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Condensed COP Report

Zambia

2005

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Country Operational Plan (COP)

Country Name: Zambia
 Fiscal Year: 2005

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Table 1: Country Program Strategic Overview

With 15.6% of the adult population infected with HIV, Zambia faces its most critical health, development and humanitarian crisis to date. There remains an urgent need for an integrated response from all sectors of the Government of the Republic of Zambia (GRZ), faith-based organizations (FBOs), nongovernmental organizations (NGOs), the private sector, and the donor community. In close partnership with the GRZ, Zambian Defense Force (ZDF), local organizations, and donors, the Emergency Plan expands and strengthens the national response to HIV/AIDS.

The NAC (National HIV/AIDS/STI/TB Council) has been given the onerous task of coordinating the response to HIV/AIDS throughout Zambia. The NAC is a Zambian government institution that provides national leadership to coordinate and support the development, monitoring and evaluation of Zambia's integrated response to prevent and combat HIV/AIDS, sexually transmitted infections (STIs), and tuberculosis (TB).

In support of the GRZ's National HIV/AIDS/STI/TB Intervention Strategy Plan 2002-2005 (Strategic Plan), there are currently 29 donors contributing to reducing the impact of the HIV/AIDS epidemic. The United Kingdom (UK) and US are the largest bilateral donors in the fight against AIDS. At present, the USG is the sole donor to the ZDF. Donors are coordinated at the highest level through an HIV/AIDS Expanded Theme Group led by the Minister of Health and UNAIDS, through Technical Working Groups implemented by NAC, and numerous committees and meetings.

The NAC receives technical assistance (TA) through the Global Fund to fight AIDS, TB and Malaria (GFATM), the UK Department for International Development (DFID), the United Nations Development Program (UNDP), the African Development Bank, the Norwegian Agency for Development Cooperation (NORAD), and the USG. The Global Fund supports a wide range of prevention, treatment, and care activities through the public health sector, NGOs, FBOs and workplace programs. UNDP also supports a multisectoral response strengthening HIV/AIDS task forces at all levels. The World Bank's \$42M six-year Zambia National Response to AIDS (ZANARA) Project supports the Community Response to AIDS (CRAIDS) small-grant fund and NAC workplace programs.

The United Nations Children's Fund (UNICEF) supports ART for HIV+ children and orphans and vulnerable children (OVCs). UNICEF also supports home-based care and provides TA for procurement services at the Ministry of Health (MOH) and assistance procuring drugs and supplies. UNICEF's Prevention of Mother to Child HIV Transmission (PMTCT) activities are also supported by DFID.

The Japanese International Cooperation Agency (JICA) contributes significantly by providing STI drug and training for the USG Corridors of Hope cross-border program. Other bilateral donors include the Netherlands, Canada, Sweden, Denmark, Ireland, and the European Union. They support the public health system and health services delivery, and some are planning or implementing HIV/AIDS activities in addition to their pooled funding support. They address a number of critical issues such as:

- Expanding access to safer blood
- Improving STI management and treatment;
- Supporting behavior change communication;
- Distributing condoms;
- Providing care and support for people living with HIV/AIDS;
- Strengthening home based and hospice care systems;
- Supporting OVCs;
- Supporting drug procurement and logistics systems
- Supporting health sector systems strengthening;
- Expanding directly observed therapy (DOTS) to improve TB care; and,
- Improving treatment of opportunistic infections;

Also on the frontlines in the fight are hundreds of FBOs and community-based organizations (CBOs) that are committed to implementing prevention activities to mitigate the impact of the epidemic and improve the lives of people infected with or affected by HIV/AIDS.

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The Zambia National HIV/AIDS/STI/TB Intervention Strategic Plan 2002-2005 (Strategic Plan) vision is a nation free of HIV/AIDS. In order to achieve this vision, the GRZ engages government, civil society, unions and associations, NGOs, FBOs, community-based organizations (CBOs); persons living with HIV/AIDS (PLWHAs), the donor community, private sector, and the media in this national effort.

Its overarching goals are:

- To prevent/reduce HIV/AIDS/STI/TB transmission; and
- To mitigate the socioeconomic impact of HIV/AIDS/STI/TB.

The Strategic Plan involves all levels of society, from the community level up, including the private sector. The wide diversity of actors, processes, interests, and levels of HIV/AIDS interventions are recognized in the Strategic Plan as essential to success. The Strategic Plan reinforces the need for strong political will, leadership, coordination, development and sustenance of partnerships in order to fight the battle against HIV/AIDS.

The Emergency Plan activities are closely aligned with the Strategic Plan, which prioritizes all Emergency Plan program areas. In line with the Zambia Strategic Plan, the Emergency Plan supports the following key strategies:

- Rapidly strengthening and scaling up existing HIV/AIDS treatment, prevention and care services;
- Building capacity for long-term sustainability of HIV/AIDS treatment, prevention and care services; and
- Advancing policy initiatives and leadership that support HIV/AIDS treatment, prevention and care services.

The national coordinating body, the National HIV/AIDS/STI/TB Council (NAC), was established by Parliament in December 2002 to provide national leadership in coordinating and supporting planning, monitoring, and evaluation of the nation's response to prevent and combat HIV, STIs and TB. The Council also coordinates resource mobilization. The Council is comprised of broad representation from numerous government ministries and civil society. A Cabinet Committee of Ministers, reporting to the Head of State, provides policy direction and guidance to the Council and a Secretariat for NAC implements NAC decisions.

In order to achieve the goals in the Strategic Plan, the NAC has established standing technical committees, coordinated technical guidelines for the response to HIV/AIDS, and continues to focus on prevention, treatment, and care policies. The Ministry of Health has responsibility for guiding and implementing health services for HIV/AIDS. The Ministry of Youth, Sport and Child Development is the secretariat for work on OVCs.

The primary responsibilities of the NAC include:

- Coordinating and supporting the development of HIV/AIDS programs;
- Monitoring and evaluating HIV/AIDS programs;
- Advising the Government of the Republic of Zambia (GRZ) on appropriate prevention, care and support strategies; and,
- Facilitating the reduction of personal, social, and economic impacts of HIV/AIDS/STI and TB.

The 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. The USG has already begun assisting Zambia and the NAC to develop the necessary capacity to drastically scale-up ART services.

One way in which the USG and other donors have strengthened HIV/AIDS program coordination is through extensive technical support for national policies and guidelines for HIV/AIDS interventions and approaches. USG partners have helped to develop national policies, plans and guidelines, including: the National AIDS Policy, the NAC Strategic Plan; scale up plans for ART and PMTCT; national training packages for ART, PMTCT and OI; a revised national formulary that includes ARVs, . . . and National Clinical Protocols for HIV/AIDS Care & Support – Draft. Support for policy development through the NAC and delivery of services through the Ministry of Health will be a continued USG priority and effort. The USG will continue to be an active participant in the Country Coordinating Mechanism of the Global Fund to Fight AIDS, TB and Malaria and in NAC and MOH Technical Working Groups.

In addition to assisting the development of national policies, the USG will strengthen the NAC through its Technical Support and Capacity Building Project. The USG will also scale up by building on the demonstrated effective model in the Southern Province for strengthening District AIDS Task Forces to design, implement, and advocate for programs. These task forces will bring together a wide range of stakeholders, including FBOs, traditional leaders, parliamentary representatives, women's groups, NGOs, government, the business community, and the police and armed forces. This effort will ensure the efficient implementation of HIV/AIDS programs and effective use of resources nationwide.

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The National HIV/AIDS/STI/TB Council (NAC) has drafted a national monitoring and evaluation plan. In the spirit of the "Three Ones," NAC's national monitoring and evaluation (M&E) plan is based on the National HIV/AIDS/STI/TB Intervention Strategic Plan 2002-2005. The NAC M&E plan specifies the indicators through which NAC will monitor the national multi-sectoral response to HIV needs.

It is envisioned that the District AIDS Task Forces (DATF) will collect and report on the HIV related activities in their districts to NAC. The DATFs are part of a longer standing District Development Coordinating Committees (DDCC). The DDCCs represent local government, civil society, women, youth and special interest groups. They provide valuable input into the District planning processes. They are the government's real link to the communities they serve.

NAC brought district, provincial, and national government and partners together in August 2004 to refine the national M&E framework. The nearly 300 participants suggested that information would flow from the communities to the DATFs to the Provincial AIDS Task Forces to NAC. NAC will analyze and report to the Cabinet of the President quarterly. The group recommended a regular feedback system be developed which would include regular site visits by NAC to each district and province.

The NAC M&E Technical Working Group is working to use the recommendations from the August meeting to revise the indicators and to develop a working implementation plan for the M&E framework. Specific modalities of reporting are being reviewed.

For health sector specific data, NAC requires the Ministry of Health (MOH) to submit data. MOH will use their already established Health Management Information System (HMIS) to capture and present their data. The USG is assisting MOH to adapt the HMIS to incorporate ART, PMTCT, and counseling and testing data management capabilities.

In implementing the Emergency Plan, the USG will take full advantage of the GRZ's existing Health Systems network model that functions at national, provincial, district, sub-district and community levels. The public health system is organized around several "3rd level" referral hospitals, second level hospitals (generally one per province but a number of provinces have more), first level district hospitals (generally one per district), health centers, and community-level structures such as Neighborhood Health Committees. These institutions are supplemented by private facilities (which are often faith-based), workplace programs, and private clinics. The GRZ also contracts with the Churches Health Association of Zambia to have many of their member hospitals and clinics serve as government service facilities. Laboratory and diagnostic services, infrastructure and logistics, quality assurance, and strategic information are all also key components of the network system.

This system allows the GRZ, USG, and other key donors to expand ART and care for HIV infected and affected persons as quickly as possible. However, challenges to strengthening the network include the need to strengthen both physical (transport, communication; etc.) and operational referral systems between health facilities, community programs, and private enterprises as well as among other sector services in order to establish a well-integrated continuum of care. Adequate staffing at each level with appropriate training and experience is also necessary.

The USG team will ensure strong linkages between PMTCT, CT, ART, TB, STI, and palliative care services within and between medical facilities, hospices and in the home as well as with services/programs. For example, to increase treatment adherence, patients (both adults and children) will be linked to community based palliative care programs where support for ARV adherence and basic care services will be provided. At the community level, links to palliative care and psychosocial support will be established for PLWHAs and orphans and vulnerable children (OVCs). To enable the rapid expansion of comprehensive HIV/AIDS prevention, treatment, and care services nationwide, the USG will continue to support the further integration and strengthening of existing health services and systems.

The GRZ has embarked on a plan to drastically and rapidly scale-up availability of ART, CT and PMTCT services throughout the country. However, the implementation of this comprehensive package of diagnosis, treatment and care requires already overworked and understaffed facilities to devote scarce time and resources to meet these needs. Adding to this shortfall of human resources is the emigration of trained and skilled health care workers, the "brain drain." The burden of HIV/AIDS on the health system, including the military health system, has been enormous. There are currently only 8 physicians in the Zambian Defense Force, serving a population of close to 30,000. Both in-patient and outpatient services have been strained. More than 65% of hospital admissions are due to HIV/AIDS related illnesses. Therefore, there is an urgent need to increase human resources, especially skilled health workers such as physicians, nurses, pharmacists and managers to address HIV/AIDS in Zambia.

Resolving the human resource crisis in Zambia will require complex action at policy, planning, regulatory, legal, management, and training levels. It will require clarifying disjointed human resource (HR) management functions currently spread across the Civil Service, Ministry of Finance, and the Human Resources Division of the Ministry of Health (MOH). Close collaboration will be needed with stakeholders such as the Medical Council, the General Nursing Council and the health worker training institutions. Finally, it will be necessary to address the serious morale issues and the increasing burden on health staff whose performance is affected by HIV/AIDS or the threat of HIV infection.

The USG will support a wide variety of efforts to expand human resource capacity for HIV/AIDS. At the national level, the USG will work closely with the MOH to strengthen planning, forecasting, training and management related to human resource needs. Discussion of expanding scopes of practice for health workers, use of lay counselors and other community health workers, and other approaches to expanding the pool of people eligible to provide HIV/AIDS care and treatment will be critical. Analysis of the pre-service health training institutions to help them better meet the needs of the health sector in terms of quantity and quality of their graduates will be undertaken. Assistance to develop a coordinated in-service training system for already employed health workers—one which tracks their training and looks at ways to maximize skill building while minimizing disruption to service delivery facilities, will also be provided. Throughout the activities to be implemented through the FY05 Country Operational Plan are short-term training programs to build the skills and knowledge of thousands of Zambian health workers, managers, community leaders and others in preventing, treating and providing care for HIV/AIDS.

In order to directly address the number of skilled health workers and managers available, the USG will also contribute to a retention scheme for physicians in rural areas—the only one its kind in the public sector—to provide additional staff to Provincial Health Offices, and make key technical assistance available to the MOH, National AIDS Council, Ministry of Sport/Youth/Child Development and other key institutions. The Emergency Plan will also focus technical assistance and training for an expanded network of new partners, including FBOs, CBOs, and private and public sector groups, to close the human capacity gap and lead to a sustainable network of treatment, prevention, and care providers. The mutually beneficial twinning of Zambian health institutions with U.S. and regional health institutions and universities and harnessing the power of volunteers are other key strategies in building human capacity.

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The Emergency Plan in Zambia has given the USG an unprecedented opportunity to more actively involve the GRZ, Zambian Defense Force (ZDF), the private-sector, and donors in focused planning on HIV/AIDS prevention, treatment, and care activities. This coordination builds upon the existing strong partnerships among donors and government around addressing technical interventions, such as PMTCT, VCT, and integrated approaches to HIV/AIDS reduction.

In line with the UNAIDS "Three Ones" initiative, it is important that the USG work closely with the GRZ and donors on developing a harmonized HIV/AIDS action framework, building up the NAC (the coordinating mechanism), and continuing to work on an agreed national monitoring and evaluation system. Over the next year, the consultative process surrounding the Emergency Plan will be streamlined so that key GRZ and donor representatives are knowledgeable about the Emergency Plan, its directives, and its potential in Zambia. The USG aspires to ensure inclusion of key persons in the GRZ, particularly the MOH, NAC, and the ZDF, key donors, and other partners. This way, lines of communication will be simplified and work can be maximized over time.

The Ministry of Health (MOH) provides health sector oversight for policy, planning, legislation, resource mobilization, external relations, and monitoring and evaluation. It is also responsible for all HIV/AIDS health service delivery. The National Orphans and Vulnerable Children (OVC) Steering Committee provides leadership, policy guidance, and resource mobilization on OVC issues. The OVC Steering Committee includes government ministries, child welfare networks, NGOs, and FBOs. The United Nations Children's Fund (UNICEF) represents the donors on the Steering Committee, which the USG supports through a grant to UNICEF. The OVC Secretariat is the Ministry of Sport, Youth and Child Development.

The USG maintains a close working relationship with GRZ and other agency implementers. Decisions are made by a consensus-building process. The USG will continue to work within the GRZ's management style of building consensus.

The Country Coordinating Mechanism (CCM) for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) directs planning and coordination of national Global Fund activities. It has a diverse membership including the NAC, MOH, National Malaria Control Program, GRZ ministries, nongovernmental organizations (NGOs), FBOs, CBOs, youth groups, PLWHA advocacy groups, the private sector, and multilateral and bilateral donors. Donors are currently represented on the CCM by the USG and the Netherlands. USG provides technical assistance to the CCM. Under Round One, the Global Fund provided US\$ 42 million over 2 yrs, including approximately \$2 million for anti-retroviral drugs (ARVs) and \$1.1 million for STI drugs and other supplies in the first year. A Round Four proposal is in negotiation. The Global Fund works through 4 principal recipients: MOH (for public health sector); the Ministry of Finance & National Planning (for other government ministries); the Churches Health Association of Zambia (CHAZ; for faith-based groups); and the Zambia National AIDS Network (ZANAN; for NGOs). The Global Fund supports a wide range of prevention, treatment, and care activities.

The World Bank's \$42M six-year Zambia National Response to AIDS (ZANARA) Project supports the Community Response to AIDS (CRAIDS) small-grant fund and NAC workplace programs for government ministries.

1.4.1 Public-Private Partnerships

The private sector in Zambia, including private health care providers, has begun to play an active role in the fight against HIV/AIDS. The USG supports two of the largest companies in the country, Dunavant Cotton and Konkola Copper Mines (KCM), in establishing workplace HIV/AIDS programs. Through this initiative alone, over 135,000 persons benefit from HIV/AIDS prevention that focus on Being Faithful and other related activities. Two HIV/AIDS workplace Global Develop Alliances (GDA) will be formed in FY05 that will reach nearly 300,000 employees in 6 provinces. These GDAs are expected to leverage over \$1M annually for HIV/AIDS prevention, care and treatment activities from the two consortia comprised of Agribusiness and Extraction/Mining Business communities. By continuing to expand such partnerships in the private sector, the USG will be able to target difficult to reach sub-populations, such as rural and mobile workers.

Comprehensive trainings on prevention, treatment and care continue to be conducted nationwide, boosting the capacity of local staff and organizations. An illustration is that through the Emergency Plan, the Zambian Defense Force is strengthening their health delivery system in order to provide improved HIV/AIDS prevention and care services for the military and surrounding civilian populations. Hundreds of FBOs (such as Catholic Relief Services and the Churches Health Association of Zambia) and NGOs (such as Family Health International and the Zambia National AIDS Network) are increasingly committed to implementing Emergency Plan prevention activities, mitigating the impact of the epidemic, and improving the lives of people infected with or affected by HIV/AIDS.

The USG plans to provide sub-grants, technical support, skills based training, mentoring, and capacity building in the areas of financial and program management to hundreds of local partners in order to strengthen the sustainability of local institutions' capacity to implement effective and efficient HIV/AIDS prevention, treatment, and care programs. The USG will also continue to build the capacity of the public sector institutions, including the Ministry of Health and NAC, to do the same.

Gender continues to play a negative role in prevention, treatment, and care for HIV/AIDS. Risky cultural and sexual practices, beliefs, and norms that are fueled by gender inequality promote the spread of the HIV/AIDS virus. Such practices include sexual cleansing, which requires a widow or widower to have intercourse with his/her deceased spouse's siblings. Women in long-term relationships are often prevented from demanding condom usage or denying dry sex due to social norms.

In the Emergency Plan, the role of gender has heavily influenced the USG strategic approaches. Overall strategies and program activities address cultural norms and behaviors that place young women and girls in risky situations, and teach them how to protect themselves. Incorporating and increasing male responsibility and participation in relationships have been integrated into the National HIV/AIDS/STI/TB Strategic Plan at all levels of society. Reduction in cross-generational sexual relations and child sexual abuse are outcomes that the Emergency Plan hopes to achieve. Other strategies addressing the role of gender include:

- ABC education
- Life skills and livelihood training
- Testing for discordant couples accompanied by couples counseling
- Parental involvement
- Male role models
- Ensuring post-exposure prophylaxis for rape
- BCC campaigns targeting high risk males

Stigma and Discrimination

Stigma remains a silent but powerful barrier to fighting the HIV/AIDS epidemic in Zambia. The continuing stigma of HIV/AIDS acts as a serious barrier to seeking prevention, treatment and care services. Reluctance to break the wall of silence mutes prevention messages. Stigma and ignorance also reduce community support for people living with HIV/AIDS (PLWHA) and their affected families.

A number of traditional, political, religious, uniformed service, entertainment, and civil society leaders are working to break the wall of silence around HIV/AIDS to reduce stigma and change Zambian culture. Their number continues to increase each day. However, many influential Zambians are missing from the fight against HIV/AIDS. In some cases, ignorance may lie behind their failure to enlist; in other cases, conformity and fear of stigma may be responsible. Other potential Zambian leaders are less effective than they could be because they represent groups generally held in low esteem by Zambian society, such as women, youth, or PLWHA.

The Emergency Plan promotes the growing national and community level leadership that focuses on stigma reduction to increase access to HIV/AIDS prevention, CT, treatment, and care services. In addition, stigma reduction efforts are fully integrated in all USG/Zambia HIV/AIDS programs and services.

In FY05 and over the next five years, Emergency Plan initiatives will bring the urgency of the HIV crisis to the forefront through concerted efforts to address stigma and discrimination. Zambians need to fully acknowledge the emergency HIV/AIDS represents for their nation, and leaders at all levels must increase their advocacy on HIV/AIDS prevention, treatment, and care. The Emergency Plan will continue to work with all leaders, including national leaders. National leaders need to elevate the importance of HIV/AIDS in their rhetoric and put their words into action by, for example, incorporating information on HIV/AIDS and the importance of abstinence into basic school curricula. Traditional leaders and healers need to eradicate harmful beliefs and practices among their followers. Faith-based leaders must create a climate in which discrimination and stigma are not tolerated. Community leaders must take responsibility for mobilizing resources to care for their members affected by HIV/AIDS. Leaders at all levels must empower the powerless, such as PLWHA, to take advantage of their voices in the battle against the epidemic.

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Table 2: HIV/AIDS PREVENTION, CARE AND TREATMENT TARGETS

	<u>National</u> <u>2-7-10</u>	<u>USG Direct Support</u> <u>Target End FY05</u>	<u>USG Indirect Support Target</u> <u>End FY05</u>	<u>Total USG Support</u> <u>Target End FY05</u>
Prevention	Target 2010: 398,500			
Number of pregnant women receiving a complete course of antiretroviral prophylaxis in a PMTCT setting		31,400	0	31,400
Number of pregnant women who received PMTCT services in FY05		329,822	0	329,822
Care	Target 2008: 600,000	611,658	60,075	662,033
Number of HIV-infected individuals (diagnosed or presumed) receiving palliative care/basic health care and support at the end of FY05		115,985	0	115,985
Number of HIV-infected individuals (diagnosed or presumed) who received TB care and treatment in an HIV palliative care setting in FY05		3,638	23,250	26,888
Number of individuals who received counseling and testing in FY05		249,757	26,825	276,582
Number of OVCs being served by an OVC program at the end of FY05		242,578	0	242,578
Treatment	Target 2008: 120,000	24,555	66,200	66,200
Number of individuals with advanced HIV infection receiving antiretroviral therapy at the designated PMTCT+ site at the end of FY05		0	0	0
Number of individuals with HIV infection receiving antiretroviral therapy at the end of FY05		24,555	66,200	66,200

Table 3.1: COUNTRY PLAN - FUNDING MECHANISMS AND SOURCE

Prime Partner: None Selected

Mech ID: 1,037
 Mech Type: Unallocated
 Mech Name: Unallocated
 Planned Funding Amount:
 Agency:
 Funding Source:
 Local:

Mech ID: 1,145
 Mech Type: Unallocated
 Mech Name: Unallocated
 Planned Funding Amount:
 Agency:
 Funding Source:
 Local:

Mech ID: 1,147
 Mech Type: Unallocated
 Mech Name: Unallocated
 Planned Funding Amount:
 Agency:
 Funding Source:
 Local:

Mech ID: 1,564
 Mech Type: Unallocated
 Mech Name: Unallocated
 Planned Funding Amount:
 Agency:
 Funding Source:
 Local:

Prime Partner: Abt Associates
 Mech ID: 1,022
 Mech Type: Locally procured, country funded (Local)
 Mech Name: Health Systems and Services Program
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHA) account)
 Prime Partner ID: 414
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: JHPIEGO
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: No
 New Partner: No

Sub-Partner Name: Social Sector Development Strategies
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: No
 New Partner: No

Prime Partner: Academy for Educational Development
Mech ID: 581
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: CDC/Linkages
Planned Funding Amount:
Agency: RRS
Funding Source: GAC (GHA account)
Prime Partner ID: 415
Prime Partner Type: NGO
Local: No
New Partner: No

Mech ID: 600
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: EQUIP II
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 415
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: American Institutes for Research
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: No

Prime Partner: American Institutes for Research
Mech ID: 586
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: EQUIP I
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 2,281
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Students Partnership Worldwide
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Prime Partner: American International Health Alliance
Mech ID: 607
Mech Type: Locally procured, country funded (Local)
Mech Name: State
Planned Funding Amount:
Agency: Department of State
Funding Source: GAC (GHA account)
Prime Partner ID: 169
Prime Partner Type: NGO
Local: No
New Partner: Yes

Prime Partner: American International Health Alliance
Sub-Partner Name: Black AIDS Institute of Los Angeles
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: Yes

Mech ID: 1,421
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Twinning Center
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 169
Prime Partner Type: NGO
Local: No
New Partner: Yes

Prime Partner: Boston University
Mech ID: 561
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: CDC
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 474
Prime Partner Type: University
Local: No
New Partner: No

Sub-Partner Name: Zambia Exclusive Breastfeeding Services (ZEBS)
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Prime Partner: CARE International
Mech ID: 538
Mech Type: Locally procured, country funded (Local)
Mech Name: DOD
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner ID: 174
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Catholic Relief Services
Mech ID: 293
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: CRS OVC Project
Planned Funding Amount:
Agency: USAID
Funding Source: N/A
Prime Partner ID: 7
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner:

Catholic Relief Services

Sub-Partner Name: Mongu Catholic Diocese
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Ndola Catholic Diocese
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Solwezi Catholic Diocese
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Mech ID: 527
 Mech Type: Locally procured, country funded (Local)
 Mech Name: SUCCESS
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 7
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Archdiocese of Kasama
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Chilanga Mother of Mercy Hospice
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Chipata Diocese Community Home Based Care
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Cicetekelo Hospice
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Jon Hospice
 Sub Partner Type: TBD
 Planned Funding Amount:
 Local: Yes
 New Partner: No

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Prime Partner:

Catholic Relief Services

Sub-Partner Name: Mansa Catholic Diocese
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Martin Hospice
Sub Partner Type: TBD
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Missionaries of Charity
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Mongu Catholic Diocese
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Monze Catholic Diocese
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Mpanshya Hospice
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Mpika Catholic Diocese
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Our Lady's Hospice
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Palliative Care Association of Zambia
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Prime Partner:

Catholic Relief Services

Sub-Partner Name: Ranchod Hospice
 Sub Partner Type: TBD
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Solwezi Catholic Diocese
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: St. Francis Community Home Based Care
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Mech ID: 566
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: CDC
 Planned Funding Amount:
 Agency: HHS
 Funding Source: N/A
 Prime Partner ID: 7
 Prime Partner Type: NGO
 Local: No
 New Partner: Yes

Sub-Partner Name: Churches Health Association of Zambia
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Mech ID: 567
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: CDC/HQ
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHA account)
 Prime Partner ID: 7
 Prime Partner Type: NGO
 Local: No
 New Partner: Yes

Sub-Partner Name: Churches Health Association of Zambia
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Prime Partner:

Central Board of Health

Mech ID: 562
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: CDC
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHA account)
 Prime Partner ID: 408

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Prime Partner: Central Board of Health
 Prime Partner Type: Host Country Government Agency
 Local: Yes
 New Partner: No

Prime Partner: Centre for Development and Population Activities
 Mech ID: 1,188
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: TAACS
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHA) account)
 Prime Partner ID: 173
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: Chemonics international
 Mech ID: 1,025
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: Injection Safety
 Planned Funding Amount:
 Agency: USAID
 Funding Source: N/A
 Prime Partner ID: 420
 Prime Partner Type: Private Contractor
 Local: No
 New Partner: No

Sub-Partner Name: JHPIEGO
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: No
 New Partner: No

Sub-Partner Name: Manoff Group, Inc
 Sub Partner Type: Private Contractor
 Planned Funding Amount:
 Local: No
 New Partner: No

Prime Partner: Chest Disease Laboratory
 Mech ID: 584
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: CDC
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHA) account)
 Prime Partner ID: 903
 Prime Partner Type: Host Country Government Agency
 Local: Yes
 New Partner: No

Prime Partner: Christian Reformed World relief Committee
 Mech ID: 343
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: World Concern
 Planned Funding Amount:
 Agency: USAID
 Funding Source: N/A
 Prime Partner ID: 725

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Prime Partner: Christian Reformed World Relief Committee
 Prime Partner Type: FBO
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Church of Central Africa Relief & Development
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Nazarene Compassionate Ministries
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: Operation Blessing
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: Reformed Church in Zambia Eastern Diaconia
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Reformed Community Support Organization
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: World Hope International
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Prime Partner: Columbia University Mailman School of Public Health
 Mech ID: 565
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: CDC
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHA1 account)
 Prime Partner ID: 475
 Prime Partner Type: University
 Local: No
 New Partner: Yes

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
 Mech ID: 568
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: CDC
 Planned Funding Amount:
 Agency: HHS
 Funding Source: N/A
 Prime Partner ID: 178

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Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Centre for Infectious Diseases Research in Zambia (CIDRZ)
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Mech ID: 570
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: CDC/HQ
 Planned Funding Amount:

Agency: HHS
 Funding Source: GAC (GHA account)
 Prime Partner ID: 178
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Centre for Infectious Diseases Research in Zambia (CIDRZ)
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Prime Partner: Family Health International
 Mech ID: 270
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: IMPACT
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHA account)
 Prime Partner ID: 180
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Society for Family Health
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: World Vision International
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: No
 New Partner: No

Sub-Partner Name: Zambia Health Education Communication Trust
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Mech ID: 485
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: IMPACT-Deferred

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Prime Partner: Family Health International

Planned Funding Amount: [REDACTED]

Agency: USAID
 Funding Source: Deferred (GHA)
 Prime Partner ID: 180
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Mech ID: 572
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: CDC
 Planned Funding Amount: [REDACTED]

Agency: HHS
 Funding Source: GAC (GHA account)
 Prime Partner ID: 180
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Mech ID: 1,075
 Mech Type: Locally procured, country funded (Local)
 Mech Name: Prevention, Care and Treatment Project
 Planned Funding Amount: [REDACTED]

Agency: USAID
 Funding Source: GAC (GHA account)
 Prime Partner ID: 180
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Churches Health Association of Zambia -
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Expanded Church Response
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: International HIV/AIDS Alliance
 Sub Partner Type: NGO
 Planned Funding Amount: \$ 1,200,000.00
 Local: No
 New Partner: No

Sub-Partner Name: International Youth Foundation
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

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Prime Partner: Family Health International
Sub-Partner Name: Kara Counseling Centre
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Management Sciences for Health
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: University of North Carolina
Sub Partner Type: University
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Mech ID: 1,113
Mech Type: Locally procured, country funded (Local)
Mech Name: Deferred Prevention, Care and Treatment Project
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHA1)
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: International Executive Service Corp
Mech ID: 408
Mech Type: Locally procured, country funded (Local)
Mech Name: BizAIDS
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA1 account)
Prime Partner ID: 186
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: JHPIEGO
Mech ID: 495
Mech Type: Locally procured, country funded (Local)
Mech Name: DOD
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHA1 account)
Prime Partner ID: 193
Prime Partner Type: NGO
Local: No
New Partner: No

Mech ID: 573
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: CDC
Planned Funding Amount:
Agency: HHS

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Prime Partner: JHPIEGO
 Funding Source: GAC (GHAf account)
 Prime Partner ID: 193
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Mech ID: 1,456
 Mech Type: Locally procured, country funded (Local)
 Mech Name: DCD Deferred
 Planned Funding Amount:
 Agency: Department of Defense
 Funding Source: Deferred (GHAf)
 Prime Partner ID: 193
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: John Snow Inc
 Mech ID: 1,106
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Deliver
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAf account)
 Prime Partner ID: 427
 Prime Partner Type: NGO
 Local: Yes
 New Partner: No

Sub-Partner Name: Crown Agents
 Sub Partner Type: Private Contractor
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

Mech ID: 1,509
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Deferred Deliver
 Planned Funding Amount:
 Agency: USAID
 Funding Source: Deferred (GHAf)
 Prime Partner ID: 427
 Prime Partner Type: NGO
 Local: Yes
 New Partner: No

Prime Partner: John Snow Research and Training Institute
 Mech ID: 630
 Mech Type: Locally procured, country funded (Local)
 Mech Name: SHARE
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAf account)
 Prime Partner ID: 1,979
 Prime Partner Type: NGO
 Local: No
 New Partner: No

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Prime Partner: John Snow Research and Training Institute

Sub-Partner Name: Abt Associates
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: Comprehensive HIV/AIDS Management Program
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Initiatives Inc.
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: Zambia Health Education Communication Trust
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Prime Partner: Johns Hopkins Institute for International Programs

Mech ID: 1,194
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Health and Child Survival Fellows Program (HCSF)
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 2,049
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: Johns Hopkins University Center for Communication Programs

Mech ID: 1,031
Mech Type: Locally procured, country funded (Local)
Mech Name: Health Communication Partnership
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 481
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Sub-Partner Name: International HIV/AIDS Alliance
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: Save the Children US
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: No

Prime Partner: Macro International
Mech ID: 663
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Measure DHS
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 429
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Prime Partner: Ministry of Finance and National Planning
Mech ID: 1,094
Mech Type: Locally procured, country funded (Local)
Mech Name: Sector Program Assistance
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 1,815
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: National AIDS Council, Zambia
Mech ID: 574
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: CDC
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 362
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: National Arts Council of Zambia
Mech ID: 601
Mech Type: Locally procured, country funded (Local)
Mech Name: State
Planned Funding Amount:
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner ID: 923
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Opportunity International
Mech ID: 318
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: N/A
Prime Partner ID: 20
Prime Partner Type: FBO
Local: No
New Partner: Yes

Prime Partner: Opportunity International
Sub-Partner Name: Christian Enterprise Trust of Zambia
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Habitat for Humanity Zambia
Sub Partner Type: NGO
Planned Funding Amount: \$ 0.00
Local: Yes
New Partner: No

Prime Partner: Pact, Inc.
Mech ID: 1,089
Mech Type: Locally procured, country funded (Local)
Mech Name: AWatch
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA1 account)
Prime Partner ID: 200
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Mech ID: 1,409
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: Y-Choices
Planned Funding Amount:
Agency: USAID
Funding Source: N/A
Prime Partner ID: 200
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Population Services International
Mech ID: 695
Mech Type: Locally procured, country funded (Local)
Mech Name: Social Marketing
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA1 account)
Prime Partner ID: 206
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Project Concern International

Prime Partner: Project Concern International
Mech ID: 400
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: REACH
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 208
Prime Partner Type: NGO
Local: Yes
New Partner: No

Mech ID: 530
Mech Type: Locally procured, country funded (Local)
Mech Name: DOD
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHA account)
Prime Partner ID: 208
Prime Partner Type: NGO
Local: Yes
New Partner: No

Sub-Partner Name: Baptist Mission to Zambia
Sub Partner Type: FBO
Planned Funding Amount:
 Funding To Be Determined
Local: No
New Partner: Yes

Sub-Partner Name: Chikankata Mission Hospital
Sub Partner Type: FBO
Planned Funding Amount:
 Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Kara Counseling Centre
Sub Partner Type: NGO
Planned Funding Amount:
 Funding To Be Determined
Local: Yes
New Partner: Yes

Prime Partner: Public Health Institute
Mech ID: 1,191
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Population Leadership Program
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 209
Prime Partner Type: NGO
Local: No
New Partner: Yes

Prime Partner: Social and Scientific Systems
Mech ID: 1,386
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: The Synergy Project
Planned Funding Amount:

UNCLASSIFIED

Prime Partner: Social and Scientific Systems

Agency: USAID
 Funding Source: GAC (GHA account)
 Prime Partner ID: 433
 Prime Partner Type: Private Contractor
 Local: No
 New Partner: No

Prime Partner: Tropical Diseases Research Centre

Mech ID: 575
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: CDC
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHA account)
 Prime Partner ID: 398
 Prime Partner Type: Host Country Government Agency
 Local: Yes
 New Partner: No

Prime Partner: University of North Carolina Carolina Population Center

Mech ID: 660
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Measure Evaluation
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHA account)
 Prime Partner ID: 495
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: University of Zambia

Mech ID: 592
 Mech Type: Locally procured, country funded (Local)
 Mech Name: State
 Planned Funding Amount:
 Agency: Department of State
 Funding Source: GAC (GHA account)
 Prime Partner ID: 917
 Prime Partner Type: University
 Local: Yes
 New Partner: No

Sub-Partner Name: Copperbelt University
 Sub Partner Type: University
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Prime Partner: University Teaching Hospital

Mech ID: 576
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: CDC
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHA account)
 Prime Partner ID: 899
 Prime Partner Type: Host Country Government Agency
 Local: Yes

Prime Partner: University Teaching Hospital
 New Partner: No

Prime Partner: US Agency for International Development
 Mech ID: 1,196
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: US Direct Hire Foreign Service Limited Appointment
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHA1 account)
 Prime Partner ID: 527
 Prime Partner Type: Own Agency
 Local: No
 New Partner: No

Mech ID: 1,198
 Mech Type: Locally procured, country funded (Local)
 Mech Name: Zambia Mission
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHA1 account)
 Prime Partner ID: 527
 Prime Partner Type: Own Agency
 Local: No
 New Partner: No

Mech ID: 1,412
 Mech Type: Locally procured, country funded (Local)
 Mech Name: MPH Training
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHA1 account)
 Prime Partner ID: 527
 Prime Partner Type: Own Agency
 Local: No
 New Partner: No

Sub-Partner Name: University of Pretoria, South Africa
 Sub Partner Type: University
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: University of Zambia
 Sub Partner Type: University
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Prime Partner: US Centers for Disease Control and Prevention
 Mech ID: 563
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: CDC HQ
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHA1 account)
 Prime Partner ID: 528
 Prime Partner Type: Own Agency
 Local: No

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Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Mech ID: 564
Mech Type: Locally procured, country funded (Local)
Mech Name: CDC Base
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,014
Mech Type: Locally procured, country funded (Local)
Mech Name: CDC Deferred
Planned Funding Amount:
Agency: HHS
Funding Source: Deferred (GHAI)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,015
Mech Type: Locally procured, country funded (Local)
Mech Name: CDC GAC
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Department of Defense

Mech ID: 537
Mech Type: Locally procured, country funded (Local)
Mech Name: DOD
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner ID: 529
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Department of State

Mech ID: 1,174
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner ID: 531
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,413
Mech Type: Locally procured, country funded (Local)

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Prime Partner: US Department of State
Mech Name: Deferred
Planned Funding Amount:
Agency: Department of State
Funding Source: Deferred (GHAJ)
Prime Partner ID: 531
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Peace Corps
Mech ID: 1,041
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Peace Corps
Funding Source: GAC (GHAJ account)
Prime Partner ID: 536
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,463
Mech Type: Locally procured, country funded (Local)
Mech Name: Deferred PC
Planned Funding Amount:
Agency: Peace Corps
Funding Source: Deferred (GHAJ)
Prime Partner ID: 536
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: World Health Organization
Mech ID: 577
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: CDC
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 523
Prime Partner Type: Multi-lateral Agency
Local: No
New Partner: No

Prime Partner: World Vision International
Mech ID: 412
Mech Type: Locally procured, country funded (Local)
Mech Name: RAPIDS
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 26
Prime Partner Type: FBO
Local: No
New Partner: No

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Prime Partner: World Vision International
Sub-Partner Name: Africare
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: CARE International
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: Catholic Relief Services
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: Expanded Church Response
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Salvation Army
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Prime Partner: Zambia Law Enforcement Agency
Mech ID: 1,095
Mech Type: Locally procured; country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner ID: 1,816
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: Yes

Prime Partner: Zambia National Blood Transfusion Service
Mech ID: 535
Mech Type: Locally procured, country funded (Local)
Mech Name: DOD
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner ID: 1,770
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Mech ID: 578
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: CDC
Planned Funding Amount:
Agency: HHS

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Prime Partner: Zambia National Blood Transfusion Service
Funding Source: GAC (GHAI account)
Prime Partner ID: 1,770
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

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Program Area:

Mechanism ID: 1,145

Mechanism Type: Unallocated

Planned Funds:

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Program Area:

Budget Code:

Program Area Code:

Table 3.3.1: PROGRAM PLANNING OVERVIEW

Result 1: Increased access to quality PMTCT services

Result 2: Quality PMTCT services integrated into routine maternal and child health services

Result 3: Internationally approved PMTCT curriculum adapted and implemented

Result 4: Improved logistics system for the rollout of PMTCT services and a full supply of diagnostics and related medical supplies achieved

Total Funding for Program Area (\$): **Current Program Context:**

The Zambian Government through the Ministry of Health (MOH) began implementing the PMTCT program in 1999 as part of the UNICEF/UNAIDS pilot program to minimize the transmission of HIV from mother to children using a minimum package of care in resource-constrained countries. Six sites across the country were selected as pilots. After two years of program implementation, the MOH, in collaboration with donors and other stakeholders, developed a National PMTCT Strategic Framework. The USG was an early partner in PMTCT, supporting the pilot program and providing technical assistance to the MOH in the development of national protocols, guidelines and training curricula for scaling up PMTCT. The goal of the Strategic Framework is to ensure that all districts in Zambia are implementing the package of care for PMTCT by December 2005. In partnership with the Zambian Government, the USG has been a key supporter of the implementation of the PMTCT expansion plan. Directly, the USG currently supports more than 80 PMTCT sites in 6 provinces of Zambia, out of a total of 92 sites in all 9 provinces. It is estimated that over 70,000 women are receiving PMTCT services in these sites and about 12,000 women and infants have received a complete course of PMTCT antiretroviral prophylaxis. As outlined by the national PMTCT protocol, the USG implementing partners are currently implementing a holistic and comprehensive approach that integrates PMTCT and CT into routine maternal and child health services. This involves supporting the training of the clinicians in the provision of PMTCT services, implementing community awareness programs targeted at communities and implementing the PMTCT package at health centre level through the strengthening of maternal and child health services, testing women and their spouses for HIV, administering antiretroviral drugs for HIV+ pregnant women and instituting a follow up program for women who participate in the program. The USG is currently building capacity at district, provincial and national levels on management of all components of the PMTCT program. As part of the partnership, USG also provides technical assistance to MOH and NAC. As a result of this assistance, the following detailed protocols have been developed: a) Internationally approved PMTCT training curriculum; b) PMTCT minimum package of care protocols and guidelines; c) PMTCT communication guidelines; and d) Monitoring database that integrates PMTCT and CT. The above documents are crucial at the national level for the standardization of services and the successful implementation of the program. In addition to USG support, the PMTCT national program also receives assistance from the Global Fund which is supporting refurbishing clinic facilities at the health center level and the planned mid-term evaluation of PMTCT services in the country. UNICEF has also continued to play a pivotal role in the implementation of the program through the provision of technical support, funding of communication activities and procuring PMTCT supplies. Other UN organizations, mainly WHO, provide technical assistance to the program. The national program is also being supported by Ireland Aid, the World Food Program, Médecins Sans Frontières (MSF) and JICA.

