and to learn about their HIV status. The Voluntary Counseling and Testing (VCT) Partnership was formed as a collaboration between government, NGOs, District Health Management Teams and donors to expand access to high quality VCT in the country and to promote the health and social benefits from knowing one's HIV status. Currently, JICA provides test kits, USAID's implementing partners provide monitoring and evaluation technical support, and NORAD strengthens laboratory capacity and quality assurance through Zambia VCT Services along with providing seed grants to CT sites. USAID also supports community mobilization, CT promotion, counselor training and Positive Living Clubs. There are currently 176 CT sites in government and NGO-sponsored facilities. In 2003, 139,402 people received CT services nationwide (not including those tested in PMTCT programs). Congruent with government objectives and goals, most of the CT sites are in public health facilities. However, KfW (the German development bank) and USAID are supporting the Society for Family Health in scaling up private sector stand-alone New Start clinics. The current New Start Clinic in Lusaka sees more clients per month than any other VCT center in Zambia due to effective promotion and a reputation for confidentially and quality service delivery.



There is clearly a need to integrate routine CT into clinical health services such as those for TB and STIs. The prevalence of HIV in newly diagnosed TB patients in Lusaka is approximately 70%. Tuberculosis is a major cause of morbidity and mortality in HIV infected individuals and is responsible for 40% of deaths in AIDS patients. Currently CT is not routinely offered to TB patients and is not a routine process for STI clients. A study in Lusaka showed that up to 50% of STI patients were HIV positive. CT in TB and STI clinics presents an opportunity to identify HIV positive individuals with greater efficiency than in the general population, opening opportunities for rapid expansion of ART and palliative care.

In the military health services, there has been limited ability to provide Counseling and Testing. Health worker training and laboratory strengthening are needed to offer this service. The US Defense Attache Office is using Department of Defense Humanitarian Assistance funds to construct a laboratory for the main military referral hospital in Lusaka. The HIV/AIDS laboratory is scheduled for completion in March 2004 and HHS/CDC will then provide equipment and training of the staff on HIV testing. This service will then be expanded to 10 regional military hospitals located through the country.

National political, civic, traditional, military, law enforcement and religious leaders must play a greater role in breaking the stigma that prevents many Zambians from seeking counseling and testing. Counseling and testing are provided in only one clinic (serving 20,000 refugees) in one of the six refugee camps. Greater counseling and testing is needed within the law enforcement services.

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4.6.2 How new activities will contribute to The Emergency Plan targets, linkages to other activities	Counseling and Testing (CT) is an important link between prevention programs and referral of HIV positive persons for treatment, care and support services. These activities contribute to The Emergency Plan's Treatment objective by providing the entry into treatment programs. As above, the USG will support increasing access to and quality of CT services nationwide. USAID will focus on working with the Zambia VCT Partnership to expand the number of testing sites, develop community mobilization to provide pre- and post-test support, encourage Zambians to know their HIV status, and strengthen links from CT to other health services and vice versa. USAID's Track 2 request for CT activities will be carried out by a new partner, who will provide integrated support to PMTCT, CT, ART and care services in the public sector. In order to increase access to CT, routine testing with an opt-out option is being incorporated into the PMTCT package and discussions about extending it to other services are ongoing. As part of this effort, HHS/CDC will provide support to the MOH/CBOH to develop a program to offer counseling and testing to all TB patients as a routine service. This will begin with one district in 2004, with the goal of expanding this nationally as a best practice. In the year 2003, a total of 56,352 TB patients were identified. With an estimated 70% prevalence of HIV in this group, a large majority of these TB patients are potentially eligible for ART and have already had contact with the health system. HIV infected TB patients identified in this program will be referred for available HIV treatment and care options including ART. CT activities are also critical in successful "B" – Being Faithful activities as described in Table 4.2. Knowledge of one's negative status should be an incentive to remain negative and prevent new infections. Activities described in Table 4.13 to address stigma will also contribute to people's increased willingness to undergo CT. Through programs supported by the State APS (see Table 4.2.2), political, religious, civic, military, and traditional leaders will break down the stigma associated with HIV/AIDS, thus encouraging Zambians to seek counseling and testing. The State APS will also support CT of refugees and law enforcement personnel. In doing so, the APS will complement and strengthen other USG activities.

4.6.3 Existing activities initiated prior to FY04

Partner	FY04 Objective(s)	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
Rational Pharmaceutical Management Plus/Management Sciences for Health (Activity ending in FY04) FBO? No	By September 30, 2004: Strengthen national VCT information and health commodities management system 80% of VCT facilities trained in information and health commodities management system	• Train VCT facility staff in management and information systems • Monitor system reporting	USAID			FY03

International HIV/AIDS Alliance (Activity ending in FY04) FBO? No	By September 30, 2004: 21,000 persons going for VCT in 14 districts 84,000 community members reached through mobilization 68 PLWHA trained in each of 14 districts to provide advocacy and prevention education in support of VCT	• Mobilize communities to increase demand for VCT • Increase access and quality of VCT services through training counselors, setting up referral networks, and monitoring service delivery • Establish post-test clubs and other support for those testing positive	USAID			FY03
AIDSMARK/Society for Family Health (Activity ending in FY04) FBO? No	By September 30, 2004: 2 private sector service VCT outlets operating in Lusaka and Kitwe 12,600 clients have received counseling and testing (900 client visits per month in Lusaka and 600 per month in Kitwe)	• Intensify marketing of the private sector, stand-alone VCT services (New Start Clinic) in Lusaka and expedite opening of a second clinic in Kitwe	USAID		Base	1.5

International HIV/AIDS Alliance (Activity ending FY04) FBO? No	By September 30, 2004: 21,000 individuals in existing 14 districts and 5,000 individuals in 3 new districts go for counseling and testing	• The Alliance will intensify work they are currently doing with district governments and through local NGOs in 14 districts to create demand for VCT • Expand and scale-up demand creating activities for VCT services in 3 additional districts. These activities includes training influential community members in counseling, setting up referral systems to HIV/AIDS and related OI clinical services and setting up post-test services and support systems	USAID	[redacted]	Base	1.5
Project Concern International FBO? No	By September 30, 2004 20 Operations Officers, 10 Education Commanders trained	• Provide training to promote diagnosis, testing and treatment of STIs and HIV/AIDS to officers and commanders who manage companies of soldiers and airmen	DOD	[redacted]	DOD	DHAPP

4.6.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
[redacted] To be awarded May 2004 New partner? Yes FBO? TBD	Targets through March 31, 2005 to be established by June 2004 in conjunction with new partner. Indicators will include: Number of service outlets Number of individuals who received CT based on national data Number of persons trained in CT according to national standards	• Technical assistance and training for the Zambia VCT Partnership and the National Working Group on VCT and Care to expand access to services and support a continued emphasis on the quality of services • Technical assistance and training to expand and improve the provision of and referral to post-test care and support, including psychosocial support, links to services for anti-retroviral (ARV) therapy and treatment for opportunistic infections • Training of CT staff in confidentiality, client centered counseling and CT reporting • Technical assistance and training to strengthen referral services for at risk youth • Technical assistance and training to strengthening referrals to other services funded by other sources such as family planning and TB • Technical assistance and training for promotion of and the demand for couple CT service in light of the high proportion of discordant couples in faithful relationships • Technical assistance to promote the use of lay counselors to supplement health clinic staff	USAID	[redacted] (S/GAC)

[redacted]d
Project to be awarded May 2004
 	
New Partner? Yes
FBO? TBD
	Targets through March 31, 2005 to be established by June 2004 in conjunction with new partner
	
	Indicators include:
	
	Number of workplace programs that have initiated CT services or linkages to services
	
	Number of managers, service providers, and peer counselors trained
	
	Develop HIV/AIDS workplace strategies, systems and action plans for ensuring CT access for MAC and MCTI employees
		• Technical assistance to establish HIV/AIDS Workplace Counseling and Testing policies, strategies, and program implementation plans for large, medium and small businesses:
		  • Develop CT policies, strategies, systems, implementing plans, and CT service delivery/linkages
		  • Train management, service providers, and voluntary peer counselors
		  • Develop a service delivery or referral system for CT
		  • Initiate CT for employees
		
		• Technical assistance to develop workplace policies, strategies, systems and action plans for the Ministry of Agriculture and Cooperatives (MAC) and Ministry of Commerce, Trade and Industries (MCTI) to establish HIV/AIDS Counseling and Testing promotion activities and access to services to benefit over 2000 employees
			USAID	[redacted]
				(S/GAC)

World Health Organization New partner? Yes FBO? No	By March 2005: Initiate a program to provide counseling and testing to TB patients in Livingstone District at Livingstone General Hospital and two clinics with diagnostic facilities Initiate a program for counseling and testing for STI clients in one site in Lusaka and in Livingstone District at Livingstone General Hospital and two clinics with diagnostic facilities	• Provide training/retraining for health centre staff in 3 centers in Livingstone in counseling TB and STI patients for HIV • Develop a referral system for all TB and STI patients for CT • Develop links between the TB and STI programs and ART programs with referral of HIV infected TB patients for ARVs • (See also tables 4.5, 4.7, 4.10, and 4.14)	HHS/CDC	[redacted] Base S/GAC Total [redacted]
[redacted] APS to be issued on April 30, 2004 New partner? Yes FBO? TBD	Award grants mobilizing national leaders in the field of counseling and testing Award grants to support counseling and testing refugee populations and law enforcement services	Mobilize national political, religious, civic, traditional, military and law enforcement leaders to promote greater testing and counseling Provide necessary supplies and training for counseling and testing	STATE	[redacted] (S/GAC)

Project Concern International New partner? No FBO? No	By March 31, 2005: Establish HIV testing services for the Zambian Defense Force in 11 hospitals and counseling in 69 facilities One HIV+ military officer provides counseling to up to 20 personnel in each of 10 sites 20 counselor trainers trained 140 counselors (80 new and 60 experienced) trained 40 laboratory staff trained 5,000 posters and 15,000 brochures produced and distributed	• Provide support to establish CT services for the Zambian Defense Force (high risk group) • Provide counseling by HIV+ military personnel to encourage CT • Train CT trainers • Train counselors on the pros/cons of HIV testing, pre and post testing procedures, and referrals for treatment. • Train laboratory staff on HIV/AIDS testing • Design, reproduce and distribute educational materials promoting CT	DOD	(S/GAC)

Total partners:	7	New partners:	TBD-3	FBOs:	TBD	Total budget:	

Table 4.7	HIV Clinical Care and Support, Prevention and Treatment of TB and Other OIs (non-ART)
4.7.1 Current status of program in country	The USG is supporting activities to strengthen current services and designing new opportunities to greatly expand access to HIV/AIDS and opportunistic infection clinical care and treatment in accordance with the new national guidelines for HIV Treatment. The USG is also assisting in the further development of treatment guidelines and implementation for the treatment of opportunistic infections, including TB. Tuberculosis cases were relatively stable in the period 1964 to 1984 and were in the range of 100-120/100,000 population. By the year 2000, there were 512/100,000 population TB cases, representing a five-fold increase from 1964, with the increase attributed to co-infection with HIV. Tuberculosis is a major cause of morbidity in HIV-infected individuals, with an estimated 70% of the newly diagnosed cases in the civilian population being co-infected with HIV. Approximately 70% of patients seen in clinics and 60% of patients hospitalized in military hospitals require treatment for tuberculosis, sexually transmitted diseases or malaria. The GRZ recognizes that TB and OI patients are entry points for identification and treatment of HIV. To reduce the numbers suffering and dying from TB as well as to encourage people coming forward for treatment, the GRZ is purchasing TB medication for general distribution in public health clinics through the Global Drug Facility, supplemented by Global Fund money and donor contributions. Zambian Defense Force health facilities are responsible for supplying their own TB drugs. Strong TB and OI programs are required to attract those needing treatment. The management of TB and HIV-infected individuals occurs in the general health service. Underserved populations lack access to quality treatment for TB and other OIs. Clinicians serving military populations lack training in the treatment of TB and other OIs. The military lacks money for test kits and drugs with the result that Zambian Defense Force personnel often do not receive treatment or illnesses are improperly diagnosed. DOD has identified with the Zambian Defense Force Surgeon General that improved diagnosis and early treatment of suspected HIV positive persons that present with secondary illnesses are essential investments. The USG participates in the National Care and Treatment Working Group of the National AIDS Council, the advisory body for the development of policy and programs related to the treatment and care of HIV infected persons (including ARVs).

