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2006

Zambia

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UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: HARRY R MELONE
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Country Contacts

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Table 1: Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

☑ Yes ☐ No

Description:

In July 2005, the Government of Zambia (GRZ) changed its ART policy, to provide free ART services for all Zambians through public health care facilities. As a result of this decision, ART is now available to a significantly larger proportion of Zambians needing these life-extending services. However, there are many challenges associated with this policy change, as the public health care system is already at its limits of providing high-quality health care, such as HIV counseling and testing services—the entry point to ART services. The ripple effects of this policy change will be felt at all levels of the public health care system, from HIV counseling and testing services to community home-based care programs.

The current policy of free ART has removed a significant barrier to the scaling up of ART and has the potential to contribute to a dramatic reduction in stigma. The USG in Zambia, through the Emergency Plan is committed to working with the Government of Zambia to translate this policy change into a reality for the Zambian living with HIV/AIDS, impacting not only the individual, but the wider society.

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2006

	National 2-7-10	USG Direct Target End FY2006	USG Indirect Target End FY2006	USG Total target End FY2006
Prevention				
	Target 2010: 398,500			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		212,076	0	212,076
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		44,047	0	44,047
Care				
	Target 2008: 600,000	393,282	0	393,282
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri		100,000	0	100,000
Number of OVC served by an OVC program during the reporting period		283,947	0	283,947
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		236,966	99,892	336,858
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		9,335	0	9,335
Treatment				
	Target 2008: 120,000	65,349	80,167	145,516
Number of individuals receiving antiretroviral therapy at the end of the reporting period		65,349	80,167	145,516

2.2 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10	USG Direct Target End FY2007	USG Indirect Target End FY2007	USG Total target End FY2007
Prevention				
	Target 2010: 398,500			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		*270,206*	*0*	*270,206*
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		51,470	0	51,470
Care				
	Target 2008: 600,000	421,242	0	421,242
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri		84,071	0	84,071
Number of OVC served by an OVC program during the reporting period		322,292	0	322,292
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		281,382	0	281,382
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		14,879	*0*	14,879
Treatment				
	Target 2008: 120,000	100,314	0	100,314
Number of individuals receiving antiretroviral therapy at the end of the reporting period		100,314	0	100,314

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Corridors of Hope

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2984
Planned Funding($): [ ] B5
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: [ ] B5
Early Funding Request Narrative: This is a new procurement that will be ready for implementation by April 1st. Early funding will allow this project to be initiated right after completing the procurement process and will prevent any gap in service from the current Corridors of Hope project.

Early Funding Associated Activities:

Program Area:Abstinence/Be Faithful
Planned Funds: [ ]
Activity Narrative: This activity relates to HVCT (#3664) and HVOP (#3665). The Corridors of Hope Cross Border Initia

Program Area:Counseling and Testing
Planned Funds: [ ]
Activity Narrative: This activity relates to HVAB (#3663) and HVOP (#3665). The Corridors of Hope Cross Border Initia

Program Area:Other Prevention
Planned Funds: [ ]
Activity Narrative: This activity relates to HVAB (#3663) and HVCT (#3664). The Corridors of Hope Cross Border Initia

Mechanism Name: ORISE Lab

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3011
Planned Funding($): [ ]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3081
Planned Funding($): [ ] B5
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Zambia Partners Reporting System

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3034
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Health Services and Systems Program

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2910
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: ABT Associates
New Partner: No

Sub-Partner: JHPIEGO
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention
Treatment: ARV Services
Other/policy analysis and system strengthening

Mechanism Name: EQUIP II

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2829
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: Latkings Outreach Programme
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Counseling and Testing

Sub-Partner: Anti-AIDS Teachers' Association of Zambia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Counseling and Testing

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Counseling and Testing

Mechanism Name: Linkages

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2932
Planned Funding($): [ ]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Mechanism Name: CHANGES2

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2828
Planned Funding($): [ ]
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: American Institutes for Research
New Partner: No

Sub-Partner: Forum for African Women Educationalists of Zambia
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Mechanism Name: Twinning Center

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3043
Planned Funding($): [ ]
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: American International Health Alliance
New Partner: No

Mechanism Name: Zambia Emory HIV/AIDS Research Project (ZEHRP)

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2992
Planned Funding($): [ ]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Association of Schools of Public Health
New Partner: No

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Sub-Partner: Emory University
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Counseling and Testing

Mechanism Name: MARCH Project

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3368
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Axiom Resources Management
New Partner: Yes

Mechanism Name: (UTAP)/ Boston University/ZEBS

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2929
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Boston University
New Partner: No

Sub-Partner: Zambia Exclusive Breastfeeding Services (ZEBS)
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing
Treatment: ARV Services

Mechanism Name: Technical Assistance- CARE International

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2933
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: CARE International
New Partner: No

Mechanism Name: CRS OVC Project

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2966
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Solwezi Catholic Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Mongu Catholic Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Mansa Catholic Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Mechanism Name: AIDSRelief- Catholic Relief Services

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3007
Planned Funding($):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: Catholic Relief Services
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: Catholic Relief Services provides HIV treatment services to 13 sites, with the majority serving the rural populations in hard-to-reach areas. By the end of 2005, it is estimated that they will have reached their goal of 6000 patients on treatment. In FY06, with the current projected funding levels, the organization will be unable to continue its rapid expansion of treatment but will continue providing treatment for all enrolled patients. In order to maintain the pipeline of drugs for the first 3 quarters of 2006, as well as maintain the 3 months buffer stock, orders to pharmaceutical companies need to be placed by the end of October 2005. The early funding request will therefore provide for the purchase of antiretroviral drugs to provide for maintenance treatment and a buffer stock.

Early Funding Associated Activities:

Program Area:Treatment: ARV Services
Planned Funds:
Activity Narrative: This activity relates to #4548 in this section. Building on FY05, AIDSRelief will provide AIDS trea

Sub-Partner: Mtendere Mission Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: St. Theresa Hospital
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Macha Mission Hospital
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Circle of Hope
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Chreso Ministries
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Wusakile Private Hospital
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Sichili Mission Hospital
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: St. Francis Home Based Care Center
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Chikuni Mission Hospital
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Katondwe Mission Hospital
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Mukinge Mission Hospital
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Chilonga Mission Hospital
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: St. Francis Hospital
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: The Futures Group International
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Strategic Information

Mechanism Name: SUCCESS

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2930
Planned Funding($): [ ]
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Archdiocese of Kasama
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Chipata Diocese
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Our Lady's Hospice
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Jon Hospice

Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Ranchod Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Martin Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: St. Francis Community
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Cicetekelo Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Mpanshya Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Chilanga Mother of Mercy Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Mansa Catholic Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Mongu Catholic Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Monze Catholic Diocese
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Mpika Catholic Diocese
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Palliative Care Association of Zambia
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Solwezi Catholic Diocese
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Mechanism Name: MOH/CBoH- SI

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3019
Planned Funding($): [ ]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Central Board of Health
New Partner: No

Mechanism Name: Central Contraceptive Procurement

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3083
Planned Funding($): [ ]
Agency: *U.S. Agency for International Development*
Funding Source: GAC (GHAI account)
Prime Partner: Central Contraceptive Procurement
New Partner: No

Mechanism Name: CSO SI

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3023
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Central Statistics Office
New Partner: No

Mechanism Name: TAACS

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3052
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Centre for Development and Population Activities
New Partner: No

Mechanism Name: Injection Safety

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2913
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Chemonics International
New Partner: No

Sub-Partner: JHPIEGO
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Injection Safety

Sub-Partner: Manoff Group, Inc
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Injection Safety

Mechanism Name: CDL

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3010
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Chest Diseases Laboratory
New Partner: Yes

Mechanism Name: Community Based Care of OVC

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3042
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Christian Aid
New Partner: Yes

Sub-Partner: Family Health Trust
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Lusaka Catholic Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Copperbelt Health Education Project
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Ndola Catholic Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Mechanism Name: CHAZ TB/HIV

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2976
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Churches Health Association of Zambia
New Partner: No

Mechanism Name: Columbia Pediatric Center

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3001
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No

Sub-Partner: Boston University
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Sub-Partner: University Teaching Hospital
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Mechanism Name: PROFIT

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2916
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Cooperative League of the USA
New Partner: No

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: TA- Crown Agents

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3012
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Crown Agents
New Partner: No

Mechanism Name: DAPP

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2994
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Development Aid People to People, Namibia
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: DAPP Humana in Zambia requests [ ] in early funding to enable necessary preparations regarding personnel, community mobilization, and materials. Specifically, DAPP would be able to pay necessary program staff and support staff earlier for time dedicated to preparation activities. Staff would conduct a baseline assessment to determine appropriate points in the community for C&T expansion as well as conduct initial meetings to mobilize community leaders. In addition, information materials for both one on one C&T as well as for community outreach could be finalized. Finally, recruitment of C&T counselors could be concluded. Solid preparation of these early activities would ensure a smooth and rapid transition to the outreach and testing phase.

Early Funding Associated Activities:

Program Area:Counseling and Testing
Planned Funds:
Activity Narrative: Development Aid from People to People in Zambia (DAPP in Zambia), in cooperation with Humana People

Mechanism Name: MATEP

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2917
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Development Alternatives, Inc
New Partner: No

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: QUESTT

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2915
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Education Development Center
New Partner: Yes

Mechanism Name: TA- CIDRZ

Mechanism Type: *Headquarters procured, country funded (HQ)*
Mechanism ID: 2998
Planned Funding($): [ ]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: [ ]
Early Funding Request Narrative: The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), through its partner, the Centres for Infectious Disease Research in Zambia (CIDRZ), provides ART to almost half of the total number of patients on ART in the country, currently covering 18 sites. The projected number of patients by March 2006 is 22,000 in a total of 32 sites and the projected number of sites in FY06 is 36, with an additional 4 new sites. In agreement with the Ministry of Health, drug support for these sites by CIDRZ comprises mainly second-line drugs, with first-line generic drugs provided by the MoH with support from the Global Fund. The request for early funds will allow for the purchase of a buffer stock of second-line drugs to ensure continued treatment, in the event of an emergency stock-out as the drug forecasting and stock reporting and management systems are being strengthened.

Early Funding Associated Activities:

Program Area:Treatment: ARV Drugs
Planned Funds: [ ]
Activity Narrative: This activity relates to activities in HIV/AIDS Treatment/ARV Services #3687. As agreed with the Za

Sub-Partner: Centre for Infectious Diseases Research in Zambia (CIDRZ)
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Drugs
Treatment: ARV Services

Mechanism Name: OVC Project

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3032
Planned Funding($): [ ]
Agency: *U.S. Agency for International Development*
Funding Source: GAC (GHAI account)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Expanded Church Response
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OVC

Mechanism Name: Zambia Prevention, Care and Treatment Partnership

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2909
Planned Funding($): [ ]
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: International HIV/AIDS Alliance
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Services

Sub-Partner: Management Sciences for Health
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Churches Health Association of Zambia
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Expanded Church Response
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Services

Sub-Partner: Kara Counseling Centre
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: TB/HIV
Counseling and Testing

Mechanism Name: Anchor

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2970
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Hope Worldwide
New Partner: Yes

Mechanism Name: CASU

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3058
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: IAP Worldwide Services, Inc.
New Partner: Yes

Mechanism Name: BizAIDS

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2925
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: International Executive Service Corp
New Partner: No

Sub-Partner: Latkings Outreach Programme
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Counseling and Testing

Mechanism Name: Empowering Africa's Young People Initiative

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2914
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: International Youth Foundation
New Partner: No

Sub-Partner: Zambia Red Cross Society
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Zambia Young Women's Christian Association

Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Zambia Girl Guides Associaton
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Zambia Young Men's Christian Association
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Zambia Scouts Association
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: ACCESS

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3071
Planned Funding($): [ ]
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: JHPIEGO
New Partner: No

Sub-Partner: The Futures Group International
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening

Mechanism Name: Technical Assistance/JHPIEGO

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3017
Planned Funding($): [ ]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: JHPIEGO
New Partner: No

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Mechanism Name: DoD-JHPIEGO

Mechanism Type: *Locally procured, country funded (Local)*
Mechanism ID: 2987
Planned Funding($):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: JHPIEGO
New Partner: No

Sub-Partner: John Snow, Inc.
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening

Mechanism Name: SHARE

Mechanism Type: *Locally procured, country funded (Local)*
Mechanism ID: 2968
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: John Snow Research and Training Institute
New Partner: No

Sub-Partner: ABT Associates
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening

Sub-Partner: Initiatives, Inc.
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening

Sub-Partner: Zambia Health Education Communication Trust
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
OVC
Counseling and Testing
Treatment: ARV Services

Sub-Partner: Afya Mzuri
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
OVC
Counseling and Testing
Treatment: ARV Services

Sub-Partner: ZamAction
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
OVC
Counseling and Testing
Treatment: ARV Services

Sub-Partner: Comprehensive HIV/AIDS Management Program
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing
Treatment: ARV Services
Other/policy analysis and system strengthening

Sub-Partner: Konkola Copper Mines PLC
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing
Treatment: ARV Services

Sub-Partner: Mopani Copper Mines PLC
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing
Treatment: ARV Services

Sub-Partner: Copperbelt Energy Company PLC
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
OVC
Counseling and Testing
Treatment: ARV Services

Sub-Partner: Zambia Sugar PLC
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing
Treatment: ARV Services

Sub-Partner: Kansanshi Mines PLC
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
OVC
Counseling and Testing
Treatment: ARV Services

Sub-Partner: Bwana Mkubwa Mining Limited
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
OVC
Counseling and Testing
Treatment: ARV Services

Sub-Partner: Mkushi Farmers Association
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing
Treatment: ARV Services

Sub-Partner: Dunavant Zambia Limited
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Mechanism Name: Deliver

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3048
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: Health Communication Partnership

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2911
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Sub-Partner: Save the Children US
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: International HIV/AIDS Alliance
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Comprehensive HIV/AIDS Management Program
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing
Treatment: ARV Services

Mechanism Name: Health and Child Survival Fellows Program (HCSF)

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3054
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Johns Hopkins University Insititue for International Programs
New Partner: No

Mechanism Name: Measure DHS

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2983
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Macro International
New Partner: No

Sub-Partner: Central Statistics Office
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Strategic Information

Mechanism Name: Healthy Teen Living

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3045
Planned Funding($):
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner: M-Films Production
New Partner: Yes

Mechanism Name: NAC SI

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3022
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: National AIDS Council, Zambia
New Partner: No

Mechanism Name: PAS/National Arts Council of Zambia

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3047
Planned Funding($):
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner: National Arts Council of Zambia
New Partner: No

Mechanism Name: TA- NASTAD

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3021
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: National Association of State and Territorial AIDS Directors
New Partner: No

Mechanism Name: UNZA M&E

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3026
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: National Department of Social Development
New Partner: No

Mechanism Name: Sustainable Income and Housing for Orphans and Vulnerable Children

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3040
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Opportunity International
New Partner: No

Sub-Partner: Christian Enterprise Trust of Zambia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Habitat for Humanity Zambia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Mechanism Name: Y-Choices

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3129
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Pact, Inc.
New Partner: No

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: AWatch

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2827
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Pact, Inc.
New Partner: No

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Counseling and Testing

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Mechanism Name: Breaking Barriers

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3038
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: PLAN International
New Partner: No

Sub-Partner: Hope for African Children Initiative
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Mechanism Name: Social Marketing

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2830
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: BELONG

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2975
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Project Concern International
New Partner: No

Sub-Partner: Pact, Inc.
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: The Futures Group International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Zambia Open Community Schools

Planned Funding: $0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Mechanism Name: DoD-PCI

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3041
Planned Funding($):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Project Concern International
New Partner: No

Mechanism Name: Eastern Provincial Health Office

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2988
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Provincial Health Office - Eastern Province
New Partner: Yes

Mechanism Name: Southern Provincial Health Office

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2973
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: *GAC (GHAI account)*
Prime Partner: Provincial Health Office - Southern Province
New Partner: Yes

Mechanism Name: Western Provincial Health Office

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3082
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Provincial Health Office - Western Province
New Partner: Yes

Mechanism Name: RPSO Pediatric

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3002
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Regional Procurement Support Office
New Partner: No

Mechanism Name: TDRC

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3009
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Tropical Diseases Research Centre
New Partner: No

Mechanism Name: UTAP/Tulane University

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3080
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Tulane University
New Partner: Yes

Sub-Partner: Centre for Infectious Diseases Research in Zambia (CIDRZ)
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT

Mechanism Name: PRM/UNHCR

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3046
Planned Funding($):
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner: United Nations High Commissioner for Refugees
New Partner: Yes

Sub-Partner: Afrika Aktion Hilfe
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Sub-Partner: Christian Outreach for Relief and Development
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: Yes

Sub-Partner: HODI Zambia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Sub-Partner: Zambia Red Cross Society
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Mechanism Name: UTAP/ University of Alabama

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2978
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: University of Alabama, Birmingham
New Partner: No

Mechanism Name: University of Nebraska Lab

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2980
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: University of Nebraska
New Partner: Yes

Mechanism Name: Measure Evaluation

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2926
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: University of North Carolina Carolina Population Center
New Partner: No

Sub-Partner: Central Statistics Office
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Strategic Information

Mechanism Name: University Student HIV Leadership Program

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3116
Planned Funding($):
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner: University of Zambia
New Partner: No

Mechanism Name: University Teaching Hospital

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2950
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: University Teaching Hospital
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: The Family Support Unit at the University Teaching Hospital provides counseling and testing services to the Department of Paediatrics as well as the rest of the hospital and general public. In addition psycho-social support is provided to orphans and vulnerable children and their care-givers. In FY06, these activities will continue with additional activities linking the HIV infected children to the Paediatric Centre of Excellence for antiretroviral treatment and other care interventions. This activity was previously received funding for these activities from the Emergency Plan through FHI and RAPIDS. Continued support for the psychosocial activities will be provided in FY2006 by RAPIDS while support for counseling and linkages with ART will be provided by CDC. Early funding is requested to provide continued support for these activities as the unit is a new partner for CDC in 2006.

The Family Support Unit at the University Teaching Hospital provides counseling and testing services to the Department of Paediatrics as well as the rest of the hospital and general public. In addition, psycho-social support is provided to orphans and vulnerable children and their care-givers. In FY06, these activities will continue with additional activities linking the HIV-infected children to the Pediatric Center of Excellence for antiretroviral treatment and other care interventions. The Family Support Unit will be physically integrated into the newly renovated Center of Excellence for Pediatric and Family HIV Care and Treatment in FY06.

The Family Support Unit at UTH previously received limited funding from the Emergency Plan through FHI and RAPIDS. Continued support for the psychosocial activities will be provided in FY06 by RAPIDS while support for counseling and linkages with ART will be provided through CDC. Early funding is requested to provide continued support for these activities and enable a smooth transition as the unit is a new partner for CDC in 2006.

Early Funding Associated Activities:

Program Area:Treatment: ARV Services
Planned Funds:
Activity Narrative: This activity relates to #3691 and #3692 in this section. In FY05, the USG provided limited support

Program Area:Counseling and Testing
Planned Funds:
Activity Narrative: One component of this activity is to provide HIV counseling and testing services to the to in-patien

Mechanism Name: University Teaching Hospital

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3055
Planned Funding($): $0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: University Teaching Hospital
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: The Family Support Unit at the University Teaching Hospital provides counseling and testing services to the Department of Paediatrics as well as the rest of the hospital and general public. In addition, psycho-social support is provided to orphans and vulnerable children and their care-givers. In FY06, these activities will continue with additional activities linking the HIV-infected children to the Pediatric Center of Excellence for antiretroviral treatment and other care interventions. The Family Support Unit will be physically integrated into the newly renovated Center of Excellence for Pediatric and Family HIV Care and Treatment in FY06.

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Mechanism Name: USAID/Zambia Mission Management and Staffing

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3079
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3104
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3013
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Sub-Partner: *To Be Determined*
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Mechanism Name: DoD/LabInfrastructure

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3051
Planned Funding($):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3050
Planned Funding($):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2826
Planned Funding($):
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: *Changing Hearts, Minds and Behaviors*

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3077
Planned Funding($):
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner: US Health Resources and Services Administration
New Partner: No

Mechanism Name: *N/A*

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3028
Planned Funding($):
Agency: Peace Corps
Funding Source: GAC (GHAI account)
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: *CDC Lab - Supply Chain Management*

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3611
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Working Capital Fund
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: The rapid scale up of ART and other HIV treatment and care services will be enhanced by a functional laboratory system that is able to provide quality assured diagnostic and monitoring laboratory tests such as the HIV test, CD4 counts and biochemical and hematology tests. In 2005 the USG provided support to strengthen the laboratory services through the procurement of equipment and supplies to supplement the MoH procurements from Global fund, the World Bank and other donors. In anticipation of an increase in demand for HIV care and treatment with the recent decision to provide free treatment and laboratory tests, early funding is requested for the procurement of reagents to support the provision of CD4 tests, biochemical and hematological monitoring of treatment as well as equipment.

Early Funding Associated Activities:

Program Area:Laboratory Infrastructure
Planned Funds:
Activity Narrative: The availability of an adequate reagent inventory for laboratory testing is a constant problem in Za

Mechanism Name: HIV Test Kits & ARV Drug Procurement

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3049
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Working Capital Fund
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: *This is to ensure that ARVs and test kits along with other required commodities are procured in a timely manner and reach Zambia as soon as possible.*

Early Funding Associated Activities:

Program Area:Counseling and Testing
Planned Funds:
Activity Narrative: This activity links with the JSI/DELIVER CT activity (3748). FY06 monies will be placed in the Work

Program Area:Treatment: ARV Drugs
Planned Funds:
Activity Narrative: This activity links with the JSI/DELIVER ARV Drug activity (3747). FY06 monies will be placed in th

Mechanism Name: Christian Reformed World Relief Committee

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3044
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: World Concern
New Partner: Yes

Sub-Partner: Reformed Church in Zambia Eastern Diaconia Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Reformed Community Support Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: World Hope International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: OVC

Sub-Partner: Operation Blessing
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Nazarene Compassionate Ministries
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Church of Central Africa Relief & Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Mechanism Name: RAPIDS

Mechanism Type: *Locally procured, country funded (Local)*
Mechanism ID: 2922
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: World Vision International
New Partner: No

Sub-Partner: Africare
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Catholic Relief Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC

Sub-Partner: Expanded Church Response
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC

Sub-Partner: Salvation Army
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
OVC

Sub-Partner: CARE International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2825
Planned Funding($):
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner: Zambia Law Enforcement Agency
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2952
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Prime Partner: Zambia National Blood Transfusion Service
New Partner: No

Table 3.3.01: Program Planning Overview

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01

Total Planned Funding for Program Area:

Program Area Context:

The GRZ is in its third year of implementing the National PMTCT Strategic Framework (2003-2005).The program is fully developed with standardized curricula, protocols, and guidelines for counseling, testing, and treatment options, including newly developed data collection tools. In support of Zambia's national response and the USG 5-year Emergency Plan strategy, USG will help ensure the implementation of the PMTCT expansion plan in public and ZDF health facilities. The primary goal of the Strategic Framework is to ensure that all 72 districts in Zambia implement the package of care for PMTCT by December 2005. There are more than 200 PMTCT sites nationwide with the USG providing direct support to 136 sites in all 9 provinces. A routine opt-out approach was implemented by the National PMTCT Program in FY05. Over 190,000 women (out of an estimated half a million deliveries annually) are receiving PMTCT services at these sites and about 28,000 women and infants have received a complete course of antiretroviral prophylaxis. As outlined by the national PMTCT protocol, the USG partners are implementing a holistic and comprehensive approach that integrates PMTCT and CT into routine maternal and child health services. The uptake for testing at many centers has increased to over 90% of women. The MOH provided leadership that resulted in harmonization of practices, including use of national training curricula, national protocols and guidelines, and referral networks for HIV positive women to ART services. Prevention of unwanted pregnancies among HIV-positive women is a key goal of the national program. In FY06, the USG will be supporting capacity-building at district, provincial, and national levels on management of all components of the PMTCT program and rapid expansion to the remaining districts. This includes the development of innovative models of PMTCT delivery in remote and rural areas, where the majority of Zambians live. The USG plans to expand direct support to 100 new sites in FY06 and USG partners will collaborate closely to ensure high population coverage. Faced with a human resource shortage, especially in rural areas, USG will lead the effort to support new innovations using lay providers and trained Traditional Birth Attendants (TBAs) in PMTCT services including counseling and testing where appropriate. The MOH has adopted this approach and most rural PMTCT sites will be using this cadre of providers. Harmonization of training, supervision and incentive schemes for lay providers will be achieved and the lessons learned from the pilot schemes will guide policy decisions and guidelines.

USG will endorse and follow WHO guidelines and recommended antiretroviral regimens with a tiered approach adapted to site-specific capacity (i.e. HAART for eligible women; dual ARV regimens for PMTCT; single-dose NVP if no other option). Expanded access to CD4 tests for HIV-positive mothers will result in improved staging for ART. While ARV prophylaxis greatly reduces the chance of HIV transmission, care of infants has been limited by the lack of early infant HIV diagnosis. The USG will support the MOH to evaluate innovative and less costly HIV testing of infants. Linkages to state-of-the-art pediatric and adult HIV care, OI prophylaxis, and nutritional and legal support will be strengthened (see also program areas 6 and 11).

The PMTCT national program also receives assistance from the Global Fund, which is refurbishing clinic facilities and supporting the planned mid-term evaluation of PMTCT services in the country. The USG will provide epidemiologic and laboratory support for the mid-term evaluation. UNICEF also plays a pivotal role in PMTCT implementation by providing technical support, funding communication activities, and procuring PMTCT supplies. The Development Cooperation of Ireland, World Food Program, Médecins Sans Frontières, and Japanese International Cooperation Agency also support the national program.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national or international standards	304
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	44,634
Number of health workers trained in the provision of PMTCT services according to national or international standards	1,076
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	216,558

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	Zambia Prevention, Care and Treatment Partnership
Prime Partner:	*Family Health International*
USG Agency:	*U.S. Agency for International Development*
Funding Source:	GAC (GHAI account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	3528
Planned Funds:	
Activity Narrative:	This activity links with the Zambia Prevention, Care, and Treatment Partnership (ZPCT) CT (3525), ART Services (3527), Palliative Care (3526), HIV/TB (3542), and Laboratory Support (3541) activities as well as other United States Government (USG) partners and United Nations Population Fund (UNFPA) programs, as outlined below. Five project components provide support to the Government of the Republic of Zambia (GRZ) to strengthen and expand the Prevention of Mother to Child Transmission (PMTCT) services in the Central, Copperbelt and the more remote, Luapula, North-Western, and Northern Provinces to reach 90,500 women with PMTCT services and place 20,000 on a complete course of ARV prophylaxis. The five components include: 1) PMTCT service delivery; 2) promotion of PMTCT services; 3) increased access to testing services; 4) follow-up with HIV-infected mothers and their children; and 5) assistance to the national PMTCT working group to assist in developing/disseminating guidelines and protocols for PMTCT.

Under the first component, ZPCT will continue supporting 76 PMTCT facilities in 24 districts and expand to 10 more sites (five existing and five new sites) in five new districts during FY06. The 10 additional sites will receive assistance in improving quality of services (e.g., CT, ARV prophylaxis for mothers and infants, and infant feeding counseling), ensuring the availability of basic medical equipment and supplies, placing and supporting essential staff, and improving data collection/reporting. Commodity management will be coordinated with the GRZ and JSI/DELIVER. These districts will also receive technical assistance and training for health care workers, lay counselors, and supervisors. The GRZ's full course of PMTCT training will be provided to 105 health care workers in all PMTCT sites. Quality assurance, supervisory, and monitoring systems will also be strengthened.

Under the second component, ZPCT will implement an aggressive strategy to reach pregnant women with comprehensive PMTCT services. This includes strengthening universal counseling of women in ANC clinics, establishing and/or strengthening outreach of ANC services to serve women in peri-urban and rural areas, and integration of PMTCT, CT, ART, and clinical palliative care services. A challenge in providing quality PMTCT services is the lack of same day testing results, contributing to lower than expected numbers of women accessing PMTCT services. Wherever feasible, 'testing corners' (minimal laboratories placed in close proximity to the CT area for facilitating same day results) will be established within the PMTCT area and staff will be trained to provide same day HIV CT for pregnant women. Lay counselors will also be posted at these sites to provide counseling to support the already overworked facility staff.

In the third component, ZPCT will establish and/or strengthen the linkage between PMTCT and clinical care/ART services by offering expanded access to CD4 tests for HIV-positive pregnant women, as described in the laboratory narrative (3541). In FY06, ZPCT will fund transport of samples for CD4 testing from project-supported facilities to sites with CD4 machines to ensure high quality, timely, accessible PMTCT and ART. Furthermore, ZPCT will assist facilities in increasing access to CT services for women's partners thereby increasing overall number of persons tested for HIV.

In the fourth component, ZPCT will continue to strengthen systems for follow-up of HIV-infected mothers and their infants. Working with district health management teams, facilities, community groups, and lay counselors, ZPCT will establish a system to provide support and to ensure that infants of HIV-infected women are tested for HIV at 18-months. Assistance will also include referring women to mother-to-mother and other community groups that provide nutritional and psychosocial support.

In the final component, ZPCT will provide technical assistance, in collaboration with JHPIEGO, to the national HIV/AIDS PMTCT Technical Working Group in scale-up of PMTCT services and support for the development, revision, and dissemination of training materials, protocols, standard operating procedures, and policies.

To accomplish these objectives, ZPCT will work closely with other USG partners (e.g., Health Communications Partnership, CRS SUCCESS, and RAPIDS), UNFPA, and local community and faith-based organizations. For example, all partners will collaborate at the community level for mobilization activities that promote increased uptake of PMTCT services. ZPCT will also collaborate with church networks to encourage pregnant women to access PMTCT services and to establish mother-to-mother support groups. Male church leaders will specifically be enlisted to encourage male partner involvement in CT. The reduction of stigma and discrimination, as well as equity of access to PMTCT and related HIV/AIDS services, will be issues discussed and addressed with partners within a culturally-sensitive context. Finally, ZPCT will work with UNFPA traditional birth attendants (TBA) programs to train TBAs in PMTCT and to integrate them into referral networks.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	86	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	20,000	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	105	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	90,500	☐

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Discordant couples (Parent: Most at risk populations)

Infants

Pregnant women

Lab technicians

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Public health care workers

Key Legislative Issues

Stigma and discrimination

Gender

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-Western

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	Technical Assistance/JHPIEGO
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	3563
Planned Funds:	
Activity Narrative:	National PMTCT services have been scaled-up rapidly, but the systems needed to continue the scale-up and support sites require constant reinforcement. Many trainers have been trained in a short period, and need support to ensure that they deliver quality training needed to make programs effective. Many new PMTCT services have been established which are in need of support and supervision.

Building on FY05 work, JHPIEGO will continue to enhance the quality of PMTCT services by conducting follow-up assessment visits to 30 PMTCT facilities in Lusaka, Southern, Eastern and Western provinces. The assessments will identify gaps in service provider knowledge, CT, supply of essential drugs and commodities, and collect information on gaps observed and perceived by service providers. The information gained from the follow-up assessments and discussions with service providers will be used in the review and update of the national PMTCT training package. In collaboration with WHO and the Ministry of Health, JHPIEGO will assist in the review and revision of the national PMTCT training package, which JHPIEGO helped to develop in 2003. This will ensure consistency and standardization of materials and messages used in training, and approaches to maximize the efficiency and success of HIV/AIDS clinical care and PMTCT scale-up activities in Zambia.

Once the national PMTCT training package is revised, JHPIEGO will counsel 60 PMTCT clinical trainers on changes and new information contained in the material. To facilitate the transition to the updated national PMTCT training package material and ensure the quality of training, JHPIEGO will continue FY05 activities including co-teaching supervision of PMTCT trainers as they are conducting service provider training. This activity will reinforce PMTCT trainer training skills and capacity, as well as technical knowledge. At the same time PMTCT service providers will receive high quality training based on the updated national PMTCT guidelines and training materials.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	30	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards	60	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Program managers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Trainers

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: (UTAP)/ Boston University/ZEBS

Prime Partner: Boston University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3571

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; (3) Increased use of complete course of ARV prophylaxis by HIV-positive women; (4) Improved referral to ARV treatment programs as they are developed within the districts; and (5) The implementation and assessment of an innovative community-based VCT and PMTCT program to rural populations not ordinarily reached through facilities-based PMTCT services.

Boston University, through its sub-partner and local NGO, the Zambia Exclusive Breastfeeding Services (ZEBS), will institute PMTCT services in 18 new sites (including one new district, Siavonga) and continue ongoing support to the other PMTCT sites in 2 districts (Mazabuka and Monze) in Southern Province. 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. ZEBS will support district efforts 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. ZEBS will also provide counseling on appropriate feeding options for infants born to HIV-positive women and those of unknown status.

Scarce and unequal allocation of human resources for service delivery is among the biggest constraints to extending coverage of HIV/AIDS services in Zambia. It is critical to take an innovative approach to human capacity development, especially in the rural areas of Zambia, where critical and traditional birth attendants could play a key role in implementing effective interventions in remote and rural settings.

To address the shortfall in counseling services, ZEBS developed an innovative program of community-based training of lay counselors in the provision of pre- and post-test HIV and lactation counseling. A cadre of community members and Traditional Birth Attendants (TBAs) will be identified and trained to perform VCT at the health posts and/or within the community. They will also perform real-time community-based HIV testing using whole blood or oral fluid rapid tests, or will link these counseling services with same-day HIV testing at the corresponding Rural Health Center.

Facilities-based provision of PMTCT services does not reach many women in rural areas because of the high proportion of home deliveries. This is particularly evident in Mazabuka District, where up to 70% of the deliveries are neither facility-based nor attended by a skilled birthing attendant or health care professional.

Boston University/ZEBS will explore working with TBAs to improve uptake and recording of NVP prophylaxis in these settings. This strategy has the potential to fill an important gap in the outreach of essential PMTCT services to an otherwise difficult-to-reach but majority-segment of pregnant women in rural health districts in Zambia. If successful, this approach can be implemented throughout the entire Southern Province and other rural areas in Zambia.

US-based Masters-degree-level students from the Department of International Health at the Boston University School of Public Health will be recruited to work with the project in Southern Province on 3-6 month field-based applied study projects and

provision of cross-training support to health workers and managers.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	18	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	3,500	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	150	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	11,000	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Traditional birth attendants (Parent: Public health care workers)

Infants

Pregnant women

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Other health care workers (Parent: Public health care workers)

Community members

Key Legislative Issues

Volunteers

Coverage Areas

Southern

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Linkages
Prime Partner: Academy for Educational Development
USG Agency: *HHS/Centers for Disease Control & Prevention*
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: *MTCT*
Program Area Code: 01
Activity ID: 3572
Planned Funds:
Activity Narrative: In FY05, AED's LINKAGES team in Zambia focused on preventing pediatric HIV infection and reducing HIV-related morbidity and mortality among children, women, and their families in 2 districts of Southern Province. In FY06, AED Linkages will expand PMTCT service to 3 new districts and at least 21 new sites and continue with the already supported districts being the total to five districts (Choma, Kalomo, Kazungula, Livingstone, and Sinazongwe) in Southern Province. The strategy employed focuses on helping the districts build a comprehensive continuum of care to provide a basic package of high-impact interventions for mothers, children, and their partners. PMTCT activities are instituted in collaboration with the Central Board of Health and based on a self-sustaining model.

FY06 activities will include the completion of site assessments in three districts and scale up of at least 21 new sites. All activities will support the further development, expansion, and monitoring of PMTCT clinical and community services through building the capacity of DHMT and partners (including the Provincial HIV/AIDS Task Force and the District HIV/AIDS Task Forces and District Development Coordinating Committees). This will comprise improving essential prenatal, newborn, and postpartum care, with an emphasis on infection control, through revising the PMTCT health worker training curriculum in conjunction with JHPIEGO, the use of supervisory check lists, and enlisting community motivators. Community assessments will identify strong referral links between health clinics and their surrounding communities to ensure follow-up care and support for mothers and their infants and families. Male community groups will be strengthened and built upon to improve male involvement in reproductive issues, prevention of HIV, including counseling and testing, and support for safe and appropriate infant and young child feeding through emphasizing ownership from the male community and integrating lessons learned from previous male involvement activities, such as the "Act Now" communications materials.

Site coordinators will be trained to: (1) Oversee routine collection of service data on CT, ANC attendees, and tracking of HIV positive mothers receiving ARV/ART and their
infants; (2) Conduct monthly meetings with the District Manager of Planning to ensure
appropriate monitoring and supervision of practices and health messages are conveyed to pregnant women and their partners and families; and (3) Monitor the quality of data collection and provide feedback to the DHMT's on issues and areas for program improvement.

All activities will support the continuation of phased and coordinated additions to the following technical components of the basic package of interventions in sites that have established PMTCT services: (1) Refresher training of 90 health providers to provide basic PMTCT services; (2) Training of 150 community motivators and 30 counselors to encourage communities to access PMTCT services; and (3)) Orientation
of 120 community leaders to support health providers. These efforts will aim to reduce HIV-related stigma and discrimination, link HIV-positive pregnant women, children, and families to care and treatment, promote optimal infant feeding, increase uptake of cotrimoxazole prophylaxis for HIV-exposed children, link communities and health facilities, and empower communities to mitigate the effects of HIV. This will bring the total number of community motivators and facilitators to 300. AED also proposes to extend the lay counselor program piloted in Choma to Livingstone and one of the three new districts. The lay counselors will provide counseling and testing services to members of the community especially men. A referral system that

ensures that community members access PMTCT or HIV services at health facilities and also builds on the health facilities referring clients to the community lay counselors will
be developed and utilized.

AED will implement the community behavior change and communication strategy in expansion districts to increase counseling and testing (CT) uptake, community awareness of ARV/ART, and care and support services. Support will be provided to DHMT's and partners to include BCC training of health providers and community volunteers on CT, PMTCT, IYCF, and the rapid dissemination of IEC materials. Innovative activities for FY06 include a new Cross-border initiative between Kazungula District in Southern Province and the Botswana border with Kasane District. AED will assist the two border DHMT's and HIV Task Forces to initiate contact and to plan and implement shared PMTCT outreach programs. This initiative will aim at standardizing HIV/AIDs services provided in the 2 districts and create a referral and follow-up system for community members who cross either Kazungula or Kasane for HIV services. Following a rapid assessment of programs, strengths and gaps will be analyzed and a shared workplan developed that will strengthen and expand PMTCT, IYCF and community care and support services. The HIV/AIDS Task Forces will agree on how to implement and monitor the shared program services. The long-term goal is to empower the government and local health organizations to assume increasing responsibility for PMTCT program implementation.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	43	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,874	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	150	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	7,186	☐

Target Populations:

Community leaders

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Infants

Pregnant women

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Traditional birth attendants (Parent: Private health care workers)

Community members

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Southern

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Technical Assistance- CARE International
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3573
Planned Funds:
Activity Narrative: CARE International will implement PMTCT services in three districts of Eastern Province. The model will be based on a rural expansion program that will use other health cadres for counseling and testing and health workers for the implementation of the service. Building on synergies created by the HIV/TB work in these districts, a comprehensive package of HIV services will be used to mainstream these services. CARE International in Eastern Province will build partnership with CIDRZ, JHPIEGO and Ministry of Health to carry out this task.

To have a significant impact on reducing mother to child transmission of HIV, PMTCT services need to be scaled up to all Maternal and Child Health (MCH) services. A training needs assessment will be conducted in the project areas to assess the capacity of health workers (midwives, nurses and doctors) to provide basic PMTCT services according to the National Protocol Guidelines. Based on the results of the assessment, training will be provided to MCH staff in C&T, TB screening, administration of Nevirapine and ART, midwifery and obstetrical practices to reduce the risk of transmission, feeding practices and options for HIV positive mothers, pediatric HIV care and long term support to mothers, and monitoring procedures (e.g. how to use counseling and blood test registers). The project will coordinate activities with other PMTCT stakeholders.

The key step in PMTCT programs is providing counseling and testing for all pregnant women to know their HIV status. HIV positive mothers will be provided with a range of information on measures to reduce HIV transmission to their babies, how to avoid potential health problems during pregnancy, HIV care and treatment options, infant care, and family planning. HIV negative mothers will be supported with interventions that will help maintain their negative status. This program will map existing support programs and health care providers and strengthen referral procedures for C&T, TB screening, family planning services, preventative treatments such as Nevirapine and Cotrimoxazole, ART, and support groups for emotional support and information on positive living.

CARE international will institute PMTCT services in the most underserved districts of Zambia where Traditional Birth Attendants (TBAs) and other community health workers (e.g. TB Treatment Supporters) and Home Based Care givers play vital roles in the delivery of safe motherhood services. An innovative approach of incorporating TBAs in the provision of PMTCT services has been identified and will be rolled out. As part of the activity, TBAs will be instrumental in assisting pregnant women to be referred to antenatal care services and in providing follow-up advice and encouragement for women at the community level. A training package that encompasses all aspects of the PMTCT protocol will be used for training.

Emphasis Areas	*% Of Effort*
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	15	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	970	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	150	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	6,500	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3574
Planned Funds:
Activity Narrative: CDC-Zambia will provide technical assistance to the Ministry of Health(MoH)/Central Board of Health (CBoH) and Tropical Disease Research Center (TDRC) in the design of a prospective cohort study of pregnant women to examine the impact of PMTCT programs on subsequent treatment outcomes in women and children (as well as a number of other related outcomes). The CBoH will be reabsorbed into the MoH by 2006. This cohort study will take advantage of and contribute to several current CDC-Zambia activities in the areas of PMTCT, ART treatment, infant HIV diagnosis, pediatric ART, continuity of care, monitoring and evaluation of programs and outcomes, and surveillance of ART treatment and resistance in adults and children. The Global Fund will provide financial support for this research effort and CDC GAP Zambia staff will provide expertise in study design and facilitate the integration of available programs and services. Additional support focusing on malaria during pregnancy and operational research will be provided by the Gates Foundation and the World Health Organization. These efforts provide a timely and unique opportunity for the CBoH, TDRC, and the CDC-Zambia to leverage innovative developments in several strategic priorities supported by the Emergency Plan.

In an effort to improve the national PMTCT program and provide earlier HIV treatment and Opportunistic Infections (OI) prophylaxis for infected infants, 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 an inexpensive "boosted" p24 antigen and a much simplified dried blood spot total nucleic acid (TNA) PCR assay recently developed at the CDC. This evaluation will assist the national program in adopting a cheaper and simplified way of testing infants born to HIV-positive women. Work will be conducted in close collaboration with UTH and with the University of Nebraska-Lincoln (see laboratory program area 14). Equipment for infant HIV diagnosis has recently been purchased using FY05 funds.