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Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD / JHPIEGO

Planned Funds:

Activity Narrative: This activity is partially being funded with deferred funding.

In 2004, the Zambian Defense Force had no PMTCT programs in its 69 facilities. The goal of this activity is to implement a comprehensive PMTCT program at four military hospitals. The award includes multiple activities to address PMTCT for military and peacekeeping personnel, as well as their families. A focus of this award is to create linkages between PMTCT services and home-based care, post-test clubs, peer support groups, mother's support groups, and groups of people living with HIV/AIDS. There will also be a focus on strengthening male involvement programs.

The training component will focus on building staff capacity to implement ART, develop PMTCT policy, and enhance quality assurance and supportive supervision. Providers will be trained in the clinical delivery of PMTCT. In addition, peer counselors will be trained to support seropositive mothers post-natally.

Commodity procurement will include the purchase of PMTCT and antiretroviral drugs. Local organizations will build their capacity with training focused on: manpower and planning, procurement, policy development, and program execution. Performance improvement systems will also be established. Finally, strategic information will include gathering information on numbers of clients treated, infections averted, and overall implementation.

Through all of these activities, these four hospitals will be able to provide services for 400 new clients. The goal of this activity is to implement a comprehensive PMTCT program at four military hospitals. Women testing HIV positive requiring long term ART would be referred to the Maina Soko Military Hospital or a Ministry of Health clinic providing ARTs in their local community. The Zambian Defense Force is not receiving ARTs from the USG other than PMTCT initial ARTS.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	50%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	13	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	67	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	1	<input type="checkbox"/> Not Applicable

Target Populations:

- HIV+ pregnant women
- Infants
- Military
- Police
- Peacekeeping personnel
- Pregnant women

Key Legislative Issues:

- Addressing male norms and behaviors

Coverage Area:

State Province: Central	ISO Code: ZM-02
State Province: Copperbelt	ISO Code: ZM-08
State Province: Lusaka	ISO Code: ZM-09
State Province: Southern	ISO Code: ZM-07

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / Boston University

Planned Funds:

Activity Narrative:

These activities will result in 1) increased access to quality PMTCT services 2) quality PMTCT services integrated into routine maternal and child health services and 3) increased use of complete course of ARV prophylaxis by HIV+ women.

Boston University, through its sub-partner and local NGO, the Zambia Exclusive Breastfeeding Services (ZEBS), will institute PMTCT services in 8-10 clinics of 2 new districts in Southern Province (Mazabuka and Monze districts). HIV-1 prevalence appears very high in these 2 districts. ZEBS, in partnership with GRZ and JHPIEGO, will train health workers in these clinics on all aspects of PMTCT services and integrate these services into routine maternal and child health services. Health workers will be trained in counseling, the minimum package of care of PMTCT, logistics, data management and quality assurance as new and on going activities in these districts. ZEBS will support districts to develop networks and referral systems for pregnant women to access other services offered at health centers and in the communities. Key to the creation of these networks will be linking HIV+ pregnant women to ART services. ZEBS will also provide counseling on appropriate feeding options of infants born to HIV+ women and those of unknown status.

As part of the program, ZEBS will raise community awareness for the PMTCT program in Southern Province and reduce HIV-related stigma and discrimination. The communities, especially men, will be mobilized and encouraged to participate in order for the program to be effective.

Since a high proportion of women in Southern Province deliver at home, Boston University/ZEBS will explore possibilities for working with traditional birth attendants (TBA) to improve uptake and recording of NVP prophylaxis in these settings.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Needs Assessment	5%

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- Quality Assurance and Supportive Supervision 10%
- Training 30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	50	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	4,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	15,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Community-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Midwives
- HIV/AIDS-affected families
- HIV+ pregnant women
- People living with HIV/AIDS
- Pregnant women
- Program managers
- Women of reproductive age
- Lab technicians

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Southern

ISO Code: ZM-07

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Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC/HQ / Catholic Relief Services

Planned Funds:

Activity Narrative:

These activities will result in 1) increased access to quality PMTCT services 2) quality PMTCT services integrated into routine maternal and child health services and 3) increased use of complete course of ARV prophylaxis by HIV+ women.

Catholic Relief Services (CRS) was awarded USG Track 1.0 funding and is currently implementing the ART program at 5 rural mission hospitals of Zambia. In order to provide a holistic approach to ART services and in line with GRZ recommendations that ART sites should also be PMTCT sites, PMTCT activities have been planned at these 5 institutions.

CRS, through its sub-partner Churches Health Association of Zambia (CHAZ), will institute PMTCT services at 5 mission hospitals in Zambia. CHAZ will, in partnership with GRZ, institute PMTCT services in these hospitals. Health workers will be trained in counseling, the minimum package of care of PMTCT, logistics, data management and quality assurance as new and on going activities in these districts. Owing to staff shortages and the overwhelming workload that PMTCT introduces to already overstretched staff at the maternal and child health departments, CHAZ will also meet immediate staff shortages. CHAZ will support districts to develop networks and referral systems for pregnant women to access other services offered at health centers and in the communities. Key to the creation of these networks will be linking HIV+ pregnant women to ART services.

As part of their program, CHAZ will reduce HIV-related stigma and discrimination and will raise community awareness for the PMTCT program through the development of materials and IEC strategies. The communities, especially men, will be mobilized and encouraged to participate in order for the program to be effective.

CHAZ will also explore possibilities for working with traditional birth attendants (TBA) to improve uptake and recording of NVP prophylaxis in these settings.

CRS will also provide outreach to the police in these areas.

Activity Category

- Commodity Procurement
- Community Mobilization/Participation
- Development of Network/Linkages/Referral Systems
- Human Resources
- Needs Assessment
- Quality Assurance and Supportive Supervision

% of Funds

- 40%
- 5%
- 5%
- 20%
- 5%
- 5%

Training

20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	50	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,500	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	5,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Midwives
- HIV/AIDS-affected families
- HIV+ pregnant women
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Program managers
- Women of reproductive age
- Lab technicians

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Copperbelt	ISO Code: ZM-08
State Province: Northern	ISO Code: ZM-05
State Province: North-Western	ISO Code: ZM-06
State Province: Southern	ISO Code: ZM-07

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC/HQ / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

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Activity Narrative:

These activities will result in 1) increased access to quality PMTCT services 2) quality PMTCT services integrated into routine maternal and child health services and 3) increased use of a complete course of ARV prophylaxis by HIV+ women.

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) with sub-grants to University of Alabama, Birmingham and a local Zambian NGO, the Center for Infectious Disease Research, Zambia (CIDRZ) receives funding for the implementation of PMTCT programs. CIDRZ, in partnership with GRZ, will institute PMTCT services in 8 districts of Zambia covering 3 provinces: Lusaka Province, Eastern Province and Western Province. The Lusaka Health district and the 3 districts in Eastern Province (Chipata, Katete, and Petauke) are among the most populated districts in the country.

Continued support will be provided for the 24 clinics providing PMTCT in Lusaka Health District as well as the University Teaching Hospital (UTH). Currently, over 4000 women are tested for HIV in Lusaka each month; over 1,000 of whom are HIV-infected; all are offered single-dose NVP. Note that this partner also receives Track 1.0 funding for rapid scale-up of ART services in these same clinics in Lusaka. CIDRZ will strengthen PMTCT referrals to HIV care and treatment programs, including screening of women antenatally for symptomatic AIDS and/or CD4 count. CIDRZ will also institute in FY05 a Mother Infant Rapid Intervention At Delivery (MIRIAD)-type intervention for women with undocumented HIV status at University Teaching Hospital and 3-4 clinics in urban Lusaka district; approximately 3,000 women with undocumented HIV status will be reached at labor and delivery during the first year. Timely testing of women in labor, or of the neonate immediately postpartum, enables immediate provision of ARV prophylaxis to mother and infant (JAMA 2004; 292:219-223).

In partnership with district health teams, CIDRZ will institute and provide continuing support to PMTCT services in 10-15 clinics in 3 districts in Eastern Province (Chipata, Katete, and Petauke) and in all health centers in Mongu and Kaoma districts of Western Province. An additional 2 new districts in Western Province, in consultation with MOH, will start receiving support from CIDRZ for implementation of PMTCT services. These districts in Western Province are mostly rural and the majority of women deliver at home. CIDRZ will explore possibilities for working with traditional birth attendants (TBA) to improve uptake and recording of NVP prophylaxis in these settings.

Health workers will be trained in counseling, the minimum package of care of PMTCT, logistics, data management and quality assurance as new and ongoing activities in these districts. Owing to staff shortages and the overwhelming workload that PMTCT introduces to already overstretched staff at the maternal and child health departments, CIDRZ will also assist the districts with immediate staff shortages. CIDRZ will support districts to develop networks and referral systems for pregnant women to access other services offered at health centers and in the communities. Key to the creation of these networks will be linking HIV+ Pregnant women to ART services. They will work with CDC to implement the continuity of care smart card which will facilitate improved longitudinal care for pregnant women.

As part of this program, CIDRZ will reduce HIV-related stigma and discrimination and raise community awareness for the PMTCT program through the development of materials and IEC strategies. The communities, especially men, will be mobilized and encouraged to participate in order for the program to be effective and will also provide outreach to the police.

Please note that the following 'targeted evaluation' activity is not funded by the COP 05 but it is mentioned here for completeness. The Epidemiology Branch of the Division of HIV/AIDS Prevention (DHAP) and the Care and Treatment Branch of the Global AIDS Program (GAP), CDC in Atlanta are jointly coordinating and funding an observational study to examine the response to highly active antiretroviral therapy (HAART) that includes a non-nucleoside reverse transcriptase inhibitor (NNRTI) among women who have been exposed to single-dose nevirapine

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for PMTCT as compared to those who have not. This is a prospective, multi-country, multi-site observational study consistent with the goal to conduct clinically applicable operational research that is expected to directly inform program implementation. In Zambia, this targeted evaluation is being conducted in Lusaka Health District by EGPAF/CIDRZ, at sites where clinicians are providing NNRTI-based HAART to persons attending their clinics.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	12%
<input checked="" type="checkbox"/> Community Mobilization/Participation	9%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	4%
<input checked="" type="checkbox"/> Human Resources	17%
<input checked="" type="checkbox"/> Information, Education and Communication	3%
<input checked="" type="checkbox"/> Infrastructure	14%
<input checked="" type="checkbox"/> Logistics	4%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	4%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	18%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	610	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	20,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	300,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	122	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Adults <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Community leader <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Health Care Workers <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Doctors <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Nurses <input checked="" type="checkbox"/> Pharmacists <input checked="" type="checkbox"/> Traditional birth attendants | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Midwives <ul style="list-style-type: none"> <input checked="" type="checkbox"/> HIV/AIDS-affected families <input checked="" type="checkbox"/> HIV+ pregnant women <input checked="" type="checkbox"/> Infants <input checked="" type="checkbox"/> Media <input checked="" type="checkbox"/> People living with HIV/AIDS <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Pregnant women <input checked="" type="checkbox"/> Sex partners <input checked="" type="checkbox"/> Women of reproductive age <input checked="" type="checkbox"/> Lab technicians |
|---|--|

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Key Legislative Issues:

Stigma and discrimination

Coverage Area:

State Province: Eastern

State Province: Lusaka

State Province: Western

ISO Code: ZM-03

ISO Code: ZM-09

ISO Code: ZM-01

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Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / JHPIEGO

Planned Funds:

Activity Narrative:

These activities will result in 1) the development and implementation of an internationally approved PMTCT curriculum and 2) will contribute towards expanding the pool of PMTCT trainers and trained staff in readiness of the scale of PMTCT services to new and existing sites.

As the PMTCT program is being rolled out to all districts of Zambia, JHPIEGO will assist MOH to finalize the training manual, print the manuals and conduct trainings in 4 provinces of Zambia (Lusaka, Eastern, Southern, Western). Using COP 04 funding, JHPIEGO assisted MOH to standardize the PMTCT training curriculum to internationally approved standards. As this is an ongoing activity, JHPIEGO in partnership with MOH, will initially train PMTCT national trainers for the national program and this will be followed with supporting the 4 provinces to train health center staff. JHPIEGO will also assist in introducing PMTCT in the curricula of pre-service medical and health institutions in Zambia nationally.

In order to maintain quality PMTCT services in all 4 provinces, JHPIEGO will also train staff at district and provincial levels in PMTCT and supportive supervision. The aim for training staff at these levels will be to establish a performance system that ensures quality assurance and control of the program at all levels especially at the health center level.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	250	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers*
 - Doctors*
 - Medical/health service providers*
 - Nurses*
 - Pharmacists*
 - Midwives*
- Program managers*
- Lab technicians*

Key Legislative Issues:

Coverage Area:

State Province: Eastern

State Province: Lusaka

State Province: Southern

State Province: Western

ISO Code: ZM-03

ISO Code: ZM-09

ISO Code: ZM-07

ISO Code: ZM-01

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Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC/Linkages / Academy for Educational Development

Planned Funds:

Activity Narrative:

These activities will result in 1) increased access to quality PMTCT services 2) quality PMTCT services integrated into routine maternal and child health services and 3) increased use of complete course of ARV prophylaxis by HIV+ women.

Academy for Educational Development, through its sub-partner Linkages - AED, will continue providing PMTCT services in 2 districts of Southern Province. As an ongoing activity, Linkages - AED will ensure that health workers are trained in counseling, the minimum package of care of PMTCT, logistics, data management and quality assurance. Linkages - AED will support districts to develop networks and referral systems for pregnant women to access other services offered at health centers and in the communities. Key to the creation of these networks will be linking HIV-positive pregnant women to ART services.

As part of the program, Linkages - AED will raise community awareness for the PMTCT program through the development of materials and IEC strategies. The communities, especially men and community lay counselors, will be mobilized and encouraged to participate for the program to be effective.

These activities will focus also on reducing HIV-related stigma and discrimination in the community.

The following target categories are not applicable for these activities, which include procurement, a leadership study tour for synergy development between regional Emergency Plan PMTCT programs, assessments, and evaluations

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	50	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	5,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	25,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	17	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Traditional birth attendants
 - Midwives
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- People living with HIV/AIDS
- Pregnant women
- Women of reproductive age
- Lab technicians

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Southern

ISO Code: ZM-07

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Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC GAC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

The USG provides technical assistance to MOH and NAC. As part of the technical assistance, the USG will support the national PMTCT program through the procurement of supplies at central level. Other activities will include supporting MOH implementing teams to conduct a PMTCT assessment review of sites and a PMTCT knowledge, attitude, behavior and knowledge study. It is anticipated that the results of the review will highlight strengths and weaknesses of the program and help in the standardization of service provision by the various implementing partners. With a newly appointed PMTCT national team, a study tour has been organized to allow them to visit other PMTCT sites in 1-2 countries with successful and rapid scale-up of PMTCT activities in the region. The aim of this tour will be for the team to gain insight on how other programs are successfully managed and how the national program in Zambia can be further strengthened. The USG will not only provide technical assistance to the PMTCT Technical working but will also assist in the dissemination of key research findings.

In an effort to improve the national program, USG in partnership with GRZ, will evaluate an inexpensive and less complex approach for use in the diagnosis of infant HIV-1 infection in Zambia. This targeted evaluation will focus on 1) an inexpensive "boosted" p24 antigen and 2) a much simplified dried blood spot PCR assay, both for potential use in infant HIV diagnosis. This evaluation will assist the national program in adopting a cheaper and simplified way of testing infants born to HIV+ women. This is a high-priority area for the MOH. Currently, due to the cost associated with infant HIV testing, infants are not tested (except in a few research settings). CDC will provide technical assistance in the development of protocols and implementation of the evaluation.

The above activities will contribute to the following result:

- Improved logistics system for the rollout of PMTCT services and a full supply of diagnostics and related medical supplies achieved.
- Full supply of diagnostics and related medical supplies achieved
- Improved logistics system for the roll out of PMTCT services

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Logistics	40%
<input checked="" type="checkbox"/> Needs Assessment	15%
<input checked="" type="checkbox"/> Policy and Guidelines	15%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Country coordinating mechanisms
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Midwives
- HIV+ pregnant women
- Infants
- Ministry of Health staff
- National AIDS control program staff
- Policy makers
- Program managers
- Lab technicians

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Prevention, Care and Treatment Project / Family Health International

Planned Funds:

Activity Narrative:

The Family Health International Prevention, Care and Treatment (PCT) Project will support the Zambian Government (GRZ) to strengthen and expand PMTCT services in five provinces: Central, Copperbelt, Luapula, Northern and Northwestern. The PCT Project partner organizations—International AIDS Alliance, Churches Health Association of Zambia (CHAZ), Expanded Church Response (ECR), and Management Sciences for Health (MSH)—will contribute to improving the accessibility, quality, and usage of PMTCT services with an overall target of 171,370 pregnant women receiving PMTCT services in FY05.

At the national level, PCT will provide technical assistance to the national PMTCT task force and MOH PMTCT managers to: develop and implement strategies for scaling up accessible, quality PMTCT services; establish quality assurance and monitoring programs; review/revise/disseminate national PMTCT training materials and guidelines as needed; and strengthen the continuum of care and referral systems via integration of PMTCT with CT, ART, and palliative care services within and between provincial and district health facilities and community programs.

At the provincial and district levels, PCT will assess the usage of PMTCT services to formulate recommendations for improving PMTCT services as well as provide technical assistance and training to implement the minimum package of PMTCT services according to the national scale up plan. This includes ARV prophylaxis, post-natal counseling, family planning counseling, infant feeding counseling, community follow up and support, and mother-infant tracking. PCT will train 126 health care providers to implement this minimum package of PMTCT services at 42 health facilities.

Every eligible HIV-infected woman will be offered ARV prophylaxis for herself and her infant, with a total of 18,000 mother-infant pairs receiving ARV prophylaxis. HIV-infected postnatal women will be encouraged to seek follow up care and support at the nearest health facility with district staff will tracking mother-infant pairs to facilitate this follow-up. An estimated 12,600 infants (70% of which will require ARV prophylaxis) will be followed for 18 months, and then tested for HIV at the end of this time period. The project team will also provide information on safe feeding options to MCH staff and train health workers on infant feeding counseling as part of this comprehensive training program. Furthermore, a small grants program, supported by International HIV/AIDS Alliance, will contribute to efforts in community level and police PMTCT activities.

The PCT team will coordinate with existing NGOs/CBOs/FBOs, community, and police groups in engaging community leaders and members, including religious/traditional leaders, to promote and encourage pregnant women to seek PMTCT services and to reduce stigma associated with HIV/AIDS at the community and health facility levels.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	126	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	18,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	171,370	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	42	<input type="checkbox"/> Not Applicable

Target Populations:

- Women
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Discordant couples
- HIV+ pregnant women
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Pregnant women
- Religious/traditional leaders
- Women of reproductive age
- Youth

Girls

- Lab technicians

Key Legislative Issues:

- Stigma and discrimination

UNCLASSIFIED

Coverage Area:

State Province: Central
State Province: Copperbelt
State Province: Luapula
State Province: Northern
State Province: North-Western

ISO Code: ZM-02
ISO Code: ZM-08
ISO Code: ZM-04
ISO Code: ZM-05
ISO Code: ZM-06

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD Deferred / JHPIEGO

Planned Funds:

Activity Narrative: This activity is being partially funded with Deferred funding.

In 2004, the Zambian Defense Force had no PMTCT programs in its 69 facilities. The goal of this activity is to implement a comprehensive PMTCT program at four military hospitals. The award includes multiple activities to address PMTCT for military and peacekeeping personnel, as well as their families. A focus of this award is to create linkages between PMTCT services and home-based care, post-test clubs, peer support groups, mother's support groups, and groups of people living with HIV/AIDS. There will also be a focus on strengthening male involvement programs.

The training component will focus on building staff capacity to implement ART, develop PMTCT policy, and enhance quality assurance and supportive supervision. Providers will be trained in the clinical delivery of PMTCT. In addition, peer counselors will be trained to support seropositive mothers post-natally.

Commodity procurement will include the purchase of PMTCT and antiretroviral drugs. Local organizations will build their capacity with training focused on: manpower and planning, procurement, policy development, and program execution. Performance improvement systems will also be established. Finally, strategic information will include gathering information on numbers of clients treated, infections averted, and overall implementation.

Through all of these activities, these four hospitals will be able to provide services for 400 new clients. The goal of this activity is to implement a comprehensive PMTCT program at four military hospitals. Women testing HIV positive requiring long term ART would be referred to the Maina Soko Military Hospital or a Ministry of Health clinic providing ARTs in their local community. The Zambian Defense Force is not receiving ARTs from the USG other than PMTCT initial ARTs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	50%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	27	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	333	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	3	<input type="checkbox"/> Not Applicable

Target Populations:

- HIV+ pregnant women
- Infants
- Military
- Peacekeeping personnel
- Pregnant women

Key Legislative Issues:

- Addressing male norms and behaviors

Coverage Area:

State Province: Central	ISO Code: ZM-02
State Province: Copperbelt	ISO Code: ZM-08
State Province: Lusaka	ISO Code: ZM-09
State Province: Southern	ISO Code: ZM-07

Program Area:

Budget Code:

Program Area Code:

Table 3.3.2: PROGRAM PLANNING OVERVIEW

- Result 1: Capacity building to local community and faith-based organizations and networks to implement AB programs strengthened
- Result 2: Use of local and faith-based organizations and networks to change social and community norms to support abstinence and faithfulness (AB) increased
- Result 3: Targeting of youth with comprehensive skills-based AB prevention activities expanded
- Result 4: Reduction in stigma and discrimination within the general population
- Result 5: Number of faith-based organizations implementing abstinence only activities increased

Total Funding for Program Area (\$): **Current Program Context:**

The USG continues to take the lead in supporting and expanding Zambia's National HIV/AIDS Strategic Plan objective on prevention that gives priority to reducing high risk behavior through the promotion of abstinence, partner reduction and mutual fidelity. Appropriate ABC behavior change interventions are targeted at national, community and individual levels to achieve maximum impact in changing social norms around sexual behavior. The USG collaborates closely with donors, such as the Global Fund, World Bank, UNICEF, and DFID, who are also implementing prevention programs to reach as many Zambians as possible with harmonized prevention messages. While awareness of HIV/AIDS is fairly universal, youth and adults continue to engage in behavior that put them at risk of contracting HIV. The 2003 Zambia Sexual Behavior Survey indicated that 29% of men aged 15-59 years and 16% of women aged 15-49 years reported a non-regular partner in the last 12 months; and 33% of single male adolescents and 28% of single female adolescents had sex in the last 12 months. HIV prevalence is 6% for females aged 15-19 years and 11% for those aged 15-24 years. In FY04, the USG and its partners are implementing a unified ABC prevention approach that emphasizes abstinence for youth, being faithful for adults and condoms for high risk groups.

Nearly half (49%) of Zambia's population is below the age of 15. For youth, the USG supports FBOs, CBOs, NGOs and schools to implement comprehensive community based programs to promote abstinence and behavior change. Students, out of school youth, OVCs, married/unmarried youth, and parents/guardians participate in school-based programs, sports camps, faith-based retreats, community drama, art competitions, anti-AIDS clubs, and initiation ceremonies to promote abstinence. A high priority is given to promoting male responsibility for boys, particularly fidelity, along with life skills training for girls and young women in negotiation techniques and strategies.

For adults, the USG implements community and individual level education and messaging promoting partner reduction and mutual fidelity through clergy, traditional leaders, employers, agricultural extension workers, teachers, uniformed personnel, police, and government officials. Programs that promote Being Faithful are implemented in areas where home-based care and other community prevention programs are being implemented, in public and private workplace programs, in rural agricultural areas, in mining areas, at military bases, in universities, and in places of worship.

These community and individual level programs for both youth and adults are supported nationally by coordinated mass media campaigns promoting A/B messaging through print, local radio and television. Issues of stigma and discrimination are addressed throughout all prevention activities. Youth, adults and priority groups are encouraged to openly discuss their fears, concerns and prejudices as they relate to people living with HIV/AIDS to reduce stigma and discrimination.

Local CBOs and FBOs play a unique role in influencing community and individual acceptance of healthy social norms and are often the best positioned groups to implement A/B programs. The USG is leveraging their distinct advantage by providing sub-grants for internal capacity building in financial and program management, as well as providing technical assistance and training to improve current programs, ensure consistent messaging and achieve greater reach. CBOs/FBOs are being used to the greatest extent possible with the vision of sustainable local leadership for HIV prevention activities. In FY05, the USG will intensify this comprehensive A/B strategy to achieve greater reach; while CBOs/FBOs partners will continue to receive support for capacity building, training and funding to strengthen and expand their ability to reach their targeted constituencies with consistent and effective A/B interventions.

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative: This activity expands programs targeted at youth with comprehensive skills-based AB prevention activities.

The Corridors of Hope Project (CoH) is a cross border initiative that targets high risk populations living at border towns and along high transit corridors. CoH works through 10 drop in centers where services are provided, outreach activities to reach high risk groups with prevention messages, and through 15 trucking companies. Youth in these high prevalence areas where CoH implements its activities are particularly at risk of HIV/AIDS through unsafe sex. CoH through its partner Society for Family Health will target in and out of school youth in these 10 border and high transit high risk communities surrounding Corridors of Hope service delivery sites with a AB campaign. This campaign will particularly focus on the promotion of abstinence through community programs, drama, peer education, school based HIV/AIDS clubs, and mass media. CoH abstinence programs and will be linked to other USG abstinence campaigns.

Activity Category Information, Education and Communication % of Funds 100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	30,000	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	30,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	40	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	40	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	4,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	4,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	100	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	100	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	400	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	400	<input type="checkbox"/> Not Applicable

Target Populations:

- Youth
- Girls
- Boys

Key Legislative Issues:

Coverage Area:

State Province: Central	ISO Code: ZM-02
State Province: Copperbelt	ISO Code: ZM-08
State Province: Eastern	ISO Code: ZM-03
State Province: Lusaka	ISO Code: ZM-09
State Province: Northern	ISO Code: ZM-05
State Province: Southern	ISO Code: ZM-07

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: RAPIDS / World Vision International

Planned Funds:

Activity Narrative:

This activity contributes to increasing the number of FBOs implementing abstinence only activities and to increasing the use of local and FBOs and networks to change social and community norms to support AB.

The RAPIDS Project is a consortium led by World Vision with Catholic Relief Services, Africare, Salvation Army and the Expanded Church Response that provides community based care and support to people infected with or affected by HIV/AIDS. This includes PLWHAs, OVCs, and youth. The HIV prevalence rates for youth is high and for any impact on the epidemic, it is critical that the USG support youth to prevent transmission among this very vulnerable group. RAPIDS will implement abstinence promotion activities for youth in 44 districts of all 9 provinces in coordination with other USG supported ABY programs so as to prevent any geographical overlapping or duplication. Thirty FBOs will receive training in financial and project management and be provided with small grants to implement abstinence only programs. Every effort will be made to build the capacity of FBOs to implement effective abstinence programs. FBO/CBO facilitators will be trained to train clergy, teachers, supervisors, peer educators, and staff in promoting abstinence along with being faithful. To decrease economic vulnerability among youth, abstinence interventions will be combined with business management and vocational training. Youth sports camps will be conducted to train peer educators in abstinence promotion. Traditional advisors will be trained to promote abstinence and faithfulness as part of girls' "coming of age" ceremonies. Boys will receive training on abstinence, responsibility in society, life skills and respect for women. Community-level sensitization meetings will be carried out. Africare will promote abstinence using innovations such as youth-led community radio programming, youth theater, and school youth parliaments.

The RAPIDS network of partners will also be used to promote fidelity and partner reduction among adults living in RAPIDS project areas. RAPIDS will integrate "Being Faithful" messages into their extensive home-based care programs to reach as many community members as possible. Home-based care givers will be trained in AB messages and in discouraging cultural practices that may lead to HIV transmission. RAPIDS will implement training in abstinence and being faithful promotion for members of District Development Committees, District AIDS Task forces, youth and OVC subcommittees and community care coalitions. All AB or A only programs will integrate activities and messages to reduce stigma and discrimination.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	16%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	21%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	29%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	30	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	30	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	23,400	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	23,400	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	8,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	8,000	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Faith-based organizations
- People living with HIV/AIDS
- Religious/traditional leaders
- Teachers
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD / Project Concern International

Planned Funds:

Activity Narrative:

A program in Abstinence/Be Faithful for the Zambian Defense Force remains critical as military personnel continue to participate in peacekeeping missions with the United Nations around the world. At any given time, 1,800 personnel are assigned to peacekeeping missions outside of Zambia, with at least 5,000-7,000 assigned to eight international borders throughout the year.

Activities will include training, logistics, materials development and strategic information focused on promoting abstinence and faithfulness. Two drama teams will be trained on abstinence and faithfulness messages and HIV/AIDS counseling and testing messages, reinforcing behavior change. Logistics and materials development is to assist the drama team, providing materials to promote HIV prevention that are appropriate for the military. Brochures, CDs, and videos will be distributed to 69 medical facilities.

Two drama teams will be trained to visit 40 military units to promote abstinence, faithfulness, and HIV counseling and testing to the high-risk Zambian Defense Force personnel. Finally, SI collection will help to identify the number of individuals reached with these prevention messages.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Logistics	50%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	40	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	8,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- HIV/AIDS-affected families
- HIV/AIDS-affected families
- Military
- Military
- Peacekeeping personnel
- Peacekeeping personnel
- Volunteers
- Volunteers
- Women of reproductive age

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Base / US Centers for Disease Control and Prevention

Planned Funds:

UNCLASSIFIED

Activity Narrative:

The activity will result in improved knowledge regarding HIV antiretroviral treatment, PMTCT, and prevention of sexual HIV transmission in Zambia.

A mid-term assessment of a Botswana radio drama which uses CDC's MARCH Model (Modeling and Reinforcement to Combat HIV/AIDS) to encourage HIV prevention behaviors and positive attitudes toward People Living with HIV/AIDS and availability of antiretroviral treatment indicates that the entertainment-education program is having desired effects. The weekly radio program, Makgabaneng, was launched in August 2001. The 15-minute episodes air twice weekly on two nationally broadcast stations. The scripts are written, produced, and acted in the local language by local talent. The characters provide models for behavior, and the storylines reflect the culture and support services of the local environment. The Makgabaneng program also includes listening discussion groups and road shows to reinforce prevention behaviors and encourage listenership in the community. A national survey conducted in May 2003 found that Makgabaneng was extremely popular, nearly half (45%) of respondents said that they listened to it one or more times every week. Weekly listeners to the drama were more likely to have greater knowledge about key HIV issues (such as PMTCT and ABC) and less likely to have stigmatizing attitudes. Weekly listeners were also more likely to intend to get HIV testing and to discuss HIV testing with their partner.

To support the development of an indigenous radio serial drama in Zambia, based on CDC's MARCH behavior change strategy, CDC will provide technical assistance in training staff and partners and will work collaboratively with local NGOs, especially the Zambia Centre for Communication Programmes (ZCCP), and ongoing USAID-supported behavior change communication projects in-country. The resulting radio serial drama will directly support the prevention, treatment and care goals of the President's Emergency Plan in Zambia.

Planned activities in Zambia will include: meet with local NGO and government agencies working in behavior change, brief them on proposed activities, and solicit their support and participation; conduct initial assessment of behavior change needs, capacity, and existing activities in country; hire a project coordinator; conduct training for stakeholders and key partners on using behavior change principles to design effective interventions; work closely with partners to develop an integrated plan for addressing behavioral objectives, working with existing or easily-developed Zambian capacity, partners, and infrastructural resources; conduct formative evaluation in key areas if needed (e.g. to understand individual, social and environmental factors that inhibit or facilitate specific behaviors, such as adherence to antiretroviral treatment); use existing research whenever possible; develop a collaborative relationship with a national or regional broadcaster; develop an advisory board of key partners and technical advisors to provide guidance to the project team; set up and staff a facility (or augment an existing facility and project team) to write and produce the radio serial drama; conduct trainings on MARCH methodology, scriptwriting, recording, and post-production; and develop evaluation plans and protocols.

These activities will focus also on reducing HIV-related stigma and discrimination in the community.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	45%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	100,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Caregivers
- Community members
- HIV/AIDS-affected families
- Military
- Migrant workers
- People living with HIV/AIDS
- Pregnant women
- Youth

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: EQUIP I / American Institutes for Research

Planned Funds:

Activity Narrative:

This activity will contribute strengthening the capacity of local community organizations to implement AB programs and expanding programs that target youth with comprehensive skills-based AB prevention activities.

AIR will carry out teacher pre and in-service training on HIV/AIDS prevention for students with an emphasis on abstinence and being faithful. It is expected to reach 400 schools, 800 teachers (200 Head Teachers and 200 Senior teachers), 1,200 pre-service students, and 200,000 pupils.

In addition, AIR will review existing A/B prevention curriculum and programs, particularly in regard to (a) the duration of training and (b) supervision/follow up systems. AIR will assist the MoE in introducing new modules on preventing gender-based sexual violence that include coerced sexual activity at school between teachers and students, between teachers, and between students, as well as a module on anti-AIDS mentoring clubs, that link with training/mentoring of OVC scholarship recipients.

AIR will help to establish a school managed grants program to implement Abstinence and Being Faithful prevention interventions for youth that is aimed to be student-driven, with important parental involvement and will focus on reducing stigma and discrimination.

AIR will build on existing HIV/AIDS clubs within schools and distribute 200,000 leaflets and 70,000 lifeskills books. An assessment of HIV/AIDS clubs within schools to determine current level of effectiveness will be conducted. Efforts will be made to build the MoE's capacity to scale up successful programs to a national level, according to ministry demands.

These activities will focus also on addressing male norms and behaviors in the community.

Activity Category

- Information, Education and Communication
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

- 30%
- 10%
- 60%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	400	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	260,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	800	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Primary school
- Secondary school
- Teachers

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Central	ISO Code: ZM-02
State Province: Eastern	ISO Code: ZM-03
State Province: Northern	ISO Code: ZM-05
State Province: Southern	ISO Code: ZM-07

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: State / University of Zambia

Planned Funds:

Activity Narrative:

The Public Affairs Section (PAS) of the Mission in Zambia will issue grants to the University of Zambia (UNZA) and the Copperbelt University (CBU). Students are among the highest infected and affected groups by HIV/AIDS. The universities have established policies and counseling centers, but due to resource constraints, programs on campus are limited. This project will build on ongoing activities and establish a training program for 200 students, 40% women, to serve as peer-counselors to develop appropriate information materials for students, and to organize on campus activities such as competitive debates, concerts, essay contests and HIV/AIDS Day events. Students selected for the training program have to pledge to serve as peer counselors and provide practical services to students in disseminating information in dorms and discrete locations on campus. The goal is to encourage students to increase their awareness of HIV/AIDS, know their status, and exercise safe sexual practices -- urging students to abstain, be faithful, fight stigma at home, school, and church, and advocate change in sexual behavior.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	70%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	4,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	8	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- ~~Students~~
- University

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Copperbelt
 State Province: Lusaka

ISO Code: ZM-08
 ISO Code: ZM-09

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: State / National Arts Council of Zambia

Planned Funds:

Activity Narrative:

In collaboration with other USG partners, the PAS will utilize their unique advantage of working with regional and Zambian artists, organizing cultural programs and a strong relationship with Zambian radio and television media to promote A & B, with an emphasis on B. Local celebrities can be effective in spreading prevention messages, which increases their ability to reach large audiences. Using culture as a vehicle for HIV/AIDS prevention message could focus exclusively on the use of Zambian celebrities. Zambian musicians and artists are increasingly gaining stature in Zambia largely through the efforts of the National Arts Council of Zambia and the establishment of recording companies such as Mondo Music. These celebrities have a tremendous potential to reach Zambians, both youth and adults, with HIV/AIDS prevention messages. Radio remains the primary media of choice in Zambia, and music and dance are the most popular forms of cultural expression. Through a grant to the National Arts Council of Zambia – the driving force behind cultural development in Zambia – at least five select Zambian celebrities would deliver HIV/AIDS prevention messages at festivals and concerts throughout the country, specifically Lusaka, the Copperbelt, and Livingstone. They would also be asked to record public service messages for play on radio stations countrywide. Zambian celebrities (many of whom have participated in US Embassy activities in the past) who could be invited to participate include:

- Music: pop singers Exile, Nalu, Danny, JK, Lindiwe (winner of Project Fame Africa-wide competition), Angela Nyirenda, Mashombe Blue Jeans; jazz singers Marsha Moyo & Maureen Lilanda; instrumentalist Uncle Rex (winner of 2004 Ngoma Award)
- Pop Culture: Charise Mann (winner of Big Brother Africa reality show)
- Artists: Victor Makashi, Eddie Mumba, Patrick Mumba

Activity Category

- Information, Education and Communication
- Training

% of Funds

- 80%
- 20%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	3,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	12	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	4,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	300	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community leader
- Community members
- Youth

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Copperbelt
 State Province: Lusaka
 State Province: Southern

ISO Code: ZM-08
 ISO Code: ZM-09
 ISO Code: ZM-07

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: SHARE / John Snow Research and Training Institute

Planned Funds: []

Activity Narrative:

This activity strengthens the capacity of local community organizations and networks to implement AB programs and increase the use of these local organizations to change social and community norms to support abstinence and faithfulness.

Building on the success of track 1.5, two HIV/AIDS workplace Global Development Alliances (GDA) in Zambia will be formed – one for Agribusiness and one for Extraction/Mining companies. Prevention activities for these GDAs will focus on promoting Being Faithful as the vast majority of miners and farmers are married. SHARE will provide a sub-grant to the Comprehensive HIV/AIDS Management Program (CHAMP) to provide technical support as the USG contribution to the GDA. Significant resources, both cash and kind, will be leveraged from the private partners:

The Agribusiness GDA will be led by Dunavant Cotton with Zambia Sugar and Clark Cotton, three of the largest agribusinesses in Zambia. This GDA will implement a HIV/AIDS prevention outreach program for 200,000 small scale cotton and sugar farmers, distributors and outgrowers to promote Abstinence and Being Faithful. The contribution from the private sector to this GDA will be []

The Extraction GDA will be led by Konkola Copper Mines with Mopani Mines, Kansanshi Mines, and the Copperbelt Energy Corp. This GDA will implement HIV/AIDS prevention outreach programs for 126,000 employees, miners and their families and surrounding community to promote abstinence and being faithful. The contribution from the private sector will be in the amount of []

In addition, SHARE will working with local NGO partner, ZHECT, to provide on-going state-of-the-art technical assistance to workplace A/B prevention programs at 45 small, medium and large businesses and two ministries (Ministry of Agriculture and Cooperatives and Ministry of Commerce, Trade and Industry). SHARE will initiate relationships with 25 new businesses and one additional ministry to develop appropriate workplace A/B programs. Using the proven FACEAIDS model, SHARE will work with partners to implement A/B strategies, plans, materials and activities and train skillful peer educators at all workplaces to reduce stigma and discrimination and address male norms that lead to risky behaviors. SHARe will work with traditional leaders, religious leaders, and political leaders to advocate for behavior change that promotes A&B.