	HHS/CDC provides technical support for the program to scale up the implementation of DOTS in 72 Districts in order to provide quality care to the HIV infected persons with TB. Specific technical support is provided to two Provinces for the implementation of DOTS and includes facilitation of training for all cadres of health staff as well as improving the capacity of local communities to participate in the program. HHS/CDC supports the development and dissemination of treatment guidelines and training packages for the management of HIV infection including opportunistic infections and home based care.
4.7.2 How new PEPFAR activities will contribute to The Emergency Plan targets; linkages to other activities	These activities will improve clinical skills in identification, testing and treatment of OIs, including TB, allowing for identification of HIV positive people and higher quality of care for HIV co-infected patients. HHS/CDC, in collaboration DOD and ZDF, will purchase TB and OI drugs for co-infected military patients. HHS/CDC will complete and disseminate an HIV and OI treatment manual. The new HHS/CDC and DOD activities will target TB patients for counseling and testing and develop links between the TB program and the ARV program to facilitate the referral of HIV-infected TB patients for treatment with ARVs. The program will develop protocols linking TB patients to ARV treatment that can be used for the scaling up of such activities nationwide. Strengthening of DOTS implementation will ensure that all TB patients are offered counseling and testing and are subsequently referred for ARV treatment as well as receive appropriate management of TB. USAID will be contracting a new partner who will provide integrated support to PMTCT, CT, ART and care of OIs as part of a comprehensive package of services in the public sector (see Tables 4.1, 4.6 and 4.10).

4.7.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source	Track (1.1.5, 2)
HHS/CDC local procurement FBO? No	By September 2004: Conduct 18 TA visits to Southern and Western provinces Produce and distribute the facilitator's manual to 72 districts for training the community treatment supporters	• Provide TA to District-level management to supervise TB drug adherence • Provide TA to build community-based organization DOTS capacity • Build laboratory capacity nationally to support DOTS implementation. (see 4.14 Laboratory Support) • Provide TA to finalize TB treatment supporters manual • Print and distribute TB treatment supporters manual	HHS/CDC		Base	2.0
HHS/CDC local procurement FBO? No	By September 2004: Produce HIV and OI treatment guidelines and training materials for 72 districts	• Reproduce national treatment guidelines for NAC distribution • Reproduce HIV and OI treatment training materials for NAC distribution	HHS/CDC		Base	2.0

4.7.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
To be awarded May 2004 New partner? Yes FBO? TBD	By March 31, 2005 2-3 rapid response grants provided for clinical care of OIs	• Provide Rapid Response grants to NGOs, FBOs, CBOs and others with innovative and promising projects related to clinical care for opportunistic infections	USAID	(S/GAC)
MOH/CBOH New partner? No FBO? No	By September, 2004: Design and implement a referral program for TB patients to access HIV treatment and care through the provision of routine counseling and testing in three centers in Livingstone district	• Develop a referral system for TB patients in Livingstone district for CT • Increase capacity for HIV testing at Health Centre level through the provision of laboratory equipment, supplies and training of lab staff • Develop links between the TB program and ARV program with referral of HIV infected TB patients for ART	HHS/CDC	See Table 4.6, 4.10, 4.14
CDC Local Procurements New partner? No FBO? No	By September, 2004: 1200 TB infections in HIV positive ZDF patients treated	• Provide drugs for treating HIV infected tuberculosis and opportunistic infections ZDF patients.	HHS/CDC	(S/GAC)

Total partners:	5	New partners:	TBD-4	FBOs:	TBD	Total budget:	

Table 48 Palliative Care

T4.8.1 Current status of program in country	There are approximately 900,000 people living with HIV/AIDS (PLWHA) in Zambia. As increasing numbers of persons get tested and learn their status, the demand for a continuum of care increases. The burden of disease from AIDS is overwhelming the medical system and a growing number of people are in need of home-based or hospice care. Palliative care for PLWHA is the least well developed component of Zambia's HIV/AIDS program. Though several components of palliative care are mentioned in the National HIV/AIDS/STI/TB Intervention Strategic Plan for 2002-2005, including strengthening of hospice and home-based care, encouraging positive living, good nutrition, and prevention and treatment of opportunistic infection, there are no national standards for home-based palliative care. Directly observed treatment (DOT) for TB patients is provided through the health centre and includes the involvement of community volunteers as treatment supporters in the community. There are numerous small, community-based, home-based care and hospice activities that vary in size and services depending on resource availability. These are usually implemented by indigenous NGOs, CBOs and FBOs. There is a critical need for establishing standards for palliative care to assure a minimum set of treatments, inventorying who is doing what, where, and strengthening the capacity of small NGOs and local churches to provide a supportive care to PLWHAs. In addition, mobilizing national political, civic, traditional, military, law enforcement and religious leaders in palliative care initiatives provides opportunities to mobilize their advocacy in advancing effective prevention, testing and counseling. There are five Acts dealing with the control of medicines (Drugs), Pharmacy, and Poisons: The Pharmacy and Poisons Act, The Therapeutic Substances Act, The Dangerous Drugs Act, The Medical and Allied Professions Act, and Food and Drug Act. Under the Dangerous Drugs Act all narcotics are classified as schedule IV Drugs. Schedule IV Drugs may be manufactured within Zambia or imported if they meet the standards forth by one of the regulatory organizations. Only licensed and currently registered physicians may prescribe Schedule IV Drugs. Only licensed pharmacies with current registration may stock and dispense Schedule IV Drugs. Schedule IV Drugs are not part of the Essential Drug List developed for community, health center, or first, second or third referral level facilities. Currently, USAID funds the Catholic Relief Services (CRS) SUCCESS Project to provide home-based care to 6,098 persons through 4 Provincial Dioceses of the Catholic Church. SUCCESS provides a full array of home-based care services including training of volunteer caregivers, simple nursing care, referral for medical care and treatment of opportunistic infections, psycho-social support, nutrition counseling and food supplementation, paralegal assistance, and bednets to prevent malaria. JHPIEGO, with Population Concern International, have recently produced a home-based palliative care trainer's manual for Zambia and CRS is currently working on a guidebook for community-based care givers in Zambia. These will be used by all USG partners providing home-based palliative care services as a step towards standardizing the package of services for PLWHAs. In addition, the USG will assist the GRZ in developing national standards and guidelines for palliative care.

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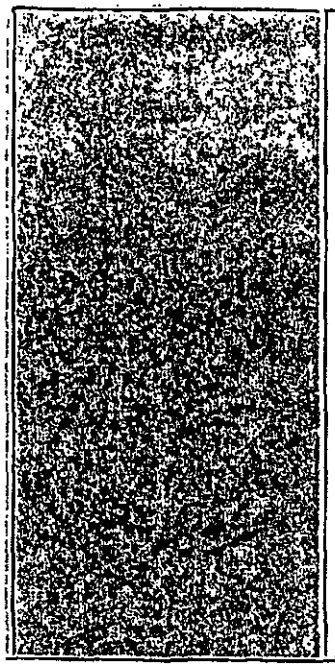

The Zambian Defense Force operates 69 medical posts, clinics and hospitals caring for a combination of civilian and military patients. Funding for palliative care through DOD would provide care for both civilian and military patients. Eighty percent of hospitalizations in military hospitals are related to secondary infections from AIDS. The goal of any hospitalization is to stabilize the patient so he or she can go into home based support care. Funding of home based care programs is essential to provide a continuum of care to civilian and military patients. The lack of doctors, nurses and the fact AIDS is prevalent among medical personnel only complicates the care of civilian and military patients.

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4.8.2 How new activities will contribute to The Emergency Plan targets; linkages to other activities	The activities below will directly link to The Emergency Plan objectives for Palliative Care. Building home based care and hospice programs and funding those already in existence at higher levels are critical to the care of AIDS patients that are in need of support, are symptomatic and/or in the final stages of the disease. The existing CRS project will continue to provide care in the 4 Catholic Dioceses and will provide sub-grants to other FBOs to implement palliative care. USAID give a new award for Care and Support of OVCs and PLWHAs that will have a very strong home-based palliative pare component to allow for national guidelines, nationwide expansion, quality assurance, and increased partnerships expecting to reach 50% of PLWHAs by 2010. This program will introduce a standardized package of services - that includes home visits, simple nursing care, a strong referral system and linkages for medical care, treatment of opportunistic infection, legal services, psycho-social support, nutrition and therapeutic food supplementation from PL 480 title II programs. In the military sector, the goal of all military hospitals is to quickly treat the symptoms of a disease and get the patient to a stage where he or she can return home and receive care. Home based programs would be used to ensure patients are compliant with their medication regimes and know when to see a practitioner for complications and/or side effects. HHS/CDC will produce and disseminate a manual to train community TB treatment supporters who participate in the provision of care to TB patients in the community, including home based care to TB/HIV patients. Through the State APS (see Table 4.2.2), political, religious, civic, traditional, military and law enforcement leaders, in collaboration with implementing organizations, will promote palliative care and break down stigma, leading to an increased number of people accessing not only care, but also prevention messages, and counseling and testing. In addition, in the law enforcement ranks and in refugee settings, implementing partners will provide palliative care to those underserved people living with HIV/AIDS.

4.8.3 Existing activities initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
Catholic Relief Services and 10-20 FBO sub-grantees FBO? Yes	By September 30, 2004: 42,000 PLWHA or family members receiving palliative care	• CRS will scale-up its home-based palliative care work they are currently doing in 4 Dioceses of Luapula, Northern, Western and Northwestern Provinces by adding food supplementation for 6,000 PLWHAs and sub-grants to Faith-based Organizations (FBOs) to do home-based and hospice care	USAID		Base	1.5
Catholic Relief Services FBO? Yes	Between October 1, 2004 and March 31, 2005: 36,000 PLWHAs and their family members (6,098 PLWHAs and 30,000 family members) receiving home-based Palliative care in 4 dioceses 6,098 PLWHA and 12,000 family members received psycho-social support	• CRS to continue to support Home-based Care for PLWHAs in 4 dioceses of Luapula, Northern, Western and Northwestern Provinces. These activities will include home visits, referral for medical care, treatment of OI, psycho social support, nutrition and food supplementation (from PL 480 food aid), legal services, hospice care, referral/linkages to ART services, and ART follow-up.	USAID		Base	2.0

Familiy Health International/IMPACT FBO? No	By September 30, 2004: 2 new Family Support Units for Children Living with HIV/AIDS service outlets 2000 children infected with HIV and their *parents/guardians* receiving PSS by September 30, 2004	• FHI / IMPACT will expand its technical assistance and training support to two new sites for psychosocial support (PSS) for children infected with HIV and their parents/guardians - Livingstone and Ndola	USAID		S/GAC	1.5
The Policy Project and 11 FBO sub-grantees FBO? Yes 11 subgrantees	By September 30, 2004: An advocacy network representing 11 districts operational 110 advocates trained 11 Faith-based Organizations receiving sub-grants, and technical guidelines to implement HIV/AIDS Palliative Care Programs in the Southern Province	• Provide subgrants, technical support and training to 11 Faith-based Organizations in Southern Province for expanding and improving the quality of Palliative Care and Treatment for PLWHAs	USAID		Base	1.5

The Policy Project FBO? No	By September 30, 2004: Dunavant Cotton and Konkola Copper Mines will have policies, plans and systems for implementing a home-based care program for PLWHAs 2500 caregivers trained in Palliative Care At least 7500 persons receiving Palliative Care and 35,000 family members receiving care and support	• Sub-contract the Comprehensive HIV/AIDS Management Program (CHAMP) to provide technical assistance and training to two large companies with extensive rural reach - Dunavant and Konkola Copper Mines (KCM) - to develop policies, plans and implement effective workplace home-based care programs for PLWHAs • Train 2500 community-based caregivers in: • Home based care management • HIV/AIDS prevention • Stigma and discrimination • Counseling and testing • Nutrition for PLWHAs • Management of opportunistic infections and ART	USAID		Base	1.5

Food Aid and Nutrition Technical Assistance (FANTA) FBO? No	By September 30, 2004: National Nutrition and HIV/AIDS guidelines complete and widely disseminated Counseling wall chart on Nutrition for PLWHAs and on ART produced and widely disseminated Food aid linkages identified and MOUs drafted	Technical support for nutrition and HIV/AIDS: • Provide TA to complete the National Nutrition and HIV/AIDS guidelines • Develop simple counseling material for health workers and caregivers on nutrition for PLWHAs and persons on ART • Develop a strategy for linking food aid with home-based care and OVC programs	USAID		FY 03	ESF