In FY06, the USG will continue strengthening the national PMTCT program through the procurement of back-up (buffer) supplies in line with the USG five-year emergency strategy. As part of this activity, the USG will procure supplies that are key in the provision of the national minimum package of PMTCT without national stock-outs.

In addition, CDC will support the national PMTCT program with technical assistance and support for study tours and other relevant programmatic reviews.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pregnant women
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: DoD-JHPIEGO
Prime Partner: JHPIEGO
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3670
Planned Funds:
Activity Narrative: This relates to JHPIEGO's activities in HIV/TB (# 3673) and ART (#3672) and Project Concern International (PCI)'s activities in palliative care (#3737) and counseling and testing (#3732).

The Zambia Defense Force (ZDF) have not benefited from the same level of investment as the pubic health system under the Ministry of Health (MOH), though they are now receiving some essential medical commodities directly from the MOH and are being incorporated in more activities (trainings, assessments, etc.). Work in strengthening HIV/AIDS clinical prevention, care and treatment too often is conducted vertically failing to produce and encourage the linkages between services areas resulting in gaps that prevent clients from receiving complete care and treatment. A more comprehensive and integrated approach to the HIV/AIDS clinical care system will facilitate the continuity of care across service areas providing clients with complete, quality care. In FY05, JHPIEGO and other cooperating partners such as PCI supported the ZDF in key facilities to provide higher quality, comprehensive HIV/AIDS prevention, care and treatment services, integrating CT and PMTCT with HIV/AIDS care and support, and integrating HIV more strongly into sexually transmitted infections (STI) and tuberculosis (TB) services.
In FY06, JHPIEGO/Zambia will continue to support the ZDF in these areas, utilizing the initial four sites as a springboard to expand and strengthen PMTCT services, as part of an integrated HIV/AIDS prevention, care and treatment program, to four additional sites. JHPIEGO/Zambia will seek to create linkages with other collaborating partners, such as PCI, working with the ZDF to ensure a synergy of efforts, as well as reinforcing the collaboration with the MOH by employing Zambian national guidelines and strengthening the linkage between the ZDF and national initiatives in the public sector. This activity also relates to activities in CT, ART, TB/HIV, Care and the Prevention of Medical Transmission/Injection Safety in strengthening key ZDF facilities to provide comprehensive, quality HIV/AIDS prevention, care and treatment services. It specifically links to other Emergency Plan work with the ZDF including JHPIEGO's work in ART, Care and Prevention of Medical Transmission/IS, and PCI's work in CT and community based services, as well as work funded by CDC through JHPIEGO to strengthen linkages between STI/TB services and HIV prevention, care and treatment for migrant populations including military personnel.
JHPIEGO will expand facility-based performance improvement systems into four new clinical sites developing a system of staff rotation and on-the-job training to utilize the four initial sites for training and mentoring staff from the additional sites. Capacity of the four initial sites will continue to be developed by training 16 PMTCT staff as trainers to support the expansion to the four new sites. Building on the service linkage developed between PMTCT and ART in FY05 JHPIEGO will integrate TB and palliative care services to provide integrated support for facility-based HIV/AIDS prevention, care and treatment. The result will be health care workers understanding the need to address HIV/AIDS clinical prevention, care and treatment in a comprehensive way to ensure clients receive complete, quality care. To support performance improvement systems, supportive supervision visits will be continue to the initial four facilities supported in FY05, as well as the four expansion sites. JHPIEGO will also work with partners to develop an orientation package for lay workers (e.g., managers, clergy, community leaders, and caregivers) on HIV/AIDS prevention, care and treatment orientation package, covering CT, PMTCT, Care and ART as well as linkages to other services such as TB and STIs, to educate them on HIV/AIDS and provide them with accurate and relevant information they can disseminate to more diverse populations.

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	8	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	308	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	80	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,000	☐

Target Populations:

Military personnel (Parent: Most at risk populations)

Program managers

Public health care workers

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.01: Activities by Funding Mechanism

Mechanism: SHARE
Prime Partner: John Snow Research and Training Institute
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3677
Planned Funds:
Activity Narrative: ~~This relates to~~ activities in HVCT (#3688), HTXS (#3690), HBHC (#3680), HVAB (#3678), HVTB (#3681), HKID (#3682), and OHPS (#3694).

SHARe will continue to provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO working in Zambia with strong expertise and experience on HIV/AIDS workplace activities, to provide support to two Global Development Alliances. CHAMP worked as a sub-partner under the Policy Project to provide technical support to Dunavant Zambia and Konkola Copper Mines in FY04. This program was so successful in the area of counseling and testing (CT) and HIV workplace policy development that in FY05 the USG funded CHAMP through SHARe to assist the USG in developing two Global Development Alliances.

SHARe and its grantee CHAMP will assist the USG in implementing two Global Development Alliances (GDAs), private-public partnerships, on HIV/AIDS in the mining and agribusiness sectors in Zambia. The GDA is a partnership between seven private sector companies, a farmer's association, and the USG. The Mining GDA includes Konkola Copper Mines PLC, Mopani Copper Mines PLC, Copperbelt Energy Company PLC, Kansanshi Mines PLC, Bwana Mkubwa Mining Limited. The Agribusiness GDA includes Dunavant Zambia Limited, Zambia Sugar PLC and Mkushi Farmers Association.

In the area of PMTCT under the two GDAs, CHAMP will provide technical support and SHARe will manage a sub-granting mechanism totaling $42,500 to alliance members and other organizations to support PMTCT services in HIV workplace programs and in related outreach communities. The GDA target populations are spread across six provinces and 30 districts in Zambia. The total GDA target populations for the GDAs are 34,635 employees and 2.1 million outreach community members. These two GDAs will leverage $2M annually for HIV/AIDS in Zambia.

This activity is broken down into five major components: Scaling up of PMTCT services at on-site healthcare facilities in three of the companies, referral to PMTCT sites where on-site facilities are not available, training of healthcare practitioners from on-site PMTCT, creating linkages for the supply of inputs to the PMTCT process, and assistance with the acquiring of ART and laboratory equipment for on-site healthcare services providing PMTCT.

The scaling up of PMTCT services at on-site healthcare facilities for Konkola Copper Mines, Mopani Copper Mines, and Zambia Sugar will include the implementation of national guidelines on PMTCT, opt-out CT for pregnant women, creating linkages with HIV treatment and nutritional support programs, increasing the use of rapid HIV tests, and increasing the laboratory infrastructure of Konkola Copper Mines to be able to undertake PCR testing of infants. Konkola Copper Mines, Mopani Copper Mines and Zambia Sugar have sophisticated health infrastructure and equipment. They have the medical facilities, medical staff and the commitment to do pediatric ART. In addition to training 38 healthcare workers working at GDA companies and surrounding areas trained in PMTCT, the USG/Zambia will also assist them in linking with GRZ to access free Pediatric ARVs for children from the surrounding communities. Other than the above mentioned support, these services will be implemented at their own expense as agreed in the Global Development Alliance Memorandum of Understanding (a private sector contribution) signed in September 2005. The target for the number of pregnant women that will receive CT as an entrance to PMTCT directly through on-site services is 4,668, with a further 12,329 indirect, and the number of these pregnant women that are anticipated to receive a complete course of antiretroviral prophylaxis is 1,190 Direct and 3,060 Indirect.

The funding under this program area will address the following emphasis areas: Workplace Programs (major), Information, Education and Communication, Community Mobilization/Participation, Training, and Strategic Information. This activity will work towards reducing stigma and discrimination related to accessing PMTCT and CT services, empower both men and women to make informed choices about accessing CT services and if appropriate PMTCT and ART in order to maintain their health, reduce the number of orphans and vulnerable children (OVCs), and maintain productivity at work. In order to achieve the targets set, workplace and community level information, education, communication and mobilization will take place, driven by the peer educator networks within workplaces and the community, with a focus on empowering women to undertake CT when pregnant and removing the stigma associated with HIV testing and the PMTCT program. PMTCT counseling will be integrated into all antenatal classes at the on-site healthcare facilities. An emphasis on the provision of HIV care and treatment service access for the parents and infants following the PMTCT program will remove one of the common barriers facing PMTCT programs.

The GDA will provide a source of inputs to the PMTCT program, both directly and through linkages and partnerships. These will include access to technical expertise through organizations such as Center for Infectious Disease Research in Zambia (CIDRZ) in areas such as HIV testkits, ART, and nutritional support. HIV-positive patients will be referred to community and faith-based organizations such as C-SAFE for access to nutritional supplementation where available.

The result of this program will be an increase in the number of antenatal clinic attendees accessing PMTCT services. The education program surrounding this will increase the number of spouses of pregnant women accessing CT services, reduce the number of people not accessing the program due to fear of their partners' response, and reduce the number of infants born HIV positive. This activity supports Zambia's and the Emergency Plan's focus areas on reducing the number of new HIV infections.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	5	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	590	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	25	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	4,740	☐

Indirect Targets

Number of service outlets providing the minimum package of PMTCT services according to national or int'l standards: 22. In addition, SHARe with its partner CHAMP will provide training to health workers in public sector clinics to fill in the gaps where other USG partners are not doing training.

Target Populations:

Pregnant women

Farmers

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Miners

Key Legislative Issues

Gender

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Southern

Table 3.3.01: Activities by Funding Mechanism

Mechanism: TA- CIDRZ

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3788

Planned Funds:

Activity Narrative: The Center for Infectious Disease Research in Zambia (CIDRZ), under the prime partner of The Elizabeth Glaser Pediatric AIDS Foundation, will continue to expand the PMTCT implementation program in collaboration with the Central Board of Health. In FY06, CIDRZ, in partnership with GRZ, will institute PMTCT services in two additional districts within the Western province (two new clinics will be targeted in Kalabo district and two new clinics within Lukulu district). Additionally, services in the already supported Kaoma district will be expanded to two new clinics, which will improve geographical coverage within the Western Province. In Eastern province, services will be supported in 4 new clinics in two new districts, Nyimba and Mwambe, and continued support will be provided to the districts supported in FY05. A total of six new clinics will be expanded to in the existing supported districts of Chipata, Petauke, and Katete. In partnership with CARE International, CIDRZ will assist service roll-out to the remaining rural districts in Eastern Province. Lastly, CIDRZ will continue providing support for PMTCT services in existing sites in Lusaka and Kafue Districts in Lusaka Province with the establishment of service in two new clinics within the Chongwe district.

The mother-infant rapid intervention at labor and delivery (MIRIAD) intervention implemented in FY05 at the University Teaching Hospital will be continued and expanded to other high-volume clinics in Lusaka. Building on the referral system developed in FY05, 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. A key activity will be referrals to HIV care and treatment programs, including screening of women antenatally with a CD4 count to determine eligibility for HAART. The goal will be to initiate HAART in those pregnant women who require it for their own health and capture the remaining pregnant women into long term HIV care and follow-up.

CIDRZ will work with CDC to implement the continuity of care smart card, which will facilitate improved longitudinal care for pregnant women. 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 by looking at different models. Other innovative approaches will be the development of a rural PMTCT model that employs community-based cadres in the implementation of the PMTCT program. This will include the adaptation of the TBA and community health worker manual to encompass issues of HIV and counseling. CIDRZ will provide technical assistance to districts and sites that are not directly supported but who take up the initiative to provide services and provide assistance for capacity building. As part of this program, CIDRZ 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 the PMTCT community outreach programs that promote HIV testing in order for the program to be effective. Finally, CIDRZ will continue to bring two American nationals to work as interns for one year on PMTCT expansion to provide technical assistance, knowledge transfer, and creative solutions to problems.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Training	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	97	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	16,352	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	350	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	93,832	☐

Target Populations:

Infants

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Traditional birth attendants (Parent: Private health care workers)

Key Legislative Issues

Volunteers

Coverage Areas

Eastern

Lusaka

Western

Table 3.3.01: Activities by Funding Mechanism

Mechanism: PRM/UNHCR

Prime Partner: United Nations High Commissioner for Refugees

USG Agency: Department of State

Funding Source: GAC (GHAI account)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 5391

Planned Funds:

Activity Narrative: This activity is linked to HVCT (5396), HKID (5397), HBHC (5394), and HVOP (3756).

This activity establishes a new partnership between the USG and the United Nations High Commissioner for Refugees (UNHCR) to strengthen HIV/AIDS prevention programs for refugees residing in Zambia. UNHCR and its implementing partners began strengthening HIV/AIDS programs for refugees in Zambia in 2003. HIV prevention and education campaigns in countries of asylum, including prevention of mother-to-child HIV transmission (PMTCT) services, are often inaccessible to refugees, who speak different languages and have different cultural backgrounds. In addition, many refugees have suffered trauma and violence, including sexual violence, during conflict and flight. Displacement also destroys traditional community support structure. Therefore, comprehensive HIV prevention and care programs need to be specially tailored to this unique high-risk population.

In FY06, UNHCR will strengthen PMTCT programs in 2 northern camps through two implementing agencies: 1) Aktion Afrika Hilfe (AAH) in Kala Camp; and, 2) Zambian Red Cross Society (ZRCS) in Mwange camp. There are currently approximately 50,000 Congolese refugees residing in these camps and 176,000 Zambians in the districts surrounding the camps.

AAH and ZRCS will strengthen their existing PMTCT sites by improving quality of services (e.g., CT, ARV prophylaxis for mothers and infants, and infant feeding counseling), ensuring the availability of basic medical equipment and supplies, placing and supporting essential staff, and improving data collection/reporting. Through the District Health Management Team, the GRZ's full course of PMTCT training will be provided to 6 health care workers in the camps' PMTCT sites who will aim to provide 1500 women with PMTCT services. The targets reflect the total number of women who access antenatal services in these 2 camp health clinics each month. An average of 500 total women attend antenatal care in the camps every 4 months. Based on this rate, it is estimated that 1,500 women access antenatal services during one year. Therefore, 1,500 women will undergo HIV counseling and testing services through as part of the minimum package of PMTCT services. In order to ensure higher uptake of PMTCT services, this program will conduct large scale community outreach and education programs. These outreach efforts will reach both women and men throughout the year. PMTCT and CT IEC materials will be translated into French, Swahili, Bemba, and Congolese local languages to better serve this high-risk population.
AAH will coordinate community sensitization activities to mobilize the community to access PMTCT services and to encourage pregnant women to seek counseling and testing. ZRCS will continue to strengthen the PMTCT program by procuring commodities to ensure sufficient stock of laboratory supplies and equipment.

ZRCS is currently working to begin a PMTCT program in Mwange camp with 2005 PEPFAR funds by training health care workers. Numbers of women who access PMTCT services remain very low at approximately 2-3 women per month in Mwange. With FY05 PEPFAR funds, Mwange will be able to train more health care staff to provide PMTCT; in FY06, Mwange will focus on scaling up the PMTCT program and reaching out to more clients and reaching further into the surrounding Zambian communities with PMTCT services. AAH will establish their first PMTCT program in Kala camp in FY06. Trainings will be conducted to ensure that sufficient health care workers are available to conduct PMTCT sessions and refugee leaders are knowledgeable of the advantages to PMTCT and can guide refugees to seek PMTCT. As part of large scale community sensitization to encourage attendance at

PMTCT, posters and pamphlets will be distributed throughout the refugee living areas to ensure that information reaches all households.

Additionally, both camps will establish a referral system for those who require further access to HIV/AIDS care and support outside of the provisions that are available at the camps. This system will ensure the refugees and host community beneficiaries are able to access more comprehensive services in nearby towns where services for STI treatment, psychosocial counseling, and nutrition services are available. This effort will include building a broader network among the organizations providing these services in nearby towns and a training session for all camp staff to become aware of the referral services that are available for refugees.

Targets

Target	*Target Value*	*Not Applicable*
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	2	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	40	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	6	☐
Number of pregnant women who received HIV counseling and testing *for PMTCT and received their test results*	1,500	☐

Target Populations:

Refugees/internally displaced persons (Parent: Mobile populations)

Pregnant women

Coverage Areas

Northern

Table 3.3.02: Program Planning Overview

Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02

Total Planned Funding for Program Area:

Program Area Context:

The United States Government (USG) continues to take the lead in supporting, and greatly expanding the Government of Zambia's (GRZ) prevention strategy that gives "high priority to reducing high risk behavior through the promotion of abstinence, partner reduction and mutual fidelity among people aged 15-44", as outlined in the USG/Zambia Five-Year Strategy. Specific activities that carry out this strategy include: life skills training; interpersonal counseling; peer education; age-appropriate IEC; and behavior change designed to address gender disparities. To achieve maximum impact in changing social norms around sexual behavior, the USG collaborates closely with the GRZ and other donors such as the Global Fund and World Bank and their partners.

In FY04/05 the USG supported faith based organizations (FBOs)/community based organizations (CBOs)/non-governmental organizations (NGOs) and schools in implementing comprehensive community-based AB programs targeting students, out-of school youth, orphans and vulnerable children (OVCs), and parents/guardians. Faith-based retreats, sports camps, drama, art competitions, anti-AIDS clubs and initiation ceremonies provided the venue to promote AB. Students in 728 government and community schools were reached with intensive AB life skills training that included a focus on education for vulnerable children, particularly girls, The partnership between the Ambassador's Girls Scholarship program and PEPFAR resulted in 871 scholarship recipients receiving AB messaging and life skills training. For adults, the USG implemented community-based information, education and communication (IEC) activities through religious and traditional leaders (many of whom were trained in counseling) the private sector, agricultural extension workers, teachers, uniformed personnel, police and government officials. USG has been exceptionally successful in targeting a wide variety of workplaces with a total of 76 private sector and three ministerial workplaces reached in FY04/05.

In FY06 these programs will continue at the community level, in public and private workplaces, in agricultural and mining areas, on military bases and in places of worship. All programs are supported nationally and locally by coordinated informational campaigns promoting AB messaging through print and radio in local languages and through a 24-hour confidential HIV Talkline. In FY06 the USG will also intensify its collaboration with local FBOs and CBOs by strengthening and expanding their capacity for program management and for implementing quality programs that reach a greater number of youth and adults. The USG program will also continue to link AB activities to counseling and testing (CT) and treatment services, as appropriate.

Gender, gender-based violence and stigma and discrimination remain major barriers to slowing the infection rates in Zambia. Prevalence in the female, 15-24 age group is 11.2% compared to 3% among males in the same age cohort, according to the 2001/2 DHS. Poverty and inequities in access to education and other services force a large number of young women to engage in transactional and/or trans-generational sex. They are also often the victims of sexual violence and/or coerced into early sexual debut at a young age. Alcohol plays a major role in increasing women's vulnerability to coerced and/or unprotected sex. These gender-related challenges and the fear of disclosure associated with stigma are issues specifically addressed by the USG and all partners through coordinated training and outreach activities aimed at encouraging responsible behavior and reducing sexual partners among both men and women.

With a coordinated AB prevention effort among all partners, the USG is well positioned to make a significant contribution to the total number of infections averted, an estimated 398,500 by 2010, and to make a sustainable change in behavior among vulnerable youth and adults.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	*1,726,300*
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	194,500
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	20,233

Table 3.3.02: Activities by Funding Mechanism

Mechanism: CHANGES2
Prime Partner: American Institutes for Research
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3363
Planned Funds:
Activity Narrative: This activity is linked to activity #3364.

The American Institutes for Research (AIR) will continue to expand its comprehensive skills-based ABY to strengthen the capacity of teachers and local community organizations to implement AB activities targeted at in-school youth. This activity will Wraparound the AIR educational development activity and will leverage the existing educational resources to implement ABY activities.

Though the vast majority of school-aged children are not infected and have not yet initiated risky behaviors, one-in-two 15 year-old Zambian are at a lifetime risk of dying of AIDS. Despite increased HIV/AIDS knowledge, sexually risky behavior does not appear to be changing among Zambian youth. AIR is delivering activities at schools which target not only students' knowledge, but their skills and attitudes and, equally important, the skills and attitudes of teachers and the community about young people, gender, abstinence and transmission of HIV. In FY05, AIR is training 800 teachers at 400 schools in Central, Copperbelt, Lusaka and Southern Provinces to support AB activities at school and is working with partners and local leaders in the surrounding communities to change attitudes and practices, especially those that put young girls at risk. AIR is now in a phase of expanding this program geographically and programmatically, building on best practices from its predecessor Creative Associates, Inc..

In FY05, AIR is carrying out teacher pre- and in-service training on HIV/AIDS prevention for students with an emphasis on abstinence and being faithful (AB). Teacher training utilizes the modified HIV/AIDS teacher training curriculum developed by the Ministry of Education (MoE) with AIR support. The modified curriculum emphasizes AB, gender-based sexual coercion and violence, and the high rate of infection among young girls. The modules have a strong emphasis on participatory teaching methodologies, community outreach and development of Life Skills. Teachers are being trained to support school-based anti-AIDS clubs which promote AB, support OVC and People Living with HIV/AIDS (PLWHA) and reduce stigma and discrimination.

For FY06, AIR will expand to 400 new basic schools and communities in the four target provinces with in-service training provided to 800 teachers —including the Head teachers and/or Deputy Head teachers at each school. These senior level staff are crucial as it is they will ensure that the HIV/AIDS prevention in implemented in their schools. Through these 400 schools, it is expected that 260,000 children will be reached. In-service training will be carried out in selected districts of Central, Copperbelt, Lusaka and Southern Provinces. Selection of districts will be based on critical needs in collaboration with the MoE. It is expected that, over the life of the program, every district will be reached.

To further broaden program impact, lecturers at all nine Colleges of Education will be trained in the new curriculum, so that all newly trained teachers graduating in Zambia will have received training in HIV/AIDS prevention through AB. The Colleges of Education are located in every province and so have a national reach.

AIR will continue to fund small grants for schools and community-based organizations implementing AB prevention interventions aimed at young people. In addition, District and Zonal Education Resource Centers will receive grants to build their capacity to assist teachers in conducting AB prevention activities. This may include provision of relevant materials and training of Resource Center Coordinators. The small grants to schools and communities will be implemented by local qualified NGOs

which are still in the process of being identified. These will be reputable NGOs with similar implementation experience and a good record in the communities.

AIR will distribute 200,000 leaflets and 70,000 booklets that support AB messaging. Life skills will focus on assertiveness and self-esteem, resisting peer pressure, gender equity and the value of abstinence before marriage and fidelity within marriage. There will also be a focus on harmful male social norms and behaviors and reducing stigma and discrimination.

School-based activities must be mirrored in the surrounding community so that young people receive consistent messages inside and outside of school. AIR will support communities to confront sensitive issues such as HIV/AIDS. As part of an effort to build school-community linkages and strengthen community support for school-based HIV/AIDS activities, teachers will continue to be trained in mobilizing the community at each of the targeted schools. Communities will learn about the vulnerability of young people to HIV/AIDS as well as AB activities taking place in the school, identify local attitudes and behaviors that put young people at risk of infection and what can be done to support them in abstaining and being faithful. Communities will develop locally relevant action plans and will be eligible to apply for small grants to implement the plans.

AIR will collaborate with other HIV/AIDS workplace programs such as Equip 2 (#3364) to strengthen the teacher peer education component which has previously been non-functioning as there has not been continuous training, support and monitoring. In collaboration with EQUIP II, AIR will counsel and sensitize teachers and refer them to the MoE HIV/AIDS for CT and ART services. AIR will give teacher peer educators continued support, materials and training. This training will include how to form and run support groups of HIV positive teachers. By involving teachers in in-service HIV/AIDS training, it is expected that they will be better prepared and able to implement ABY life skills programs in the classroom.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Information, Education and Communication	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	***Target Value***	***Not Applicable***
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	260,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	800	☐

Target Populations:

Teachers (Parent: Host country government workers)

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Wrap Arounds

Education

Coverage Areas

Central

Southern

Copperbelt

Lusaka

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Social Marketing
Prime Partner:	Population Services International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	3367
Planned Funds:	
Activity Narrative:	This activity is an integral component of a prevention and care project linked strategically to other prevention (3368) and CT (3369) interventions. Population Services International/Society for Family Health (PSI/SFH) will ensure that youth receive age-appropriate messages on HIV/AIDS prevention through the continuation of a weekly interactive radio show, Club New Teen Generation (Club NTG) to be broadcast on National Radio. This youth-oriented program provides a forum for dialogue among and between youth and influential people (including parents, teachers and popular, high profile figures who volunteer their time to participate) and creates linkages to youth-friendly health and psycho-social referral services. Radio is the best way to reach the greatest number of people in a cost-effective manner. Key themes addressed include gender issues such as cross-generational sex as well as improving negotiation skills to promote delayed sexual debut and consistent use of condoms if already sexually active. Since funding was received late in FY05, results will not be available to report until the middle of FY06.

Club NTG will also implement a Club NTG Schools Outreach component to support Anti-AIDS clubs in schools. Club NTG peer educators will conduct outreach activities at selected secondary schools in three provinces to deliver information about HIV/AIDS and life skills through drama shows, role play, debates and other interactive activities. SFH has identified Copperbelt, Southern and Lusaka Provinces as strategic locations. Site visits will take place at 15 secondary schools by Club NTG teams twice per quarter to ensure consistent and quality delivery of messages and activities. Duplication with other youth activities will be avoided through coordination of interventions with NGOs to encourage geographic complementarity and exchange of IEC materials and lessons learned.

In FY06, SFH will use Club NTG as a platform to launch a communication campaign to encourage young people to delay sexual relations. The campaign will be based on qualitative research carried out among 14-19 year olds in eight African countries. Findings showed that sexual violence and coercion, intense peer pressure and transactional sex are major barriers to delayed sexual debut for African teens. The campaign will encourage young people to rethink what it means to be a "real man" or "real woman" in response to research which revealed that youth often equated sex with masculinity or femininity and often view their first sexual encounter as the transition into adulthood. SFH will work closely with other projects such as Health Communication Partnership (3539) and RAPIDS (3556) to disseminate its "delayed debut" campaign materials, including outreach activities, interpersonal communication as well as print, radio and TV materials in English, Nyanja and Bemba, to a larger forum of youth audiences. Monitoring will be conducted on a regular basis to determine the breadth of reach of the radio show and the extent to which teens adhere to safer sexual behavior as a result of Club NTG activities. An estimated 5,000 people will be reached through interpersonal communications activities, and an estimated 25,000 will be reached through the radio broadcasts for all programs under this activity.

Within the school setting, teachers and peer educators will be trained to reinforce and promote behavior change. The Delayed Debut campaign will teach parents how to effectively and appropriately address sexuality issues with their children as well as communicate their values and expectations regarding adolescent behavior including the prevention of alcohol and other substance abuse.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	30,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		☑

Target Populations:

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Gender

Addressing male norms and behaviors

Coverage Areas

Copperbelt

Lusaka

Southern

Table 3.3.02: Activities by Funding Mechanism

Mechanism: *Health Communication Partnership*
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3539
Planned Funds:
Activity Narrative: The Health Communication Partnership (HCP) AB activities support both Zambia and the Emergency Plan's goals through a comprehensive approach to promotion of better health seeking behavior. This links with HCP's activities in Other Prevention (3538), Care (3536), OVC (3537), CT (4840) and Treatment (3534). HCP facilitates synergistic networks among community organizations and the involvement of community leadership structures to ensure that activities are tailored, informed by and responsive to local needs. HCP is working in 22 districts in 9 provinces in close partnership with Peace Corps (3722), CDC (3576), PACT (3957), IYF (3544), SFH (3367), RAPIDS (3556) and the Zambian government (GRZ).

The Helping Each Other Act Responsibly Together (HEART) Campaign, now identified as "HEART Waves" was designed specifically for youth, by youth and informs young people about the ABCs of prevention. This successful and widely recognized campaign has been targeting youth with prevention messages since 1999. Survey data (2003) indicate that respondents were 1.7 times more likely to report primary or secondary abstinence than those not exposed. In FY04/05, HCP developed the next phase of the HEART campaign that focused more on community radio to reach more youth in rural and peri-urban areas. Topics include the value of abstinence, delayed sexual debut for youth, adult-to-child communication, stigma and discrimination, HIV testing and positive male role modeling.

In FY05, the HEART Life Skills Toolkit was adapted for Zambia and is a key resource, geared to early adolescence, promoting self-efficacy in making positive choices. Also, in FY04/05, the community-based youth movement through the arts, Creative HEART, was developed in collaboration with the Ministry of Education (MOE) and has had an extremely enthusiastic response, creating demand from neighboring communities and other HCP districts to participate in future years. HCP trained 50 theater members in health promotion through a two-week workshop in FY05. These talented actors/trainers developed skills to work with local theater groups to write and perform powerful and pertinent dramas promoting AB. Rethinking gender norms, especially in regards to sexual violence and exploitation of young girls, as well as stigma reduction, were central themes addressed by these groups.

In FY05 the HIV Talkline, a confidential, 24 hour toll-free telephone line, that provides information, counseling, advice and referral services to the public, continued to aggressively promote its services and has steadily increased its daily number of callers. It is staffed with full-time qualified nurse-counselors, all of whom are registered with the General Nursing Council and are trained psychosocial counselors.

In FY06, the following activities will be implemented as strategically appropriate in support of community-defined priorities with the target of reaching 35,000 youth and training 300 youth leaders and 400 teachers. Special emphasis will be given to issues of peer pressure and delayed onset of sexual activities for youth, fidelity and partner reduction for adults and alcohol use as a contributing factor for risky behavior. HCP will continue to work with school youth groups, as well as faith-based/secular groups to use the HEART Life Skills toolkit in fostering open discussion and better understanding of relationships and behaviors that put young people at risk, while building self-esteem, assertiveness and problem-solving skills.

Throughout FY06, HCP and the MOE will continue to support youth and adult participation in Creative HEART contests while facilitating individual and community dialog. HEART Sports is an extremely popular soccer/netball-based HIV/AIDS educational program that focuses on prevention through abstinence and life skills development using games, discussions and role plays. Activities in FY06 will provide

refresher training for physical education teachers, coaches, captains and community sporting club leaders to facilitate greater coverage in rural and peri-urban areas. HCP continues to work with the MOE to further institutionalize this activity within the national curricula. Building on this earlier activity, drama productions will be scaled up in all nine provinces. Collaboration will continue to take place between the National Association of Theater Arts of Zambia and the Public Affairs Office. These drama trainers will continue to serve as a resource to other USG-funded projects using communication activities through drama such as PACT, SFH and IYF. HCP will continue to broadcast on local radio stations to facilitate community discussions around the HEART Waves campaign. This activity complements all of HCP and other USG partner activities in HIV prevention.

The HIV Talkline will continue to focus on prevention as the most effective tool for reducing the impact of HIV, with a focus on Abstinence and Being Faithful to 60,000 callers through the end of FY07. Youth under 20 account for 40% of HIV Talkline callers, with a further 45% of callers aged 20-29. Finally, in FY06, addressing mutual fidelity among adults through faith-based and traditional leadership will remain a strong component of the Care and Compassion movement.

A targeted evaluation will be done to inform the development of innovative, culturally appropriate "being faithful" interventions and messaging for rural, hard-to-reach, less-educated populations. Methods for this evaluation include focus groups with traditional leaders and structures at provincial and district levels and Participatory Ethnographic Evaluation and Research activities conducted within communities to provide information for greater understanding of health-seeking and sexual behavior. All activities consider existing gender roles with the goal of reducing violence, empowering young women to negotiate for healthier choices and promoting partner communication/mutual decision-making and male responsibility.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Training	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	95,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	700	☐

Target Populations:

Adults

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

People living with HIV/AIDS

Teachers (Parent: Host country government workers)

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Stigma and discrimination

Gender

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Empowering Africa's Young People Initiative
Prime Partner: International Youth Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3544
Planned Funds:
Activity Narrative: IYF has a cooperative agreement with USG to support HIV/AIDS Prevention through Abstinence and Behavior Change for Youth (ABY) through the Empowering Africa's Young People Initiative (EAYPI) project whose goal is to prevent the spread of HIV/AIDS among youth aged 10 -25 years. This activity supports both Zambia and the Emergency Plan's goals of HIV prevention. IYF partner organizations ensure linkages and synergy of their ABY activities to other HIV/AIDS stakeholders and implementers such as the Health Communication Partnership (3539), Society for Family Health (3367), PACT Y-Choices (3857) and RAPIDS (3556).

In Zambia, EAYPI is just getting started at the end of FY05 and will be implemented by 5 sub-grantees: Zambia Red Cross Society (ZRCS); Zambia Scouts Association (ZSA); Zambia Girls Guides Associations (ZGGA); Zambia Young Men's Christian Association (ZYWCA) and Zambia Young Women's Christian Association (ZYWCA). In FY06, EAYPI will train at least 1,000 peer educators to promote abstinence and being faithful and reach 33,300 individuals (20,000 young people and 13,300 adults) in the districts of Solwezi and Kabompo (Northwestern Province), Livingstone (Southern Province), Ndola, Chingola and Kitwe (Copperbelt Province), Kapiri Mposhi, Chibombo, Mkushi and Kabwe (Central Province), Mansa, Samfya and Mporokoso (Luapula Province).

These targets will be achieved by addressing four objectives.

1) Scale-up skills-based HIV prevention education, especially for younger youth and girls. At least 1,000 peer educators will be trained and reach 20,000 youth, in and out of school, through a series of one-to-one contacts, guided group peer education interactions and community outreaches. Training will facilitate the development of skills for practicing abstinence and fidelity, dealing with peer pressure, promotion of secondary abstinence, skills for condom use for sexually active youth over age 14, and referrals to clinical services for further support. Entertain-educate youth activities like street theater will also be utilized and focused on themes that deal with AB topics, CT, vulnerability of girls to rape, sugar daddies and presentations followed by discussions.

2) Communities mobilized to establish a dialogue on health norms and risky behavior. Community participatory dialogue and action planning will be conducted with communities in selected sites with a focus on identifying prevailing youth health norms, gender issues, prevalent youth risky behaviors, advocacy issues related to stigma and discrimination, and ways that the communities can address the identified risk behaviors that predispose young people to HIV. Target audience includes adult members/volunteers of youth associations, parents and community leaders.

Participatory identification of potential allies and adversaries among key influential leaders will be conducted in selected start-up sites, targeting among others, faith-based and cultural leaders, women, youth and civic leaders.

This will be followed by focused sensitization, mobilization and advocacy for the identified key influential leaders as well as other community members about identified HIV prevention advocacy issues. Advocacy topics include stigma, discrimination, gender and HIV/AIDS mitigation as well as the risky behaviors that predispose young people to HIV/AIDS. Existing in country IEC /BCC materials on AB will be disseminated during outreach events.

3) Parents and other influential adults roles strengthened. In partnership with YouthNet, IYF has trained 31 trainers, both adults and youth, in adult-youth

partnerships. These trainers will utilize curriculum-based training to strengthen activities in parent-to-child (PTC) communications that help parents and adolescents better communicate their values, healthy choices, and identify when and where to seek additional help. Both the ZGGA and ZYWCA have existing structures, such as teacher guides and parent-elder programs, that will be utilized to strengthen communications, mentoring and role modeling. Specifically with adults, the aim will be to increase their ability to talk about youth sexuality, abstinence, fidelity and monogamy, and define parental responsibilities to help young people practice AB.

4) The incidence of sexual coercion and exploitation of younger people reduced in the project sites. Advocacy and sensitization meetings will be conducted for younger and older males. For younger males, the focus will be on male norms, challenging norms about masculinity, including the acceptance of early sexual activity, multiple sexual partners for boys and men, and transactional sex. This is a deliberate effort to impart positive gender sensitive attitudes, practices and behaviors in male young people at an early age as a long- term strategy to address sexual violence and exploitation of young girls and women. For older males, the focus will be to support counseling, peer education, and community interventions.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	33,300	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	1,000	☐

Target Populations:

Community leaders

Most at risk populations

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Women (including women of reproductive age) (Parent: Adults)

Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Luapula

North-Western

Southern

Table 3.3.02: Activities by Funding Mechanism

Mechanism: PROFIT
Prime Partner: Cooperative League of the USA
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3547
Planned Funds:
Activity Narrative: The Production, Finance and Technology (PROFIT) Project, is a five year USAID economic growth initiative, started in 2005 and implemented by a consortium of organizations with strong experience in production, finance, and technology initiatives in Zambia. Working together, the Cooperative League of the USA (CLUSA), Emerging Markets Group (EMG) and International Development Enterprises (IDE) brings high levels of strength, technical competence, and hands-on experience to address the specific constraints and needs described in the RFA. These three international organizations work closely with a diverse group of Zambian organizations representing both the public and private sectors including key Government of Zambia (GRZ) institutions, Zambian NGOs, and small, medium, and large private sector firms to increase the production of selected agricultural commodities and non-farm products for which Zambia has a comparative advantage in both domestic and regional trade. As HIV/AIDS has had a tremendous impact on Zambia's agricultural production, using a Wraparound Approach the USG will leverage the existing platform and human resources of the PROFIT Project to implement HIV/AIDS prevention activities. In FY05, PROFIT initiated its HIV/AIDS prevention work with small scale farmers. In FY06, it will expand its HIV/AIDS prevention work as PROFIT reaches out to a larger number of farmers.

The main thrust of the HIV prevention strategy will be the promotion of abstinence and being faithful. To promote HIV/AIDS prevention strategies, abstinence will be presented in its context of everyday life and its relationship to HIV/AIDS prevention. Topics for discussion include the medical, social, cultural and religious aspects of abstinence, and personal choices related to employment, personal conviction and their relationship to HIV/AIDS prevention, and will relate to the small scale farmer/producers and their partner/s. Interventions on being faithful will follow the same themes as those for abstinence and HIV/AIDS prevention. They will include personal commitment, making choices, adherence to religious beliefs, following medical advice and social and cultural morals. The overall themes that will guide the intervention is the recognition that abstinence and being faithful are not new behaviors, but are choices that we all make for various reasons as life evolves. In addition, issues of stigma and discrimination will also be addressed, especially those relating to counseling and testing.

About 150 community HIV Peer Educators will be trained. They will be comprised of depot workers, extension staff, contract farmers, distributors, area assistants, leaders of local faith-based organizations and other community members will be selected by the communities and will undergo in-house training in all six provinces (Lusaka, Central, Southern, North Western, Western and Copperbelt- actual districts will be determined later). Training will be provided as close as possible to the communities near centers of PROFIT's core activities to maximize participation and reduce on cost. Further, peer educators will be provided with training manuals, knowledge, skills, educational materials and mass mobilization techniques to be able to disseminate Abstinence and Being Faithful messages in their communities with a focus on the target of 30,000 people being sensitized. This may be undertaken through methodologies including sensitization sessions, drama performances, cultural activities such as dances, songs and sports, and distribution of IEC materials. In addition, the farming and rural communities will also be accessed through existing mass media channels such as The Farmer magazine of the ZNFU and the Voice of the Farmer radio program.

Community HIV Peer Educators will collaborate closely with other outreach programs such as farmer trainings, field days, and market days where they will be expected to deliver the AB Prevention Strategy packages to participants. IEC materials will be

specifically developed focusing on the communities to be targeted under the PROFIT project. These will be produced in English and translated into local languages to ensure an effective transfer of knowledge to the communities targeted. IEC materials will include brochures, leaflets, banners and posters.

To ensure long-term sustainability, the program will focus on capacity building of PROFIT and Zambia National Farmers Union staff, small scale farming communities and HIV related services and organizations that are linked to the PROFIT HIV program.

Emphasis Areas	% Of Effort
Training	51 - 100
Community Mobilization/Participation	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS *prevention* through abstinence and/or being faithful	150	☐

Target Populations:

Farmers

rural agricultural population

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Other

Coverage Areas

Central

Copperbelt

Lusaka

North-Western

Southern

Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: MATEP
Prime Partner: Development Alternatives, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3548
Planned Funds:
Activity Narrative: The Market Access, Trade & Enabling Policies Project (MATEP) project is a five-year USAID economic growth project designed to increase Zambia's exports of agricultural and natural resource products to regional and international markets. The MATEP project was started in 2005 and will continue in 2006 and has four components (market access, policy, finance, and tourism) through which the project intends to make exports happen. Local demand—beyond basic food needs—is limited and only by exporting will Zambia be able to raise the incomes of its rural population. As HIV/AIDS has had a tremendous impact on Zambia's workforce and market, using a Wraparound Approach the USG will leverage the existing platform and human resources of the MATEP Project to implement HIV/AIDS prevention activities that focus on abstinence and being faithful through two project components: market access and tourism.

MATEP's principal market access partners are the Zambia Export Growers Association (ZEGA) and the ZEGA Training Trust (ZTT), which are predominantly located in the Central, Lusaka, Copperbelt, and Southern Provinces. Other partners include the Southern Africa Global Competitiveness Hub and ECIAfrica. MATEP will assist ZEGA members in integrating workplace HIV AB prevention activities into the core of their businesses. Activities will include mobilization and sensitization meetings and training for principal partners' members. MATEP will train seventy peer educators in order to reach 15,000 ZEGA Trust-affiliated farm workers and their family members. The workshops will specifically address AB Prevention and will include stigma and discrimination—especially those issues surrounding counseling and testing. Actual districts will be determined later.

In the tourism sector, MATEP is collaborating with local authorities and partners to establish two community HIV/AIDS outreach outlets per province. These outlets will run AB prevention programs and HIV counseling and testing in areas with high numbers of tourists — especially during traditional ceremonies, where information booths will be set up. The project's principal partners in this sector include the Tourism Council of Zambia and the Hotel & Catering Association of Zambia, which are helping to identify the most effective ways and appropriate locations to reach member organizations with AB prevention activities. Key players working in the tourism industry are being selected and trained to conduct HIV prevention programs at hotels, lodges, restaurants, and nightclubs. Lastly, the project will collaborate with the Hospitality and Tourism Training Institute (HTTI) to introduce specifically tailored HIV AB Prevention content into the hospitality curriculum.

Emphasis Areas	% Of Effort
Training	10 - 50
Community Mobilization/Participation	51 - 100
Workplace Programs	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	70	☐

Target Populations:

Farmers

rural agricultural population

rural small traders

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Other

Coverage Areas

Central

Copperbelt

Lusaka

Southern

Table 3.3.02: Activities by Funding Mechanism

Mechanism: RAPIDS
Prime Partner: World Vision International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: *Abstinence and Be Faithful Programs*
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3556
Planned Funds: [ ]
Activity Narrative: This activity relates to HVCT (#3555), HKID (#3559), HBPC (#3558) and HTXS (#3566).

RAPIDS, a consortium of World Vision, CRS, CARE, The Salvation Army, Africare, Expanded Church Response and local FBO/CBO subgrantees, works in 47 of 72 districts in Zambia to Prevent HIV/AIDS through ABY strategies. RAPIDS' ABY interventions aim to reduce the HIV transmission as part of its overall aim of delivering integrated services and support to households and youth affected by HIV/AIDS.