Activity Category

- Community Mobilization/Participation
- Workplace Programs

% of Funds

- 10%
- 90%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	79	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	336,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,000	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Business community
- Factory workers
- Government workers
- Miners
- Ministry of Health staff
- Migrant workers
- Policy makers
- Religious/traditional leaders
- Farmers

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Social Marketing / Population Services International

Planned Funds:

Activity Narrative:

Population Services International, through its local affiliate Society for Family Health (SFH), will contribute to the promotion of a balanced approach to HIV/AIDS prevention for urban at-risk youth through the development of a weekly radio show and support to Anti-AIDS clubs in schools. The show, a follow-on to the successful "Club New Teen Generation" radio program which has just ended, will be produced by youth and for youth. Programs will focus on healthy lifestyle behavior including A, B and C messages; creating dialogue among youth and between youth and influential people (including parents, teachers and popular figures); providing linkages to youth-friendly health and psycho-social referral services; and discussing gender issues and improving negotiation skills for safer sexual behavior.

The activity will: improve confidence and skills needed for youth to protect their health by abstaining from sex or—for those who are sexually active, negotiating condom use with their partners; increase the perception and internalization of HIV/AIDS risks; increase social support for youth to practice preventive health behaviors including abstinence and condom use; and increase access to HIV/AIDS education and services.

Furthermore, the youth radio show will expand upon existing relationships with Anti-AIDS clubs in selected schools to introduce Anti-AIDS activities. SFH communications teams already work closely with primary and secondary schools across Zambia to educate youth on a variety of health issues. Initial dialogue with selected schools indicates that strong interest exists to engage in health education activities, but the Anti-AIDS clubs do not have adequate resources and support. Affiliating Anti-AIDS Clubs with the youth radio show will allow the project to channel existing interest and energy in Zambian schools into successful HIV/AIDS education programs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Information, Education and Communication	70%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	50,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors

Coverage Area:

State Province: Central	ISO Code: ZM-02
State Province: Copperbelt	ISO Code: ZM-08
State Province: Lusaka	ISO Code: ZM-09
State Province: Southern	ISO Code: ZM-07

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health Communication Partnership / Johns Hopkins University Center for Communic

Planned Funds:

Activity Narrative:

The Health Communication Partnership (HCP) will work closely with other USG activities to support abstinence for youth and "be faithful" for adults. HCP will work at community level in conjunction with other USG and local partners and will also provide national and local media and materials support for these messages.

"Treasuring the Gift" is a faith-based youth reproductive health manual, which focuses on engaging youth in dialogue, sharing information on reproductive health issues, and building life skills that promote abstinence and negotiation within relationships. The use of this manual will be extended to cover as many religious youth groups as possible all over the country. The capacity of community drama/ rural theater troupes will be built to promote messages and model ways to remain abstinent and be faithful while also breaking down stigma and other barriers that may prevent people from communicating and taking action around these issues. KWATU the Zambian adaptation of the successful South African drama, "Soul City," will be used as a Distance Education vehicle to promote on air discussion of issues around abstinence and being faithful in local languages. Helping Each other to Act Responsibly Together (HEART) has been a multi media campaign used to promote successful dissemination of youth reproductive health messages in Zambia: This campaign will be expanded to focus on reaching youth in rural and peri-urban areas with messages on abstinence and delayed sexual debut. Mass media – print, radio and TV campaigns focusing on youth and HIV prevention – will be vigorously pursued. Youth Movement for Healthy Lifestyles through the Arts contests – drama, writing and music contests at community, district and provincial levels – will be carried out to provide opportunities to the youth to express their creativity in response to HIV/AIDS in Zambia. Sports for Life campaign activities and life skills football camp programs with focus on promoting A/B among the youth will be extended to cover more rural and peri-urban youth.

Addressing adult populations, a nation-wide care and compassion movement will be launched to enable religious and traditional leaders to spearhead the promotion of abstinence and being faithful in their congregations and communities in addition to their role as models for changing norms around male responsibility. Neighborhood Health Committees will be encouraged to include development of Community Action Plans for HIV prevention and management as a priority.

A 24-hour toll free HIV/AIDS Talk Line exists in Zambia providing opportunities for callers to access critical information related to prevention, care, and support.

These activities will focus also on increasing gender equity in HIV/AIDS programs and reducing violence and coercion in the community.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	46%
<input checked="" type="checkbox"/> Information, Education and Communication	37%
<input checked="" type="checkbox"/> Training	17%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	600,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	6	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	25,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	150	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Community health workers
- Host country national counterparts
- Military
- Police
- Nongovernmental organizations/private voluntary organizations
- Religious/traditional leaders
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

UNCLASSIFIED

Coverage Area: **National**

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Y-Choices / Pact, Inc.

Planned Funds:

Activity Narrative:

Youth and Children with Health Options Involving Community Engagement Strategies (Y-Choices) will focus on community involvement in helping children and youth make educated choices about behaviors that affect their health.

In FY05, Pact Zambia will provide sub-grants to 25 local FBOs and CBOs to build their capacity to: develop and provide skills-based A and B education for youth in the community; promote abstinence, healthy behavior and choices for youth in the community (both in- and out-of-school); and effectively design and manage A and B intervention programs. Approaches will include school-based groups and clubs (e.g Anti-AIDS clubs), peer education, youth-adult communication, adult-adult communication, mobilization of peer leaders, and community and national radio. Organizations supported will include 9 FBOs, 14 NGOs and 2 CBOs. Y-Choices will collaborate and coordinate with other USG activities working with youth.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	35%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	45%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	25	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	550,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations
- Primary school
- Secondary school
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Central	ISO Code: ZM-02
State Province: Copperbelt	ISO Code: ZM-08
State Province: North-Western	ISO Code: ZM-06
State Province: Southern	ISO Code: ZM-07
State Province: Western	ISO Code: ZM-01

Program Area:

Budget Code:

Program Area Code:

Table 3.3.3: PROGRAM PLANNING OVERVIEW

- Result 1: Expand blood collection through public awareness campaigns and the establishment of mobile blood collection teams
- Result 2: Improve quality of national blood transfusion service

Total Funding for Program Area (\$): **Current Program Context:**

One hundred blood units is the annual estimated blood transfusion need in Zambia. Currently, 40-45% of blood transfusions occur in children under five and 20% in complicated pregnancies. The Zambia National Blood Transfusion Services (ZNBS) is charged with ensuring the availability of safe and affordable blood services throughout Zambia. Each of the nine regions houses a regional blood transfusion center. Eighty-one blood banks are located throughout the country in government and mission hospitals. The Zambian Defense Force (ZDF) maintains a separate military blood donation program. The blood safety program in Zambia was funded by the European Union, which donated 3.7 million Euros between 2000 and 2004 to improve building and basic equipment infrastructure. The Zambian Defense Force and the national blood safety programs are currently funded exclusively through the GRZ and through track 1.0 funds from the USG. The ZNBS recently carried out a strategic planning exercise in which they found a general lack of expertise amongst the clinical staff in blood safety protocols and the appropriate use of blood products and an inadequate quality assurance system. The exercise also exposed management weaknesses. The ZNBS concluded that moving from the currently decentralized system to a network model would improve the efficiency and effectiveness of service delivery. Staff retention in the ZNBS and the collection of a sufficient quantity of blood to fulfill the needs of the country are additional hurdles to maintaining a safe blood supply. Based on the overall findings of the strategic planning exercise, the ZNBS developed a way forward which is in line with the National Health Sector Policy and Strategic Plan.

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD / Zambia National Blood Transfusion Service

Planned Funds:

Activity Narrative: The purpose of this activity is to implement CDC recommendations to insure safety of blood product delivery to and from members of the military. This will include building the capacity to oversee blood supply management, pre-screening of blood donations prior to transfusing patients, and ensuring military medical personnel are familiar with national blood bank standards. Finally, it will improve the infrastructure for donating and storing blood in the military blood banks.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	60%
<input checked="" type="checkbox"/> Policy and Guidelines	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%

Targets:

Target	Value	Applicability
Number of individuals trained in blood safety	25	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers
- Military
- Peacekeeping personnel

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / Zambia National Blood Transfusion Service

Planned Funds:

Activity Narrative:

The ZNBTS is a recipient of Track 1.0 USG funds. The ZNBTS will expand blood collection coverage by supporting a public awareness media campaign, setting-up a system to retain blood donors, and establish mobile blood collection teams. The ZNBTS seeks to increase blood donations from 40,000 to 66,000 by the end of fiscal year 2005. To improve the quality of blood transfusion services by preventing transfusion related transmission of blood borne infections, the ZNBTS is developing national guidelines, training ZDF and MOH staff on the new guidelines, upgrading and installing cold chain and testing equipment. Laboratory methodologies are being upgraded and lab technicians are being trained in screening techniques. An internal and external quality assurance program will be instituted. To ensure appropriate use of safe blood and blood products, the international code will be enforced and draft national guidelines and regulations will be updated. The USG will work with 10 regional military hospitals and the military referral hospital in Lusaka to raise awareness of national safety guidelines on blood banking and are using proper protocols.

To move the organization from a decentralized management structure to a network model, the Service will install information technology and communications infrastructure. The improved logistics system will be available to the general public health system, providing a possible platform through which to ship samples requiring testing to support ART. We foresee the ZNBTS as a major partner in quality assurance activities for HIV testing, preventing the spread of HIV.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	1%
<input checked="" type="checkbox"/> Human Resources	24%
<input checked="" type="checkbox"/> Infrastructure	57%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	17%
<input checked="" type="checkbox"/> Training	1%

Targets:

Target	Value	Applicability
Number of individuals trained in blood safety	240	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	90	<input type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
- Medical/health service providers
- Military
- Pregnant women
- Youth
- Lab technicians

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.4: PROGRAM PLANNING OVERVIEW

- Result 1: Improved policy support and demand for safe injection practices
- Result 2: Infection prevention guidelines implemented and safe medical injections ensured in health facilities including the Zambia defense force health system.

Total Funding for Program Area (\$): **Current Program Context:**

HIV/AIDS transmission through unsafe injection practices, while accounting for a small percentage of transmission, is largely preventable. As a result, in 2000, Zambia constituted a National Infection Prevention Working Group to spearhead activities to strengthen infection prevention practices, including those for injection safety. With support from the USG, national infection prevention guidelines were developed and adopted in 2003 and training of health care providers around the country in infection prevention is ongoing. Zambia continues to face the challenge of lack of application of standard procedures in the handling of hazardous materials and disposal of medical waste in all health facilities, including the Zambia Defense Force medical system. Contributing factors include the severe human resource constraint in the health sector and resulting high work load and high stress—leading to reduced ability to concentrate and limited availability of sterile injection equipment, sharps boxes etc. The Global Access to Vaccines Initiative (GAVI) has been providing support for safe injection equipment for the national childhood immunization program. However, this is ending soon and while the government of Zambia has committed some of its own resources to make these items available, it is also looking for more support from donors. Availability of injection equipment and sharps boxes for other medical injections continues to be limited. In FY04, through the Track 1.0 award to Chemonics, the USG has continued its support to the government of Zambia to implement both national and district level activities to improve injection safety. At national level, activities have included supporting the revision of the Zambia National Formulary to substitute some injectable medications with oral drugs, and formulation of guidelines and standards specific for injection safety to be added to the infection prevention guidelines. In the two focus districts, work has included training of more than 200 health workers involved in handling sharps in infection prevention and safe injections, purchasing of needles, sharps boxes and other supplies, and advocacy with local District Health Management teams to increase the budget allocation for needles, sharps boxes, disinfectants and other protective materials and clothing. In addition, the USG is supporting the development of Post Exposure Prophylaxis (PEP) protocols and guidelines for health care workers in facilities that are providing ART. In FY05, the USG will continue this support to GRZ including completing the development, dissemination and implementation of a national infection prevention and injection safety strategic plan. The support will further ensure expansion of training in infection prevention and injection safety, orientation of health care managers and advocating increased resource allocation to injection equipment and protective clothing, the purchase and distribution of single-use needles and other supplies, and increased access to PEP for health workers who need it. The interventions will cover all sub sectors of the health system, including the Zambia Defense Force health system. The program will also include a nation-wide communication campaign to educate the general population about the efficacy of oral medications and risks of injections.

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD / JHPIEGO

Planned Funds:

Activity Narrative: The focus of this award is to provide technical assistance to prevent new infections in service delivery sites.

Training activities will include training medical personnel on the *Zambian National Infection and Injection Safety Guidelines*, as well as training providers and support staff in *infection prevention and injection safety practices*.

The policy component will involve assessing the current status of infection prevention and injection safety within the *Zambian Defense Force (ZDF)*, establishing infection control and injection safety policy at local hospitals and clinics, and establishing clear post-exposure prophylaxis (PEP) protocols and guidelines for the military health facilities. In addition to policy, the agreement will strengthen the procurement of essential commodities, including the procurement of ART for medical personnel. It will also support the implementation of PEP systems in at least ten ZDF medical facilities, and develop staff capability to handle needlestick accidents, creating appropriate follow-up, care, and therapy with HIV testing for affected medical personnel.

Medical waste disposal systems will be strengthened through the procurement of sharps boxes for safe needle disposal, and teaching how to construct pits for biomedical waste destruction.

Knowledge of infection and injection guidelines would lead to higher adherence to infection control guidelines, reducing HIV transmission. Prophylaxis programs would ensure treatment and care are in place for medical personnel and reduce the risks of accidental injection, leading to positive HIV status. Our goal is to have 300 *Zambian Defense Force* medical service personnel trained in injection and infection safety, and 10 prophylaxis programs in place.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Policy and Guidelines	25%
<input checked="" type="checkbox"/> Training	25%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of individuals trained in injection safety	300	<input type="checkbox"/> Not Applicable

Target Populations:

- Doctors Military
- Medical/health service providers Peacekeeping personnel
- Nurses

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Injection Safety / Chemonics International

Planned Funds:

Activity Narrative:

Chemonics, in partnership with JHPIEGO and Manoff, will: support national capacity to quantify, plan for, procure, and distribute essential injection safety commodities at all levels of the system (MOH, province, district, and health facility); procure injection safety commodities (e.g., injection equipment, sharps disposal boxes, etc.) and assist in their distribution to target districts and facilities; support the Infection Prevention Working Group of the MOH to develop, disseminate and implement a national infection prevention and injection safety strategic plan; train health care providers and managers in the public and private sector, as well as in partner NGO/NGO/PVO/FBOs, in key aspects of injection safety; strengthen supportive supervision and implement facility-based performance improvement systems to support injection safety; support national MOH IEC specialists and committees, and partner organizations, to integrate injection prevention and injection safety into IEC strategies; and develop and implement advocacy and IEC materials, programs and job aids targeting policy makers, health care providers, managers, and clients/community members on injection safety.

Activity Category

- Commodity Procurement
- Information, Education and Communication
- Policy and Guidelines
- Quality Assurance and Supportive Supervision
- Training

% of Funds

- 25%
- 25%
- 10%
- 15%
- 25%

Targets:

Not Applicable

Number of individuals trained in injection safety 500 Not Applicable

Target Populations:

- Community members
- Faith-based organizations
- Medical/health service providers
- Pharmacists
- Traditional healers
- Private health care providers
- Implementing organization project staff
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Policy makers
- Program managers

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.5: PROGRAM PLANNING OVERVIEW

- Result 1: Access to HIV/AIDS prevention services for high risk populations increased
- Result 2: HIV infection risk in vulnerable and hidden populations, such as discordant couples and the ZDF, reduced
- Result 3: Full supply of related drugs, condoms, medical equipment and supplies targeted at services for high risk groups achieved
- Result 4: STI management, HIV CT services, partner reduction promotion, and condoms for high risk populations fully integrated

Percent of Total Funding Planned for Condom Procurements

0

Total Funding for Program Area (\$) **Current Program Context:**

The GRZ 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, improving timeliness and effectiveness of STI diagnosis and treatment for high risk groups. Many CBOs and FBOs support the government prevention strategies, targeting high-risk groups to expand their prevention activities. The GRZ 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 workers in STI diagnosis and treatment. The limited training of these staff members has resulted in misdiagnosis of STIs. Currently, the USG is the largest donor working to prevent HIV transmission in high risk groups. JICA also works with high risk populations to reduce HIV transmission and provides significant support for the Corridors of Hope Project in Zambia, including CT test kits, STI drugs and testing supplies, and support for management of service delivery. As part of its comprehensive and mutually supportive ABC interventions, the USG supports activities that promote healthy practices and consistent condom use among high risk individuals. Activities are targeted at identified high risk populations such as discordant couples, commercial sex workers and their clients, fishing communities, truck and mini-bus drivers, informal traders, police, military personnel, and refugees. To contain the spread of the epidemic, the USG and its partners are expanding and strengthening services and activities targeted at high risk populations across the country at borders, along in-land high volume transit points, at bars, nightclubs, hotels, truck parks, fishing communities, urban centers, military bases and refugee camps. In addition, the USG is finding innovative ways to identify, reach and serve discordant couples, who represent 21% of the married population. To reduce HIV transmission, the USG promotes and supports routine CT for STI clients in both civilian and military populations. The USG supports improved STI syndromic management by training health care workers, lab techs, and lay counselors in the recently revised national STI management guidelines and protocols. In addition, the USG supplies lab equipment, STI and HIV test kits and drugs to the ZDF and non-government service delivery sites targeting high risk groups, such as the Corridors of Hope cross border drop in centers and New Start Clinics. The USG is developing referral systems for high risk individuals who test positive for HIV to access ART services and is scaling-up targeted health communication efforts, behavior change campaigns for high risk groups such as truckers, and access to both male and female condoms among discordant couples and other high risk groups. The USG has expanded the Corridors of Hope cross-border initiative from 7 to 10 sites and has integrated CT with STI management while continuing to expand its outreach activities, condom distribution and social marketing, and behavior change campaigns for high risk groups. Furthermore, the USG and its partners have expanded access to condoms and CT for high risk populations in high prevalence urban areas. The USG promotes strengthening ties between the Ministry of Health and Ministry of Defense in the areas of STI Syndromic Management and HIV diagnostic training.

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **IMPACT / Family Health International**

Planned Funds:

Activity Narrative:

This activity will contribute to an increase in access to HIV/AIDS prevention services for high risk populations and in fully integrating STI management, HIV CT services, partner reduction promotion and condoms for high risk populations.

The Corridors of Hope (COH) in Zambia is considered to be the model cross border initiative in the Southern African region. CoH targets high risk men and women, including sex workers and their clients, truck drivers, mini bus drivers, and uniformed personnel such as police, customs officers and border guards, at border and high transit sites to reduce the transmission of HIV. These sites include Chawama, Chirundu, Livingstone, Kazungula, Kapiri Mposhi, Kasumbalesa, Ndola, Chipata, Katete, and Nakonde. Technical strategies include STI management, CT, referrals for ART, behavior change interventions that promote partner reduction and condom use, and condom social marketing. Services are provided at 10 service delivery sites and through outreach workers. FHI provides technical assistance and project management and monitoring. World Vision with support from both the USG and JICA manages the drop in centers and provides STI diagnosis and treatment along with CT and client counseling. Society for family Health will implement behavior change interventions that promote STI treatment, CT, partner notification, adherence to treatment, and consistent condom use, along with positive living and reduction of stigma for PLWHAs. Proven communication methods are used such as peer education and outreach work, drama, one to one interpersonal counseling, group discussion, mass media and local-based promotional activities. During FY 05, the CoH will explore the possibility of expanding the project to two new border/high transit sites.

As a partner in CoH, Zambia Health Education, Communication and Training (ZHECT) works with 15 trucking companies to implement HIV/AIDS workplace activities and safe stops for truckers. 150 HIV/AIDS peer educators will be trained to promote behavior change among truckers and promote STI treatment, counseling and testing and access to ARVs. Policies and activities will be implemented to reduce workplace stigma and discrimination.

Activity Category

Community Mobilization/Participation

% of Funds

18%

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<input checked="" type="checkbox"/> Human Resources	22%
<input checked="" type="checkbox"/> Information, Education and Communication	23%
<input checked="" type="checkbox"/> Infrastructure	2%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	3%
<input checked="" type="checkbox"/> Local Organization Capacity Development	6%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	9%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	7%
<input checked="" type="checkbox"/> Training	8%
<input checked="" type="checkbox"/> Workplace Programs	2%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	250,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	100	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	204,200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	295	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	50	<input type="checkbox"/> Not Applicable

Target Populations:

- Clients of sex workers
- Commercial sex workers
- Health Care Workers
- High-risk population
- Partners of sex workers
- Police
- Truckers

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Central	ISO Code: ZM-02
State Province: Copperbelt	ISO Code: ZM-08
State Province: Eastern	ISO Code: ZM-03
State Province: Lusaka	ISO Code: ZM-09
State Province: Northern	ISO Code: ZM-05
State Province: Southern	ISO Code: ZM-07

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT-Deferred / Family Health International

Planned Funds:

Activity Narrative: ----- This activity is deferred from FY 04 and contributes to increased access to -----
HIV/AIDS prevention services for high risk populations.

Corridors of Hope (COH) targets high risk men and women, including sex workers and their clients, truck drivers, mini bus drivers, and uniformed personnel, at border and high transit sites to reduce the transmission of HIV. These sites include Chawama, Chirundu, Livingstone, Kazungula, Kapiri Mposhi, Kasumbalesa, Ndola, Chipata, Katete, and Nakonde. Technical strategies include STI management, CT, referrals for ART, behavior change interventions that promote partner reduction and condom use, and condom social marketing. Services are provided at 10 service delivery sites and through outreach workers. FHI provides technical assistance and project management and monitoring, while World Vision manages the drop in centers and provides STI management and CT. Society for family Health implements behavior change interventions that promote STI treatment, CT, partner notification, adherence to treatment, and consistent condom use, along with positive living and reduction of stigma for PLWHAs. Proven communication methods are used such as peer education and outreach work, drama, one to one interpersonal counseling, group discussion, mass media and local-based promotional activities.

In FY 04, as part of the expansion to three new sites, CoH is implementing a Biologic and Behavioral Surveillance Survey of high risk men and women at one of the 3 new sites and for the first time is including HIV prevalence as part of this survey.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	18%
<input checked="" type="checkbox"/> Infrastructure	3%
<input checked="" type="checkbox"/> Local Organization Capacity Development	24%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	26%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	29%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	10	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	8,955	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Commercial sex industry
- Clients of sex workers
- Commercial sex workers
- Police
- Truckers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Central	ISO Code: ZM-02
State Province: Copperbelt	ISO Code: ZM-08
State Province: Eastern	ISO Code: ZM-03
State Province: Lusaka	ISO Code: ZM-09
State Province: Northern	ISO Code: ZM-05
State Province: Southern	ISO Code: ZM-07

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / Family Health International

Planned Funds:

Activity Narrative:

The activity will result in improved STI management, HIV CT services, partner reduction promotion, and condoms for high-risk individuals and improved coordination between STI and HIV services, including cross-referral to antiretroviral treatment services.

Recognizing that recurrent and untreated sexually transmitted infections increase the risk of acquiring HIV, early and effective diagnosis and treatment of STIs is part of the national response of the Government of Zambia to reducing HIV transmission. Uniformed personnel and migrant and seasonal workers are at high risk of acquiring STI and HIV due to their high mobility which keep them away from their families for extended periods of time.

The USG, in collaboration with the GRZ, has evaluated the STI syndromic management guidelines in order to update the guidelines with respect to treatment of HIV-infected individuals and prevailing drug sensitivity patterns. The revision of the guidelines is being carried out in collaboration with the GRZ and other partners and the revised guidelines will be produced and made available at all levels of health care and in user-friendly formats such as pocket guides, charts and posters. Culturally appropriate messages on STI with an emphasis on the direct link with HIV will be produced in collaboration with other partners. Post-test counseling will promote partner reduction and condom use for high-risk individuals.

In order to improve the quality of care for the Zambia Defense Forces and complement the GRZ program funded through the Global Fund, FHI will conduct training of health care workers in STI/HIV care. In order to ensure that training results in improved care, back up supplies of drugs for the diagnosis and treatment of STIs and HIV testing in these groups will be provided. A program to ensure the routine referral of STI clients for HIV counseling and testing will be developed for the tertiary reference facility in Lusaka, two districts in the Eastern province (Chipata and Katete) and among the migrant workers in the sugar cane plantation in Mazabuka district (Southern Province) and Kafue (Lusaka Province). Activities will be implemented also at the clinic level to address male norms and behaviors, and reduce HIV-related stigma and discrimination among migrant workers, the police, and members of the Defense Forces. We expect that among migrant and seasonal farm workers, the activity will be complementary to community mobilization efforts to be carried out by Agribusiness Zambia Sugar GDA (funded by USAID).

The programs under this Mechanism WILL include a focus on Abstinence and Being Faithful components, it is just that the focus is not exclusive; therefore the targets are not applicable as phrased. The Number of community outreach HIV/AIDS prevention programs will be 4 (districts). The number of high risk individuals who received targeted prevention services will be 800. The number of individuals reached with community outreach HIV/AIDS prevention programs will be 2500. The number of individuals trained to provide HIV/AIDS prevention programs will be 160.

Activity Category

% of Funds

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- Development of Network/Linkages/Referral Systems 14%
- Information, Education and Communication 18%
- Training 68%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
- Military
 - Migrant workers

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

- | | |
|--------------------------|-----------------|
| State Province: Eastern | ISO Code: ZM-03 |
| State Province: Lusaka | ISO Code: ZM-09 |
| State Province: Southern | ISO Code: ZM-07 |
| State Province: Western | ISO Code: ZM-01 |

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / University Teaching Hospital

Planned Funds:

Activity Narrative: This activity will result in improved coordination between HIV and STI services.

Sexually transmitted infections represent an increased risk for acquiring HIV. In the public health program, STIs are managed at the primary health care level by the front line workers using the syndromic management guidelines. Complicated cases such as those not responding to first line medications are referred to the next level of care for diagnosis and treatment. The STI clinic in the University Teaching Hospital provides tertiary level services for both the Lusaka District and the country. Complicated STI cases referred to this facility are at increased risk of being HIV positive.

In order to provide a complete package of care for these patients, the University Teaching Hospital with support from CDC will develop a referral system between the STI and HIV services, with counseling and testing being the entry point. All patients presenting with an STI to the UTH clinic will be referred for counseling and testing within the clinic and referred to the ART clinic if HIV positive. Partner notification and treatment will be encouraged. Similarly, all clients testing HIV positive in the HIV clinic will be screened for STIs and referred to the STI clinic for management. The referral links between the two programs will be facilitated through training of STI clinic staff in counseling and testing and HIV clinic staff in the diagnosis and management of STIs. Coordination between the two programs will be enhanced through joint review meetings.

In order to ensure that health staff are knowledgeable about the revised syndromic management guideline, these will be made available through the production and distribution of pocket guidelines, posters and charts. The educational material will be produced in culturally appropriate language and format in collaboration with partners. Back up supplies of diagnostic supplies and drugs will be provided to ensure appropriate management of the HIV positive patient presenting with an STI.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Training	80%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	18	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
- High-risk population

Key Legislative Issues:

Coverage Area:

State Province: Lusaka

ISO Code: ZM-09

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

- Mechanism/Prime Partner: Social Marketing / Population Services International

Planned Funds:

Activity Narrative:

Population Services International, through its local affiliate, Society for Family Health (SFH), will scale up support to discordant couples for cohesive, mutually-supportive B-C interventions; "Be faithful to one partner and avoid multiple sex partners"; and "Use Condoms as the best existing barrier method protection against HIV/AIDS/STIs". Activities will be conducted through collaboration with NGOs working in care and support to identify discordant couples; coordination with public and private VCT centers to identify and reach group members; and work with post-test clubs to reach discordant couples and make partner reduction and condom use materials available.

SFH will also expand activities to target high risk groups at non border sites complementing and supplementing those locations covered by the Corridors of Hope project (see elsewhere in this section). Promotion of healthy practices and continued and consistent use of condoms by high HIV transmission sub-populations in non-border towns will be conducted through activities aimed at commercial sex workers and clients reached with partner reduction and condom use messages through outreach to bars, nightclubs, truck parks, work sites, hair salons, etc. SFH will engage primary male client groups (transport workers, uniformed personnel and police) in focused educational sessions on increased attainment of personal risk assessment skills; provide condom negotiation skill sessions for commercial sex workers; and identify referral facilities for VCT and STI diagnosis/treatment.

Fish camp traders, both men and women, in Western and Southern provinces, will be reached with partner reduction and condom use messages through outreach, drama, interpersonal communication with activities to understand barriers to condom use and fidelity among this group, increase personal risk assessment skills; and identify referral facilities for VCT and STI diagnosis/treatment.

SFH will engage in differential targeting of information, method and product promotion to high-risk group members and their families in rural and urban communities to help contain the spread of HIV/AIDS/STIs into the general population. Prevention and protection approaches focusing on HIV/AIDS/STIs risk reduction and "dual protection" among high risk couples/partners in marriages or long-term relationships will be developed and implemented.

These interventions will contribute to the establishment of revised male norms and behaviors within society in regards to HIV/AIDS. These new social norms will not only contribute to the decrease in risky sexual behavior among men but also will have a secondary effect on the risk behavior of women who traditionally in Zambia have less sexual negotiating power within the couple relationship, empowering them to strengthen their decision making capacity.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Information, Education and Communication	70%
<input checked="" type="checkbox"/> Training	10%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	125,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	15	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	7,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	100	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Commercial sex industry
 - Clients of sex workers
 - Commercial sex workers
 - Discordant couples
 - Partners of sex workers
- Military
- Police
- Miners
- Migrants
- Sex partners
- Youth
 - Girls
 - Boys
- Fish camp traders

Key Legislative Issues:

- Addressing male norms and behaviors

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC GAC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

The activity will result in improved STI management, HIV CT services, partner reduction promotion, and condoms for high-risk individuals and improved coordination between STI and HIV services, including cross-referral to antiretroviral treatment services. Provision of quality STI services for HIV-infected individuals depends on the availability of trained staff as well as appropriate and adequate drug supplies and testing facilities. The USG will provide drugs for the treatment of STI within the military and police health services in order to increase the availability of treatment for uniformed personnel and their families.

Seasonal and migrant workers in the sugar cane plantations are at particularly high risk of STI and HIV infection due to prolonged periods away from their families and increased economic resources during this time. The 2002 sentinel surveillance report indicates that the district from which most of the seasonal workers originate has very high rates of HIV and syphilis, though this is primarily a rural community. Migrant workers' families are thus at increased risk of HIV/AIDS on returning home. The USG will work with the sugar cane plantations to ensure that seasonal workers are provided with information about the link between STI and HIV and that appropriate management, including the referral to HIV counseling and testing is provided. Post-test counseling will include appropriate referral to ART services.

The programs under this Mechanism WILL include a focus on Abstinence and Being Faithful components, it is just that the focus is not exclusive; therefore the targets are not applicable as phrased. The Number of community outreach HIV/AIDS prevention programs will be 4 (districts). The number of high risk individuals who received targeted prevention services will be 1,000. The number of individuals reached with community outreach HIV/AIDS prevention programs will be 10,000. The number of individuals trained to provide HIV/AIDS prevention programs will be zero, since this activity is paired with training activities in the FHI Other Prevention program area.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	75%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	15%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Military
- Police
- Mobile populations
- Migrant workers

Key Legislative Issues:

Coverage Area:

State Province: Lusaka
 State Province: Southern

ISO Code: ZM-09
 ISO Code: ZM-07

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: -- Health Communication Partnership / Johns Hopkins University Center for Communic-

Planned Funds:

Activity Narrative:

The Health Communication Partnership (HCP) will tailor its high-risk group HIV prevention programs to provincially identified contexts and populations which will be targeted for partner reduction, mutual fidelity and the correct and consistent use of condoms. These will include uniformed personnel including police, taxi and minibus drivers, commercial sex workers, discordant couples, fishermen in Northern, Luapula and Southern Provinces, and transactional sex workers. HCP will collaborate and coordinate with other programs addressing these groups, including Corridors of Hope and the PSI Social Marketing program, to maximize coverage and avoid duplication of effort.

In implementing programs for these high-risk groups messages on condom use will be matched with information on in-depth behavior change and developing respectful gender equitable relationships between men and women. These activities will also be directed towards encouraging leadership within these groups, e.g., transport owners and head fishermen to serve as models of males taking responsibility to influence change of male norms and behaviors that undermine risk avoidance efforts. HIV stigma reduction and prevention of discrimination messages will be highlighted.

Peer education and outreach activities targeted to the high-risk groups and discordant couples. This will involve training peer educators from the leadership of these groups to facilitate behavior change activities. Communities will be encouraged to develop and implement Community Action Plans for HIV Prevention in targeted districts keeping the high-risk groups in focus.

"Tikambe" is an anti-stigma video in which two PLWHAs tell their stories and experience with stigma. Revision of the discussion guide to this video will be carried out to include messages for uniformed personnel and transport workers; distribution of videos and guides and airing of videos through mobile video units to promote wider dissemination of messages will also be promoted. Special attention will be given to development and adaptation of a peer education curriculum for mobile transport workers.

Activity Category

- Community Mobilization/Participation
- Information, Education and Communication
- Training

% of Funds

- 25%
- 60%
- 15%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	300,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	25,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	150	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Clients of sex workers
- Commercial sex workers
- Community leader
- Community members
- Discordant couples
- Police
- Truckers
- Fish camp traders

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.9: PROGRAM PLANNING OVERVIEW

- Result 1: Availability of and access to HIV Testing and Counseling services improved
- Result 2: Use of HIV Testing and Counseling Services increased
- Result 3: Public information and understanding of HIV Counseling and Testing increased
- Result 4: Quality of CT services enhanced
- Result 5: Linkages between CT services and care and treatment facilities expanded and strengthened

Total Funding for Program Area (\$) **Current Program Context:**

The 2003 Zambia Sexual Behavior Survey revealed that only 9% of men and 9% of women knew their HIV status. With increased access to HIV/AIDS treatment and care programs, it is imperative that HIV positive persons are quickly identified and provided with health care services. In order to address the many barriers that prevent persons from accessing CT, the USG is committed to building upon its activities in FY04 by expanding awareness of the importance of CT; integrating CT into the public sector routine health services; and expanding CT services provided by NGOs/CBOs/FBOs in order to reach 250,000 people per year. As general background, in August 2000, the GRZ, in collaboration with NORAD, JICA, and the USG, formed the Voluntary Counseling and Testing Partnership to promote the benefits garnered from knowing one's HIV status. Currently, JICA and the GRZ provide HIV test kits, USG's implementing partners provide monitoring and evaluation technical support to the Partnership, and NORAD strengthens laboratory capacity and quality assurance mechanisms along with providing seed grants to CT sites. There are currently 250 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, KAM and the USG are supporting the PSI/Society for Family Health (SFH) in scaling up private sector stand-alone clinics. 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%. 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 services.

In FY04, the USG strengthened its resolve to improve access to quality CT services within the public and NGO/CBO/FBO sectors in order to promote healthy behaviors and link persons needing treatment and care with organizations providing those life-extending services. More specifically, the Emergency Plan funding supported: training CT health facility staff in management information systems to properly monitor CT commodities; mobilizing communities to seek CT services and training PLWHAs to provide CT advocacy and prevention education; developing workplace programs to offer CT services and appropriate referrals; establishing 9 CT sites in the Konkola Copper Mines area; introducing CT into the 10 Corridors of Hope drop in centers; integrating CT services into the TB and STI programs in the Livingstone and Lusaka Districts; and constructing a laboratory for the main military referral hospital in Lusaka to enhance CT services. With the CT results accomplished over the past year, the USG is well positioned to expand its commitment to CT as an essential component of a well-functioning national HIV/AIDS prevention, treatment and care program. Moreover, by increasing access to quality CT services within the public, military, and NGO/CBO/FBO sectors, such as through HIV test kit procurement and mobile CT clinics for hard-to-reach populations; and strengthening the referral network to treatment and care services, the USG will be well situated to achieve the overall objectives of averting 398,500 infections by 2010 and placing 120,000 receiving ART and 600,000 receiving care and support by 2008 as well as improving availability, access, and use of HIV CT, increasing public information and understanding of CT, and creating and expanding linkages between CT services and treatment and care facilities. The USG through DELIVER will purchase a portion of test kits to support national and Emergency Plan CT activities.

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative:

This activity will contribute to increasing the use of HIV Counseling and Testing services.

Corridors of Hope, a cross border initiative targeting high risk groups at borders and high transit corridors, has introduced CT services through track 1.5 funding into the 10 services delivery sites for high risk populations. This has been highly successful with over half of the clients coming in for STI services opting for HIV CT. COH sites will continue to provide high quality facility-based HIV counseling and testing to high-risk men and women. Appropriate pre and post test counseling is carried out with post test clubs providing psycho-social and positive living support. Linkages and referral with district medical and ART services will be strengthened. PLWHAs support groups and post test groups are conducted to reduce stigma and discrimination.

Clients found to be HIV positive will be referred to the nearest existing ART facilities. COH will develop strong linkages with these existing ART facilities.

COH partners FHI, World Vision and Society for Family Health support 8 clinical officers, 2 nurses, 20 health care providers, and 50 outreach workers to provide all services, including CT.

Activity Category

- Community Mobilization/Participation
- Human Resources
- Infrastructure
- Linkages with Other Sectors and Initiatives
- Quality Assurance and Supportive Supervision

% of Funds

- 17%
- 48%
- 6%
- 16%
- 13%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	60	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	4,343	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Clients of sex workers
- Commercial sex workers
- Truckers

UNCLASSIFIED

Key Legislative Issues:

Stigma and discrimination

Coverage Area:

State Province: Central

State Province: Copperbelt

State Province: Eastern

State Province: Lusaka

State Province: Northern

State Province: Southern

ISO Code: ZM-02

ISO Code: ZM-08

ISO Code: ZM-03

ISO Code: ZM-09

ISO Code: ZM-05

ISO Code: ZM-07

Program Area: Counseling and Testing
 Budget Code: (HVCT)
 Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: BizAIDS / International Executive Service Corp
 Planned Funds:

Activity Narrative: This activity will contribute to increasing the use of HIV CT services among employees of small and medium business.

Emergency Plan funding will be used to continue as well as expand the geographic scope and programmatic breadth of a current project being implemented in Eastern, Southern, and Western Provinces for Training and Assistance for Businesses in Zambia (BizAIDS) targeted at small and medium enterprises. In FY 05, BizAIDS will expand to an additional three provinces (Luapula, Northern and North-Western) and using 6 IESC volunteer Experts will provide mentoring and technical assistance. Training will be provided to women and men owned businesses, head of households, and employees looking after OVCs to increase access and use of C&T and other HIV/AIDS services. The program will provide information on HIV/AIDS, importance of C&T, ART literacy, and access to palliative care and ART. Linkages to existing services will be established. Approximately 40% of training will be for women. BizAIDS will provide training for local trainers through the District Business Associations on HIV/AIDS workplace programs, peer education, legal matters, stigma reduction, and business training. In total 450 small and medium enterprises will benefit from this project.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Training	30%
<input checked="" type="checkbox"/> Workplace Programs	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	1,800	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	3,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Business community
- HIV/AIDS-affected families
- Volunteers

Key Legislative Issues:

- Increasing women's access to income and productive resources
- Volunteers
- Stigma and discrimination

UNCLASSIFIED

Coverage Area:

State Province: Luapula

State Province: Northern

State Province: North-Western

ISO Code: ZM-04

ISO Code: ZM-05

ISO Code: ZM-06

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: RAPIDS / World Vision International

Planned Funds:

Activity Narrative: This activity will contribute to increased use of HIV CT services and strengthened linkages between CT services and treatment facilities.