4.8.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
[redacted] To be awarded May 2004 New partner? Yes FBO? TBD	By March 31, 2005: 25,000 [redacted] receiving community-based Palliative Care Approximately 35 organizations, including at least 10 FBOs, receiving sub-grants	• Expand and strengthen home-based and hospice care at the community level for [redacted] • Provide a package of Palliative care services, e.g. medical care, treatment of OI, pain management, psycho-social support, legal services, material support, nutrition and food supplementation linkage to ARV Treatment, malaria prevention, and training of caregivers • Improve the quality of home-based and hospice care • Develop service linkages to ensure a continuum of care • Technical assistance and training for the provision of Palliative Care through FBOs, community groups and NGOs, including home-based and hospice care • Provide Rapid Response grants to NGOs, FBOs, CBOs and others with innovative and promising projects related to Palliative Care	USAID	[redacted] (S/GAC)
[redacted] To be awarded May 2004 New partner? Yes FBO? TBD	By March 31, 2005 At least 20 businesses having a palliative care strategy and plan of action for employees 10 businesses initiated a training program for caregivers	• Provide technical assistance to develop strategies, action plans and systems within small, medium and large business for employees and their family members to access Palliative Care • Assist in developing and establishing training programs for caregivers	USAID	[redacted] (S/GAC)

[redacted] RFA to be issued on April 30, 2004 New partner? Yes FBO? TBD	Award grants mobilizing national leaders in the field of palliative care. Award grants to support palliative care for refugee and law enforcement populations.	• Mobilize national political, religious, civic, traditional, military and law enforcement leaders to promote greater access to palliative care • Provide necessary material support and training to deliver quality palliative care	STATE	[redacted] (S/GAC)
Project Concern International New partner? No FBO? No	By March 31, 2005: 10 visits to military units by HIV+ military officers 200 military personnel visited and provided counseling by HIV+ military officers 10 Home Based Care trainers trained 250 home based care volunteer care givers trained. Establish home based care programs through 5 hospitals in 9 provinces 1200 AIDS patients in home-based program from medical posts, clinics and hospitals in 9 provinces to receive home-based care and nutritional support	• Train HIV positive military officers as peer educators to provide HIV counseling and reduce stigma associated with being HIV+ to high risk Zambian Defense Force military units • One HIV positive military officer will visit 10 units over the course of 1 yr talking to 20 military persons per visit. (See 4.6.4 for description/cross reference) • Develop a train-the-trainer program for Home Base Care trainers • Provide training program for Home Based Care trainers on the essentials of a home based care program • Provide training program for volunteer care givers on the essentials of a home based care program to include grieving and death and dying cycle, nutritional support, physical therapy, care of wounds and prevention of bedsores and/or principles of terminal care support • Provide home-based care, nutritional supplements and supplies to PLWHAs/AIDS patients	DOD	[redacted] (S/GAC)

MOH/CBOH New Partner? No FBO? No	By September 2004: Produce and disseminate a training manual for community treatment supporters to supervise the treatment of TB/HIV patients.	• Produce and disseminate a manual for the training of TB treatment supporters in one district. • Investigate the possibility of using community treatment supporters to monitor ARV treatment in Livingstone and Mongu, linking to activities of CRS in home based care.	HHS/CDC		See Table 4.7
Total partners:	8	New partners:	TBD-3	FBOs:	2+TBD	Total budget:	

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Table 4.9	Support for Orphans and Vulnerable Children
4.9.1 Current status of program in country	For 2004, the Central Statistics Office has been estimated that there are 750,000 AIDS Orphans under 15 years of age in Zambia. Projections for 2010 indicate that the numbers of AIDS orphans will significant increase to 936,167. As mothers, fathers or both parents die from AIDS, the children they leave behind are either taken into the households of relatives, neighbors or friends, or they continue to live in their homes with the eldest child heading the household, or they often end up living on the streets. Children's guardians are unable to meet the costs of basic necessities such as food, school fees and health services. In the light of the large percentage of orphans being looked after by grandparents, a real concern also arises over what may happen to these children as the grand-parents age. The increasing numbers of street children seen in urban centers may provide an early warning that Zambian households, and the Zambian extended family system, and the traditional community support system have been pushed to the brink of collapsing. The Ministry of Sports, Youth and Child Development is taking the lead in coordinating OVC activities within the country in its role of Secretariat for the National OVC Steering Committee with assistance from USG, UNICEF and several other donors. A national policy on OVCs has been in draft form for several years but has not been formally approved. To date, there is no national database on OVCs or for services being provided to OVCs, and services for OVCs remain uncoordinated, irregular, and scattered. The package of care varies depending on resources available and the capacity of the organization. Most care and support for OVCs is at the community level through CBOs, FBOs and NGOs with support from local and international church groups, international non-governmental organizations, and donors. There continues to be a tremendous need for capacity building and assistance for organizations, communities and households caring for OVCs. In addition, mobilizing national political, civic, traditional, military, law enforcement and religious leaders in OVC initiatives also provides opportunities to mobilize their advocacy in advancing effective prevention, testing and counseling. The USG has been supporting an OVC program for the last three years, which covers 12 districts of the country and has reached 138,000 OVCs through community organizations. Care and support to OVCs has included support for education, shelter, food supplementation, training of OVC caregivers, psychosocial support, bednets to prevent malaria, health care, and reunification with family. An additional 30,000 OVCs were reached through Food for Peace Title II food assistance in 2003.

4.9.2 How new activities will contribute to PEPFAR targets; linkages to other activities	The new activities will directly contribute to the goals and target of The Emergency Plan for care. It is anticipated that through support of The Emergency Plan within the next 5 years, the USG will be able to triple its current OVC reach and provide an improved package of support and care services to 378,000 OVCs. Through the State APS (see Table 4.2.2), political, religious, civic, traditional, military and law enforcement leaders, in collaboration with implementing organizations, will promote OVC initiatives and break down stigma, leading to an increased number of people accessing not only OVC services, but also prevention messages and counseling and testing. In addition, in the law enforcement ranks and in refugee settings, implementing partners will provide OVC services to those underserved people living with HIV/AIDS.

4.9.3 Existing activities initiated prior to FY 04

Partner	FY 04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1-5.2)
UNICEF FBO? No	By September 30, 2004: The International Symposium on Violence Against Women and children completed National OVC Steering Committee strengthened Annual National OVC consultation planned and ready to be conducted in October 2004.	Grant provided to UNICEF to: • Support National OVC Steering Committee • Support for the International Symposium on Violence Against Women and Children, in light of the relationship between HIV/AIDS and sexual abuse of OVCs • Support preparations for annual National OVC consultation forum with Ministry of Sports, Youth and Child Development	USAID		FY 03	FY 03

Family Health International/IMPACT with World Vision FBO? Yes	By September 30, 2004: 2400 AIDS orphans to attend children's Psycho-social Support Programs in 12 districts 2400 adult care givers of AIDS orphans receive psycho-social support training to complement the children's program 5000 AIDS orphans and their family members to receive "Safenite" bed nets to protect against Malaria. At least 1200 AIDS orphans (600 Primary School and 600 Secondary School level) to receive educational assistance	• Scaling up of SCOPE – OVC Project through its existing work in 12 districts to increase the package of care and support to orphans and vulnerable children, including psychosocial programs to provide emotional and spiritual support, help with overcoming grief, educational assistance, and health care – such as bednets to protect against malaria • Technical assistance in partnership with DFID and UNICEF to conduct an updated Situation Analysis of Orphans and Vulnerable Children in Zambia to determine trends, progress, and provide data for future planning	USAID		Base	1.5

Catholic Relief Services (CRS) FBO? Yes	By March 31, 2005: 17,500 Orphans and Vulnerable children receiving care and support 350 psychosocial and community caregivers recruited and trained # of FBOs receiving technical and management capacity building Baseline established	Provide support to orphans and vulnerable children affected: • Build capacity of families and orphans themselves to respond effectively to the needs of OVC • Train caregivers and volunteers • Build institutional capacity of faith-based and community-based partners to deliver sustainable, high-quality OVC interventions • Conduct baseline assessment of project client household and development of intervention plans	USAID			1.0

4.9.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
To be awarded May 2004 New partner? Yes FBO? TBD	By end of FY 04: Provide support and care to 180,000	Technical assistance to households to Improved Care and Support for People Living/Affected by HIV/AIDS: • Provision of care and support for nationwide through FBOs and community organizations, including support for education, shelter, nutrition and food aid, psychosocial support, and training of caregivers • Provide Rapid Response grants to NGOs, FBOs, CBOs and others with innovative and promising projects related to care and support of	USAID	(S/GAC)
New award New Partner? Yes FBO? TBD	By March 31, 2005: 1500 female OVCs to receive Educational Scholarships and training as HIV/AIDS peer educators.	• Provide 1500 female AIDS orphans with education scholarships to complete secondary school • Provide training and mentoring to these female AIDS orphans to develop their knowledge and skills to enable them to work effectively as peer educators to promote abstinence and faithfulness and to help reduce the stigma and discrimination associated with HIV/AIDS.	USAID	(S/GAC)

[redacted] RFA to be issued on April 30, 2004 New partner? Yes FBO? TBD	Award grants mobilizing national leaders in the field of OVC services. Award grants to support OVC services for refugee and law enforcement populations.	• Mobilize national political, religious, civic, traditional, military and law enforcement leaders to promote greater access to OVC services. • Provide necessary material support and training to deliver quality OVC services.	STATE	[redacted] (S/GAC)

Total partners:	5	New partners:	TBD-3	FBOs:	2+TBD	Total budget:	[redacted]

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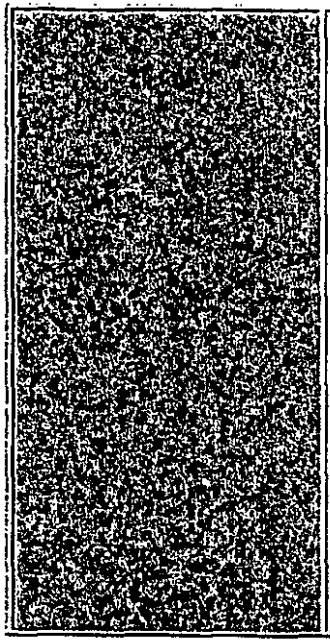
Table 4.10	Anti-Retroviral Therapy (non-PMTCT plus)
4.10.1 Current status of program in country	Until recently, ARVs were mainly available in the private sector for a limited number of people due to their high costs. In 2002, the Zambian government adopted a policy decision to make ART widely available through the public sector. This decision was followed by allocation of [redacted] from GRZ resources to purchase ARV drugs for an initial 10,000 people. Early in 2003, the GRZ began offering limited quantities of ARVs in two major hospitals, one in Lusaka and another in the Copperbelt region. Additional funds for purchasing ARVs have been approved by the Global Fund, with a budget of approximately $2 million for procurement that will done through UNICEF. Currently there are ART services in all 9 provincial hospitals and at 8 other private and NGO sites. The estimated total number of Zambians on ARVs as of the end of 2003 is 3,000 with approximately 2,000 persons receiving ARVs through the public sector and another 1,000 through the private sector. The GRZ has drafted a 2004-2005 Implementation Plan for Scaling Up Antiretroviral Treatment for HIV/AIDS. During 2004, the focus is on building systems, human capacity and infrastructure necessary for widespread delivery of ART. 2005 will see the focus on expanding the number of sites providing ART, making improvements to the quality of care and increasing uptake of ART. The scale-up plan includes public, private, and NGO/CBO/faith-based facilities. Part of this plan is to develop a certification system so that institutions can be assessed to make sure they have the necessary staff and capabilities in place to deliver ART according to national guidelines and standards. The GRZ's ambitious goal is to have 15,000 Zambians on ART by the end of 2004 and 100,000 by the end of 2005. The USG is adopting more modest goals for these periods (see Table 3.2 Targets). The USG has already started assisting Zambia to develop the necessary capacity to drastically scale-up ART services. USAID's partners have helped to develop national policies, plans and guidelines, including the National HIV/AIDS Policy, NAC Strategy Plan, ARV Scale-up Policy and Operational Guidelines – Draft, ARV Scale-Up Implementation Strategy – Draft, National Standard Package on ART and OI Therapy – 1st Edition, and National Clinical Protocols for HIV/AIDS Care & Support – Draft. In addition, JHPIEGO, with funding from HHS/CDC through HHS/HRSA, has been working with the GRZ to develop ART training materials for medical practitioners, with the aim of training multidisciplinary teams of staff at each facility. These are already in use in several sites. Other USAID partners have been working on strengthening aspects of the health system that will be needed to support ART, including drug management and logistics, information systems, human resource considerations, cost-sharing considerations, etc. All of these efforts will be expanded and intensified under Track 2 (see Table 4.13 Cross-Cutting). HHS/CDC has committed to assisting the GRZ in building lab capacity to monitor ART. Specifications for reagents for hematology and blood chemistry are being developed prior to procurement. Procurement of FACSCount machines for the Maina Soko military hospital and the provincial hospital in Livingstone are being researched. (See 4.14 Laboratory Support)



In addition, JHPIEGO, with funding from HHS/CDC through HHS/HRSA, has been working with the GRZ to develop ART training guidelines for medical practitioners, with the aim of training multidisciplinary teams of staff at each facility. These guidelines are ready to be used for provider trainings as soon as they receive final GRZ approval. Other USAID partners have been working on strengthening aspects of the health system that will be needed to support ART, including drug management and logistics, information systems, human resource considerations, cost-sharing considerations, etc. All of these efforts will be expanded and intensified under Track 2.