In FY05, RAPIDS reached over 54,000 youth with one-on-one messaging and training in AB activities. Of these youth reached, approximately 10,000 youth participated in intensive livelihood messaging and training in AB, including a 12-week training program (required before youth are eligible for livelihood activities). In FY05, *three target groups were addressed: (1) Youth and Livelihood (this includes IEC* materials, market assessments, training of trainers, mentoring, and intensive *follow-up); 2)Youth and adults with one-on one AB messaging/training; and, 3) the* wider youth population with mass messaging (no longer a required indicator through OGAC). In FY05, RAPIDS found that youth receiving the intensive training approach combined with livelihood interventions are much less likely to engage in risky behavior and more likely to remain abstinent. These trainings help to build confidence among the youth in the choices they make.

In FY 06, RAPIDS will reach 21,750 youth directly with ABY interventions. New to FY 06, RAPIDS will introduce a faith-based training package for pastors created by WVI in South Africa, Channels of Hope. RAPIDS, using the Channels of Hope model, will train local pastors to promote AB during church services, in sermons, in one to one counseling, during visits to HBC clients, and in work with youth. Through Channels of Hope, RAPIDS will mobilize 141 faith communities and train 423 clergy to promote ABY to 4,230 youth and 2,820 HBC clients and their spouses. RAPIDS will continue to scale up training staff and F/CBO managers to implement ABY Life and Livelihood skills curriculum training that will benefit 23 RAPIDS trainers, 75 supervisors, 34 CBO trainers, 38 clergy, 60 teachers, and 450 Peer Educators.

RAPIDS will develop local FBO/CBO capacity with roughly 32 small grants totaling *$150,000 for ABY and livelihood development activities and training in financial and* project management. Small grants will promote ABY activities, microfinance for youth, capacity building for F/CBOs, teachers, peer educators and other key actors in ABY behavior change, training of traditional initiators, and meeting the needs of at-risk boys and girls.

RAPIDS will contribute to the reduction in HIV transmission by promoting abstinence among unmarried young people aged 10-24 years and faithfulness among young married couples. Strong emphasis will be on much-needed life skills and livelihood development for youth that empower them to cope with life pressures, future planning to escape poverty, and to make and defend decisions to abstain and be faithful. RAPIDS will work with F/CBOs, teachers, peer educators, traditional leaders, and caregivers in the community to ensure local ownership and sustainability. Through the Youth Forum, RAPIDS will interface with the GRZ to contribute to the National Youth Policy implementation and monitoring.

RAPIDS will impart standardized ABY messages sensitive to youth, communities, and *cultural conditions. The project will sensitize 'Gate Keepers' such as Traditional* Leaders and Traditional Initiators. In coordination with HCP, RAPIDS will distribute a *variety of ABY IEC materials. Strategies to disseminate information include drama*

campaigns, radio, and music festivals. RAPIDS will take advantage of international and local events, including World AIDS Day, agriculture shows, and Youth Week.

RAPIDS will continue to refine and adapt its M&E tools to align with overall PEPFAR SI indicators as well as the UNAIDS "Three Ones". RAPIDS will support consortium members in developing sophisticated, sensitive ABY M&E systems capable of documenting interventions and demonstrating impact. Documentation of case studies/success stories will be encouraged at all levels.

In FY '06, RAPIDS will strengthen and establish new youth referral networks at district, provincial and national level, and will continue to work with GRZ structures such as District AIDS Task Forces (DATFs). RAPIDS members and subgrantees will greatly intensify efforts to identify and refer at-risk youth (those who, in spite of all ABY efforts, engage in high risk sexual activity), to relevant services such as VCT, STI testing and treatment to extend the reach and impact of expanding HIV/AIDS mitigation activities.

RAPIDS will continue to link youth to livelihood opportunities funded by the USG, other donors, and the GRZ, as a way of enhancing abstinence among youth, for whom economic vulnerability (poverty) is a major risk factor for HIV/AIDS. RAPIDS will continue to support apprenticeships and internships through private sector partnerships that provide youth with valuable work experience and job opportunities.

RAPIDS will enhance the nutritional status of youth and at risk OVC by providing information and skills in good nutrition and food production appropriate to climatic, environmental and cultural conditions. Youth will be provided skills in food processing and utilization.

ABY programming will include gender activities targeted at community leaders, clergy, teachers, parents and youth. The life skills training will equip the target groups to identify, analyze and deal with inequalities and power imbalances between women/girls and men/boys in Zambian society. The program will also work with Traditional Initiators/leaders to eliminate harmful traditional and cultural practices such as dry sex, sexual cleansing, and wife inheritance. RAPIDS will work to reduce transactional sex - the exchange of sex for money or gifts as a strategy for coping with poverty.

Using the Wraparound Approach, RAPIDS will form linkages with other USG funded programs and GRZ service providers to support youth livelihoods programming, for economic empowerment of youth, and to enhance access to HIV/AIDS information. RAPIDS will leverage resources from the Health Communication Program, the District Health Management Teams, Departments of Social Welfare and of Youth Development, as well as private sector entities like Development Business Services for informal sector employment. RAPIDS will work with Micro-Finance Institutes to disburse loans for youth small-enterprise activities. RAPIDS will also work with other USG funded partners such as Land-O-Lakes and the new USAID PROFIT project to develop micro-finance options to support to youth (ABY) programming.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	28,800	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	1,082	☐

Target Populations:

Community leaders

Faith-based organizations

People living with HIV/AIDS

Program managers

Teachers (Parent: Host country government workers)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Caregivers (of OVC and PLWHAs)

Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Wrap Arounds

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: MARCH Project

Prime Partner: Axiom Resources Management

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3576

Planned Funds:

Activity Narrative: Continuing its activity from FY05, the MARCH (Modeling and Reinforcement to Combat HIV/AIDS) strategy in Zambia has two components that will be implemented in FY06. This program explores Zambian factors that continue to perpetuate the facilitation of HIV transmission in the general population. The first component is a Radio Serial Drama (modeling activity) that provides listeners with authentic and realistic examples of people attempting to change risky behaviors that may lead to HIV infection and prompting people to rethink their own risk perceptions. It also provides examples of people using appropriate HIV-related services. The second component consists of community-based reinforcement activities that encourage communities to modify social norms and provide support to people to change their behavior, and link people to existing and forthcoming services. The reinforcement activities will be implemented at the community level and will create community dialogue through the serial radio drama. These two components will be entirely performed by local partners with technical assistance provided by the USG.

MARCH focuses on behavior change related to monogamy (and more specifically, the reduction of concurrent sexual partners and serial monogamy), alcohol abuse, sexual abuse, gender-based violence, the uptake of HIV and OI-related services, care and treatment of PLWHA, and secondary prevention. Data from projects in other countries suggest that MARCH encourages service use. A mid-term assessment survey for the Botswana project found that in comparison to other people, people who listened to the drama on a weekly basis had higher levels of knowledge, less stigmatizing attitudes, and were two times more likely to intend to get tested in the next 3 months. Furthermore, among those with concurrent partners, weekly listeners were significantly more likely to get tested for HIV since the drama first aired. Qualitative data from Ethiopia suggests contribution to behavior change with evidence that participants from at least one discussion group went together for HIV testing.

Ongoing activities from FY05: (1) Radio serial drama - Write, produce, broadcast and monitor the radio drama in Tonga, Trainings, program management and technical assistance, and workshops; (2) Reinforcement Activities - Materials development, trainings, rolling out of reinforcement activities that create an environment that sustain behavior change, and rigorous community outreach interventions that will include discussion groups, community discussions and peer counseling; and (3)Evaluations - Audience monitoring, baseline survey, listening group surveys, analysis of audience feedback, technical assistance, and dissemination of research/survey findings.

Modeling Component
In FY05, a formative assessment conducted in both the Southern and Western Provinces provided the basis for scripting a behaviorally-sound serial drama and for identifying reinforcement partners and activities in both provinces. Therefore, in FY06, MARCH will continue to assemble and provide ongoing training to a team of scriptwriters to write and produce the serial drama using Pathways to Change, a set of MARCH tools that ensure consistency with behavioral theory and research on HIV and behavior in Zambia. The Tonga-language drama will air on both national, commercial, and community radio stations and be transmitted throughout the Southern and Western Provinces. The drama will have approximately five to seven interconnected storylines dealing with each of the behavioral objectives noted earlier. Applying the Pathways to Change tools, "transitional" characters in each storyline will be designed to model the cognitive/affective state and the social and structural circumstances of a typical Zambian confronting relevant behavioral risk. A series of process indicators will be collected to ensure the programmatic and

technical integrity of the drama.

Reinforcement Component
The modeling component in MARCH is only a springboard to reinforcement activities. The reinforcement, rather than the modeling component, enables people to integrate behavior change ideas into their own lives. In FY06, reinforcement activities will be ongoing and conducted by local organizations throughout the Southern Province and carefully monitored in eight representative communities to assess social impact. The specific activities will depend on the interests and capacity of local partners to perform them in ways consistent with the MARCH approach though addressing the behavioral priorities being highlighted in the drama.

Reinforcement activities will be structured to meet specific goals in three areas: cognitively, interpersonally, and structurally. Cognitively, reinforcement activities draw attention to the specific areas of modeling and shape individuals' abilities to explore their own capacity for behavior change. Interpersonally, MARCH will focus on the norms that underlie risk behaviors and generate community/small-group proposals for reframing those norms in healthier, Zambian-sensitive ways. Finally, MARCH reinforcement brings increased cognitive and normative capacity to bear on building links with local civil, administrative and health services.

During FY06, indicators of normative and behavioral change and service up-take will be assessed in terms of formative evaluation. Process indicators will be monitored to ensure programmatic and technical fidelity of the activities. Expansion to the Western Province will also be planned in FY06.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	500,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	0	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	200	☐

Target Populations:

Adults
People living with HIV/AIDS
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Public health care workers
Private health care workers
Community members

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Southern

Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	SHARE
Prime Partner:	John Snow Research and Training Institute
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	3638
Planned Funds:	
Activity Narrative:	This activity relates to MTCT (#3677), HVCT (#3639), HKID (#3652), HBHC (#3640), HVTB (#3681), HTXS (#3641), HVSI (#3642), OHPS (#3643).

This activity strengthens the capacity of workplaces, two Global Development Alliances and community networks to implement AB programs and build capacity of local organizations to facilitate social change to support AB.

By emphasizing Abstinence and Be Faithful programming, key elements of USAID's HIV prevention strategy, and continuing partnerships with local NGOs, SHARe will apply lessons learnt in FY04 and FY05 and provide on-going state-of-the-art technical assistance to workplace AB prevention programs in public agencies (Ministry of Agriculture & Cooperatives, Ministry of Commerce Trade & Industry, Ministry of Home Affairs and a fourth Ministry to be named) and the private sector. SHARe will work with local NGO partners (ZHECT, ZamAction and Afya Mzuri) to provide technical assistance in AB programs to 102 medium and large businesses and to assure sustainability of the program. This includes initiating relationships with 30 new businesses plus one new ministry to develop appropriate AB workplace programs and continuing support to 68 private sector programs and three in ministries. In addition to the other industries in which SHARe has established relationships, the private sector program will initiate work with transportation companies. SHARe will engage with USAID to identify a number of transportation companies and support their development of corporate workplace polices to help protect employees from HIV/AIDS. Working with administrative and other corporate logistics staff, SHARe will promote AB messages to prevent new HIV infections. SHARe will also work in partnership with other USG projects that target other transportation employees in the field such as the long-distance truck drivers to ensure the coordination of these targeted services with corporate policies. In addition to the private sector component, SHARe will leverage resources from the World Bank-funded project ZANARA to carry out activities in AB in the 4 government ministries. Building on work done in FY04 and FY05, SHARe will work with partners to implement AB strategies, plans, materials and activities to train 350 new workplaces peer educators (100 SHARe, 84 ZHECT, 66 ZamAction and 100 Afya Mzuri) and continue to support 1,800 peer educators already trained under SHARe. To reduce stigma and discrimination, peer educators will organize and lead group discussions on risky behaviors and address gender norms that increase risk. Workers will be encouraged to set standards for supporting and encouraging positive peer behavior. A total of 12,000 new individuals will be reached with AB prevention messages in FY06: 2,000 SHARe, 2,800 ZamAction, 4,000 Afya Mzuri, and 3,200 ZHECT. There will be a total of 31 new community A/B outreach programs, and an additional 71 will continue to be supported: 58 ZHECT, 20 ZamAction, 20 Afya Mzuri and 4 SHARe. These activities will be linked to CT and then to ART for those who test positive and require treatment.

SHARe will continue work with the US Embassy's Public Affairs Section to support HIV/AIDS prevention at selected UNZA campuses (#3836). Through the UNZA program, a core group of students will be identified to lead the AB efforts on campus and in their home villages/neighborhoods. SHARe will train UNZA student peer educators, provide IEC material, support them to mobilize communities for AB, and monitor AB activities to quantify their contribution towards the overall PEPFAR's 2-7-10 goals.

In addition, SHARe will provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO working in Zambia, to provide support to A/B programming in two Global Development Alliances on HIV/AIDS in the mining and

agribusiness sectors in Zambia. Private sector partners include Konkola Copper, Mopani Copper, Copperbelt Energy, Kansanshi Mines, Bwana Mkubwa Mining, Dunavant Zambia, Zambia Sugar and Mkushi Farmers Association, reaching 30 districts in six provinces and 34,635 employees and 2.1 million outreach community members. CHAMP will provide technical support and SHARe will manage a sub-granting mechanism totaling $80,750 to GDA members and other organizations for HIV workplace and outreach AB prevention programs. CHAMP will train peer educators and OVC caregivers from the workplace and community to: promote AB prevention using methodologies as per USG guidelines; help implement AB sensitization and mobilization activities; and create referral linkages to CT and other prevention services as required. AB activities will be implemented in workplaces and identified communities of the 8 GDA members. Topics include medical, social, cultural and religious aspects of abstinence and being faithful. Discussions of personal choices and risk will be an integral part of the prevention training and sensitization. CT will be made available to participants on-site during training or sensitization activities. Information on local prevention, care and treatment services will be provided in conjunction with workplace and community activities. CHAMP will train 4,351 peer educators in the workplace and community on AB prevention. This will include 600 OVC caregivers. 338,000 participants will be reached with AB messages and activities through peer networks and OVC programs. The GDAs will provide inputs to AB prevention activities, both directly and through technical support, which includes the creation of linkages and partnerships, including access to free CT and ART. Positive patients will be referred to health clinics and community and faith-based organizations for prevention, care and treatment. Support for high-risk groups will be forged with initiatives such as Corridors of Hope, CDC, and JHPIEGO.

Emphasis Areas	**% Of Effort**
Workplace Programs	51 - 100
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	338,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	4,351	☐

Target Populations:

Adults

Business community/private sector

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Corridors of Hope
Prime Partner:	To Be Determined
USG Agency:	*U.S. Agency for International Development*
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	3663
Planned Funds:	
Activity Narrative:	This activity relates to HVCT (#3664) and HVOP (#3665).

The Corridors of Hope Cross Border Initiative (CoH) will come to an end in March 2006. This project has played a significant role in Other Prevention for Most at Risk Populations for the USG in Zambia. Through Track 1.5 funding, CoH for the first time introduced AB activities for youth in border and high transit corridor sites. Since that time, a sexual debut delay campaign for male and female youth has been adapted to Zambia and implemented in CoH sites. The USG through USAID is designing the follow-on project which will be ready for implementation for the COP06. To date, a situation analysis and background paper has been completed and a program description for the follow-on activity has been drafted. It is anticipated that either a Leader With Associates or buy into a centrally procured mechanism at USAID/W will be used to support this effort with strong local organizational participation. OGAC A&A guidelines will be followed and the draft Program Description will be sent for review to the in-country PEPFAR Team, the Zambia Core Team, and OGAC Prevention TWG. Zambia specific HIV/AIDS epidemiological data, findings of the PLACE study and the Sexual Behavior Study/AIS, other behavioral and biological data, and lessons learned from the CoH are being used in developing the Program Description. Proximate and intermediate determinants of sexual behavior and transmission that act as barriers to behavior change or are facilitative of change specific to Zambia will be addressed.

While this follow-on program will continue to address Other Prevention services for the Most At Risk Population at border sites and high transit in-land sites (#3665), a major shift in the emphasis of the project will be towards AB for the at large communities living in these high risk locations. The follow on will address a Continuum of Prevention expanding sexual transmission prevention interventions to the wider community and significantly increase AB activities in these very high prevalent locations. In particular, this program will address the influence of gender norms and practices on sexual behavior, multiple and concurrent partnerships, how perceptions of masculinity and femininity affect sexual behavior and HIV/AIDS service seeking, sexual violence, early debut of sex among females and males, influence of alcohol abuse on sexual behavior, and the common practice of transactional and inter-generational sex.

In particular, the CoH follow on will use participatory research methods to identify intermediate and immediate determinants of the HIV/AIDS transmission among corridor communities, engage the community fully in selecting and implementing appropriate interventions to promote abstinence and faithfulness, and leverage resources of and link to education and economic activities. CoH will empower and engage local religious, traditional and civic leadership to ignite change and provide sub-grants to local organizations to implement AB activities specifically focused on eliminating transactional and intergenerational sex, increasing abstinence/secondary abstinence and preventing early sexual debut, changing gender norms that lead to high risk sex, preventing sexual violence, reducing alcohol intake, promoting faithfulness and reducing multiple and concurrent sexual partnerships. To promote abstinence and prevent transactional and intergenerational sex and sexual violence, local partners will work with pre-adolescents aged 7-9, adolescents aged 10-14 and youth 15-24 along with their parents and guardians to instill healthy social norms and values early on and encourage parent-child communication and protection. The winner of the award will work with selected local organizations to build their capacity to conduct participatory research and implement effective programs addressing AB and to link to services provided to the Most at Risk Populations.

This follow-on program will expand community-based, community-implemented AB interventions to increase age of sexual debut and abstinence among unmarried youth and reduce partners and increase faithfulness among adults in border and high transit corridors. Four sites covering: 1. Livingstone and Kasungula, 2. Chipata and Katete, 3. Kapiri Mposhi, and 4. Solwezi will be covered as these represent populations that have the highest HIV prevalence and number of PLWHAs in the country. These communities are characterized by highly mobile populations, including sex workers, truckers, traders, customs officials and other uniformed personnel, in addition to the permanent community members, in particular adolescents and youth, who are most vulnerable to HIV transmission by virtue of their residence in these high risk locations. It is anticipated that 200,000 persons in these areas will be reached with AB interventions, of which 50,000 will be pre-adolescents, adolescents and youth for abstinence only activities. A cadre of 500 individuals will be trained, on the average 100 per project area, in implementing AB prevention activities and programs.

The winner of this award with work in close collaboration with other USG and other donor funded projects working in the specified locations, particularly HCP, PSI Social Marketing, CHANGES 2, PROFIT, MATAP, and RAPIDS, and will network and link to economic development programs, education and vocational training programs, police sexual violence prevention programs, and MoH/CBoH HIV/AIDS services.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	200,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	50,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	500	☐

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Coverage Areas

Central

Eastern

Southern

North-Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GAC (GHAI account)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3722

Planned Funds: [redacted]

Activity Narrative: The Peace Corps will reach a minimum of 10,500 individuals through its community outreach, HIV/AIDS prevention programs that promote abstinence and/or being faithful. Peace Corps volunteers will work to disseminate accurate and culturally appropriate AB messages with three populations: in-school youth, out-of-school youth, and traditional birth attendants. Most schools have established anti-AIDS clubs, started by Family Health Trust. Through these clubs, volunteers will work with children using materials from Family Health Trust and other USG partners. These materials are tested and approved by the Ministries of Health and Education in accordance with the ABC policy guidance for youth. Volunteers will reach out-of-school youth in the community health centers. They will work with the rural health staff to establish youth-friendly monthly meetings where they will discuss reproductive health and HIV/AIDS focusing on AB approved messages. Traditional Initiators (TI) have a strong influence with youth. Volunteers will work with the TIs to facilitate discussions with youth on AB messages such as delayed sexual debut. In addition, volunteers will facilitate the formation of Community AIDS Task Forces (CATF) and train them to disseminate AB messages to the community. Where CATFs exist, the volunteers will work with them to ensure that correct AB messages are being shared.

The cost of this activity includes multiple inputs from these Volunteers including capacity building and training; for example:

? The Volunteers will use participatory methodologies to mobilize their communities and to train community members (including youth, traditional birth attendants, community clubs, health workers) in skills that will enhance participation in HIV/AIDS prevention, care and support. These activities will include workshops and seminars, gardening, bicycle races, and Girls Empowerment Camps among others. Special emphasis will be placed on nutrition as a critical part of care and support for those living with HIV/AIDS. In this regard, the Volunteers will collaborate with the United Nations Food and Agriculture Organization (FAO), which will provide seeds and basic work implements.

? The Volunteers will help build capacity within the community and strengthen their linkages with the Health Centers and the District HIV/AIDS Task Forces (DATFs). In some cases, Volunteers may assist the communities to establish and support Community AIDS Task Forces (CATFs).

? In order to build sustainability, the Volunteers will transfer skills to the communities through counterparts (usually CBOs or local NGOs). This transfer will be both hands-on through demonstration of skills and through organized training sessions in areas to be identified through a needs assessment. This is to assist communities to understand how to effectively take on this responsibility of better managing their own HIV/AIDS related programs even without the presence of a Volunteer.

? In summary, the Volunteers will: (1) form and strengthen community based organizations in their respective communities; (2) create awareness of the HIV/AIDS basic facts and myths among these communities; (3) assist the communities identify the adverse effects of HIV/AIDS; (4) facilitate the identification of possible interventions for prevention, care and support; and (5) bring appreciation of the role of nutrition for people living with AIDS.

The Volunteers will be posted in the more remote villages of Zambia-often 50 to 100 kilometers from the nearest tarmac road. They will use bicycles as their primary mode of transportation, which will enable the Volunteers to reach people who have little access to such services due to their remote location.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	51 - 100
Needs Assessment	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,200	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	2,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	200	☐

Target Populations:

Adults

Orphans and vulnerable children

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Key Legislative Issues

Gender

Volunteers

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Northern

North-Western

Southern

Table 3.3.02: Activities by Funding Mechanism

Mechanism: PAS/National Arts Council of Zambia

Prime Partner: National Arts Council of Zambia

USG Agency: Department of State

Funding Source: GAC (GHAI account)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3745

Planned Funds:

Activity Narrative: In collaboration with other USG partners, the Public Affairs Section (PAS) will build on previous projects. In 2006, the goal is again to utilize PAS' unique advantage of working with regional and Zambian artists, organizing cultural programs and a strong relationship with Zambian radio and television media to promote Abstinence & Be Faithful, with an emphasis on Be Faithful. Local celebrities can be effective in spreading prevention messages, which increases their ability to reach large audiences. This intervention is consistent with the five-year Mission strategy and the GRZ's National AIDS intervention strategy.

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 will deliver HIV/AIDS prevention messages at festivals and concerts throughout the country; they will be asked to record public service messages for play on radio stations countrywide;

and they will conduct workshops for 270 fledgling community artists and help them produce local HIV/AIDS prevention messages in the form of songs, art for posters, poems and drama skits. The products will be used in concerts and radio programs.

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: Cherise Makubale (winner of Big Brother Africa reality show)

Artists: Victor Makashi, Eddie Mumba, Patrick Mumba

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	270	☐

Target Populations:

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Media

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: University Student HIV Leadership Program
Prime Partner: University of Zambia
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3836
Planned Funds:
Activity Narrative: This project, "University Student HIV Leadership Program," will train university students as peer educators/counselors to advocate messages of abstinence and being faithful (AB), as outlined in the five-year USG/Zambia strategy and the GRZ's National HIV/AIDS Intervention Strategic Plan. The two universities involved in this activity are the University of Zambia (UNZA) and Copperbelt University (CBU). This activity is the first AB intervention on a university campus focusing on future leaders of Zambia. While the students will increase their awareness of sexuality, habits, and risks at a tender age, they will also be trained to serve as HIV/AIDS peer educators/counselors on campus.

Representatives of university elements such as medical, research, academic, training, administrative, university clinic, and students sit on the committee of UNZA's Vice Chancellor's Chair. Altogether there are eight people who may be called on. For specialized activities, there is a wide spectrum of expertise available at the university. Several programs for peer education have been implemented on tri-partite collaborative efforts. For the last two years, UNICEF has funded HIV/AIDS programs on campus that did not focusing on AB intervention.

Two hundred students from the University of Zambia (UNZA) and Copperbelt University (CBU) will participate. The combined student population at the two universities is about 13,000. While the selected students will come from the nine provinces; more than half will be women. Upon completion of the training program, the peer-educators will serve 6,000 students on campus through one-on-one counseling.

Two hundred peer educators will learn facts about HIV/AIDS, negotiation skills, limited counseling skills, and options for referral and networking. The formal training will last one week; follow up will include regular meetings of peer educators to exchange best practices. UNZA student leaders involved in this program will organize mobilization events, discussion groups, dramas, art contests, song and dance competitions, essay contests, music concerts, and other innovative activities both on campus and in their own villages to promote AB prevention, which will be the main focus of this activity.

On campus, zones will be established to assign students responsibilities. The peer educators will use to reach out to 6,000 students and refer complicated cases to UNZA clinic staff and psycho-social counselors. Furthermore, students will have to pledge to engage in community outreach during their holiday break, three times per year for periods ranging three to six weeks. The peer educators will be encouraged to visit their former schools to address students on life skills, education and to offer motivation.

Often, university students conduct academic research or surveys in their home communities. Their ties to the communities, shared language, and the respect and credibility they have earned as scholars facilitate this community work. The community service they provide fosters stable and economically viable communities and helps to develop these young people into future leaders and community representatives in government, business, and security. Peer-educators will document their activities through written reports, photographs of events, and samples of products of the village work, such as winning essays or art work.

Vice Chancellor of UNZA Professor Robert Serpell and the coordinator of HIV/AIDS policies and programs at UNZA, Dr. Shilalukey Ngoma, will have oversight of the project, through a cooperative agreement. While Dr. Ngoma and her colleagues will

implement the training workshop and organize the field work for the 200 students, PAS will build partnerships with the students to inspire leadership skills and increase their awareness of the United States and its commitment to Zambia's development. *PAS will organize four programs for the 200 students, including Digital Video* Conferences and lecture series on HIV/AIDS and leadership skills.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	200	☐

Target Populations:

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

HIV positive children (6 - 14 years)

Key Legislative Issues

Gender

Education

Democracy & Government

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Y-Choices
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3857
Planned Funds:
Activity Narrative: The Y-Choices HIV/AIDS prevention program's focus is the promotion of Abstinence and Being Faithful among young people aged 10-24 through peer education both for in-school and out-of-school youth. The program will be supported by adult mentors, including teachers to provide guidance to peer educators, as well as promoting parent/adult child discourse on sexuality issues with emphasis on abstinence and fidelity as key HIV preventive measures among youth. The program is being implemented through sub-grantees made up of NGOs, CBOs and FBOs in the five provinces of Central, Luapula, North-Western, Southern and Western. This activity supports both Zambia and the Emergency Plan's goals of abstinence and behavior change for youth.

The major thrust of the program will be the support of peer-to-peer education and child mentoring outreach by peer educators and adult mentors respectively. These educators will undergo training in effective AB messaging and in community mobilization. Y-Choices will also focus on capacity building for the Sub-Partner organizations to improve program implementation capacity in the areas of program management and implementation, M&E and AB message development.

Traditional/civic/religious and political leadership will be lobbied by sub-grantees for community and other resource mobilization activities, in addition to their participation in the program. Pact's partner organizations will ensure linkages and synergy of their Abstinence Behavior Change for Youth (ABY) activities to other HIV/AIDS stakeholders and implementers such as the Health Communication Partnership (3539), Society for Family Health (3367), International Youth Foundation (3544), and RAPIDS (3556). Gender as a legislative issue will be a focus for partners in the implementation of the program. The messaging and program evaluation and reporting will take note of gender concerns as HIV/AIDS affects boys and girls differently. The communications strategy will ensure that HIV concerns for boys and girls (such as multiple sexual partners, sexual abuse and violence and transactional sex) are adequately addressed. Peer education and mentoring outreach will be complemented by AB messaging through radio programming in provinces with community radio stations (Western, Southern and Copperbelt) as well as the use of folk media.

Utilizing the wrap-around approach to HIV/AIDS programming, ABY partners will closely collaborate with other stakeholders in the field to ensure quality services for youth and to avoid duplication of similar activities. Referrals will be encouraged to ensure that sexually active young people who require CT and condom services are directed to partner organizations providing the required services.

With the delay in approval of their work plan and therefore, signing of sub-grants, FY05 results will not be reported until the semi-annual report in FY06. FY06 funds are to provide ABY sub-grants to 30 new organizations, in addition to the 13 awarded in FY05 that will continue in FY06. Each of the 43 (13 current and 30 new) organizations will implement their AB activities in five schools and five surrounding communities (430 sites). Twenty peer educators and five adult mentors for each of the school and community sites will be trained, resulting in 8,600 peer educators and 2150 adult mentors trained respectively through the end of FY07. This will lead to the promotion of abstinence and being faithful among the program target group.

It is estimated that 300 out of school youth in each of the 215 community sites (64,500 youth) will be reached with AB messages and 500 in each of the 215 school Anti-AIDS clubs (107,500 youth) will be reached with A only messages. Of the total youth to be reached, about 60% will be girls.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Community Mobilization/Participation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	172,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	107,500	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	10,750	☐

Target Populations:

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Community members

Key Legislative Issues

Gender

Coverage Areas

Central

North-Western

Southern

Western

Luapula

Table 3.3.02: Activities by Funding Mechanism

Mechanism: DoD-PCI
Prime Partner: Project Concern International
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4886
Planned Funds:
Activity Narrative: The first component is support for mobilizing and supporting 15 existing and new Anti-AIDS youth groups in Zambia Defense Force (ZDF) primary and secondary schools. Some of the schools have organized children's clubs that include HIV/AIDS education and programs on abstinence and anti-discrimination against people living with HIV/AIDS since the ZDF has received many requests from the students' parents to support such youth activities. Major activities include selection and reproduction of educational materials from among those developed for use in Zambia through the Ministry of Health (MOH), National AIDS Council (NAC), USG/PEPFAR-funded partners, or other sources; training for 50 teachers and patrons of Anti-AIDS youths groups in mobilizing youth groups and integrating HIV/AIDS prevention and stigma reduction into their education curriculums; and other logistic support for youth group activities. The goal of this program is to reach 7,500 youths with HIV/AIDS prevention messages and promotion of abstinence, plus reduction of stigma and discrimination against those living with HIV/AIDS.

The second component of this activity is to strengthen the capacity of military chaplains in HIV/AIDS counseling. Project Concern International (PCI) will coordinate with Baptist Fellowship to Zambia in developing military chaplain courses that focus on family ministry skills relating to marriage and parenting. These courses offer sessions on child, spouse and substance abuse, management of family crisis, illness, death and trauma, and skills for setting up family crisis centers. Alcohol addiction counseling will be incorporated in the chaplains training. The Baptist Fellowship to Zambia is training 120 chaplains and their assistants in FY05. In this year, courses will be open to 180 chaplains and their wives in order for chaplains to better understand HIV/AIDS and related issues as family issues. In addition, the Baptist Fellowship to Zambia will develop "True Love Waits," an abstinence-based literature and toolkits for the chaplains to disseminate to military personnel and their families in 69 units.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	5,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	230	☐

Target Populations:

Military personnel (Parent: Most at risk populations)

Children and youth (non-OVC)

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.03: Program Planning Overview

Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03

Total Planned Funding for Program Area:

Program Area Context:

Blood transfusion needs in Zambia are estimated at one hundred thousand units of blood per year. Currently, 40-45% of blood transfusions occur in children under five and 20% in complicated pregnancies. The Zambia National Blood Transfusion Service (ZNBTS) is responsible for ensuring the availability of safe and affordable blood services throughout Zambia. Each of the nine regions houses a regional blood transfusion center responsible for the recruitment of blood donors, collection, testing and distribution of blood. A total of one hundred and seven service outlets throughout the country in government, mission, military and private hospitals receive tested blood and blood products from the nine regional centres. The service outlets are involved in blood grouping, cross-matching and monitoring of transfusion outcomes at hospital level. The Zambian Defence Forces (ZDF) does not have a separate blood donation program and are among the service outlets supported by the ZNBTS program.

Currently, the blood safety program in Zambia is jointly funded by the Government, the US President's Emergency Plan for AIDS Relief (PEPFAR), Global Fund for HIV/AIDS, TB and Malaria (Global Fund), and the World Bank, through the ZANARA Project. Support from the Global Fund and ZANARA has been through the Ministry of Health and Central Board of Health programs and for specific activities on adhoc basis, to fill the financing gaps. The activities that have been supported thus far include: Global Fund – development of the legal framework, training in quality assurance and procurement of computers, fax machines and printers in 2003; World Bank, through ZANARA – procurement of 92 blood bank refrigerators, and the current tender for blood bags and blood testing kits. In line with the USG's 5-year Strategy for the prevention of HIV infections through safe blood, improved medical practices and post-exposure prophylaxis, since September 2004, the main source of financing for the National Blood Transfusion Service has been the Emergency Plan through a comprehensive five year grant aimed at rapidly strengthening blood transfusion services. Since the commencement of this program, additional staff have been employed, operational and financial support has been extended to all regional centres and management has been strengthened. As a result, mobile collection teams have been increased from nine to nineteen and blood collections have increased from the baseline of 8,715 units per quarter to 16,753 units for quarter ended June 30, 2005 or by 92%. The ZNBTS action plan and strategies are in line with the National Health Sector Policy and Strategic Plan.

Program Area Target:

Number of service outlets/programs carrying out blood safety activities	107
Number of individuals trained in blood safety	95

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Zambia National Blood Transfusion Service
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 3607
Planned Funds:
Activity Narrative: The Rapid Strengthening of Blood Transfusion Program is a national program aimed at scaling up blood transfusion activities to ensure efficient, effective, equitable, and affordable access to safe blood transfusion services throughout Zambia. The program is supported by the US Emergency Plan with a 5-year grant that ends in March 2010.

The overarching goal of the program is to establish an efficient and effective nationwide system for safe blood transfusion in Zambia and to prevent transfusion-related transmision of HIV, Hepatitis, Syphilis, and other blood borne infections. A continuation from FY05, the program will also seek to ensure equity of access to safe blood and blood products and to promote ethics in the collection, testing, and rational use of blood and blood products. The main focus of the program will be to significantly improve blood donor retention, through increasing reliance on voluntary non-remunerated donors to over 95% and increase the proportion of repeat donors from 26% to 60%, and by doing so, reduce HIV prevalence in donated blood from 5% to 3%. This will be accomplished through various activities, such as maintaining appropriate project staff to supplement the inadequate permanent staff, develop an appropriate database and locator system to ensure that effective contact with donors is maintained, enhance donor counseling services to help convert first time donors into repeat donors, and procure all the necessary inputs in an efficient and effective manner. Regional centers will be provided with all the required inputs and technical support. The target for the next financial year is to collect 80,000 units of blood.

A referral mechanism will be established to ensure that all blood donors testing positive for HIV will be referred to the appropriate HIV services for screening for eligibility for ART and entry into an HIV care program, including preventive therapy according to national guidelines.

The overall outcome of the program will be to ensure that 100% of blood collected is screened for HIV in full compliance with the WHO/National guidelines.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Logistics	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	107	☐
Number of individuals trained in blood safety	95	☐

Target Populations:

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.04: Program Planning Overview

Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04

Total Planned Funding for Program Area:

Program Area Context:

The transmission of HIV through unsafe medical practices accounts for a small percentage of transmission in Zambia that is largely preventable. The National Infection Prevention Working Group will continue to spearhead activities to strengthen infection prevention practices, including injection safety. The Infection Prevention (IP) strategic plan is in the final stage of development and approval. With track 1.0 funding, the USG supported the Ministry of Health (MOH) to assess and address major areas of concern namely: injection safety (IS) practices, handling and processing of sharp instruments, and handling and disposal of medical waste. With support from the USG, National Infection Prevention Guidelines have been disseminated to all health managers and cascade training of health care providers around the country in infection prevention is continuing.

A challenge to improving IP in Zambia is that many facilities do not apply standard infection prevention procedures. Contributing factors include severe human resource constraints in the health sector, limited availability of necessary equipment, commodities and systems, and weak quality support and supervision systems. Health care managers and providers, however, recognize the need for safe injection practices which has resulted in major improvements in this area. In FY05 two provincial hospitals and four district hospitals began IP/IS training. In addition, training has expanded to 25 Zambian Defense Force (ZDF) facilities. Availability of supplies has been another continuing challenge. With the four-year extension of Track 1.0 safe injection program, the Government of Zambia will receive support to achieve national coverage for training of managers and providers; supplementing injection safety supplies and equipment; and developing policies and guidelines for waste management and disposal. Availability of injection equipment and sharps boxes has improved in districts and hospitals where managers have received training in injection safety including forecasting, budgeting, procurement and management of supplies and equipment.

In line with the USG/Zambia Five-Year Strategy of providing technical assistance, supplies, and training to prevent medical transmission of HIV/AIDS, the project will continue working with GRZ to increase the use of safe injection practices, to ensure the practice of universal precautions, and to increase the availability and use of post-exposure practice. In FY05 18 districts are on track for orienting more than 50 managers, training more than 500 health workers, purchasing needles, sharps boxes and other supplies, as well as advocating with local District Health Management teams for increased budgets to support injection safety. In FY06 the program will be rolled out to all 72 districts in the country including targeted training of private providers. In addition, the USG will continue to support the development of Post Exposure Prophylaxis (PEP) protocols and guidelines for health care workers in facilities that are providing ART. A similar, USG-supported capacity building program is being implemented within ZDF facilities. Finally, in FY06 the USG will continue supporting the work of the Environmental Council of Zambia and Ministry of Health to develop technical guidelines and policy for the national health care waste management system.

The injection safety activity is also supported by the Global Access to Vaccines Initiative (GAVI) for safe injection equipment for the national childhood immunization program. UNICEF has contributed limited injection safety supplies to strengthen ANC services in the context of the PMTCT program. The USG works closely with the Ministry of Health and all donors to ensure coordination.

Program Area Target:

Number of individuals trained in injection safety	270

Table 3.3.04: Activities by Funding Mechanism

Mechanism: Injection Safety
Prime Partner: Chemonics International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 3543
Planned Funds:
Activity Narrative: The transmission of HIV through unsafe medical practices, while accounting for a small percentage of overall transmission, is largely preventable. The major issues are injection safety (IS) practices, handling and processing of sharp instruments, and handling and disposal of medical waste. Infection prevention (IP) practices in Zambia are generally weak. Contributing factors include severe human resource constraints in the health sector, restricted budgets and limited availability of necessary equipment, commodities and systems, weak quality support and supervision systems, and provider and consumer preferences for injections.

The Prevention of Medical Transmission of HIV Project in Zambia will continue to expand coverage, adding 18 new target districts (2 in each province) to the 20 districts already covered. This work will be done in collaboration with the provincial and district health offices, and continue to utilize and build the capacity of the limited number of district staff, trained in IP under the National Infection Prevention Working Group.

At the district level, the program will support training of health workers, strengthening of performance improvement systems, and support for commodities and logistics management. At national level, the project will support advocacy and policy efforts. The team, through participation in the formulation of the district as well as provincial action plans, will influence the government's budget allocation for essential commodities (e.g., needles, sharps boxes, disinfectants and other protective materials and clothing), and provide supplemental support through the procurement of additional commodities as necessary.

This activity will work closely with Ministry of Health in the following areas:
(1) In each of the target districts, the project team will work with other cooperating partners in strengthening the logistics process, including forecasting, procurement, inventory and distribution of essential commodities (e.g. disposable syringes, sharps disposal boxes). Efforts will focus on bridging gaps between the service providers and the managers in charge of forecasting and procurement, to ensure that the right types and quantities of commodities are ordered, and to improve the timely delivery of necessary items to the service delivery settings and providers. In addition, the team will work to strengthen the communication and follow-up between facilities and the district, and between the district and the central Medical Stores Ltd., to improve the timely ordering and delivery of the correct sets of commodities. (2) The project will work in collaboration with the Ministry of Health procurement and distribution specialists and Medical Stores Ltd., in conjunction with other cooperating partners (DELIVER, ZPCT, DFID, etc.), to improve procurement systems for IP/IS commodities. The project team will monitor and assess the commodity situation in the 18 target districts and procure and provide essential equipment and supplies to fill gaps and ensure adequate supplies. (3) Two hundred seventy health workers (15 service providers in each of the new 18 target districts) will be trained in IP/IS and followed-up with supportive supervision. The program will continue to provide indirect support to partners and to districts targeted in previous years, continuing to expand the number of health workers trained in IP/IS, resulting in improved medical practices that reduce the potential for medical transmission of HIV to health workers, clients and communities. (4) The project will emphasize supportive supervision to facilitate transfer of skills in IP/IS to the health care providers. Standards based performance improvement approaches at the site level are promoted, and district and provincial managers and supervisors will be strengthened in the area of IP/IS services. (5) Advocacy meetings with 30 participants, mainly managers and community leaders, will be held in every province. Findings from formative research on behavior, attitudes, practices, knowledge levels and motives towards IP/IS will be

used to develop IEC materials and programs for providers and community members about IP and IS, focusing on generating demand for improved IP practices and reducing demand for unnecessary injections. Discussions with community leaders address issues concerning the need to decrease the demand for injectable medicines and to protect people, especially children, from being exposed to needles and injection by-products that are not properly disposed. (6) The team will support the National Infection Prevention Working Group (NIPWG) in the implementation of the National Infection Prevention Strategy (2005–2007) and National Health Strategic Plan, and to review guidelines on standard IP/IS practices. The team will also work closely with the Environmental Council of Zambia (ECZ), on policies and guidelines for Health Care Waste Management Systems; the National Drug Formulary committee to advocate for changes in policy that could result in reduction of unnecessary injections (by replacing injectable medications with oral medications wherever possible); and, the MOH on the development and implementation of protocols and guidelines for post-exposure prophylaxis and hepatitis B vaccination.