The RAPIDS Consortium is led by World Vision in partnership with CRS, Africare, Salvation Army and the Expanded Church Response. RAPIDS is working in 44 districts to provide home-based palliative care and support to OVCs. RAPIDS will use this extensive network of community-based partners and programs to reach people for the promotion of HIV counseling and testing. In FY 05, RAPIDS will identify local organizations to establish a comprehensive service linkage system in 19 districts to ensure a continuum of care. In all 44 districts, RAPIDS will fully integrate CT into home-based care, OVC programs, and AB for youth activities, mobilize communities for CT, and establish a referral network for CT, from CT to home-based care and ART services. RAPIDS will ensure quality services with training on counseling for community-based volunteers, training on CT for health workers, and supportive supervision being provided to volunteer caregivers and program staff.

These activities will focus also on reducing HIV-related stigma and discrimination in the community

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	50%

Targets:

Target	Value	Applicability
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	9,273	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Caregivers
- Community members
- Faith-based organizations
- HIV/AIDS-affected families
- People living with HIV/AIDS

UNCLASSIFIED

Key Legislative Issues:

- Volunteers
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Counseling and Testing
 Budget Code: (HVCT)
 Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **SUCCESS / Catholic Relief Services**

Planned Funds:

Activity Narrative:

This activity will contribute to increased use of HIV Counseling and Testing services and strengthened linkages between CT and care and treatment services.

CRS SUCCESS will work with 4 Catholic Dioceses and 10 faith-based hospices to integrate CT services into HBC and hospice care programs for the first time. Project staff and select caregivers will be trained in CT and will offer their services both within and outside of HBC program clients. CT clients will be referred to *Chilonga, Makingi and other Mission Hospitals*. For HIV positive clients requiring ART, SUCCESS will refer them to CRS AIDSRelief points of service hospitals and to Lewanika Hospital. Ten hospices will be provided block grants of which 25% will be for CT services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	11%
<input checked="" type="checkbox"/> Community Mobilization/Participation	11%
<input checked="" type="checkbox"/> Human Resources	47%
<input checked="" type="checkbox"/> Infrastructure	3%
<input checked="" type="checkbox"/> Training	28%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	240	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	6,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	28	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community members
- Health Care Workers
- HIV/AIDS-affected families

Key Legislative Issues:

Coverage Area:

State Province: Luapula	ISO Code: ZM-04
State Province: Northern	ISO Code: ZM-05
State Province: Western	ISO Code: ZM-01

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD / Project Concern International

Planned Funds:

Activity Narrative:

In 2004, technical assistance to the ZDF in HIV counseling and testing centered primarily on capacitating medical personnel, social workers, and peer educators in understanding the pros/cons of HIV testing and developing counseling skills. The goal for 2005 is to take those developed skills and apply them to both establishing and strengthening the HIV counseling and testing services of the ZDF Force to reinforce counseling and testing as an essential component of military health assessments. Technical assistance for HIV testing services will be established at four ZDF hospitals, and HIV test kits will be provided to an additional six ZDF hospitals.

This activity will provide support to establish and/or improve counseling and testing services of the ZDF to reinforce counseling and testing as an essential component of military health assessments. Technical assistance for HIV testing services will be established at four ZDF hospitals, and HIV test kits will be provided to an additional six ZDF hospitals.

Activities will include training, logistics, commodity procurement, materials development, development of linkages/referrals, local organization capacity development and a needs assessment. Resources would be used to establish HIV counseling and testing sites at military installations, procure test kits and equipment, train HIV peer educators and counselors on counseling and testing, develop linkage/referral networks to follow-up care, ART, and palliative care, to develop staff skills in program development and management of HIV counseling and testing, and to conduct an assessment of ZDF's needs for mobile VCT. In addition, educational materials promoting HIV prevention and CT will be refined and distributed to 69 ZDF health facilities.

The military is a high-risk group due to deployments in high-risk areas, mobility, and separations from families. VCT is an effective way of preventing HIV infection, but also an entry to treatment and care, thus impacting all of the Emergency Plan goals.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Needs Assessment	10%

UNCLASSIFIED

Training

10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	60	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	1,200	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Doctors
- Medical/health service providers
- Nurses
- HIV/AIDS-affected families
- Military
- Peacekeeping personnel
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Central	ISO Code: ZM-02
State Province: Copperbelt	ISO Code: ZM-08
State Province: Lusaka	ISO Code: ZM-09
State Province: Northern	ISO Code: ZM-05
State Province: Southern	ISO Code: ZM-07

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / Family Health International

Planned Funds:

Activity Narrative:

This activity will provide technical and logistical support for the routine counseling and testing of TB patients and the development of a system to monitor the quality of counseling offered to TB/HIV patients in Livingstone district. The USG will work closely with Family Health International (FHI) and the Ministry of Health (MOH) to organize monthly technical review meetings with counselors and other stakeholders to share experiences. During these meetings, reports will be given by each counseling site focusing on their achievements in terms of numbers of patients counseled and tested, numbers of patients referred for ART services, availability of test kits, counselors availability, constraints and the best way forward. Regular supportive technical supervisory visits will be conducted by the program coordinators to all the counseling sites to ensure that problems and other logistical requirements are solved on site.

These activities will focus also on reducing HIV-related stigma and discrimination in the community.

Activity Category

- Logistics
- Quality Assurance and Supportive Supervision

% of Funds

80%
20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	21	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	800	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Doctors
- Medical/health service providers
- Nurses
- Ministry of Health staff
- Lab technicians

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Southern

ISO Code: ZM-07

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / World Health Organization

Planned Funds:

Activity Narrative:

This activity will lead to improved quality of counseling and HIV testing in TB/HIV program sites.

Providing improved and increased access to HIV testing and counseling services for patients with TB and appropriate referral of HIV-infected TB patients to continuum of care that includes antiretroviral treatment is one of the results that will help achieve the goals of the Emergency Plan. HIV counseling and testing can only be provided if there are a sufficient number of trained counselors and these counselors are put in contact with individuals needing such services related to the desired result to strengthen the capacity of health professionals and local organizations to care for HIV-infected TB patients

To address these needs, the World Health Organization (WHO) and the Ministry of Health, in collaboration with the USG, will conduct HIV counseling training for 150 health workers (90 from three districts in Southern Province, 60 from two districts in Western Province, and 60 from two districts in Eastern Province) at TB service delivery sites.

By enhancing these skills in the health care workers at TB service delivery sites, TB/HIV/STI patients will more likely receive appropriate information on their condition such as: referral to treatment (including ART), how to manage their disease through treatment, addressing emotional stress, and dealing with stigma associated with TB/HIV/STI infection. Such training may also reduce health care worker stigma towards these diseases.

These activities will focus also on reducing HIV-related stigma and discrimination in the community.

Activity Category

Training

% of Funds

100%

Targets:

Not Applicable

Number of individuals trained in counseling and testing	210	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	7	<input type="checkbox"/> Not Applicable

Target Populations:

- Doctors
- Medical/health service providers
- Nurses
- Lab technicians

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Eastern

State Province: Southern

State Province: Western

ISO Code: ZM-03

ISO Code: ZM-07

ISO Code: ZM-01

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **EQUIP II / Academy for Educational Development**

Planned Funds:

Activity Narrative: This activity will increase the use of HIV Counseling and Testing services.

The Academy for Educational Development (AED) through its sub-partner the American Institutes of Research (AIR) will provide technical support to the MoE HIV/AIDS workplace programs that serves 55,000 MoE personnel. AIR will help to strengthen linkages between MoE offices, schools and educational structures with existing HIV CT services throughout the country. This activity is expected to significantly increase the use of HIV counseling and testing services among teachers, MoE officials and support personnel by using a network model linking MoE employees to public and private static and mobile HIV CT services. Activities that will support HIV CT include peer education programs, campaigns, psycho-social counseling, promotion of healthy living, and living with HIV/AIDS. MoE staff will be trained as psycho-social counselors to assist in pre and post test counseling. AIR will assist the MoE in conducting workshops on "Healthy Living" and "Coping Strategies for Families of PLWHAS." It is expected that 20,000 MoE personnel and their family members will take advantage of this increased access to CT services.

These activities will focus also on reducing HIV-related stigma and discrimination in the community.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Training	10%
<input checked="" type="checkbox"/> Workplace Programs	75%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	200	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	20,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- People living with HIV/AIDS
- Teachers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: SHARE / John Snow Research and Training Institute

Planned Funds:

Activity Narrative: This activity will contribute to increased use of HIV CT services and strengthened linkages between CT services and care and treatment facilities.

In partnership with ZHECT, Kara Counseling, Chikankata Health Services and Chainama Hospital, SHARE will support existing and new private and ministry workplace programs in the expansion of CT services. This will be achieved through a combination of developing workplace capabilities, training, linkages to other service providers, and introducing strategies that reduce stigma and discrimination in the workplace. SHARE will work with 70 private and 3 public workplace programs to increase the number of employees (business community, factory workers, government workers, miners, migrant workers, vendors, marketers) who are aware of their HIV status. In total, it is expected that at least 6000 persons will receive HIV counseling and testing services.

Building on the success of Track 1.5, two HIV/AIDS workplace Global Development Alliances in Zambia will be formed – one for Agribusiness and one for the extraction/mining companies. SHARE will provide a subgrant to the Comprehensive HIV/AIDS Management Program (CHAMP) to provide management, monitoring and technical support along with other SHARE partners as the USG contribution to the GDA. Significant resources, both cash and kind, will be leveraged from the private partners: Working in the Eastern, Central, Southern, and Western Provinces, the Agribusiness GDA will be led by Dunavant Cotton with Zambia Sugar and Clark Cotton, three of the largest agribusinesses in Zambia. It is anticipated that the private partners of the GDA will contribute of this partnership; and based in the Copperbelt, the Northern and Northwestern Provinces, the Extraction GDA will be led by Konkola Copper Mines with Mopani Mines, Kansanshi Mines, and the Copperbelt Energy Corp. The anticipated contribution from the private partners of the GDA will be . SHARE will expand CT community mobilization, support mobile CT services, link to the network of existing CT services and ensure a supply of CT test kits, increasing the number of people getting tested by 2000 persons in each GDA for a total of 4000 persons.

Activity Category
 Workplace Programs

% of Funds
 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	240	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	6,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	73	<input type="checkbox"/> Not Applicable

Target Populations:

- Business community
- Factory workers
- Government workers
- Private health care providers
- Miners
- Migrant workers
- Farmers

Key Legislative Issues:

Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Social Marketing / Population Services International

Planned Funds:

Activity Narrative: Population Services International, working through its local affiliate Society for Family Health (SFH), provides CT services in Zambia as "New Start" and targets clients who are unlikely or unwilling to access CT through public sector health facilities.

In FY05, SFH will open a second New Start center in Lusaka. In August 2004, New Start Lusaka saw over 1,000 clients. This increase in client numbers is due to more targeted and vigorous advertising, greater endorsement for CT by influential Zambians and a gradual yet increasing de-stigmatization of knowing one's HIV status. The current location of the New Start center in the heart of the business district of Lusaka is an ideally situated center allowing clients discrete, easy access. Nonetheless, the center is finding it increasingly more and more difficult to cope with the client load with now over 50 clients per day. The second New Start location will relieve some of the congestion experienced by the current center as well as increase the access to CT services to underserved communities whose residents rarely frequent the downtown area.

SFH will also initiate a mobile New Start unit to provide monthly or bi-monthly services targeting semi-urban and rural communities not served by a full-time center. The proposed mobile unit would eventually integrate (with non-Emergency Plan funding) STI management, and family planning services into CT delivery to increase the access of reproductive health and CT by sexually-active Zambians. The unit would be an extension of the fixed New Start centers in Lusaka and will coordinate with local community groups such as Neighborhood Health Committees and other USG care and treatment partners to ensure psycho-social support and referral to facilities and programs responsible for care and treatment for PLWAs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	50	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	11,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults*
- Men*
- Women*
- Community leader*
- Community members...*
- Community-based organizations*
- Youth*
- Girls*
- Boys*
- Farmers*

Key Legislative Issues:

- Stigma and discrimination*

Coverage Area:

State Province: Lusaka

ISO Code: ZM-09

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health Communication Partnership / Johns Hopkins University Center for Communic

Planned Funds:

Activity Narrative:

The Health Communication Partnership (HCP), through technical support to and collaboration with service delivery partners will increase the availability of appropriate communication materials and tools for promoting Counseling and Testing. HCP will adapt existing CT tools and manuals for use by HIV/AIDS CT centers. NGOs, FBOs, and youth groups will be helped to integrate the use of these tools in their CT promotional programs. District Health Management Teams of targeted districts will be supported to strengthen their CT centers in support of the government of Zambia's plan to ensure effectively functioning CT centers in each district. CT promotion will equally target education on stigma and discrimination and male acceptance of HIV/AIDS and its implications as challenges both men and women should address together.

Activities will include: mobilizing communities to include development and implementation of Community Action Plans to facilitate CT activities in their plan of work, and involvement of community members and groups in production of local dramas, which will demonstrate VCT messages and promote greater patronage of CT services. Helping Each other to Act Responsibly Together (HEART) has been a multi media campaign successfully used to disseminate youth reproductive health messages in Zambia. This campaign will be expanded to focus on reaching youth in rural and peri-urban areas with messages on Counseling and Testing. Mass media - print, radio and TV campaigns focusing on youth and positive outcomes of HIV Testing will be vigorously pursued. Support will be provided to the 24-hour toll free HIV/AIDS Talk Line to create special sessions for dealing with issues concerning CT. CT tools and counselling manuals will be distributed to USG partner organizations, CBOs, and FBOs. CT messages and activities will be included in the Sports for Life soccer program by introducing sessions about counseling and testing in the activities of the youth sport camps. Messages promoting CT will be included in a feature length Zambian film on living in the world of HIV. Other IEC materials that reinforce messages to at-risk populations on CT will be produced and distributed.

Activity Category

- Community Mobilization/Participation
- Information, Education and Communication

% of Funds
60%
40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Community health workers
- Discordant couples
- Media
- Religious/traditional leaders

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: National

State Province: _____

ISO Code: _____

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Prevention, Care and Treatment Project / Family Health International

Planned Funds:

UNCLASSIFIED

Activity Narrative:

The Family Health International Prevention, Care and Treatment (PCT) Project will support the Zambian Government (GRZ) to strengthen and expand HIV/AIDS counseling and testing services in five provinces: Central, Copperbelt, Luapula, Northern, and Northwestern. The PCT team will improve the quality of existing counseling and testing sites, and increase access by establishing new CT sites in the public and NGO/CBO/FBO sectors. The PCT team, working with the GRZ, will provide CT services to 247,900 people in FY05.

PCT and its partners—Churches Health Association of Zambia (CHAZ), International AIDS Alliance, Expanded Church Response (ECR), Kara Counseling Training and Trust (KCTT), and Management Sciences for Health (MSH)—will provide technical assistance to public and NGO/CBO/FBO facilities to expand the national CT program as well as coordinate with other partners in educating communities on the benefits of receiving CT. The expanded CT program will target people in clinical settings and those who self refer to stand-alone and mobile CT clinics as well as within communities through the use of lay counselors.

At the national level, the PCT team will provide technical assistance to the national HIV/AIDS Counseling and Testing Partnership to: develop and implement strategies for scaling up CT services; review/revise/disseminate national CT training materials, policies and guidelines; conduct CT trainings; strengthen the continuum of care and referral systems via integration of CT within other health care services and community programs; and establish CT quality assurance and monitoring programs.

At the provincial and district levels, PCT will support expanded quantity and quality of CT services in a variety of settings by: 1) rapidly expanding testing facilities at clinic sites and community programs (e.g. TB and STI clinics, medical and outpatient clinics, home care programs, and in post-exposure situations); 2) expanding CT services linked to antenatal services and expanding CT in sites that focus on pregnant women; 3) strengthening free-standing and integrated sites that reach youth; 4) reaching out to most at-risk populations through peers and lay counselors with such innovations as mobile counseling teams.

Male involvement in CT services will be increased through establishing male-friendly CT services in MCH and integrated settings, recruiting male counselors, strengthening CT in STI clinics, increasing access to CT for discordant couples, and promoting CT in male-friendly venues.

Linkages and referral systems within the health care system and communities will be strengthened by training 208 persons to implement quality CT services and referrals in 40 sites. This training will consist of improving client-centered counseling skills with cross-training between TB, STI, and MCH services to ensure that health care providers refer clients appropriately for CT.

At the community level, NGO/CBO/FBO partners will contribute to increased CT services through training lay counselors and peer educators to participate in counseling and testing services. PCT will facilitate the development and training of a cadre of counselors to work throughout the focus provinces to ensure quality assurance of CT services as well as proper monitoring, evaluation, and reporting procedures. In addition, PCT will implement a small grants program to provide funds to local groups for CT initiatives, including grants for training lay counselors and for youth mobilization activities. Moreover, the CT service delivery activities will coordinate closely with the Health Communications Project to ensure that the proper IEC materials are available for target populations.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	208	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	247,900	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	40	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
- Discordant couples
- HIV/AIDS-affected families
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Religious/traditional leaders
- Youth
 - Girls
 - Boys
- Lab technicians

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Central	ISO Code: ZM-02
State Province: Copperbelt	ISO Code: ZM-08
State Province: Luapula	ISO Code: ZM-04
State Province: Northern	ISO Code: ZM-05
State Province: North-Western	ISO Code: ZM-06

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AWatch / Pact, Inc.

Planned Funds:

Activity Narrative: This activity will increase the use of HIV CT services.

The Government of the Republic of Zambia trained 30 local court justices in the period 2002/2003. By 2004, 28 of these had died of HIV/AIDS related illnesses. This has had debilitating impact on the expensing of justice. Hence the need to deliberately target the Judiciary with HIV/AIDS Counselling and Testing Interventions. AWatch will award a sub-grant to a local organization that will train 300 judiciary workers as catalysts/ advocates for Counselling and testing, as well as teach on issues of stigma and discrimination. These advocates for counseling and testing will identify all CT service facilities in their locale and create a map and listing of all CT services for the judiciary workers. These will in turn reach out to the 5,030 workers in the judiciary department comprising local courts, magistrate courts and High courts in 9 provinces. It is anticipated that through these efforts 1,000 individuals will be able to access Counselling and Testing services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	30%
<input checked="" type="checkbox"/> Training	60%
<input checked="" type="checkbox"/> Workplace Programs	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	300	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	1,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Policy makers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deliver / John Snow Inc

Planned Funds:

Activity Narrative:

The John Snow International/DELIVER Project will support the Zambian Government (GRZ) to forecast and procure HIV test kits for the national CT, PMTCT, and ART programs as well as for USG supported NGO/CBO/FBO programs. In FY04, DELIVER and its sub-contractor, Crown Agents International, provided logistics support and management for an ARV procurement. Through this process, it was identified that there was a significant need to conduct a national multi-year forecast and procurement of HIV test kits to support the scaling up of the various CT, PMTCT, and ART programs.

HIV test kit forecasting is extremely complex since it encompasses several broad programs with different objectives, supplies, and testing algorithms, such as CT, PMTCT, Blood Safety, Sentinel Surveillance, and Diagnostic Testing programs. In FY05, DELIVER will aid the GRZ and the national VCT Services Program to: identify the number of programs for which the multi-year forecast will be prepared; collect existing logistics and financial data; assess policy, legal, funding and technical issues affecting forecasting, financing, procurement, and use of HIV tests across all programs; and prepare and conduct a procurement plan and shipment schedule, including processing any needed waivers. The HIV test kit procurement is valued at

Activity Category

- Commodity Procurement
- Logistics

% of Funds

90%
10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
 - Discordant couples
- HIV+ pregnant women
- Ministry of Health staff
- People living with HIV/AIDS
- Pregnant women
- Women of reproductive age
- Youth

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred Prevention, Care and Treatment Project / Family Health International

Planned Funds:

Activity Narrative:

The Family Health International Prevention, Care and Treatment (PCT) Project will support the Zambian Government (GRZ) to strengthen and expand HIV/AIDS counseling and testing services in five provinces: Central, Copperbelt, Luapula, Northern, and Northwestern. The PCT team will improve the quality of existing counseling and testing sites, and increase access by establishing new CT sites in the public and NGO/CBO/FBO sectors. The PCT team, working with the GRZ, will provide CT services to 122,400 people in FY05 using Deferred FY04 funds for new activities.

PCT and its partners—Churches Health Association of Zambia (CHAZ), International AIDS Alliance, Expanded Church Response (ECR), Kara Counseling Training and Trust (KCTT), and Management Sciences for Health (MSH)—will provide technical assistance to public and NGO/CBO/FBO facilities to expand the national CT program as well as coordinate with other partners in educating communities on the benefits of receiving CT. The expanded CT program will target people in clinical settings and those who self refer to stand-alone and mobile CT clinics as well as within communities through the use of lay counselors.

At the national level, the PCT team will provide technical assistance to the national HIV/AIDS Counseling and Testing Partnership to: develop and implement strategies for scaling up CT services; review/revise/disseminate national CT training materials, policies and guidelines; conduct CT trainings; strengthen the continuum of care and referral systems via integration of CT within other health care services and community programs; and establish CT quality assurance and monitoring programs.

At the provincial and district levels, PCT will support expanded quantity and quality of CT services in a variety of settings by: 1) rapidly expanding testing facilities at clinic sites and community programs (e.g. TB and STI clinics, medical and outpatient clinics, home care programs; and in post-exposure situations); 2) expanding CT services linked to antenatal services and expanding CT in sites that focus on pregnant women; 3) strengthening free-standing and integrated sites that reach youth; 4) reaching out to most-at-risk populations through peers and lay counselors with such innovations as mobile counseling teams.

Male involvement in CT services will be increased through establishing male-friendly CT services in MCH and integrated settings, recruiting male counselors, strengthening CT in STI clinics, increasing access to CT for discordant couples, and promoting CT in male-friendly venues.

Linkages and referral systems within the health care system and communities will be strengthened by training 102 persons to implement quality CT services and referrals in 20 sites. This training will consist of improving client-centered counseling skills with cross-training between TB, STI, and MCH services to ensure that health care providers refer clients appropriately for CT.

At the community level, NGO/CBO/FBO partners will contribute to increased CT services through training lay counselors and peer educators to participate in counseling and testing services. PCT will facilitate the development and training of a cadre of counselors to work throughout the focus provinces to ensure quality assurance of CT services as well as proper monitoring, evaluation, and reporting procedures. In addition, PCT will implement a small grants program to provide funds to local groups for CT initiatives, including grants for training lay counselors and for youth mobilization activities. Moreover, the CT service delivery activities will coordinate closely with the Health Communications Project to ensure that the proper IEC materials are available for target populations.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	102	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	122,100	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Discordant couples
- HIV/AIDS-affected families
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Religious/traditional leaders
- Youth
 - Girls
 - Boys
- Lab technicians

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Central	ISO Code: ZM-02
State Province: Copperbelt	ISO Code: ZM-08
State Province: Luapula	ISO Code: ZM-04
State Province: Northern	ISO Code: ZM-05
State Province: North-Western	ISO Code: ZM-06

Program Area:

Budget Code:

Program Area Code:

Table 3.3.7: PROGRAM PLANNING OVERVIEW

-
- Result 1: Availability of and access to HIV testing and counseling services for TB patients and appropriate referral of HIV-infected TB patients to a continuum of care that includes anti-retroviral treatment improved and increased.
-
- Result 2: Diagnosis and management of TB in HIV infected individuals improved.
- Result 3: National delivery of integrated HIV and TB services strengthened.
- Result 4: Capacity of health professionals and local organizations to care for HIV- infected TB patients strengthened.
- Result 5: Use of strategic information for surveillance of HIV/AIDS in TB increased.
-
-

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Current Program Context:

The National HIV/AIDS/STI/TB Strategic plan has identified the treatment of TB as a specific objective for the reduction of the socio-economic impact of HIV/AIDS in Zambia. Directly observed treatment (DOT) using either health workers or community treatment supporters to ensure compliance to treatment has been adopted by the GRZ for the implementation of TB services. With support from the Global Fund and other partners such as CIDA/Royal Netherlands TB Association, JICA and the USG, DOTS implementation has been implemented country wide. The USG is committed to building upon its FY04 activities to strengthen the services provided by the national TB program for TB in the HIV infected population through training and the provision of back up drugs and supplies. According to WHO and UNAIDS recommendations all patients presenting with tuberculosis in a country such as Zambia with a generalized HIV epidemic, should be referred for HIV counselling and testing as part of the diagnostic work-up. This approach enables the referral of the HIV infected TB patient for appropriate preventive treatment such as cotrimoxazole as well as for specific HIV care such as antiretroviral treatment. The Emergency Plan, since FY2004, has been developing and supporting such programs in the National TB program in the Southern Province. Specific activities included: the development of a systematic process that will allow routine access to HIV testing by patients diagnosed with TB, training new and existing TB staff on HIV counseling, testing, and referral to appropriate services, and ensuring the availability of laboratory equipment that will allow appropriate TB and HIV diagnosis and initiation of therapy. Such steps will continue in FY2005 by expanding these activities into other Provinces and districts, utilizing the lessons learnt from the initial sites in the Southern Province. With an estimated 31,546 HIV positive TB cases in Zambia in 2002, routine counselling and testing of all TB patients and development of links with the ART program has the potential to ensure that the targets for people on ART can be met. First level health care facilities in many districts are often housed in buildings that were not originally designed as clinics and are severely constrained in terms of ability to expand services to include routine counseling and testing. The USG, in collaboration with the MOH, will enhance the capacity of health care facilities to provide counseling and testing through the construction and renovation of laboratory space and counseling facilities in selected centres included in the scale up program. An effective response to the TB/HIV epidemic will require a coordinated effort from both the TB and the HIV programs. This dual effort may be facilitated by the establishment of a national level TB/HIV Coordination Working Group, as recommended by the WHO. The USG will support the establishment of such a Working Group which will have the responsibility of coordinating and developing TB/HIV policy, resource mobilization and allocation, and establishing a coherent TB/HIV communication strategy. Community treatment supporters represent an important link between the health care system and the HIV-infected TB patient for ensuring adherence to treatment. The USG will explore the utility of using community treatment supporters to facilitate HIV counseling and testing and increase the referral of TB patients for HIV/AIDS and TB treatment. The USG will provide support to the GRZ to develop a surveillance system for HIV infection among TB patients that will inform the targeting of resources and the planning of activities for people living with HIV and TB, as well as monitor the effectiveness of the activities. The routine use of sputum samples to determine HIV status will be evaluated in the clinical settings that are providing counseling and testing for TB patients.

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC/HQ / Catholic Relief Services

Planned Funds:

Activity Narrative:

The Churches Health Association of Zambia (CHAZ) provides health care to a significant proportion of the population in Zambia (70% of rural, 30% of urban). The USG recognizes that collaboration with CHAZ can significantly contribute to strengthening the capacity of health professionals and local organizations to care for HIV-infected TB patients. In FY04, CDC developed a facilitators' manual for the training of community TB treatment supporters.

With USG support, CHAZ will enhance the role and involvement of community-level DOTS volunteers in supporting the treatment and management of HIV/TB co-infected patients. Specific activities include CHAZ conducting a 'training of trainers' for 36 health workers. This will entail 2 trainers with health care experience from faith-based institutions in 18 districts (4 provinces) to be instructed in the presentation, management, control, prevention, and referral system of TB and HIV patients. These certified health workers trainers will then return to their local districts and facilities to train additional and existing community volunteers on these issues. This activity provides an innovative and cost-effective way to address severe health care human capacity shortages by multiplying skills and knowledge through the population and further empowering community members to appropriately care for those that are affected by HIV and related illnesses.

CHAZ, with USG support, will provide logistics support to community-based volunteers that act as treatment supporters for HIV/TB co-infected patients in four provinces (Southern, Western, Northwestern and Luapula provinces). These volunteers have been shown to increase treatment adherence during TB treatment by following-up with patients in the community to directly-observe the (HIV-infected) TB patient taking their medicines. In order to better retain and to create higher morale among these supporters, CHAZ will provide non-monetary support to them, i.e. bicycles for volunteer transport, t-shirts, workbags.

CHAZ, with USG support, will also conduct monitoring and evaluation of the impact that the above-mentioned community-based treatment volunteers have on the management, care, and outcomes of HIV/TB co-infected patients. Lessons learned from this evaluation will then be applied to similar programs in other areas of the country.

Activity Category

% of Funds

<input checked="" type="checkbox"/> Logistics	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Training	55%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	2,254	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	144	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	18	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
- Volunteers

Key Legislative Issues:

- Volunteers

Coverage Area:

State Province: Luapula	ISO Code: ZM-04
State Province: North-Western	ISO Code: ZM-06
State Province: Southern	ISO Code: ZM-07
State Province: Western	ISO Code: ZM-01

Program Area: Palliative Care: TB/HIV
 Budget Code: (HVTB)
 Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / JHPIEGO

Planned Funds:

Activity Narrative:

Improving the competence of the health care worker to properly recognize, manage, and treat HIV/TB co-infected patients, which is the objective of these activities, will improve the quality of care for these patients and is directly in line with the goals of the Emergency Plan.

Appropriate care and treatment for HIV/TB co-infected individuals is complex and requires additional management skills due to the differing clinical presentations and treatment regimens that must account for HIV and TB treatment interactions.

Developing cross-trained health care- and community-workers in HIV/TB patient management is essential to achieving the goals of the USG Initiative. The USG, through JHPIEGO, will address this need by working to:

- Improve diagnosis and management of TB and other opportunistic infections in HIV infected patients;
- Strengthen capacity of health professionals and local organizations to care for HIV-infected TB patients

Specific activities that JHPIEGO will accomplish include the development of an evidence-based training curriculum that will be developed for clinicians as a way to improve their management of HIV/TB patients. This curriculum will then be used to train 30 physicians and clinical officers in Livingstone District. The curriculum and subsequent training, in-line with national guidelines, will focus on issues such as diagnosing TB in HIV-infected patients and appropriate referral to HIV, OI, and TB services. Particular focus will be given to improving how health care workers manage HIV/TB patients that are receiving ART, as the interaction of this therapy with others (i.e. TB and other OIs) can be complex.

Due to the recognized value of the community health care worker in addressing the HIV/AIDS epidemic and the severe lack of human resource capacity to do so in Zambia, the Emergency Plan Initiative, will support JHPIEGO in the development of a course similar to the one discussed above, that will be designed for a community health care worker audience. This course will include improving diagnosis and management of opportunistic infections (including TB) by community health care workers. Subsequent trainings, utilizing this curriculum, will initially be given to 120 health care workers in 2 provinces (Southern and Western).

Activity Category

Training

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	4,508	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	150	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Community health workers*
- Doctors*
- Medical/health service providers*
- Nurses*
- Lab technicians*

Key Legislative Issues:

- Volunteers*

Coverage Area:

State Province: Southern
State Province: Western

ISO Code: ZM-07
ISO Code: ZM-01

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / World Health Organization

Planned Funds:

Activity Narrative:

Established in 1964, the *Zambian National TB program* existed as a vertical structure within the Ministry of Health. From 2001, increased support for the TB program was made available from cooperating partners such as CDC GAP, the Royal Netherlands TB Association (KNCV) with funding from CIDA and DFID. Zambia was successful in obtaining funds from the Global Fund to strengthen the DOTS program in the first round. The funds requested included activities aimed at implementing TB/HIV activities within the country.

Currently DOTS has been implemented in all 72 districts of the country to varying extents, staff at health centre, district and provincial levels have been trained in TB control, including both clinical management and laboratory. Community participation has been promoted and resources are available for the community TB treatment supporters. Recording and reporting occurs and Zambia is reporting annually to WHO. In 2003 the reported treatment success rate was 83.4% for cases under the DOTS program and 71.3% under non-DOTS program. Failure rates were 2.1 and 4.7% respectively. The case detection rate was reported as 79%.

CDC has worked closely with the National TB program to strengthen the implementation of TB activities within the country. In 2004, the national program requested CDC to provide support to activities in the Southern and Western Province. In FY04, CDC provided support for the development of TB/HIV activities within the TB program in one district in the Southern Province. In FY05, these activities will be expanded to cover additional districts in 2 provinces, with the potential to expand to an additional province. Implementation of these activities is carried out in consultation with the national program. TB/HIV activities in other areas of the country are being implemented by other partners, again in consultation with the national program.

In order to streamline the implementation of TB/HIV activities, a national plan will be developed by a TB/HIV working group within the Ministry. CDC will support the functions of this committee with financial and technical support in FY05. This activity will strengthen the capacity of health professionals and local organizations to care for HIV-infected TB patients.

In this activity, the USG will work closely with WHO and the Ministry of Health to strengthen the delivery of integrated TB/HIV services at the community level in 3 districts in Southern (Mazabuka, Siavonga, and Monze), 2 districts (Mongu and Senanga) in Western provinces and 2 districts in the Eastern Province (Katete and Chipatta). The participation of community volunteers in the identification of suspects and provision of basic health care to patients plays a vital role in Zambia given the limited number of trained health care personnel. To supplement the efforts of health workers in order to integrate the TB/HIV/STI at community level, WHO in collaboration with USG and MOH, will train 144 local and community based treatment supporters to give appropriate referral of TB patients to the next levels of health care. These community volunteers will also be trained in:

- Case presentation of TB/HIV/STI,
- Basic management,
- Recording and reporting,
- Who is to be referred? When and How?

CDC and WHO will conduct quarterly supportive supervision to the community volunteers in the 5 districts. On the spot teaching and solving of problems will be done during these visits.

In addition, health workers at TB sites will be trained in HIV counseling and testing (for details see CT description for WHO).

Activity Category

- Quality Assurance and Supportive Supervision
- Training

% of Funds

- 20%
- 80%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	2,854	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	7	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- People living with HIV/AIDS
- Volunteers

Key Legislative Issues:

- Volunteers

Coverage Area:

State Province: Eastern
State Province: Southern
State Province: Western

ISO Code: ZM-03
ISO Code: ZM-07
ISO Code: ZM-01

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC GAC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

The activity will improve the quality of care available for HIV-infected TB patients and strengthen national capacity to provide integrated TB/HIV care.

The USG, is committed to providing quality, evidence-based palliative care to TB/HIV co-infected individuals and will work to improve the quality and quantity of care provided to these patients. Through collaboration with the National TB program, the USG Initiative will support activities in FY 05 to improve and increase access to HIV testing and counseling services for patients with TB, improve diagnostics and treatment of TB among HIV-infected, strengthen delivery of integrated HIV and TB services, and enhance the capacity for health professionals, local organizations, and community members to care for HIV-infected TB patients. With an estimated 70% of TB patients co-infected, the integration of TB and HIV activities is an appropriate response and is essential to achieving the goals of the Emergency Plan.

Specific TB/HIV activities and outputs that will be supported by the FY 05 USG initiative are described below.

In order to improve and increase availability and access to HIV testing and counseling services for TB patients, HHS/CDC will continue to utilize their technical expertise and collaborative relationship with the Zambian Ministry of Health to establish routine HIV testing of TB patients diagnosed in the TB program beginning initially in 3 health facilities in the Southern Province. Specific activities include developing standardized guidelines and policies for such routine HIV testing in Livingstone District that will be implemented, evaluated, and then expanded to 5 additional districts. Integration of TB and HIV services will also be strengthened through the development and implementation of a standardized patient referral and follow-up system that will link TB and HIV co-infected patients to an appropriate continuum of care, including antiretroviral treatment (ART).

To improve care and outcomes for HIV/TB co-infected patients, quality diagnostic capability must be established. The USG, in collaboration with the Zambian Ministry of Health, will support such activities by procuring and distributing treatment and diagnostic equipment such as HIV test kits, drugs, and equipment to measure the immuno competence level of TB/HIV co-infected patients for five districts. This will ensure that TB/HIV infected patients are quickly and accurately diagnosed, screened and referred for care and treatment such as ART.

To complement the diagnostic infrastructure enhancement, the USG will support activities to train health care workers in two provinces (18 districts) in HIV/TB patient management, which can be complex. This training will include structured training classes, regular site visits, and quarterly evaluation by HHS/CDC and Ministry of Health personnel that will be supported by the USG.

The USG will also support the establishment of a National level TB/HIV Working Group within the Ministry of Health. The formation of this Working Group, to be comprised of TB, HIV, FBO, NGO, and community representatives, is recommended as a way to most effectively coordinate activities between the national TB and HIV programs. This Working Group will be tasked with developing and implementing a single, coherent TB/HIV strategy, policy, and communication message based on the best existing evidence. The USG will provide technical and financial support for the Working group to carry out their activities.

The USG, working with the Ministry of Health, will develop a system for surveillance of HIV prevalence among TB patients within the National TB program. In this activity, policy and guide lines will be developed with National HIV/AIDS control programs, to systematically monitor the national and regional prevalence of HIV in TB patients nationally. Targeted evaluation on the routine use of sputum samples to determine HIV status will be among the activities in this surveillance.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	60%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Policy and Guidelines	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	1,300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	540	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	18	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- Lab technicians

Key Legislative Issues:

Coverage Area:

State Province: Southern
State Province: Western

ISO Code: ZM-07
ISO Code: ZM-01

Program Area:

Budget Code:

Program Area Code:

Table 3.3.6: PROGRAM PLANNING OVERVIEW

- Result 1: Training systems, courses, and skill-based training in palliative care service provision established
- Result 2: Capacity of community-based groups to provide quality home-based services to PLWHAs strengthened
- Result 3: Pharmaceutical management to support expanded access to drugs to treat IOs and for pain relief enhanced
- Result 4: Quality of basic health care for HIV positive patients through clinical facilities, home-based care and hospices, including a Basic Care Package for PLWHAs (safe drinking water, cotrimoxazole, izoniazid prophylaxis, Insecticide Treated bednets, and micronutrients) improved.
- Result 5: Referral networks and linkages between palliative care and CT, PMTCT, TB and STI treatment, and ART service delivery established and strengthened.

Total Funding for Program Area (\$) **Current Program Context:**

Several components of palliative care are mentioned in the National HIV/AIDS/-STI/TB Strategic Plan, including strengthening of hospice and Home-Based Care (HBC), encouraging positive living, good nutrition, and prevention and treatment of opportunistic infection. NAC and UNAIDS have Technical Working Groups on HBC. The MOH has developed standard HBC kits for clients and for providers and a HBC training manual for health care providers. Kits include a small supply of Septrim antibiotics. Though there are numerous organizations providing HBC at the community level, the GRZ does not yet have a central database on HBC. HBC and the hospice movement have long histories in Zambia. These programs, mostly through FBOs, provide psychosocial and spiritual support, simple nursing care, livelihood training, and in some cases nutritional supplementation. The Global Fund supports the Churches Health Association of Zambia (CHAZ) and ZNAN as their lead recipient in HBC and hospice care. The World Bank supports community-based palliative care and HBC kits for caregivers and patients. The World Food Programme provides high energy protein supplements for PLWHAs, including ART patients at CIDRZ program sites to increase ART adherence. The Development Corporation of Ireland supports church responses in the Copperbelt and Northern provinces, while the Netherlands is funding NGOs to do HBC through ZNAN. Germany supports livelihood activities for PLWHAs in the Southern Region. U.S. NGOs such as CARE, CRS, World Vision, and PCI have been active in community-oriented HBC. Yet, in Zambia little attention has been paid to developing true palliative care services. For example, pain relief is missing from all HIV/AIDS palliative care services regardless of service delivery site, even hospitals. Few palliative care programs link patients to clinical care or ART services. However, recently the Palliative Care Association of Zambia was formed through its association with the African Palliative Care Association and a number of the Zambian health professionals received training in state-of-the-art palliative care. The USG is the largest donor for Palliative Care in Zambia. Currently, the USG funds home-based, hospice and clinical palliative care including: (a) HBC through four Catholic Dioceses and the new RAPIDS award that expands HBC nationwide; (b) block grants to 10 Zambian Hospices; (c) nutritional supplementation, (d) a guidebook for HBC care givers; (e) three Family Support Units (FSUs) for Children Living with HIV/AIDS (CLWHAs) that provide counseling, educational assistance, play therapy, positive living clubs for children, and referrals for pediatric ART; (f) the integration of palliative care into HIV/AIDS workplace policies and programs; (g) Palliative care training in 5 military hospitals serving 9 provinces, including training 250 home caregivers and 10 new home care trainers; and (h) procurement of palliative care packages for military AIDS patients. The Emergency Plan in Zambia provides sub-grants to local FBOs/CBOs to expand and improve HBC, hospice care, and referrals to clinical services. To meet the urgent need for pain management among AIDS patients, the Emergency Plan is advocating for regulatory reform to increase access to effective pain management drugs. For FY 05, the USG will continue to improve the quality of palliative care services in Zambia through establishing national standards, training, twinning with regional palliative care expert institutions, improving the supply of pain relief, OI drugs and HBC Kits, increasing use of life extending interventions such as cotrimoxazole and izoniazid presumptive treatment, ITN bednets for malaria prevention, chlorine for safe drinking water, micronutrients, strong referral networks, and linking clients to food aid and livelihoods programs. The USG will establish an effective network of services linking palliative care with CT, PMTCT, TB and STI treatment, and ART.