HHS/CDC has committed to assisting the GRZ in building lab capacity to monitor ART. Specifications for reagents for hematology and blood chemistry are being developed prior to procurement. Procurement of FACS Count machines for the Maina Soko military hospital and the provincial hospital in Livingstone are being researched. (See 4.14 Laboratory Support)

The Zambian Defense Force currently has 80 persons on anti-retroviral therapy. They do not have sufficient funds for ARVs and the Defense Force Medical Service has made it a policy not to put more patients on ARVs until they train medical staff on use and management of ART. Training of medical staff and developing laboratory capacity in 10 regional hospitals will be a major focus of Emergency Plan funding in 2004, with the goal of being able to provide ART in 2005.

There is a national treatment gap, which is particularly acute within law enforcement services, in rural areas and in refugee settings. Currently, there is insufficient support for leadership in this area. Some people living with AIDS fail to access ARVs due to misinformation and the barriers associated with stigma. In addition, law enforcement members fail to access ARVs due to gaps in donor support.

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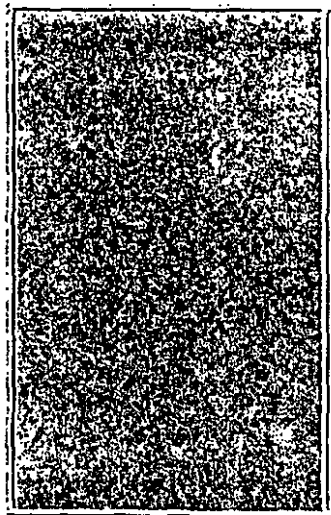
4.10.2 How new activities will contribute to The Emergency Plan targets, linkages to other activities	New track 1.0, 1.5 and 2.0 activities will complement each other to rapidly expand ART services both by expanding existing sites and establishing new sites in locations throughout Zambia. Track 1.0 grantees, Catholic Relief Services (CRS) and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), with their partners, the Churches Health Association of Zambia (CHAZ) and the University of Alabama, Birmingham (UAB), bring a wide variety of strengths to ART in Zambia. CRS has a broad network of community-based care and support projects and extensive experience in this area. CHAZ with its network of mission hospitals and clinics provides about 30% of all public health services in Zambia, primarily in rural areas. EGPAF/UAB has successfully scaled up PMTCT in all clinics in Lusaka district, reaching more than 11% of Zambia's population. In addition, UAB and its associated NGO, the Centre for Infections Disease Control in Zambia (CIDRZ), brings extensive medical and laboratory expertise to the mix. USG program and management staff will team with these partners to exploit potential synergies that come from the strengths of this new network. In addition, USG efforts to promote "opt out" counseling and testing in antenatal, TB and STI clinics will assist in identifying and referring eligible patients to ART. To further support these activities, HHS/CDC has given supplemental funds through track 1.5 to UAB, as well as track 1.5 funds to JHPIEGO. JHPIEGO has been working closely with the GRZ to develop guidelines for ART and training programs for providers of ART. JHPEIGO will work closely with CRS/CHAZ and EGPAF/UAB to ensure that a uniform, government-approved training package is given to providers of ART throughout the country. USAID will be identifying a new consortium of partners through a competitive procurement for comprehensive HIV/AIDS service delivery support. This activity will work closely with the MOH/CBOH to scale-up quality ART services nationwide according to the national expansion plan. They will also collaborate with HHS/CDC Track 1, 1.5 and 2 partners. USAID's new activity for health systems support will help to build the necessary platforms for ART (see Table 4.13 Cross Cutting). Activities in health communication, community mobilization, and social marketing will also support increasing access to and use of ART. Similarly, activities to expand home-based and palliative care will coordinate closely with ART services. For example, CRS is currently implementing a home-based care program to which they can now link the ART program they have started under Track 1. Another important linkage is between maternal and child health services and ART. USAID's partners in those areas will work closely with the HIV/AIDS Service Delivery partners to improve referral links for testing, family planning, antenatal care, malaria care, child health, etc. USAID has already provided support to add a section on HIV in children to the Integrated Management of Childhood Illness program. Capacity will be build among small, medium and large businesses and three government ministries to initiate ART within HIV/AIDS workplace programs. In the military health system, capacity building to provide ART in the 10 regional hospitals will result in a complete service from pre/post HIV counseling to HIV testing to placement on ART, to monitoring while on ARVs and ultimately home based care.



As described in Table 4.6, there are important linkages between HIV and TB infections. It is widely accepted that integrating HIV and TB services improves the ability of both programs to meet the needs of clients. In Zambia, not only are over 70% of TB patients HIV positive, but TB is commonly the first opportunistic infection that they experience.

TB patients form a pool of potential candidates for ART. These patients, if they have successfully completed the intensive phase of TB therapy, have demonstrated that they can successfully take a challenging drug regimen for an extended period of time. Therefore HIV-infected TB patients are an excellent group to target for rapid scale-up of ART services. However, there are few models for this type of program. HHS/CDC proposes to initiate a program of ART for HIV-infected TB patients in Livingstone, while at the same time making ARVs available nationally for HIV-infected TB patients.

Through the State APS (see Table 4.2.2), political, religious, civic, traditional, military and law enforcement leaders, in collaboration with implementing organizations will mobilize to educate people about ART and break down the stigma associated with treatment, thus expanding the number of people receiving ART. In addition, implementing organizations will promote and provide ART to select law enforcement communities.

4.10.3 Existing activities initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
Rational Pharmaceutical Management Plus/Management Sciences for Health FBO? No	By September 30, 2004: National pharmacy and laboratory policies and standard operating procedures developed for ART Pharmacy and laboratory personnel in 9 provincial hospitals centers trained in appropriate use of ARVs and in drug management and supply National drug selection, quantification and procurement procedures developed for ART commodities	• Rational Pharmaceutical Management Plus will expand their technical assistance in building capacity of pharmacy and laboratory personnel and services to support ART services in the 9 provincial hospitals that are the initial focus for public sector ART services	USAID		Base	1.5

The Policy Project FBO? No	By September 30, 2004: Increase capacity of workplace programs to implement ART Workplace prevention, care and treatment programs developed at the two companies	The Policy Project will sub-contract CHAMP(Comprehensive HIV/AIDS Management Program) to provide technical assistance and training to two large companies with extensive rural reach - Dunavant and Konkola Copper Mines (KCM) - to develop policies, plans and implement effective workplace prevention, care and treatment programs	USAID		Base	1.5

Partnership for Health Reform Plus/Abt Associates FBO? No	By March 31, 2005: ART patient tracking system developed and being tested in 3 provincial hospitals ART financial mechanisms (cost-sharing as per GRZ policy, cost accounting) developed and being tested in 3 provincial hospitals Human Resource needs assessed and plans in place to meet them at 9 provincial hospitals	• Technical assistance to strengthen priority management systems in the 9 provincial hospitals serving as GRZ phase 1 focus sites for ART services	USAID		Base	1.5

4.10.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
To be awarded May 2004 New partner? Yes FBO? TBD	Targets through March 31, 2005 to be established by June 2004 in collaboration with new partners. Indicators include: 9 provincial centers providing ART according to national standards total # of ART sites # of persons on ART # of health workers trained to provide ART	• Technical assistance, training of HIV/AIDS service delivery teams, national guidelines development, and other inputs to support the MOH's plan for scaling up ART. TA and other inputs to further strengthen and expand the nine provincial centers for HIV/AIDS Treatment and Care in the public sector • Technical assistance and training for other public, private and FBO facilities in support of GRZ scale-up plans • Strengthen current services and design new opportunities to expand access to HIV/AIDS and opportunistic infections clinical care and treatment services • Technical assistance to GRZ in documenting implementation of ARVs at the 9 Provincial centers and at other sites • Technical assistance and training towards establishing multidisciplinary teams of nurses, midwifes, physicians, laboratory technologists, medical social workers, psychosocial counselors and lay counselors for scale up of Zambia's National Treatment Plan • Further development and implementation of guidelines for the treatment of opportunistic infections, including TB	USAID	(S/GAC)

[redacted] To be awarded May 2004 New partner? Yes FBO? TBD	Targets through March 31, 2005 to be established by June 2004 in conjunction with new partner. Indicators include: Number of workplace programs that have developed a ART treatment program Number of managers, service providers, and peer counselors trained Number of individuals with advanced HIV infections receiving ART by March 31, 2005.	Scale-up and expansion of workplace HIV/AIDS treatment programs • Conduct assessment of ART Utilization in the workplace-Accessibility Factors: An assessment in selected work places to uncover factors that inhibit and or encourage ARV use. Some companies have introduced ARV use in the work place for employees; however, anecdotal information indicates that utilization is very low. The assessment will provide evidence-based information on factors leading to non use. Information will also be captured on factors that have encouraged others • Develop ART policies, strategies, systems, action plans, and conduct cost analyses in preparation for ART service delivery/linkages • Train management, service providers, and voluntary peer counselors in ART	USAID	[redacted] (S/GAC)
[redacted] To be awarded May 2004 New Partner? Yes FBO? TBD	By March 31, 2005: Integrate ART into HIV/AIDS workplace policy for two government ministries Develop HIV/AIDS workplace strategies, systems and action plans for access to ART for MAC and MCTI employees	• Provide technical assistance to develop workplace policies, strategies, cost analyses, systems and action plans for the Ministry of Agriculture and Cooperatives (MAC) and Ministry of Commerce, Trade and Industries (MCTI) to establish HIV/AIDS ART promotion activities and access to services to benefit over 2000 employees	USAID	[redacted] (S/GAC)

[redacted] New Partner? No FBO? No	By March 31, 2005: 3 sites (Ndola, Lusaka and Livingstone) will pilot activities with 300 people on ARVs	Support adherence to ART for people with HIV. This activity will • Develop strategies to prepare communities to support people on ART through community education and referral, and involvement of PLWHA and other stakeholders, focusing on behavior related to accessing CT, adherence to ARVs, prevention of further HIV infection among those already infected and equity of access to ART • Replicate lessons learned nationwide • USG funding supplements other donor funding in order to add a third site (Livingstone) which is of particular interest to the USG	USAID	[redacted] (S/GAC)
PACT New partner? yes FBO? No	By March 31, 2005: Reduce stigma and discrimination for PLWHAs to increase VCT and ART utilization 50% of Members of Parliament (75 out of 150) trained to influence HIV/AIDS policy that reduces stigma and discrimination for PLWHA 10 sub-grants to local organizations to advocate for reduces stigma and discrimination	• Technical assistance and training to develop policies and advocate for the reduction of stigma and discrimination of PLWHA to increase utilization of CT and ART	USAID	[redacted] (S/GAC)

[redacted] with Academy for Educational Development New Partner(s)? No FBO? No	By March 31, 2005: Establish an efficient and equitable system of HIV testing, counseling and treatment for 55,000 MOE personnel	• Identify barriers that limit present utilization by Ministry of Education (MOE) personnel of HIV prevention, CT and ART services • Assist the MOE to finalize and implement a national HIV/AIDS workplace policy that includes prevention, CT, and ART • Design a strategy and action plan to operationalize the MOE HIV/AIDS workplace policy	USAID	[redacted] (S/GAC)

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Health Communication Partnership: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs with partnership with Academy for Educational Development, Save the Children, The International HIV/AIDS Alliance, and Tulane University's School of Public Health and Tropical Medicine To be awarded May 2004 New partner? Yes FBO? No	Targets and indicators through March 31, 2005 to be established by June 2004 in conjunction with Health Communication Partnership	Technical Assistance to develop communication strategies to help individuals appropriately, safely and knowledgeably participate and manage ART: • Development of IEC materials for PMTCT and ART literacy – for both ART clients and communities. ART literacy materials will reinforce adherence to health care provider instructions while educating family and community members. Materials will also include information for individuals on managing ART usage • Development of referral materials for communities and health care workers documenting both clinical and home-based care services available in communities - providing linkages in the continuum of care • Community mobilization to support access to VCT, PMTCT and ART services • Community mobilization in support of home-based care and OVC programs	USAID	[redacted] (S/GAC)
HHS/CDC local procurement New Partner? No FBO? No	By September 2004: Implement a project in three sites in Livingstone to treat HIV-infected TB patients with ARVs.	• (Re)train counselors in CT • Develop a referral system for TB patients to ART(see 4.7 HIV Clinical Care and Support) • Provide TA in developing HIV detection program for TB patients	HHS/CDC	[redacted] (Base)