The project works closely with other stakeholders (e.g. ECZ, UNICEF, WHO, World Bank/ZANARA project, DFID, etc), in addition to collaboration with numerous other Emergency Plan partners, such as CIDRZ (3687) and the ZPCT (3527) Partnership. The team will also provide technical assistance and support to IP/IS activities which are included in the Ministry of Health and district work plans and budgets.
The team will support MOH and collaborate with other partners to work towards incorporating IP/IS indicators in the national Health Management Information System (HMIS), and support the NIPWG to implement its performance monitoring plan.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Training	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in injection safety	270	☐

Indirect Targets

The trained workers will also train at least 200 other health workers in their respective health centers

Target Populations:

Community leaders
Policy makers (Parent: Host country government workers)
Program managers
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Public health care workers

Coverage Areas:

National

Table 3.3.04: Activities by Funding Mechanism

Mechanism: DoD-JHPIEGO
Prime Partner: JHPIEGO
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 3676
Planned Funds:
Activity Narrative: The transmission of HIV through unsafe medical practices, while accounting for a small percentage of transmission, is largely preventable. The major areas of concern are injection safety (IS) practices, handling and processing of sharp instruments, and handling and disposal of medical waste. Infection prevention (IP) practices in Zambia are generally weak, and Zambia continues to face the challenge of lack of application of standard infection prevention procedures. Contributing factors include the severe human resource constraints in the health sector, limited availability of necessary equipment, commodities and systems, and weak quality support and supervision systems. The Zambia Defense Force (ZDF) medical services(DFMS) are no exception. Injection Safety and Infection Prevention have been highlighted by the management of the DFMS and by other cooperating partners as an area that needs improvement, and the availability of Post Exposure Prophylaxis (PEP) for those who have a potential exposure is limited.

Continuing its work with the ZDF and the National Infection Prevention Working Group from FY05, JHPIEGO will expand support for improved IP/IS throughout the DFMS. Utilizing the staff developed in FY05 at 10 initial sites, JHPIEGO will build ZDF training capacity in IP/IS, training 20 ZDF IP/IS trainers and co-teaching additional service provider trainings of 250 providers from 25 ZDF health facilities. JHPIEGO and ZDF staff will work together to conduct supportive supervision visits to these sites to ensure knowledge transfer and to provide on the spot training to address any gaps. Opportunities to reinforce the importance of IP/IS practices for staff from all of the ZDF facilities will be sought out and pursued. As a result of improved IP/IS practices, ZDF health care providers will reduce their risk of medical transmission of HIV as well as their risk of contracting Hepatitis B and other blood-borne diseases. Also appropriate IP/IS practices will reduce the volume and potential harmfulness of medical waste, and thus reduce the risk of needle stick injury for cleaners and communities around the facilities.

An assessment of the PEP protocols in the original 10 sites in FY05 will be conducted to identify any existing gaps or obstacles. Based on the findings, JHPIEGO will work with ZDF to review and revise the protocols, and establish PEP systems in an additional 25 sites. JHPIEGO will also work to strengthen medical waste disposal systems and procedures at these sites, in line with findings during FY05, to ensure that military and civilian populations living near health facilities will be protected from infections that could result from improper disposal. This activity is closely linked to JHPIEGO's support for systems strengthening activities in logistics and planning with the ZDF, as well as to the Prevention of Medical Transmission of HIV in Zambia project with the Ministry of Health funded by USAID.

Emphasis Areas	% Of Effort
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in injection safety	250	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Military personnel (Parent: Most at risk populations)

Program managers

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.05: Program Planning Overview

Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05

Total Planned Funding for Program Area:

Program Area Context:

Following the USG/Zambia Five-Year Strategy, Zambia is rapidly scaling up activities that target specific at risk populations with outreach programs, partner reduction interventions, STI and CT services, consistent condom use, and post-exposure prophylaxis. Zambia faces a generalized HIV/AIDS epidemic with about one in six adults infected. While HIV prevalence has remained relatively unchanged since 1994, the number of new infections annually continues to be unacceptably high. Driving the epidemic is multiple and concurrent sexual partners coupled with transactional and intergenerational sex and very early age of sexual debut among subpopulations of girls. Transactional sex is found in fishing communities, among men with disposable incomes, and women struggling to survive. Intergenerational sex is driving the high prevalence with older men infecting girls aged 12–20 years. High risk behaviors are found at borders and along high transit corridors, in the tourism, transportation, and mining industries, in prisons, among the military and other uniformed personnel. While it is estimated that only 5% of HIV transmission is through sex workers and long distance truck drivers, sex workers have exceptionally high HIV prevalence (55–75%). More significantly, an estimated 21% of couples are HIV sero-discordant. Strong relationships exist between gender inequalities and high risk sexual behavior and sexual violence. High levels of alcohol use and abuse result in sexual disinhibition. For those individuals that test positive for an STI, there is a high risk of HIV co-infection. The GRZ gives high priority to increasing availability of condoms and improving timeliness and effectiveness of STI treatment for high risk groups. The GRZ employs the syndromic method of STI management, however, there is a lack of well trained and qualified technical personnel in civil and military health facilities. Other donors work on Other Prevention. UNFPA procures large supplies of condoms, the World Bank provides support to the Zambia Defense Force, and JICA collaborates with the USG on STI management.

The USG supports a comprehensive set of Other Prevention interventions targeted at discordant couples, young sexually active adolescents engaged in intergenerational sex and their older partner, sex workers and their clients, transport workers, cross-border traders, prisoners, refugees, uniformed civilian and military personnel, fishing communities, transients, and migrant workers, STI patients, and victims of sexual violence. The USG strengthens and expands services and activities at border sites, along in-land high volume transit points, truck and bus parks, at bars, nightclubs, hotels and guesthouses, in fishing communities, urban centers, military bases, refugee camps, at STI clinics, and in farming plantations that use seasonal labor. The USG is finding innovative ways of identifying and serving discordant couples. The USG promotes and supports routine HIV CT for STI patients and supports improved STI diagnoses and treatment by assisting the GRZ to revise STI management guidelines and protocols, training health care workers, lab technicians, lay counselors, and peer educators, supplying STI test kits, lab equipment and drugs to ZDF, government and non-governmental static and mobile services. HIV CT services have now been linked or integrated into STI management. For partner reduction and condom use among MARPs, the USG uses mass media and interpersonnel behavior change communication, socially markets condoms, and involves communities and leaders in identifying solutions and igniting behavior change. New in FY06, the USG will collaborate with law enforcement agencies to prevent and respond to sexual violence, including the provision of post-exposure prophylaxis, and will address the impact of alcohol on sexual behavior.

Program Area Target:

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,355,000
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	962
Number of targeted condom service outlets	656

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Social Marketing
Prime Partner:	Population Services International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	3368
Planned Funds:	
Activity Narrative:	This activity is an integral component of a prevention and care project linked strategically to AB (3367) and CT (3369) interventions. In FY05, Population Services International (PSI), through its local affiliate, Society for Family Health (SFH) has been working with key high-risk communities for HIV/AIDS prevention. SFH's high-risk activities target transient and/or migrant worker groups, including female sex workers and their male clients (e.g., transport workers, farmers) through condom distribution and application of behavior change communications. Risk reduction messaging inform and encourage safer sexual practices with a focus on partner reduction, restricting sex to just one partner, and/or consistent condom use. Since funding for this activity became available in late FY05, results will not be available for reporting until the mid-year FY06.

In FY06 interpersonal behavior change activities will be conducted in targeted locations through outreach to workplaces, bars, nightclubs, truck parks, and hair salons. Prevention techniques will focus on small- and medium-group outreach sessions via interactive interpersonal communications, community drama, Mobile Video Unit shows as well as community radio to increase skills in personal risk assessment (including the influence of alcohol abuse), successful condom negotiation, and referral to facilities for CT for HIV and STIs. PSI/SFH interventions will be coordinated with other NGOs, such as Health Communications Partnership-HCP (3538), to ensure complementarity and avoid overlap. HCP and PSI/SFH have agreed to focus on different high-risk groups in different locations (e.g. HCP will assume responsibility for reaching the police force). Peer educators will be trained to support ongoing activities within high-risk groups to reinforce behavior change interventions.

Also, in FY06 SFH will continue 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 existent barrier method protection against HIV/AIDS/STIs.' To identify discordant couples, SFH will expand linkages with NGOs working in care and support and collaborate with public and private CT centers and post-CT clubs to identify those individuals with high risk behavior that require information on correct and consistent condom usage. SFH will work with discordant couples to create strategies to reduce the risk of HIV/AIDS and STI transmission, such as inter-personal communication that promotes partner reduction and condom use.

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

In light of the recent research revealing the elevated risk faced by men and women involved in concurrent relationships, SFH will explore the development of more focused and robust communication techniques including interpersonal and group communication strategies, and local radio to promote faithfulness, with the aim of increasing the recognition among Zambians that concurrent relationships place them at high-risk for HIV transmission and promoting a risk reduction approach. Other campaign objectives will include partner reduction and increasing demand for CT services through promoting the importance and increasing normalcy of knowing one's HIV status. SFH intends to utilize linkages with other communications specialists, such as HCP (3538), in campaign development and implementation.

Sexually active youth will be addressed through youth-oriented programming of a teen radio show and school outreach. Club New Teen Generation will be tailored to meet the needs of youth who require life skills training in HIV/AIDS risk reduction to ensure safer sexual behavior including promotion of secondary abstinence, effective condom negotiation, and consistent and correct condom use.

In FY06, an estimated 200,000 individuals will be reached with community outreach promoting behavior change beyond abstinence and/or being faithful, while 100 individuals will be trained to promote these activities. Five hundred condom service outlets will be targeted.

These interventions will address the key legislative issue of gender by helping to change male norms and behaviors that make them and their partners more vulnerable to HIV/AIDS. New social norms will not only contribute to the decrease in risky sexual behavior among men, but also the increased capacity of women to protect themselves and/or not to engage in high risk sexual behavior by strengthening their informed decision-making capacity.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	100	☐
Number of targeted condom service outlets	500	☐

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Discordant couples (Parent: Most at risk populations)

Fish camp traders

Secondary school students (Parent: Children and youth (non-OVC))

Migrants/migrant workers (Parent: Mobile populations)

Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

Addressing male norms and behaviors

Gender

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Health Communication Partnership
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	3538
Planned Funds:	
Activity Narrative:	This activity supports both Zambia and the Emergency Plan's goals for appropriately targeting most at risk populations (MARPs) with interventions promoting partner reduction and condom use. This links with HCP's activities in AB (3539), Care (3536), OVC (3537), CT (4840) and Treatment (3534).

Community mobilization and behavior change communication, the foundation of the Health Communication Partnership's (HCP) strategy in Zambia, is a comprehensive approach promoting better health seeking behavior through interventions targeting MARPs in the 22 HCP- supported districts in the nine provinces. HCP facilitates synergistic networks among community organizations and the involvement of community leadership structures to ensure that activities are individually tailored, informed by and responsive to local needs. Working within these community structures, in close partnership with other USG partners working with similar MARPs, Peace Corps, CDC, PSI/SFH (3368), PCI (3733), Corridors of Hope (3665) and the Government of Zambia (GRZ), HCP will promote HIV prevention through a balanced ABC approach. Special emphasis will be given to issues of partner reduction, the correct and consistent use of condoms and encouraging knowledge of HIV status. Through this close collaboration with all USG partners, appropriate geographical coverage throughout the country will be ensured. All partners coordinate closely at the community level to avoid duplication of efforts. In addition, all USG partners share work plans and coordinate geographic coverage through their local offices in Lusaka, and in some cases, at the provincial level.

Building on the work begun in late FY05, HIV/AIDS prevention interventions in FY06 will continue through peer educators in the police, prisons, immigration, internal revenue service, the game and wild life/tourism police services and fishing populations. All peer educators already trained for these services were provided with copies of the Uniformed Services Peer Education Manual developed during this funding period. Since start-up funds for FY 05 were not available until in the year, numbers of trained educators and other results for FY05 will not be available until the middle of FY06.

In FY06, HCP will support partners in the development of action plans for program expansion to be implemented by trained peer educators within their groups or workplaces. Trained peer educators will further be encouraged to organize outreach activities targeted at high risk groups/discordant couples in their communities and workplaces under the supervision of HIV focal points. This activity will also be expanded to include minibus and taxi drivers. The uniformed services in particular will be encouraged to mainstream peer education activities into their barracks' HIV/AIDS educational programs through a close working relationship with HIV focal point persons in the above offices (i.e., police, immigration). HCP plans to reach 15,000 individuals most-at-risk and train 200 peer leaders.

Program messages on correct and consistent condom use will be complemented with in-depth information on behavior change and developing respectful, gender-equitable relationships between men and women. These activities will also encourage leadership through encouraging key persons (e.g. transportation owners, head fishermen) to serve as models for men taking responsibility to influence change in male norms and behaviors that undermine risk avoidance efforts. Partner reduction, HIV stigma reduction and prevention of discrimination messages will be disseminated through face-to-face discussions and also through print materials.

As in FY05, HCP will continue to encourage peer educators to conduct local screenings and facilitate discussions around the award winning documentary video

"Tikambe" or "Let's Talk About It". Tikambe is the first video of its kind in the Southern and Eastern African region that tackles stigma and works to decrease the silence around HIV/AIDS through "real life" stories. This film provides a personal and compelling portrait of three HIV positive individuals who are ordinary, in that an average Zambian can relate to them, but extraordinary in their courage to share their story of discovery, disclosure and successful positive living. The key messages include the benefits and advantages of compassion and support from family and friends for those affected and infected as well as the importance of knowing and sharing one's status. The video is accompanied by a discussion guide and continues to be a powerful tool for stimulating and challenging people into discussing HIV and the stigma related to it.

The role of alcohol abuse in risk inhibition among HCP's target populations of rural, hard- to-reach or underserved communities is not well understood. It is known to be one of the factors fueling high-risk behavior among men and sexual violence contributing to the increased vulnerability of women. HCP will collaborate with the Mental Health Unit of the Ministry of Health and the Drug Enforcement Commission to carry out a targeted evaluation related to understanding and preventing alcohol-related risk behaviors associated with HIV transmission to enable the subsequent design of messages and materials to be included as appropriate in HCP's and partners' activities.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	200	☐
Number of targeted condom service outlets		☑

Target Populations:

Community-based organizations
Faith-based organizations
Traditional healers (Parent: Public health care workers)
Discordant couples (Parent: Most at risk populations)
HIV/AIDS-affected families
Truck drivers (Parent: Mobile populations)
People living with HIV/AIDS
Fish camp traders
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Migrants/migrant workers (Parent: Mobile populations)
Other health care workers (Parent: Public health care workers)
Police
Community members

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	3578
Planned Funds:	
Activity Narrative:	Funds are requested to conduct a needs assessment to determine whether there is sufficient HIV transmission among men having sex with men (MSM) to warrant HIV prevention funding targeting that group.

Homosexuality in Zambia is illegal, as it is in most African countries, and there has been insufficient research done to know the actual prevalence of anal sex between men and whether it is having an impact on Zambia's HIV epidemic. National behavioral studies in Zambia have asked about anal sex, but it is not clear if the information was collected or whether it would provide any meaningful data on anal sex between men. Because of the undercover nature of these activities, those who may engage in this behavior would ordinarily also have female partners and would therefore contribute to the spread of HIV.

There is evidence of MSM activity and the existence of a gay community in Lusaka, the capital city. A June 2005 newspaper article in the Lusaka Post detailed the story of a young man's admission that he had sex with other men and that he felt stigmatized because of it. The man said that "there are many people who are gay in Zambia but are afraid to come out in the open for fear of victimization."

There is also data on MSM activity among incarcerated men. A May 2001 study of males in three of the country's short and long-term prisons found that approximately 25% of male inmates in those facilities were HIV positive. Of the 1,596 male inmates who took part in the survey, 59 admitted having anal intercourse with other male inmates.

The needs assessment proposed would be based on similar work done in Bangkok, Thailand by G. Mansergh, et. al. (in press). The study showed that venue-day-time sampling can be adapted and used to access and assess hard to reach populations in other non-Western settings. A thorough literature review would be conducted prior to the start of the needs assessment.

To conduct this needs assessment, CDC would work with local gatekeepers to gain access to this hard to reach community. In addition, a task order may be issued to contract with either a local or regional expert or consultant and a scope of work developed. Behavioral scientists from the Division of HIV/AIDS Prevention, CDC, Atlanta will provide overall direction.

The results of this research will give the USG and the Zambian Ministry of Health a clearer understanding of the MSM behavior occurring in Lusaka and the role this behavior may be playing in the HIV epidemic in Zambia. If there is evidence of a previously unrecognized or undocumented epidemic of HIV infection among MSM in Lusaka, Zambia, a decision would be made concerning development of strategies for providing specific prevention and care services for this population.

Emphasis Areas	**% Of Effort**
Needs Assessment	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of targeted condom service outlets		☑

Target Populations:

Men who have sex with men (Parent: Most at risk populations)

Prisoners (Parent: Most at risk populations)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Lusaka

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Corridors of Hope

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 3665

Planned Funds:

Activity Narrative: This activity relates to HVAB (#3663) and HVCT (#3664).

The Corridors of Hope Cross Border Initiative (CoH) will come to an end in March 2006. This project has played a significant role in Other Prevention activities for the USG in Zambia. CoH expanded its sites from seven to ten locations and reached over 350,000 individuals with 3236 receiving CT in FY04 and 251,000 reached and 1561 receiving CT after six months in FY05. USAID is designing the follow-on project which will be ready for implementation for FY06. To date, a situation analysis and background paper have been completed and a program description for the follow-on activity has been drafted. It is anticipated that either a Leader With Associates or buy into a centrally procured mechanism at USAID/W will be used to support this effort with strong local organizational participation. OGAC A&A guidelines will be followed and the draft Program Description will be sent for review to the in-country PEPFAR Team, the Zambia Core Team, and OGAC Prevention TWG. Zambia specific HIV/AIDS epidemiological data, findings of the PLACE study and the Sexual Behavior Study/AIS, other behavioral and biological data, and lessons learned from the CoH are being used in developing the Program Description. Proximate and intermediate determinants of sexual behavior and transmission that act as barriers to behavior change or are facilitative of change specific to Zambia will be addressed. This follow-on program will continue to address other prevention services for the Most At Risk Population at border sites and high transit in-land sites, but will address a Continuum of Prevention expanding sexual transmission prevention interventions to the wider community and significantly increasing AB activities in these very high prevalent locations (#3663). In particular, this program will address the influence of gender on sexual behavior – gender norms and practices, multiple and concurrent partners, how perceptions of masculinity and femininity affect sexual behavior and HIV/AIDS service seeking, gender-based sexual violence, and transactional and inter-generational sex.

The overall goal of the CoH Community HIV/AIDS Initiative will be to reduce HIV/AIDS transmission among Most at Risk Populations and Most Vulnerable Populations within border and high transit corridor areas. Four sites covering: 1. Livingstone and Kasungula, 2. Chipata and Katete, 3. Kapiri Mposhi, and 4. Solwezi will be covered as these represent populations that have the highest HIV prevalence and number of PLWHAs in the country. These communities are characterized by highly mobile populations, including sex workers, truckers, traders, customs officials and other uniformed personnel, in addition to the permanent community members, in particular adolescents and youth, who are most vulnerable to HIV transmission by virtue of their residence in these high risk locations.

This award will expand the current scope of HIV/AIDS prevention activities along the corridor areas beyond the current limited targeted sex workers and long distance truck drivers and their partners to include the broader community at large and additional Most At Risk Populations (MARPs). The CoH follow-on will target women and men engaged in transactional sex and intergenerational sex, sexually active youth, individuals involved in concurrent and multiple sexual partnerships, HIV+ persons, discordant couples, victims of gender-based sexual violence, migrant workers, cross-border traders, border uniformed personnel, customs agents, and money changers.

The CoH Follow-on will provide comprehensive HIV/AIDS prevention services (both static and mobile) for Most at Risk Populations and Most Vulnerable Populations within border and corridor areas. Preventive services will include individual and community risk assessments, interpersonal counseling for behavior change, with an emphasis on

partner reduction, condom promotion and distribution for consistent and correct use, HIV counseling and testing services, STI management, provision of Post-Exposure Prophylaxis for victims of sexual violence, referrals for medical care and treatment, and links to economic and education programs. Interpersonal counseling will address the social and behavioral sexual norms that lead to HIV transmission. Specific services related to sexual violence, multiple and concurrent partnerships, drug and alcohol abuse, and transactional sex will be established and or strengthened and will be addressed in counseling sessions. There will be a specific focus on providing appropriate services targeted at sexually active 15 – 24 year olds. Condom promotion and distribution will be targeted at spots frequented by most at risk populations. The CoH follow-on will work with law enforcement and health facilities to ensure Post-Exposure Prophylaxis for victims of sexual violence. It is anticipated that over 100,000 persons in the four sites will be reached with other prevention services and community outreach activities.

Sub-grants will be provided to local organizations working in these areas to build local capacity to provide other prevention services with technical support from the winner of this award. Training will be provided to 250 individuals including program managers, health care providers, counselors, and peer educators in inter-personal behavior change communication for partner reduction and correct and consistent condom use. Twenty-five health care providers and ten lab technicians will be trained in STI management using national guidelines. At least 25 persons will be trained in PEP provision and counseling for victims of sexual violence.

The winner of this award with work in close collaboration with other USG and other donor funded projects working in the specified locations, particularly HCP, PSI Social Marketing, CIDRZ, ZPCT, CRS AIDSRelief, CHANGES 2, Equip II, and RAPIDS, and will network and collaborate with MoH HIV/AIDS services.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Human Resources	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	300	☐
Number of targeted condom service outlets	5	☐

Target Populations:

Commercial sex workers (Parent: Most at risk populations)

Community-based organizations

Discordant couples (Parent: Most at risk populations)

Street youth (Parent: Most at risk populations)

Truck drivers (Parent: Mobile populations)

Non-governmental organizations/private voluntary organizations

Migrants/migrant workers (Parent: Mobile populations)

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Wrap Arounds

Coverage Areas

Central

Eastern

Southern

North-Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism: DoD-PCI

Prime Partner: Project Concern International

USG Agency: Department of Defense

Funding Source: GAC (GHAI account)

Program Area: Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 3733

Planned Funds:

Activity Narrative: The first component is to support two existing drama groups and assist them with further developing HIV/AIDS-related scripts and performances. Project Concern International (PCI) will conduct qualitative research with the target group to ensure continued maximum relevance and acceptance of key messages. Since 2003, the drama groups have traveled to all 69 Zambia Defense Forces (ZDF) facilities throughout the country spreading messages on abstinence and faithfulness, HIV counseling and testing, stigma reduction and correct and consistence use of condoms. As the military is categorized as a high-risk group (according to a study conducted in 2004, about 30% of military personnel reported having sex with multiple partners in the past 12 months, which is almost three times higher than the general population rate), promoting prevention methods such as correct and consistent condom use is necessary, along with promoting abstinence and faithfulness. This year, issues related to child and spousal abuse and alcohol issues associated with HIV/AIDS will be examined through qualitative research and added to the messages promoted through drama and other communication channels. The performers will receive refresher training in Theatre for Development, which is a behavior change communication strategy developed in collaboration with the Open University of Zambia. This method uses qualitative research methods together with performance arts such as song, drama, poetry and dance for a targeted audience. PCI will conduct an assessment to measure the impact of the drama tours (using pre- and post-exposure questionnaires) to ensure quality and effectiveness of the drama tours. PCI will also collaborate with CDC in reinforcing and monitoring and evaluation activities through Modeling and Reinforcement to Combat HIV/AIDS (MARCH) strategy (activity #3576). Information, Education and Communication (IEC) materials promoting abstinence, faithfulness, stigma reduction, counseling and testing, sexually transmitted infection (STI) treatment and ART will be reproduced and distributed during the drama tours. The second component of this activity is to provide technical support to the ZDF peer educators with developing and implementing a targeted stigma reduction strategy which includes formative research, pre-testing, development of messages, testing of the best sources and channels and media advocacy. In FY04 PCI trained 809 peer educators. Additional peer educators are to be trained in FY05 with funding from the Zambia National Response to AIDS (ZANARA). In FY06, these peer educators will also integrate anti-stigma messages into their peer discussions, using among other means a video targeted at uniformed personnel. PCI will also collaborate with Joint United Nations Program on HIV/AIDS (UNAIDS) in targeting Zambian peacekeepers prior to deployment to other countries, including facilitating HIV/AIDS sensitization workshops as part of the pre-deployment sessions, assuring the presence of peer educators among the peacekeepers, and equipping them with educational materials. The third component of this activity is to assist mobilization of community of People Living with HIV/AIDS (PLWHA) to encourage their involvement in HIV/AIDS prevention activities and promotion for counseling and testing. PCI will provide training and technical support to HIV positive ZDF personnel in organizing and programming visits to 50 military units to tell their stories to promote counseling and testing, ART and stigma reduction. This group will participate in HIV/AIDS leadership workshops for 69 ZDF Adjutants. This workshop will help to mobilize support for HIV/AIDS prevention activities in ZDF units, building on previous successful efforts to engage ZDF leadership at different levels.

In all prevention activities, the role of alcohol in the transmission of HIV will receive emphasis in FY06. Current training materials developed by PCI and the Defense Force Medical Services (DFMS), including the peer leader training guides, educational video ("Watch Out Soldier"), and written educational materials already incorporate messages in this regard and will be updated as needed. Awareness raising by PLWHA and the HIV/AIDS Unit through ongoing tours, training of new recruits, and

training of pre-deployment personnel will emphasize the issue. Possible policy-level interventions will be discussed and planned for especially at the leadership workshops and at the HIV/AIDS Unit and DFMS levels. Lessons learned from the September 2005 workshop on HIV/AIDS and Alcohol, at which a presentation by the ZDF was made, will be incorporated as feasible into PCI's interventions, under guidance from a working group of participants from Zambia established after the workshop.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	38	☐
Number of targeted condom service outlets	71	☐

Target Populations:

Most at risk populations

HIV/AIDS-affected families

Military personnel (Parent: Most at risk populations)

People living with HIV/AIDS

Community members

Key Legislative Issues

Stigma and discrimination

Reducing violence and coercion

Increasing women's legal rights

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	PRM/UNHCR
Prime Partner:	United Nations High Commissioner for Refugees
USG Agency:	Department of State
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	3756
Planned Funds:	
Activity Narrative:	This activity is linked to MTCT (5391), HKID (5397), HBHC (5394), and HVCT (5396).

This activity establishes a new partnership between the USG and the United Nations High Commissioner for Refugees (UNHCR) to strengthen HIV/AIDS prevention programs for refugees residing in Zambia. UNHCR and its implementing partners began strengthening HIV/AIDS programs for refugees in Zambia in 2003. HIV prevention and education campaigns in countries of asylum are often inaccessible to refugees, who speak different languages and have different cultural backgrounds. In addition, many refugees have suffered trauma and violence, including sexual violence, during conflict and flight. Displacement also destroys traditional community support structure. Therefore, comprehensive HIV prevention and care programs need to be specially tailored to this unique high-risk population.

In FY06, UNHCR will coordinate HIV prevention and care activities with four implementing agencies working in North Western, Western, Luapula and Northern provinces: 1) Christian Outreach for Relief and Development (CORD); 2) Aktion Afrika Hilfe (AAH); 3) Zambian Red Cross Society (ZRCS); and, 4) Hodi.

In 2006, CORD will focus on HIV training and community mobilization in Maheba (North Western Province) and Myukwayukwa (Western Province) camps. These camps host 35,000 refugees from Angola, Burundi, Rwanda and the Democratic Republic of the Congo (DRC). CORD will conduct peer education training activities to encourage safer sexual practices through abstinence, being faithful, and correct and consistent use of condoms. Prevention messages for sexually active youth and adults will focus on being faithful and consistent and correct condom use while abstinence messages will be the focus for youth. Youth will be trained as peer educators through sports camp activities. Drama troupes will also be trained in order to reinforce behavior change. CORD will continue their work to sensitize community groups to issues of sexual and gender based violence and offer psycho-social support to survivors of violence. Key community leaders will be trained to promote appropriate messages; IEC materials will be developed; and drama, debate and awareness sessions will be conducted.

Three implementing partners will work in Kala (Luapula province) and Mwange (Northern Province) camps, where 50,000 Congolese refugees have been displaced due to continuing conflict and tensions in the DRC. Hodi, a new local partner, proposes to provide community services in both northern camps. Appropriate IEC materials will be developed that are tailored to the target audience and will be translated into multiple languages to reach refugees from many different language backgrounds, including French, Swahili, Portuguese, and other Congolese, Angolan, Burundian and Rwandan local languages. These materials will spark discussion among refugees and lead them to seek access to the HIV/AIDS prevention services that are available in the camps. Hodi will also continue their work to sensitize community groups to issues of sexual and gender based violence and offer psycho-social support to survivors of violence. Refugee camps also provide a unique HIV/AIDS prevention opportunity for reaching many refugees, such as bi-weekly food distribution points. In addition to these activities, Hodi will hire an HIV/AIDS Coordinator to work in Northern and Luapula provinces to ensure that activities are in compliance with national and international guidelines and that the programs are of high quality and reach the maximum number of individuals possible.

HIV/AIDS Interagency Task Forces have been established at each camp and are

comprised of members from UNHCR, implementing partners, refugee leaders and camp administration. Implementing partners also work with district and national HIV programs to ensure they are operating under guidelines established for Zambia.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	324	☐
Number of targeted condom service outlets	*80*	☐

Target Populations:

Community leaders

Refugees/internally displaced persons (Parent: Mobile populations)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Reducing violence and coercion

Stigma and discrimination

Gender

Coverage Areas

Luapula

Northern

North-Western

Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Central Contraceptive Procurement
Prime Partner: Central Contraceptive Procurement
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 3794
Planned Funds:
Activity Narrative: To provide accessible and affordable condoms to Zambians at high-risk for HIV/AIDS, *such as discordant couples, Population Services International (PSI) through its local* affiliate Society for Family Health (SFH, 3368) plans to expand their current program of direct condom sales to high risk groups requiring a complete A, B, C approach to AIDS prevention. In FY05, USAID/Zambia procured about 10 million condoms using non-PEPFAR monies to support this highly successful program of reducing risky behavior. *In addition, during that same year, UNFPA supplied a large consignment of* condoms for the public sector. In FY06, USG plans to procure 14.7 million condoms through the USAID Central Contraceptive Procurement mechanism. These condoms will be distributed to the same 500 commercial outlets and NGO networks that PSI/SFH (3368) will be using to distribute to high-risk groups. Further, these condom sales will be complemented by communications and behavior change interventions for promotion of decreasing high-risk behaviors; activities will be coordinated with the Health Communications Partnership and Ministry of Health. As a result of this condom distribution through the commercial and selected NGO sectors, SFH and partners will be able to fill the unmet demand of Zambians seeking condoms outside of the public sector; approximately 2 million couples will be served.

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,000,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of targeted condom service outlets		☑

Target Populations:

Most at risk populations

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area:

Program Area Context:

Following the USG/Zambia Five-Year Strategy, Zambia is expanding palliative care in the home, through hospices and in clinical settings, improving the quality of home-based care, using the network model to link care to CT and treatment, leveraging private resources, and treating OIs. Palliative care for people living with HIV/AIDS remains a relatively new concept in Zambia. The definition of Palliative Care is broad and includes interventions and services that go from "diagnosis to death." The 2002-2005 National HIV/AIDS Strategic Plan mentions home-based care (HBC) and hospice care, positive living, nutrition, and prevention and treatment of opportunistic infection (OI). The USG working with the National AIDS Council (NAC) and Ministry of Health to reflect the state of the art in Palliative Care within new strategy documents. NAC and UNAIDS have Technical Working Groups on HBC, the MOH has HBC kit guidelines for clients, and a HBC manual for providers. Numerous organizations provide community HBC, but the GRZ lacks a central HBC database. HBC is long-established in Zambia; the hospice movement is newer and awaits definition by GRZ health facility policy. 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, i.e., HBC caregivers and patient kits. Nutrition receives increasing attention in FY05 with GRZ's publication of the long-awaited national Nutritional Guidelines for PLWHAs as a result of USG support. With USG support, CIDRZ and CRS SUCCESS provided high energy protein supplements (HEPS) for PLWHAs and ART clients. The USG is the largest Palliative Care donor in Zambia. Other donor support includes: Development Corporation of Ireland support to churches in the Copperbelt and Northern provinces; Netherlands support HBC through ZNAN; and Germany - PLWHAs livelihoods in the Southern Zambia.

In FY05, an OGAC Palliative Care assessment found: little attention to developing a full range of palliative care; pain relief is missing regardless of service delivery site; few programs linked patients to clinical care or ART. These are being remedied in FY05. It is hoped the newly formed Palliative Care Association of Zambia (PCAZ), affiliated with the African Palliative Care Association (APCA), will help Zambia rectify deficiencies, and train health professionals in state-of-the-art palliative care. In FY06, the USG will provide support to: home-based, hospice and clinical palliative care; therapeutic nutrition supplements; Family Support Units (FSUs) for Children Living with HIV/AIDS (CLWHAs) to support pediatric ART; integration of palliative care into workplace HIV/AIDS programs; training home caregivers and home care trainers in military clinics in all 9 provinces, and providing palliative care packages for military AIDS patients. The USG will continue to provide sub-grants to local FBOs/CBOs for HBC, hospice care, and ART referrals and adherence, and will advocate for regulatory reform for effective pain management. To improve the quality of palliative care services, the USG will work to establish national standards and training, twin with palliative care expert institutions, improve the supply of pain relief, OI drugs and HBC Kits, and increase use of life extending interventions such as OI treatment, Cotrimoxazole and isoniazid presumptive treatment, ITN bednets for malaria prevention, chlorine for safe water supply, micronutrients, strong referral networks, and linking PLWHA to food, nutrition and livelihoods programs. The USG has established a Palliative Care Forum (PCF) comprising all PEPFAR funded palliative care partners to develop a shared vision and strategy, better coordinate efforts, and share information and best practices. The PCF will establish a more effective network of services in FY06, linking palliative care closely with CT, PMTCT, TB, STI treatment, and ART.

Program Area Target:

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	262
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	111,692
Number of individuals trained to provide HIV-related palliative care (including TB/HIV)	

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Zambia Prevention, Care and Treatment Partnership
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3526
Planned Funds:	
Activity Narrative:	This activity links with the Zambia Prevention, Care, and Treatment Partnership (ZPCT) PMTCT (3528), ART (3527), CT (3525), HIV/TB (3542), and Laboratory Support (3541) activities as well as with other United States Government (USG) partners and the Government of the Republic of Zambia (GRZ) in the Central, Copperbelt and the more remote Luapula, North-Western, and Northern provinces as outlined below. The purpose of this activity is to strengthen and expand clinical palliative care services reaching 20,000 clients in 95 health facilities. These targets are based on historical data from clinic attendance and an estimated increased demand in services resulting from GRZ, ZPCT and partner programs. Palliative care activities include three components: (1) strengthening palliative care services within health facilities; (2) strengthening referral linkages between and within communities and health facilities working through local community organizations and their leaders; and, (3) participating in and assisting the National Palliative Care Task Force to develop a strategy, guidelines, and standard operating procedures.

In the first component, ZPCT will build on its FY05 activities by continuing support to 80 health facilities and in FY06 will expand to an additional 15 sites. Technical assistance and training will be provided to 100 health care workers (HCWs), using the GRZ two-week ART/Opportunistic Infection (OI) curriculum which focuses on clinical palliative care for HIV/AIDS and treatment of OIs. HCWs will also be trained to provide cotrimoxazole prophylaxis, symptom and pain management/assessment, patient and family education and counseling, management of pediatric HIV in the home setting, and provision of basic nursing services as part of the overall package of services. Moreover, pharmacy staff will be trained in data collection/reporting, ordering, tracking and forecasting HIV-related commodities thereby ensuring the availability of critical medical supplies and drugs. ZPCT will also liaise closely with JSI/DELIVER on forecasting drug supply requirements.

In the second component, ZPCT will build on Zambia's long history of working with Faith-Based Organizations (FBOs) and Community-Based Organizations (CBOs) that provide home-based care for people living with HIV/AIDS (PLWHAs). These organizations serve as critical partners for facility-based programs supported by the GRZ and USG. Therefore, as in FY05, ZPCT will work closely with these established entities to strengthen referral networks linking community-based services with clinical palliative care programs. For example, ZPCT, through its sub-partner Churches Health Association of Zambia (CHAZ), is providing on-going technical assistance and training in clinic-based palliative care and linking those services to local home-based care programs. ZPCT is also coordinating with CRS SUCCESS, RAPIDS, and Peace Corps to better link clinical services to related community programs. An illustration is that ZPCT works with health care facilities to link them with community care coordinators funded by other partners as well as will continue to fund referral network coordinators to ensure that the continuum of care is complete.

Community mobilization activities, implemented by ZPCT and partners, are another approach to strengthen referrals in palliative care between and within health facilities and communities. Small grants will be awarded to community-based groups, not already funded by other donors or USG partners, for activities related to stigma reduction and promotion of clinical palliative care and support services. ZPCT will work with community-based care givers, traditional healers, and other key community leaders to increase community involvement, build HCW capacity, and involve PLWHAs in palliative care at the community level to reduce stigma and discrimination and thereby improve the quality and efficiency of these services.

In the final component, ZPCT will continue its participation in and provision of

assistance to the National Palliative Care Task Force as well as coordinate with the Palliative Care Association of Zambia to develop a national palliative care strategy, guidelines, and standard operating procedures. Through these efforts, ZPCT aims to improve access to quality clinical care services, promote use of evidence-based practices, share lessons learned in project implementation, and support the revision of national palliative care guidelines and protocols in line with GRZ policies.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	95	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	20,000	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Lab technicians

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-Western

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Health Communication Partnership
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3536
Planned Funds:	
Activity Narrative:	This activity supports the overall USG effort in promoting palliative and community-based care services and addresses both Zambia and the Emergency Plan's goals for increasing public information and understanding of CT, palliative care and treatment, and improving the length and quality of life of people living with HIV/AIDS (PLWHAs). This links with HCP's activities in AB (3539), Other Prevention (3538), OVC (3537), CT (4840) and Treatment (3534).

Community mobilization and behavior change communication, the foundation of the Health Communication Partnership's (HCP) strategy in Zambia, is a comprehensive approach promoting better health seeking behavior nationally and within the 22 HCP supported districts in each of the nine provinces. The use of media, especially community radio, dramatically expands the reach of HCP's messages on care and support for PLHAs and their families from the 22 districts where HCP is operational to all 72 districts in Zambia – providing more equity among the recipients. The listeners' clubs, which in most cases comprise of PLHAs, caregivers and concerned citizens, provide fora for members to reinforce and further share in knowledge and skills on better ways of care and treatment for members and others in their communities.

In FY05, the PLWHA and caregivers radio distance program, 'Living and Loving', was developed and translated into seven local languages in addition to English to communicate standardized messages to PLWHAs, their families and caregivers. The series promotes discussion on some of the following topics: knowing your status, positive living and staying healthy, how men can be caregivers, ARVs, OVCs, family support, PMTCT, nutrition, hygiene, treatment of OIs, partner disclosure, managing money, the dangers of alcohol use, care-giving skills, support to caregivers, stigma and discrimination and treating PLWHAs with respect. In FY06, in collaboration with the Zambian National Broadcasting Corporation and community radio stations, HCP will facilitate listener clubs in all 22 supported districts and beyond to directly reach over 15,000 PLWHAs and their caregivers. Program guides will be distributed to these clubs whose leaders will be elected to facilitate and lead discussions on care, support and positive living for PLWHAs. HCP will work with local communities, Neighborhood Health Committees and the ART Unit of the Ministry of Health to assume leadership and ownership of this activity to ensure sustainability.

The Care and Compassion movement galvanizes community and religious groups to take action in fighting stigma and to take action in providing care to OVCs, PLHAs, their caregivers and families. In FY05, the Care and Compassion movement was developed and launched by the Zambia Interfaith Networking Group (ZINGO) through technical support from HCP. Counseling and education kits, for use by religious and traditional leaders, were adapted for use in Zambia. These kits 1) enable leaders to initiate and implement care and support activities in their congregations and communities, and 2) improve counseling skills. With HCP support, 190 core religious leaders from six different religious bodies were trained in psychosocial counseling and have begun counseling clients and implementing activities. They are also taking the lead in ensuring that additional leaders within their individual religious bodies receive training to reach 616 congregations and communities.

In FY06, the Care and Compassion movement will be scaled up with a focus on rural communities. The increasing number of participating religious and traditional leaders will intensify their roles as effective counselors and models for changing norms of male responsibility and promoting respectful relationships between men and women. They will further be encouraged to serve as role models to influence changes in male norms and behaviors that undermine positive health seeking behavior and continue to perpetuate stigma and discrimination. Outreach activities promoting the Care and

Compassion movement will be supported. Given the immediate strong response after the Care and Compassion launch in Lusaka, where half a dozen groups of 40-100 spontaneously formed in the few days following the event, it is estimated that over 700 support groups (based on the number of communities HCP will be working with directly) will emerge as a result of this activity. These support groups would provide new links and relationships for members and for those who have lost relatives to AIDS. The groups provide material and emotional care and support for members (including PLHAs and OVCs) in times of sickness and need.

Harmonization efforts initiated in FY05, in collaboration with USG palliative and home-based care service providers – CRS (3568), RAPIDS (3558) and ZPCT (3526), national and international stakeholders, PLWHA networks, FBOs and other community groups, to review existing communication materials and reach country-wide consensus on appropriate care messaging will be concluded in FY06 with the development and wider distribution of IEC materials by USG and local partners.

As in FY05, HCP will continue to facilitate local screenings and facilitated discussions around the award-winning documentary video "Tikambe" or "Let's Talk About It". The use of the Tikambe video has had proven positive results in fighting stigma and promoting VCT. It will be used by religious groups involved in the Care and Compassion movement as well as by the 272 trained Peer Leaders from uniformed services to support their efforts promoting VCT under Other Prevention.
Tikambe is the first video of its kind in the Southern and Eastern African region that tackles stigma and works to decrease the silence around HIV/AIDS through "real life" stories. This film provides a personal and compelling portrait of three HIV positive individuals who are ordinary, in that an average Zambian can relate to them, but extraordinary in their courage to share their story of discovery, disclosure and successful positive living. The key messages include the benefits and advantages of compassion and support from family and friends for those affected and infected as well as the importance of knowing and sharing one's status. The video is accompanied by a discussion guide and continues to be a powerful tool for stimulating and challenging people into discussing HIV and the stigma related to it.

The expected behavioral outcomes of the COP 2006 program (in HCP districts) include:
- A 50% increase in the number of church and community groups with well defined and active support systems engaged in providing information on HIV/AIDS prevention and providing care and support for PLHAs and OVCs.
- A related increase in the number of those living with HIV/AIDS receiving care and support directly from their communities.
- The combination of an increase in societal support and reduced stigma will promote increased uptake of VCT and, when appropriate, ART services while providing a more enabling environment for those living positively.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Religious leaders

Other health care workers (Parent: Public health care workers)

Media

Trainers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	RAPIDS
Prime Partner:	World Vision International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3558
Planned Funds:	
Activity Narrative:	This activity relates to HVCT (#3555), HKID (#3559), HVAB (#3556) and HTXS (#3566) activities.