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: RAPIDS / World Vision International

Planned Funds:

Activity Narrative:

This activity contributes to an improved capacity of community-based groups to provide quality home-based services to PLWHAs and to strengthening referral networks and linkages between palliative care and other services.

The RAPIDS consortium, led by World Vision, is comprised of CRS, Africare, Salvation Army and the Expanded Church Response with M&E technical support from Horizons. RAPIDS will provide a basic package of high quality community based Palliative care to approximately 60,000 PLWHAs, including focal police and their families, in 44 districts of Zambia through community-based volunteers and nurse supervisors. RAPIDS will coordinate with NAC, CRS SUCCESS, CRAIDS, and Global Fund recipients CHAZ and ZNAN to avoid any duplication and to share best practices.

RAPIDS will provide commodities that support evidence-based basic care interventions including home-based care kits, chlorine for safe drinking water, cotrimoxizole, TB presumptive treatment, insecticide treated bednets, treatment of OI and pain relief. Palliative care in the home will also focus on psychosocial support, legal assistance for wills and property rights, nutritional supplementation through links to title II food-aid and the World Food Programme; and local High-Energy Protein Supplements, and basic nursing care. Home-based care will be linked to a strong referral network for CT, clinical Care, and ART services and community mobilization that supports health seeking behavior and reduced stigma and discrimination of PLWHAs. Over 35 FBOs/CBOs will be provided with sub-grants and capacity building for quality community-based palliative care.

As a follow on from track 1.5, RAPIDS will continue support to Family Support Units at UTH, Ndola and Livingstone for children living with HIV/AIDS and link with CDC Pediatric ART activities.

This program will ensure that women are provided equal access to care and that men share the burden of care for HBC patients.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	6%
<input checked="" type="checkbox"/> Local Organization Capacity Development	18%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	17%
<input checked="" type="checkbox"/> Training	29%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	59,775	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	5,000	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	79	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	79	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Faith-based organizations
- HIV/AIDS-affected families
- Police
- People living with HIV/AIDS

Key Legislative Issues:

- Increasing women's legal protection
- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Volunteers
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **SUCCESS / Catholic Relief Services**

Planned Funds:

Activity Narrative:

This activity will contribute to strengthening the capacity of community-based groups to provide quality home-based services to PLWHAs and improving the quality of basic health care for HIV positive patients as well as establishing training courses and skill-based training in palliative care.

The CRS SUCCESS Project will continue to provide human resources and build local capacity for comprehensive, high quality palliative care through a network of FBO run home-based care programs and hospices in 6 provinces throughout the country. SUCCESS will continue and expand their home-based care program in the original 4 Dioceses in Western, Northwestern, Luapula, and Northern provinces and add programs with an additional 3 diocese in Southern, Eastern, and the other half of Northern province avoiding areas where RAPIDS implements its programs. SUCCESS will serve all members of the communities regardless of religion, and will serve the police and their families residing in these communities. Home-based Care will be provided by community-based volunteer care-givers who will be trained, supervised and supported to ensure quality of care. SUCCESS will ensure equal access to palliative care for women and men and increase men's burden in care giving for the ill. The service package includes medical care and clinic referrals as needed, nutritional counseling and targeted nutrition supplements, psycho-social support, VCT, and linkages to other CRS and diocese HIV/AIDS programs, e.g. OVCs and ART. Patients will be referred to a mission hospital for ARVs, in particular but not limited to CRS AIDSRelief ART point of service hospitals. HBC kits will be provided to caregivers and will include items for service delivery, as well as protective gear (gloves and aprons). CRS SUCCESS will provide block grants to 10 hospices run by FBOs in 7 districts and training to numerous hospices around the country in partnership with the Zambia Palliative Care Association. SUCCESS will collaborate with Food for Peace recipients and World Food Program to access food aid for needy HBC clients.

SUCCESS will work with the American International Health Alliance (AIHA) to support Twinning between the Zambia Palliative Care Association and regional palliative care premier institutions such as the African Palliative Care Association (University of Cape Town, Sun Gardens Hospice in Pretoria, Hospice Uganda, Zimbabwe home based care) to provide mentoring, training human resources, develop palliative care courses and training programs, and facilitate technical information sharing.

SUCCESS will collaborate with other USG partners and share technical resources, in particular twinning resources, to improve home and hospice-based palliative care throughout the country, develop a National Palliative Care Policy and care guidelines to promote the use of life extending interventions such as co-trimoxazole, INT bednets, TB presumptive treatment, and increased access to pain management.

Country

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	6%
<input checked="" type="checkbox"/> Human Resources	29%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	2%
<input checked="" type="checkbox"/> Local Organization Capacity Development	8%
<input checked="" type="checkbox"/> Logistics	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	12%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	19%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	27,980	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	9,555	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	83	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	83	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community leader
- Community members
- Faith-based organizations
- Health Care Workers
- HIV/AIDS-affected families
- Police
- People living with HIV/AIDS
- Trainers

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Twinning
- Volunteers

Coverage Area:

State Province: Eastern	ISO Code: ZM-03
State Province: Luapula	ISO Code: ZM-04
State Province: Northern	ISO Code: ZM-05
State Province: North-Western	ISO Code: ZM-06
State Province: Southern	ISO Code: ZM-07
State Province: Western	ISO Code: ZM-01

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD / Project Concern International

Planned Funds:

Activity Narrative:

Palliative care desperately needs to be a strong, sustainable program in the Zambian Defense Force. Anti-retroviral therapy continues to be elusive to junior-ranking officers, and serves only as a VIP program. Palliative care would provide a continuum of care not only to military, but also to civilians, as the ZDF military clinics serve the entire population. At least 70% of the patients treated at military hospitals are civilians.

This agreement will focus on providing palliative care at four military installations, including medical care, treatment of opportunistic infections, pain management, psychosocial support, legal services, material support, nutrition and food supplementation, linkages to ART, malaria prevention, and the training of caregivers. Staff will be trained in topics such as pain management, support groups, and legal support. These activities will help improve the quality of home-based and hospice care, as well as develop service linkages to ensure a continuum of care. Technical assistance and training will be provided for the provisioning of palliative care through faith-based organizations, community groups, and NGOs.

Training on palliative care and HIV counseling and testing will also be provided to military chaplains and lay persons to strengthen pastoral counseling for HIV infected persons and families; to assist military chaplains in better promoting stigma reduction, HIV CT, acceptance of palliative care and HIV positive persons in sermons; and to establish military volunteer FBOs providing palliative care in homes to HIV positive military persons/families and strengthening of ties to civilian FBO organizations for palliative care services.

Finally, as a part of this activity, an HIV-positive police officer will visit at least ten military units to discuss HIV/AIDS diagnosis, prevention, care and treatment, counseling and testing, and entry into ARV therapy with members of the Zambian Defense Force. Our goal is to reach at least 500 to 1,200 ZDF personnel through this activity.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Logistics	20%
<input checked="" type="checkbox"/> Strategic Information (M&E; IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	1,200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	14	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	4	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	4	<input type="checkbox"/> Not Applicable

Target Populations:

- HIV/AIDS-affected families
- Military
- Peacekeeping personnel
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Widows

Key Legislative Issues:

Coverage Area:

State Province: Copperbelt
 State Province: Lusaka
 State Province: Southern

ISO Code: ZM-08
 ISO Code: ZM-09
 ISO Code: ZM-07

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **SHARE / John Snow Research and Training Institute**

Planned Funds:

Activity Narrative:

This activity will contribute to establishing and strengthening referral networks and linkages to palliative care and between palliative care and other HIV/AIDS services. In addition, this activity will enhance pharmaceutical management to support expanded access for pain relief.

Though Zambia is a pioneer in home-based and palliative care, these programs are seldom integrated into workplace programs. SHARE in partnership with the Lusaka Catholic Diocese and Kara Counseling in Mazabuka, Solwezi, and Mongu will help workplace programs develop the capacity to link employees in need of care and train caregivers to support workers who are sick. As part of this activity, SHARE will work with employers and managers to develop strategies that will reduce stigma and discrimination in the workplace and thus encourage employees who are sick to seek help. In FY 05, SHARE will help 25 additional businesses develop palliative care strategies and employee action plans and will continue to support the palliative care initiatives started in FY 04 at 20 businesses. SHARE will also support the development of workplace programs to train 200 new caregivers.

In addition, SHARE will work at the national policy-making level with regulatory bodies responsible for poison and drug control to modify current regulations that will increase access to pain medication including morphine for people who are suffering with AIDS.

Activity Category

- Policy and Guidelines
- Workplace Programs

% of Funds

- 10%
- 90%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	450	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	200	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	45	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	45	<input type="checkbox"/> Not Applicable

Target Populations:

- Business community
- Factory workers
- Government workers
- Miners
- Migrant workers
- Farmers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Lusaka

State Province: North-Western

State Province: Southern

State Province: Western

ISO Code: ZM-09

ISO Code: ZM-06

ISO Code: ZM-07

ISO Code: ZM-01

Program Area: Palliative Care: Basic health care and support
 Budget Code: (HBHC)
 Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC GAC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: This activity will contribute to improved quality of basic health care for HIV positive patients through clinical facilities.

Effective care and support for opportunistic HIV infections is an important element of HIV/AIDS care and support— Effective care and treatment requires the specific treatment to be available as well as the infrastructure necessary to make the diagnosis.

The Zambia Defense Forces is recognized as one of the priority populations for HIV care as they are at increased risk of acquiring HIV due to the nature of their work, which often entails prolonged periods away from their families. Health care for the uniformed personnel is provided within specific military health facilities.

In 2004, the CDC provided support for the purchase of TB and STI drugs to supplement the supplies available in the Zambia Defense Forces health facilities. In 2005, the USG through CDC will continue to support the procurement of TB drugs and drugs for the treatment of 1200 opportunistic infections within the Zambia Defense Force facilities to supplement the available supplies. In 2005 CDC will provide technical and logistics support to improve the diagnosis of opportunistic infections in two Provincial hospitals.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	1,200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	13	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	13	<input type="checkbox"/> Not Applicable

Target Populations:

- Military
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

- | | |
|----------------------------|-----------------|
| State Province: Central | ISO Code: ZM-02 |
| State Province: Copperbelt | ISO Code: ZM-08 |
| State Province: Eastern | ISO Code: ZM-03 |
| State Province: Lusaka | ISO Code: ZM-09 |
| State Province: Southern | ISO Code: ZM-07 |
| State Province: Western | ISO Code: ZM-01 |

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health Communication Partnership / Johns Hopkins University Center for Communic

Planned Funds:

Activity Narrative:

With increasing availability of HIV testing there emerges the need to understand the complexities of palliative, psychological and social care. The Health Communication Partnership (HCP) will facilitate capacity building of health care and home-based care providers, NHCs, FBOs, CBOs, and NGOs in mobilizing communities around care issues. HCP will work with other USG partners, national and international stakeholders, PLWHA networks, and FBOs, to review existing messages and materials, to reach consensus on care messages, and develop and ensure wider distribution of materials. HCP will also develop a nation-wide entertaining distance learning program to communicate standardized messages for PLWHA, their caregivers and support networks to reinforce positive living.

HCP, in collaboration with other USG implementing partners, will inspire and organize a nation-wide care and compassion movement with religious and traditional leaders spearheading the promotion of care and compassion for PLWHA and their families in their congregations and communities in addition to their role as models for changing norms around male responsibility and promoting respectful gender relationships between men and women. The religious and traditional leaders will be further encouraged to serve as role models to influence change in male norms and behaviors that undermine risk avoidance to health seeking efforts, and to promote HIV stigma and discrimination reduction. Neighborhood Health Committees will be given information and skills to enable them to include development of Community Action Plans for providing support for care and compassion activities in their communities.

Activities will include: mobilization of communities to develop and implement Community Action Plans to support HIV/AIDS care and compassion activities; consultative meetings with religious and traditional leaders and interfaith networks at national and provincial levels to actively participate in the nationwide care and compassion movement; message development and production of radio and TV spots on care and compassion with religious and traditional leaders serving as models; airing of the film "Tikambe" on ZNBC followed by televised discussion; training of health worker/CBO/FBO staff; message harmonization, reproduction and distribution of existing materials through FBOs, NGOs, District Health Management Teams, and PLWHA networks; development, pretesting, production and distribution of new messages and materials; consultation with existing PLWHA groups and key support organizations, message and program content development workshops, and production of radio scripts and listener guides for a Radio Distance Education program for PLWHA networks and their care givers; support to the 24-hour toll free HIV/AIDS Talk Line to create special sessions for dealing with issues concerning basic health care and support for PLWHA and their caregivers; technical assistance will be provided to an initiative to develop a feature length Zambian film on living in the world of HIV/AIDS with "living positively" and "care" messages.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	50%
<input checked="" type="checkbox"/> Information, Education and Communication	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Community health workers
- Discordant couples
- Host country national counterparts
- Media
- Religious/traditional leaders

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Prevention, Care and Treatment Project / Family Health International

Planned Funds:

Activity Narrative:

The Family Health International Prevention, Care and Treatment (PCT) Project will support the Zambian Government (GRZ) to expand HIV/AIDS clinical care and support services (OI treatment and prophylaxis, pain management, nutrition counseling and post-exposure prophylaxis) for PLWHAs in five provinces: Central, Copperbelt, Luapula, Northern and Northwestern. In FY05, PCT will strengthen 16 facilities to provide accessible, quality clinical palliative care services as well as will provide OI management and/or prophylaxis to 80,000 PLWHAs.

At the national level, PCT and its partners—Churches Health Association of Zambia (CHAZ), Expanded Church Response (ECR), International HIV/AIDS Alliance (IHAA), Management Sciences for Health (MSH), and University of North Carolina at Chapel Hill (UNC)—will support the GRZ by providing technical assistance to existing national palliative care task forces to improve access and quality to clinical care services, share lessons learned from project implementation in order for all provinces to benefit from these experiences, and review/revise national guidelines and protocols upon request by the GRZ. At the provincial and district levels, PCT will collaborate with health care workers to strengthen and expand clinical care and support services as well as referral linkages with other related health care services. More specifically, PCT will support the public sector health facilities to implement quality clinical care for PLWHAs by training 80 staff in clinical palliative care management. They will also coordinate with community NGOs/CBOs/FBOs to educate persons on how to access these and other services, such as the home-based care programs provided through the RAPIDS and SUCCESS projects.

To accomplish the rapid scale-up of clinical palliative care services, PCT and its partners will strengthen the network referral system between the various health care facility level services and community-based support programs. Linkages between the provincial and district AIDS health care systems will be strengthened to broaden the continuum of care from CT to ART to palliative care while also incorporating the TB, STI, MCH, general medical, and pediatric services and community HBC programs into this network.

This referral network of clinical palliative care services will be supported by system strengthening activities at the provincial and district levels, particularly in areas of drug logistics management and health management information systems (HMIS). For drug logistics management, PCT is dependent on the GRZ medical stores and related logistics systems to ensure the availability of drugs and supplies at the facility level; therefore, PCT will work with the MOH and coordinate with the Health Services and Systems Project to ensure that health facility management and pharmacy staffs are able to track, forecast, and order drugs and supplies. For strengthening the HMIS related to clinical case management for PLWHAs, PCT will coordinate with the MOH and other USG partners, including the Health Services and Systems Project, to ensure the implementation of this system at all project facilities. Laboratory support is also an essential; thus, PCT will work closely with GRZ facilities and USG partners to ensure that each facility has appropriate laboratory services in line with recommended standards of care.

The final component to ensuring availability of quality clinical palliative care services is community mobilization in which PCT will coordinate with existing community-based palliative care partners to promote the use of these services. Small grants will be dispersed to community groups, who not already served by other USG or other donor partners, for activities related to stigma reduction and promotion of the use of clinical palliative care and support services.

% of Funds
10%

12/13/2004

Activity Category
 Community Mobilization/Participation

UNCLASSIFIED

- | | |
|--|-----|
| <input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems | 10% |
| <input checked="" type="checkbox"/> Local Organization Capacity Development | 20% |
| <input checked="" type="checkbox"/> Policy and Guidelines | 10% |
| <input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision | 20% |
| <input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting) | 10% |
| <input checked="" type="checkbox"/> Training | 20% |

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	80,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	80	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	26	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- HIV/AIDS-affected families
- HIV+ pregnant women
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Religious/traditional leaders
- Lab technicians

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Central	ISO Code: ZM-02
State Province: Copperbelt	ISO Code: ZM-08
State Province: Luapula	ISO Code: ZM-04
State Province: Northern	ISO Code: ZM-05
State Province: North-Western	ISO Code: ZM-06

Program Area: Palliative Care: Basic health care and support
 Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Twinning Center / American International Health Alliance

Planned Funds:

Activity Narrative:

The American International Health Alliance (AIHA) will support Twinning partnerships between regional organizations and the Zambia Palliative Care Association to strengthen human and organizational capacity in the implementation of palliative care in Zambia. AIHA will support regional palliative care premier institutions such as the African Palliative Care Association (University of Cape Town, Sun Gardens Hospice in Pretoria, Hospice Uganda, Zimbabwe home based care) to provide mentoring, training human resources, develop palliative care courses and training programs, and facilitate technical information sharing among organizations implementing palliative care. AIHA with their regional partners will strengthen the Palliative Care Association of Zambia and groom them to become the technical leader and premier training organization for home-based, hospice and clinical palliative care. In FY 05, it is expected that there will be several trips to Zambia by twinning organizations to develop a plan of action for improving palliative care, for training trainers in palliative care, and to assess progress and quality of palliative care.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Human Resources	60%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	100	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Doctors
- Policy makers
- Trainers

Key Legislative Issues:

- Twinning

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.8: PROGRAM PLANNING OVERVIEW

- Result 1: Capacity of national, provincial and district government coordinating structures in support of OVCs strengthened
- Result 2: Orphan support programs strengthened and expanded nationwide
-
- Result 3: Ability of OVCs and their caretakers to obtain secure livelihoods improved
- Result 4: Policy initiatives that support care for OVCs advanced
- Result 5: Quality of OVC support services and programs improved

Total Funding for Program Area (\$): **Current Program Context:**

In 2001, the GRZ established a National OVC Steering Committee chaired by the Ministry of Youth, Sports, and Child Development (MYSCD) and comprised of 21 representatives from Government line ministries, Central Statistics Office, NAC, NGOs, UN agencies, traditional leaders, donors and FBOs. This body prepared an OVC Plan for 2003 – 2005 which is still awaiting political endorsement. Recently, the MYSCD has initiated a cabinet memorandum to domesticate the Conventions on the Rights of the Child (CRC), the first legislation in Zambia that would protect OVCs from physical and psychological abuse, sexual abuse, property grabbing and other rights violations. The Zambian Defense Force is especially hit hard by the AIDS epidemic with many military families taking on several children of AIDS deceased relatives. These military households are dependent on one bread winner and rarely can afford to eat three meals a day. Low military salaries and the high costs associated with school fees, book fees and uniforms allow families to send only one or two children to school. Currently, only two of the six refugee camps in the country have quality OVC services despite OVC exposure to abuse and neglect. Most support to OVCs in Zambia comes from non-government organizations. The 2004 OVC Situation Analysis identified 525 organizations that provide services to 280,000 OVCs in the country with little coordination and often competition among OVC service providers. Poor supervision and inadequate training of service providers compound the situation. In Zambia, churches provide the most coherent and organized institutional response to the orphan crisis, such as care, protection, shelter, food, spiritual counseling, psychosocial support, health, and education through children's homes, residential skills training centers, Sunday schools, Early Childhood Centres, Church Schools, outreach, mobile clinics and soup kitchens. There are a number of umbrella organizations that fund and build capacity of local OVC programs including Children in Need (CHIN) that guides more than 121 organizations, the LARC network of 92 NGOs in the Copperbelt, and numerous FBO networks. While the USG is by far the largest contributor to OVC support in Zambia, a number of other donors support OVC programs, including The Development Corporation of Ireland, DFID, UNICEF, SIDA, GTZ and the World Bank's CRAIDS project. Since March 2004, the USG has awarded one large local project, RAPIDS, and 3 centrally funded OVC projects for Zambia with six more expected by the end of October. The USG in collaboration with the MYSCD, UNICEF and DFID has just completed a National OVC Situation Analysis and a Regional Rapid Assessment, Analysis and Action Planning Process which includes a secondary analysis of DHS OVC data, a study of the impact of OVCs on the extended family, and a review of current OVC programs and responses. These documents will be used to guide OVC policy and programmatic decision-making and to track progress in OVC programming. The USG is rapidly scaling up support to OVCs throughout the country through FBOs, CBOs, schools, NGOs and linkages to food aid programs. OVC programs supported by the USG provide various combinations of psycho-social support, educational assistance, shelter, livelihood training, microfinance, health care, nutrition counseling and supplementation, legal support, succession planning, life skills, and training of caregivers. USG partners are integrating OVC support into all home-based and hospice care programs as well as military HIV/AIDS care programs and are working to standardize and improve OVC toolkits, the quality of OVC services, and build capacity of FBOs, CBOs, and NGOs to provide these services. The USG is working with the NAC and National OVC Steering Committee to finalize a national OVC policy and action plan, and to establish national M&E systems to track OVCs and map OVC services.

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CRS OVC Project / Catholic Relief Services

Planned Funds:

Activity Narrative: This activity contributes to expanding support to orphans nationwide and to improving the quality of OVC support.

The CRS OVC Project improves the lives of targeted children and their guardians affected by HIV/AIDS in three CRS SUCCESS home-based care project areas to integrate OVC support and palliative care services. CRS OVC will conduct psycho-social support groups, train guardians on parenting skills and volunteer caregivers in OVC services, mobilize communities to meet the needs of OVCs, and provide comprehensive, high quality services such as education, health care, psychosocial, nutrition, economic strengthening and legal support. Children are assessed in their family environment to determine individual needs. The project is finding innovative ways of strengthening the economic stability of OVCs and the support network of extended family and/or caregivers.

These activities will focus also on reducing HIV-related stigma and discrimination, and provision of supportive supervision to volunteer caregivers in the community.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	39	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	7,500	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	150	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Orphans and other vulnerable children

Key Legislative Issues:

- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Copperbelt
State Province: North-Western
State Province: Western

ISO Code: ZM-08
ISO Code: ZM-06
ISO Code: ZM-01

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Opportunity International

Planned Funds:

Activity Narrative: This activity will improve the ability of OVCs and their caretakers to obtain secure livelihoods.

Opportunity International (OI) in partnership with Habitat for Humanity (HFH) will work to address the basic income and shelter needs of OVCs and the communities who care for them. OI and its Zambia partner Christian Enterprise Trust of Zambia (CETZAM) focus on the provision of microfinance services (micro lending, micro savings and micro insurance) to OVCs and their caregivers. The vast majority of funding for this project will be used for renovation and construction of houses to shelter 120 OVC families based on needs through HFH. Houses will be renovated and constructed using community and expatriate volunteers living nearby the construction area. As part of implementation, 2 communities will receive training on community level project management, HIV/AIDS education, succession and inheritance planning.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	3%
<input checked="" type="checkbox"/> Infrastructure	19%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	35%
<input checked="" type="checkbox"/> Local Organization Capacity Development	39%
<input checked="" type="checkbox"/> Needs Assessment	4%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	5	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	920	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	2,100	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
 - Private health care providers
- HIV/AIDS-affected families
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Widows

Key Legislative Issues:

Volunteers

Coverage Area:

State Province: Copperbelt

State Province: Lusaka

State Province: Southern

ISO Code: ZM-08

ISO Code: ZM-09

ISO Code: ZM-07

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: World Concern / Christian Reformed World relief Committee

Planned Funds:

Activity Narrative:

World Concern will be working through 6 faith-based organizations in Zambia to provide services to 14,980 OVCs. Activities for church and community leaders will involve training, awareness, and issues around sustainability of OVC programs. Family/caregiver will be trained in home-based care for OVCs and IGA. OVCs will be provided and or linked to health care, social and educational services. Operations Blessings will use television and radio broadcasts to inform the public about OVCs and their needs and underscoring safe behaviors, stigma, positive living and social acceptability. World Concern partners will work with congregations in Choma, Livingstone, Kafue, Lusaka, Chipata, Petauke, Katete, Zimba, Kaloma, Jimba, Chababoma, Ndola, Lundazi districts.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Information, Education and Communication	14%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	9%
<input checked="" type="checkbox"/> Local Organization Capacity Development	18%
<input checked="" type="checkbox"/> Needs Assessment	3%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	7%
<input checked="" type="checkbox"/> Training	44%

Targets:

Target	Value	Applicability
Number of OVC programs	113	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	14,980	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	3,776	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Orphans and other vulnerable children
- Religious/traditional leaders
- Volunteers
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Increasing women's access to income and productive resource:
- Stigma and discrimination

Coverage Area:

State Province: Copperbelt

ISO Code: ZM-08

State Province: Eastern

ISO Code: ZM-03

State Province: Lusaka

ISO Code: ZM-09

State Province: Southern

ISO Code: ZM-07

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: RAPIDS / World Vision International

Planned Funds:

Activity Narrative:

This activity will contribute to expanding orphan support programs nationwide, improving the quality of OVC support services and programs, and strengthening the capacity of national, provincial and district government coordinating structures in support of OVCs.

The RAPIDS consortium led by World Vision and in partnership with CRS, Africare, Salvation Army, and the Expanded Church Response will expand support to OVCs in 9 provinces. RAPIDS provides a unique opportunity for integrating home-based palliative care and OVC support. RAPIDS partners will provide care and support to 307,000 OVCs and their families, including police supporting OVCs, in 57 districts according to established standards of care, including psycho-social support, life skills and livelihood training, education assistance, referrals for health care, material support, shelter, nutrition counseling and linkages to food aid programs, and training of guardians and caregivers. This includes expanding RAPIDS to include the SCOPE-OVC Program activities in six districts (Livingstone, Lundazi, Lusaka, Masaiti, Monze, and Serenje) which will provide services to 30,000 OVCs. OVC services will be provided through a network of 9760 volunteer community based OVC caregivers who will receive training and supervision to ensure quality services. RAPIDS will build the capacity of national, district and community OVC committees and infrastructure. RAPIDS will link with Food for Peace recipients and World Food Programme to coordinate and leverage food aid for the benefit of OVCs and HBC clients in RAPID project areas.

Sub-grants totaling \$1.5M will be given to 100-300 FBOs/CBOs for innovative OVCs care project on the basis of recommendations from the community and district OVC committees and quality of proposals. RAPIDS will provide a leadership role in an OVC technical partnership group comprised of USG track 1.0 and 2.0 partners, GRZ and other donor partners to standardize OVC services and establish a national OVC support package and tool kit to be used throughout Zambia.

These activities will focus also on reducing HIV-related stigma and discrimination in the community.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	12%
<input checked="" type="checkbox"/> Local Organization Capacity Development	18%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	21%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	34%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	45	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	307,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	9,760	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community leader
- Community-based organizations
- Orphans and other vulnerable children
- Volunteers

Key Legislative Issues:

- Volunteers
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD / CARE International

Planned Funds:

Activity Narrative:

This activity will include programs for orphans and vulnerable children (OVC), OVC caregivers and widows of AIDS deceased military members. HIV/AIDS orphans will be provided with quality care and support for healthcare, education, shelter, nutrition, and psychosocial support at four military installations through FBOs and community organizations. Widows will be provided with skills training to develop economic generating activities such as knitting and clothing production. In addition, the quality of care and support provided to HIV/AIDS OVCs and widows would be an OVC/Widows centered service tracking system.

Support personnel would visit military homes to assist caregivers supporting or caring for HIV-affected OVC with information and referrals to medical, educational or social services. It would also provide caregivers with a resource for support when children become ill. In addition, caregivers will be trained on care and support of HIV/AIDS OVCs by FBOs and community organizations to adhere to standards for quality care of HIV/AIDS OVCs.

Activity Category:

	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	40%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Training	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	3	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	200	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	70	<input type="checkbox"/> Not Applicable

Target Populations:

- HIV/AIDS-affected families
- Military
- Orphans and other vulnerable children
- People living with HIV/AIDS

Key Legislative Issues:

- Increasing women's access to income and productive resource:

Coverage Area:

State Province: Copperbelt	ISO Code: ZM-08
State Province: Lusaka	ISO Code: ZM-09
State Province: Southern	ISO Code: ZM-07

Program Area: Orphans and Vulnerable Children
 Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: EQUIP I / American Institutes for Research
 Planned Funds:

Activity Narrative: This activity will contribute to expanding and strengthening orphan support programs nationwide.

The American Institutes for Research (AIR) will provide 3500 two-year scholarships to needy AIDS Orphans and Vulnerable Children in grades 8-12 to keep them enrolled in school in Lusaka, Northwestern, Copperbelt, Southern, Central and Eastern Provinces. There will be approximately 700 scholarship recipients per province. Scholarships for orphans include payment of tuition, boarding or housing costs, books, uniforms, transportation costs, and other basic needs such as toiletries. This total package costs \$170 per recipient per year.

Scholarship recipients will be trained as peer educators to promote abstinence and faithfulness among youth, encourage male responsibility, empower female students and reduce stigma and discrimination surrounding HIV/AIDS.

The administration, delivery and follow-up of the scholarships would ideally be contracted to local organizations, provided such organizations have the existing capacity to implement these activities.

AIR will provide support to local organizations such as the Students Partnership Worldwide (SPW) to implement the peer educator training and mentoring. SPW volunteers are recruited from around Zambia and trained to implement HIV/AIDS prevention programs for youth that promote abstinence, faithfulness, positive living, and a healthy lifestyle. The scholarship recipients will be integrated into the SPW volunteer program and will be linked to other AIR programs, e.g. new teacher training.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	6	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	3,500	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Orphans and other vulnerable children
- Secondary school
- Volunteers

UNCLASSIFIED

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Central

ISO Code: ZM-02

State Province: Copperbelt

ISO Code: ZM-08

State Province: Eastern

ISO Code: ZM-03

State Province: Lusaka

ISO Code: ZM-09

State Province: North-Western

ISO Code: ZM-06

State Province: Southern

ISO Code: ZM-07

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health Communication Partnership / Johns Hopkins University Center for Communic
 Planned Funds:

Activity Narrative:

As part of its program of building capacity in the districts and communities to promote home-based health care for PLWHA and their families, the Health Communication Partnership (HCP) will work with other USG partners to strengthen the technical capacity of NHCs, CBOs and FBOs in appreciating and managing the needs of OVCs. This will be done with the goal of promoting community participation in the welfare of OVCs and providing psychosocial support to guardians and caregivers through relevant communication activities.

Production and distribution of IEC materials and tools to all OVC partners working in Zambia will be a key role of HCP. "Tikambe" is an anti-stigma video in which two PLWHA tell their stories and experience with stigma. Revision of the discussion guide to this video will be carried out to include messages for OVC care and support. Distribution of videos and guides and airing of videos through mobile video units to promote wider dissemination of messages will also be promoted at community levels. The PLWHA Radio Distance Education program (see Palliative Care—Basic Health Care and Support section) will also carry messages on OVCs and appropriate guardian and care giver behavior. Traditional and religious leaders, together with radio and TV spots, will discuss recommended practices in managing the needs of OVCs. OVC care and support will feature strongly in the activities of the nation wide care and compassion movement with emphases on preventing societal discrimination against OVCs and removing the stigma attached to them. In collaboration with District Health Management Teams, OVC Centers will be identified and provided with the required communication materials including compassion and care kits, the Building Blocks tool, the "Tikambe" film and users' guide, etc. and materials which provide information on psychosocial support, health and nutrition, economic strengthening, education and social inclusion. CBOs, FBOs and NGOs offering OVC care will also be provided with the materials and trained to use them.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	60%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Caregivers | <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Religious/traditional leaders |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Orphans and other vulnerable children | |
| <input checked="" type="checkbox"/> Community-based organizations | | |

Key Legislative Issues:

Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.10: PROGRAM PLANNING OVERVIEW

Result 1: N/A

Result 2: N/A

Result 3: National management support systems for HIV/AIDS related pharmaceuticals and commodities strengthened

Result 4: ARV treatment for qualified HIV positive individuals expanded

Result 5: Pharmaceutical and commodities management to support expanded access to ART strengthened

Estimated Percentage of Total Planned Funds that will Go Toward ARV
Drugs for PMTCT+

4.72

Total Funding for Program Area (\$):

Current Program Context:

In 2002, the Zambian government (GRZ) committed itself to providing ARV drugs through all sectors, with the initial goal of placing 100,000 persons on ART by December, 2005. Currently, there are approximately 13,555 persons on ART (11,095 and 2,460 in the public and private sectors respectively). The USG is working towards placing at least 46,000 persons on ART by March 31, 2006 (USG goals in FY04 and FY05 are 16,000 and 30,000 respectively) to contribute to this national goal. To fulfill this commitment, the GRZ through the Ministry of Health (MOH) procurement system has conducted ARV procurements totaling USD3 million. The GFATM has also committed funding for ARV drug procurement—USD4 million under Round One and additional funds under Round Four (the latter to be completed in late 2004). In FY04, the USG committed USD2,814,988 for ARV procurement, with approximately USD2 million of ARVs supplied to the MOH and the remaining for the national TB-HIV co-infection program. The procurement using these funds will take place in late 2004 with assistance from JSI/DELIVER, an existing USG ARV purchasing mechanism. The amount of funding committed to ARV drug procurement is impressive; however there is still a large funding gap to reach the national goal. For this reason, in FY05 the USG will commit USD4 million towards ARV procurement via JSI/DELIVER thereby continuing their work distributed to all national ART program sites. It should also be noted that due to the current USG ARV procurement regulations, the USG is limited in what it can purchase for the public sector will be delivered to the central Medical Stores to be have been documented stock-outs of Triomune 30, Zambia's primary first line drug. This particular situation has tested the robustness of the supply chain system, revealing that there are areas within the procurement and distribution systems that still need strengthening. Other components of the overall system that need strengthening include the need to develop a multi-year forecast and procurement plan as well as to ensure that the ARVs procured for Zambia are contained within the national standard treatment guidelines. Therefore, to ensure that the public health logistics system functions properly and provides the necessary monitoring of the ARV drugs, the USG will continue its commitment to providing logistics and rational use technical assistance for the public and USG supported NGOs/CBOs/FBOs programs receiving ARV drugs. In FY04, the USG provided logistics technical assistance to the national ART program through its agreements with Management Sciences for Health (MSH) and Abt Associates. Under this assistance, a national training curricula for pharmacy and lab staff on appropriate use of ARVs and supply chain management was drafted, staff at 11 central and provincial level hospitals were trained, ARV pharmacy and procurement procedures were finalized, and equipment for commodities management was quantification and procurement procedures were finalized, and improvement of the ARV logistics and drug supplied for 11 hospitals. Through the ARV procurements and improvement of the ARV logistics and drug monitoring systems that will occur in FY05, the USG will be well situated to achieve the overall objectives of placing 120,000 on ART by 2008 as well as enhancing the capacity of the supply chain management systems to respond to rapid treatment scale-up, building capacity for long-term sustainability of quality HIV/AIDS treatment programs, and developing and strengthening health infrastructure.

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health Systems and Services Program / Abt Associates

Planned Funds:

Activity Narrative:

As the national ART program scales up, there is a need to better include ARVs and other HIV-related drugs and commodities as part of the general drug logistics and supply system. Currently, ARVs are distributed through a vertical system based on requests from individual ART facilities. The Logistics Management Information System (LMIS) does not cover ARVs as they are not on the existing Essential Drug List (EDL). The private sector, which previously had not been included in the supply chain, will now need to be integrated in order to properly supply and track ARVs for their use. In addition, existing guidelines on quantification, forecasting and ordering of drugs do not adequately address ARVs.

There are also concerns about management of ARVs. The chances of developing resistance, due to interrupted patient treatment and/or supply chain constraints are quite high given the life-long nature of the treatment. The current country drug resistance monitoring mechanism only covers a limited number of drugs and does not specifically include ARVs.

In order to address these issues, the USG will work with the Ministry of Health (MOH) to develop guidelines and related tools, including stakeholder coordination and general strategies to integrate ARV drugs and logistics management in existing national systems. Further support will be directed towards coordination between the center and outlying service delivery facilities.

Support to strengthen supply chain logistics for ARVs and other HIV-related commodities will include: continued work on integrating ARV drugs and HIV-related commodities into the Logistics Management Information System (LMIS) and training facilities in its use (began in FY04); formally integrating private sector providers into the ARV supply chain; working with the national Medical Stores to strengthen the national supply chain for ARVs and HIV-related drugs and commodities; supporting MOH analysis, reporting, and use of ARV logistics management information for decision; and integrating ARV supply and management into health sector performance assessment efforts.

Support to enhance pharmaceutical management and monitoring of drug resistance will be undertaken in close collaboration with other USG activities working on the design and implementation of surveillance. This activity will focus on strengthening national collaboration and partnerships for ART drug resistance monitoring and assisting in developing national guidelines for ARV drug resistance monitoring.

Activity Category

- Logistics
- Policy and Guidelines
- Training

% of Funds

- 64%
- 26%
- 10%

Targets:

Not Applicable

Target Populations:

- Medical/health service providers*
- Pharmacists*
- Private health care providers*
- Ministry of Health staff*
- Policy makers*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deliver / John Snow Inc

Planned Funds: []

Activity Narrative: The John Snow Inc./DELIVER Project will support the Zambian Government (GRZ) to forecast and procure ARV drugs for the national ART program and USG supported NGO/CBO/FBO programs. In FY04, DELIVER and its sub-contractor, Crown Agents International, provided logistics support and management of the ARV procurement totaling []

This assistance comprised of a preparing a national multi-year needs estimate for scaling up ART programming to meet the national goal of placing 100,000 persons on ART by December, 2005. DELIVER collected existing ART logistics and financial data as well as assessed the policy, legal, funding and technical issues affecting forecasting, financing, procurement, and use of ARV drugs. Outcomes of their assistance included: identifying gaps in policies, guidelines, supply chain and service capacity that need resolution; establishing the list of drugs the USG can procure based on USG policies and the Zambian national standard treatment guidelines (STGs); preparing and validating this multi-year forecast with key stakeholders, such as the GRZ and GFATM; and preparing and conducting a procurement plan and shipment schedule, including processing the waivers and obtaining GMP certificates needed for this endeavor.

As a result of this assistance, DELIVER and the GRZ determined that the ARVs that the USG was permitted to procure and were within the national STGs were primarily second line drugs and pediatric formulations. In FY05, JSI/DELIVER will continue its work with the national program to conduct a second USG procurement valued at []

Activity Category

- Commodity Procurement
 Logistics

% of Funds

- 90%
10%

Targets:

[] Not Applicable

Target Populations:

- HIV/AIDS-affected families
 HIV+ pregnant women
 Ministry of Health staff
 People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred Deliver / John Snow Inc

Planned Funds: [Redacted]

Activity Narrative: The John Snow Inc./DELIVER Project will support the Zambian Government (GRZ) to forecast and procure ARV drugs for the national ART program and USG supported NGO/CBO/FBO programs. In FY04, DELIVER and its sub-contractor, Crown Agents International, provided logistics support and management of the ARV procurement totaling [Redacted]

This assistance comprised of a preparing a national multi-year needs estimate for scaling up ART programming to meet the national goal of placing 100,000 persons on ART by December, 2005. DELIVER collected existing ART logistics and financial data as well as assessed the policy, legal, funding and technical issues affecting forecasting, financing, procurement, and use of ARV drugs. Outcomes of their assistance included: identifying gaps in policies, guidelines, supply chain and service capacity that need resolution; establishing the list of drugs the USG can procure based on USG policies and the Zambian national standard treatment guidelines (STGs); preparing and validating this multi-year forecast with key stakeholders, such as the GRZ and GFATM; and preparing and conducting a procurement plan and shipment schedule, including processing the waivers and obtaining GMP certificates needed for this endeavor.