Elizabeth Glaser Pediatric AIDS Foundation Collaborating partner – University of Alabama/Center for Infectious Disease Research in Zambia New partner? No FBO? No	Assist the GRZ to scale up ART in three provinces (Lusaka, Southern and Western) by the end of the first 12 months of the cooperative agreement.	• Provider training • Laboratory scale-up (See 4.14 Laboratory Support) • Procurement of ARVs • Provision of ARVs • Monitor treatment • M&E of project	HHS/CDC	[redacted] Track 1.0
Catholic Relief Services Collaborating partner – Churches Health Association of Zambia New partner? No FBO? Yes	Assist the GRZ to scale up ART in two provincial mission hospitals by the end of the first 12 months of the cooperative agreement.	• Provider training • Laboratory scale-up (See 4.14 Laboratory Support) • Procurement of ARVs • Provision of ARVs • Monitor treatment • M&E of project • Community mobilization	HHS/CDC	[redacted] Track 1.0
JHPIEGO [redacted] New partner? No FBO? No	By September 30, 2004: Train health practitioners in three provinces in ART	• Develop national-level ART training materials • Train health practitioners in ART	HHS/CDC, Track 1.5	[redacted] (S/GAC)

[redacted] New partner? No FBO? No	Establish a center of excellence for ART at UTH, the tertiary hospital and center for the network model, by the end of year 1	This track 1.5 proposal supplements the EGPAF track 1.0 activity. The intent is to rapidly scale up ART in Lusaka, and to establish a training facility for ART where practitioners from around the country can receive advanced training in best practices surrounding ART. • Renovation of facility for ART service delivery and training • Provider training • Laboratory scale-up • Provision of ARVs • Monitor treatment • M&E of project	HHS/CDC Track 1.5	[redacted] (S/GAC)
HHS/CDC Central Procurement New partner? No FBO? No	By September 2004: Procure ARVs for 2,400 – 4,000 persons (depending on price per year).	The HHS/CDC proposal to provide ART to HIV-infected TB patients and the DOD proposal to scale up ART at military hospitals requires an expanded source of ARVs. This procurement will support these two activities. • Procure ARVs • Supply ARVs to HHS/CDC and DOD programs	HHS/CDC	[redacted] (S/GAC)
Zambia Ministry of Education New partner? No FBO? No	Partner with the Ministry of Education to implement their existing HIV/AIDS strategy in communities.	• Recruit and place 2 technical advisors in the Gender section and the HIV/AIDS section of the Ministry of Education.	Peace Corps' Crisis Corps	[redacted] (S/GAC)
Project Concern International New partner? No FBO? No	By March 2005, 75 Defense Forces medical staff trained in ARV therapy	• Provide training program for military medical service doctors, clinical officers and nurses on ART to include specific drugs, combinations of drugs, appropriate monitoring techniques and side effects of drugs.	DOD	[redacted] (S/GAC)

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[redacted] APS to be issued on April 30, 2004 New partner? Yes FBO? TBD	Award grants mobilizing national leaders in support of ART. Award grants to support ART for law enforcement populations.	• Promote national leadership in ART through outreach activities designed to increase the number of people receiving ART. • Support improving access to ART delivery services to members of law enforcement.	STATE	[redacted] (S/GAC)		
Total partners: [redacted]	17	New partners: [redacted]	TBD-3	FBOs: [redacted]	1+TBD	Total budget: [redacted]

Table 4.1.1	PMTCT-Plus (access to care and treatment by women and families through PMTCT)
4.1.1.1 Current status of program in country	As described above, the USG supports the GRZ Strategic Framework for the Expansion of PMTCT Services as well as the national guidelines for implementation of PMTCT programs. The GRZ's vision of PMTCT is an integrated approach that situates PMTCT interventions within maternal and child health (MCH) services and builds upon existing initiatives in Safe Motherhood. The goal is to place PMTCT within a comprehensive service that identifies clients through antenatal care and provides counseling and testing. For those who are HIV+, the PMTCT service provides NVP but has established referral systems to link clients to services for assessment of HIV disease stage, readiness for ART and provision of ART, for both mothers and children. While there are a few stand-alone PMTCT programs in the country (including one supported by Columbia University), the GRZ plans to pursue the development of the comprehensive services and referral links described above. The USG supports this plan.
4.1.1.2 How new activities will contribute to The Emergency Plan targets; linkages to other activities	(See discussion of linkages in 4.1)

4.1.1.3 Existing activities initiated prior to FY04

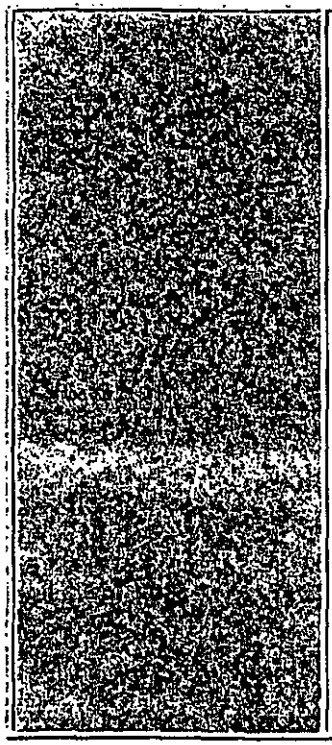
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1, 1.5, 2)
N/A FBO? Yes / No	N/A	• N/A •	N/A	N/A	N/A	N/A

4.1.1.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

New partner? Yes / No FBO? Yes / No	N/A	• N/A •	N/A	N/A	N/A
Total partners	N/A	New partners	N/A	FBOs	N/A	Total budget	N/A

Table 4.12	Strategic Information: Surveillance, Monitoring, Program Evaluation
4.12.1 Current status of program in country	The USG works closely with the GRZ Ministry of Health (MOH), NAC and other line ministries to improve data collection tools, information management and information usage and exchange related to HIV/AIDS. HIV/AIDS projections are done on an annual basis in collaboration with the Central Statistics Office and published in the AIM booklet. The USG has contributed financing and technical assistance to the 2000 Zambia Census and Housing (Census), Demographic Health Surveys (DHS), biennial ANC HIV/Syphilis Sentinel Surveillance (SS), Sexual Behavior Surveys (SBS), Biological and Behavioral Special Survey (BBSS), OVC Situation Analysis, numerous other research activities related to HIV/AIDS and the clinic-based Health Management Information System (HMIS). The Census Final Report (1969, 1980, 1990 and 2000) is used to calculate need, estimate burden, compute rates, allocate resources, and evaluate large long-term outcomes. Zambia has completed 3 rounds of mature SS activities (1994, 1998 and 2002) with the 2004 survey underway. The high 'precision' of this tool as well as its low cost makes it best for monitoring trends. The DHS, a detailed periodic population based survey conducted in 1992, 1996 and 2001 included HIV testing in its last round. Zambia's 'convenience sample' of SS sites happens to overestimate the DHS population rate by about 1%. DHS+ is an expensive and less precise method for frequent monitoring of the epidemic, but it is both population based and provides correlated details that SS cannot. The pair effectively complements each other in Zambia. The primary clinical services monitoring system for MOH is the Health Management Information System (HMIS). HMIS development began in 1995 with donor support, including USG, as part of health care reform. The HMIS is managed by the Central Board of Health (CBOH) and is a database of nationally aggregated health data intended for program management and policy decision-making. Clinic visit information is recorded in large paper registers at 1,236 sites. Health care workers tally information as they enter it. They aggregate data monthly for their own use and then forward 3 months worth of aggregated data every quarter to the District Health Management Teams (DHMT). The DHMT enters data from all clinics in the district and sends electronic data to the Provincial level, where it is cleaned. Provincial Health Offices then send cleared data back to districts and a complete set of district data to the National-level information specialists. National data are loaded into an electronic database to facilitate retrieval of predefined statistics in tables and charts.



The HMIS was envisioned to cover information needs for every aspect of the health system. At present, it provides disease burden and health service delivery information. One intended use of the HMIS, which has not been put into operation, was as a supplies management tool, a need that persists (although donors such as USAID have worked with the GRZ on a logistics management tool for interim use). At the national level, the HMIS only collects client information in two age categories; below five-years of age and five- years old and above, which does not allow for monitoring targeted interventions to, or evaluations of, specific age groups. The national HMIS also does not collect gender. These data category gaps are a compromise required by the aggregate data collection design and the practicalities of doing tallies. However, at the facility level, more disaggregated data is available, reflecting the deliberate priority for developing different levels of information—more detailed information being needed by people at the operational, or facility, level.

Population level HIV/AIDS-related data are collected regularly in situational analyses listed above and through the HMIS. But data are missing from health facilities outside the government system, including private clinics, refugee camps and the Zambian Defense Force, which do not report to CBOH and are not a part of most of the situational analyses. This oversight causes official government data and study results to slightly underreport the HIV/AIDS environment as well as disallowing results based HIV/AIDS decision-making to take place.

No current system assures continuity of clinical care from visit to visit, or clinic to clinic. This represents a major challenge to provision of ARVs, as indeed it has for TB treatment, which has devised a special purpose set of documents and systems to support the 6-12 month cure effort. However this TB paper system often fails if a client moves. A new and more complete client record system is needed that can help assure continuity of care. With investment, the HMIS may serve as a backbone for the advent of real-time, service based Strategic Information streams, improving our capacity to react to the logistic and HR challenges of providing enough ART.

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4.12.2 How new activities will contribute to The Emergency Plan targets, linkages to other activities	These activities will monitor progress towards targets, determine trends and identify best practices related to The Emergency Plan program areas. These activities will be crucial in monitoring and evaluating The Emergency Plan supported activities within the country. In Track 2.0, baselines will be established to monitor progress towards The Emergency Plan goals and objectives including a Health Facilities Survey and AIDS Indicator Survey. Monitoring and accounting will also need to be established internally, for all USG agencies. Section 4.12.1 identified several SI deficits. Many of these are being addressed under existing activities such as the required ongoing support for SS, DHS, HMIS, SBS, BBSS, OVC Situation Analysis, development of supply distribution and inventory systems, but some will be addressed by new efforts in new area. Both new and existing activities will continue efforts to promote an 'information culture', and to strengthen the efferent arm of information flow to better effect change. The reports listed above, in addition to a new activities funded by USAID, the Health Facilities Survey , will be used to establish baselines, monitor progress towards targets, determine trends and identify best practices related to the Emergency Plan program areas. HHS/CDC will include two refugee camps in the 2004 SS efforts to assist in understanding the HIV/AIDS-related needs of this special population for program planning purposes. The DAO, in partnership with the ZDF

will conduct a prevalence study to determine the HIV infection rate of the Zambian Defense Force. The results of the 2004 ZDF prevalence study will be used to encourage more Defense Force members to seek HIV counseling, testing and entry into anti-retroviral therapy. HHS/CDC also proposes working with the Central Statistical Office (CSO) to implement a SAVVY Sample Vital Registration with Verbal Autopsy alternative to full country enumeration. Zambia once had vital registration systems maintained by traditional leaders, which will be revitalized and systematized in a few districts, and calibrated to a census population base.

Respecting strategic principles of The Emergency Plan, the USG in Zambia will focus substantial early effort on the improvement of the health information systems. This is a prerequisite if Zambia is to successfully scale up prevention, safe ARV services and HIV care generally, and solve the logistic challenges to service and supplies delivery in this developing country. The USG will provide support linking district hospitals and larger clinics that have phones with reliable email to facilitate the implementation of a new drug management software being developed to improve supply and inventory support for minimizing 'stockouts' of ARVs, and other essential supplies. The email capabilities will also improve management access to field workers and vice versa.

Drawing on our existing experience with treating TB clients, the USG will provide CBOH substantial technical assistance to revise the existing patient health record system to address the longitudinal needs of long term ART care. The Client Record Continuity initiative will create lateral linkages as HIV clients become TB clients, or get pregnant, and need PMTCT, etc, supporting continuity of care which is required to delay the appearance of resistant virus and to improve capacity to monitor clinic services. The USG will promote a smartcard based electronic longitudinal record for clients where it is feasible. While the first purpose of this is improved continuity of care for clients, an electronic manifestation of this Client Record Continuity effort may improve confidentiality of client records by decreasing inadvertent disclosure of information in client held paper record, improve capacity of clinician to provide proper care by providing PDA based decision support and real-time access to health services data originating in other clinics and when in wide usage may also provide previously difficult to get indicators such as incidence without requiring special studies. This will link with, and build on a recent USG initiative to improve the ART health record continuity. The USG will also work to establish links between the existing HMIS and the Client Record to provide synergies to reduce staff's reporting workload to free human resources for care delivery, provide cleaner, timelier clinic data for management and disease surveillance, and facilitate changes being proposed in the current HMIS reviews. USAID will provided continued assistance to refine and improve the quality of the Health Management Information System as well as the drugs and logistics management and information systems (see Table 4.13).