In FY06, the RAPIDS project, a consortium of international and Zambian NGOs, FBOs and CBOs led by World Vision, will be in its third year of operation. RAPIDS is a leading provider of community based, quality HBPC. From October 2004 to March 2005, RAPIDS provided care to 28,869 PLWHAs.

In FY06, RAPIDS will provide HBPC to 39,782 PLWHAs in 47 of 72 districts via the efforts of consortium members World Vision, CRS, CARE, the Salvation Army, Africare, and Expanded Church Response.

The RAPIDS model, based on minimum standards of home-based care, is to provide PLWHA and HIV/AIDS affected households with integrated development and support including basic home nursing services (IMAI); symptom/pain assessment and management; patient/family education and counseling; ARV adherence; and competency-based training for HBC workers in all four basic aspects of palliative services (physical, mental, psychosocial, and spiritual). Case coordination will include community based "care coordinators" to refer clients to various services providers. Trained medical staff in district and provincial facilities will begin to more closely supervise RAPIDS and other local palliative care providers and HBC programs.

RAPIDS will continue to work with SUCCESS, ZPCT, CIDRZ, and other USG funded projects. HBPC program will facilitate activities in malaria prevention (10,000 beneficiaries) and Cotrimoxazole distribution (6,782 beneficiaries).

To scale up HBPC activities, RAPIDS will build the capacity of HBPC clients, family and volunteer caregivers and their nurse supervisors through training, provision of material support and technical assistance to ensure quality program delivery. RAPIDS will emphasize the following themes: Education to improve knowledge of HIV/AIDS; Drug adherence to improve quality of life of clients; Psychosocial support; Strengthening linkages with service delivery networks such as VCT and PMTCT; and, Nutritional support. With the expansion of Pediatric Palliative Care and Pediatric ART, RAPIDS will work with CDC partners to strengthen the capacity of Family Support Units (FSUs) to take a greater role in testing children, getting HIV+ children on ARVs, and providing adherence support.

RAPIDS will administer up to 120 small grants to local organizations for HBPC activities totaling [redacted] to expand community-based HBPC services to additional households. These grants can be used to strengthen HBPC groups that fall outside RAPIDS geographic zones and for training, community awareness raising, or HBPC kits.

RAPIDS will improve the quality of care through the provision of HBPC kits to 3,300 HBPC volunteers, and client kits to 4,000 caregivers for families with bed ridden clients conforming to the agreed minimum standards of care prescribed by the national HIV/AIDS guidelines. RAPIDS will provide HBPC volunteers with limited non-cash incentives and "tools for work" to encourage effectiveness (i.e., apparel, umbrella and bicycles) and their long-term commitment but will avoid cash payments that discourage volunteerism. RAPIDS will provide most incentives privately through the public/private partnerships with US corporations Gifts-In-Kind (GIK) program, which will source items such as raincoats, shoes and bicycles.

To reduce the risk of malaria co-infection to PLWHA, RAPIDS is negotiating with the

National Malaria Control Center and PATH and expects to secure a significant number of insecticide treated nets. More may be procured through GIK. USG funds are only needed to support ITN warehousing, internal distribution, transport, and training/awareness raising so that they are used consistently.

Cotrimoxazole to combat opportunistic infections (OI): RAPIDS proposes to supply donated Cotrimoxazole to adults and children infected with HIV. Cotrimoxazole is a low-grade antibiotic endorsed by WHO as part of the minimum standard of care for PLWHA for regular prophylactic use against opportunistic infections. It provides a cheap but effective means of improving health amongst infected children and adults with minimal side effects. RAPIDS will source the drug through substantial public-private partnerships in the USA. The donation will cover the cost of transportation to Zambia. EP funds would be used only for in-country distribution, training and management.
The number 6,782 is the number representing the supply of cotrimoxazole that is being obtained through leveraged private sourcing and funding. As the cotrimoxazole supply is being obtained through leveraged private sourcing and funding, there is a limited number of individuals who may benefit from this intervention. The USG/Zambia team is currently developing a Palliative Care strategy that will enable us to determine how the USG (with other donors) can assist the GRZ to access more cotrimoxazole.

RAPIDS will promote good nutrition for PLWHA to improve the performance of the immune system and maintain body weight and fitness. Using a Wraparound approach, RAPIDS has initiated closer linkages with the Food for Peace (FFP) funded C-SAFE program. This linkage has provided the food insecure RAPIDS beneficiaries (HBPC clients as well as OVC) with FFP donated food rations. RAPIDS will try to continue this collaboration.

FY06 will see an expansion of interventions and linkages in all program areas to move towards a full continuum of palliative care, extending beyond the referral networks established in FY05, from prevention to treatment. RAPIDS has confirmed the urgent need to ensure that the GRZ puts in place adequate HBPC policies to guide to the provision of care and support to community home based care providers. RAPIDS will play a key role, providing expert technical assistance to develop HBPC policy, and advocate for a palliative/home based care delivery framework in Zambia.

RAPIDS will train caregivers and HBPC health providers on the importance of deliberately promoting gender equality and the importance of reducing stigma and discrimination in the identification of clients and provision of care and support. RAPIDS will use the network model to provide a continuum of care by linking with other USG HIV/AIDS projects and the GRZ to link to CT, clinical palliative care, in-home pediatric palliative care, ART and adherence support.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Local Organization Capacity Development	10 - 50
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	39,782	☐

Target Populations:

Faith-based organizations

HIV/AIDS-affected families

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing women's legal rights

Stigma and discrimination

Volunteers

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	SUCCESS
Prime Partner:	Catholic Relief Services
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3568
Planned Funds:	
Activity Narrative:	This activity relates to HTXS (#3698), HVCT (#3569), and HKID (# 3635).

The CRS SUCCESS Project will be in its third year of providing high quality, community-based Palliative Care (PC) services through building the capacity of Catholic Diocese and faith-based hospices throughout the country. In FY04, SUCCESS reached 15,607 PLWHAs and in the first half of FY05 reached 9,695 PLWHAs with home-based and hospice care. SUCCESS exceeded FY04 targets by 25%, scaled-up from 4 to 7 Diocesan HBC programs in FY05, and supported nine faith- and community-based Hospices. In FY06, the SUCCESS Project will continue to operate in 7 of 9 Zambian Catholic dioceses, reaching 27,820 PLWHA in at least 51 of 72 national districts.

Following the HIV/AIDS service network model, SUCCESS will increasingly link to other PEPFAR funded projects and to GRZ services for treatment of OIs and ART. SUCCESS will also integrate Counseling and Testing in its service areas (#3569). SUCCESS remains the leader in supporting hospice care. SUCCESS leverages the Catholic Church's nationwide health care infrastructure and volunteer workforce, to reach underserved and remote rural areas. SUCCESS coordinates closely with RAPIDS, an HBC project that serves urban PLWHA and works with FBOs and CBOs in non-SUCCESS locations and links with ZPCT for clinical care.

SUCCESS, through its network of diocesan structures and hospices, will provide a standard package of quality care and services for HBC and hospices. The HBC service package includes home visits, basic nursing care, pastoral and psychosocial support, malaria prevention with ITNs and education, nutrition counseling and targeted nutritional supplements (HEPS and/or RUTF) when available, household level safe water products, DOTS, and clinical referral for OIs, including TB. SUCCESS incorporates innovative Community CT and has established linkages and effective referral systems to ART sites with ongoing, life-extending patient care and adherence support. This network model will support, enhance and extend the outreach of ARV providers, by sharing the load of patient follow-on monitoring and care. As more PC clients start ART, SUCCESS will promote adherence through community support for drug compliance and positive living.

SUCCESS is the lead USG project supporting hospices, which provide a unique service, quality in-patient care for the terminally ill. SUCCESS-linked hospices provide quality medical care, CT, and family support including day-care for children of patients or the newly orphaned. Where there is access to ARVs, many hospice clients actually recuperate and return home with follow-on support. SUCCESS offered hospices Block Grants to meet one-time capital needs they were otherwise unable to address, such as medical equipment and staff/patient transport. SUCCESS in collaboration with the Twinning Center supports training and policy work for the Palliative Care Association of Zambia (PCAZ) so that they may provide state-of-the-art palliative care to all levels of caregivers, as well as to provide technical assistance to help the GRZ design national PC guidelines and standards.

SUCCESS will standardize quality palliative care services and disseminate it across its Diocesan and hospice sites; focusing on basic nursing, symptom and pain control, patient and family education, and linkages with OVC program sites. SUCCESS will continue its standard quality training package for HBC volunteers and staff across all Dioceses. SUCCESS trains partners in care, financial management, program development, monitoring and evaluation, logistics, report writing, and performance planning. To ensure the quality of services and provide supportive supervision, Lusaka-based staff visit field sites regularly, follow up on training and monitor progress

toward targets.

SUCCESS monitors activities and progress of its partners toward targets, supervises field staff, and assures that care and services meet established quality standards during site visits and care coordinator meetings with volunteers. SUCCESS also procures basic medications and supplies for PC as needed. SUCCESS leverages non-PEPFAR sources to ensure availability of basic medications for its HBC programs in a manner that assures sustainability.

SUCCESS has community based "care coordinators" who refer clients to needed services providers. SUCCESS links palliative care to trained medical staff in district and provincial facilities, who will more closely supervise clinical aspects of palliative care by local hospice and HBC programs.

SUCCESS and its partners link PC clients to ART service delivery sites such as Mission and government facilities, and then follow up with adherence support. Partners also link to local branches of PLWHA support groups and to local GRZ structures (DHMTs and DATFs), to coordinate services and link to OVC support programs. SUCCESS links to clinical USG palliative care activities and to mobile CT. Supervised volunteer caregivers form the backbone of this care model. SUCCESS offers monthly support meetings, refresher trainings, work tools, and CT – all integral components of caregiver support. As part of HBC, SUCCESS will increase access to Pediatric ART, provide pediatric HBC, and screen and refer infants and children for clinical care.

In recognition of the critical role of food in staving off disease progression, facilitating ART, and in rehabilitating severely malnourished ARV patients, SUCCESS supports nutritional supplements as an essential component of quality palliative care. SUCCESS has provided HEPS for moderately malnourished patients in FY04-05 and added RUTF for severely malnourished patients in FY05. In FY06, SUCCESS hopes to obtain resources to continue HEPS and/or RUTF. SUCCESS will use a Wraparound approach to leverage FFP and WFP food to obtain food rations for food insecure PLWHA and families.

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Logistics	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	19	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	27,820	☐

Target Populations:

Community leaders

Faith-based organizations

HIV/AIDS-affected families

People living with HIV/AIDS

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Wrap Arounds

Food

Coverage Areas

Eastern

Luapula

Northern

North-Western

Southern

Western

Table 3.3.06: Activities by Funding Mechanism

Mechanism: SHARE

Prime Partner: John Snow Research and Training Institute

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Palliative Care: Basic health care and support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3640

Planned Funds: [ ]

Activity Narrative: This activity links to HVAB (#3638), HVCT (#3639), HKID (#3652), HTXS (#3641), HVSI (#3642) and OHPS (#3643).

Working with its NGO partners, SHARe gained considerable experience in FY04 and FY05 with care providers in extending palliative care from the workplaces into the surrounding community. In FY06, SHARe will continue its partnership with NGOs (ZHECT, Afya Mzuri, and ZamAction) to expand the capacity of workplace programs to link employees in need of palliative care to existing services as well as train caregivers to support workers who are chronically ill. Building on the work being done in the community by FBOs, SHARe will strengthen these efforts through ongoing collaboration with ZINGO, the umbrella body for FBOs. In FY06, SHARe will help 30 additional businesses and one additional government ministry develop palliative care strategies and employees action plans and will continue to support the palliative care initiatives started by SHARe at 71 public and private institutions. In addition, SHARe will also support the development of programs to train 100 new caregivers, and a total of 1,000 new clients will be referred for palliative care services. SHARe will encourage male family members to ensure that their female counterparts receive appropriate care when required. SHARe will document the impact of palliative care on reduced absenteeism in the workplace.

In addition, SHARe will provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO working in Zambia, to provide support to palliative care programming in two Global Development Alliances on HIV/AIDS in the mining and agribusiness sectors in Zambia. Private sector partners include Konkola Copper, Mopani Copper, Copperbelt Energy, Kansanshi Mines, Bwana Mkubwa Mining, Dunavant Zambia, Zambia Sugar and Mkushi Farmers Association, reaching 30 districts in six provinces and 34,635 employees and 2.1 million outreach community members. CHAMP will provide technical support and SHARe will manage a sub-granting mechanism totaling [ ] to GDA members and organizations in support of palliative care activities in HIV workplace programme and identified outreach communities. This activity is broken down into 5 major components: scaling up of existing PC services at on-site healthcare facilities in seven of the companies; development of on-site PC facilities at 6 sites for Dunavant; strengthening of referral systems for PC provision where no on-site facilities are available; creating linkages with existing HBC and nutritional support programs; and training PC providers.

The scaling up of healthcare services at Konkola Copper, Mopani Copper, Kansanshi Mining, Bwana Mkubwa Mining, Copperbelt Energy, Zambia Sugar and Mkushi Farmers Association will include the implementation of a standard care package for HIV infected adults and children including pain relief, co-trimoxizole, psychosocial support, succession planning and legal services, treatment of OIs, strengthening of existing PC programs that are predominantly doctor-run. An emphasis will be placed on integrating prophylactic medications against opportunistic infections. Scaling up of the services at Mkushi Farmers Association sites, Kansanshi Mining, Bwana Mkubwa Mining and Copperbelt Energy will expand their current on-site health posts capability to provide support, including psychosocial counseling, for people living with HIV/AIDS. Where the limited capacity of these clinics is exceeded, referral to off-site facilities will be made. The establishment of 6 health posts at Dunavant sites will allow PC services to be provided on-site to full-time and seasonal staff. At all sites, an emphasis on CT services will be stressed, using an opt-out methodology. In total it is anticipated that by the end of the year, 37 on-site healthcare facilities will provide PC to PLWHAs. It is anticipated that the GDA companies will work with 93 off-site facilities providing PC, including MoH, faith-based and community-based services and link to programs providing nutritional supplements. CHAMP and the GDA members will

train a total of 1,030 healthcare workers, HBC providers and community members in the provision of PC services. It is anticipated that 18,490 PLWHAs will be provided with HIV palliative care directly, with a further 5,363 provided PC indirectly.

The GDAs will work towards reducing stigma and discrimination related to accessing HIV care and treatment services, and empower both men and women to embrace their HIV status and maintain their health by living a positive lifestyle and accessing care and treatment services appropriate to their needs. To achieve targets, workplace and community-level information, education, communication and mobilization will take place with a focus on empowering people to access CT services early, and if found to be HIV-positive, to emphasize maintaining their own healthy state and utilize services that can help them achieve this. The PC process will provide a mechanism for monitoring HIV progression and link to ART services when appropriate.

Emphasis Areas	**% Of Effort**
Workplace Programs	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	37	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	18,490	☐

Target Populations:

Adults

Business community/private sector

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Community members

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Twinning Center
Prime Partner: American International Health Alliance
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3728
Planned Funds:
Activity Narrative: The USG through USAID will continue to fund The Twinning Center/The American International Health Alliance (AIHA) to implement twinning partnerships between US and regional organizations and the Palliative Care Association of Zambia (PCAZ) to strengthen local human and organizational capacity in Palliative Care. AIHA will support regional palliative care premier insitutions such as the African Palliative Care Association (University of Cape Town, Sun Gardens Hospice in Pretoria, Hospice Uganda, Zimbabwe home based care) and collaborate with USG partners working on palliative care in Zambia (CRS SUCCESS, FHI/ZPCT, PCI/DOD, JHPIEGO/DOD, CDC partners) to provide mentoring, training of palliative care health care providers and managers, development of palliative care courses and training programs, and facilitate technical information sharing. AIHA and its partners will focus on buidling the capacity of PCAZ as the technical leader and premier training organization for home-based, hospice, and clinical palliative care and as a organizationally viable local association with Ministry of Health backing. In FY 06, it is expected that several trips will be made to Zambia by AIHA twinning organizations to implement capacity building and business plans for PCAZ and the GRZ, to develop and conduct palliative training courses, and to assess progress in the area of palliative care in Zambia.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Caregivers (of OVC and PLWHAs)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Trainers

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: DoD-PCI
Prime Partner: Project Concern International
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3737
Planned Funds:
Activity Narrative: This program is to ensure that chronically ill HIV positive patients are receiving comprehensive palliative care services that include medical care, treatment of opportunistic infection, pain management, psycho-social support, legal services, material support, nutrition and food supplementation, and referral and adherence to anti-retroviral treatment (ART). Project Concern International (PCI) will carry out this comprehensive program in the four model sites indicated in activity ID #2670, 3673, and 3732 in collaboration with JHPIEGO, to ensure integration of services and effective referrals between TB, HIV, STI, home based care and other services.

One component of this activity is to provide continuous support for development and provision of Home Based Care (HBC) kits. These HBC kits will be evaluated in collaboration with Zambian Defense Force Medical Services (DFMS) and the Palliative Care Association of Zambia (PCAZ) with a view to identifying other critical components that may be added. Patient education materials relating to medicines, doses, nutrition, physical fitness and referral information will be developed in local languages and included in the kits. PCI trained 215 caregivers with basic palliative care services in FY04 and with comprehensive palliative care in FY05. Caregivers will be responsible for identifying and registering chronically ill patients and referring them to DFMS or other health facilities. The DFMS will provide HBC kits through caregivers to those identified patients. The kits are replenished on a monthly basis according to the number of patients reflected in the HBC registers and on the monthly field reports. An additional 80 caregivers will be trained in comprehensive palliative care in FY06. The funds will also be spent for material supports to the caregivers such as providing bicycles, umbrellas, bags and shoes to the caregivers as a means of facilitating their work and motivating their continued participation. The effectiveness of training will continue to be assessed and monitored through pre- and post-training tests, as well as through ongoing supportive supervision visits by HBC trainers, DFMS clinical staff, HIV/AIDS unit staff, and PCI, in order to reinforce the training and to identify and address any performance and/or training gaps.

As another part of the comprehensive palliative care program, 200 positive living personnel from the Zambia Defense Force (ZDF) will undergo positive living training, using national and international curricula and training supports. In FY05, 80 positive living ZDF personnel will receive a Training of Trainers (ToT) course covering a wide range of topics including physical fitness, nutrition and ART adherence. PCI will provide logistical support to 24 of those who attended the courses in FY05 in conducting workshops in FY06. The workshop will mainly focus on promotion of their health and wellness and provide supports in dealing with HIV symptomology, depressive symptoms, stigma, beliefs about illness, adherence to ART, behaviors, self-efficacy and substance use.

The goal of this activity is to provide quality palliative care services to 3000 HIV/AIDS positive patients including ZDF members, their family members and people living in the surrounding community. This activity will also be synergized with the palliative care component of the ZDF and NMCSD twinning program conducted by AIHA (see activity #3741) to ensure the consistency of the trainings and care packages that ZDF receives from USG funded programs.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	69	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	☐

Target Populations:

HIV/AIDS-affected families

Military personnel (Parent: Most at risk populations)

Caregivers (of OVC and PLWHAs)

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GAC (GHAI account)

Program Area: Palliative Care: Basic health care and support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3753

Planned Funds:

Activity Narrative: The Peace Corps volunteers will work to support Community Based Home Based Care (HBC) services and link these to nutrition-based activities including gardening and fish farming. At the beginning of their assignment at site, Peace Corps Volunteers conduct a village inspection and a needs assessment. Among other things, the village inspection is designed to inform the volunteer and participating community members on the number of households with chronically ill persons. Against this and information gathered from village opinion leaders the volunteers will facilitate the start up of community home based care teams and provide required support to support existing teams. The role of the volunteers will be to mobilize communities, assist them identify the need, help them form a HBC group and connect them to organizations which train and equip these activities. The volunteers will hold workshop sessions for HBC groups to emphasize the important relationship between nutrition and HIV infection. This will lead into establishing of community HBC gardens which will provide nourishment to the sick and provide for the care givers households. The volunteers will also assist new and existing home based care organizations by building their capacities to enable them to better provide the services. The volunteers may themselves be involved in training of HBC teams in aspects of planning and management, or identify individuals or organizations within the community or at the district level to provide the required training. The volunteers will also work towards linking home based care programs in their respective areas to other USG funded programs and government agencies for possible collaboration. In this area all categories of Peace Corps volunteers i.e Crisis Corps, two-year and Extension volunteers will be involved.

Peace Corps Zambia volunteers will work to reduce stigma and discrimination by facilitating the participation of People Living with HIV/AIDS in as any of their activities as possible. This means during community mobilization volunteers will facilitate the PLWAs participation in any groups of their choice. However, where the PLWAs choose to form their own support group, the volunteers will provide training for group leadership and point the group members to local and outside resources which might be useful. The volunteers will assist the PLWAs to start up activities which demonstrate an independent and productive life in spite of their condition. These may include gardening which will also provide for their food and other needs through the sale of vegetables grown. The volunteers will facilitate the participation of PLWAs in decision making bodies particularly the Community AIDS Task Force wherever these are formed or strengthened.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,000	☐

Target Populations:

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Gender

Volunteers

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3845
Planned Funds:
Activity Narrative: In FY06, CDC-Zambia will provide support to the national policy development process as well as direct support to the Zambian Defense Forces (ZDF) in palliative care in coordination with the Government of Zambia's (GRZ) needs and priorities and the USG's 5-year strategy. These activities will contribute to the overall target for USG: to provide care and support to 10 million people living with and affected by HIV/AIDS. Zambia has yet to adopt a clear, comprehensive strategy, policy, or guidelines on palliative care for HIV-infected patients. The USG considers it essential to promote and support the GRZ's creation of such strategies in order to provide quality palliative care to Zambia.

The USG has developed a basic health care package for high burden countries that may provide a template for the development of such policies and guidelines in Zambia. To accomplish this, CDC, together with other USG agencies, will support an assessment of current palliative care practice and theory in Zambia from the perspective of GRZ, the Palliative Care Association of Zambia (PCAZ) and its members, as well as other donors, practitioners, and stake holders, including those directly affected by PLWHA. Secondly, CDC will support the development of a palliative care strategy and plan of action based on the assessment. The output of these steps will be the national policy, guidelines, and standards related to palliative care for HIV-infected individuals. CDC will support the process through technical assistance from local and international experts. Consultative meetings will be organized and convened in FY06 to produce and disseminate the policy, strategy, and action plan (see Activity number under USAID).

While policy processes develop, the need for direct care remains. The ZDF is recognized as one of the priority populations for HIV care because 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 uniformed personnel is provided within specific military health facilities. Appropriate diagnostic services and treatments must be available in order to provide care and treatment for HIV-related infections such as TB, other OI's, and STI's for the ZDF. Since 2004, the USG has provided support for the purchase of back-up TB, OI, and STI drugs to supplement limited supplies available in the ZDF health facilities. This activity will continue in 2006 through the procurement of STI and OI drugs for the treatment of an additional 1,200 opportunistic infections within the ZDF facilities to supplement the available supplies. In 2006, the USG will continue to provide technical and logistics support to improve the diagnosis of opportunistic infections in two Provincial hospitals, building on the activities begun in FY05 (see laboratory program 14, TB/HIV program).

The ability to expand the availability of counseling and testing services and the management of HIV-related conditions in many areas of the country are hindered by lack of appropriate service provision space in health centers. Existing clinic facilities lack dedicated space for the provision of quality confidential counseling. Laboratory facilities are either lacking or inappropriate, and are unable to accommodate the increased requirement for laboratory testing. This activity will be linked to support for the renovation/construction of laboratory and counseling space in health facilities identified by the Provincial health offices in the Southern, Eastern, and Western Provinces.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	15	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,200	☐

Target Populations:

Military personnel (Parent: Most at risk populations)

Policy makers (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: PRM/UNHCR

Prime Partner: United Nations High Commissioner for Refugees

USG Agency: Department of State

Funding Source: GAC (GHAI account)

Program Area: Palliative Care: Basic health care and support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 5394

Planned Funds:

Activity Narrative: This activity is linked to UNHCR activities in MTCT (5391), HVOP (3756), HVCT (5396), and HKID (5397).

This activity establishes a new partnership between the USG and the United Nations High Commissioner for Refugees (UNHCR) to strengthen HIV/AIDS prevention programs for refugees residing in Zambia. UNHCR and its implementing partners began strengthening HIV/AIDS programs for refugees in Zambia in 2003. HIV prevention and education campaigns in countries of asylum, including palliative care services, are often inaccessible to refugees, who speak different languages and have different cultural backgrounds. In addition, many refugees have suffered trauma and violence, including sexual violence, during conflict and flight. Displacement also destroys traditional community support structure. Therefore, comprehensive HIV prevention and care programs need to be specially tailored to this unique high-risk population.

In FY06, UNHCR will strengthen Palliative Care/Home-Based Care programs in 2 northern camps through two implementing agencies: 1) Aktion Afrika Hilfe (AAH) in Kala camp; and, 2) Zambian Red Cross Society (ZRCS) in Mwange camp.

AAH and ZRCS will focus on home based care by mobilizing community support and training social workers, guardians and community based caregivers. The purpose of this activity is to strengthen and expand community-based palliative care services reaching 400 clients.

AAH and ZRCS will provide a standard package of quality care and services for HBC and hospices. The HBC service package includes home visits, basic nursing care, pastoral and psychosocial support, malaria prevention with insecticide treated bednets and education, nutrition counseling and targeted nutritional supplements (HEPS and/or RUTF) when available, household level safe water products, DOTS, and clinical referral for opportunistic infections (OIs), including TB.

Working closely with the District Health Management Teams, training will be provided to 75 health care workers (HCWs). HCWs will also be trained to provide cotrimoxazole prophylaxis, symptom and pain management/assessment, patient and family education and counseling, management of pediatric HIV in the home setting, and provision of basic nursing services as part of the overall package of services. Home based care kits will be given to caregivers to ensure and adequate supply of materials that are needed when caring for the sick. Community mobilization activities will strengthen referrals in palliative care between and within health facilities and communities.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	400	☐

Target Populations:

HIV/AIDS-affected families

Refugees/internally displaced persons (Parent: Mobile populations)

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Coverage Areas

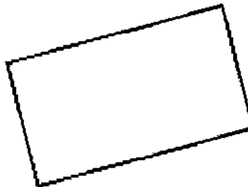
Northern

UNCLASSIFIED

...07: Program Planning Overview

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

Total Planned Funding for Program Area:



Program Area Context:

Treatment of TB is a specific objective for the reduction of the socio-economic impact of HIV/AIDS in Zambia, as outlined in the National HIV/AIDS/STI/TB Strategic Plan. There is strong epidemiological evidence that the high HIV prevalence in Zambia is driving the TB epidemic. In addition, TB represents one of the common causes of morbidity and mortality in people living with HIV/AIDS. With an estimated 62% HIV prevalence in TB patients, integration of TB and HIV activities is necessary in order to control TB and improve the quality of life of people living with HIV/AIDS.

As a pilot country for the World Health Organization (WHO) ProTest Initiative that provided programmatic evidence for interventions addressing the TB/HIV co-epidemic, Zambia holds a strong record of TB/HIV integration. The National TB program in Zambia was recently reviewed by international and local experts. Recommendations of the review include the implementation of collaborative TB/HIV activities, in line with the interim WHO policy for Collaborative TB/HIV activities. This will be incorporated in the National TB Strategy for 2006- 2010. In line with the 5 year Emergency Plan (EP) Strategy for Zambia, the USG, in collaboration with the Government of Zambia and the National AIDS Council, will continue to address this TB and HIV intersection through support of activities begun in FY04 and FY05, by expanding activities to all provinces in the country.

A key activity supported by the USG will be counseling and testing as part of routine management for all TB patients. Based on experiences gained in the implementation of TB/HIV activities in FY05, the USG will provide support to provinces and districts through its partners for training in diagnosis and management of TB in PLWHAs, laboratory equipment and supplies, and infrastructure support. Referral networks will be developed between the ART and TB programs to ensure that HIV positive TB patients are referred for ART. Therefore, all TB staff will be trained in counseling and the principles of HIV management. Similarly, staff in other counseling and testing settings, such as the PMTCT, STI and ART programs and OVC settings, will be trained in TB screening and appropriate referral. Diagnosis and management of other opportunistic infections in addition to TB will be strengthened through training and the provision of drugs and laboratory supplies.

The USG will provide support to the Ministry of Health and National AIDS Council for the development of guidelines and policies to address routine counseling and testing of TB patients for HIV as well a system to monitor implementation of activities. Widespread implementation of this strategy will result in improved outcomes of treatment for HIV infected TB patients as well as contribute to the EP goal of 120,000 clients on ART by 2008. The central TB unit at the Ministry of Health will be strengthened to implement and monitor these activities through technical staff working directly with the Ministry of Health. A system for surveillance of HIV in TB patients will be supported to inform the targeting of resources and monitor the effectiveness of the program.

USG activities will be coordinated with Global Fund (GF) activities to strengthen TB Directly Observed Treatment (DOTS) in all 72 districts of Zambia. Training activities will be coordinated between the two programs at district, provincial and national levels. The USG will provide support for the integration of HIV care and ART treatment adherence support utilizing the community TB treatment supporter model implemented by the TB DOTS program, with a special focus on rural areas. Through non-EP funds, the USG will complement GF support for the strengthening of TB DOTS.

UNCLASSIFIED

Program Area Target:

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	212
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	1,525
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	13,023
Number of HIV-infected clients given TB preventive therapy	1,020

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Zambia Prevention, Care and Treatment Partnership
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3542
Planned Funds:
Activity Narrative: This activity links with the Zambia Prevention, Care, and Treatment Partnership (ZPCT) PMTCT (3528), ART (3527), CT (3525), Palliative Care (3526), and Laboratory Support (3541) activities as well as with other United States Government (USG) agencies (CDC) and partners and the Government of the Republic of Zambia (GRZ). Approximately 62% of TB patients are HIV positive, and TB is the most common opportunistic infection (OI) in HIV patients. However, very few TB patients are offered HIV CT and related services. For this reason, in FY05, ZPCT began a partnership with and will continue to support CDC, JSI/DELIVER, and GRZ to ensure consistency in HIV/TB training and service protocols and to improve availability of TB testing equipment and related commodities. ZPCT will also continue its support to the GRZ in strengthening and expanding HIV/TB services in Central, Copperbelt, and the more remote Luapula, North-Western and Northern provinces. This activity includes three components: 1) integration of HIV CT in TB clinics; 2) strengthening and expansion of TB services among HIV-infected individuals; and 3) training for health care workers and lay counselors in cross referral for TB/HIV and other opportunistic infections (OIs).

In the first component, a key FY05 ZPCT strategy to reach TB patients is to integrate HIV CT in TB clinics. TB clients are offered CT as part of the basic package of services within TB clinics and referred for further testing and support services, such as determining ART eligibility among HIV-infected TB patients. Those eligible will be offered ART on-site or referred to nearby ART facilities if ART is not available at the facility. The HIV/TB link will be further strengthened in facilities offering CT to ensure that all TB patients who are co-infected are identified and provided with appropriate care and treatment services. In FY06, it is expected that about 5,000 TB patients in ZPCT-supported sites will be tested for HIV. Also in FY06 15 new clinical care sites, in addition to the 80 existing sites supported in FY05, will receive assistance in HIV testing for TB patients. Furthermore, these CT services will be extended to the TB patient's family and friends, with emphasis on reducing stigma and discrimination associated with TB and HIV.

The second component involves TB diagnosis among all HIV-positive patients for reducing the incidence of TB Immune Reconstitution Syndrome and for offering appropriate TB and/or ART services. ZPCT will train 100 clinical staff from health facilities in ART/OI management, including TB/HIV. Laboratory equipment support, such as microscopes, will be provided to strengthen diagnosis of TB in selected ZPCT health facilities that currently have weak TB diagnostic capacity. Through these interventions, 2,083 HIV-TB co-infected persons will receive needed TB treatment.

In the third component, ZPCT will work with GRZ facility management personnel to ensure that counselors are trained and available for TB clinics in ZPCT-supported facilities. Lay counselors will be trained and assigned to provide support in these clinics, as needed. In addition to counseling skills, health care workers (HCWs) and lay counselors will be trained in making referrals for appropriate HIV/AIDS services. Training in cross-referrals between TB and HIV/AIDS services will be included in all CT and ART/OI management training funded by ZPCT.

Finally, ZPCT will work at the national level with GRZ and USG partners such as CDC, as well as through the TB and ART Technical Working Groups, to ensure that policies and guidelines are optimal for TB/HIV linkages at all levels of the health care system: national, provincial, district, and community.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	95	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or *presumed) according to national or international standards*	100	☐
Number of HIV-infected clients attending HIV care/treatment *services that are receiving treatment for TB disease*	2,083	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of individuals tested for HIV and received their test results	5,000	☐

Target Populations:

People living with HIV/AIDS

Public health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-Western

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Technical Assistance/JHPIEGO
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3644
Planned Funds:
Activity Narrative: This activity relates to activities in counseling and testing (activity 3671), laboratory infrastructure, palliative care: basic health support (activity 3636), and HVTB (activities 3645, 3649, 3650, 3651, 3653, 3673, 3790, 3791, and 3884).

In Zambia, the rates of HIV and TB co-infection are alarmingly high (>60%). In order to ensure appropriate care for TB patients and to reach a larger percentage of people eligible for enrollment in HIV/AIDS care and treatment programs, it is important that HIV counseling and testing be integrated into related services, such as TB. Likewise, it is important that patients diagnosed with HIV are appropriately monitored, screened, and treated for TB and other opportunistic infections. Until recently in Zambia, the linkages between the TB program and the HIV/AIDS program have been relatively weak. As one partner working in the area of TB/HIV, JHPIEGO will work toward a better integration of TB and HIV services in Southern and Western Provinces in Zambia and at the National level. However, results in integrating counseling and testing into TB care have been disappointing, with low numbers of TB patients being tested and enrolled in HIV care.

Based on successful approaches in PMTCT, JHPIEGO will adapt CDC counseling protocols and training materials to incorporate counseling and testing (CT) into TB services more effectively. JHPIEGO will train 50 service providers from 10 districts in Southern and Western provinces in appropriate CT skills. This will include adapting or developing a standardized clinical pathway model and patient record form for CT within TB services. JHPIEGO will also continue to work with the government of Zambia and collaborating partners to expand capacity and strengthen existing programs to ensure quality HIV/AIDS clinical care decision-making that focuses on the timely diagnosis and management of TB and OI's targeting key provincial district sites in Southern and Western provinces. JHPIEGO will continue to support a national effort to create and sustain quality HIV, TB, and OI services by implementing on-site supervision and on-the-job training (OJT) programs in 10 districts targeting 50 service providers. For all of these services, follow-up supportive supervision will take place to ensure knowledge transfer and to address any gaps.

Continuing work from FY05, JHPIEGO will train 50 lay counselors in HIV/AIDS group education, counseling, and testing to integrate provider-initiated counseling and testing into TB services. The lay counselors will present Group Education sessions to prospective patients in clinic waiting rooms/areas that are focused on the relationship between TB and HIV and that explain HIV testing in detail, but at a level easily understood by low literate populations. Standardized interactive Group Education sessions would: (1) Normalize HIV testing, since it is offered to all patients on a routine basis; (2) Cover concepts such as modes of transmission and the meaning of HIV test results, which could reduce the length of time needed for one-on-one counseling; and (3) encourage discussion of HIV/AIDS and HIV testing among the population, ideally reducing stigma and discrimination in the process. Supportive supervision visits will be conducted to ensure the quality of the Group Education, counseling, and testing provided by the lay counselors.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	100	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of individuals tested for HIV and received their test results	2,025	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

People living with HIV/AIDS

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas

Southern

Western

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	3645
Planned Funds:	
Activity Narrative:	This activity relates to activities in counseling and testing (activity 3671), laboratory infrastructure, palliative care: basic health support (activity 3636), and HVTB (activities 3644, 3649, 3650, 3651, 3653, 3673, 3790, 3791, and 3884).

In continuation from FY05, the USG will support the national integration of TB and HIV services by providing support to a variety of areas at the national and local level, including support of TB policy processes, adaptation of guidelines and materials, and preparation of TB clinical decision support systems.

The USG will support the National level TB/HIV Partnership body within the Ministry of Health (MoH), which comprises TB, HIV, C&T, multilateral organizations, research groups, FBO, NGO, and community representatives. This body is tasked with developing and implementing a single, coherent TB/HIV strategy, policy, and communication message based on the best existing evidence. This national body will work with and obtain input from provincial level TB/HIV working groups. Support for monthly meetings of this national group and dissemination of findings will be provided. Specific policies that will be developed and disseminated by this work group include policy and guidelines to offer routine HIV counseling and testing to all TB patients and policies and guidelines related to the provision of care to TB/HIV individuals, specifically cotrimoxazole preventive therapy, ART, and TB preventive therapy. The lack of these policies has limited national coverage of integrated TB/HIV service delivery.

The working group will also be responsible for developing a single TB/HIV training strategy that will produce a standardized TB/HIV training program that will address the human capacity shortages and minimize redundancy in this area. Support will be provided to implement the TB/HIV training strategy with a strong emphasis on enhancing skills that allow TB care providers to provide routine HIV counseling and testing for their TB patients, increasing the human capacity for screening HIV-infected patients active TB , and referral between services.

The USG, working with the Central TB unit, will facilitate the adaptation and use of the training materials developed by CDC-Atlanta for diagnostic testing for TB patients as part of the training curriculum. Additional training will focus on enhancing TB/HIV evaluation and surveillance skills.

The working group will provide guidance to the National TB Program (NTP) for updates to the TB recording and reporting system that will include appropriate HIV information. This updated system will be integrated into the NTP's regular reporting system and will allow continue indication of TB control progress as well as that of TB/HIV service integration. Support will be provided for the production and distribution of recording and reporting tools. To accomplish these activities, the working group will work closely with a full-time national level TB/HIV coordinator who will be placed within the NTP and will be responsible for coordinating TB/HIV program implementation throughout the country in collaboration with the MoH and World Health Organization (see activity 3884).

The USG, in collaboration with the TB/HIV working group, will support targeted evaluation relevant to development of evidence-based best practices for TB/HIV integration. Examples of key issues that targeted evaluation can be used to address in Zambia include: (1) Evaluating the access to and uptake of HIV testing among TB patients; (2) Evaluating the use of CD4 counts in determining TB/HIV patients eligibility for ART, the proportion of TB/HIV patients that initiate ART, and the optimal time to initiate ART in TB/HIV patients; and (3) Evaluating the effectiveness

of community workers/volunteers in the role of TB and HIV treatment distribution and treatment adherence.

To support policy and clinical decision-making for future expansion of national TB activities, CDC is supporting the MoH in establishing an EMR standard that will include TB data as well as HIV and other OI data. This essential information is made more accessible and portable between points of service by optionally storing it on a smart card, which then permits continuity of care in the absence of telecommunications. The EMR (and the card) carries an ongoing record of a client's entire medical history, including prior illness, physical findings, lab results, symptoms, problem list with diagnoses, and treatment plan for all these services. A paper and electronic copy of patient information is maintained at all clinics visited, and paper records are still used for primary data capture in most settings. Accessible, integrated and electronic information provides a basis for improved TB care. The EMR (Electronic Medical Record) provides: (1) Fully informed local decision support; (2) Reminder reports to staff which help keep patients from "falling through the cracks" (to assure adherence and minimize resistance); and (3) Improved management of all operations (such as drug utilization) by automating key elements of local monitoring and evaluation.

This improved availability and usefulness of patient information in the form of an EMR supports both the direct improvement of patient care and the monitoring and evaluation of the health care system. In 2006, funding will support the MoH and collaborators in Zambia to implement and scale up of the TB/HIV module of the Continuity of Care and Patient Tracking System. This effort will better support monitoring and evaluation of the project's effectiveness in achieving its stated goals. Activities will include assessment and schematization of data needs in TB settings in consultation with clinical staff, data managers, application developers, and national level technical experts. Finally, a prototype and final module will be developed and released with appropriate new and updated TB-related user guides, technical support documentation, and training curricula. This funding will also support supervisory and follow-up technical assistance at select pilot sites in Zambia.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Target Populations:

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Southern Provincial Health Office
Prime Partner: Provincial Health Office - Southern Province
USG Agency: *HHS/Centers for Disease Control & Prevention*
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3649
Planned Funds:
Activity Narrative: This activity relates to activities in counseling and testing (activity 3671), laboratory infrastructure, palliative care: basic health support (activity 3636), and HVTB (activities 3651 and 3650).

Southern Province has an HIV prevalence of 16.2% and a reported TB incidence rate of 441/100,000 (2004). This ranks Southern Province third behind Lusaka and the Copperbelt provinces in terms of HIV and TB burden in Zambia. Livingstone district, which includes the Provincial capital of Livingstone, reports extremely high HIV prevalence (31%) and TB notification rates (1226/100,000 in 2004).

In 2005, TB/HIV integration activities were initiated in Livingstone district with support from the USG. This activity linked TB patients identified in the 3 district TB diagnostic facilities with HIV counseling, testing, and screening for appropriate HIV care (i.e. ART). The total number of TB patients counseled for HIV in Livingstone district at Livingstone General Hospital, Maramba, and Dambwa clinics between January and August 2005 was 503. A total of 394 patients were tested for HIV and 315 were reactive. During this period, 105 TB patients were put on ART. The USG proposes to directly support the Provincial Health Office (PHO) to expand and support the TB/HIV integration activities that were initiated in Livingstone district in 2005 to 7 additional districts (Siavonga, Choma, Monze, Mazabuka, Kalomo, Kazungula, and Gwembe), which represent the highest TB- and HIV-burden settings in the Province. Lessons leaned from the Livingstone activities will be used to implement TB/HIV integration in these additional districts.

The PHO will support the formation of a Provincial TB/HIV coordinating committee that will be tasked with the strategic direction and supervision of the TB/HIV integration activities throughout the Province. Membership on this committee, will include representation from the TB Program, Clinical Care Unit (which oversees HIV/AIDS care), ART Program, community care and advocacy groups, and HIV counseling/testing partners. This committee will meet on a quarterly basis.

In 2005, limited human resources, coupled with increased patient-load as a result of TB/HIV integration, were identified in Livingstone as a barrier to maintaining TB/HIV integration. This human resource shortage negatively impacts morale, supervision, and technical support. To address this issue, the PHO will support a TB/HIV coordinating officer that will be placed within the PHO and will be responsible for coordinating TB/HIV activities, supervision, trainings, surveillance, and program monitoring and evaluation. This coordinator will work closely with the Provincial TB/HIV committee and the provincial TB officer to coordinate TB/HIV activities with specific focus on these 5 high-burden districts. Future support may be identified for TB/HIV coordinators to be placed at the district levels, particularly those identified to have a high TB/HIV burden.