As a result of this assistance, DELIVER and the GRZ determined that the ARVs that the USG was permitted to procure and were within the national STGs were primarily second line drugs and pediatric formulations. In FY05, JSI/DELIVER will continue its work with the national program to conduct a second USG procurement valued at [Redacted]

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	90%
<input checked="" type="checkbox"/> Logistics	10%

Targets: Not Applicable

- Target Populations:
- HIV/AIDS-affected families
 - HIV+ pregnant women
 - Ministry of Health staff
 - People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National
State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.11: PROGRAM PLANNING OVERVIEW

- Result 1: Antiretroviral treatment (ART) for qualified HIV-positive individuals rapidly expanded and compliance on ART further improved.
-
- Result 2: Strengthened human resource capacity in delivering ARV clinical care services.
- Result 3: Strengthened institutional capacity to deliver ARV services
- Result 4: Strengthened ARV and OI drug management and logistics at national and regional levels to ensure a full and continuous supply at all ART sites.
- Result 5: Strengthened infrastructure of ARV delivery system

Estimated Percent of Total Planned Funds that will Go Toward ARV Services for PMTCT:

0

Total Funding for Program Area (\$) **Current Program Context:**

As of September 30, 2004, a total of 13,555 patients in Zambia were receiving ART (11,095 in the public sector and 2,460 in the private sector). The GRZ plans to expand ART to 100,000 persons by the end of 2005. The USG's goal is to contribute to putting at least 30,000 infected patients on ARVs by the end of 2005. Zambia now has 80 centers across the country providing ART: 2 referral hospitals, 9 provincial hospitals, 36 district/mission hospitals, 22 private clinics, 8 health centers in Lusaka, 1 mine hospital and 2 military hospitals. The GRZ has finalized the 2004-2005 Implementation Plan for Scaling Up Antiretroviral Treatment for HIV/AIDS. During 2004, the focus was on building systems, human capacity and infrastructure necessary for widespread delivery of ART. 2005 will 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. USG will help develop a certification system to assess capabilities of institutions to deliver ART according to national guidelines and standards. The USG, in partnership with GRZ, will continue to rapidly scale up ART services. The USG's partners have helped to develop national policies plans and guidelines necessary for the scale up of ARV services. To date, these have included the National HIV/AIDS Policy, the NAC Strategic Plan, ART Scale up Implementation Strategy, and a National Standard Training Package on ART and OI therapy. Technical assistance will continue to the national ART program and Technical Working Group for program planning, regular reviews and updating of national training materials, protocol development and dissemination. USG partners will further strengthen aspects of the health system that are needed to support ART, including drug management and logistics, information systems, human resource considerations, and cost sharing considerations. Assistance to points of service will help establish ART care, train health workers, equip as needed, provide monitoring and quality assurance as well as support linkages within facilities in order to integrate ART services with other clinical care services and between facilities to support the network model. In close collaboration with the Ministry of Health, the USG will formulate a strategic plan for ARV drug resistance monitoring as part of the provision of ART services in Zambia. An area of treatment that has not received much attention in Zambia is the availability of ART services for children. The USG will work closely with the University Teaching Hospital and MOH to create a center for outpatient pediatric and family HIV care. In addition, the USG will support efforts to institute pediatric and family HIV care units, including ART services, at 2-3 regional centers. This will serve as a core for a network of pediatric providers, and will build upon earlier USG investment in training some Zambian providers in pediatric ART as part of a regional effort. These central medical centers will demonstrate best practices; serve as an on-site training locale as well as a referral center for specialized or difficult cases. The USG will coordinate ART services with Neighborhood Health Committees, Community Support Groups and organizations to deliver health communication messages and strengthen community support for pediatric and adult ART, ART-adherence and disinhibition. Activities implemented by HCP will provide specific support in this area. With the establishment of ART services at most health centers providing PMTCT, a model that directly links women participating in the PMTCT program to the ART program and other HIV related services has been recommended in Zambia. Given the magnitude of the HIV epidemic in Zambia, the country ART program also receives funding from the Global Fund, World Bank, WHO, UN, SIDA, JICA, EU, DFID and other multi-lateral organizations and private institutions.

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD / JHPIEGO

Planned Funds:

Activity Narrative: ----- This award will provide technical assistance to ART service delivery sites established in four major military hospitals. Activities including training, quality insurance and supportive supervision, development of networks/referrals, program development, and local organization capacity development will focus on strengthening:

- Facility and central management systems;
- HIV/CT uptake and referral services;
- Laboratory services;
- ART monitoring and evaluation and linkage to palliative care services;
- Training clinicians in ART;
- Access and entry into ART;
- The management of opportunistic infections(OI);
- OI monitoring and evaluation;
- HIV/AIDS comprehensive services; and
- Clinical training in management of opportunistic infections.

This activity will create linkages between ART services and home-based care, with the goal of strengthening the ART service delivery sites, increasing the number of trained clinicians, and improving the care given to HIV-positive military personnel. In addition, equipment will be procured as needed for implementation of ART.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	4	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	80	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	120	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	2,400	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	300	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Doctors
- Medical/health service providers
- Nurses
- HIV/AIDS-affected families
- Military
- Peacekeeping personnel
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Copperbelt
 State Province: Lusaka
 State Province: Southern

ISO Code: ZM-08
 ISO Code: ZM-09
 ISO Code: ZM-07

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / Boston University

Planned Funds:

Activity Narrative:

These activities will result in 1) increased acceptance of ARV treatment; 2) strengthened infrastructure of ARV delivery system; and 3) strengthened human capacity to delivering ARV clinical care services.

Boston University, through its sub-partner and local NGO, the Zambia Exclusive Breast-feeding Services (ZEBS), will expand ART coverage for women and their partners in one large clinic of Lusaka (George Health clinic). ZEBS will work with George clinic staff in instituting and expanding these services for women and their partners. Currently, more than 1300 HIV+ women have been enrolled into the ZEBS services program and after 2 years of follow-up, 400 clients are in need of ART.

ZEBS, in partnership with GRZ, will implement this program in this clinic. Activities planned will include instituting and expanding the ART services, training and retraining health workers on all aspects of provision of ART services. In order for the George community to access these services, ZEBS will initiate a rigorous awareness and community mobilization program in this very poor neighborhood of Lusaka. Activities will also focus on reducing HIV-related stigma and discrimination. As the provision of ART services is complex, ZEBS will assist the clinic laboratory in appropriate monitoring of patients on ART and will therefore establish a system that tracks progress of HIV+ patients accessing these services. ZEBS will also work closely with CIDRZ in establishing these services.

One of the biggest concerns for ART provision has always been issues of adherence and ZEBS will carry out an assessment of determinants of ART adherence 6 months after ART initiation in this well-characterized population. Results of this assessment will be built into strengthening the national ART programs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	25	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Midwives
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- People living with HIV/AIDS
- Pregnant women
- Lab technicians

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Lusaka

ISO Code: ZM-09

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / Columbia University Mailman School of Public Health

Planned Funds:

Activity Narrative:

These activities will result in 1) strengthened infrastructure of ARV delivery system; 2) strengthened human capacity to delivering ARV clinical care services; and 3) increased number of patients on ART.

The USG will in partnership with the University Teaching Hospital (UTH) and through twinning with several US-based universities, led by Columbia University, establish an outpatient Pediatric and Family HIV Care Unit at the UTH pediatric department and at 2-3 regional hospitals in Zambia (Kitwe, Livingstone and/or Ndola). HIV/AIDS care services, including the provision of ART, have been traditionally seen as adult services leaving out the many children desperately needing these services. CDC plans to build a support unit for the outpatient Pediatric and Family HIV Care Unit at the UTH pediatric department and to refurbish an ART classroom at the UTH.

In order to implement this activity, Columbia University has been twinned with UTH. Given the scope of the work involved, Columbia University (under the leadership of Dr. Elaine Abrams) will work and coordinate with the other universities and hospitals (Boston University, Emory University, Harlem Hospital, Tulane University, and University of Miami) in the establishment of the outpatient Pediatric and Family HIV Care Units in FY05-06. Each of the above universities has prior experience working in Zambia and has a strong interest in contributing to the successful implementation of the Pediatric and Family HIV Care Units. Makerere University (Uganda) and Kigali Central Hospital (Rwanda) will also provide technical expertise in a South-South collaboration.

Through the twinning, UTH will train health workers from the participating institutions in pediatric and family HIV care and in ARV treatment. As a result of the capacity built in ART provision, ART services will also be integrated into existing outpatient maternal and child health services at these institutions. The management of ART and other infectious disease clinical services will be improved and strengthened leading to the development of appropriate and more specialized models of pediatric and family HIV care for the eventual distribution to other districts hospitals in Zambia. Other activities will include initiation of an HIV awareness program that will address issues of children and families living with HIV/AIDS, with counseling provided to parents/family members of children on the ART program. As the provision of ART services is complex, Columbia University, together with the CDC, will assist the hospital laboratories in appropriate monitoring of patients on ART and will therefore establish a system that tracks progress of HIV+ patients accessing these services.

Three targets of number of individuals (new, continuing x12 months, and total) receiving treatment at ART sites under this mechanism are 0, since this mechanism is the Training component of an ART service delivery component funded under a different mechanism (where target for ART is 5,000).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Training	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	4	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- HIV/AIDS-affected families
 - Infants
- Trainers
 - Lab technicians

Key Legislative Issues:

- Twinning

Coverage Area:

State Province: Copperbelt
 State Province: Lusaka
 State Province: Southern

ISO Code: ZM-08
 ISO Code: ZM-09
 ISO Code: ZM-07

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / Catholic Relief Services

Planned Funds:

Activity Narrative:

These activities will result in 1) increased acceptance of ARV treatment; 2) strengthened infrastructure of ARV delivery system; 3) strengthened human capacity to delivering ARV clinical care services; and 4) Strengthened ARV and OI drug management and logistics at national and regional levels to ensure a full and continuous supply at all ART sites.

The AIDS Relief Consortium (ARC) in Zambia will expand ART services in 8 hospitals participating in the AIDS Relief project and will target private and mission hospitals currently not covered by the MOH ART Scale Up Plan. The Consortium will initially work with 4 sites with a waiting list of registered patients and will further expand to the remaining 4 sites within the year.

The AIDS Relief Consortium, in partnership with GRZ, will implement this program in the identified mission hospitals and in one private institution. Activities planned will include instituting and expanding the ART services in these districts, training and retraining health workers on all aspects of provision of ART services. In order for communities to access these services, ARC will initiate a rigorous awareness and community mobilization program that will not only address issues of stigma and discrimination but will provoke people in these districts to seek HIV testing. As the provision of ART services is complex, ARC will assist the hospital laboratories in appropriate monitoring of patients on ART and will therefore establish a system that tracks progress of HIV+ patients assessing these services.

ARC has acknowledged that HIV/AIDS does not only affect people living in urban areas and it therefore plans to provide ARVs to identified rural health areas that are not yet covered in the national plan. This will be done in collaboration with MOH.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	5	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	1,400	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	50	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	3,600	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Community-based organizations
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Lab technicians

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Eastern
 State Province: Lusaka
 State Province: Western

ISO Code: ZM-03
 ISO Code: ZM-09
 ISO Code: ZM-01

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC/HQ / Catholic Relief Services

Planned Funds:

Activity Narrative:

These activities will result in 1) increased demand for and acceptance of ARV treatment 2) strengthened infrastructure of ARV delivery system 3) strengthened human capacity to delivering ARV clinical care services and 4) achievement of a full supply of related diagnostics, drugs and medical supplies.

The AIDS Relief Consortium (ARC) in Zambia will expand ART services in 8 hospitals participating in the AIDS relief ART project and will target private and mission hospitals currently not covered by the MOH Art scale up plan. The Consortium will initially work with 4 sites with a waiting list of registered patients and will further expand to the remaining 4 sites within the year.

The AIDS Relief Consortium in partnership with GRZ will implement this program in the identified mission hospitals and in one private institution. Activities planned will include instituting and expanding the ART services in these districts, training and retraining health workers on all aspects of provision of ART services. In order for communities to access these services, ARC will initiate a rigorous awareness and community mobilization program that will not only address issues of stigma and discrimination but will provoke people in these districts to seek HIV testing. As the provision of ART services is complex, ARC will assist the hospital laboratories in appropriate monitoring of patients on ART and will therefore establish a system that tracks progress of HIV+ patients assessing these services.

ARC has acknowledged that HIV/AIDS does not only affect people living in urban areas and it therefore plans to provide ARVs to identified rural health areas that are not covered in the national plan. This will be done in collaboration with MOH.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	8	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	600	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	80	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	3,600	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	2,600	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

 Lab technicians

Key Legislative Issues:

 Stigma and discrimination

Coverage Area:

State Province: Copperbelt	ISO Code: ZM-08
State Province: Eastern	ISO Code: ZM-03
State Province: Lusaka	ISO Code: ZM-09
State Province: Northern	ISO Code: ZM-05
State Province: North-Western	ISO Code: ZM-06
State Province: Southern	ISO Code: ZM-07
State Province: Western	ISO Code: ZM-01

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds: **Activity Narrative:**

These activities will result in 1) increased demand for and acceptance of ARV treatment 2) strengthened infrastructure of ARV delivery system 3) strengthened human capacity to delivering ARV clinical care services and 4) achievement of a full supply of related diagnostics, drugs and medical supplies. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) through its sub partner CIDRZ are implementing the Track 1.0 ART program in the Lusaka District. During 2004, the activities implemented mainly focused on building ART systems, infrastructure and human capacity necessary for the widespread delivery of ART. CIDRZ in collaboration with the GRZ were successful in not only developing national ART policies, plans and guidelines, the ARV scale up implementation strategy plan but managed to provide ART services to more than 1200 HIV+ adults. CIDRZ in partnership with GRZ will continue to implement a rapid ART scale up in 3 provinces of Zambia. Activities planned will include instituting and expanding the ART services in these districts, training and retraining health workers on all aspects of provision of ART services. In order for communities to access these services, CIDRZ will initiate a rigorous awareness and community mobilization program that will not only address issues of stigma and discrimination but will provoke people in these districts to seek HIV testing. As the provision of ART services is complex, CIDRZ will assist the hospital laboratories in appropriate monitoring of patients on ART and will therefore establish a system that tracks progress of HIV+ patients assessing these services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	12%
<input checked="" type="checkbox"/> Community Mobilization/Participation	3%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	3%
<input checked="" type="checkbox"/> Human Resources	17%
<input checked="" type="checkbox"/> Infrastructure	30%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Needs Assessment	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	17%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	39	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	1,200	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	5,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Community-based organizations
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- HIV/AIDS-affected families
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Lusaka
 State Province: Southern
 State Province: Western

ISO Code: ZM-09
 ISO Code: ZM-07
 ISO Code: ZM-01

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC/HQ / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

Activity Narrative:

These activities will result in 1) increased acceptance of ARV treatment; 2) strengthened infrastructure of ARV delivery system; 3) strengthened human capacity to delivering ARV clinical care services; and 4) Strengthened ARV and OI drug management and logistics at national and regional levels to ensure a full and continuous supply at all ART sites..

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) through its sub partner CIDRZ are implementing the Track 1.0 ART program in the Lusaka District. Currently more than 3,000 HIV+ adults have accessed services at these clinics.

CIDRZ, in partnership with GRZ, will implement a rapid ART scale up in 3 highly populated districts of Eastern province (Chipata, Katete and Petauke). Activities planned will include instituting and expanding the ART services in these districts, training and retraining health workers on all aspects of provision of ART services. Uniformed personnel, including the police, will also be targeted. In order for communities to access these services, CIDRZ will initiate a rigorous awareness and community mobilization program that will not only address issues of stigma and discrimination but will provoke people in these districts to seek HIV testing. As the provision of ART services is complex, CIDRZ will assist the hospital laboratories in appropriate monitoring of patients on ART and will therefore establish a system that tracks progress of HIV+ patients assessing these services. Activities will be expanded to other districts in Eastern Province during late FY05 and early FY06.

CIDRZ will also conduct a targeted evaluation to demonstrate the level of effectiveness of the ART program in Lusaka. A population - based sample survey for HIV+ adults receiving ART services is proposed to provide baseline measurements and to monitor changes in indicators like mortality, morbidity and food security and provide insight on the success of the program. Results from this evaluation will be used to strengthen the national program.

Activity Category

- Commodity Procurement
- Community Mobilization/Participation

% of Funds

12%
3%

UNCLASSIFIED

<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	3%
<input checked="" type="checkbox"/> Human Resources	17%
<input checked="" type="checkbox"/> Infrastructure	30%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Needs Assessment	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	17%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	9	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	100	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	15	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,100	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Community-based organizations
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- HIV/AIDS-affected families
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Eastern

ISO Code: ZM-03

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / JHPIEGO

Planned Funds:

Activity Narrative:

This activity will result in strengthened human capacity to delivering ARV clinical care services and strengthened infrastructure of the ARV delivery system.

Using funding from COP 04, JHPIEGO assisted the GRZ in developing the ARV protocol and guidelines for the initial GRZ ART program. As part of the activities, JHPIEGO assisted the ART national program through putting together an ART program that trained doctors in all 9 provincial hospitals. With the advent of the Emergency Plan, it is necessary that JHPIEGO continues assisting the GRZ and the USG implementing partners in capacity building in the provision of this program. JHPIEGO will therefore provide a continuing level of focused technical assistance to MOH and the various clinical partners for human capacity development in the provision of ART services and will ensure that the work in ART implementation, OI management and training they began in COP 04 is extended and supported. They will also provide on-site support to a number of new ART sites.

As part of these activities, JHPIEGO will adapt materials that allow continual reinforcement and continuing education for the clinicians who have had basic ART training through the use of distance-learning approaches.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	70%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Midwives
- Trainers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / University Teaching Hospital

Planned Funds:

Activity Narrative: This activity will result in strengthened human capacity to deliver ARV clinical care services.

Given the high incidence of child sexual abuse in recent years, UTH will develop, in partnership with Emory University and CDC, multi-disciplinary services including ARV and psychosocial support, for children who have recently been sexually abused. Most of these children are girls (median age = 7 years) and HIV seroconversion is, unfortunately, quite common. The UTH Department of Pediatrics is a referral center for childhood sexual abuse in Lusaka; 15-20 sexually abused children are seen each week. These children and their families need effective counseling and support, clinical services, and ongoing care in a child-friendly and parent-sensitive atmosphere. Prevention of HIV through the provision of post-exposure prophylaxis, and if needed ART, to sexually abused children in Lusaka District.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	30%
<input checked="" type="checkbox"/> Logistics	40%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	25	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	800	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers*
- Doctors*
- Medical/health service providers*
- Nurses*
- Midwives*

Key Legislative issues:

Coverage Area:

State Province: Lusaka

ISO Code: ZM-09

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: EQUIP II / Academy for Educational Development

Planned Funds:

Activity Narrative: This activity will contribute to increased numbers of HIV positive patients on ART.

The MoE is losing teachers and employees to AIDS at alarming rates. The Academy of Educational Development (AED) through its sub-partner the American Institutes of Research (AIR) will strengthen the existing HIV/AIDS workplace programs at MoE that reaches 55,000 MoE personnel to increase ARV uptake and adherence among teachers, MoE officials and support personnel by using a network model linking MoE employees to public and private ART services. AIR will assist the MoE in establishing activities that will support the uptake of ARVs and ARV adherence, including peer education programs, support groups, ART literacy, adherence support activities, psycho-social counseling, promotion of healthy living, and positive living with HIV/AIDS. Critical to the success of this activity will be the implementation of activities that will reduce stigma associated with HIV/AIDS and encourage those who are HIV positive to seek ART services. It is expected that 500 MoE personnel will be receiving ARVs in FY 05.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Workplace Programs	75%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	104	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	600	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
 Teachers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **SHARE / John Snow Research and Training Institute**

Planned Funds:

Activity Narrative:

This activity will contribute to increased number of HIV positive patients on ART.

The SHARE team will provide practical and technical support for the expansion of ART services in the workplace designed to complement the GRZ's growing efforts to roll out ART services. SHARE will provide ongoing technical assistance to 70 existing and new private and ministry workplace programs to ensure linkages to ART services as well as ARV adherence support. Building on the experience working with GRZ ministries, SHARE will develop similar strategies, systems and action plans for access to ART for the University of Zambia (UNZA) system. SHARE will train 100 managers in ART workplace policies and train 120 peer educators to encourage employees to seek out ART if HIV positive.

SHARE will work with traditional leaders to create community support for those in need of ART to overcome stigma and other barriers to seek out ART services. SHARE will increase ART literacy among and provide tools for 200 traditional leaders to encourage adherence and stigma reduction within communities. This will be stimulated using a grantmaking mechanism along with technical support and guidance to organizations like the Royal Foundation.

These activities are expected to ensure adherence of 4000 people on ARVs and 1000 new ARV clients.

Building on the success of Track 1.5, two HIV/AIDS workplace Global Development Alliances in Zambia will be formed – one for Agribusiness and one for the extraction/mining companies. SHARE will provide a subgrant to the Comprehensive HIV/AIDS Management Program (CHAMP) to provide management, monitoring and technical support along with other SHARE partners as the USG contribution to the GDA. Significant resources, both cash and kind, will be leveraged from the private partners: a) Working in the Eastern, Central, Southern, and Western Provinces, the Agribusiness GDA will be led by Dunavant Cotton with Zambia Sugar, two of the largest agribusinesses in Zambia. It is anticipated that the private partners of the GDA will contribute to this partnership; and b) based in the Copperbelt, the Northern and Northwestern Provinces, the Extraction GDA will be led by Konkola Copper Mines with Mopani Mines, Kansanshi Mines, and the Copperbelt Energy Corp. The anticipated contribution from the private partners of the GDA will be . SHARE will expand ART literacy and community mobilization, link to the network of existing ART services, and where clinical services exist, e.g. Konkola Copper Mines, establish systems for a continuous supply of ARVs, increasing the number of people using ARVs by 300 persons in each GDA for a total of 600 persons.

In total 1600 new clients will go on ARVs and 4000 will be supported to continue ART.

Activity Category

Workplace Programs

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	4,000	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	420	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	5,600	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,600	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Business community
- Factory workers
- Government workers
- Ministry of Health staff
- Policy makers
- Religious/traditional leaders

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC GAC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

These activities will result in: 1) increased demand for and acceptance of ARV treatment; 2) strengthened infrastructure of ARV delivery system; 3) strengthened human capacity to delivering ARV clinical care services; and 4) achievement of a full supply of related diagnostics, drugs and medical supplies.

The USG will in partnership with the University Teaching Hospital (UTH) and through twinning with several US-based universities (led by Columbia University) establish an outpatient Pediatric and Family HIV Care Unit at the UTH pediatric department and at 2-3 regional hospitals in Zambia (Kitwe, Livingstone and/or Ndola). HIV/AIDS care services, including the provision of ART, have been traditionally seen as adult services leaving out the many children desperately needing these services. In order to strengthen the outpatient services provided to children living with HIV/AIDS and their families, the USG will renovate and expand an already existing structure within the pediatric department. Through this unit, the management of ART and other infectious disease services will be strengthened and will be used for the development of specialized models of care for pediatric HIV/AIDS in Zambia. These models of care will then be extended to 2 to 3 regional hospitals in Zambia.

The USG will renovate and expand existing structures contiguous to the Pediatric and Family HIV Care Unit at UTH in order to provide office space to co-locate key HHS/CDC staff next to the HIV clinical care services. This will greatly facilitate technical support for these programs and provide facilities also for training of clinical staff in provision of care to HIV-infected individuals.

Through twinning with Columbia University and several other US universities (Boston University, Emory University, Tulane University and University of Miami), the USG, in partnership with UTH, will train health workers from all participating institutions in Pediatric and Family HIV Care, including antiretroviral treatment. As a result of the capacity built in ART provision, ART services will also be integrated into existing outpatient maternal and child health services at these institutions. Other activities will include initiation of an HIV awareness program that will address issues of children and families living with HIV/AIDS, with counseling provided to parents/family members of children on the ART program. As the provision of ART services is complex, CDC will assist the hospital laboratories in appropriate monitoring of patients on ART and will therefore establish a system that tracks progress of HIV+ patients accessing these services.

In addition to the above activities, the USG, in response to a specific request from the Ministry of Health, will provide technical assistance to the national ART program in the surveillance of HIV-1 antiretroviral drug resistance mutations (especially for NNRTI). An expert consultancy will be planned by CDC, in close collaboration with the Ministry of Health, and appropriate activities (such as random sampling of recently infected HIV+ individuals for ARV drug resistance testing) will be instituted in FY05, based on the recommendations of this consultancy.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Infrastructure	40%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	4	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	300	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	5,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- Infants
- Trainers
- Lab technicians

Key Legislative Issues:

- Twinning

Coverage Area:

State Province: Copperbelt
 State Province: Lusaka
 State Province: Southern

ISO Code: ZM-08
 ISO Code: ZM-09
 ISO Code: ZM-07

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health Systems and Services Program / Aht Associates

Planned Funds:

Activity Narrative:

Zambia faces an acute shortage of healthcare personnel which severely constrains the scale up of the country's ART program. With Track 1.5 funding, the USG supported an ART staffing survey in Zambia's eight major hospitals. It revealed that three of the hospitals have no laboratory technician, five are without pharmacists, two have no trained counselors for VCT and two have no appropriately skilled nurses. The number of full-time doctors (i.e. full-time equivalent) managing ART patients in these hospitals ranges from none to two – with each hospital having a catchment population of about 200,000 and a potential ART client base of over 2,000. In FY05, the USG plans to directly address the human resource constraint for ART through:

Providing Provincial Health Office Clinical Care Specialists: Ministry of Health (MOH) Clinical Care Specialists (CCS) in each of the country's nine Provincial Health Offices support service delivery for the major public health areas (malaria, maternal/child health, reproductive health and HIV/AIDS) in all provincial health facilities. In order to improve the oversight and support of HIV/AIDS services, the USG used FY04 funds to support the recruitment and placement of a second provincial Clinical Care Specialist for each Provincial Health Office who focuses exclusively on ART and other HIV/AIDS-related services. These are Zambian staff, employed by HSSP, and who are compensated on a par with their MOH colleagues. They provide technical and quality assurance support to district hospitals, health center and community HIV/AIDS programs and strengthen referral and continuity of care among health facilities in the province. Some of their specific activities include: working with the existing Clinical Care Specialist to coordinate scaling up of ART in hospitals and health centers; serving as a member of the provincial ART training team; conducting performance assessment for ART and other areas of HIV/AIDS service delivery; and providing technical support to private sector ART sites. Continued support of these supplemental staff is needed in FY05.

Supporting the Physician's Rural Retention Scheme: The MOH has an existing Rural Retention Scheme for physicians, which is the currently the only such scheme approved by Cabinet and the Public Service Commission for the health sector. Under the scheme, a package of allowances and incentives has been developed which is offered to physicians who serve a three-year contract in the most rural and underserved of Zambia's 72 districts. The MOH has prioritized Zambia's 72 districts according to level of hardship and will place physicians in districts falling into the two most severe categories (total of 54 districts). While a number of physicians have been placed through the scheme, the existing support from other donors and the GRZ is not sufficient to meet the need for physicians in these districts.

The lack of physicians in these areas is a major constraint to expanding ART and other HIV-related clinical services. Only physicians can prescribe ARVs and monitor ART. While the USG is assisting the GRZ to review and hopefully expand scopes of practice for other health workers, this is the current regulation, and no physician means no ability to provide ART. Also taking into account that more than 65% of clinical care in Zambia is HIV-related, these physicians will spend approximately 75% of their time providing ART and other HIV-related clinical services.

The USG will leverage GRZ and other donor contributions to this scheme to support an additional 30-35 physicians to serve in rural areas. The USG will support two parts of the retention package: a monthly hardship allowance of \$200-250 (amount depends on hardship rating of district) and a one-time grant of up to \$3000 made directly to the district to be used to provide/upgrade adequate housing for the physician. Selection of candidates, decisions on district placement, levels of allowances and monitoring of participants will all be done by the MOH according to the approved procedures of the scheme. It is estimated that this will result in an additional 5,000 persons having access to ART who would otherwise have to travel prohibitive distances to receive this service.

Strengthen ART Accreditation Systems: While national treatment guidelines and

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standardized training materials have been developed and are being disseminated around the country, the Ministry of Health and Medical Council of Zambia are anxious to further develop an accreditation system for ART services. This is particularly important for the private sector as there is no existing mechanism for government oversight of clinical care standards outside of the public sector. In addition, the GRZ is experimenting with systems to allow private sector providers to access public sector ARV supplies and they want to be sure these valuable drugs are being used properly. The USG will assist in this effort, which will include building consensus on a set of requirements for providers (and possibly also facilities) that integrates training, continuing education, and other elements of quality service delivery; and development of a monitoring and evaluation system to maintain accreditation.

These activities do not directly impact individual patients. Therefore, the suggested indicators are not applicable.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	41%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	59%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	5,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Doctors
- Medical/health service providers
- Private health care providers
- Ministry of Health staff
- Policy makers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health Communication Partnership / Johns Hopkins University Center for Communic
 Planned Funds:

Activity Narrative:

As ARV treatment becomes increasingly available, there is great need for home-based care providers, PLWHAs and their families, Neighborhood Health Committees and FBO/NGO/CBO staff to have a solid understanding of the complexities and various issues around ARV treatment, and to be able to communicate this to others. The Health Communication Partnership (HCP) will support the MOH, National AIDS Council (NAC) and service delivery USG partners and NGOs in promoting wider acceptance and use of ARV services by PLWHA, their families and caregivers. Information on home management of ART and how to prevent disinhibition will be provided to PLWHA and family caregivers. MOH/NAC sites and community support groups will be identified and reached with information and materials to improve their service delivery. HCP will work with other USG partners, NGOs, PLWHA networks and FBOs to review existing messages and materials and to reach consensus on treatment messages. Messages will promote equal participation in ARV services by both men and women and also aim at reducing stigma and discrimination against PLWHA and their families.

Activities will include: mobilizing community members and groups to produce local drama demonstrating the need for acceptance and ways to support people on ART, including messages on adherence, management and disinhibition; installation of TVs and VCRs in service delivery sites for client viewing of information and education videos such as "Tikambe"; production and distribution of IEC materials for promoting pediatric and adult ART, ART adherence and disinhibition.

Activity Category

- Community Mobilization/Participation
- Information, Education and Communication

% of Funds

- 50%
- 50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
- Community health workers
- HIV/AIDS-affected families
- Media
- People living with HIV/AIDS
- Religious/traditional leaders

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: **National**

State Province: _____

ISO Code: _____

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Prevention, Care and Treatment Project / Family Health International

Planned Funds:

Activity Narrative:

The Family Health International Prevention, Care and Treatment (PCT) Project will support the Zambian Government (GRZ) to expand the availability of anti-retroviral therapy in five provinces: Central, Copperbelt, Luapula, Northern and Northwestern. Through strengthening of existing services and expanding to new facilities, PCT will place 8,040 new patients on ART in FY05.

At the national level, PCT and its partners—Churches Health Association of Zambia (CHAZ), Expanded Church Response (ECR), International HIV/AIDS Alliance (IHAA), Management Sciences for Health (MSH), and University of North Carolina at Chapel Hill (UNC)—will provide technical assistance to the national ART implementation task force and MOH ART managers to: continue to develop and implement strategies for scaling up ART services; review/revise/disseminate national training materials, guidelines, and protocols as needed; strengthen the continuum of care and referral systems via integration of ART with other health care services and community programs; and establish ART quality assurance and monitoring programs.

At the provincial and district levels, PCT will support expanded quantity and quality of ART services by training 54 clinical staff in ART management in 11 clinic sites as well as coordinate with community NGOs/CBOs/FBOs to educate persons on how to access these and other related services, such as the home-based care programs provided by the RAPIIDS and SUCCESS projects. Ensuring equal access for women and men to ART is essential to scaling up ART services; therefore, PCT will identify barriers to women seeking and receiving ART and, based on results, develop strategies for reaching HIV+ women. Approaches include strengthening the referral linkage between ANC, PMTCT, and ART services as well as targeting communities' efforts that encourage women to seek CT and ART services.

The PCT team and its partners will also create a network referral system between the various health care facilities and community-based programs. Linkages will be established between the provincial and district AIDS health care services while broadening the ART continuum of care to include CT and palliative care services as well as incorporating TB; STI; MCH; general medicine; and pediatric services and community care and support programs into this overall network.

This referral network of ART services will be supported by system strengthening activities at the provincial and district levels, particularly in the areas of drug logistics management and health management information systems (HMIS). For drug logistics management, PCT is dependent on the GRZ medical stores and related logistics systems to ensure the availability of drugs and supplies at the facility level; therefore, PCT will coordinate with the Health Services and Systems Project to ensure that health facility management and pharmacy staffs are able to track, forecast, and order drugs and supplies. For strengthening the HMIS related to ART, PCT will coordinate with the MOH and other USG partners to ensure the implementation of this system at all project facilities. Laboratory support is also an essential; thus, PCT will work closely with GRZ facilities and USG partners to ensure that each facility has appropriate laboratory services in line with recommended standards of care.

The final component to ensuring availability of quality ART is community mobilization in which PCT will coordinate with existing community-based ART and palliative care partners to promote the use of these services. An example is that PCT will coordinate with the Health Communications Project to educate communities about ART, refer persons to ART services, and ensure community-level adherence counseling and support. Small grants will be dispersed to community groups, who are not already served by other partners, for activities related to stigma reduction and promotion of using ART services. This activity supports public sector service delivery. Therefore all commodities will be accessed from the public sector medical supply system. Under the Emergency Plan, the USG will procure ARVs and HIV test kits which will go into the public sector system and leverage additional procurements of these and other critical items, such as drugs to

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treat opportunistic infections, and laboratory reagents, which are funded by other donors and the GRZ.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	11	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	1,825	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	54	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	9,865	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	8,040	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Adults | <input checked="" type="checkbox"/> Nurses | <input checked="" type="checkbox"/> Lab technicians |
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Pharmacists | |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Discordant couples | |
| <input checked="" type="checkbox"/> Caregivers | <input checked="" type="checkbox"/> HIV/AIDS-affected families | |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> HIV+ pregnant women | |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Police | |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Ministry of Health staff | |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> People living with HIV/AIDS | |
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> Religious/traditional leaders | |
| <input checked="" type="checkbox"/> Doctors | <input checked="" type="checkbox"/> Youth | |
| <input checked="" type="checkbox"/> Medical/health service providers | | |

Key Legislative Issues:

- Gender
- Stigma and discrimination

Coverage Area:

- State Province: Central
- State Province: Copperbelt
- State Province: Luapula
- State Province: Northern
- State Province: North-Western

- ISO Code: ZM-02
- ISO Code: ZM-08
- ISO Code: ZM-04
- ISO Code: ZM-05
- ISO Code: ZM-06

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred Prevention, Care and Treatment Project / Family Health International

Planned Funds:

UNCLASSIFIED

Activity Narrative:

The Family Health International Prevention, Care and Treatment (PCT) Project will support the Zambian Government (GRZ) to expand the availability of anti-retroviral therapy in five provinces: Central, Copperbelt, Luapula, Northern and Northwestern. Through strengthening of existing services and expanding to new facilities, PCT will place 3,960 new patients on ART in FY05 using Deferred FY04 funds for new FY05 activities.

At the national level, PCT and its partners—Churches Health Association of Zambia (CHAZ), Expanded Church Response (ECR), International HIV/AIDS Alliance (IHAA), Management Sciences for Health (MSH), and University of North Carolina at Chapel Hill (UNC)—will provide technical assistance to the national ART implementation task force and MOH ART managers to: continue to develop and implement strategies for scaling up ART services; review/revise/disseminate national training materials, guidelines, and protocols as needed; strengthen the continuum of care and referral systems via integration of ART with other health care services and community programs; and establish ART quality assurance and monitoring programs.

At the provincial and district levels, PCT will support expanded quantity and quality of ART services by training 26 clinical staff in ART management in 6 clinic sites as well as coordinate with community NGOs/CBOs/FBOs to educate persons on how to access these and other related services, such as the home-based care programs provided by the RAPIDS and SUCCESS projects. Ensuring equal access for women and men to ART is essential to scaling up ART services; therefore, PCT will identify barriers to women seeking and receiving ART and, based on results, develop strategies for reaching HIV+ women. Approaches include strengthening the referral linkage between ANC, PMTCT, and ART services as well as targeting communities' efforts that encourage women to seek CT and ART services.

The PCT team and its partners will also create a network referral system between the various health care facilities and community-based programs. Linkages will be established between the provincial and district AIDS health care services while broadening the ART continuum of care to include CT and palliative care services as well as incorporating TB, STI, MCH, general medicine, and pediatric services and community care and support programs into this overall network.

This referral network of ART services will be supported by system strengthening activities at the provincial and district levels, particularly in the areas of drug logistics management and health management information systems (HMIS). For drug logistics management, PCT is dependent on the GRZ medical stores and related logistics systems to ensure the availability of drugs and supplies at the facility level; therefore, PCT will coordinate with the Health Services and Systems Project to ensure that health facility management and pharmacy staffs are able to track, forecast, and order drugs and supplies. For strengthening the HMIS related to ART, PCT will coordinate with the MOH and other USG partners to ensure the implementation of this system at all project facilities. Laboratory support is also an essential; thus, PCT will work closely with GRZ facilities and USG partners to ensure that each facility has appropriate laboratory services in line with recommended standards of care.

The final component to ensuring availability of quality ART is community mobilization in which PCT will coordinate with existing community-based ART and palliative care partners to promote the use of these services. An example is that PCT will coordinate with the Health Communications Project to educate communities about ART, refer persons to ART services, and ensure community-level adherence counseling and support. Small grants will be dispersed to community groups, who are not already served by other partners, for activities related to stigma reduction and promotion of using ART services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	6	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	26	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	6,600	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	3,960	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Adults | <input checked="" type="checkbox"/> HIV+ pregnant women |
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Ministry of Health staff |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations |
| <input checked="" type="checkbox"/> Caregivers | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Religious/traditional leaders |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Lab technicians |
| <input checked="" type="checkbox"/> Faith-based organizations | |
| <input checked="" type="checkbox"/> Health Care Workers | |
| <input checked="" type="checkbox"/> Community health workers | |
| <input checked="" type="checkbox"/> Doctors | |
| <input checked="" type="checkbox"/> Medical/health service providers | |
| <input checked="" type="checkbox"/> Nurses | |
| <input checked="" type="checkbox"/> Pharmacists | |
| <input checked="" type="checkbox"/> Discordant couples | |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | |

Key Legislative Issues:

- Gender
- Stigma and discrimination

Coverage Area:

State Province: Central
State Province: Copperbelt
State Province: Luapula
State Province: Northern
State Province: North-Western

ISO Code: ZM-02
ISO Code: ZM-03
ISO Code: ZM-04
ISO Code: ZM-05
ISO Code: ZM-06

Program Area:

Budget Code:

Program Area Code:

Table 3.3.13: PROGRAM PLANNING OVERVIEW

- Result 1: Local health management information systems strengthened
- Result 2: Expanded use of quality program data for policy development and program management
- Result 3: Increased use of strategic information for surveillance of HIV/AIDS/STI
- Result 4: Improved national coordination in HIV/AIDS monitoring and evaluation
- Result 5: Improved human resource capacity for monitoring and evaluation

Total Funding for Program Area (\$)

Current Program Context:

In Zambia, there are three interdependent classes of activities that are included in the Strategic Information program area both because they are not service specific and because they have interdependent information methods. They are intrinsic elements that pervade and inform each program area, but they are treated separately to permit a systemic view of their engineering across programs, an approach which generalizes their value and reduces total cost of solutions. These are: essential health information systems development activities necessary for provision of more robust and timely monitoring and evaluation corrective feedback processes. DFID and UNAIDS have provided monitoring and evaluation (M&E) technical assistants directly to NAC. The USG is supporting the Ministry of Health (MOH), national laboratories, and the National HIV/AIDS/STI/TB Council (NAC) in: improving their strategic information by funding infrastructure improvements in strategic information systems and management; upgrading quality assurance procedures; providing essential strategic information staff salaries; and providing technical assistance in developing and maintaining monitoring and evaluation systems. The USG, in collaboration with other donors, will assist NAC in creating a database and GIS mapping to track program progress and funding for all HIV/AIDS projects in Zambia. All USG assistance is accompanied by appropriate training for staff involved in strategic information. Feedback processes are key system elements for assuring the sufficiency, quality, and cost effectiveness of interventions in a dynamic context; they depend on systematic information at the individual care and facility operations levels, and the periodic population surveillance efforts. Zambia has had significant gaps in service level information systems and in institutionalization of effective corrective processes resulting from monitoring and evaluation (M&E) technical working group, the Expanded Theme Group, and provides technical assistance directly to the Government of the Republic of Zambia (GRZ). In FY04, the NAC M&E technical working group developed a national M&E plan for all HIV programs and began standardizing national HIV indicators. The USG provides information communications infrastructure and key M&E staff to government agencies managing HIV. USG partners worked closely with District Health Management Teams (DHMT) and assisted the MOH to incorporate key HIV/AIDS indicators into the national facility-based Health Management Information Systems. The USG also started a support group for partners needing M&E technical assistance which offers a venue for sharing and discussing M&E issues. Data capture has been facilitated by the procurement and installation of USG-funded information transfer and more reliable data management. The USG supported the development of an integrated PMTCT/CT database used by DHMTs to enter aggregated clinic data. The USG is working on a national task force to identify or develop a national database to manage all HIV-related programming. In FY04, the USG is working closely with the Central Statistics Office to plan the combined 2005 Zambia Sexual Behaviour Survey and the ANC Protocol development, training, and data collection began for the gonococcal sensitivity surveillance and the ANC Sentinel Surveillance. The USG supported the National OVC Situation Analysis, is in the process of preparing for field work for the Health Facilities Survey, in collaboration with the MOH and Central Statistics Office. The USG has begun discussions with the Zambia Defense Force to carry out an HIV prevalence study of the ZDF.