The USG Team will develop and maintain a single HIV/AIDS computerized data tracking system for timely and efficient data collection, analysis and reporting of the Emergency Plan activities from the USG/Zambia, individual agencies and implementing partners. The State Department will contract with an accounting firm to monitor expenses, evaluate the effectiveness of the APS, and implementing partners.

[redacted]	The USG will also work with government agencies, such as NAC, and implementing partners to improve HIV/AIDS program management by strengthening information systems and reporting. The monitoring system will be used to identify and promote best practices in HIV/AIDS programming in Zambia, and is closely tied to the "Information feedback and use" effort above.

4.12.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base; PMTCT; S/GAC)	Track (1; 1.5; 2)
HHS/CDC local procurement FBO? No Note: Government provides services both through FBOs (1/3) and Non-FBOs (2/3).	By the end of FY 04: Complete SS data collection at 24 sites	• Carry-out HIV & syphilis sentinel surveillance (SS) activities • Develop protocols with SS managers • Sponsor a training for participating district staff on the updated protocols • Purchase and distribute SS supplies to SS sites • Provide TA to data managers on data management and analysis	HHS/CDC		Base	2.0
HHS/CDC FBO? No	By the end of FY04: Monitoring and evaluation plans for all 6 partners in place	• Develop internal M&E plan • Develop monitoring plan with partners	HHS/CDC	(included in personnel costs)	N/A	N/A

HHS/CDC Procurement FBO? No	Assist TDRC, CBOH, NAC, CDL, and UTH and DOD sites in setting up IT infrastructure necessary for improved program monitoring and evaluation.	• Do IT needs assessment for each of 5 sites. • Develop IT plan for each site. • Procure additional equipment as needed. • Do IT evaluation and plan for DOD • Procure IT equipment for DOD (See 1.14: Laboratory Support for more details)	HHS/CDC		S/GAC	2.0
National AIDS Council FBO? No	By September 2005: Hire 2 additional M&E staff, build computer network, and install full-time internet connection.	• Hire staff • With TA from HHS/CDC, design and install computer network • Install full-time internet connection	HHS/CDC		Base	2.0
Central Board of Health FBO? No	By September 2005: Network all PCs in CBOH and install full-time internet connection.	• With TA from HHS/CDC, complete computer networking at CBOH • Install full-time internet connection	HHS/CDC		Base	2.0

4.1.2.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
MEASURE/DHS New partner? No FBO? No	Provide baseline information on Health Facilities that will be receiving support to enhance their capacity to provide quality HIV/AIDS and other related services	• Conduct Health Facilities Survey to collect baseline information from a representative proportion of health facilities in Zambia that will be providing HIV/AIDS and other related services, including the status of laboratories. The HIV/AIDS Senior Advisor under USAID SO9 will be responsible for managing this survey	USAID	[redacted] (S/GAC)
MEASURE/Evaluation New partner? No FBO? No	By March 31, 2005, Complete all planning and tool development Initiate data collection on sexual behavior indicators, care for people living with HIV/AIDS and orphans and children made vulnerable by HIV/AIDS The survey will be completed in late 2005	• Plan and initiate activities for the 2005 combined Sexual Behavior Survey and AIDS Indicator Survey (AIS) based on a minimum number of clusters to provide national-level representative results for the 15 – 49 age groups • Complete the Survey in FY 05	USAID	[redacted] (S/GAC)
[redacted] New partner? No FBO? No	By March 31, 2005: USG HIV/AIDS M&E database operational and feeding back data to individual agencies, partners and S/GAC	• Develop and maintain a HIV/AIDS computerized M&E database for USG/Zambia, individual organizations and implementing partners • Train USG staff and partners in reporting and recording • Collect and analyze data on program activities and service statistics on a quarterly basis and indicator data on an annual basis	USAID	[redacted] (S/GAC) (an additional [redacted] from FY 03 field support)

Measure Evaluation New partner? No FBO? No	By March 31, 2005: Assessment completed and results being used for targeting HIV/AIDS prevention and treatment activities.	• PLACE Assessment - The epidemiological assessment in Mongu and Kapiri Mposhi. HIV prevalence levels in these two areas have continued to increase. The results are critical for appropriate targeting of HIV prevention and treatment	USAID	[redacted] (S/GAC)
[redacted] To be awarded May 2004 New partner? Yes FBO? TBD	Targets through March 31, 2005 to be established by June 2004 in conjunction with new partner. Indicators include: Number of government ministries provided technical assistance related to HIV/AIDS monitoring, data collection and analysis and reporting	• Technical assistance in overall HIV/AIDS program monitoring, analysis, design, planning and reporting for: • Ministry of Sports, Youth and Child Development as Secretariat for the National OVC Steering Committee for OVCs • NAC in the areas of high risk groups, Palliative Care, • Provincial AIDS Task Forces, and District AIDS Task Forces • Other ministries with HIV/AIDS Workplace programs • Local subgrantees, including FBOs, CBOs, and NGOs	USAID	[redacted] (S/GAC)
Accounting firm TBD New partner? Yes FBO? No	Accurately monitor and evaluate State's APS partner projects for program progress towards objectives and financial accountability.	• An accounting firm will be hired to provide financial management services.	STATE	[redacted] (S/GAC)
HHS/CDC Procurement New partner? No FBO? No	Develop a patient management system that will inform decisions on ART and provide strategic information for management decisions at the central level.	• Evaluate system requirements in consultation with the GAC SI team • Contract with software developer • Do qualitative study of system acceptability • Procure equipment • Develop and beta test software • Test, update and implement system	HHS/CDC	[redacted] (S/GAC)

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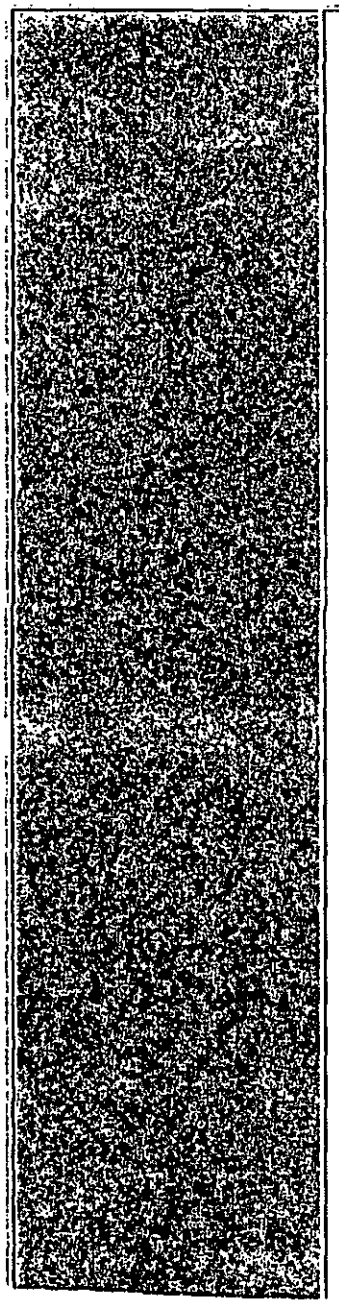
CDC New partner? No FBO? No	Develop a model for collecting, analyzing and disseminating HIV biological monitoring *information.*	• TA to adapt national monitoring system to ZDF needs with assistance from HHS/CDC and USAID • Purchase monitoring supplies and equipment. • Train staff in monitoring system • Support Defense Force Medical Service monitoring and supervision of monitoring activities.	DOD	
Project Concern International--Subcontract to the New partner? No FBO? No	Determine the HIV prevalence of a high risk population (the Zambian Defense Force military).	• Provide technical support, with HHS/CDC to ZDF to conduct an HIV/AIDS prevalence study • Support Defense Force Medical Service monitoring and supervision of prevalence study. • Provide supplies and equipment to support HIV/AIDS prevalence study of the ZDF.	DOD	(S/GAC)

Total partners:	7	New partners:	TBD-2	FBOs:	TBD	Total budget:	

Table 4.13	Cross-Cutting Activities
4.13.1 Current status of program in country	The USG in Zambia has made every effort to be responsive to the Emergency Plan directives and to categorize activities according to the activity areas presented in this COP. However, there are several critical activities that are truly cross-cutting in nature and serve to build foundations on which the specific activities for prevention, care and treatment of HIV/AIDS can be delivered. This section identifies 4 proposed cross-cutting activities: (1) Supporting the health system in Zambia: The burden of HIV/AIDS on the health system has been enormous. Both in-patient and out-patient services have been strained. More than 65% of hospital admissions are due to HIV/AIDS related illnesses. TB cases have increased five-fold in the past few years, with 70% of cases also infected with HIV. Diagnosis and treatment of TB and STIs is constrained by lack of adequate human resource (trained health care staff)/training, infrastructure (lab) and supplies (drugs). Other clinical and palliative care needs are also overwhelming existing staff, drug supply systems, etc. As discussed above, the GRZ is embarking on a plan to drastically scale-up availability of ART throughout the country. Expansion of CT and PMTCT services has already started. However, the needs of implementing this comprehensive package of diagnosis, treatment and care are requiring already overworked and understaffed facilities to devote scarce time and resources to meet these needs. Continued support to the foundations of health services: planning, logistics, staffing, etc. is critical to be sure that ART and other HIV-related services are able to be introduced and provide quality care.



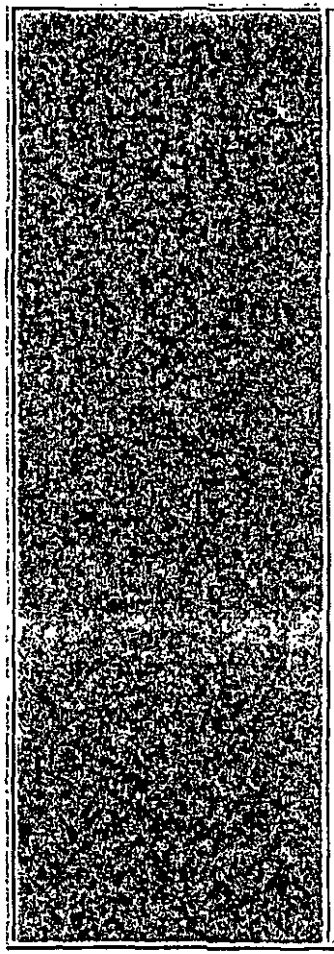
(2) Strengthening national HIV/AIDS coordination and institutions:
The National AIDS Council (NAC) has been given the onerous task of coordinating the response to HIV/AIDS across all development sectors of the country. NAC itself is relatively new and though staffed by highly motivated and capable individuals, requires support and strengthening through technical assistance and training as well as assistance in the development of systems for monitoring and tracking program results and impact. Currently, NAC is managing 14 Technical Working Groups and is providing support to 9 Provincial AIDS Task Forces, and 72 District AIDS Task Forces. While some of these coordinating mechanisms are functioning well, most are still not fully operational. The USG has been working in the Southern Province successfully and has demonstrated an effective model for strengthening the District AIDS Task Force to design, implement, and advocate for programs and bringing together a wide range of stakeholders, including FBOs, traditional leaders, women's groups, NGOs, government, the business community, and the police and armed forces. This model needs to be rapidly scaled up nationwide to ensure the efficient implementation of HIV/AIDS programs and effective use of resources.

(3) Meeting the structural needs of the health sector:
One major constraint to expanding HIV services such as PMTCT, VCT, and STI, TB and Malaria services for the HIV infected, has been a lack of building space at the Ministry and Central Board of Health, both housed on one campus. Many donors, including the USG, have offered to hire additional staff or to locate technical advisors at the MOH/CBOH, but have been unable to due to lack of space. HHS/CDC would like to place staff in office space at the MOH/CBOH in order to enhance communications and technical support, but is unable to because of this ongoing problem with space. In addition, there is limited or no space for such things as in-service training programs, IT training, expanded IT infrastructure for monitoring and evaluation, and library space for HIV-related documents. While new funding through the Global Fund, WHO, and bilateral donors has been made available, no one has addressed this lingering problem. Yet the lack of space for staff problem threatens to hold back the very progress that these well-meaning donors wish to make in the fight against HIV.

(4) Creating a Supportive Policy and Regulatory Environment:
The Zambian constitution has not yet addressed discrimination related to HIV/AIDS. Thus, PLWHAs and those affected by AIDS, such as AIDS orphans and widows, are not directly protected under the law. It is all too common for widows and orphans to have their property and inheritance literally snatched away by other relatives with little legal recourse available to them. While there has been a strong effort to establish HIV/AIDS policies in the workplace, the vast majority of workplaces are still without any HIV/AIDS policy or program and few have comprehensive prevention, care and treatment programs. Track 1.5 has allowed USAID to provide support to two of Zambia's largest private sector employers, Dunavant Cotton and Konkola Copper Mines, to expand their HIV/AIDS programs to reach rural small farmers and surrounding communities with VCT, palliative care, and ART services.