Integrated TB/HIV training will be provided by JHPIEGO in selected districts Additional districts will be covered directly by the PHO in consultation with JHPIEGO. A training of trainers program (TOT) will be developed to provide trainers in all districts. In 2006, 150 personnel from the 15 TB diagnostic centers in addition to those from various HIV care centers in these 5 districts will be supported to attend TB/HIV integration training with follow-up trainings conducted on at least an annual basis. These trainings will focus on providing the skills for routine HIV counseling and testing TB patients and management of TB, HIV and TB/HIV patients.

All activities and trainings will be linked by the PHO with activities that are supported by recent district-level funding from the Global Fund Against TB, HIV, Malaria

(GFATM). The GFATM has directly funded these districts to scale up TB control by *strengthening DOTS and TB/HIV integration and care. Technical support and* guidance for the use of this funding will be provided by the PHO. As a result of this support, each year 2400 TB patients will be tested for HIV in these 5 districts. Those found to be co-infected with TB/HIV will be referred for appropriate HIV care. Because TB screening of HIV-infected patients will be a key component of these TB/HIV integration activities in these districts, it is expected that 1000 HIV patients will be identified with active TB in 2006 and initiated on appropriate TB treatment. Links between the TB programs and other USG funded home based care programs will be established in order to ensure a continuum of care for the HIV infected TB patient. Regular review meetings will be linked to TB DOTS review meetings and co-funded by the Global Fund supported TB DOTS program.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	15	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	150	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of individuals tested for HIV and received their test results	2,400	☐

Target Populations:

Adults

People living with HIV/AIDS

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Coverage Areas

Southern

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Technical Assistance- CARE International
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3650
Planned Funds:
Activity Narrative: This activity relates to activities in counseling and testing (activity 3671), laboratory infrastructure, palliative care: basic health support (activity 3636), and HVTB (activities 3644, 3645, 3649, 3651, 3653, 3673, 3790, 3791, and 3884).

Continuing work from FY05, CARE International will implement a program to increase the coverage of TB/HIV integrated activities in Eastern Province and will operate through the existing governmental health care structure in order to promote more sustainable disease control efforts. CARE will build on its experience in strengthening TB DOTS in 6 districts in the province and its relationship established with the province and district management under a CIDA funded program that ended in May 2005.

A training needs assessment of District Health Management Teams (DHMT) and health center staff will be carried out in the project areas to assess capacity to implement TB/HIV integration. Based on the results of the assessment, training will be provided to 105 health center staff and 105 community-based health care workers in areas including: TB/HIV interactions, training in the integration of counseling and testing in routine TB care in consultation with JHPIEGO (activity 3644), clinical diagnosis of HIV and screening for eligibility for ART, preventative therapies in HIV+ persons (cotrimoxazole and isoniazid preventative therapies), and ART treatment and adherence.

CARE will provide technical assistance to the DHMT in the 4 districts (Chipata, Petauke, Katete, and Lundazi) to establish referral links between the TB and ART programs to ensure the appropriate treatment of TB/HIV patients. Building on the established community capacity to supervise TB, CARE will explore the use of these community treatment supporters to provide ART supervision. A program to pilot the use of community supporters to enhance supervision of ART will be implemented. Working with the DHMT, CARE will develop links between the TB programs and other USG funded home based care programs to ensure a continuum of care for the HIV infected TB patient. The project will also pilot the training of school leavers in microscopy to carry out examination of sputum samples for TB diagnosis as the shortage of trained laboratory technicians is a significant constraint to timely TB diagnosis.

Community awareness of the links between TB and HIV will be increased through broadcasting of messages on local radio stations and holding inter-district quizzes on TB and HIV AIDS. Special days such as the World TB Day and the World AIDS Day will be commemorated and used to raise public awareness of the program. Additional laboratory supplies will be procured where necessary to boost diagnostic capacity. Activities will be carried out in close collaboration with key stakeholders, such as Provincial Health Offices (PHO), Churches Health Association of Zambia (CHAZ), and Zambia AIDS related Tuberculosis (ZAMBART) to maximize opportunities for resource sharing and learning.

Supportive supervision for TB/HIV activities in the districts will be carried out in conjunction with the Provincial TB Officer and the Provincial TB/HIV officer. Regular review meetings will be linked to TB DOTS review meetings.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	13	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	100	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,000	☐
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

Adults

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Coverage Areas

Eastern

Table 3.3.07: Activities by Funding Mechanism

Mechanism: CHAZ TB/HIV
Prime Partner: Churches Health Association of Zambia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3651
Planned Funds:
Activity Narrative: This activity relates to activities in counseling and testing (activity 3671), laboratory infrastructure, palliative care: basic health support (activity 3636), and HVTB (activities 3644, 3645, 3649, 3650, 3653, 3673, 3790, 3791, and 3884).

Acute human resource shortages in Zambia, particularly in rural areas, necessitate the need for innovative ways to deliver quality patient care and management. The Churches Health Association of Zambia (CHAZ) is an interdenominational, non-governmental umbrella organization of church health facilities formed in 1970. The organization has 125 affiliates that consist of hospitals, rural health centers, and community based organizations. Together, these member units are responsible for 50% of formal health care service in the rural areas of Zambia and about 30% of health care in the country as a whole. CHAZ is one of the lead partners to the Ministry of Health and collaborates well with other partners, including CDC in TB control. In March 2003, CHAZ was nominated as is one of the Principal Recipients by the CCM for The Global Fund to disburse resources to faith-based organizations (FBO's) in Zambia. In July 2005, CHAZ signed an additional agreement under Round 4 of The Global Fund to scale ART services in Church Health Institutions. The comparative advantage CHAZ has is its area of operation, which is mainly rural. Therefore, they are heavily involved in the development and utilization ofcommunity-level volunteers to assist with TB treatment adherence and support by regular community volunteer visits to the patients home to "directly-observe therapy" and to provide a basic check-up. This is 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 such patients. Evidence has shown that such community-based treatment supporters have improved TB treatment adherence and outcomes.

With the realization that HIV has fueled the TB epidemic, the following are planned activities that would fill-up the gaps in TB control: (1) Training health care workers in TB/HIV management and counseling; (2) Training community-based treatment supporters in basic TB/HIV link and counseling; (3) Production of IEC materials including radio programs on TB/HIV; (4) Strengthening the referral, recording and reporting systems at health facility and community levels; (5) Strengthening the monitoring and evaluation system at CHAZ secretariat and health facility level; (6) Improve infrastructure for TB/HIV services at health facility level; and (7) Procure, lab equipment, HBC kits, bicycles, motor bikes, computers/printers and t-shirts. In FY06, these activities will be expanded to 4 Provinces (Southern, Western, Eastern, and Lusaka) and will provide quality home-based care that includes TB/HIV integration elements, such as skills for linking home-based TB patients to HIV counseling and testing and HIV care services. Standardized training will also be given to community volunteers so that they may continue to provide home-based care for patients found to be TB/HIV co-infected(e.g. TB and ART treatment adherence, monitoring for treatment side effects, etc.). This type of service delivery is especially appropriate for TB/HIV patients as they are generally sicker and less able to reach health facility-based care.

This geographic and programmatic expansion will be accomplished by a training of trainers program (TOT) that will then be used to train community treatment supporters TB/HIV patients. The training, which will address issues related to TB and HIV treatment, will produce 500 community-based volunteers that will supervise the TB and HIV treatment of 500 patients that are unable or unwilling to make regular visits to health facilities. CHAZ health-facility personnel will support technical supervision as an on-going activity to ensure maintenance of proper standards. In

order to improve service delivery, community volunteer retention, and staff morale, bicycles and home-based care kits will be provided to each volunteer. The CDC funding will provide a strong linkage between the Global Fund component of the TB and HIV/AIDS program. Activities will be coordinated with those of other agencies receiving USG funds under the same program area.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	30	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	600	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	500	☐
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

Adults

People living with HIV/AIDS

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.07: Activities by Funding Mechanism

Mechanism: UTAP/Tulane University

Prime Partner: Tulane University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 3653

Planned Funds:

Activity Narrative: This activity relates to activities in counseling and testing (activity 3671), laboratory infrastructure, palliative care: basic health support (activity 3636), and HVTB (activities 3644, 3645, 3649, 3650, 3651, 3673, 3790, 3791, and 3884).

CIDRZ currently provides support to the Lusaka district's 27 public clinics that provide care to a predominantly poor, urban population of approximately two million. This population has some of the highest HIV prevalence and TB rates in Zambia. Initial studies in Lusaka indicate that up to 70% of TB patients are also infected with HIV, and that a significant proportion of HIV-infected individuals have undiagnosed TB disease. An essential component of the public health approach to ARV scale-up, as advocated by the World Health Organization, is to co-manage these TB/HIV patients in an integrated way.

In Lusaka, CIDRZ will support the implementation of a model of care that integrates TB and HIV services and care. Support for this model will allow public sector health facilities to strengthen existing VCT health services, and expand and integrate the management of HIV and TB care among co-infected patients. CIDRZ will also integrate TB services into its well-established ANC program that has been successful in linking HIV-infected pregnant women with ARV care.

This TB/HIV program will support the development and implementation of these integrated TB and HIV services at 17 clinics in Lusaka. Expansion to health facilities in the Lusaka Province will be conducted in conjunction with the Zambian Ministry of Health and Global Fund partners. Specific activities that will be performed to accomplish this integration at these facilities includes: (1) The development of a standard protocol and procedures that allow TB patients to be routinely provided HIV counseling and testing as well as the regular screening of HIV-infected patients for active TB and linkage to appropriate diagnosis and care; (2) Training health staff to provide testing and screening; (3) Renovating space in these clinics to allow for confidential counseling and testing; (4) Producing appropriate education material to address TB/HIV issues; (5) Ensuring an adequate supply of TB and HIV medication that takes into account the increased patient load; and (6) Establish a recording and reporting system that is integrated in the national reporting system and allows adequate program monitoring and evaluation.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Training	10 - 50

Targets

Target	*Target Value*	*Not Applicable*
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	17	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	50	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,000	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of individuals tested for HIV and received their test results	10,000	☐

Target Populations:

People living with HIV/AIDS

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Coverage Areas

Lusaka

Table 3.3.07: Activities by Funding Mechanism

Mechanism: DoD-JHPIEGO
Prime Partner: JHPIEGO
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3673
Planned Funds:
Activity Narrative: This relates to JHPIEGO/DOD activity in ART (#3672); JHPIEGO/CDC activities in TB-HIV/CDC (#3644) and in CT for Mobile Populations (#3671); PCI/DOD activities in Palliative Care (#3737) and CT (#3732).

Tuberculosis (TB) and HIV co-infection is estimated to be as high as 70% in Zambia. Military personnel are subject to high risk of both TB and HIV, as a result of the housing and social situations they find themselves in due to the nature of their work. While the effort to expand access to and utilization of antiretroviral therapy (ART) services has resulted in a growing number of HIV infected individuals receiving ART, there has been a lag in emphasizing the care for those same patients when it comes to diagnosis and treatment of TB and other opportunistic infections. The Zambia Defense Force (ZDF) have not benefited from the same level of investment as the pubic health system under the Ministry of Health (MOH), though they are now receiving some essential medical commodities directly from the MOH and are being incorporated in more activities (trainings, assessments, etc.). This is particularly true in the area of TB programs, though it also extends to HIV/AIDS care and treatment. A more comprehensive and integrated approach to the HIV/AIDS clinical care system will facilitate the continuity of care across service areas providing clients with complete, quality care. In FY05, JHPIEGO and other cooperating partners (PCI) supported the ZDF in key facilities to provide higher quality, comprehensive HIV/AIDS prevention, care and treatment services, integrating CT and PMTCT with HIV/AIDS care and support, and integrating HIV more strongly into Sexually Transmitted Infection (STI) and TB services.
In FY06, JHPIEGO/Zambia will continue to support the ZDF to expand and strengthen comprehensive HIV/AIDS prevention, care and treatment programs, with an emphasis on strengthening timely diagnosis and care for opportunistic infections such as TB, expanding to 4 additional sites. This work will utilize and build on the experience and tools developed in the larger public sector Ministry of Health TB, ART and Opportunistic Infection (OI) management programs, which JHPIEGO has extensively supported, and will continue to develop and strengthen linkages between the ZDF and MOH programs. JHPIEGO will continue to support the 4 initial FY05 sites, and expand their capacity by training 12 ART and TB staff as trainers and mentors to support the expansion to the 4 new sites. While expanding and improving the diagnosis and treatment of OIs, including TB, among HIV/AIDS patients, JHPIEGO will also work to strengthen the linkages between the TB services and the HIV/AIDS care and treatment services. JHPIEGO/Zambia will continuously seek to create linkages with other collaborating partners, such as PCI and work with the ZDF to ensure a synergy of efforts, as well as reinforcing the collaboration with the Ministry of Health by employing Zambian national guidelines and strengthening the linkage between the ZDF and national initiatives in the public sector.
To support performance improvement systems and quality ART service delivery at all 8 sites, supportive supervision visits will be continue to the initial 4 facilities supported in FY05, as well as the 4 expansion sites. JHPIEGO will also work with partners to develop an orientation package for lay workers (e.g., managers, clergy, community leaders, and caregivers) on HIV/AIDS prevention, care and treatment orientation package, covering CT, PMTCT, Care and ART as well as linkages to other services such as TB and STIs, to educate them on HIV/AIDS and provide them with accurate and relevant information they can disseminate to more diverse populations.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	8	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	160	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,200	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of individuals tested for HIV and received their test results		☑

Target Populations:

Military personnel (Parent: Most at risk populations)

Public health care workers

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.07: Activities by Funding Mechanism

Mechanism: SHARE
Prime Partner: John Snow Research and Training Institute
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3681
Planned Funds:
Activity Narrative: This relates to activities in MTCT (#3677), HVAB (#3638), HVCT (#3639), HBHC (#3640), HKID (#3652), HTXS (#3641), HVSI (#3642) and OHPS (#3643).

SHARe will provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO working in Zambia, to provide support to palliative care programming in TB/HIV in two Global Development Alliances on HIV/AIDS in the mining and agribusiness sectors in Zambia. Private sector partners include Konkola Copper, Mopani Copper, Copperbelt Energy, Kansanshi Mines, Bwana Mkubwa Mining, Dunavant Zambia, Zambia Sugar and Mkushi Farmers Association, reaching 30 districts in six provinces and 34,635 employees and 2.1 million outreach community members. It is expected that over [ ] will be leveraged from the private sector for the two GDAs.

CHAMP will provide technical support and SHARe will manage a sub-granting mechanism totaling [ ] to GDA members and organizations to support HIV/TB care in HIV workplace programs and identified outreach communities. This activity is broken down into four major components: scaling up of TB prophylaxis and treatment at on-site healthcare facilities and in home-based care using DOTS in three of the companies; increasing the linkages between TB and CT, PC, and ART services at on-site healthcare facilities in three of the companies; strengthening of referral systems for TB services where no on-site facilities are available; and training of healthcare and HBC providers from both on-site and off-site facilities in TB care.

The scaling up of TB care at three on-site facilities at Konkola Copper Mines, Mopani Copper Mines and Zambia Sugar will be focused on increasing the awareness of the high level of TB/HIV co-infection, increasing the use of prophylaxis against TB in HIV-infected patients, and increasing the TB diagnosis and treatment capacity using the national guidelines on TB treatment. The inclusion of opt-out CT at TB clinics will increase the number of TB infected patients who access HIV care and treatment services. A number of on-site healthcare posts, including the 6 Dunavant on-site health posts created with support from the GDAs will not have the capacity to diagnose or treat TB but will provide supportive services for patients on TB treatment, undertake DOTS activities, and include the opt-out CT for patients on TB treatment. Where TB services are not available on site, referral to an appropriate TB centre would be made. A priority area in the scale up of HIV-related TB treatment is TB and HIV treatment literacy and adherence. A total of 38 healthcare workers and HBC providers from on-site and referral facilities will be trained in the provision of TB-related treatment and prophylaxis, using the national TB guidelines and curriculum. Patients receiving TB care will be referred to partner services and organizations, including MoH, faith-based, and community-based organizations for support services including nutritional support.

The funding under this programme area will go to address the following emphasis areas: Workplace Programs (major), Training, Education and Communication, Community Mobilization/Participation, and Strategic Information. This will help reduce the stigma associated with TB and HIV, and with undertaking counseling and testing. It is anticipated that 2,400 will receive TB prophylaxis and treatment through on-site healthcare facilities, and 1,583 through offsite healthcare facilities. In order to achieve the targets set, healthcare provider, workplace and community-level information, education, communication and mobilization will take place, implemented through the medical and peer educator networks, with a focus on increasing the clinical association between TB and HIV and empowering people to access TB treatment and CT services early. Integration of TB testing and routine counseling and opt-out testing into the mandatory annual medical examinations that mining staff

are required to undertake will also provide a proactive mechanism for entrance into TB and HIV treatment programmes. For those who test HIV-positive, the maintenance of good health will be emphasized, through positive living programs and PC services. PC services will also provide a mechanism for monitoring of the HIV progress and guide patients to ART services when appropriate.

GDAs will provide a source of inputs for the HIV/TB program, both directly and through linkages and partnerships with community and faith-based organizations such as Catholic Relief Services, CIDRZ, and ZPCT. Inputs into the program will include access to HIV test kits and nutritional support. M&E will be a focus activity of the GDA companies and CHAMP to quantify impact of these efforts. The results of this program will be an increase in the number of HIV-infected people receiving TB treatment and prophylaxis and a stronger the link between TB services and HIV counseling and testing services. This will lead to an overall goal of reducing the impact of TB and HIV on individuals, in communities, in GDA companies, and within Zambia.

Emphasis Areas	*% Of Effort*
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	5	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	15	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,400	☐
Number of HIV-infected clients given TB preventive therapy	1,020	☐
Number of individuals tested for HIV and received their test results		☑

Indirect Targets

Number of service outlets providing clinical prophylaxis and/or treatment etc.: 46

Target Populations:

Business community/private sector

People living with HIV/AIDS

Public health care workers

Private health care workers

Key Legislative Issues

Gender

Coverage Areas

Central

Copperbelt

Eastern

Lusaka

North-Western

Southern

07: Activities by Funding Mechanism

Mechanism: Eastern Provincial Health Office
Prime Partner: Provincial Health Office - Eastern Province
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3790
Planned Funds:
Activity Narrative: This activity relates to activities in counseling and testing (activity 3671), laboratory infrastructure, palliative care: basic health support (activity 3636) and TBHV (activities 3651 and 3653).

Eastern Province, with 8 districts, is a predominately rural province with an overall HIV prevalence of 13.2% and a reported 2004 TB incidence rate of 259/100,000. Outside of the provincial capital of Chipata (which has an HIV prevalence of 26.3% and TB notification rate in 2004 of 380/100,000), access to health-care facilities and services are limited. TB/HIV integration activities been initiated in 2005 as 93 health-care workers, from the 3 highest population districts (Chipata, Katete, and Petauke) were provided with some level of TB/HIV integration training. The USG proposes to directly support the Provincial Health Office (PHO) to expand and support the TB/HIV integration activities in these 3 districts and expand the services to all 8 districts in the province. To this end, the PHO will support the formation of a Provincial TB/HIV coordinating committee that will be tasked with the strategic direction and supervision of the TB/HIV integration activities throughout the province with particular focus on these 3 high-burden districts. Membership on this committee will include representation from the TB Program, Clinical Care Unit (which oversees HIV/AIDS care), ART Program, community care and advocacy groups, and HIV counseling/testing partners. The committee will meet on a quarterly basis.

Limited human resources, coupled with an expected increase in patient-load as a result of TB/HIV integration, are a barrier to implementing and maintaining TB/HIV integration. This human resource shortage negatively impacts morale, supervision and technical support. To address this, the PHO will support a TB/HIV coordinating officer that will be placed within the PHO and will be responsible for coordinating TB/HIV activities, supervision, trainings, surveillance, and program monitoring and evaluation. This TB/HIV coordinator will work closely with the Provincial TB/HIV committee and Provincial TB officer to coordinate TB/HIV activities in the province and provide joint supportive supervision. Coordination of activities will be achieved through regular meetings with other partners funded by the USG for TB/HIV activities such as CARE, CHAZ and JHPIEGO. Future support may be identified for TB/HIV coordinators to be placed at the district levels, particularly those identified to have a high TB/HIV burden.

In 2006, 100 personnel from the TB diagnostic centers in addition to those from various HIV care centers and community-based programs in 4 districts (Chama, Nyimba, Mambwe, Chadiza) will be supported to attend TB/HIV integration training with follow-up trainings conducted on at least an annual basis. These trainings will focus on providing the skills for routine HIV counseling and testing TB patients and management of TB, HIV and TB/HIV patients and will be coordinated with trainings conducted by CARE in Chipata, Katete and Petauke and in consultation with JHPIEGO (see TB/HIV activity 3644). All activities and trainings will be linked by the PHO with activities that are supported by recent district-level funding from the Global Fund Against TB, HIV, Malaria (GFATM) and CARE International. The GFATM has directly funded these districts to scale up TB control by strengthening DOTS and TB/HIV integration and care. Technical support and guidance for the use of this funding will be provided by the PHO. Another key partner will be Care International (see TB/HIV activity 3650), which has been supporting TB control activities in the area for the past 3 years. Due to the limited access to health care facilities and acute shortage of facility-based health-care staff in Eastern Province, special emphasis will be place on their development and support of community volunteers to provide TB/HIV integrated care. As a result of this support, each year, 1,322 TB patients will be tested for HIV in these 3 districts with those found to be co-infected with

TB/HIV referred for appropriate HIV care. As TB screening of HIV-infected patients will be a key component of these TB/HIV integration activities in these districts, it is expected that 300 HIV patients will be identified with active TB in 2006 and initiated on appropriate TB treatment. Regular review meetings will be linked to TB DOTS review meetings and co-funded by the Global Fund supported TB DOTS program. Links between the TB programs and other USG funded home based care programs will be established in order to ensure a continuum of care for the HIV infected TB patient.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	8	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	100	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	200	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of individuals tested for HIV and received their test results	1,322	☐

Target Populations:

Adults

People living with HIV/AIDS

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Coverage Areas

Eastern

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Western Provincial Health Office

Prime Partner: Provincial Health Office - Western Province

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 3791

Planned Funds:

Activity Narrative: This activity relates to activities in counseling and testing (activity 3671), laboratory infrastructure, palliative care: basic health support (activity 3636), and TBHV (activities 3651 and 3653).

Western province is a predominately rural province with an HIV prevalence of 12.6% and a reported 2004 incidence rate of 481/100,000. Outside of the provincial capital of Mongu (which has an HIV prevalence of 22% and TB notification rate in 2004 of 881/100,000), access to health care facilities and services are limited, with many TB patients traveling 20-25 km to the nearest health facility. External funding and support to this province has traditionally been low. The USG proposes to directly support the Provincial Health Office (PHO) to expand and support the TB/HIV integration activities in all 7 districts in the Western Province (Mongu, Senanga, Kalabo, Sesheke, Kaoma, Lukulu, and Shangombo). This will expand upon the TB/HIV integration activities that the USG initiated in collaboration with the PHO in 2005, where health care workers from Mongu and Senanga districts were trained in TB/HIV patient management. The PHO will support the formation of a Provincial TB/HIV coordinating committee that will be tasked with the strategic direction and supervision of the TB/HIV integration activities throughout the province. Membership on this committee will include representation from the TB Program, Clinical Care Unit (which oversees HIV/AIDS care), ART Program, community care and advocacy groups, and HIV counseling/testing partners. Committee meetings will be held on a quarterly basis.

Limited human resources, coupled with an expected increase in patient-load as a result of TB/HIV integration, are a barrier to implementing and maintaining TB/HIV integration. This human resource shortage negatively impacts morale, supervision, and technical support. To address this, the PHO will support a TB/HIV coordinating officer that will be placed within the PHO. This officer will be responsible for coordinating TB/HIV activities, supervision, trainings, surveillance, and program monitoring and evaluation and will work closely with the Provincial TB/HIV committee, and the provincial TB officer to coordinate TB/HIV activities in the province and provide joint supportive supervision. Coordination of activities will be achieved through regular meetings with other partners funded by the USG for TB/HIV activities, such as CHAZ and JHPIEGO. Future support may be identified for TB/HIV coordinators to be placed at the district levels, particularly those identified to have a high TB/HIV burden. Integrated TB/HIV training will be carried out in selected districts that will be supported by JHPIEGO, and in additional districts that will be supported directly by the PHO, in consultation with JHPIEGO.

A training of trainers (TOT) program will be developed to provide trainers in all districts. In 2006, 150 personnel from the 11 TB diagnostic centers, in addition to those from various HIV care centers and community-based programs in these 7 districts, will be supported to attend TB/HIV integration training with follow-up trainings conducted on at least an annual basis. These trainings will focus on providing the skills for routine HIV counseling and testing of TB patients and management of TB, HIV, and TB/HIV patients.

All activities and trainings will be linked by the PHO with activities that are supported by recent district-level funding from the Global Fund Against TB, HIV, Malaria (GFATM). The GFATM has directly funded these districts to scale up TB control by strengthening DOTS and TB/HIV integration and care. Technical support and guidance for the use of this funding will be provided by the PHO. Due to the limited access to health care facilities and limited availability of facility-based health-care staff in Western Province, special emphasis will be placed on the use of community

volunteers to provide TB/HIV integrated care (see CHAZ activity 3651). As a result of this support, each year 1,800 TB patients will be tested for HIV in these 7 districts. Those found to be co-infected with TB/HIV will be referred for appropriate HIV care. Because TB screening of HIV-infected patients will be a key component of these TB/HIV integration activities in these districts, it is expected that this support will result in the identification of an estimated 700 HIV patients with active TB and initiated on appropriate TB treatment. Links between the TB programs and other USG funded home based care programs will be established in order to ensure a continuum of care for the HIV infected TB patient. Regular review meetings will be linked to TB DOTS review meetings and co-funded by the Global Fund supported TB DOTS program.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	11	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	150	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	700	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of individuals tested for HIV and received their test results	1,800	☐

Target Populations:

Adults

People living with HIV/AIDS

Public health care workers

Private health care workers

Coverage Areas

Western

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Base (GAP account)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 3884

Planned Funds:

Activity Narrative: A full-time national level TB/HIV coordinator will be placed within the National TB Program (NTP) and will be responsible for coordinating TB/HIV program implementation throughout the country in collaboration with the Ministry of Health (MoH) and World Health Organization.

Quarterly technical assistance visits from international partners will be supported. These will be used to guide TB/HIV policy and guideline development as well as program implantation to the various areas of the country. In addition, local technical assistance from the USG and the national TB/HIV coordinator will be supported for regular visits throughout the country. These supervisory visits will be done in collaboration with the MoH and key-implementing partners.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals *(diagnosed or presumed) in a palliative care setting*		☑
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

Host country government workers

Public health care workers

Private health care workers

Coverage Areas:

National

Table 3.3.08: Program Planning Overview

Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08

Total Planned Funding for Program Area:

Program Area Context:

In Zambia, despite the scale of the OVC problem, the GRZ and USG are making progress in OVC policy and programming. As per the USG/Zambia Five-Year Strategy, Zambia is rapidly scaling up OVC services, strengthening the capacity of local organizations, communities and families to provide care and support to OVCs, facilitating policy changes, leveraging non-PEPFAR donor and private sector resources, and addressing gender.

The GRZ estimates that there are 1.1 million orphans, among which 750,000 are AIDS orphans. Most OVC support in Zambia comes from NGOs and FBOs. The 2004 OVC Situation Analysis identified 428 OVC support organizations. Coordination of OVC services by GRZ and donors remains weak. Limited supervision and training of service providers compounds the problem: FBOs provide the most organized institutional response to the orphan crisis. Organizations that fund and build capacity of local OVC programs include Children in Need (CHIN), the LARC network, and other local FBO networks. One area in need of attention is refugee camps: only two out of six camps in Zambia have quality OVC services despite the risk of abuse and neglect. The Zambian Defense Force is hit hard by the AIDS epidemic. Many military families take on AIDS orphans, yet can rarely afford three meals a day. Low military salaries and the high costs of school fees, books and uniforms limit the number of children families can send to school.

The USG is the largest contributor to OVC support in Zambia. Other donors that support OVC include: The Development Corporation of Ireland, DFID, UNICEF, SIDA, GTZ and the World Bank's small grant mechanism, the CRAIDS project. The National OVC Steering Committee (NOSC) chaired by the Ministry of Youth, Sports, and Child Development (MYSCD) includes GRZ ministries, Central Statistics Office, NAC, NGOs, UN agencies, traditional leaders, donors and FBOs. The NOSC updated and costed the OVC Mid-Term Action Plan to allow for GRZ and donor support. The Mid-Term Action Plan will be integrated into the National Development Plan. The National Child Policy, which includes an OVC chapter, will be submitted to Cabinet. The USG will then help implement the Policy. GRZ will develop an OVC paper for the Fifth National Development Plan, a 10 year OVC National Plan of Action, and will set up an OVC Desk at Central Statistics Office.

The USG OVC effort in FY '06 includes a new USG OVC Strategy that will encompass all bilateral and centrally funded awards from all USG agencies, and link them more closely to the GRZ OVC framework. The USG Zambia will coordinate to maximize OVC program coverage, as well as ensure quality care and support. We will explore the "franchising" of best practices that small FBOs and CBOs can adopt to reduce start-up time, trial and error. For the first time, private resources will be leveraged for OVC support through Global Development Alliances. The USG will work with the NAC to establish a better national M&E system to track OVC and map OVC services. The USG will scale up support to OVC nationwide with existing and new partners, and leverage FFP and WFP food aid.

USG funded partners are integrating OVC support into home-based care and hospice programs, military HIV/AIDS programs, and refugee and workplace programs. USG partners will work collaboratively to improve OVC toolkits, quality of OVC services, and capacity of FBOs, CBOs, and NGOs, while promoting sustainability of OVC support. In 2004, USAID awarded its flagship bilateral OVC project, RAPIDS. By FY05, 8 centrally funded OVC projects were operating in Zambia; nine other USG supported projects include OVC activities. Yet, through careful coordination by the USG/Zambia OVC Forum, only five districts had more than one OVC project. In those, OVC projects map out different coverage areas and/or coordinate services. A unique wrap around approach for OVC educational assistance leverages AEI funds for non-AIDS orphans.

Program Area Target:

Number of OVC served by OVC programs	432,529
Number of providers/caretakers trained in caring for OVC	18,564

Table 3.3.08: Activities by Funding Mechanism

Mechanism: CHANGES2

Prime Partner: American Institutes for Research

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3362

Planned Funds:

Activity Narrative: This activity is linked to HVAB (#3363).

The American Institutes for Research (AIR) will build on the work of its predecessor Creative Associates to provide scholarships and peer mentoring to AIDS affected OVCs in secondary schools. This activity uses a Wraparound Approach to leverage resources from the African Education Initiative (AEI) girls scholarship program in the six target provinces and the AIR CHANGES2 education development project funded by USAID.

Zambia is faced with over 750,000 children who have lost one or both parents to AIDS and this number is continuously rising. Not surprising, AIDS orphans are more likely to drop out of school than their non-orphaned counterparts. School drop-out often leads to a cycle of despair, poverty, risky behavior and HIV infection. In order to assist these children, the Government of Zambia and partners have provided scholarships to many needy orphaned and vulnerable children (OVC). However, most of these scholarships are provided to primary school students. The American Institutes for Research (AIR) provides scholarships to OVC in high school. In FY04, PEPFAR supported scholarships to 871 needy and deserving AIDS affected OVCs under the previous partner, Creative Associates. This target was increased to 3,500 OVCs in FY05.

In FY06, AIR will continue to provide scholarships to an additional 3,500 needy orphans who have lost one or both parents to AIDS and HIV+ children in grades 10-12 to keep them enrolled in high school in Lusaka, Northwestern, Copperbelt, Southern, Central and Eastern Provinces. Vulnerable students in all districts of these provinces are eligible for scholarships. OVCs from child-headed and grandparent-headed households will be given priority. AEI and AIR will work synergistically to compliment each other's work with AEI scholarships provided to girls who are not necessarily AIDS affected through their primary education. Many OVCs do not continue with schooling due to the expense of high school tuition. To avoid overlaps, AIR supports AIDS affected scholarship recipients from the AEI program who complete grade 9 and perform well on their exams to make the difficult transition from primary to high school. In addition, AEI and AIR personnel interact and share materials and interventions developed and lessons learned.

Scholarships for OVCs include payment of tuition, boarding or housing costs, books, uniforms, transportation costs, and other basic needs. This total scholarship package costs approximately [ ] per recipient per year plus administrative and capacity building costs. The scholarships will be administered through sub-grants to the Forum for African Women Educationalists in Zambia (FAWEZA) and another partner, as yet to be identified.

This OVC scholarship program has been developed and is implemented in close collaboration with the Ministry of Education's (MoE) Bursary Scheme. The USG scholarship program is consistent with and complementary to the MoE program: (1) MoE provides scholarships for primary school children, (2). AIR supports high school students; (3) AIR scholarships are specifically for AIDS affected orphans and HIV+ children in grades 10-12 with priority given to OVCs living in child-headed and grandparent-headed households that are below the poverty level. The USG supported scholarships also have a HIV/AIDS peer education and mentoring program that works with scholarship recipients.

In order to coordinate and ensure that there is no double-coverage of children, AIR will support MoE in developing a database of all supported children.

AIR will determine the appropriate percent of girl OVC who should be supported in order to equalize the male/female enrollment. OVC recipients will have mentors who will provide them with support to stay in school and perform well.

An important element of the scholarship activity is ensuring that the recipients remain safe from HIV infection. In addition to the support activities described below, scholarship recipients will be given complete information on prevention and treatment of HIV/AIDS and the importance of Voluntary Counseling and Testing. They will be encouraged to go for CT and will be introduced to local testing centers in order to familiarize them with the service and the counselors. Those who test positive for HIV will be referred to locally available treatment and other support services and given extra support to enable them to stay in school.

Scholarship recipients will be trained as HIV/AIDS Peer Educators to promote AB, encourage male responsibility, and empower females. In this role, they will participate in SAFE clubs or other school-based anti-AIDS clubs. AIR will support the clubs through provision of materials and training of teachers and other community members who are or will be active and effective club patrons. The clubs will promote AB prevention, decrease stigma and discrimination, do community education and support OVC and people living with HIV/AIDS.

Scholarship recipients will also have adult mentors who will give them psychosocial support, encourage them to stay in school and advocate for them when necessary. Whenever possible, mentors will be of the same gender so that young people, especially girls, have inspiring role models. Mentors will receive training and support along with School Management Committees in order to ensure that scholarship recipients stay in school and perform well.

AIR will provide support to local NGOs to implement the peer educator training and mentoring. Volunteers will be recruited by the NGOs and trained to implement HIV/AIDS prevention programs for youth, promoting abstinence, faithfulness, positive living, and a healthy lifestyle. As far as possible scholarship recipients will be integrated into NGO volunteer mentor programs and will be linked to other AIR programs.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	3,500	☐
Number of providers/caretakers trained in caring for OVC		☑

Target Populations:

Orphans and vulnerable children

Secondary school students (Parent: Children and youth (non-OVC))

HIV positive children (6 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Wrap Arounds

Education

Coverage Areas

Central

Copperbelt

Eastern

Lusaka

North-Western

Southern

Table 3.3.08: Activities by Funding Mechanism

Mechanism: *Health Communication Partnership*
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3537
Planned Funds:
Activity Narrative: This activity supports all USG partners providing OVC care services and addresses both Zambia and the Emergency Plan's goals for increasing the number of orphans receiving care through community mobilization and the provision of quality information on educational, nutritional and psychosocial support. This links with HCP's activities in AB (3539), Other Prevention (3538), Care (3536), CT (4840) and Treatment (3534).

Community mobilization and behavior change communication, the foundation of the Health Communication Partnership's (HCP) strategy in Zambia, is a comprehensive approach promoting better health seeking behavior through the support for, and promotion of OVC services throughout the country. In FY06, HCP will continue to take the lead in (1) facilitating national-level OVC message harmonization, (2) development and distribution of IEC materials, and, (3) disseminating correct and consistent OVC information and referral within the 22 HCP supported districts in each of the nine provinces, indirectly reaching 33,000 OVC and their caregivers.

HCP will take the lead in OVC message harmonization efforts in FY06, in collaboration with the Ministry of Health and the National HIV/AIDS Council. With over 10 different USG partners implementing OVC support activities throughout the country, it is essential that efforts are made to standardize and streamline the messaging and materials used by all partners working in this area. Similar to the work already being done with ART partners, HCP will bring together all stakeholders to review existing communication materials and reach country-wide consensus on appropriate, correct and consistent OVC messaging.

HCP, in consultation with all USG OVC service delivery partners, will revise and update current IEC materials to reflect the growing number of available services. Gaps in these materials will also be identified and appropriate, practical and user- friendly IEC resources will be developed and distributed. The Neighborhood Health Committee Toolkit, developed in 2003 in collaboration with the Ministry of Health and distributed to all 72 districts, will be supplemented with additional information on OVC care and support.

In FY05, as discussed under HIV/AIDS Treatment/ARV Services, PLWHA and caregivers radio distance program, 'Living and Loving', was developed and translated into seven local languages in addition to English to communicate standardized messages to PLWHAs, their families and caregivers. The series promotes discussion on many topics pertaining to OVC such as: psychosocial support, health and nutrition, income generation, education and social inclusion. In FY06, in collaboration with the Zambian National Broadcasting Corporation and community radio stations, HCP will facilitate listener clubs in all 22 supported districts and beyond. Program guides will be distributed to these clubs whose leaders will be elected to facilitate and lead discussions on OVC issues. HCP will work with local communities, Neighborhood Health Committees and the ART Unit of the Ministry of Health to assume leadership and ownership of this activity to ensure sustainability.

As in FY05, HCP will continue to facilitate local screenings and facilitated discussions around the award winning documentary video "Tikambe" or "Let's Talk About It". Tikambe is the first video of its kind in the Southern and Eastern African region that tackles stigma and works to decrease the silence around HIV/AIDS through "real life" stories. This film provides a personal and compelling portrait of three HIV positive individuals who are ordinary, in that an average Zambian can relate to them, but extraordinary in their courage to share their story of discovery, disclosure and successful positive living. The key messages include the benefits and advantages of

compassion and support from family and friends for those affected and infected as well as the importance of knowing and sharing one's status. The video is accompanied by a discussion guide and continues to be a powerful tool for stimulating and challenging people into discussing HIV and the stigma related to it.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		☑
Number of providers/caretakers trained in caring for OVC		☑

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Program managers
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Religious leaders
Media
Community members

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: QUESTT

Prime Partner: Education Development Center

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3545

Planned Funds:

Activity Narrative: The Quality Education Services Through Technology (QUESTT) project is an educational program designed to reach children who do not have access to formal schools It assists the Ministry of Education (MOE) to produce interactive radio instruction (IRI) broadcasts for out-of-school children. IRI is a standalone educational strategy that delivers education by radio to learners too remote or disenfranchised to attend government schools. Communities adopt IRI by appointing an adult to organize children around the interactive broadcasts, and mentor their learning. It is a high quality, versatile learning system that is easily adapted to low resource learning conditions and which penetrates into even the most disadvantaged communities. In FY06, for the first time, the USG will use a Wraparound Approach to leverage education development resources of the QUESTT program to reach and support AIDS affected OVCs. With support from PEPFAR, QUESTT will initiate HIV/AIDS broadcasts targeted at the special needs of OVCs in addition to the regular basic education interactive radio programs that it implements.

This activity will develop the capacity of communities to provide comprehensive life skills support for OVCs by creating a network of caregivers consisting of teachers, parents/guardians and other community members associated with the community schools. More than one third of the children in the community schools are HIV/AIDS affected and orphaned while others are vulnerable through coming from disadvantaged communities that are deprived of education through the conventional school system. These children are often exploited and suffer other forms of abuse. Many girls are forced into marriage before they have completed their education and orphans suffer harassment and stigmatization from their peers.

Comprehensive HIV/AIDS life skills curriculum will empower OVCs with knowledge, attitudes and skills to set goals for themselves and make better choices in challenging situations. Building on the existing MOE life skills materials for basic education and drawing on the experience of the Zambia Community Radio Project (ZCRP), implemented in Eastern Province, which fosters HIV/AIDS mitigation through village-to-village information sharing, QUESTT will use interactive radio methodology to provide basic HIV/AIDS life skills to OVCs. Curriculum and training will be in areas such as self-awareness, decision making, coping with stress and emotions and interpersonal skills, as well as reproductive health and other health issues. HIV/AIDS related life skills curriculum and training will help create a positive social environment by promoting abstinence, as well as mitigating stigma, child abuse and gender violence. The caregivers will learn how to acquire and practice good nutrition, seek healthcare, and provide psycho-social counseling support through appropriate social and health services. The radio programs will be broadcast in the local languages.

QUESTT will use a wrap around effort to provide schools with interactive radio programs for the children devoted solely to life skills and radio programs targeting the caregivers. Using community radio stations as a delivery mechanism, the program will dedicate more time and detail to life skills by engaging learners, teachers and the community at large. It will promote an interactive delivery of life skills using community listening groups and interactive drama. The program will also provide the essential link between the classroom and the home, helping to develop a safe and protective social environment for the children.

The children will listen to a twenty-minute broadcast twice a week with their community school teacher. The broadcast will assign them homework to complete with their caregivers during a supplementary evening program directed at the family. This will make the children active agents in family-based behavior change. Follow-up will be provided through the teacher checking the homework the following day. A

further broadcast will target the community-based discussion groups which will report back to the community radio stations. The community-based discussion groups will enhance the support given to OVCs, providing a forum to reinforce and reflect upon both the OVCs issues and the network of support services available to them. Many of the schools already have radios and these can also be used by the community listening groups. Radios will be supplied to those schools and communities if they do not have them.

There are over 500,000 children in Zambian community schools who could be reached by this program if it became a national program. In FY06 it will start in the Eastern and Southern provinces because of the extensive coverage of these provinces by community radio stations and the large number of community schools. Monitoring the interventions will be undertaken at the district level by the appropriate community school institutions, as guided by QUESTT. Officials from MOE, Zambia Community Schools Secretariat (ZCSS) and local community school organizational bodies will be trained how to oversee partner interventions and coordinate against service overlaps. There are over 3000 teachers and 150,000 children in community schools in the two provinces. This program will provide essential OVC care skills to at least 2,000 teachers in community schools and 3,000 community members and reach 50,000 children in FY06. However, the impact of the program will be much wider since it will be available to anyone with a radio, and can easily be accessed by families across Zambia.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	50,000	☐
Number of providers/caretakers trained in caring for OVC	5,000	☐

Target Populations:

Orphans and vulnerable children

Teachers (Parent: Host country government workers)

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Education

Coverage Areas

Southern

Eastern

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	RAPIDS
Prime Partner:	World Vision International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	3559
Planned Funds:	
Activity Narrative:	This activity relates to HVCT (#3555), HBPC (#3558), HVAB (#3556) and HTXS (#3566) activities.