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: REACH / Project Concern International

Planned Funds:

Activity Narrative:

The Community REACH project, with support from USAID's Office of HIV/AIDS, has designed and initiated a study to evaluate the effectiveness of two OVC programs in Rwanda and Zambia. The targeted evaluation leverages over in resources already provided by the Community REACH project for the OVC service delivery interventions and the baseline survey. They are requesting funds to conduct the endline survey and assess the effectiveness of the interventions in both countries. PCI Zambia is working in the Chipata and Ngwerere catchment areas in peri-urban Lusaka in collaboration with JHPIEGO and a local NGO, Bwafwano with three years of funding from Community REACH and proposed support from The Emergency Plan OVC APS. The research design being used to assess the effects of the intervention is a pre-test, post-test, with a control group. Households with orphans or vulnerable children receiving interventions (selected from project registers) are being compared to a control or "comparison" group of household, selected using a "nearest neighbor" approach. The purpose of this targeted evaluation is to determine the effectiveness of program approaches to improve OVC outcomes for children of different ages, sex, or living in different geographic and social contexts.

Activity Category

Strategic Information (M&E, IT, Reporting)

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	<input type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- M&E specialist/staff
- Orphans and other vulnerable children

Key Legislative Issues:

Coverage Area:

State Province: Lusaka

ISO Code: ZM-09

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD / Project Concern International

Planned Funds: **Activity Narrative:**

This activity is to continue to provide technical assistance from DOD to the Zambian Defense Force (ZDF) to conduct an HIV/AIDS prevalence study in the military. This will include supporting the ZDF medical service in monitoring and supervision, as well as providing supplies and equipment to support the study.

This study is the first study of HIV infection rates in the military ever conducted in Zambia. It has an anticipated completion date of August 2005. To date, 500 military personnel of 2,000 planned participants have been interviewed and given physical exams with HIV testing. Although the study has an opt-out clause, 80% of the ZDF personnel are opting to be a part of the study, and even requesting their spouses and families also be included.

Activity Category

- Commodity Procurement
 Strategic Information (M&E, IT, Reporting)

% of Funds

35%
 65%

Targets:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) 4

 Not Applicable Not Applicable**Target Populations:**

- HIV/AIDS-affected families
 Military
 Peacekeeping personnel
 Widows

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / Central Board of Health

Planned Funds:

Activity Narrative:

The Cooperative Agreement (CoAg) with the MOH Central Board of Health supports strategic information results; local health management information systems strengthened and improved human resource capacity for monitoring and evaluation.

This activity seeks to improve patient care by ensuring that patient level data is better collected, stored, and more readily available, at points of care, to inform treatment decisions. In ensuring this, the USG will work with the Ministry of Health as the prime partner and will initially purchase equipment to raise the level of information and communications technology infrastructure. This infrastructure will be donated to the ministry and the funding mechanism will be used to distribute, install and maintain this equipment nationwide.

In addition, the USG is pioneering a 'Continuity of Care' project that will establish the development and implementation of a portable electronic medical record. For this task, this funding mechanism will be used for consensus building for a government-supported and endorsed Electronic Medical Record data elements standard, that will be essential in ensuring integration and data exchange between different partners' information systems, thereby facilitating continuity of care from one healthcare provider to another. In addition to improving the care for HIV patients across facilities, the Continuity of Care project will improve the timeliness, and therefore relevance of national data on HIV. Timely data will enhance the ability to make suitable management decisions and develop appropriate prevention messages.

For the Continuity of Care project, capacity building within the health information technology sector is required to ensure expanded human and skills capacity for effective and sustainable institutionalization of this key health service within the Ministry of Health. This funding mechanism will thus serve as a means by which training will be provided to existing employees on current trends of information systems in the health sector and in setting up information systems that meet Zambia's need for continuity of care. It will also allow for recruitment and salary costs of needed personnel to support this effort.

Finally, the USG will continue to support the integration of all currently operable and on-going clinical health systems development efforts with the government computerized Health Management Information System (HMIS). This will be made possible through support for revision of the HMIS automated database to enable auto-updates from EMR data records in place of tally sheets; and training of lead HMIS staff country-wide regarding the interface with continuity of care clinical information.

Activity Category

- Human Resources
- Infrastructure
- Strategic Information (M&E, IT, Reporting)

% of Funds

- 19%
- 64%
- 17%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

185

Not Applicable

Target Populations:

Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC/HQ / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

Activity Narrative:

The Centers for Disease Control and Prevention (CDC) has a working relationship with the Center for Infectious Disease Research in Zambia (CIDRZ). It supports the Strategic Information Results of Local health management information systems strengthened; Expanded use of quality program data for policy development and program management; Increased use of strategic information for surveillance of HIV/AIDS/STI, improved national coordination in HIV/AIDS monitoring and evaluation; and improved human resource capacity for monitoring and evaluation.

This proposed activity will develop a direct link between the Gates Foundation-funded Zambia Electronic Perinatal Record System (ZEPRS) electronic management tool and the more holistic USG 'continuity of care' system (see above) currently being developed for tracking patients receiving ART. CIDRZ has managed the Gates Foundation project and will be working closely with the USG to standardize data fields in line with national requirements.

The USG-CIDRZ partnership will strengthen the local health management information system and promote national coordination of HIV/AIDS monitoring systems. The alliance will improve the quality of care for HIV positive patients, beginning in the Lusaka district. Patients are highly mobile between clinics. Patient data is often times incomplete preventing clinicians from providing optimal care for HIV-positive patients. Linking patient data between clinics

Note: the number of persons trained is not the primary output of this activity, systems development is; but there will be a few people trained as part of this systems development.

Activity Category

 Strategic Information (M&E, IT, Reporting)

% of Funds

100%

Targets:

-- Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

8

 Not Applicable

Target Populations:

 Health Care Workers People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Lusaka

ISO Code: ZM-09

Program Area: Strategic Information
Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / JHPIEGO

Planned Funds:

Activity Narrative:

This activity will focus on the continuity of care project. This project is a collaborative effort between the USG (through HHS/CDC) and the MOH, Central Board of Health (CBOH), with support from JHPIEGO. The continuity of care project seeks to provide better clinical decision support at the points of service through the use of a portable Electronic Medical Record (EMR).

The EMR will be implemented in a number of phases. The first phase will involve the implementation of the Continuity of Care smart card that will carry the Electronic Medical Records (EMR) for PMTCT clients in Lusaka. The USG CDC will work in collaboration with the Lusaka District Health Management Team (DHMT) and the currently operating Gates Foundation project (Zambia Electronic Perinatal Record System (ZEPRS)). 10,000 - 20,000 clients will be enrolled in the new system. The objective of the initial phase will be to observe the clients' card carrying behavior and levels of card acceptability.

The decision to begin the EMR in antenatal clinics offering PMTCT is to avoid stigmatizing the card. By providing the card to well patients, the card will not be associated with a particular disease, such as HIV. This is an important piece of consideration in promoting comfort with, and the future wide-spread use of the card. Zambian clients currently carry health information as booklets. It is expected that a move to a card will provide clients with a greater sense of privacy regarding their health information. It will also be a time to observe clinician electronic documentation practices. Adjustments will be made where necessary.

In this initial phase of the project, JHPIEGO will advocate to the Ministry of Health and clinic management staff to stress the importance of a system which promotes continuity of care for patients with HIV and HIV-related illnesses. Advocacy will include reduced data management workloads over paper systems, better patient care, simplified reporting, preserving data integrity, and improved management capabilities using more up to date data. Aggregated data which feeds into the Health Management Information System (HMIS) and relevant reports can be used for program improvements specifically in the areas of patient care, national care protocols and HIV care program management.

JHPIEGO will develop training materials and train clinicians, laboratory technicians and pharmacists in the use of the smart card in Lusaka clinics. They will also provide staff for quality assurance, to test the accuracy of the data entry via the EMR. This phase will provide a working prototype for providing quality PMTCT services across the country.

The second phase of this project will be the implementation of the continuity of care smart card using the EMR to support HIV care, anti retroviral treatment and care for other opportunistic infections. Early sites will be in Lusaka in collaboration with the Lusaka DHMT and the Centre for Infectious Diseases Research in Zambia (CIDRZ). The EMR will be rolled out in 3-5 three to five District health clinics outside Lusaka. Target areas will be determined in conjunction with the MOH Ministry of Health such that the EMR works synergistically with other care and treatment projects. JHPIEGO will again be responsible for advocating the system to MOH Ministry and district partners, developing training materials, and educating medical staff in the use of the EMR.

The final phase of this project is to scale up enrollment in Lusaka and other sites by up to between 50,000 and 100,000 clients with integrated smart card EMR services covering HIV care, VCT, PMTCT, ART and opportunistic infections. JHPIEGO will advocate to DHMT staff on the benefits of using the EMR. They will train all HIV-related health personnel on the system use.

Activity Category

- Infrastructure
- Strategic Information (M&E, IT, Reporting)

% of Funds

10%
82%

Training

8%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HiMIS)

0

Not Applicable

Target Populations:

- Adults
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- Ministry of Health staff
- People living with HIV/AIDS
- Lab technicians

Key Legislative Issues:

Coverage Area:

State Province: Lusaka

ISO Code: ZM-09

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / National AIDS Council, Zambia

Planned Funds:

Activity Narrative:

The USG has a monitoring and evaluation strengthening cooperative agreement with National HIV/AIDS/STI/TB Council (NAC). It supports the following Strategic Information Results: local health management information systems strengthened; expanded use of quality program data for policy development and program management; increased use of strategic information for surveillance of HIV/AIDS/STI; improved national coordination in HIV/AIDS monitoring and evaluation; and improved human resource capacity for monitoring and evaluation.

NAC is responsible for managing all HIV/AIDS-related data for the country and to provide recommendations to all HIV/AIDS-related activities. To provide reliable information to the various ministries and civil society on approaches to prevention, care and treatment, NAC must be equipped with the most up to date HIV and related data. The agreement provides vital information and communications infrastructure to NAC. It pays for key strategic information staff positions; a director of monitoring, evaluation and research; and a management information systems specialist. It provides support to the NAC's Monitoring and Evaluation Technical Working Group for monthly meetings; development of the monitoring and evaluation (M&E) plan; and execution of the plan. The M&E plan is currently under development. A plan to train district health management teams in its execution is the next logical step.

The USG provides on-going technical assistance to NAC on information and communications infrastructure planning, developing monitoring systems and sitting as an advisor on the NAC Monitoring and Evaluation Technical Working Group. The USG is discussing ways of advocating to NAC for the M&E agenda with the UNAIDS office in Zambia. The USG is also working closely with the DFID advisor and the M&E Technical Working Group on planning data collection, management use, and M&E support to the districts for HIV-related activities.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	45%
<input checked="" type="checkbox"/> Infrastructure	34%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	12%
<input checked="" type="checkbox"/> Training	9%

Targets:

 Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	81	<input type="checkbox"/> Not Applicable
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Target Populations:

- Health Care Workers People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / Tropical Diseases Research Centre

Planned Funds:

Activity Narrative:

The co-operative agreement with the Tropical Diseases Research Centre (TDRC) was set up with the following primary objectives: expanded use of quality program data for policy development and program management; increased use of strategic information for surveillance of HIV/AIDS/STI; and improved human resource capacity for monitoring and evaluation.

In working towards achieving these goals, the USG will work with TDRC as the prime partner. This funding mechanism will initially be used to install a local area network that covers both floors of TDRC and thereafter the installation and support of a high speed permanent internet connection. As TDRC does not have any direct hires with information technology skills, this funding mechanism will also assist TDRC hire skilled personnel to maintain this infrastructure.

Once the information-communications technology (ICT) infrastructure and skills to manage it are in place, the co-operative agreement will be used to train researchers and clinicians in basic information technology skills, which will lead to the effective use of technology in research and surveillance.

TDRC uses the cooperative agreement to support HIV and HIV-related surveillance activities. Travel costs for oversight visits and commodity procurement will be used for the 2005-2006 anti natal sentinel surveillance activities, which TDRC manages. This funding complements the CDC strategic information funding for essential testing kits and the analysis workshop. The sentinel surveillance is the only reliable trend data Zambia has of its HIV prevalence rates. The latest surveillance showed a national leveling off of the prevalence rates amongst pregnant women. The USG and the GRZ propose a biannual sentinel surveillance to follow more closely changes in trends. Educational messages will allow for focus in appropriate geographic areas and with relevant target audiences.

TDRC will determine the trends of the human simplex virus type II (HSV-2) in HIV positive antenatal mothers, counseling and testing clients, and STI patients. A 2001 study in Ndola Zambia found high correlation between HSV-2 presence and HIV-1 acquisition. Trend data will feed into sensitization messages on sexual behavior and HIV/STI prevention.

Early and effective treatment of gonococcal (GC) infection prevents HIV acquisition and reduces viral shedding in those already HIV positive. GC is a rapidly mutating organism which renders treatments to be ineffective. To maximize treatment effectiveness in Zambia, TDRC will complement the UTH GC sensitivity surveillance activities regularly.

Activity Category

- Commodity Procurement
- Human Resources

% of Funds

42%

14%

- Infrastructure 36%
- Quality Assurance and Supportive Supervision 5%
- Training 3%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	135	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
- HIV+ pregnant women
- Host country national counterparts
- Ministry of Health staff
- People living with HIV/AIDS
- Pregnant women
- Lab technicians

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information
 Budget Code: (HVSI)
 Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / University Teaching Hospital

Planned Funds:

Activity Narrative: The agreement with the University Teaching Hospital (UTH) supports strategic information activities that will result in the increased use of strategic information for surveillance of HIV/AIDS/STI.

Sexually transmitted infections increase the risk of acquiring HIV infection and it is known that gonorrhea facilitates HIV acquisition in women. It is recognized that access to quality STD services for all symptomatic people has the capacity to have an impact on the HIV epidemic. In the Zambian public health system, STI treatment follows the syndromic guidelines produced by WHO. Though guidelines are available, training programs for frontline health staff have not been systematically provided and, where drug shortages occur frequently, prescribing practices are not standardized.

The last gonococcal resistance surveillance in Zambia took place in 1995. In order to ensure appropriate treatment of gonorrhea (especially important among HIV-infected patients due to the impact on viral load in genital secretions), the USG is supporting the University Teaching Hospital and the Tropical Disease Research Centre (under separate mechanisms) to develop a program for sensitivity testing of gonorrhea in order to monitor the trends of resistance and inform treatment guidelines. Under this activity, the USG will work with UTH to publish and disseminate the findings of the gonococcal (GC) surveillance activities. The surveillance activities focused on providing researching appropriate drug regimens for patients with GC, especially those co-infected with HIV.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Private health care providers
- Military
- Ministry of Health staff
- National AIDS control program staff
- Program managers
- University
- Lab technicians

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information
 Budget Code: (HVSI)
 Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **SHARE / John Snow Research and Training Institute**

Planned Funds:

Activity Narrative: This activity will contribute to expanded use of quality program data for policy development and program management.

In collaboration with CDC and other key stakeholders, SHARE will continue to strengthen the National AIDS Council M&E system at the national, district and communities levels by assisting NAC in creating and operationalizing a national database and GIS Mapping for monitoring, tracking and reporting all HIV/AIDS projects and activities by all program areas, e.g. prevention (PMTCT, AB, Blood safety, injection safety, other prevention), care (counseling and testing, Palliative Care, HIV/TB, OVC), and treatment (ARV services, Lab infrastructure), Policy Analysis, and System Strengthening. SHARE will be an active member of the NAC M&E Technical Working Group.

SHARE will further provide continued and ongoing support, maintenance and management of a USG/Zambia partner database being developed to track indicators, progress, and impact of all USG-supported projects in the country to facilitate reporting to OGAC, USG agencies and GRZ. SHARE will provide training and technical support to all USG partners and sub-partners in the use of the database.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	65	<input type="checkbox"/> Not Applicable

Target Populations:

- Implementing organization project staff*
- M&E specialist/staff*
- Ministry of Health staff*
- National AIDS control program staff*
- Policy makers*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Measure Evaluation / University of North Carolina Carolina Population Center

Planned Funds:

Activity Narrative:

This activity will contribute to increased use of strategic information for surveillance of HIV/AIDS.

Measure Evaluation will work in collaboration with the Central Statistics Office to conduct and complete a combined Zambia Sexual Behavior and AIDS Indicator Survey. This survey will be based on a nationally representative sample of men and women aged 15-49 years. The survey collects a number of Emergency Plan impact indicators as well as data on attitudes related to stigma and discrimination, male behavior and sexual violence. This is the fourth round of the Zambia Sexual Behavior Survey and will add questions from the AIS survey to ensure that all core questions will be represented for inter-country comparison. Data collection will have been completed by March 2005 and data analysis will begin in April with dissemination taking place in November 2005. This survey will not include HIV prevalence data. HIV prevalence data will be collected through the 2006-7 DHS+.

Activity Category Strategic Information (M&E, IT, Reporting)**% of Funds**

100%

Targets: Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

60

 Not Applicable**Target Populations:**

- Adults
 - Men
 - Women
- Community leader
- Community members
- Religious/traditional leaders
- Women of reproductive age

Key Legislative Issues:

- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information
 Budget Code: (HYSI)
 Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Measure DHS / Macro International

Planned Funds:

Activity Narrative: This activity will contribute to increased use of strategic information for surveillance of HIV/AIDS.

Measure DHS will complete all preparations for conducting the HIV Prevalence Survey portion of the 2006-7 DHS+. The prevalence survey will collect and analyze blood samples and basic demographic information of a sub-sample of the nationally representative DHS sample from men and women of reproductive age. The actual data collection will take place in 2007.

In preparation for the DHS+, a series of meetings will be held with key stakeholders to finalize questionnaires and data analysis plans. ORC Macro will work in close collaboration with The Central Statistics Office and other government counterparts to finalize data collection and analysis plans, organize logistics for HIV testing, and finalize data collection tools and methodology. Sampling of the population and subsampling for the HIV prevalence portion will be completed and data collection tools will be drafted and tested in the field. All preparations will be finalized for data collection to begin (after the Zambian elections) in January 2007.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	100%

Targets:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	<input type="checkbox"/> Not Applicable
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Target Populations:

- Host country national counterparts
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Policy makers

Key Legislative Issues:

Coverage Area: National
 State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Deferred / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: The Centers for Disease Control and Prevention (CDC) provides technical assistance and supplies to the Central Board of Health (CBOH), University Teaching Hospital (UTH), National HIV/AIDS/STI/TB Council (NAC) and Tropical Diseases Research Center (TDRC) to manage the antenatal sentinel surveillance. The Japanese International Cooperative Agency (JICA), Swedish International Development Agency (SIDA), also provide funding for HIV sentinel surveillance activities.

- These strategic information initiatives support the Strategic Information Results of:
- Expanded use of quality program data for policy development and program management; and
 - Increased use of strategic information for surveillance of HIV/AIDS/STI.

Under this mechanism, the CDC will use deferred fiscal year 2004 funds to procure supplies in support of the 2005-2006 HIV Sentinel Surveillance activities. This mechanism is linked with the Local/CDC mechanism which will complement the supplies by providing technical assistance to the national laboratories. The results of the Sentinel Surveillance will be used to encourage appropriate HIV care, treatment and prevention programming by all partners working in the area of HIV.

Note: this is a Antenatal Care Sentinel Surveillance procurement activity; there is no training in this Mechanism for ANC SS; therefore the training target is zero.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	100%

Targets:

		Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
- HIV+ pregnant women
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Lab technicians

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC GAC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

The USG is providing technical assistance and information technology and communications (ITC) infrastructure to the MOH, the Central Statistical Office, a local faith-based organization, and laboratories. The USG, in collaboration with the US Census Bureau, the Central Statistical Office, University Teaching Hospital, Tropical Diseases Research Center, JICA, Swedish International Development Agency (SIDA), and National HIV/AIDS/STI/TB Council (NAC) is funding HIV surveillance activities.

This one funding mechanism will be used for six distinct activities all having substantial direct CDC involvement:

- 1) Technical infrastructure for supporting deployment of Electronic Medical Records (EMR) to provide improved Continuity of Care in selected locations;
- 2) ANC Sentinel Surveillance for ongoing monitoring of HIV trends;
- 3) Monitoring PMTCT and VCT service-based data for trend surveillance & improved facility-based decision support;
- 4) Pilot interface between Catholic Relief Services / Church's Health Association of Zambia (CRS/CHAZ) CareWare client software and Continuity of Care EMR system;
- 5) Laboratory External Quality Assurance initiative;
- 6) Sample Area Vital Registration and Verbal Autopsy (SAVVY).

These strategic information initiatives support the following Strategic Information Results:

- Local health management information systems strengthened;
- Expanded use of quality program data for policy development and program management;
- Increased use of strategic information for surveillance of HIV/AIDS/STI;
- Improved national coordination in HIV/AIDS monitoring and evaluation; and
- Improved human resource capacity for monitoring and evaluation.

1) Technical infrastructure to support EMR to provide improved continuity of care: In response to the difficulties of tracking ART patients in Zambia, USG proposes to improve the continuity of patient care. Patients change clinics and so clinicians cannot access complete health records. This causes care to be sub-optimal, and will likely lead to early resistance to ART. To improve comprehensive HIV care and reduce induced costs due to premature utilization of second-line drugs, the MOH with USG support will implement a Continuity of Care initiative employing client carried 'smart cards' holding client's EMR. The USG will initially issue cards to 10-20,000 clients and carefully observe client card carrying behavior and acceptance issues, and make adjustments. The activities here complement the system revision, institutionalization and start up costs of training users and support staff, hiring temp staff during QA, rollout and heavy enrollment phases which are included in the JHPIEGO mechanism above; the Technical Infrastructure activities here include direct support of 'smart cards', readers, computer equipment, printers, technical assistance, and other equipment and support for implementation. Also included is part of integration cost of writing interface to Zambia Electronic Perinatal Record System (ZEPRS), Center for Infectious Disease Research in Zambia (CIDRZ) and one or two other electronic client systems such as the Abt hospital ART system. (See Careware in 4) below.) Activities will begin at PMTCT sites in Lusaka in collaboration with Lusaka District Health Management Team and the Gates Foundation project: ZEPRS. After testing and adapting the technology, the Continuity of Care smart card will extend to include EMR services for HIV care, antiretroviral treatment and other Opportunistic Infection care sites in Lusaka, in collaboration with Lusaka District Health Management Team (LDHMT) and CIDRZ.

Phase two will move activities outside of Lusaka to implement the Continuity of Care smart card with EMR in 3-5 district health clinics outside Lusaka - locations chosen so that EMR works synergistically with other targeted activities, and other sites, to be determined in conjunction with GRZ. Integrated smart card EMR services in these locations would provide continuity between VCT, PMTCT, HIV, ART, and OI services, in addition to continuity over time. The project will be assessed on a continual basis to make allowance for these low infrastructure

locations (electricity, no telecommunications). Upon acceptance of design and demonstrated operations, Lusaka enrollment will be scaled up to 50-100,000 clients, with integrated smart card EMR services covering VCT, PMTCT, HIV, ART, and OIs.

2) ANC Sentinel Surveillance for ongoing monitoring of HIV trends:

USG will also continue to work with the Tropical Diseases Research Center (TDRC), JICA, SIDA and MOH to conduct the Antenatal Clinic (ANC) Sentinel Surveillance. The Sentinel Surveillance will include 24 ongoing sites plus 2 new refugee camps. The USG will support training clinicians and laboratory technicians handling samples and hold a data analysis workshop. Sentinel Surveillance activities under this mechanism will support the Deferred /CDC mechanism which will procure supplies & equipment for 2005-2006 Round of HIV Sentinel Surveillance. JICA and SIDA will provide funding for management oversight, travel, and quality assurance.

3) Limited site utilization of PMTCT and VCT data for trend surveillance & improved facility-based decision support:

As one of the 'New Strategies in HIV Surveillance' (discussed in Ethiopia February 2004), there is a prospect that HIV results from routine clinical care may be sufficiently benchmarked and complete, to reduce the frequency of need for traditional ANC Sentinel Surveillance. In the process of developing the software applications and planning for infrastructure needs, the USG will work with MOH, JHPIEGO, Catholic Relief Services (CRS) and the Churches Health Association of Zambia (CHAZ) to optimize local programs and surveillance of services information systems, in areas such as PMTCT & VCT. The collaborators will institute an ongoing service-based HIV Surveillance, taking advantage of new service-level information systems to generate a systematic surveillance approach with lower infrastructure requirements; develop local and real time 'model' feedback systems based on local services, demographics, risk profiles and intervention opportunities at the point of care; and locally train clinicians in use and interpretation of a feedback system.

4) Pilot interface between CRS/CHAZ CareWare client software and Continuity of Care EMR system:

USG will work with CRS and CHAZ to provide IT infrastructure needs assessment targeting in two faith-based organization hospitals and develop an IT plan for each site. The IT infrastructure needed for improved continuity of patient care will be installed in two district mission hospitals. The system will include an admission and discharge interface to inpatient services to help profile impact of HIV on services, in addition to the interface with CareWare for outpatient services captured in the EMR.

5) Laboratory External Quality Assurance initiative:

Laboratory quality control efforts will be reinforced by bringing an external quality assurance assessment and training team to Zambia. In collaboration with the national laboratories, they will support the introduction of laboratory management information systems that will encourage a quality assurance systematic feedback process in HIV and HIV-related testing.

6) Sample Area Vital Registration and Verbal Autopsy (SAVVY):

To ensure quality national Vital Registration data, the USG Zambia will work with the United States Census Bureau and the Zambian Central Statistical Office (CSO) to initiate a comprehensive Sample Area Vital Registration and Verbal Autopsy (SAVVY) in 1-2 districts, to provide a sample population for baseline vital statistics for Zambia. This activity will greatly enhance the ability of government to understand the statistics surrounding HIV-related deaths in Zambia, and may be very useful in prevention, care and treatment advocacy.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	3%
<input checked="" type="checkbox"/> Infrastructure	55%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	32%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
<hr/>		
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	218	<input type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Government workers
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- HIV+ pregnant women
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Program managers
- Lab technicians

Key Legislative Issues:

Coverage Area: National
 State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health Systems and Services Program / Abt Associates

Planned Funds:

Activity Narrative:

The Ministry of Health national facility-based Health Management Information System (HMIS) is a critical piece of the network of information sources feeding into the one national HIV/AIDS monitoring and evaluation system. With Track 1.5 funding, the USG assisted the Ministry of Health to integrate key HIV/AIDS indicators into the HMIS. Work on refining and rolling out this revised HMIS/ART Information System is continuing with FY04 funding. However, there are still a number of areas which need to be addressed. For example, there is more work to be done to fully integrate the parallel systems for PMTCT, VCT and TB that had been set up to meet special information needs. In addition, private sector providers have not yet been included in the reporting system. This creates the potential for conflicting data which ultimately comprises the integrity of the mainstream information system. In order to address these and other emerging issues for HIV/AIDS data collection, there is a need for continued development and roll-out of the revised national HMIS:

USG support will include: training of private ART sites to include them in the national reporting system; integrating VCT/PMTCT/TB in the existing HMIS; continuing work to integrate the national HMIS/ART Information System modules into pre-service health worker curricula (ongoing from FY04); and introduction of an electronic version of the HMIS/ART Information System.

Activity Category

- Strategic Information (M&E, IT, Reporting)
 Training

% of Funds

80%
20%

Targets:

 Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

200

 Not Applicable

Target Populations:

- Medical/health service providers
 M&E specialist/staff
 Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **The Synergy Project / Social and Scientific Systems**

Planned Funds:

Activity Narrative:

This activity contributes to improved use of quality data for policy development and program management.

This activity is to provide \$40,000 to complete work implemented in FY 04 through The Synergy Project. The Synergy Project was supported in FY 04 to develop and maintain a HIV/AIDS computerized Emergency Plan M&E database for USG/Zambia agencies and implementing partners that would feed into the central Emergency Plan reporting and monitoring system. This USG/Zambia partner database will be used to collect and analyze data on program activities and service statistics on a quarterly basis and indicator data on an annual basis. As part of this activity, Synergy will train USG staff and partners in the use of this database for generating reports as per OGAC guidelines and requirements. In addition, the data from this database will be used to monitor programs, identify trends, plan for the next fiscal year and track funds.

Activity Category

Strategic Information (M&E, IT, Reporting)

% of Funds

100%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

85

Not Applicable

Target Populations:

Implementing organization project staff

USG in country staff

Key Legislative Issues:

Coverage Area:

State Province: Lusaka

ISO Code: ZM-09

Program Area:

Budget Code:

Program Area Code:

Table 3.3.14: PROGRAM PLANNING OVERVIEW

- Result 1: Private and public HIV/AIDS workplace policies and programs that address prevention, care and treatment expanded and strengthened
- Result 2: Capacity of national, district, community, and military bodies to lead and coordinate the response to HIV/AIDS strengthened
- Result 3: Human resource management, recruitment, and retention interventions that cut across multiple program areas improved
- Result 4: Religious, political, traditional and positive people's leadership made the driving force in the fight against HIV/AIDS in Zambia
- Result 5: National capacity in HIV/AIDS planning, resource allocation, financial planning, training systems, human resource management and retention strengthened

Total Funding for Program Area (\$):

Current Program Context:

GRZ's plan to drastically scale-up ART nationwide requires support to systems, institutions, and programs that cut across prevention, treatment and care. USG partners strengthen HIV/AIDS service delivery systems, policies and coordinating structures to facilitate the rapid scale-up of HIV/AIDS civil and military services and programs. The public health system underpins HIV/AIDS service delivery and is overwhelmed by the epidemic. All health sector donors, including DFID, the Netherlands, Ireland AID, UNICEF, the World Bank and others, support health system strengthening. The USG provides complementary assistance to: annual and multi-year planning at national, provincial and district levels; training systems; human resource planning and management; performance assessment; sector financing; and donor and program coordination. Zambia's human resource crisis is a major impediment to scaling up HIV/AIDS services. In addition to training and provision of staff, the USG works closely with the GRZ, the ZDF, the private sector and FBOs/CBOs to address human resource constraints, increase the number of service providers, and improve clinical skills. The USG, through Peace Corps, provides volunteers to local organizations involved in combating HIV/AIDS to enhance organizational and planning skills, assist in integration of prevention and care programs, and to develop and distribute effective outreach materials. The NAC requires support and strengthening as it struggles to manage 14 Technical Working Groups and support 9 Provincial and 72 District AIDS Task Forces which are still not fully operational. DFID has seconded 4 long-term consultants to work within NAC to facilitate planning, implementation, monitoring and evaluation at the national level, while the UNDP has placed UN volunteers in 20 District AIDS Task Forces. The USG team is actively involved in the HIV/AIDS Expanded Theme Group led by the Minister of Health and NAC technical working groups. The USG has worked with the NAC on drafting a National AIDS Policy and M&E framework, on HIV/AIDS financing, and has supplied NAC with communications and IT equipment. Support is also provided to the Ministry of Youth, Sport and Child Development, which oversees OVC activities. The USG is strengthening AIDS Task Forces, FBOs, NGOs, businesses and public ministries to implement HIV/AIDS services and activities. The USG continues to be the only donor providing support to the Zambian Defense Force (ZDF) in HIV/AIDS service delivery. Only 2 of the 69 ZDF health facilities have the capacity to implement comprehensive HIV/AIDS services, including CT and ART. Despite some training, clinical officers and nurses lack skills in prescribing and monitoring patients on ART and require continuing medical education. Procurement and distribution of STI, TB, OI drugs and test kits also continue to be problematic, with the ZDF consuming a month's supply of drugs within 10 days. Despite a strong effort to establish HIV/AIDS policies in the workplace, the vast majority of workplaces are still without any HIV/AIDS policy and few have comprehensive prevention, care and treatment programs. The World Bank funds 29 line ministries for HIV/AIDS workplace policies and prevention programs and DFID has also supported workplace efforts. The USG provides technical support to businesses, including two of Zambia's largest private sector employers to expand CT, care, and ART services for employees and surrounding communities through public-private partnerships. Though a number of Zambian leaders have spoken out against HIV/AIDS and are promoting AB and CT, these are few and far between. Zambia urgently needs to strengthen the role and commitment from a wide range of religious, political, traditional and HIV positive leaders. The USG works with Members of Parliament, faith-based networks, positive people's networks, and traditional leaders to change sexual and societal norms and behaviors and reduce stigma.

Program Area: Other/policy analysis and system strengthening
 Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: RAPIDS / World Vision International

Planned Funds:

Activity Narrative: This activity will contribute to strengthening the capacity of national, district, community and military bodies to lead and coordinate the response to HIV/AIDS in the area of OVCs.

As requested by the GRZ, RAPIDS will hire and second a Senior OVC Policy Technical Advisor to the Ministry of Sport, Youth and Child Development. This advisor will assist the National OVC Steering Committee, NAC OVC Technical Working Group and other OVC structures at the national level to finalize a National OVC Policy, organize consultative meetings, provide training, provide technical guidance, and liaise with national, provincial and district OVC institutions and stakeholders. The advisor will facilitate the integration of OVC committees within district coordinating structures such as the District AIDS Task Forces.

With over 500 FBOs/CBOs implementing OVC activities around the country, RAPIDS will provide technical assistance to the GRZ in the development and maintenance of a database that tracks OVCs and OVC programs and maps OVC activities and projects as part of the national HIV/AIDS M&E system.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Policy and Guidelines	52%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	48%

Targets:

Target Description	Value	Applicability
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	5	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	100	<input type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- National AIDS control program staff
- Policy makers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD / Project Concern International

Planned Funds:

Activity Narrative:

The purpose of this agreement is to reach military units with stigma reduction messages through peer education, promoting HIV CT and entry into ART. Activities to decrease stigma will include peer educator led discussions on stigma, viewing of an anti-stigma video of HIV positive police/ZDF members and development and discussion led by peer educators using a discussion guide targeted to uniformed services. Peer education programs focused on stigma reduction will also be included in this activity.

Activity Category

- | | |
|--|-----|
| <input checked="" type="checkbox"/> Information, Education and Communication | 40% |
| <input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision | 30% |
| <input checked="" type="checkbox"/> Training | 30% |

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building; including stigma and discrimination reduction programs	40	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	150	<input type="checkbox"/> Not Applicable

Target Populations:

- HIV/AIDS-affected families
- Military
- Peacekeeping personnel
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD / US Department of Defense

Planned Funds:

Activity Narrative:

This activity will improve infrastructure through construction and renovation of HIV/AIDS Voluntary Counseling and Testing Centers, HIV/AIDS laboratories, and TB/HIV wards. DOD will collaborate with CDC, who will help to equip the facilities and train laboratory personnel.

The locations for these clinics were selected to increase the accessibility of counseling and testing services for military personnel and their families, stationed mainly in the Southern province of Zambia, with one center in Lusaka. The TB/HIV ward will be constructed in Livingstone Hospital, and will serve as a major entry point for anti-retroviral therapy. A Voluntary Counseling and Testing Center will also be included in this ward.

The five VCT centers provided in this agreement will serve as a major entry point for anti-retroviral therapy for civilians testing HIV positive, as the Ministry of Health is providing anti-retroviral therapy for those who test positive. In addition, two clinics also provide PMTCT therapy. The provision of HIV/AIDS Counseling and Testing Centers would allow the Ministry of Health to provide greater access to HIV testing and comprehensive ART to its citizens. In addition, the construction of these centers would give military personnel and their family members another option for treatment to avoid the stigma associated with VCT.

Activity Category

Infrastructure

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	0	<input checked="" type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- HIV/AIDS-affected families
- Military
- Peacekeeping personnel
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Lusaka
State Province: Southern

ISO Code: ZM-09
ISO Code: ZM-07

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD / US Department of Defense

Planned Funds:

Activity Narrative:

This activity will focus on twinning the Zambian Defense Force (ZDF) with Cook County Hospital, St. Luke's Hospital, Great Lakes Naval Hospital, and Navy Medical Center San Diego. Each twinning activity will include five U.S. military and civilian physicians and five Zambian Defense Force physicians participating in a medical exchange program.

The twinning with Cook County, St. Luke's, and Great Lakes hospitals will be a consultative exchange on HIV testing and counseling, HIV diagnosis, treatment and care in outpatient and inpatient settings with special emphasis on testing methodologies, patient confidentiality, drug regimens, alternative regimens, and treatment of drug reactions and side effects. It will also include nursing care and interventions with HIV/AIDS patients.

The program with the Navy Medical Center San Diego will be a technical assistance exchange focused on the structure and organization of the U.S. Navy's HIV/AIDS clinic, lab tests, and information provided during clinical visits, including: drug regimens, behavior change, psychosocial support, nutrition, nutritional supplements, physiotherapy, side effects, care and treatment.

In addition, this agreement will provide funding for ZDF doctors or nurses to attend short courses at the Uniformed School of Healthcare Sciences in Washington, D.C., the ART Care Management for Nurses and Health Administration Program Management in Uganda, and the ART Care Management course at the University of California at San Diego. These short courses will significantly improve the diagnosis, care, treatment, patient monitoring, and understanding of drug side effects for those living with HIV/AIDS.

Finally, this activity will establish a medical library with the latest HIV/AIDS related journals, books, and Internet access, significantly improving doctors' access to research articles and studies.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Training	60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Doctors
- Medical/health service providers
- Nurses
- Military
- Peacekeeping personnel

Key Legislative Issues:

- Twinning

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC HQ / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

This activity will result in improved capacity of the national laboratory system to diagnose HIV and related opportunistic infections.

A strong laboratory program is critical to each aspect to the President's Emergency Plan for HIV care and treatment which ranges from diagnosis of infection, evaluation of disease states as well as prevention and surveillance activities. A well trained workforce, a consistent and standard supply of diagnostic reagents and equipment, knowledge of records management, equipment maintenance, quality control and quality assurance are essential.

The USG in 2004 provided support to the MOH for the development of quality assurance in laboratory tests for the implementation of ART services. This support included the development of lab equipment and procurement guidelines, the development of standard operating procedures for laboratory tests and maintenance of equipment and systems for the support of ART services.

In 2005, the USG will continue to support improvement in human resource capacity and technical competencies of laboratory technicians through the provision of continuing professional education workshops and onsite technical assistance and onsite visitation. Assistance will be provided for the development of the national laboratory quality assurance program through assisting with monitoring and evaluation of laboratory data.

Activity Category

- Quality Assurance and Supportive Supervision
- Training

% of Funds

50%
50%

Targets:

Not Applicable

Number of individuals trained in the provision of lab-related activities	20	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Lab technicians

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / Tropical Diseases Research Centre

Planned Funds:

Activity Narrative:

These activities will result in increased capacity of national, regional and local laboratories to accurately diagnose HIV and related opportunistic infections, improved HIV and OI testing accuracy through increased number of trained and re-trained laboratories and an established national quality assurance program for laboratory monitoring of HIV.