(5) Fostering grassroots community mobilization:
Peace Corps is an important member of the Zambia Emergency Plan Team and strategic placement of volunteers to further prevention, care and treatment activities at district and community level will promote collaboration .

4.13.2 How new activities will contribute to The Emergency Plan targets, linkages to other activities	As above, these activities support and link to all aspects of the Emergency Plan targets and activities. (1) USAID partners will continue vital work to strengthen the number and skills of health workers, the health management information system that generates important data on health service use and impact, the planning and budgeting processes for hospitals and districts, the development and implementation of national health policies, the further development of cost-sharing mechanisms, and the national logistics and management systems for drugs and health supplies. In addition, USAID partners will support the GRZ in management of the health sector, donor coordination, and planning for and implementing Global Fund activities. USAID has been one of the main donors supporting these efforts, and the only one to address health systems issues in a holistic manner. Emergency Plan funding is essential to leverage other USAID funds in order to provide the necessary support to continue this assistance. In addition to work through health systems support to strengthen human resources in Zambia, for the last 7 years, USAID has been implementing a training program to support Zambian health professionals to obtain Masters level training in public health (MPH). The program currently supports 15 people per year to study in Zambia or the Southern Africa region. The current group of 5 trainees doing MPH courses in South Africa is focusing their work in areas vital to managing and delivering HIV/AIDS prevention, treatment and care services. The GRZ currently spends considerable resources in consultancy fees to bring in outside technical assistance for monitoring and evaluation, program design and program management. It is estimated that less than 2% of the professional personnel working within the Ministry of Health have training in public health and/or program management. The USAID MPH training program was designed to address this imbalance. An MPH is a recognized degree that develops strong leadership skills in planning, implementing and managing public health programs for results. With the implementation of The Emergency Plan, and the GRZ's commitment to a rapid expansion of HIV/AIDS services, the need for high management aptitude in the areas of epidemiology, communicable diseases and monitoring and evaluation is critical. (2) USAID will strengthen the management capacity of coordinating structures, including the National AIDS Council, provincial HIV/AIDS Task Forces, and District AIDS Task Forces, to plan and implement prevention, care and support, and mitigation programs, and promote effective manpower planning. Technical support will be provided to ensure that management within FBOs, NGOs, businesses and public ministries is trained in capacity development and is mainstreaming HIV/AIDS prevention, VCT, care and treatment in their operations. To foster a more conductive policy and regulatory environment, technical support will be provided to advocate for policies, codify laws and policies, and train policy- and law makers and enforcers.



(3) The HIV Annex: a Solution that Catalyzes the Use of Bilateral and Multilateral HIV Funds
A major addition in capacity for the MOH/CBOH is proposed. The HIV annex would house and centralize staff dedicated to directing the HIV response at the national level. It would also provide greatly enhanced services for partners working on HIV projects. It would house the national-level information system dedicated to tracking progress on HIV. A resource center with the national HIV information available at a central location would be provided. Training and meeting rooms would be available, reducing the need to rent space for HIV meetings. The HIV annex would have space dedicated to:

- Offices for staff working on HIV, TB, STIs and Malaria, including staff seconded to the MOH/CBOH from bilateral and multilateral donors
- Offices for USG staff working with the MOH/CBOH on HIV
- Training Center for HIV
- IT training room
- MIS Department for Monitoring and Evaluating HIV activities
- Meeting space for HIV meetings
- HIV Library/Resource Center

This activity would be funded by a "trade" between USG agencies. HHS/CDC has proposed this project, but is unable to fund new building construction projects. The DOD needs assistance with procurement of ARVs and laboratory equipment. The DOD agreed to fund this major project if HHS/CDC would procure [redacted] in ARVs and laboratory equipment. This is a shining example of how government agencies have been brought together under The Emergency Plan.

(5) Peace Corps and Crisis Corps volunteers will work with established Zambian institutions and donors to provide support in HIV/AIDS programming at the community level. Wherever possible, volunteers will be linked directly to USG-funded activities and partners.

4.13.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1-5, 2)
USAID administered training program with University of Pretoria, South Africa FBO? No	Strengthen Zambian human resource pool 5 professionals to receive MPH in 2005 5 professionals to receive MPH in 2006	• Support to Zambian health professionals for HIV/AIDS related Master of Public Health degree training in South Africa. The 5 trainees will focus their studies on epidemiology, monitoring and evaluation, and communicable diseases. A new group of 5 additional grantees will be selected for 2005/2006 school year. • Current grantees are all physicians and include the Clinical Care Specialist from the Central Board of Health (office responsible for ART scale-up), 2 District Directors of Health, a hospital-based physician, and a lecturer in the MPH program at the University of Zambia. All grantees are bonded so that they return to work in Zambia after their training.	USAID		Base	2.0

4.13.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
To be awarded May 2004 New partner? Yes FBO? TBD	Targets and indicators through March 31, 2005 to be established by June 2004 in conjunction with new partner	Support the strengthening of key aspects of the Zambian public health system that are needed to effectively deliver HIV/AIDS and OI prevention, treatment and care services through technical assistance, training, and other inputs to the: • MOH and health worker professional associations to address human resource constraints in the sector through strategic planning and improved management of health workers • MOH, health training institutions and health worker professional associations to strengthen pre- and in-service training of health workers in order to achieve the necessary numbers of trained graduates available to the sector and develop the skills of those already working • MOH/CBOH to strengthen the Health Information System, with a particular focus on helping health workers and managers better use the data generated by the system • MOH/COBH to strengthen the health planning process at district, provincial, hospital and national levels	USAID	(Base)

		• MOH to advance the health policy process, including training to strengthen policy development skills. • MOH to address health care financing • MOH/CBOH to strengthen the management of drugs and supplies in the public sector • MOH to support the sector coordination process, including development and management of Global Fund activities, and coordination of sector support from the USG and other donors		

To be awarded May 2004 New partner? Yes FBO? TBD	Targets through March 31, 2005 to be established by June 2004 in conjunction with new partner. Indicators include: # of provincial and district HIV/AIDS task forces receiving technical assistance and capacity building # of NAC, task force members, judges, magistrates and law enforcement personnel trained Number of HIV organizations and workplace programs provided with technical assistance related to policy and/or capacity building # of policies and laws related to HIV/AIDS codified # of organizations (including FBOs) receiving grants to mitigate impact and improve the policy and regulatory environment related to HIV/AIDS	Technical Support and Capacity Building to strengthen Capacity of Key Sectors to Mitigate the Impact of HIV/AIDS and Improve Policy and Regulatory Environment, specifically: • Strengthen NAC, and scale up HIV/AIDS coordinating structures at provincial and districts levels • Strengthen other HIV/AIDS coordinating structures for traditional leaders, FBOs, positive peoples' networks, and women's groups • Develop and implement a comprehensive National HIV/AIDS advocacy strategy to promote policies and regulations that address HIV/AIDS and stigma, discrimination, gender, and property and inheritance rights • Assist select public and private institutions and organizations to develop strategies and plans to train HIV/AIDS specialists, define organizational roles and responsibilities in terms of HIV/AIDS prevention, care and treatment • Monitor implementation of national and workplace HIV/AIDS policies • Train law enforcement agents, judges, and magistrates in enforcement and interpretation of laws in light of national policy to control HIV/AIDS and mitigate its impacts • Advocate for and codify laws and policies on HIV/AIDS stigma and discrimination and assess their application and implementation •	USAID	(Base)

		• Provide Rapid Response grants to NGOs, FBOs and CBOs with innovative and promising ideas for policy advocacy and capacity building relating to HIV/AIDS prevention, care and treatment		
New Partner? No FBO? No	By September 30, 2004: 450 small and medium businesses in three regions will receive technical support in developing HIV/AIDS workplace programs Members of 20 District Business Associations trained in HIV/AIDS workplace development	• Implement program on HIV/AIDS Training and Assistance for Businesses in Zambia-Mitigating the Economic Impact of HIV/AIDS in Micro, Small and Medium Sized Enterprises • Provide TA for business planning, • Provide basic HIV/AIDS information and/or HIV/AIDS in the workplace training, • Provide legal rights and opportunities assistance	USAID	(FY03 funds)
Contract, partner not yet known New partner? N/A FBO? No	By September 2004: Design and begin building an HIV annex to the Ministry of Health complex	• Engage architect • Design building • Bid contract • Commence building	DOD	(S/GAC)

National HIV/AIDS/STI/TB Council New Partner? No FBO? No	By March 31, 2005: 10-rural counterparts (Teachers, clinic workers, and agricultural extension agents) trained as peer *motivators in their sector* Neighborhood Health Committees in 10-communities trained to conduct HIV/AIDS education in the community. 1000 people receive HIV/AIDS education	Place Peace Corps Volunteers in 5-districts to work as extensionists of the District AIDS Task Forces: • Implement comprehensive plans to address HIV and AIDS-related issues in these 5 districts • Build implementation capacity for HIV/AIDS prevention, care, and treatment among 50-front line agents in districts.	Peace Corps	[redacted] (S/GAC)
Forum for African Women Educationalists – Zambia (FAWEZA) New Partner? No FBO? No	By March 31, 2005 2 technical advisors recruited and placed in FAWEZA	Partner with one of Zambia's AIDS-prevention education organization to develop and distribute effective outreach materials to all practitioners.	Peace Corps/ Crisis Corps	[redacted] (S/GAC)
[redacted] New Partner? No FBO? No	By March 31, 2005: 4 technical advisors recruited and placed to strengthen organizational development in districts and planning of integrated HIV/AIDS prevention and care programs	Partner with two of Zambia's major AIDS funding organizations to identify and distribute funds to needy recipients.	Peace Corps/ Crisis Corps	[redacted] (S/GAC)

Total partners:	8/9	New partners:	TBD-3	FBOs:	TBD	Total budget:	[redacted]

Table 4.14	Laboratory Support
4.14.1 Current status of program in country	The National HIV/AIDS strategic plan does not include lab strengthening but does require laboratory capacity to perform HIV, TB and STI tests. The MOH manages diagnostic centers dispersed throughout the country, which offer communities basic tests for TB, malaria, intestinal parasites and HIV. Each district manages a district laboratory which services communities with no diagnostic center or clients which have needs the diagnostic centers can not service. The nine provincial labs assist clients who have been referred to the provincial general hospitals. They have the ability to provide basic hematology, biochemistry and microbiology. Four national reference laboratories the Chest Diseases Laboratory (CDL), the University Teaching Hospital (UTH) Virology Laboratory, the UTH Clinic 3 (STI) laboratory, and the Tropical Disease Research Center (TDRC) perform specialized tests and carry out national-level research. UTH and TDRC provide viral load and CD4 count testing, although TDRC does viral load on a limited basis. MOH laboratory services for the management of HIV and related infections are available to varying degrees and of unstandardized quality at all levels of health care. The Zambian Defense Force has very limited capabilities in laboratory services. Laboratory constraints in MOH and ZDF facilities include a lack of basic supplies and equipment to conduct standard assays, lab techs with varying degrees of training, and a lack of monitoring systems to maintain quality control and rigorously monitor diseases. To develop ZDF lab services, an HIV/AIDS laboratory is currently being built at Maina Soko Hospital by the US Defense Attaché Office with Humanitarian Assistance funds. On completion in March 2004, and with equipping and assistance from the HHS/Centers for Disease Control and Prevention, the lab will become a referral lab providing advanced services in HIV testing and monitoring of patients on anti-retroviral therapy. HHS/CDC has provided technical and financial support to the Ministry of Health for the development of a management training program for Provincial Laboratory Managers in order to improve the quality of lab services provided to HIV infected individuals. HHS/CDC has provided technical and financial support to CDL, the National TB reference laboratory, for training of laboratory technicians, refurbishing the facility, and managing a national quality assurance program for TB microscopy. The reference lab provides culture and sensitivity tests and oversees the quality assurance program. HHS/CDC also trained clinic nurses and lab techs to collect specimens and perform a variety of tests for the HIV/syphilis sentinel surveillance and the evaluation of the Zambia protocols for STI syndromic management.