In its third year, RAPIDS, the flagship OVC project of the USG in Zambia, will continue to scale up care and support to OVCs and reach two-thirds of all Zambian districts. RAPIDS is a consortium of World Vision, Africare, CARE, CRS, The Salvation Army, and the Expanded Church Response, as well as other CBO and FBO local partners. In its first six months of operation, RAPIDS reached 95,711 OVCs. For FY06, RAPIDS will provide quality, life-improving care and support to 180,000 OVCs in 47 of 72 districts in Zambia, working in close coordination with all other USG funded OVC efforts.

RAPIDS will use a network approach at national, provincial and district levels to fully link and coordinate efforts with other USG and GRZ prevention, care and treatment efforts to benefit OVCs. In addition to a basic package of care and support for OVCs, RAPIDS OVC caregivers will screen and refer potential HIV+ infants and children for clinical care at Pediatric ART sites. RAPIDS will enhance the capacity of F/CBOs by providing up to 170 small grants valued at $800,000 to expand OVC outreach and improve local care and support. Partnerships with F/CBOs will help train caregivers, peer educators, and clergy in OVC care and support. Training of trainers of district level staff will cascade care and support skills to 168 community groups and 6,000 caregivers.

In the OVC policy arena, RAPIDS is a key member on the National AIDS Council (NAC) OVC Technical Working Group and the National OVC Steering Committee. RAPIDS helps develop and review technical approaches, and share best practices with the NGO, FBO, and CBO community. RAPIDS supports a senior policy advisor at the Ministry of Youth, Sport and Child Development (MYSCD), to help operationalize and monitor the National Child Policy (which has been submitted to Cabinet) and the GRZ Mid Term OVC Plan 2005-2007 as well as contribute to the development of the National Plan of Action (NPA) for Children. RAPIDS will collaborate with other USG funded OVC organizations and networks such the USG OVC Forum, to maximize results.

RAPIDS will train caregivers in both OVC and HBC for quality care and support that includes psychosocial support, legal and social protection of OVC, access to education and health care, and referrals based on needs identified during home visits. This will enable caregivers to support both HIV+ adults and children and OVCs found in the home. RAPIDS will continuously train, supervise, and support caregivers.

RAPIDS will refine referral systems in collaboration with GRZ structures (DHMTs and DATFs). To increase effectiveness, volunteer caregivers will receive non-cash incentives and tools for work (bicycles, clothes, shoes, umbrellas, apparel). RAPIDS will enhance access to education for the children by offsetting fees; providing school uniforms, shoes, and books for students as well as teacher text books, and rehabilitating structures, especially for community schools; and coordination with CHANGES II to access scholarships for secondary school. Private donations of Gifts-in-Kind will include blankets, clothes, and shoes, leveraged by the World Vision private sector GIK program.

RAPIDS will continue to support the Family Support Units (FSU) for children living with AIDS in Ndola, Lusaka UTH, and Livingstone and at Ngombe and Kanyama health centers in Lusaka. These FSUs provide psychosocial support (PSS) to CLWHA, their parents and guardians. FSUs specialize in play therapy. HIV negative children also

participate to reduce stigma and discrimination. Parents and guardians, who are often HIV positive themselves, will form support groups. RAPIDS will support "non-medical" aspects of HIV CT at the FSUs, link children and parents to ART services, and support ART adherence, while CDC will support technical aspects of VCT clinical training, equipment and supplies.

RAPIDS will provide at least 153,500 ITNs to prevent malaria and reduce its impact on HIV+ OVC through collaboration with the Zambia Malaria Foundation and the National Malaria Control Center. RAPIDS will improve nutrition status, via nutrition education and food supplementation for severely vulnerable households. Food security activities started in FY 04/5 will be strengthened by improved crop production and livestock practices, appropriate training, and material support such as seeds and agriculture extension. Crops will include cowpeas, cassava, sweet potato and vegetables and other nutritious, non-traditional crops.

As part of ongoing support for OVC planning and analysis, RAPIDS will support provincial OVC Situation Analyses and consultative meetings to ensure advocacy issues will be taken up from the community and district levels to national levels for policy formulation. RAPIDS will facilitate community meetings, stakeholder meetings, and community coalition training. Information will be disseminated at national and provincial fora to government and civil society organizations. RAPIDS staff learn to identify advocacy issues as well as participate in the policy formulation process.

At District level, RAPIDS will develop networks/linkages with the GRZ and community structures (DATFs and district OVC sub committees). RAPIDS will build the capacity of F/CBOs, Community Care Coalitions (CCC) created by SCOPE-OVC as well as other OVC community coordinating structures, to create and sustain OVC programs.

Gender mainstreaming and gender equity in OVC service provision and training to caregivers will be ensured through capacity building at all levels. Life skills programs will include gender sensitive training of teachers, peer educators and children in ABY prevention topics to prevent HIV infection among OVC. Training will include stigma reduction for AIDS affected OVCs and youth living with HIV/AIDS.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Local Organization Capacity Development	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	180,000	☐
Number of providers/caretakers trained in caring for OVC	6,000	☐

Target Populations:

Community leaders

Community-based organizations

Orphans and vulnerable children

Volunteers

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Volunteers

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism: CRS OVC Project
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3635
Planned Funds: [redacted]
Activity Narrative: In FY06, its third year of operation, the Track 1.0 CRS OVC project will ensure that OVC lead a higher quality of life and that faith based organizations (FBOs) and community-based organizations (CBOs) have sustained capacity to deliver high quality OVC services. To reach these objectives, activities will focus on community mobilization, linking with other sectors and initiatives especially those funded by the EP and the GRZ, building local organization capacity, and training.

The project will support three diocesan partners of the Catholic Church (Mongu Diocese in Western Zambia, Solwezi diocese in Northwestern Zambia, and Mansa Diocese in Northern Zambia) and one widely-recognized OVC care and support a CBO in Lusaka to provide care and support to orphans and vulnerable children affected by HIV/AIDS. CRS OVC links closely to RAPIDS OVC - HKID (#3559), to avoid duplication and overlap, as well as to other Track 1 OVC activities. It also integrates with the CRS SUCCESS HBC project in areas served by both projects, to incorporate care and support to OVCs in home-based care settings.

Support and care services for OVCs will include educational support, psychosocial support, child protection, life skills training, health care and shelter rehabilitation. The project estimates that it will reach 12,750 OVC in FY06 through community mobilization and closer linkages with other sectors and initiatives. Total expected funding for CRS OVC to reach these targets would be [redacted] plus any additional amount included for CRS HQ support. The OVC program has strategically selected its operating areas to link to other USG funded OVC projects (such as RAPIDS), Home Based Care and ART programs.

Community mobilization activities are designed to build community awareness about the needs of OVC and to promote a sense of community ownership of the activities being implemented. Examples of these activities include drama performances, social activities, psychosocial support, radio programs, and recreation activities for youth. Linkages with other sectors will include education support for OVC, paralegal counseling for OVC households, linkages to nutritional education and support programs.

Partners will conduct training for OVC caregivers and receive support from CRS in quality assurance and local organizational capacity development. 255 volunteer caregivers will be trained in psychosocial skills, basic counseling skills, monitoring and evaluation, child protection issues and nutritional education. CRS will provide partners with guidance in quality assurance by conducting site visits, providing technical support, and systematic feedback on financial and programmatic reports. In addition, CRS will build the capacity of partners in programmatic and financial management through trainings and site visits. Utilizing the capacity and trainings from CRS, the partners will in turn train and support 16 additional faith based OVC programs in Luapula, Northwestern, western and Lusaka provinces.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	12,750	☐
Number of providers/caretakers trained in caring for OVC	255	☐

Indirect Targets

Number of OVC served by OVC programs: 76500 other children will benefit indirectly from the OVC program

Number of providers/caretakers trained in caring for OVC: 1530 households will benefit indirectly

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Volunteers

Stigma and discrimination

Coverage Areas

North-Western

Western

Luapula

Lusaka

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Anchor

Prime Partner: Hope Worldwide

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3647

Planned Funds:

Activity Narrative: HOPE Worldwide has been implementing a Track 1.0 OVC program, ANCHOR, in Zambia since FY05. HOPE Worldwide Zambia (HWZ) is a branch of HOPE Worldwide, a faith-based organization based in South Africa, which has expertise in care and support for OVC and People Living with HIV/AIDS (PLHA). It also transfers knowledge and skills to and enhances the capacity of communities and organizations to initiate and own local responses to OVC. The goal of HWZ for the ANCHOR Project, over a period of five years, is to strengthen and scale up community-based interventions to provide comprehensive care and to improve the quality of life for 19,935 orphans and vulnerable children (OVC) in Lusaka, Zambia. This goal will be achieved through 3 strategic objectives: Increasing comprehensive care and support for OVC; strengthening the capacity of families to cope with their problems; and, mobilizing and strengthening community-based OVC responses. Beginning FY06, it is estimated that 2,200 OVC will be reached and 120 caregivers will be trained in the 18-month period to September 2007. The FY06 12-month budget for ANCHOR is

HWZ OVC activities will link closely with other USG partners implementing community-based interventions to provide comprehensive care and to improve the quality of life for OVC. In addition, HWZ will work with other USAID OVC partners through the USG Zambia OVC Forum including major bi-lateral OVC projects such as RAPIDS, CHAMP, and REPSSI to share lessons and prevent overlap of activities. HWZ will also work closely with the Government of Zambia through district and provincial offices to ensure effective communication and support to the OVC from the government.

HWZ and local Rotary clubs (RFFA) will be the primary implementing partners. ANCHOR's implementation plan is based on HOPE's experience in community-based OVC care and support approach based on the SIYAWELA model developed in South Africa which focuses on facilitating the mobilization and provision of local multi-level support (medical, psychosocial, educational, income-generating and nutritional) for OVC, their families and PLHA. Sustainability is achieved by linking the community-based organization with the existing health care and social service system and through continued support by private volunteers and donors. A local ANCHOR Coordinating Team (ACT) consisting of ANCHOR partner representatives will provide regular guidance to the program and will liaise with local USAID mission, other USG supported OVC projects as well as the host government at local and district and sub-country levels.

Project interventions for FY06 will focus on the implementation of surveys/assessments, providing direct support for OVC, and strengthening community capacity to respond to OVC needs. In FY05, HWZ will conduct Baseline Household surveys and Mapping Exercises at all sites. Emory University will coordinate training on survey methodology and data analysis. In FY06 HWZ will develop spaces for OVC support and skills development through the establishment of community OVC support groups and Kids Clubs that will facilitate the provision of community based psychosocial, and material support. These clubs will provide a platform for youth to be involved in supporting each other and children in their community in a non-threatening environment; and mobilizing community members to understand and assist in mitigating the impact of HIV/AIDS on children. Support groups will be held weekly and involve community and youth participation. Kids Clubs will be held monthly or quarterly over weekends in which youth take up leadership roles in the provision of community based psychosocial support. Although the focus of kids clubs programming is in meeting the psychosocial needs of children and youth, they also indirectly meet physical, mental and social needs.

To strengthen community capacity to respond to OVC needs, ANCHOR will train and mentor local organizations in OVC care and support as well as use community mobilization strategies to promote community action and coordination. Child Care Forums will be developed where necessary to promote local multi-sectoral networking for OVC support.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,200	☐
Number of providers/caretakers trained in caring for OVC	120	☐

Target Populations:

Community-based organizations
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Volunteers

Coverage Areas

Lusaka

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	SHARE
Prime Partner:	John Snow Research and Training Institute
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	3652
Planned Funds:	
Activity Narrative:	This activity is linked to HVAB (#3638), HTXS (#3641), HVCT (#3639), HBPC (#3640), HVSI (#3642), and OHPS (#3643).

This activity will strengthen private and public workplace programs and surrounding community support for OVC. SHARe's work with both public and private sector HIV/AIDS workplace programs in FY04 and FY05 revealed the need to strengthen workplace programs in the support for orphans and vulnerable children. With many employees and business owners caring for OVC, beneficiaries of SHARe's workplace activities have expressed the desire to integrate support for OVC as part of the comprehensive HIV/AIDS workplace policies and services. Working with ZHECT, Afya Mzuri and ZamAction, SHARe will engage four government ministries and 30 businesses to develop strategies to address OVC within their workplace programs and in surrounding communities. Service providers trained under the program (peer educator, counselors and palliative care providers) will be equipped with additional skills to identify and work closely with other USG/bilaterally-funded programs to identify relevant services available to OVC in their communities. Linkages will be created between existing OVC programs and workplace programs. OVCs and other surviving family members will be linked to these community services, including training for surviving spouses and family members to gain skills such as income-generating activities and thus empower them to better protect younger children. With the advent of community counseling, at least 100 counselors and palliative care providers will be trained to address the psychosocial needs of AIDS-affected orphans and their guardians. They will serve as the bridge from OVC in employee families and the surrounding communities to services such as education, nutrition, recreation, AB prevention, and treatment (when required). SHARe will work with these workplaces to develop OVC policies. In surrounding communities, the private sector will work with traditional leaders to mobilize their communities to provide enhanced support to OVC. Additionally, NGOs, FBOs and CBOs receiving funds from SHARe's Rapid Response Fund will integrate advocacy activities for OVC into their activities in target communities. Supplementing these efforts, SHARe's policy component will work with other USG programs to address the policies relating to children. i.e. the Child Policy, the Youth Health Policy and the Juvenile Act, and the draft Children's Act. Partners in this process will include Ministry of Community Development & Social Welfare, Ministry of Justice, Law Development Commission, and Ministry of Sports, Youth & Child Development. It is anticipated that a minimum of 1,200 OVC will be reached. The policy component of the program will continue to work with other USG programs to address the policies relating to children. i.e. the Child Policy, the Youth Health Policy and the Juvenile Act, and the draft Children's Act. Partners in this process will include Ministry of Community Development and Social Welfare, Ministry of Justice, Law Development Commission, Ministry of Sports, Youth and Child Development Working with ZHECT, Afya Mzuri and ZamAction. SHARe will engage four government ministries and 30 businesses to develop strategies to address OVC within their workplace program and surrounding communities. Linkages will be created between existing OVC programs and workplace programs.

SHARe will also provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO working in Zambia, to provide support to OVC programming in two Global Development Alliances on HIV/AIDS in the mining and agribusiness sectors in Zambia. Private sector partners include Konkola Copper, Mopani Copper, Copperbelt Energy, Kansanshi Mines, Bwana Mkubwa Mining, Dunavant Zambia, Zambia Sugar and Mkushi Farmers Association, reaching 30 districts in six provinces and 34,635 employees and 2.1 million outreach community members. It is expected that over $2M will be leveraged from the private sector for the two GDAs.

CHAMP will provide technical support and SHARe will manage a sub-granting mechanism totaling $85,000 to GDA members and organizations to support OVC care and support activities through HIV workplace programs and expansion to outreach communities. This activity consists of four components: strengthening of 8 community OVC initiatives identified by the GDA companies; training of OVC caregivers and guardians in a minimum basic package for OVCs; support for caregivers to improve the quality of care and support to OVCs to create and link to opportunities for income generation for caregivers, orphan- and grandparent-headed households; and the strengthening of identified OVC initiatives to support caregivers in the communities through sustainable interventions to improve nutrition.

Support to OVC caregivers and OVCs will be channeled through and build upon GDA partner-supported community- and faith-based OVC initiatives identified by the GDA companies. Through a support group model, caregivers, including parents, grandparent and guardians, will learn about child development, OVC psychosocial issues, and HIV prevention through AB. To facilitate referrals, caregivers will also be trained in counseling and testing, PC, basic health care support, and TB/HIV ART treatment for the caregivers, youth and children. Caregivers will promote testing to ensure that children who are positive can also access care and treatment services while youth who are negative are provided with AB prevention information. Caregivers will link OVCs and their households to educational assistance, agricultural support through extension services and inputs, and small business skills training with linkages to microfinance outlets to ensure the sustainability of the income generation activities. The GDA will provide a source of inputs to the OVC program, both directly and through linkages and partnerships. In the GDAs, a total of 570 caregivers will be trained and 4,800 OVCs will receive care and support.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	4,800	☐
Number of providers/caretakers trained in caring for OVC	570	☐

Target Populations:

Business community/private sector
Community-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Community members

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism: BELONG

Prime Partner: Project Concern International

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3654

Planned Funds:

Activity Narrative: Project Concern International has been implementing a Track 1.0 OVC project since FY'05. The strategic objective of the BELONG Project (Better Education and Life Opportunities for Vulnerable Children through Networking and Organizational Growth) is: -Increased numbers of orphans and vulnerable children accessing quality services through sustainable, community-based programs that effectively reduce their vulnerability.

Partners implementing the BELONG project in Zambia include Pact Inc., Futures Group, and Bwafwano, with PCI serving as the prime agency. This strategic objective will be supported through the achievement of four intermediate results (IRs), which are:

Intermediate Result 1: Increased Availability of Critical OVC Support Services, Including Formal or Informal Education, Literacy/Numeracy Training, Life Skills Education, Medical Care, Nutritional Support, and Psychosocial Support

Channels that will be used to reach children include: -
Expanded collaboration with PCI's local HBC partner, Bwafwano, which will involve increasing Bwafwano's capacity to reach vulnerable children through a home based care program. Bwafwano will work through existing OVC committees in communities where it has an established presence (Chipata and Ngwerere), and will form new OVC committees in Bwafwano's areas of expansion (Chansiniama and Tuchafwane). Training will be provided to 120 volunteer caregivers to strengthen their capacity to provide care and support for OVC in HBC settings. Community-sensitization activities to raise awareness on the role of OVC committees and to address issues affecting OVC, including stigma and discrimination will be undertaken. Approximately 4,300 OVC will be reached with these services by Sept 2007. The impact of the program overall will be measured and documented with support from the Futures Group.

PCI will build on the current school-feeding programs supported by PCI, CARE and World Food Program and bring a comprehensive minimum package of critical services to school children in over 366 community schools in Lusaka, Western and Southern provinces to ensure that approximately 100,000 children are able to access quality education in these schools, with a focus on the girl child. The Futures Group will undertake a study designed to assess the impact of using a school feeding platform to address the needs of OVC in these schools. This intervention will be done through continued collaboration with the Ministry of Education, WFP, UNICEF, CARE, Zambia Community Schools Secretariat, ZOCS and other key stakeholders. We plan to use ZOCS, CARE and ZCSS as sub-partners but the amounts are yet to be determined.

Intermediate Result 2: Strengthened Capacity of Older OVC, and of Households Providing Care for OVC, to support themselves and Their Children Through Economic Empowerment Initiatives
This project will increase economic empowerment of participating households by adapting the WORTH model in partnership with Pact. Pact's WORTH model will be used in forming successful women's groups that generate income based on the principles of self-help and empowerment for 4,400 women. Women will also be provided with access to literacy training, savings-led micro-finance and the development of micro-enterprises. Each WORTH participant will be provided with learning materials that guide the group in business management, savings-led credit systems and literacy skills. The project will also assess the feasibility of incorporating older OVC into the WORTH groups.

Intermediate Result 3: Increased Capacity of Local NGOs/CBOs/FBOs to Provide

Quality Services to OVC
Bwafwano will be going through a follow-up I-STAR (Integrated System for Transformation and Results) organizational self-assessment process as part of its participation in PCI's 'Building Effective AIDS Coalitions, Organizations and Networks' (BEACON) Initiative. The assessment results will provide information on Bwafwano's organizational strengths and areas for growth. PCI will work collaboratively with Bwafwano to develop a detailed organizational capacity assessment plan which will be implemented in part through the "Centers of Learning" component and in part via other mechanisms of training, mentoring, on-the-job training and technical support. A process of assessment will also be carried out with other NGOs/CBOs/FBOs who are selected for participation via a mapping process.

Resulting capacity-building plans will include a variety of needs-based and cost-effective capacity building approaches that include facilitation of sharing. Linking organizations together will be actively promoted, as a strategy for connecting partners with information and other needed resources to support on-going capacity improvement and generate new approaches to working with children. The capacity-building approach will include establishing a micro-grants program that will enable local NGOs/CBOs/FBOs to apply for small amounts of funds to help them begin or expand OVC programming, test promising new approaches, document and disseminate successful approaches, and/or replicate proven approaches.

Intermediate Result 4: Increased Capacity of Selected Local NGOs/CBOs/FBOs to Serve as "Centers of Learning" in Order to Facilitate Rapid Scale-Up of Services
The project will work to strengthen Bwafwano and other "Centers of Learning" to serve in this "partnership/network of learning", improving their abilities to assess and respond to capacity building needs in BELONG within their designated network. Selection criteria and identification of NGOs/CBOS will be done with these organizations being involved in the planning process for building the capacity of other less developed NGOs/CBOs/FBOs. Documentation of lessons learnt and successful methodologies in place for serving vulnerable children and their caretakers will be done and capacity-building activities will be undertaken.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	111,000	☐
Number of providers/caretakers trained in caring for OVC	561	☐

Target Populations:

Community-based organizations
Faith-based organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Coverage Areas

Central

Lusaka

Southern

Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	3723
Planned Funds:	
Activity Narrative:	Peace Corps volunteers are working to mobilize communities to respond to the needs of OVC and their families. The overall objective of the Peace Corps OVC activities is to provide orphans and vulnerable children (OVC) with HIV/AIDS education linked with income generation activities and nutrition. These activities will promote healthy behavior and help OVC meet their own needs. OVC are identified using a village inspection tool and participatory needs assessment conducted by the (two-year) volunteers. These assessments will identify key resources in the community. Key traditional and community leaders can serve as advocates for OVC, and assist in their identification. Volunteers will work with OVC in a number of activities including: STI/HIV prevention, production skills such as gardening (to provide them with life learning skills), sewing and carpentry, nutrition classes, and other vocational skills training. The volunteers will also organize and facilitate youth camps. These youth camps consist of 20-30 youth and last for about 10 days. Volunteers will recruit both community members and other PCVs to serve as guest speakers, community resources and facilitators. After the camp, the volunteer will continue to work with the same group of OVC to build on the skills they attained in camp for the rest of the volunteer's time of service. If communities determine that specific follow-up activities are needed to further strengthen or create OVC services, volunteers can apply for a Small Project Assistance (SPA) grant. These are competitive grants distributed by Peace Corps with detailed reporting requirements. In addition to the youth camps, volunteers may facilitate other activities with the OVC such as a youth garden. While working with the OVC, the volunteers will provide STI/HIV prevention and care information. They will also work with new and existing drama groups of these OVC to provide life skills, reproductive health and HIV/AIDS education. Where drama groups already exist, volunteers will ensure that accurate and culturally appropriate information is being shared. Volunteers may also form groups of caregivers to share experiences and discuss relevant policy issues and community-based interventions. These groups will be led by community members to reinforce lessons learned and promote a sustained community response. Finally, all Peace Corps volunteers are required to work with at least one counterpart in the community in order to generate local collaboration and ensure program sustainability. In addition, Extension Volunteers and Crisis Corps Volunteers may be placed to work with community-based organizations and NGOs (respectively) that work specifically with OVC populations.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	51 - 100
Needs Assessment	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	2,400	☐
Number of providers/caretakers trained in caring for OVC	70	☐

Target Populations:

Community leaders

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Gender

Volunteers

Stigma and discrimination

Wrap Arounds

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3725
Planned Funds:
Activity Narrative: The FY06 Ambassador's Emergency Plan Small Grants Fund (an extension of the Ambassador's Self Help Program) is designed to assist communities and local organizations with projects that promote HIV/AIDS prevention and care for orphans and vulnerable children (OVC). The Small Grants scheme will help to build local capacity by encouraging new partners to submit applications for review. The Small Grants programs will be designed to continue to promote stigma reduction associated with HIV and to strengthen OVC care and treatment service linkages on the community level. Applicants will be encouraged to work closely with current USG partners (e.g. RAPIDS, Catholic Relief Services) to establish sound referral systems and to ensure continuity.

This program will fund 10-15 innovative OVC activities to reach a total of 2,000 OVC and their caregivers. Community-based groups, women's groups, youth groups, faith-based organizations (FBOs), groups focusing on gender issues, and groups of persons living with HIV/AIDS (PLWHAs) from all 9 provinces will be encouraged to apply.

Activities funded by the program will involve capacity-building for 10-15 grassroots and community-based organizations to conduct HIV/AIDS programs for OVCs. These funds will also provide support for one full-time Small Grants Coordinator to work with the Self Help Grants Coordinator. This position will develop project guidelines, promotional materials, application and other documents as well as coordinating review of applications, and determining qualification of projects. This position is responsible for project monitoring and evaluation, providing close program management to selected programs.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,000	☐
Number of providers/caretakers trained in caring for OVC	100	☐

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Children and youth (non-OVC)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: OVC Project
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3729
Planned Funds: [redacted]
Activity Narrative: The Track 1.0 FHI OVC project work plan was approved in mid-FY'05 and the project will be full operational by FY '06. The project targets 25,000 OVC in Zambia over five years; it will reach 2,500 of these OVC in FY '06. FHI will work with a major Zambian interfaith FBO sub-partner, Expanded Church Response (ECR), which will receive [redacted] roughly half of this amount is for small subgrants to other local FBOs and CBOs. FHI OVC will create strong linkages with other USG partners implementing community and clinical care in the areas of project implementation to ensure a comprehensive continuum of care for OVCs. In addition, FHI and ECR will work with other USAID OVC partners through the USG Zambia OVC Forum, including major bi-lateral OVC projects (such as RAPIDS) and seven other Track 1.0 OVC projects, to share lessons and prevent overlap and duplication of activities. FHI OVC will work in close collaboration with government facilities and district and provincial offices to ensure communication and support to OVC from GRZ.

The four components of this project are: (1) capacity building and financial support to Expanded Church Response (ECR); (2) capacity building for ECR's local partners; (3) service delivery to OVC; and, (4) collaboration with GRZ. The FHI OVC project expects to work in at least three provinces beginning in FY '05 and hopes to be established in five provinces in FY '06. The FHI OVC project will determine which provinces based on an in-depth examination of existing OVC coverage, and then seek to fill any major geographic gaps.

In the first component, FHI will provide technical assistance to ECR to strengthen the organization's ability to support local partners implementing OVC activities. FHI will strengthen ECR's capacity in grant making, OVC technical areas and monitoring and evaluation. The support will allow ECR to more effectively target its response both geographically and technically, as ECR will be able to evaluate what programs are being implemented, what services are being provided and what gaps exist, and will be able to provide stronger technical assistance to its local partners. In addition, FHI will provide funding to ECR to support their local partners who are providing services to OVC, to strengthen and expand these services.

The second component is capacity building to ECR's local partners. Both FHI and ECR will provide technical assistance in project and financial management, OVC technical areas and M&E to ensure that the partners have the appropriate skills and knowledge to support quality OVC activities in their communities. This support will include training, supportive supervision and mentoring/twinning, and will provide the local partners with skills to set priorities/target services, expand coverage and improve quality of its programs. This component, like the capacity building of ECR, is critical to ensure sustainability of services for OVC in Zambia.

The third component is the center of this project: service delivery to OVC. ECR, through a sub-agreement with FHI, will provide funds to local partners to expand and strengthen OVC services. Through community mobilization, training of care givers and community leaders and coordination, and advocacy with local government and community authorities and services, these partners will reach 2500 OVC with psychosocial support, educational programs, nutritional support, and health care, among other things, through the COP06. ECR will ensure that girls are receiving equitable support, including promotion of education for girls, and will encourage male involvement as trained OVC caregivers. The community training places emphasis on mitigating stigma and discrimination for OVC receiving services. Local partners will work with community leaders and community members to not only provide services, but also to define and target the most vulnerable, identify local resources, advocate with local authorities and develop linkages with other services over the life of the

project.

In the final component, FHI, ECR and its local partners will work closely with government partners, including district and provincial authorities to ensure they are supportive of project activities and are linking the projects to the appropriate government services.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,500	☐
Number of providers/caretakers trained in caring for OVC	150	☐

Target Populations:

Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Policy makers (Parent: Host country government workers)
Program managers
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Community members

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Copperbelt

Luapula

Lusaka

Southern

Table 3.3.08: Activities by Funding Mechanism

Mechanism: DoD-PCI
Prime Partner: Project Concern International
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3730
Planned Funds:
Activity Narrative: Due to the high HIV prevalence rate in the Zambia Defense Force (ZDF), the OVC situation is devastating. Prior to PEPFAR, there was no assistance available for the ZDF in OVC support. In FY05, USG is working with CARE International to assist ZDF with identifying issues and situations involving OVCs who are taken care by military families and/or OVCs of diseased military personnel. The finding is that most of the vulnerable children live outside of the barracks, integrating into nearby communities. Once those families and children leave the barracks, there is no support from the military. Thus, in FY06, CARE International will continuously provide support to those communities.

Training: To build capacity of parents and community school committees (PCSC) to provide psychosocial support to children and their guardians. The PCSCs comprise civilians, ex-military, military or widows or widowers of ex-military. 200 Teachers and caregivers (10 per site) will be trained in provision of psychosocial support to orphans and vulnerable children (OVC) and their guardians. The book developed in FY05 will be used as a tool during the training of teachers and caregivers. These caregivers will in turn sensitize parents/guardians on the importance of psychosocial support. They will also help in identifying children who are experiencing loss and grief and will organize activities to help OVC build their resilience and meet their needs for self esteem and positive coping skills. This will include supporting Kids clubs, camps and support groups. Psychosocial support activities will include dissemination of information on HIV/AIDS prevention and children's rights. This will be done in collaboration with other organizations such as Project Concern International and Zambia Civic Education Association. IEC materials such as posters, brochures and pamphlets will be distributed. Recreation will also be used as a strategy to disseminate information and to reach out to children who are out of school. This vein will maximize the number of OVC to be reached out in the communities including those being cared for by military or ex military guardians or widows or widowers of military staff. Community school teachers will also be trained in teaching methodologies and class management in order for them to provide quality education to OVC while Parent Community School Committees will be trained in community and resource mobilization and participation and school and financial management. This training will enable the committee to manage the schools more efficiently. Community OVC Committees (COVCCs) and Parent School Committees will be trained to identify OVC issues that need advocacy and how to plan and implement advocacy activities in their communities. The composition of PCSCs or selection of participants will allow for military or ex-military guardians to benefit from the training.

Infrastructure Improvement: In order to improve the learning and teaching environment and to increase access to education for OVC, this project will support communities to rehabilitate existing community school infrastructure including water and sanitation facilities. Procurement of educational, recreational materials and desks for community schools will be undertaken to ensure that children have access to quality education and psychosocial support. The project will determine the occupation status of the guardians of the beneficiaries in order to document the number of children from military or ex military households benefiting from these activities. The project will build the capacity of the PCSCs to plan, implement, monitor and evaluate these activities. 20 community schools will receive sub grants up to $5,000 each for infrastructure improvement and purchase of educational and recreational materials. 300 children in secondary schools will be supported to meet their educational requirements through bursaries. Priority will be provided to children from vulnerable households who are cared for by military or ex military guardians. This will include children who qualify from community schools to enter Grade 8 in government schools. The children will benefit from the HIV/AIDS prevention activities that will be facilitated in the schools and the community. Data on beneficiaries will be disaggregated to reflect children from military or ex-military

families.

Community mobilization and participation: This will be an ongoing process to build up on FY05 activities. Action plans will be developed based on the identified needs during the situation analysis. In order to develop a sense of ownership and responsibility and to catalyze community collective action around issues of OVC, the project will strengthen the capacity of the Distroct OVC Committees (DOVCCs) and COVCCs, including military and ex-military households, in community and resource mobilization. Participation of military or ex military personnel or widows in these committees will be documented. Linkages with existing service providers or potential donors will be strengthened in order to scale up on activities aimed at supporting OVC. These will include activities to ensure COVCCs and PCSCs refer children to counselors and healthcare providers and Family Support Units where these exist. Currently some of the schools are used as centers for child health activities. Discussions will be held with district health staff and neighborhood committees to conduct school health services to cater for the older OVCs such as de-worming and hygiene.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	4,000	☐
Number of providers/caretakers trained in caring for OVC	200	☐

Indirect Targets

It is expected that out of the 200 care givers trained, each will in turn reach at least 3 other service providers per initial caregiver trained resulting in indirectly reaching 600 caregivers

Streen youth and Out-of-school youth will be indirectly reached through activities that will be implemented in schools such as recreation and HIV/AIDS and child rights awareness

Target Populations:

Community leaders

Community-based organizations

Military personnel (Parent: Most at risk populations)

Orphans and vulnerable children

Program managers

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Wrap Arounds

Education

Coverage Areas

Central

Copperbelt

Eastern

Lusaka

Southern

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Breaking Barriers
Prime Partner: PLAN International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3736
Planned Funds:
Activity Narrative: Plan-USA initiated a Track 1.0 OV Project, "Breaking Barriers", in FY05. This is a joint effort with Hope for African Children Initiative (HACI), of which Plan is a founding member. HACI is a pan-African effort to provide care and support for the millions of African children orphaned by AIDS, and/or whose parents are sick or dying from AIDS. Established in 2000, the HACI partnership is a combined effort of Care, Plan, Save the Children, the Society for Women and AIDS in Africa (SWAA), World Conference on Religion and Peace (WCRP), and World Vision, working in 9 countries in Africa to promote quality CBO-based OVC programs.

In the past two years in Zambia, HACI through its local partners has reached over 35,000 OVC in Southern , Eastern, Central and Lusaka provinces. HACI Zambia incorporates three local NGOs: Family Health Trust, Zambia Interfaith Network Group on HIV/AIDS (ZINGO) and the Network of African People Living with HIV/AIDS (NAP+).

In FY04, Plan-USA as HACI Prime partner received a four year OVC award "Breaking Barriers" for three countries Uganda, Kenya and Zambia. The Breaking Barriers program was approved to begin implementation in Zambia in FY05. The objectives of Breaking Barriers is to improve access to quality education, psychosocial support, and community based care for children and families affected by HIV/AIDS. Within four years, Breaking Barriers will ultimately reach at least 5,000 OVC in Zambia through integrated program activities, which range from: support for community schools, such as school materials, training teachers in PSS, and parent teachers associations in project cycle management; school feeding; and provision of blankets to OVC and PLWHAs.

In FY06 the project will care for and support 2000 OVC, and train at least 400 caregivers and religious leaders in PSS and stigma reduction in seven provinces of Zambia. These are Central (Kabwe), Eastern (Chipata), Northern (Mpika, Kasama, Mbala), Copperbelt (Kitwe, Ndola, Luanshya), Southern (Monze, Mazabuka, Choma), Luapula (Mansa, Mwense) and Lusaka (Kafue, Lusaka). HACI will increase capacity of vulnerable children, families, and communities to mobilize and manage resources needed for quality care and support for children and families affected by HIV/AIDS through provision of skills training. Additionally, it will also ensure a support environment is created in which children, families, and communities working with government, faith based organizations (FBOs) and civil society, advocate for the provision of essential services, and reduce stigma and discrimination related to HIV/AIDS through training of religious leaders, policy design and implementation and advocacy.

The HACI project aims at providing conducive learning environments to OVC and other children, improving access to quality education activities, and improving school infrastructure and materials. Care givers and religious leaders will be equipped with the right knowledge and skills to provide quality care and support to OVC. HACI will utilize existing Information, Education and Communication materials and work with HCP, the OVC TWG and other USG funded OVC projects to develop any new materials focusing on OVC care and support and anti-stigma and discrimination messages that may be required. HACI will procure Home Based Care kits as required for OVCs, in particular children living with HIV/AIDS.

HACI will work with other USG supported OVC partners through the USG Zambia OVC Forum to share lessons and prevent overlap of activities. HACI will also work closely with the GRZ through district and provincial offices to ensure effective communication and support to the OVC from the government.

HACI seeks to influence and change behavior patterns and cultural beliefs in Zambia that adversely affect children, such as keeping girl children home to care for PLWHA. HACI will engage national and local government and civil society on discrimination and stigmatization. HACI works to ensure that an equitable number of girls and boys (OVC) benefit from the activities. For example, HACI will include activities to bring back girls who have dropped out of school. Evaluation and monitoring data will be gender disaggregated.

Emphasis Areas	*% Of Effort*
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,000	☐
Number of providers/caretakers trained in caring for OVC	400	☐

Target Populations:

Community leaders

Community-based organizations

Orphans and vulnerable children

Teachers (Parent: Host country government workers)

Caregivers (of OVC and PLWHAs)

Religious leaders

Community members

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

Southern

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Sustainable Income and Housing for Orphans and Vulnerable Children
Prime Partner: Opportunity International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3738
Planned Funds: [redacted]
Activity Narrative: Opportunity International (OI) is implementing a Track 1 OVC program, "Sustainable Income and Housing for Orphans and Vulnerable Children", in Zambia. Its local partners are Christian Enterprise Trust of Zambia (CETZAM) and Habitat for Humanity Zambia (HFHZ). Opportunity International in partnership with Habitat for Humanity International will utilize their network of eight (8) programs through CETZAM and HFHZ to serve 4,624 OVC and train 2,473 caregivers in how to care for the OVC. CETZAM will provide microfinance services (micro-loans and insurance) and business management training to OVC caregivers and HFHZ will provide shelter and housing for the OVC, and train caregivers in succession planning and property rights.

FY06 is the first full year of implementation of this Track 1.0 PEPFAR grant for CETZAM and HFH Zambia. A budget of [redacted] is required to achieve this plan. The proposed interventions are more costly per OVC than some programs due to the fact that micro-loans and housing are inherently cash-intensive. However they meet both legitimate and long-term needs of OVC and their caregivers, and therefore are sustainable and cost-effective efforts.

OI partners in Zambia will collaborate with other PEPFAR implementing partners in Zambia, for example by attending the OVC forum meetings and USAID all COPs HIV/AIDS monthly meetings. OI will participate in both planning and reporting processes. Furthermore, linkages with other USG partners will ensure a continuum of care for the OVC, sharing of lessons learnt and prevent overlap of activities. Collaboration with government departments at district and provincial level will ensure communication and support to the OVC from the Government of Zambia.

Some of the activities CETZAM will focus on during the planning period include: Assessment of OVC in current program to collect baseline information of the number of OVC cared for by clients in the existing program; HIV/AIDS Coordinator & Loan Officer Training to equip Loan Officers with the skills to collect accurate data on the OVC indicators; and Product Development, i.e., "funeral insurance" will be renegotiated and designed to ensure that it covers OVC; and borrower outreach will serve an increasing number of caregivers who take in and care for OVCs. A significant focus will be on the development and implementation of training. OI partners will develop appropriate training materials and tools for the training of caregivers. Peer Educators will be trained to facilitate HIV/AIDS education and training of caregivers using the Trust Bank and group meetings. Use will be made of training material already developed by Freedom from Hunger.

HFHZ will begin work on a small or pilot scale because of the high cost per OVC of houses built or renovated. Activities are based on HFH's regular programming and specific targeting, and program design for OVC has been demonstrated in the other implementing countries for this grant, namely, Uganda and Mozambique. As HFHZ building scales up, it will achieve greater cost-efficiency.

HFHZ will directly provide house construction or renovations and repairs to OVC-headed families or to families who are providing care for OVC in order that these OVC have safe, healthy shelter. HFHZ will collect baseline information on the number of OVC cared for by HFH homeowners in the existing program and will assess the shelter needs of OVC in communities where it is proposing to work. HFHZ will involve local and religious leaders, CBOs and churches in the communities to participate in responding to the shelter needs of OVC. One way that HFHZ will achieve this goal is by mobilizing local and US short-term volunteers along with the OVC beneficiaries to build safe, healthy houses. The first projects are planned for Lusaka, therefore, cost per shelter for each orphan are expected to be relatively high. Whenever possible,

housing will be provided in partnership with other PEPFAR implementing partners, such as RAPIDS and the track 1.0 OVC projects, who will address other basic needs of the OVC, such as food and education.

HFHZ will directly provide training for caregivers and HIV/AIDS-affected families to increase their awareness of HIV/AIDS, their ability to prevent infection, their capacity to provide care, and their knowledge of women and children's rights, especially with regard to succession planning and inheritance of property. HFHZ will also provide training to OVC youth in house construction and/or maintenance, strengthening the capacity of OVC to provide for themselves.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	4,624	☐
Number of providers/caretakers trained in caring for OVC	2,473	☐

Target Populations:

Community-based organizations
Orphans and vulnerable children
People living with HIV/AIDS
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders
Community members

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Copperbelt

Lusaka

Southern

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Community Based Care of OVC
Prime Partner: Christian Aid
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3740
Planned Funds:
Activity Narrative: This activity is a Track 1.0 OVC project that began in FY05. Christian Aid (CA) is a UK based international development agency with over 40 years of experience supporting more than 550 indigenous non-governmental and faith-based organizations in 60 countries. CA has identified a mutually supporting network of two faith-based and two secular partners in Zambia to respond to the President's Emergency Plan for AIDS Relief (PEPFAR): Catholic Dioceses of Ndola (CDN), Copperbelt Health Education Project (CHEP), Archdiocese of Lusaka (ADL), and Family Health Trust (FHT). These four partners will work with CA to implement quality OVC programming in impoverished areas of Zambia hard hit by the HIV/AIDS pandemic. These locations include both rural and urban areas of Zambia's Copperbelt region and marginalized peri-urban areas near Lusaka and in rural areas of Zambia's Central, Eastern and Southern Provinces.

The expected impact of the CA Track 1 project for Zambia is to improve the quality of life for the over 15,000 OVCs benefiting from the program. The outcomes that will be worked towards to support the achievement of this impact are: 1) OVC have sustainable access to essential services such as education, food and nutrition and psychosocial and income generation support; 2) OVC protected from stigma, discrimination, exploitation, violence and sexual abuse; 3) capacity of sub-partners and community institutions developed to support high quality OVC programming; and 4) lessons learnt, models, and best practices shared and replicated. In COP06, Christian Aid and its partners will provide care and support to 10,000 OVC and train at least 780 caregivers.

To achieve the expected impact and outcomes, the project will provide educational support to non-school going OVC and food security and income generation support to impoverished OVC households. The educational support will primarily involve paying school fees for the most impoverished OVC, while the food security support will entail developing the capacity of food insecure OVC households to produce nutritious and adequate food. Income generation work will involve mobilizing and training Group Savings and Loan (GSL) clubs and linking them to viable markets. Older OVC will also be trained in marketable vocational skills and be supported to establish their own businesses.

In addition, work will be undertaken to protect OVC rights and reduce the stigma and discrimination they experience. This will include the setting up of community-based child protection committees, training older OVC in life skills, and supporting community groups to carry out anti-stigma and discrimination campaigns. Work will also be undertaken through various national networks to address policy issues to complement and reinforce the community-level work. Intensive capacity building of the four sub-partners, as well as the community institutions and groups they support, will ensure quality programming. This will be complemented by regular exchange visits and reflection workshops that will take place among the sub-partners and with other OVC stakeholders in Zambia in an effort to share and document lessons and successful approaches.