The Tropical Disease Research Centre (TDRC) functions as a regional reference laboratory, serving the northern half of the country, for HIV testing and surveillance. With the rapid expansion of ARV services in the country, development of laboratory services are critical to each aspect of the services offered for HIV care and treatment.

In order to ensure appropriate management of advanced HIV infection the ability to accurately, and in a timely fashion, diagnose opportunistic infections, laboratory capacity in regional reference laboratories needs to be enhanced through the provision of laboratory equipment and supplies, as well as through appropriate training. The Chest Disease Laboratory in Lusaka provides all reference activities for TB for the whole country, including culture facilities and the external quality assurance program. In 2004, the USG provided support to the Tropical disease Research Centre (TDRC) for the development of TB culture facilities in order to broaden national capacity to effectively treat HIV infected TB patients and to support DOTS.

In 2005, the USG will provide continued support to the development of regional reference laboratory facilities at TDRC, including the training of laboratory staff and the implementation of a protocol to determine reference ranges for laboratory tests used in the evaluation of HIV diagnosis and treatment monitoring. Support will be provided for the lab to participate in the implementation of the national quality assurance program for the national laboratory system.

Activity Category

- Policy and Guidelines
- Training

% of Funds

- 70%
- 30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	10	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Lab technicians

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC / Chest Disease Laboratory

Planned Funds:

Activity Narrative: This activity will result in the established of a national quality assurance program for laboratory services for HIV and related opportunistic infections.

Diagnosing the rising numbers of HIV-associated TB is especially challenging as the presentation of HIV-associated TB is characterized by a higher proportion of active TB cases presenting with negative AFB (acid fast bacilli) microscopy smears. This reduces the sensitivity of smear microscopy, which has been the traditional method for diagnosing pulmonary TB and leads to delays in diagnosis and treatment and poor outcomes of treatment. Improving the competence of laboratory staff occurs through training as well as continued evaluation of competence through the implementation of a quality assurance testing program.

The USG will continue with activities begun in 2004 to strengthen the capacity of the Chest Disease Laboratory to implement external quality assurance in provincial laboratories for the monitoring of TB in HIV infected patients and for the training of provincial lab staff to carry out quality assurance activities at district level.

Activity Category % of Funds
 Quality Assurance and Supportive Supervision 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	20	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	10	<input type="checkbox"/> Not Applicable

Target Populations:

Lab technicians

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening
 Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: State / American International Health Alliance

Planned Funds:

Activity Narrative:

Through accurate reporting, journalists highlight the perils of HIV/AIDS, as well as the consequences of stigma and denial. Accurate reporting also encourages those living with HIV/AIDS to go public with their stories, thereby decreasing stigma. Journalists in Zambia are influential and are finally engaged – after many years of silence – in the HIV/AIDS dialogue, but they need to improve their standards to better engage in the HIV/AIDS dialogue. Current challenges of the Zambian journalism field include: pervasive inaccurate reporting (due to improper research or total lack of research), lack of follow-up to build upon stories that have had a positive impact, and the almost complete lack of photojournalism.

Through partnership with the Twinning Center, the USG will send American trainers to Zambia to work with Journalists Against AIDS in Zambia to conduct training for print, broadcast, and radio journalists on proper HIV/AIDS reporting. This would have a direct impact in the arena of HIV/AIDS prevention, care and treatment as well as reducing stigma and discrimination. The proposed training would be conducted by two trainers for sixty journalists representing the following geographic regions: thirty-five from Lusaka, ten from the Copperbelt, ten from Livingstone, and five from outlying areas. There would be two two-week training sessions of thirty journalists each. As part of the training, journalists would complete assignments covering HIV/AIDS issues, and these would be compiled into a final product such as a small newspaper insert or broadcast piece. These properly trained journalists would then a platform to reach large numbers of Zambians, both urban and rural, with the prevention, care and treatment messages that need to be heard to stop the tide of HIV/AIDS in Zambia today.

Activity Category

- Information, Education and Communication
- Training

% of Funds

- 20%
- 80%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	60	<input type="checkbox"/> Not Applicable

Target Populations:

- Media

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **SHARE / John Snow Research and Training Institute**

Planned Funds:

Activity Narrative:

This activity will contribute to (a) strengthening the capacity of national, district, community bodies to lead and coordinate the response to HIV/AIDS, (b) strengthening the capacity of faith-based, community-based organizations and local NGOs to administer, manage and implement HIV/AIDS projects; and (c) making religious, political, traditional and positive people's leadership be the driving force in the fight against HIV/AIDS.

SHARE will expand efforts to provide financial and technical resources to innovative programs that inspire and strengthen national, district and community leadership in the fight against HIV/AIDS. SHARE will establish a leadership programs to support leaders, including traditional leaders, religious leaders, political leaders, and other influential individuals in the fight against HIV/AIDS. SHARE will provide sub-grants to local organizations, leaders and leadership groups to implement innovative advocacy activities that will strengthen the role of leaders (traditional, religious, political, positive people) in the fight to reduce stigma, ensure the legal rights of PLWHAs, and promote the use of HIV/AIDS services.

SHARE will provided technical support and capacity building to HIV/AIDS coordinating structures and key local stakeholder institutions and leaders, (e.g. 40 positive people's network groups, the National AIDS Council, Provincial, District and community AIDS Task forces, traditional, religious and political leadership, law enforcement and the judiciary, business associations), engaged in the fight against HIV/AIDS.

By working to change the policy environment, SHARE will help ensure that the large Emergency Plan investment has significant and lasting impact. SHARE will work closely with NAC to conduct forums at regional and district levels to seek consensus and develop shared responses to HIV/AIDS. SHARE will also work closely with national stakeholders to develop a policy matrix that monitors national and workplace policies. SHARE will assist in the drafting, refinement and dissemination of codified laws or regulations applicable to HIV/AIDS discrimination and that remove barriers to access/use of CT, care, and ART services. SHARE will train 400 people in the implementation of these new laws/regulations including law enforcement and the judiciary.

Activity Category

- Local Organization Capacity Development
- Policy and Guidelines

% of Funds

72%
28%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	30	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	600	<input type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Implementing organization project staff
- Police
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Policy makers
- Program managers

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area:

State Province: Central	ISO Code: ZM-02
State Province: Copperbelt	ISO Code: ZM-08
State Province: Lusaka	ISO Code: ZM-09
State Province: Northern	ISO Code: ZM-05
State Province: North-Western	ISO Code: ZM-06
State Province: Southern	ISO Code: ZM-07
State Province: Western	ISO Code: ZM-01

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Deferred / US Centers for Disease Control and Prevention

Planned Funds: **Activity Narrative:**

These activities will result in increased capacity of national, regional and local laboratories to accurately diagnose HIV and related opportunistic infections, improved HIV and OI testing accuracy through increased number of trained and re-trained laboratories and an established national quality assurance program for laboratory monitoring of HIV.

In 2004, the USG provided support for the training of laboratory staff in basic laboratory procedures for HIV and OI such as tuberculosis smear microscopy, CD4 testing as well as culture and drug susceptibility testing and external quality assurance procedures.

In order to meet the demands of the rapid scale up ARV treatment and improved management of HIV infection and opportunistic infections, the technical capacity of the workforce of technologists and other health care professionals will need to be enhanced. The country has limited facilities for in-service training and for the continued professional training of technicians and technologists, with limited access to electronic communication and information systems for laboratory data.

In 2005, the USG will support to improve the training efficiency of two training centres through the provision of equipment, including IT equipment and internet connectivity, supplies, resources and structural modifications. The capacity of the Chest Diseases Laboratory to provide reference capacity will be enhanced through structural modifications and installation of Class 2/3 biological safety cabinets. The efficiency of the lab will be increased through support for improved communication facilities.

The USG will provide support for the development of a laboratory committee of partners that will oversee coordinated lab support to reach both urban and rural areas and to ensure the implementation and monitoring of the quality assurance program.

Activity Category

- Commodity Procurement
 Development of Network/Linkages/Referral Systems

% of Funds

70%
 30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	100	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Lab technicians

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC CAC/ US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

These activities will result in increased capacity of national, regional and local laboratories to accurately diagnose HIV and related opportunistic infections, improved HIV and OI testing accuracy through increased number of trained and re-trained laboratories and an established national quality assurance program for laboratory monitoring of HIV.

In 2004, the USG provided support for the training of laboratory staff in basic laboratory procedures for HIV and OI such as tuberculosis smear microscopy, CD4 testing as well as culture and drug susceptibility testing and external quality assurance procedures.

In order to meet the demands of the rapid scale up ARV treatment and improved management of HIV infection and opportunistic infections, the technical capacity of the workforce of technologists and other health care professionals will need to be enhanced. The country has limited facilities for in-service training and for the continued professional training of technicians and technologists, with limited access to electronic communication and information systems for laboratory data.

In 2005, the USG will support to improve the training efficiency of two training centres through the provision of equipment, including IT equipment and internet connectivity, supplies, resources and structural modifications. The capacity of the Chest Diseases Laboratory to provide reference capacity will be enhanced through structural modifications and installation of Class 2/3 biological safety cabinets. The efficiency of the lab will be increased through support for improved communication facilities.

Activity Category

- Commodity Procurement
- Infrastructure

% of Funds

58%
42%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	100	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Lab technicians

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC GAC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

With these monies, the USG will address underlying issues that constrain human capacity development and deployment across multiple program areas.

To establish and maintain the network model, institutionalized, dependable communication is essential. Reliable communication is the foundation for timely disease monitoring. Currently population-based HIV disease surveillance in Zambia takes place once every five years. Improved communications will allow data to be collected and analyzed over shorter time intervals allowing local health management teams to respond promptly with appropriate prevention messages, or to respond promptly to development of ARV drug resistance. The USG will work with the MOH to improve isolated health care worker's access to a social and technical support system. The CDC is the prime partner but will purchase information and communication technology equipment on behalf of the MOH. The equipment will be donated and installed using this funding mechanism.

The equipment is a complement to improvements in health systems management which the USG and the Government of the Republic of Zambia (GRZ) are working to enhance. Rural and semi-urban clinics currently receive management visits relatively infrequently, causing a crucial lapse in timely oversight. Relatively isolated clinics will be electronically linked to outside information sources. The equipment will help to improve communications between central, provincial and district management. Management can provide timely support to the field to improve patient care, health center management and clinical skills. An added benefit is that select rural and semi-urban locations will also be able to link into the national health information management system electronically. Provincial and national supervisors will have timely access to clinic records facilitating management feedback loops. Clinics will have greater access to user-friendly presentations of their data to promote internal improvement in quality of HIV care and facility administration. HIV/AIDS care and treatment will also be upgraded by providing clinicians with the most up to date patient management tools, national treatment protocols and guidelines.

The USG will work with the MOH to provide a mobile IT classroom to improve computer skills amongst public sector employees. USG and MOH will identify appropriate trainers to school largely computer illiterate health care workers in basic computer skills such as keyboarding, Office programs, and communications tools, resulting in an IT competence certification. Thereafter, health care workers will be able to access distance training courses for HIV, counseling and testing, PMTCT, tuberculosis and other HIV-related disease management certification.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Infrastructure	46%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	18%
<input checked="" type="checkbox"/> Training	36%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	50	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	200	<input type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers
- Nurses
- People living with HIV/AIDS
- Pregnant women

Key Legislative Issues:

Coverage Area: National
State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health Systems and Services Program / Abt Associates

Planned Funds:

Activity Narrative:

In FY05, the Health Services and Systems Project (HSSP) will build on FY04 activities to strengthen Zambia's public health systems that support HIV/AIDS services through:

Planning: HSSP will assist the Ministry of Health (MOH) in: drafting HIV/AIDS sections/chapters of the new National Health Strategic Plan (2006-2010); continuing (from FY04) revision of existing planning guidelines to reflect multiyear HIV/AIDS planning and coordination; continuing (from FY04) to build capacity of Provincial Health Offices for multi-year planning for HIV/AIDS; revising existing health facility performance assessment tools to include HIV/AIDS services; and developing reporting formats for monitoring the implementation of district and hospital Action Plans with special emphasis on HIV/AIDS services.

Training Systems: HSSP will assist the MOH to coordinate national HIV/AIDS training through: strengthening of HIV/AIDS modules in pre-service curricula for key health workers; and developing a national training information management system for HIV/AIDS-related in-service training.

Human Resources Planning and Management: HSSP will support the MOH to strengthen HIV/AIDS human resource planning and management, including: developing a human resources plan for scaling-up of ART in the private and public sectors; developing a health sector human resource database in conjunction with DFID and other donors; reviewing existing mechanisms for recruiting, motivating and retaining health care providers in ART sites; and developing guidelines and regulations on contracting out ART services to private providers.

Financing: HSSP will support assistance to track health sector HIV/AIDS program budgets and the total resource envelope, including: revising health sector financial planning and monitoring tools (e.g. Joint Investment Plan, National Health Accounts, Financial and Administrative Monitoring system) to integrate and capture HIV/AIDS financial flows and expenditures; tracking HIV/AIDS funding to various levels (central, provincial, district, hospital, health center, community) of the health sector; and developing costing and financial analysis of HIV/AIDS program requirements. In addition, HSSP will facilitate policy refinements for ART cost sharing through development of systems for managing the use of ART cost sharing funds, strengthening Exemption Committees at all ART facilities and integrating exemptions into the Health Management Information System. Finally, the USG will work with the GRZ to develop a framework for an ART social security scheme.

Health Sector Coordination: HSSP will assist the MOH to appropriately coordinate HIV/AIDS activities and funding with the established system and structures of the sector through: conducting a stakeholder mapping of all partners in delivery of clinical HIV/AIDS services and reviewing clinical HIV/AIDS implementation framework to identify gaps.

Activity Category

% of Funds

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- Health Care Financing 21%
- Human Resources 15%
- Local Organization Capacity Development 29%
- Training 35%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	129	<input type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers
- Private health care providers
- Ministry of Health staff
- Policy makers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health Communication Partnership / Johns Hopkins University Center for Communic

Planned Funds:

Activity Narrative:

The Health Communication Partnership (HCP) will support national and local leadership building for program advocacy, support and sustainability. The program will promote greater understanding of key strategic issues such as gender and HIV/AIDS, promote sharing of best practices among communities and organizations, and facilitate active involvement and participation of the media in program activities at the individual, community and national levels. Involvement of and patronage of high-level state officials at national, provincial, district and community levels will be pursued as a means of reinforcing communication and advocacy.

Activities will include: training of local leaders in community mobilization and use of participatory tools in motivating and sustaining community participation; facilitation of exchange visits among communities where best practices will be shared and lessons learned; expansion of the "Gender and Sexuality Tool Kit" into 5 additional districts. This is a guide that promotes a better understanding of gender roles and responsibilities and equitable treatment of men and women; small grants will be provided to CBOs engaged in HIV prevention, care and support activities in the communities to sustain their work; USG partners working in leadership will be supported with information and materials. High-level media campaigns and greater media coverage will be supported.

Activity Category

- Community Mobilization/Participation
- Information, Education and Communication

% of Funds

30%
70%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	3,500	<input type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Government workers
- Community health workers
- Media
- Policy makers
- Religious/traditional leaders

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

Activity Narrative:

One of Peace Corps Africa Region's performance goals through 2007 is to significantly increase its role in responding to the global HIV/AIDS epidemic by expanding the number of Volunteers who will provide education, training, and support for needy individuals, communities and organizations. The Region has established specific objectives, including the expansion of the ability of Volunteers and their communities to obtain and exchange information about the delivery of services to people living with HIV/AIDS, and increasing the number of partnerships targeting the HIV/AIDS efforts across the continent.

The Africa Region also expects each Post to incorporate HIV/AIDS training into either pre-service or in-service trainings so that 100 percent of all Volunteers are prepared to engage in HIV/AIDS education, prevention and support activities by 2007.

With 145 Volunteers presently in the country, Peace Corps/Zambia is one of the largest programs in Africa. These Volunteers are located in eight of Zambia's nine Provinces, and nearly all live and work in rural, hard to reach villages. As such, Peace Corps/Zambia fills a unique niche that positions it well to play an increasingly prominent role in meeting the goals set forth in the Strategic Plan. Peace Corps/Zambia will continue to strengthen its relationships with the Department of State, USAID, DOD and CDC in making a meaningful contribution to reversing the HIV/AIDS epidemic in Zambia.

Through Emergency Plan funding Peace Corps/Zambia has developed a stand-alone project that will focus on HIV/AIDS. In early FY2005, Peace Corps will begin to utilize a series of six month Crisis Corps Volunteers who will live at the community and district level and provide support to both government and non-governmental agencies, including Faith Based Organizations. Ten Crisis Corps Volunteers will launch this program in FY2005. Peace Corps Zambia also plans to utilize up to ten "extension Volunteers" in FY2005 who will contribute to overall country USG capacity building programs, primarily at the district level. These are Volunteers that wish to extend their service for a year or more beyond their initial two-year commitment. Finally, in May 2005, twenty Trainees will arrive for an extensive training program that will lead to their placement as Volunteers in rural villages for two years.

These Volunteers will partner with organizations actively involved in combating the HIV/AIDS epidemic in order to enhance organizational and planning skills, assist in integration of HIV/AIDS prevention and care programs, and to develop and distribute effective outreach materials.

Collectively, these new projects will move Peace Corps Zambia from uncoordinated "voluntary" HIV/AIDS interventions to more focused and coordinated activities. Volunteer participation at both the district and village level will concentrate on the prevention component in the Emergency Plan's 2-7-10 targets to be achieved by 2008. Additionally, all Volunteers across every project throughout Zambia will monitor their HIV/AIDS efforts and will provide input into the EP Country Data Bank through a Data Collection system being developed by Peace Corps/Washington.

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Activity Category

- Community Mobilization/Participation
- Local Organization Capacity Development

% of Funds
70%
30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	16	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	160	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- People living with HIV/AIDS
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Volunteers

Coverage Area:

State Province: Central	ISO Code: ZM-02
State Province: Copperbelt	ISO Code: ZM-08
State Province: Eastern	ISO Code: ZM-03
State Province: Luapula	ISO Code: ZM-04
State Province: Lusaka	ISO Code: ZM-09
State Province: Northern	ISO Code: ZM-05
State Province: North-Western	ISO Code: ZM-06
State Province: Southern	ISO Code: ZM-07

Program Area: Other/policy analysis and system strengthening
 Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AWatch / Pact, Inc.

Planned Funds:

Activity Narrative: This activity will contribute to strengthening the capacity of national, district, and community bodies to lead and coordinate the response to HIV/AIDS.

AWatch will award a sub-grant using a competitive process to an organization (preferably Faith Based) that will train 20 Members of Parliament, 20 staff at constituency offices, 400 councillors, and 125 workers/members of 25 FBOs in community mobilization for HIV/AIDS prevention, care and treatment responses, and stigma reduction. This sub-partner will work closely with HCP, SHARE and other USG partners to identify/develop and reproduce culturally appropriate IEC materials related to HIV prevention, care and treatment, and stigma reduction through 480 outreach activities in the 20 selected constituencies. The 25 FBOs will collect feedback from community members living in the constituencies on availability, quality and accessibility of HIV/AIDS services and will provide support to service delivery sites to encourage community members to seek services. The interventions will ultimately reach out to at least 600,000 people.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	43%
<input checked="" type="checkbox"/> Training	57%

Targets:

Target Description	Value	Applicability
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	480	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	690	<input type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Government workers
- Policy makers
- Religious/traditional leaders

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Sector Program Assistance / Ministry of Finance and National Planning

Planned Funds:

Activity Narrative:

In order to provide public sector HIV/AIDS clinical and community-based services, including ART, district health facilities must meet basic operating expenses such as utilities, rent, fuel, facility and vehicle maintenance, supplemental drug and medical supply purchases, etc. Without a consistent and reliable source of funding for these basic operational costs, district hospitals and health centers are not able to provide HIV services to the population. Lack of electricity, lack of transport to move people and supplies, lack of basic medical inputs like gloves and syringes—all of these can translate into clients arriving at health facilities, often after great time and expense to get there, to find the service they need is not available. With an estimated 65% of health services being HIV-related, and the fact that this percentage will grow as ART becomes part of the service in more and more sites, there is a direct effect on Emergency Plan results if these operational costs are not met.

In Zambia, support for operational costs is provided by designated resources from the GRZ and donors, which are combined to fund monthly grants to each of Zambia's 72 districts. The USG contributes through an existing Sector Program Assistance agreement with the Ministry of Finance and National Planning under which USG funds released through the program are leveraged to provide funding to the district health grant account. Monitoring of the district grant account is done quarterly through the Ministry of Health's Health Sector Committee, of which the USG is a member. While the parameters of the Sector Program Assistance agreement do not require the USG to track individual USG funds past their being added to the Ministry of Health district grant account, the USG receives district financial and service delivery reports for all districts so is able to monitor use of funds from that account.

The Emergency Plan funds requested for this activity will be equally matched by other USG health funds to make up the full USG contribution to the district grants. The amount requested from the Emergency Plan is approximately 4% of the Ministry of Health's annual district grant total and approximately 1% of Zambia's FY05 Emergency Plan budget—a cost effective way of helping to make sure that HIV/AIDS services in the public sector are available to clients. This support represents the equivalent of supporting the operations of approximately 3 districts and 8 health facilities and would result in ART treatment for an estimated 14,560 additional patients. However, the USG will attribute this activity as part of the USG support for the national program and will count indirect national ART achievements.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Logistics	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	8	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community members
- Health Care Workers
- Infants
- M&E specialist/staff
- Ministry of Health staff
- People living with HIV/AIDS
- Pregnant women
- Program managers
- Youth

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Zambia Law Enforcement Agency

Planned Funds:

Activity Narrative:

Zambian law enforcement currently has limited in-house capacity to test its employees for HIV and assess CD4 counts. Given the sensitive nature of officers' work, it is often problematic to refer officers to outside clinics for testing. While no prevalence data is available for Zambia, studies done in other countries show that the prevalence rate for law enforcement officers is higher than that of the general population.

The State Department will administer a grant to law enforcement to improve the laboratory capacity of its Lusaka-based clinic, which services employees from around the country. The funds will be used to purchase equipment and reagents to enhance the capacity of the laboratory to perform HIV tests and CD4 tests. Five technicians will be trained on the utilization and maintenance of the equipment. In FY05, 200 law enforcement officers will benefit from the enhanced testing capacity.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Infrastructure	60%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	5	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	1	<input type="checkbox"/> Not Applicable

Target Populations:

Government workers

Key Legislative Issues:

Coverage Area: National

State Province: _____ ISO Code: _____

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MPH Training / US Agency for International Development

Planned Funds:

Activity Narrative:

Zambian health professionals delivering HIV/AIDS services and managing the delivery of HIV/AIDS services have had limited opportunity to gain the technical, public health management and analytical skills necessary to plan, implement, manage, monitor and evaluate programs. The USG, in consultation with the GRZ, has identified, as a priority, the need to develop these skills in order to scale-up sustainable HIV/AIDS services; however, clinicians in Zambia do not receive this training as part of their medical or nursing education. Given the level of resources flowing into the country for HIV/AIDS and the challenges to analyze Zambia's needs and then effectively coordinate and use these resources to turn the tide of the epidemic—at national, provincial, district and facility levels—it is critical that these professionals have the opportunity to receive public health training that will help them do their jobs.

The USG has established relationships between the GRZ and the University of Zambia and the University of Pretoria in South Africa to provide funding for Zambian health workers to study for Masters in Public Health (MPH) degrees. The University of Pretoria MPH program offers specialized tracks of study and Zambian students will be directed to either the Monitoring and Evaluation or Disease Control track. Coursework in both programs includes HIV/AIDS and the necessary skills for disease prevention and control.

The USG will support 15 Zambian physicians and nurses at the University of Zambia (10 places) or the University of Pretoria (5 places) for an 18-month course. Emergency Plan funds will be matched 100% by other USG non-HIV/AIDS funds so each participant is equally funded by both sources. Participants will be selected jointly by the USG and a national fellowship committee to identify physician and nurse candidates who are either currently working in HIV/AIDS programs or slated to work in HIV/AIDS programs and will be best placed to fully utilize the skills and knowledge gained from this training. Participants are bonded to return to their jobs for a period of two years post-graduation. The USG's long-standing Participant Training program has established systems for following graduates to be sure that fulfill the requirements of their bonding and are working in areas directly related to their training—in this case, HIV/AIDS service delivery. As part of these routine Participant Training systems, the USG will develop a monitoring and evaluation component to demonstrate the linkage between MPH training and improved quality of HIV/AIDS services. The USG will develop instruments and processes to evaluate the impact of the MPH training on the graduates work once they return to their jobs.

Activity Category
 Training

% of Funds
 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	15	<input type="checkbox"/> Not Applicable

Target Populations:

- Doctors
- Nurses

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.15: PROGRAM PLANNING OVERVIEW

- Result 1: Ability of USG in country team to manage and administer HIV/AIDS program strengthened
- Result 2: Ability of USG in country team to better manage increased workload
- Result 3: Ability of USG to be more responsive and available to USG partners, the GRZ, the ZDF, the donor community and to OGAC on Emergency Plan matters improved.

Total Funding for Program Area (\$): **Current Program Context:**

The USG in Zambia is a strong and diverse team that capitalizes on the core competencies of each agency. Within the USG, each agency's strengths also complement and supplement the Emergency Plan program areas that other agencies are unable to support. Because of the continuous internal agency interplay, the USG in Zambia is successful in negotiating a strong, concerted effort to battle HIV/AIDS in Zambia. Achievement of Emergency Plan goals in FY05 and over the next five years is highly dependent on adequate staffing not only on the ground, but also within the Mission. As the Emergency Plan grows in Zambia, the USG will increase its technical and administrative staff across agencies in order to manage the increased programming successfully and efficiently in order to meet the 2-7-10 goals. As programs unfold in FY04, it has become increasingly clear that USG agencies that do not currently have dedicated technical staff to oversee and implement HIV/AIDS programs (e.g., Peace Corps, DOD) need to expand their staff. In the FY05 plan, more dedicated HIV/AIDS program and administrative staff will be hired in order to not only manage the Emergency Plan, but also to maintain a continuous dialogue with the GRZ, ZDF, donor community and USG Partners on the Emergency Plan. The Department of State will be requesting administrative assistance for the Emergency Plan Coordinator (which will be funded by Post in the interim). Technical and management staff are being hired at USAID, CDC, DOD and Peace Corps in order to support the Emergency Plan program in addition to the existing projects. Increased staffing in FY05 will ensure smoother Emergency Plan operations at Post and with partners in-country.

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD / US Department of Defense

Planned Funds:

[Redacted]

Activity Narrative:

This activity will provide funding for a Defense Attache Office Program Manager to plan and execute joint DOD and Zambian Defense Force prevention, care, and treatment activities, and monitor and evaluate completed activities.

The program will also provide a Project Coordinator to plan and execute annual HIV/AIDS construction and special projects, including HIV/AIDS vaccine studies, and monitor programs for quality and assurance. Resources will also be used to maintain office supplies and equipment.

Activity Category

Human Resources

% of Funds

100%

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Base / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

To facilitate the achievement of Emergency Plan goals, CDC-Zambia plans to hire additional staff that include 3 new US direct hires (total of 4 USDH in FY05), contract staff (4 fellows in FY05), and 12 additional Foreign Service Nationals (total of 24 FSN staff in FY05). The new hires will scale up technical implementation of activities that have been established with the Ministry of Health, Central Board of Health, University Teaching Hospital, and HIV/TB/STI national laboratories in Zambia. Three new approved US FTEs will receive staff relocation assistance, including travel of employee and dependents, temporary and permanent housing, storage and shipping of household goods, etc. The travel budget also has both international travel (TDYs, training, meetings, conferences) and local travel (USG strategic planning meetings, partners meetings, workshops, and site visits).

Transportation of Goods includes miscellaneous shipments from Atlanta, regional and local shipments such as computers and office equipment. The Printing/Reproduction budget includes dissemination of FY05 Country reports, several routine, annual and compiled and bound reports, presentations, training and other materials, bulletins and manuals. Contractual Services include Technical Assistance, RPSO Frankfurt (WCF for handling of CDC procurement and renovation contracts), ICASS, Internet/ IT Services, vehicle fleet fuel and service, and warehousing etc. An HIV/AIDS resource library will also be established and this will require continuous subscriptions.

New assets and equipment will be required, namely servers, computers for new hires, 2 new vehicles to assist in the execution of co-ag and other Emergency Fund tasks, and furniture for new USDH and other staff. Internet networking will also be upgraded and strategic information technology support to the Ministry of Health will be increased.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Deferred / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: Rent, Communications and Utilities covers recurring payments such as cellphones and the rental of CDC office space in FY05.

Activity Category _____ **% of Funds** _____

Targets: _____

Not Applicable

Target Populations: _____

Key Legislative Issues: _____

Coverage Area: National

State Province: _____

ISO Code: _____

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC GAC / US Centers for Disease Control and Prevention

Planned Funds: [Redacted]

Activity Narrative:

To facilitate the achievement of Emergency Plan goals, CDC-Zambia plans to hire additional staff that include 3 new US direct hires (total of 4 USDH in FY05), contract staff (4 fellows in FY05), and 12 additional Foreign Service Nationals (total of 24 FSN staff in FY05).

New assets and equipment will be required, namely servers, computers for new hires, 2 new vehicles to assist in the execution of co-ag and other Emergency Fund tasks, and furniture for new USDH and other staff. Internet networking will also be upgraded and strategic information technology support to the Ministry of Health will be increased.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:



Activity Narrative:

This activity is partially funded using deferred funds. Peace Corps presently supports its Volunteers with a staff of 30-35 people. All members of the staff are in some way involved with existing Volunteer efforts to combat the HIV/AIDS epidemic at the community level.

Five additional staff members have been contracted using Emergency Plan funding. The Crisis Corps Coordinator, together with the Associate Peace Corps Country Director for the HIV/AIDS project, will manage the key components of the program. A Program Assistant, Administrative Assistant/Secretary and a Driver will support them. All have been hired under the terms of one year, renewable, personal service contracts. It is anticipated that at least one additional person supporting the medical office will be needed when the new Volunteers arrive.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing
Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of State

Planned Funds:

Activity Narrative:

At present the USG in Zambia has only one dedicated staff person for the Emergency Plan based at the Embassy. This person serves as the USG Emergency Plan Coordinator, and reports directly to the Deputy Chief of Mission. In this role, the Emergency Plan Coordinator functions as the liaison between Post and OGAC, serves as the HIV/AIDS advisor to the Ambassador, and acts as the technical officer for programs within State. This position was funded 100% in FY04 through Emergency Plan funds. Post plans to continue funding the Emergency Plan Coordinator position 100% through the Emergency Plan. Travel costs include international travel (training, meetings, conferences) and local travel (USG strategic planning meetings, partners meetings, workshops, and site visits).

Due to the increasing scope and volume of work, a full-time administrative assistant to the Emergency Plan Coordinator will be hired using Post funds. In FY05, Post is seeking to fund the Emergency Plan Administrative Assistant through Emergency Plan funds.

Associated computer and equipment costs are included in Assets/Equipment for both the EP Coordinator and Administrative Assistant. All printing, reproduction and communications costs are included. Contractual services have been budgeted for TDY support. Because the Emergency Plan requires a continuous consultative process with the GRZ, ZDF, and donor community, some funds are requested to support local meeting logistics to facilitate this process.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TAACS / Centre for Development and Population Activities

Planned Funds:

Activity Narrative:



USAID has two TAACS staff: the Team Leader for the HIV/AIDS Office (SO9) and the Senior HIV/AIDS Technical Advisor in the Population, Health & Nutrition (PHN) Office (SO7). The SO9 Team Leader is responsible for: ensuring efficient and effective management for the HIV/AIDS Office; providing technical leadership for the USG team in OVCs, workplace programs, palliative care in non-clinical settings, and advocacy against stigma and discrimination; guiding strategic information related to HIV/AIDS for the entire USAID mission; and leading the USG SI committee. The SO9 Team Leader supervises a staff of 5 professionals who manage projects related to palliative care, OVCs, cross-border/Corridors of Hope, SI, policy analysis, HIV/AIDS workplace programs, and strengthening of national, district and community HIV/AIDS coordinating structures.

The Senior HIV/AIDS Technical Advisor oversees all HIV/AIDS activities in the PHN Office/SO7, which account for two-thirds of the PHN budget and program and approximately one-half of USAID's Emergency Plan funding. She manages the largest HIV/AIDS service delivery cooperative agreement (Family Health International/Prevention, Care and Treatment Project), manages ARV, test kit and other procurement handled by USAID (JSI/DELIVER), is responsible for all SI planning and reporting for the PHN Office, is responsible for all Emergency Plan planning and reporting for the PHN Office, has overall technical oversight of all HIV/AIDS programs in the office, and represents the USG on the Country Coordinating Mechanism for the GFATM.

Support from the Emergency Plan funds salaries, benefits and allowances as per USAID rules, professional training and travel, and some office equipment and supplies.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing
Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Population Leadership Program / Public Health Institute

Planned Funds:

Activity Narrative: The PLP Fellow works two-thirds time on activities supporting the Emergency Plan in the Population, Health and Nutrition Office (SO7)--the amount shown above reflects this percentage. She is Activity Manager for the behavior change/community empowerment cooperative agreement (Health Communication Partnership), which receives more than 50% of its funding from the Emergency Plan for activities in AB: Other Prevention, CT, ART, OI and gender. The Fellow provides management and technical support to this activity. She is also the designated in-country manager for Track 1.0 awards in AB for Youth (PACT and International Youth Foundation). She also contributes to the planning, management, budgeting and reporting processes for SO7's Emergency Plan activities. Support from the Emergency Plan funds salaries, benefits and allowances as per USAID rules, professional training and travel, and some office equipment and supplies.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health and Child Survival Fellows Program (HCSF) / Johns Hopkins Institute for Inte-

Planned Funds:

[Redacted]

Activity Narrative:

The HCSF Fellow works 33% time on activities supporting the Emergency Plan in the Population, Health and Nutrition Office (SO7)—the amount shown above reflects this percentage. He is Activity Manager for the social marketing agreement (Population Services International), which receives more than 50% of its funding from the Emergency Plan for activities in prevention and CT. The Fellow provides management and technical support to this activity. As a physician, he also advises the PHN Office and USG Emergency Plan team on medical issues related to Emergency Plan planning and implementation. He also contributes to the planning, management, budgeting and reporting processes for SO7's Emergency Plan activities. Support from the Emergency Plan funds salaries, benefits and allowances as per USAID rules, professional training and travel, and some office equipment and supplies.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: US Direct Hire Foreign Service Limited Appointment / US Agency for International D

Planned Funds:

Activity Narrative:

This US Direct Hire is the Team Leader/Office Director for the Population, Health and Nutrition Office (SO7). The Emergency Plan represents two-thirds of the PHN Office budget and program—the amount shown above reflects this percentage as applied to the costs for this position that are borne by USAID/Zambia. The Team Leader/Office Director has overall responsibility for the planning, management, budgeting and reporting processes for SO7's Emergency Plan activities. She is the senior USAID liaison with the Ministry of Health. She also is a member of Senior Management for USAID and advises the Mission Director and the USG Emergency Plan team on technical and programmatic elements of the Emergency Plan, particularly those related to service delivery in the public sector. Support from the Emergency Plan funds allowances as per USAID rules, professional training and travel, ICASS charges, office equipment and supplies and other USAID-Mission costs for Direct Hire staff.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing
Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Zambia Mission / US Agency for International Development

Planned Funds:

Activity Narrative:

The requested funding covers 9 full-time and 12 pro-rated time US Personal Services Contractor and Foreign Service National staff who support the Emergency Plan. It also includes pro-rated USAID ICASS and logistics costs for SO7 (two-thirds funded by the Plan) and SO9 (100% funded by the plan); and Mission logistics costs (ICASS, housing, utilities, etc) for centrally hired staff shown in other sections above.

Positions dedicated full-time to work on the Emergency Plan include: Deputy Team Leader (SO9), HIV/AIDS Human Rights and Advocacy Specialist, HIV/AIDS Multi-Sectoral Advisor, HIV/AIDS Food and Nutrition Advisor, Administrative Assistant (SO9), two FSN HIV/AIDS Program Specialists in the PHN Office/SO7 who support SO7 programs and back-up the Senior HIV/AIDS Technical Advisor (this includes one new FSN position noted in the 5-year Strategy), the Financial Analyst who works on the Emergency Plan, and a US/TCN PSC Health Communications Officer who will collect and write Emergency Plan success stories and liaise with the media, O/GAC and AID/Won HIV/AIDS issues.

Positions charged part-time to the Emergency Plan include an Acquisition & Assistance Specialist (program/project procurement), Procurement Specialist (local USAID procurement), Contracting Officer (program procurement), Program Development Officer, Project Development Officer, Senior Financial Analyst, 3 Drivers, Office Manager and Program Specialist (who support the SO7 program, which is 66% made up of Emergency Plan funding and activities) and Senior Health Advisor (SO7—manages all USAID health systems and PMTCT work related to the Emergency Plan and advises the USG team as a Zambian medical doctor formally with the GRZ).

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: *Deferred / US Department of State*

Planned Funds:

Activity Narrative:

One of DOS's contributions to the Emergency Plan is providing a dedicated staff person to serve as the Emergency Plan Coordinator who reports directly to the Deputy Chief of Mission. The Coordinator serves as the point of contact with OGAC, USG agencies, the GRZ, ZDF, FBO/NGO/CBOs, and the donor community. The Emergency Plan Coordinator facilitates USG interagency collaboration and guides Zambia's Emergency Plan activities, serves as the HIV/AIDS advisor to the Ambassador, provides technical assistance to DOD, and acts as the technical officer for programs within State. This position was funded 100% in FY04 through Emergency Plan funds.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: *National*

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred PC / US Peace Corps

Planned Funds:

Activity Narrative:

This activity is partially funded using deferred funds. Peace Corps presently supports its Volunteers with a staff of 30-35 people. All members of the staff are in some way involved with existing Volunteer efforts to combat the HIV/AIDS epidemic at the community level.

Five additional staff members have been contracted using Emergency Plan funding. The Crisis Corps Coordinator, together with the Associate Peace Corps Country Director for the HIV/AIDS project, will manage the key components of the program. A Program Assistant, Administrative Assistant/Secretary and a Driver will support them. All have been hired under the terms of one year, renewable, personal service contracts. It is anticipated that at least one additional person supporting the medical office will be needed when the new Volunteers arrive.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred / US Department of State

Planned Funds:

[Redacted]

Activity Narrative:

One of DOD's contributions to the Emergency Plan is providing a dedicated staff person to serve as the Emergency Plan Coordinator who reports directly to the Deputy Chief of Mission. The Coordinator serves as the point of contact with OGAC, USG agencies, the GRZ, ZDF, FBO/NGO/CBOs, and the donor community. The Emergency Plan Coordinator facilitates USG interagency collaboration and guides Zambia's Emergency Plan activities, serves as the HIV/AIDS advisor to the Ambassador, provides technical assistance to DOD, and acts as the technical officer for programs within State. This position was funded 100% in FY04 through Emergency Plan funds.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Table 5: PLANNED DATA COLLECTION IN FY05

Please answer each of the questions in this table in relation to data collection activities planned in your country in fiscal year 2005.

1	Is an AIDS Indicator Survey (AIS) planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, will HIV testing be included?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	When will preliminary data be available?	June 30, 2005	
2	Is a Demographic and Health Survey (DHS) planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, will HIV testing be included?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	When will preliminary data be available?	March 01, 2007	
3	Is a Health Facility Survey planned for FY05?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	When will preliminary data be available?		
4	Is an ANC Surveillance Study planned for FY05?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If yes, approximately how many service delivery sites will it cover?		
	When will preliminary data be available?		
5	Other significant data collection activity:		

Name: Health Facilities Census

Brief description of the data collection activity:

The Health Facilities Census will be conducted by JICA and the Ministry of Health. The purpose of the census is to collect information to determine the services provided by government, private, and faith-based health facilities throughout the country. Although this census will not include in-depth information on HIV/AIDS services, it is complimented by the Health Facilities Survey being conducted by the USG.

Preliminary data available: April 01, 2005

Name: Indicator Monitoring Survey

Brief description of the data collection activity:

The Central Statistical Office will conduct the Indicator Monitoring Survey. The purpose of this survey is to measure living standards, including household data on orphans and vulnerable children, mortality rates, and causes of death.

Preliminary data available: June 01, 2005

6. Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2005? Yes No