4.14.2 How new activities will contribute to PEPFAR targets, linkages to other activities	It is impossible to run an ART program without laboratory services to monitor treatment and adverse events. These laboratory services will need to be expanded countrywide, and must work as a system with quality assurance that will ensure the accuracy of lab results. The USG will enhance the ability of the ART centers to monitor the treatment of HIV infected individuals by training lab managers and technicians, improving quality assurance systems, providing essential equipment and supplies, and developing laboratory infrastructure for military and civilian laboratories. (See 4.10 Anti-Retroviral Therapy) HHS/CDC will work closely with HHS/CDC's Public Health Practice Program Office (PHPPO) Division of Laboratory Systems to improve the accuracy of CD4 count and viral load tests performed by Zambian reference labs. HHS/CDC is funding PHPPO technical assistance visits to aid in developing laboratory guidelines for quality assurance (QA), procurement, and best laboratory practices in supporting ART. DAO, HHS/CDC and State will support training laboratory staff on complying with the national ART lab guidelines. The three government agencies will also provide essential supplies and equipment to their respective partners, ZDF, national reference labs, and labs servicing refugees. Information systems to support communications between reference labs, the MOH, donors, and those whom the lab provides services, will be improved. Information technology and training will be provided to better support QA cycles for HIV associated lab operations. (See 4.12 Strategic Information for additional information.) The Zambian Defense Force Surgeon General has asked the US Defense Attaché Office to assist in 2004 with construction of additions to 10 regional hospital labs that are centrally and strategically located throughout Zambia. A substantial proportion of the patients in the 10 military hospitals are military dependents or other civilians. The USG will also focus lab improvements in the areas of TB to ensure accurate tuberculosis diagnosis and management. By improving the ability of lab techs to perform routine microscopy and culture services, the number of TB patients receiving appropriate care and who can be referred for HIV counseling and testing and subsequently for ART, will increase. (See 4.7 HIV Clinical Care) Similarly, the USG will continue to work with the STI reference laboratory to improve syndromic management of STIs and treatments. (See 4.5 Other Prevention Initiatives)

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4.14.3 Existing activities initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source	Track (1, 1.5, 2)
Chest Diseases Laboratory (CDL) FBO? No	By September 2005: Implement quality assurance testing in 3 Provincial laboratories to monitor TB in HIV infected patients	• Hire 3 new TB staff and train them in acid fast bacilli (AFB) smear microscopy, culture and drug susceptibility testing (DST) and external quality assurance (EQA) procedures • Implement and monitor AFB smear microscopy by onsite supervision, proficiency testing and blinded rechecking. • Implement quality assurance testing in labs. • Develop and implement mechanism for specimen transport from Provincial laboratories to CDL for culture and DST • Provide national laboratory back-up supplies to perform TB lab procedures (See 4.7 HIV Clinical Care)	HHS/CDC		Base	2.0
Tropical Diseases Research Centre FBO? No	By September 2005: Build TB culture capability at TDRC	• Build TB culture capacity to broaden national capacity to effectively treat HIV-infected TB patients and to support DOTS • Purchase IT infrastructure and train lab technicians in data management to track lab activities • Provide technical and administrative support for sentinel surveillance and program monitoring (See 4.7 HIV Clinical Care)	HHS/CDC		Base	2.0

STI Reference Lab FBO? No	By September 2005: Build GC sensitivity testing capability at STI reference lab	*Neisseria gonorrhea* is constantly changing in response to the antibiotics that are used to treat it. In order to effectively treat HIV-infected STI patients, an ongoing program of surveillance for drug resistance in *N. gonorrhea* is required. • Train lab techs in GC DST and quality control procedures • Test GC cultures for DST at STI referral lab. • Equip for STI confirmation and surveillance testing • Build lab infrastructure to conduct GC sensitivity testing • Empower ref lab to take up quality assurance and surveillance role *(See 4.5 Other Prevention Initiatives)*	HHS/CDC		Base	2.0

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4.14.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
HHS/CDC New partner? Yes FBO? No	By March 2005: Provide headquarters laboratory support to ensure quality assurance in laboratory test results for partners implementing ART services	• Develop lab equipment and procurement guidelines to be used to support ART • Provide 4 TA visits to Zambia to support the coordination of laboratory activities with other partners for acquisition of equipment and supplies to support ART • Develop guidelines with partners and lab managers for lab testing quality assurance which supports ART services • Assist in the development of standard operating procedures for lab tests, maintenance of equipment and systems which supports ART services • Develop and facilitate training curriculum with partners for reference and provincial labs to train trainers for district laboratory personnel • Develop mechanisms with partners for monitoring and evaluation of quality assurance program activities	HHS/CDC	(S/GAC)
HHS/CDC local procurement New partner? No FBO? No	By September 2004: Procure lab equipment and reagents to support ART at two provincial and DOD designated laboratories	• Improve Maina Soko (military hospital) lab capacity to support ARV therapy • Train lab technicians on CD4 testing. • Procure CD4 machine & reagents for Southern Province and Maina Soko Hospital • Provide TA and supplies to Provincial labs for blood work • Provide TA, equipment and supplies at DOD designated lab scale-up facilities	HHS/CDC	(S/GAC)

HHS/CDC Local procurement New partner? No FBO? No	By September 2004: Procure laboratory equipment and supplies to strengthen the capacity to implement DOTS nationally by September 2004	• Procure back up laboratory supplies for the implementation of TB DOTS • Expand the national capacity to provide TB culture by the procurement of culture equipment and supplies	HHS/CDC	[redacted] (Base)
DOD New partner? No FBO? No	By September 2004: Provide travel and per diem to a DOD Contracting Officer	• Cover costs of a DOD Contracting Officer traveling from Italy or Bahrain to award contracts and adjust contracts as necessary during the period of Mar 2004 to Mar 2005.	DOD	[redacted] (S/GAC)
DOD New partner? No FBO? No	Provide for costs of site surveys, monitoring of projects and work plans by the Ministry of Works and Supply.	• Cover costs of Ministry of Works Quality Assurance Surveyors and Architects travel and per diem to conduct site surveys and monitor contract work	DOD	[redacted] (S/GAC)
DOD New partner? No FBO? No	By September 2005: Construct and/or renovate 10 regional hospitals	• Construct additions to 5 Category I Army hospitals • Construct additions to 5 Category II Army hospitals	DOD	[redacted] (S/GAC)
Total partners: 6		New partners: 1	FBOs: 0	Total budget: [redacted]

Table 5.1 U.S. Agency Management and Staffing – U.S. Agency for International Development (USAID)

5.1.1 U.S. Agency Management Items and Activities	Budget

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Table 5.1 U.S. Agency Management and Staffing – U.S. Agency for International Development (USAID)

5.1.1 U.S. Agency Management Items and Activities	Budget
Expatriate technical advisors position, one fully funded through The Emergency Plan and two partially funded through The Emergency Plan	
Logistical support for the USAID health program office, including local staff salaries, professional travel and office expenses	
Expatriate HIV/AIDS Team leader and HIV/AIDS US PSC technical advisor positions, both fully funded through The Emergency Plan	
Logistical support for the USAID HIV/AIDS program office, including local staff salaries, professional travel and office expenses	
Total	

5.1.2 U.S. Agency Management and Program Staff, Existing and New, By Category: (this is for SO7 and SO9 only other Mission?)

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for The Emergency Plan	Number of Existing FSN	Number of New FSN for The Emergency Plan	Number of Existing International PSC/TAACS/ Fellows	Number of New International PSC for The Emergency Plan	Total Number of Staff
Number of Program Staff			5		4		9
Number of Management Staff	2		5		1		8
Total Number of Staff	2		10		5		17

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Table 5.2 U.S. Agency Management and Staffing – Department of Health and Human Services (HHS)

5.2.1 U.S. Agency Management Items and Activities	Budget
HHS/CDC has had significant success during its three year history in Zambia, largely because of its "hands-on" approach to providing technical assistance. HHS/CDC scientific and programmatic staff work full time with staff from the MOH/CBOH, bilateral and multilateral partners, NGOs and CBOs on improving public health infrastructure and activities in Zambia. Because of this, it should be recognized that the majority of our staff costs should not be seen as program management, but rather as a direct intervention to improve Zambia's HIV program. In addition, HHS/CDC has no staff costs outside of The Emergency Plan. Thus, direct hire US staff costs may appear high relative to other agencies because not all of their direct hire costs appear in The Emergency Plan budget.	
Direct Hire Salaries, benefits and allowances – Includes Director and new Emergency Plan Medical Officer position, moving costs, and housing for both	
Scientific and Program Staff - All staff are locally engaged and include a Medical Epidemiologist who works in all medical areas, a TB specialist, STI specialist, PMTCT specialist, IT Specialist, Monitoring and Evaluation Specialist, Laboratory Specialist, and HIV surveillance specialist	
ORISE contract for Senior Laboratorian, US or TCN	
Administrative Staff – Includes Admin Assistant, Receptionist/Secretary, Procurement Specialist, and 4 Drivers	
Office costs including telephone, internet service, supplies, shipping, automobile fuel, maintenance, insurance, registration, staff training, furniture for new staff	
ICASS Costs	
Staff travel, local and international	
Travel for HHS/CDC Atlanta Staff Technical Assistance Visits	
Total	

Table 5.3 U.S. Agency Management and Staffing – U.S, Department of Defense (DOD) (subject to further review and approval by the Office of the Secretary of Defense)

5.3.1 U.S. Agency Management Items and Activities	Budget
Two technical The Emergency Plan advisors, one to manage projects and contracts and the other to manage monitoring and evaluations, both fully funded through The Emergency Plan.	
Travel, per diem for a *DOD Contracting Officer* to visit quarterly to work contracting issues (see 4.14.4)	
Travel, per diem for DOD and Works and Supply QAEs to conduct site surveys, monitor work	
Travel, per diem and support for technical assistance, Navy Health Research Center, San Diego, CA	
Staffing, management support for The Emergency Plan technical advisors	
Total	

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for The Emergency Plan	Number of Existing FSN	Number of New FSN for The Emergency Plan	Number of Existing International PSC	Number of New International PSC for The Emergency Plan	Total Number of Staff
Number of Program Staff	0	1	0	0	0	0	1
Number of Management Staff	0	1	0	0	0	0	1
Total Number of Staff	0	2	0	0	0	0	2

Table 5.4 U.S. Agency Management and Staffing - Department of State (DOS)

5.4.1 U.S. Agency Management Items and Activities	Budget
The State Department will create and fill the position of Emergency Plan Coordinator. The Emergency Plan Coordinator will receive a salary of approximately [ ] per year, plus benefits totaling an additional [ ] Other related position expenses such as ICASS cost sharing for the facilities will total approximately [ ]	[ ] Track 1.5; [ ] Track 2)
The State Department plans to implement a [ ] Annual Program Statement. As such, the State Department will create the position of Emergency Plan Projects Coordinator and hire an Eligible Family Member to fill the position. The Emergency Plan Projects Coordinator will receive a salary of approximately [ ] per year, plus benefits totaling an additional [ ] Other related position expenses such as ICASS cost sharing for the facilities will total approximately [ ]	[ ] Track 1.5; [ ] Track 2
The State Department will request the support from temporary duty Contracting Officers to facilitate the implementation of Emergency Plan activities.	[ ] (Track 1.5)
Total	[ ]

5.4.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for The Emergency Plan	Number of Existing FSN	Number of New FSN for The Emergency Plan	Number of Existing International PSC	Number of New International PSC for The Emergency Plan	Total Number of Staff
Number of Program Staff				1local hire 1 EFM			2
Number of Management Staff							
Total Number of Staff				1 local hire 1 EFM			2

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Table 5.5 U.S. Agency Management and Staffing – U.S. Peace Corps

5.5.1 U.S. Agency Management Items and Activities	Budget
Peace Corps Zambia will start up a new HIVAIDS project consisting of 20 Volunteers who will be trained for 10 weeks and serve for two years. Peace Corps Zambia will work with the Ministry of Health/Central Board of Health to build project planning, implementation and monitoring/evaluation capacity at the community and District levels. Peace Corps Zambia will also, as appropriate, work with USAID and other Zambian government and non-government organizations to facilitate prevention projects at the community level. The project will also result in increased community participation in HIVAIDS prevention and care projects and increased capacity initiate and manage their own HIVAIDS projects.	
Total	

5.5.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for The Emergency Plan	Number of Existing FSN	Number of New FSN for The Emergency Plan	Number of Existing International PSC	Number of New International PSC for The Emergency Plan	Total Number of Staff
Number of Program Staff	3	1	29	4	1	0	38
Number of Management Staff							
Total Number of Staff	3	1	29	4	1	0	38

Table 6. Budget for The Emergency Plan

Program Area	USAID			HHS			DOD*	DOD*	STATE & PC	
	Base Budget FY04	PMTCT Budget FY04	S/GAC Request FY04	Base Budget FY04	PMTCT Budget FY04	S/GAC Request FY04	Base Budget FY04	S/GAC Request FY04	S/GAC Request FY04	TOTAL
PMTCT										
Abstinence /Faithfulness										
Blood Safety										
Safe Medical Injections										
Other Prevention										
CT										
HIV clinical care (non-ART)										
Palliative Care										
OVC										
ART (non-PMTCT Plus)										
PMTCT Plus										
Strategic Information										
Cross Cutting Activities										
Laboratory Support										
Management & Staffing										
TOTAL										

* Subject to further review and approval by the Office of the Secretary of Defense

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