The project will be geared towards supporting community-based responses to provide care and support for OVC within family and community settings. In the project's first year, much effort will be given to community capacity building, so that caregivers and other community stakeholders have the right knowledge and skills to provide quality care and support to OVC. In '06 training will continue with technical support and supervision from CA and its partners. The project's experienced M&E and Program Officers will support the sub-partners to implement interventions that adhere to national and international standards for best practice.

Strong networks will be created with clinical facilities and other OVC support programs. CA will provide support to sub-partners to network and exchange lessons, *successful approaches and learning with each other* and other regional and national OVC stakeholders. Using a Wraparound approach, the project will further support linkages to the food security, micro-finance, micro-credit, and education sectors. *The sub-partners are already members of Zambia's OVC Forum and two are partners* in the RAPIDS program. CA has recruited a Zambian Program Officer who will regularly participate in all relevant regional and national networking and sharing initiatives.

The project will ensure that an equitable number of boy and girl OVC benefit from the project. Both evaluation and monitoring data will be gender disaggregated to ensure gender equity in all the project's various interventions. Work will also be undertaken to link women and girls to the project's educational support, food security, and income generation interventions. Finally and as mentioned above, the project will also assist to address stigma, discrimination and violence, particularly that faced by women and girls.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	10,000	☐
Number of providers/caretakers trained in caring for OVC	780	☐

Target Populations:

Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Community members

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Wrap Arounds

Coverage Areas

Central

Copperbelt

Eastern

Lusaka

Southern

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Healthy Teen Living
Prime Partner:	M-Films Production
USG Agency:	*Department of State*
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	*3742*
Planned Funds:	
Activity Narrative:	This new project, "Healthy Teen Living" will target orphans and vulnerable children (OVCs) through intervention programs designed to tackle issues of gender violence, sexual abuse and stigma and will include advocacy of laws and policies that protect the vulnerable. In line with the USG/Zambia Five Year Strategy, this project will enhance OVC programs. There are 750,000 million OVCs and few mass media/video programs in Zambia.

The project will deliver interactive intervention video/talk show programs designed to foster peer-to-peer discussions. Twenty thousand 10-18 year-old OVCs in nine provinces will be reached using country sensitive and age-appropriate messages aimed at increasing awareness of the roots of gender violence, domestic violence, sexual abuse, and HIV/AIDS. M-Films will seek permission from the audiences to *video-record the interaction of the OVCs. At the end of each program, pens, pencils* and handy fliers with survival skills messages will be provided to remind the youth how to respond to risky situations.

The final product of this project will be a documentary on the challenges of OVCs, success stories, and recommendations by experts and caretakers. To increase awareness at all levels through advocacy and social mobilization, the documentary will be distributed to policy makers, NGOs, media houses, businesses, and community and faith based organizations urging them to appeal to the government to legislate laws and effective policies to protect and nurture OVCs.

The Public Affairs Section (PAS) and M-Films Production will build on previous successful experiences targeting Zambian OVCs in urban and rural areas. Additionally, M-Films Production will collaborate with the Ministry of Sport, Youth, and Child Development, YWCA, YMCA, Africare, Peace Corps volunteers, and community centers in nine provinces to implement programs. M-Films will conduct program evaluation within 12 months.

M-Films Production has been recognized as a powerful advocate for youth in distress. M-Films Production documentaries have been aired on national TV, radio broadcasts, *and print media urging policy makers to pay attention to the plight of OVCs. Due to* abject poverty, girls in particular are duped with promises of money for them and their families only to end-up victims of modern day slavery. M-Films documentaries on commercial sexual exploitation of children in Livingstone, child labor abuses in Mkushi and Kalomo, and human trafficking across the country have reached parliamentarians and cabinet ministers urging them to take action.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	20,000	☐
Number of providers/caretakers trained in caring for OVC	0	☐

Target Populations:

Community leaders

Orphans and vulnerable children

Teachers (Parent: Host country government workers)

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Gender

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Christian Reformed World Relief Committee
Prime Partner:	World Concern
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	3743
Planned Funds:	
Activity Narrative:	World Concern is a Track 1.0 OVC project that started in FY '04 and will expand care to OVCs through the Association of Evangelical Relief and Development Agencies (AERDO) HIV/AIDS Alliance in Zambia, including its direct affiliate, Christian Reformed World Relief Committee (CWCRC), as well as other partners Nazarene Compassionate Ministries, Reformed Church in Zambia Eastern Diaconia Services, World Hope International, the Reformed Community Support Organization and Operation Blessing International (OBI). With an expected budget of [ ] from the Emergency Plan in FY '06, this project will, through September FY '07, provide care and support for 20,515 OVCs, train 1,820 caregivers, and build the capacity of 109 smaller faith based organizations (FBOs) and 25 community based organizations (CBOs). Four local FBOs will work to support smaller FBOs and CBOs. The fifth, OBI, will specialize in mass media.

World Concern and its partners will continue to develop and strengthen networks with government, other FBOs and NGOs, and USG funded OVC projects. Coupled with active participation in the USG Zambia OVC Forum, this will enhance efficiency and effectiveness of program activities and ensure OVC quality care. Special consideration will be given to HIV positive OVC and children whose parents or guardians are unable to support them due to illnesses caused by HIV/AIDS. It is expected that OVC support activities will continue in the community, even after the grant expires, through volunteers, the established CBOs and the animal and seed loan rotation program. The project will develop close linkages with relevant government ministries and institutions. The project will make every effort to ensure gender equality in the support to OVC caregivers. Caregiver registrations include both men and women caring for OVC. Both male and female caregivers will get equal shares of funding for their selected IGAs. World Concern has a deliberate policy of gender-balance regarding participation in trainings.

Operation Blessing International (OBI) will use formative and summative research to develop the key Behavior change television messages for a series of radio and television public service announcements (PSAs). Working through indigenous advertising agencies, focus group discussions with adults and OVC and an initial round of surveys will provide information on the challenges to transforming public perceptions on OVC and HIV/AIDS to form the basis of behavior change communication (BCC) message points. The PSAs will be pre-tested in country again in collaboration with projects such as HCP. The overall goal is to effectively use mass media to raise awareness of, and support of the Zambian society for OVC, focusing on advocacy for the protection of property and assets of families, capacity-building for the elderly and child to child caregivers, raising awareness to create a supportive environment for OVC, and safer norms and behaviors using the Abstinence and Behavior Change (AB) model. OBI will target Zambia National Broadcasting Corporation (ZNBC) radio listeners and TV viewers and will collaborate closely with ZNBC and other media organizations.

The Reformed Church in Zambia Eastern Diaconia Services (RCZ EDS) will work with 14 FBOs and 23 CBOs to support 2120 OVC and assist 530 caregivers in the Eastern Province of Zambia to increase OVC and caregiver's income levels. Through IGA programs OVC will have better nutrition and educational support. OVC support will be integrated in the community through the involvement of trained community volunteers, FBOs and CBOs. The project will counter the traditional belief that men are the unquestioned and even unaccountable heads of households that leads to the exploitation and discrimination of women in the target area; will reduce both the use of women as cheap labor and of sexual abuse that puts them at risk of HIV/AIDS. RCZ EDS will encourage the active participation of both female and male

volunteers and beneficiaries. It will conduct gender sensitization workshops and support existing women's groups with training, food security aid and health-related activities.

World Hope International (WHI) Zambia will work with 22 Pilgrim Wesleyan Church communities located in Southern and Copperbelt Provinces and in Lusaka. WHI will provide care and support to 4208 OVC and 650 caregivers. Selected families and caregivers will be targeted for agricultural and small-scale entrepreneurship start-up loans. The targeted families and caregivers will under-go livelihood/IGA skills training in farming, gardening, animal multiplication and animal husbandry projects, sewing and tailoring and carpentry. Income generated from these projects will be used to cater for OVC's school, medical, food and clothing needs. Other areas in which training will be provided to the targeted communities include community health in general and HIV/AIDS in particular, peer education skills, OVC care, HBC and functional literacy.

Reformed Community Support Organization (RECS) will work with a total of 33 Reformed Church in Zambia (RCZ) congregations in the Copperbelt, Northwestern, Northern and Luapula provinces. RECS will mobilize and strengthen its FBOs by training and supporting volunteer members and caregivers in psycho-social counseling, Home Based Care, IGA, farming/gardening and small animal restocking. RECS will train its FBO coordinators in leadership, OVC support skills and IGA in order to build FBOs' capacity to respond to the plight of 6187 OVC. OVC will be exposed to available health care, social, and education services.

Nazarene Compassionate Ministries (NCM) will train 640 church and community volunteers as caregivers that will support 8000 OVC. NCM will work with 40 churches in Southern Province and Luapula Province. Program activities will involve training, awareness and establishing methods of sustaining the OVC programs that will be introduced. Each identified family/caregiver will receive skills training in OVC/Home Based Care, nutrition and prevention of common community diseases including HIV/AIDS, to empower them to address problems in each respective household.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	20,515	☐
Number of providers/caretakers trained in caring for OVC	1,820	☐

Target Populations:

Faith-based organizations

Orphans and vulnerable children

Volunteers

Caregivers (of OVC and PLWHAs)

Widows/widowers

Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Volunteers

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	PRM/UNHCR
Prime Partner:	United Nations High Commissioner for Refugees
USG Agency:	Department of State
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	5397
Planned Funds:	
Activity Narrative:	This activity is linked to UNHCR activities in MTCT (5391), HVOP (3756), HVCT (5396), and HBHC (5394).

This funding mechanism establishes a new partnership between the USG and the United Nations High Commissioner for Refugees (UNHCR) to strengthen HIV/AIDS prevention programs for refugees residing in Zambia. UNHCR and its implementing partners began strengthening HIV/AIDS programs for refugees in Zambia in 2003. HIV prevention and education campaigns (in countries of asylum) are often inaccessible to refugees, who speak different languages and have different cultural backgrounds. In addition, many refugees have suffered trauma and violence, including sexual violence, during conflict and flight. Displacement also destroys traditional community support structure. Therefore, comprehensive HIV prevention and care programs need to be specially tailored to this unique, high-risk population.

In FY06, UNHCR will coordinate services for Orphans and Vulnerable Children (OVC) with two implementing agencies working in Northwestern, Western, Luapula and Northern provinces: 1) Christian Outreach for Relief and Development (CORD) at Mayukwayukwa and Maheba camps; and 2) Hodi at Kala and Mwange camps. HIV/AIDS Interagency Task Forces have been established at each camp and are comprised of members from UNHCR, implementing partners, refugee leaders and camp administration. Implementing partners also work with district and national HIV programs to ensure they are operating under guidelines established for Zambia. HIV/AIDS infected or affected OVCs and members of vulnerable households will partake in lifeskills trainings that integrate HIV/AIDS education and stigma reduction modules, in addition to receiving educational support. The implementing partners will work to ensure that HIV/AIDS infected or affected OVC and vulnerable household have a safe home environment by providing training on sexual and gender based violence. These trainings will also highlight the importance of decreasing stigma and discrimination that is often associated with HIV infection. Through this program, 800 OVCs will receive HIV/AIDS prevention and care services.

CORD will work to support OVCs and youth through Anti-AIDS Clubs in schools and after school activities. A network of caregivers consisting of teachers, parents/guardians and other community members will be established. These caregivers will help create a positive social environment by promoting abstinence, as well as mitigating stigma, child abuse and gender violence among OVCs. The caregivers will learn how to acquire and practice good nutrition, seek healthcare, and provide psycho-social counselling support through appropriate social and health services.

Hodi will receive funding to directly support OVC in Kala and Mwange camps. OVC will be supported to attend school with school fees, uniforms, and notebooks. Counseling will be provided for guardians of OVCs to address their needs for psychosodal support and positive encouragement. Shelters will be established for women and children at risk of abuse to remove them from the dangerous situations they often encounter.

Through this funding mechanism in 2006, 6 programs targeting OVCs will be established. Approximately 240 OVCs will be served with programs tailored to their needs and 65 caregivers will be trained in the specific needs of OVCs.

This activity addresses the legislative issue of reducing violence and discrimination and increasing women's legal protection. These issues are pertinent to refugee settings and many have suffered from their vulnerability during conflict and flight. Through

various provisions of support to OVC, youth and women, this program will help to reduce violence and discrimination and increase women's legal protection.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	800	☐
Number of providers/caretakers trained in caring for OVC	65	☐

Target Populations:

Refugees/internally displaced persons (Parent: Mobile populations)

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Coverage Areas

Luapula

Northern

North-Western

Western

Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area:

Program Area Context:

Counseling and Testing (CT) is key to the USG/Zambia's Five-Year Strategy, representing an important link between prevention programs and referral of HIV positive persons and their families for services. In support of the national CT program, great progress has been made in scaling-up CT services; an estimated 223,000 people were tested for HIV in 2004, a substantial increase from 139,000 in 2003. The recent HIV/AIDS logistics assessment, carried out by JSI/DELIVER, the Government of the Republic of Zambia (GRZ) and 60 other partners, estimates that 268,000 will be tested for HIV in 2005.

The current GRZ CT policy adheres to the counseling, testing, and care model (CTC), emphasizing same day results. Health care workers are trained in CTC and initiate testing in a variety of clinical sites, such as TB and STI clinics as well as in private mining and agribusiness companies. At the community level, counselors are being trained by local organizations to advise couples to be tested and to disclose their status within the partnership, critical among discordant couples.

However, CT expansion faces many barriers, such as lack of HIV test kits, limited CT facility staff, and gender inequities in access to CT services. Given many women access CT services through antenatal care (ANC) and PMTCT sites, USG is addressing gender issues by increasing awareness of CT at these sites.

Zambia currently has 370 CT sites in government and NGO-sponsored facilities. In accordance with GRZ policy, the majority of CT sites are in public health facilities. However, the German Development Bank and USG are supporting the Society for Family Health (SFH) in scaling up private sector, stand-alone and mobile clinics to serve persons unable to use public sector sites. The GRZ and other partners, such are the Zambia Prevention, Care, and Treatment Partnership (ZPCT) and Centers for Infectious Disease Research (CIDRZ), are also working to better integrate CT into ANC, STI, and TB clinics. For example, prevalence of HIV in newly diagnosed TB patients in Lusaka is approximately 62% (according to WHO) and another study in Lusaka showed that up to 50% of STI patients are HIV positive.

In FY06, USG will continue to assist GRZ in expanding its current number of CT sites from 370 to 420 through mobile, static, and community-based CT services; it is estimated that 327,000 persons will receive CT services in FY06. For hard-to-reach populations, USG is supporting CT outreach services in peri-urban and rural areas through ZPCT, SFH, and CIDRZ. The USG also will continue to support: training PLWHAs to advocate for CT; development of IEC materials and community mobilization to increase demand for CT; training CT facility staff in commodity management; increasing access to CT in workplace programs; and strengthening the main military referral laboratory and hospital in Lusaka. Moreover, in coordination with GRZ, USG partners have strategically selected catchment areas to avoid duplication of resources; this process is coordinated through the District Health Management Teams. Related to CT expansion, USG will procure HIV test kits in collaboration with the GRZ, GFATM, and JICA. The USG's contribution to test kit supplies is in response to the critical shortage and urgent need for these commodities that are required to ensure that ART scale-up proceeds as planned. Assistance in logistics management from JSI/DELIVER will give all partners supply information before commodities reach the critical shortage stage and thereby, leverage increased GRZ and other donor support.

With an increased focus on strategic CT interventions, such as HIV test kit procurement, mobile CT clinics for hard-to-reach populations, and strengthening the referral network for prevention, treatment and care services, USG is well positioned to contribute to the Emergency Plan's global 2-7-10 goals and to achieve the USG/Zambia Five-Year Strategy objectives.

Program Area Target:

Number of service outlets providing counseling and testing according to national or international standards	279
Number of individuals who received counseling and testing for HIV and received their test results	335,917
Number of individuals trained in counseling and testing according to national or international standards	2,229

Table 3.3.09: Activities by Funding Mechanism

Mechanism: AWatch
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3360
Planned Funds:
Activity Narrative: This activity relates to OHPS (#3361).

Using a Wraparound Approach , the USG will continue to leverage the PACT/AWATCH platform and human resources to address Counseling and Testing. AWATCH works to create greater public sector accountability and to reduce public sector corruption. PACT, the Prime for AWATCH, is an international NGO working in Zambia with strong expertise in organizational development. PACT strengthens organizations' capacity to further development goals through a variety of approaches that includes strengthening the capacity of grassroots organizations, coalitions, and networks and by forging linkages among government, business and the citizen sectors to achieve social, economic, and environmental justice.

PACT will award a sub-grant to one local organization for Counseling and Testing for the Judiciary HIV/AIDS workplace program. HIV/AIDS has impacted on the judiciary in Zambia resulting in absenteeism, loss of judges, court registrars, and administrative and support staff of the Judiciary to illness and death and the need to train new employees. The activity has several components, including development of a Judiciary HIV/AIDS Workplace Policy and Program, training of peer educators . provision of on-site and other innovative approaches to CT, and linkages for referral to HIV/AIDS prevention, care and treatment services.

Working through a sub-partner, AWATCH will provide direct support for CT services leveraging World Bank ZANARA funds available to the Judiciary. Through these efforts an increased number of judiciary employees will benefit from knowing their HIV status and be able to adopt appropriate prevention behaviors and be referred to clinical care and treatment as appropriate. Through a combination of training, policy development and fostering linkages, it is anticipated that 1500 individuals will receive Counseling and Testing services. Post test clubs will be developed to support and stimulate CT activities. Training of 184 management and peer educators will help increase the number of persons seeking CT and being involved in post-test club activities. Management will gain clearer understanding of the need for and benefit of CT within their workplace and provide support to peer educators who will help drive other employees to take advantage of the HIV services being offered.

Thus far in FY05, AWATCH has trained 485 judiciary staff, representing 90% target coverage, including 23 magistrates, 40 local court justices, and 208 support staff in eight provinces. In FY06, AWATCH will work with a core group of 185 trained judiciary staff as HIV/AIDS focal point persons. These focal persons will help to develop sustainable HIV/AIDS workplace programs at the judiciary and promote Counseling and Testing, and provide prevention information, and ART literacy and adherence support. AWATCH will provide additional training to these focal persons on VCT and ART so that they may be peer educators in the workplace and in advocacy skills for a workplace environment that directly addresses stigma, discrimination, and provision of HIV/AIDS services. AWATCH and its partners will conduct on-going HIV/AIDS awareness sessions, group counseling, and will provide on-site CT for 1500 judiciary employees in 9 provinces.

In addition to the direct benefits of the CT services, this activity will improve the ability of judges to use the information and personal experience gained to guide court cases and set judicial precedents related to HIV/AIDS.

Emphasis Areas	% Of Effort
Training	10 - 50
Workplace Programs	51 - 100
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results	1,500	☐
Number of individuals trained in counseling and testing according to national or international standards		☑

Indirect Targets

Through intensified sensitization, meetings and information provision by the 184 HIV/AIDS focal persons, it is hoped that 5030 Judiciary workers will be reached with HIV/AIDS information.

Target Populations:

Policy makers (Parent: Host country government workers)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Democracy & Government

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism: EQUIP II
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3364
Planned Funds:
Activity Narrative: This activity uses a Wraparound approach, leveraging education development activities as a platform for increasing HIV/AIDS Counseling and Testing.

Since January 2005 with support from PEPFAR, AED/Equip II has been providing technical support to the Ministry of Education's HIV/AIDS Workplace Program in the areas of increasing Counseling and Testing and ART uptake. The need to address HIV/AIDS issues specifically targeting teachers is compelling. According to the most recent MoE statistical bulletin over 800 teachers died in 2004. In a two year period (2002-2004), the number of deaths of teachers increased by 30%. Using current trends to project, it is estimated that by 2010, 5000 teachers will die annually. To mitigate this potential crisis, AED/Equip II provides technical support to the Ministry of Education and leverages World Bank ZANARA Project funding and DFID support for HIV/AIDS line ministry workplace activities to build a sustainable MoE HIV/AIDS Workplace Program. This activity is designed to both develop the capacity of the Ministry of Education (MoE) to administer the HIV/AIDS Workplace program and to provide direct CT services. By addressing the needs of MoE employs, who are generally community leaders and information disseminators, the program positively impacts the community broadly. For example, as a result of the teachers participation in CT events, anecdotal information suggests that teachers are, for the first time, becoming comfortable interacting with students on the topic of HIV/AIDS.

In FY04, within the first seven months of implementation of PEPFAR funds, AED/Equip II demonstrated that it was possible to effectively increase CT uptake among teachers using a unique on-site CT model, never before used by any public line ministry in Zambia. With funding from PEPFAR, Equip II increased CT uptake tenfold from 137 teachers receiving CT and ART in the previous 12 months to 2069 teachers being tested within a few months of implementing the new model. The new model is a one-day group counseling and information event at district and zonal schools throughout the provinces. These events draw 50-55 MoE teachers, administrative staff and workers. The program covered facts, myths and misconceptions about HIV/AIDS, the role of diet, nutrition and prophylaxis in slowing the progression of AIDS, PMTCT, the AB approach to prevention, the impact of gender on HIV/AIDS, the importance of knowing ones HIV status, and ART literacy. The day also includes a group counseling and discussion session and on-site testing using Rapid Test kits. Five such events would take place simultaneously around one province in a day. In this way, 8029 individuals participated in 2004. Of these, 25% opted for the on-site testing which is significantly higher than the usual 10% or less uptake. In FY05, Equip II is expanding to Southern and Central Provinces using the same evidence-based model. At the same time, Equip II is building systems and capacity of the MoE to expand and sustain these activities. Equip II is supporting one technical expert that is placed at the MoE HIV/AIDS Workplace Program to facilitate capacity building and activity implementation, and to set up a M&E database system.

In FY06, Equip II will continue to rapidly roll out this model to three additional provinces, including Eastern, Western, and Luapula Provinces and will strengthen MoE capacity to implement, monitor and evaluate the HIV/AIDS workplace program. In particular, Equip II will assist the MoE to determine the impact of the model and will assess the MoE's capacity to implement and monitor the activities without CHAMP sub-partner input using three local NGOs, including the Anti-AIDS Teacher Association of Zambia, Latkings Outreach Program, and ZamAction, along with local teachers' associations and networks of support groups of PLWHAs within the MoE. Equip II will continue to work with other donors, such as DFID and ZANARA/World Bank, and AIR/Equip 1 to establish a network of peer educators and PLWHAs

support groups within the MoE. It is anticipated that in FY06 25,000 teachers, administrative staff and MoE workers will be reached through group counseling and that 12,000 individuals (approximately 50% of those reached) will receive on-site CT services and obtain their results. All employees who test positive will receive on-site ART literacy information and be referred to the nearest care and treatment service sites and will be encouraged to join the MoE Support Groups for PLWHAs.

The MoE Support Group is jointly supported by Equip II, DFID and from NZP+. Equip II links these groups to existing prevention, care and treatment services, including nutritional support programs. In FY06, Equip II will involve HIV+ teachers and administrators in education worker focused HIV/AIDS IEC campaign through telling their stories. As a result of the CT activities, it is expected that 2400 will be referred for care and treatment services and 480 teachers and MoE administrators will be initiated on ARVs.

To achieve these very ambitious targets, Equip II will increase TA support to the MoE by placing an M&E specialist and a community mobilization/logistics support specialist.

Emphasis Areas	% Of Effort
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results	12,000	☐
Number of individuals trained in counseling and testing according to national or international standards		☑

Indirect Targets

It is expected that 25,000 teachers and administrative support staff will be reached with counseling services and HIV/AIDS information. Out of the 12,000 receiving CT, it is expected that 2400 will be referred for care and ART services, and that 480 MoE employees will initiate ART.

Target Populations:

Policy makers (Parent: Host country government workers)

Teachers (Parent: Host country government workers)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Wrap Arounds

Education

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Social Marketing

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3369

Planned Funds:

Activity Narrative: This activity is an integral component of a project linked strategically to AB and other prevention interventions. In FY04 and FY05, Population Services International (PSI), through its local affiliate Society for Family Health (SFH), operated two fixed facility CT centers (Lusaka and Kitwe) that experienced a doubling in caseload from 800 per month to the current 1600 clients per month (total for both facilities). 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. In FY05 SFH secured funds from the German Development Bank, KfW, to support four of the five CT fixed centers (called New Start) which it operates.

In FY06 SFH will scale up CT services. KfW funds will support centers in Lusaka, Kitwe, Livingstone and Chipata, while USG funds will maintain a second center in Lusaka at the University Teaching Hospital (UTH). Currently UTH, the primary referral hospital in Zambia, is not able to support CT services for all of its patients who potentially require this service due to inadequate staffing and space limitations. CT, administered within integrated facilities such as UTH, will ensure that hospital staff is trained consistent with the objectives of the public-private partnership relationship. The population to be served by SFH's facility will be of exceptionally high risk for HIV as it will capture Zambians who seek health care because of illness. The CT facility will be located directly across from the hospital ensuring that it is discreet yet easily accessible to hospital patients and family/spouses. It is estimated that 15,000 Zambians will be served annually through this center. Fixed centers will be established through a combination of public-private partnerships, with a focus on building capacity and ensuring access to quality CT services. With expansion to other urban areas through the establishment of fixed sites and to rural and peri-urban areas through mobile units, SFH plans to double clientele numbers by the end of FY06.

To improve reach to rural and isolated peri-urban populations without easy access to the fixed centers, USG funds will continue to support the three mobile CT units launched in FY2005, each of which will be coordinated from one of the fixed centers (Lusaka, Livingstone and Chipata). USG funds will also support the addition of at least one mobile unit (geographic location to be determined in the latter part of FY05). Mobile units are critical to reach under-served, rural and peri-urban communities that could otherwise not access quality CT services. However, referrals for further care after testing can be challenging as immediate referral systems and established psycho-social and medical post-test services are limited in many areas served by mobile units. To support these mobile units, community mobilization and follow-up care and support will be accomplished through linkages to other organizations such as ZPCT (3525) CARE International (3573), CIDRZ (3687), CHAMP (3688) and CRS (3569). It is estimated that with the support received from KfW and the USG, in FY06 SFH will reach 25,000 Zambians who would not otherwise have the opportunity to know their HIV status.

In FY06, 12 service outlets will be providing CT and 25 individuals will be trained in CT, according to national and/or international standards.

To address the key legislative issue of gender, PSI/SFH will continue to run a multi-media demand-creation campaign to increase the number of people seeking CT services. In particular, SFH will focus on increasing the number of men and couples attending CT. Couples will be encouraged to attend CT together to address issues pertinent to discordant couples.

Additionally, the key legislative issue of Stigma and Discrimination will be addressed

through this intervention. Improved access to CT services and referral to increase the number of people who know their HIV status and the means to control the advancement of the disease will diminish the likelihood that Zambians will experience social discrimination as a result of myths and misunderstandings about HIV/AIDS.

PSI/SFH plans to leverage other donor funds to offer expanded services along with its stand-alone and mobile CT testing. Integrating other critically needed health services with CT will diminish potential stigma issues in both urban and rural communities associated with attendance at an HIV-testing facility.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Training	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	12	☐
Number of individuals who received counseling and testing for HIV and received their test results	40,000	☐
Number of individuals trained in counseling and testing according to national or international standards	25	☐

Target Populations:

Adults

Community leaders

Discordant couples (Parent: Most at risk populations)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

Lusaka

Copperbelt

Eastern

North-Western

Southern

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Zambia Prevention, Care and Treatment Partnership
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3525
Planned Funds:
Activity Narrative: This activity links with the Zambia Prevention, Care, and Treatment Partnership (ZPCT) activities in PMTCT (3528), ART (3527), HIV/TB (3542), Palliative Care (3526), and Laboratory Support (3541) as well as with other USG-funded partners, JICA, and the National CT Technical Working Group as outlined below. The objective of these activities is to improve CT services in the Central, Copperbelt, and the more remote Luapula, North-Western, and Northern provinces to reach 83,000 people with CT services in 93 facilities. This target is based on an FY05 assessment conducted of CT service utilization, catchment population size and prevalence rates, and existing and planned community mobilization and outreach services. Facilities were strategically chosen to improve equity of access to CT and related services. More specifically, the four activity components are: (1) comprehensive assistance to facility-based CT services; (2) support to local organizations to expand CT services and to support mobile teams of lay counselors; (3) expansion and strengthening of referral systems; and, (4) assistance to the national CT Technical Working Group.

In the first component, ZPCT will provide technical assistance to 93 CT health facility sites; adding 15 sites (including creation of six new CT sites) to the 78 sites already supported in FY05. Assistance includes the continuation of FY05 support, such as: facilitating provision of HIV test kits, improving management of CT commodities, conducting moderate refurbishments, training and mentoring of health care workers (HCWs), strengthening quality assurance programs, placing additional counselors in key facilities, and improving systems for tracking patient flow, accessibility, and acceptability of CT services. In FY06, 'testing corners' will be placed in close proximity to CT sites to facilitate same day results and CT will be further integrated into TB and STI services. In new service sites, ZPCT will work with facilities and district health management teams to ensure that these sites are eligible to receive supplies from the national warehouse, Medical Stores Limited (MSL) to ensure a reliable supply of CT commodities. Moreover, in collaboration with the GRZ and JSI/DELIVER, pharmacy, laboratory, and counseling staff will be trained in data collection/reporting, ordering, tracking, and forecasting CT-related commodities.

In the second component, ZPCT will work with local organizations to create demand and acceptance of CT services. Approaches include peer education, distribution of IEC materials developed by the Health Communications Partnership, and training mobile teams of lay counselors and health care workers (HCWs) to improve access to CT services. This integrated effort of local organizations, Neighborhood Health Committees, community leaders, HCWs, and lay counselors will bring services to underserved peri-urban and rural areas as well as increase demand for CT services. Through this network of support, PLWHAs will be referred to key services, such as PMTCT for HIV-positive pregnant women.

For example, in FY05, ZPCT provided 200 HCWs with the GRZ CT course. In FY06, an additional 75 participants will receive this training, while 100 will receive refresher training and 12 HCWs will receive training as counseling supervisors. ZPCT trained 350 lay counselors from CBOs and FBOs in FY05. In FY06, an additional 200 will be trained to support CT services in health facilities and to increase demand for these services in communities. Community-based agents already working at the facilities (e.g., TB treatment supporters) will be among those to be trained.

Another key strategy employed by ZPCT that began in FY05 is working with partners to disseminate the "know your status" message aimed at overcoming stigma, gender inequalities, and other barriers to CT service access. For example, a training course designed to reduce stigma and discrimination associated with CT will target HCWs and community leaders (e.g., religious, traditional healers) to mobilize communities for

seeking CT services.

In the third component, ZPCT will work with facilities, surrounding communities, and partner organizations to establish, strengthen, and widen referral linkages. Inter- and intra- facility referrals between CT and TB, STI, in-patient, outpatient, and ANC services will be forged and existing community-based services will be integrated into an active referral system. Key personnel assigned to oversee the district networks include referral coordinators from the provincial offices and staff members from each district hospital.

In the final component, ZPCT will provide technical assistance to the national CT Technical Working Group on strategies for scaling up CT services as well as developing, revising, and disseminating training materials, protocols, and policies. Policy issues include recognition of lay counselors' role in facilities, involving non-HCWs in HIV testing, and adapting CT strategies for provider-initiated protocols.

Linkages with USG and non-USG partners will increase the number of people reached and avoid duplication of services. Through collaborative efforts with the Health Communication Partnership (HCP), Society for Family Health (SFH), and Peace Corps, ZPCT will provide targeted IEC materials (print and community radio spots), developed in local languages for use by local organizations. Partnering with EQUIP2, ZPCT will expand CT services through the use of mobile CT units to the EQUIP2 sites. In districts where ZPCT focuses primarily on improving ART centers, opportunities will be sought to leverage resources by partnering with organizations that already provide CT services, such as SFH's New Start clinic and mobile CT network thereby linking SFH CT services to ZPCT ART services. ZPCT will also collaborate with projects supporting home-based care, such as CRS SUCCESS and RAPIDS, to promote and expand CT services for their communities.

Emphasis Areas	% Of Effort
Training	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	93	☐
Number of individuals who received counseling and testing for HIV and received their test results	83,000	☐
Number of individuals trained in counseling and testing according to national or international standards	387	☐

Target Populations:

Adults

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Discordant couples (Parent: Most at risk populations)

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

Lab technicians

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Key Legislative Issues

Stigma and discrimination

Gender

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism: RAPIDS
Prime Partner: World Vision International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3555
Planned Funds:
Activity Narrative: This activity relates to HKID (#3559), HBPC (#3558), HVAB (#3556) and HTXS (#3566) activities.

RAPIDS is a consortium of World Vision, CRS, CARE, The Salvation Army, Africare, Expanded Church Response, and a growing number of local FBO/CBO subgrantees, working at the community level in 47 of 72 districts in Zambia for the care and prevention of HIV/AIDS. For the first time in FY06, RAPIDS will integrate CT services into their home-based palliative care services. RAPIDS CT support work will ensure that 10,000 individuals receive community/family-based HIV CT services with HIV test kits obtained from the District Health Management Team.

RAPIDS will increase the number of persons that receive CT directly through the training and mobilization of its HBC volunteer caregivers and arranging for on-site CT services. RAPIDS will invite the GRZ and other organizations experienced in CT to HBC community sites to increase CT uptake. Caregivers will be trained to counsel and refer clients to both mobile and static CT centers. Strong linkages will be made with GRZ and other USG funded CT delivery sites. Post-test support activities will be implemented and a referral system developed to link post-test clients to prevention, care and ART services. CT promotional materials developed by other USG programs i.e. HCP, will be accessed, and distributed. RAPIDS will seek creative and practical ways to connect communities to CT reaching a target population including OVCs, youth and HBC clients and their family members. RAPIDS will facilitate community mobilization for CT provided by other USG partners in target communities.

All six RAPIDS partners will carry out CT and/or support activities to ensure that it reaches its target CT numbers. To promote operational linkages and enhance the "network model" approach in Zambia, RAPIDS will forge partnerships with other USG supported initiatives that provide CT such as Zambia Prevention Care & Treatment (ZPCT), the Center for Infectious Disease Research in Zambia (CIDRZ), Corridors of Hope, and PSI New Start. Each of the RAPIDS consortium partners, and some of its FBO/CBO subgrantees, will include direct provision and/or support of CT in OVC, youth and HBC programming. RAPIDS will follow GRZ guidelines on lower age limits for providing CT for youth with or without parental advice and consent.

To ensure that men and women, and male and female youth have equal access to CT, RAPIDS will plan with a deliberate focus on gender-sensitive issues. For instance RAPIDS will focus on reducing barriers to CT that men and women face, as well as concerns of single versus married persons, with attention to the risk of violence for married women who seek CT without advance knowledge or consent of their spouse. RAPIDS will target youth at risk and children in HIV/AIDS affected families with unique strategies that respond to the needs of each age group within their family and social context. RAPIDS will work with FBOs and church leaders to encourage congregants to undergo CT and reduce stigma and discrimination.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results	10,000	☐
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

Community members

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: BizAIDS

Prime Partner: International Executive Service Corp

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: *Counseling and Testing*

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3560

Planned Funds: [redacted]

Activity Narrative: The BizAIDS Project of the International Executive Service Corp (IESC) is a focused HIV/AIDS project and in FY 06 is fully funded by PEPFAR. This is the second year of the project. In FY 04, BizAIDS was supported by non-PEPFAR funding (CHS). BizAIDS was funded in FY05 with PEPFAR funding. Thus, the complete budget for the project is [redacted] with a target of providing CT to 12,000 individuals.

This activity is a continuation of work initiated in FY04 that will increase access to and uptake of CT services among employees and owners of 4500 micro, small and medium businesses. The activities under the BizAIDS program are focused on the provision of business training as a means to reach the small business communities in Zambia with HIV/AIDS services, with a focus on CT as an entry to prevention, care and treatment. The methodology is based on the premise that a healthy business requires healthy employees and customers to operate. It is anticipated that 6000 individuals will receive direct CT services in 39 districts of 6 provinces as a result of this BizAIDS activity. BizAIDS will collaborate with all other USG- and other donor-funded workplace programs to ensure that there is no duplication in effort.

The program works with local trainers in the respective areas and encourages business owners in the communities to discuss the issues of HIV/AIDS in Eastern Province (Chiptata, Chadiza, Chama, Chipata, Katete, Lundazi, Petauke), Northern Province (Chinsalii, Isoka, Kasama, Kaputa, Luwingu, Mporokoso, Mungwi), North-Western Province (Chavuma, Kabompo, Kasempa, Mwinilunga, Solwezi, Zambezi), Luapula Province (Kawambwa, Mansa, Mwense, Nchelenge, Samfya), Southern Province (Choma, Livingstone, Mazabuka, Monze, Pemba, Siavonga, Zimba), and Western Province (Lukulu, Mongu, Kalabo, Kaoma, Senanga, Sesheke).

These trained trainers will in turn provide comprehensive and accurate information and facilitate dialog with business owners and employees that will lead to direct counseling and testing services and linkages to other appropriate HIV/AIDS prevention, care and treatment services. Even though the program results focus on CT, it is expected that the activities will also contribute indirectly to prevention through abstinence and faithfulness and to increased uptake of ART. The program also uses IESC Volunteer Experts who work with the local trainers to build local capacity to implement the program. IESC volunteers will provide training assistance, identification of local trainers, and follow up with businesses to mentor the implement what was learned in training.

BizAIDS will continue to provide direct access to CT on-site at training and orientation venues via sub-contracting Latkings Outreach Program, a local NGO with staff certified in HIV Counseling and Testing, and by partnering with other USG-funded programs and by inviting the government District Health Management Teams to do on-site CT.

BizAIDS has been working with other USG HIV/AIDS Workplace Forum partners supported to share experiences and lessons learned. For example, BizAIDS has established linkages with Kara Counseling to provide CT services for participants and also to gain access to their network of counselors in BizAIDS project locations. Zambia Health Education and Communication Trust (ZHECT), another USG-funded program is looking to make mobile testing facilities available onsite for BizAIDS participants in particular focal areas. In addition, BizAIDS will improve indirect access to VCT through referrals of program participants to existing public and private sector VCT service facilities In other areas direct linkages with the District Health Management Facilities will provide access to CT. The program puts an emphasis on women headed households and business owners as they are most vulnerable and at

risk for HIV/AIDS.

In addition to assisting participant's linkage to testing the program will enlist the services of HIV Positive persons to encourage others to undergo VCT.

The BizAIDS methodology encompasses training workshops for 20-30 participants each over approximately 20 hours (multiple days) on business issues (record keeping, cross training employees, asset management), HIV/AIDS (peer counseling and basic HIV/AIDS information) and legal information (inheritance issues). A workbook is used to help participants understand their current business status, manage their business, and plan for the future in light of the AIDS pandemic. Training of trainers is provided through local "master" small business trainers, peer counseling trainers, and paralegal training. . A target of 3000 individuals will be trained. These trained trainers are expected to reach out to 27,000 other individuals in their families and businesses with HIV/AIDS information and will promote universal CT.

The training program is being linked to and wrapped around the Technical Education, Vocational and Entrepreneurship Training Authority (TEVETA) for inclusion as standard HIV/AIDS curriculum for business programs that target the micro and small businesses that are not included in the mainstream workplace programs being implemented.

The BizAIDS program provides a simplified, multi-faceted approach to the mitigation of the impact of HIV/AIDS by using local partners and resources to provide sustainability in Zambian communities. It helps micro and small Zambian businesses (MSMEs), their owners, families, employees and communities to access VCT, directly and indirectly, as well as other prevention, care and treatment services.

Working with IESC has established excellent business networks around the country as a result of a previous now completed Economic Growth program. This project builds on and benefits from those networks. BizAIDS works with district business forums to reach micro and small businesses throughout the country with complete and accurate information about HIV/AIDS, to assist them in developing workplace policies and plans in the event of illness or death for themselves and their employees, and to promote counseling and testing and linkages to ART and care. A component of the intervention is to generate interest among small business owners to implement HIV/AIDS activities within their businesses. However, the ultimate objective of this program is to increase the number of business owners, their family members, and employees that receive counseling and testing services and to link individuals in need to ART and care. IESC is now providing on-site CT services and has a 50% and above acceptance rate during their programs.

Emphasis Areas	% Of Effort
Workplace Programs	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results	6,000	☐
Number of individuals trained in counseling and testing according to national or international standards		☑

Indirect Targets

27000: These will comprise family members, employees and their dependants who have undergone CT; a number of these are expected to access ART, subject to results.

Target Populations:

Business community/private sector

HIV/AIDS-affected families

Volunteers

Key Legislative Issues

Volunteers

Gender

Wrap Arounds

Coverage Areas

Luapula

Northern

North-Western

Eastern

Southern

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism: SUCCESS
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3569
Planned Funds:
Activity Narrative: This activity relates to HBPC (#3568) and HTXS (#3698).

CRS SUCCESS HBC is in its fourth year of implementation and has achieved a large platform for HIV service delivery in 7 diocese. SUCCESS will target at least 12,850 PLWHA in at least 51 of Zambia's 72 districts with Counseling and Testing services and train 96 health workers in CT, two for each hospice and 10-15 per dioceses. SUCCESS views CT as an integral component of high quality, community-based Palliative Care (PC). This target more than doubles the SUCCESS FY05 target for CT. The cost per test will likely drop as SUCCESS' partners increase the volume of testing and become more efficient. The target relies heavily on provision of Test Kits by the GRZ's District Health Management Team, which the USG is supporting through JSI/Deliver.

SUCCESS will support its partners to provide on-site CT services that meet national and international CT standards in those areas where other USG supported CT, such as ZPCT-GRZ facilities, do not exist. CT, as the entry point for HIV/AIDS care and treatment, enables SUCCESS to identify and refer PLWHA to EP funded ART sites. SUCCESS has set an indirect target of referring at least 3,150 individuals found to be HIV+ for ART, including infants and children. Assuming that there is a reliable and adequate supply of Test Kits, SUCCCESS' partners will scale up CT services through innovative methods, such as community CT, and to the extent possible, will share its trained counselors with government health facilities when and where they are short staffed.

Catholic Diocese partners will mobilize communities and use community participation to increase acceptance and the uptake of CT. This strategy will take CT activities directly into the communities and households. Diocesan nurse/counselors will be fully trained in Rapid Test technology following GRZ and international CT guidelines. This builds on the established care relationships in the communities and allows for privacy and convenience of C&T in the home. Since rapid testing is not effective in infants, they will instead be visually screened for signs of "growth faltering" associated with HIV/AIDS, and referred for presumptive clinical care until confirming diagnosis via PCR or rapid tests can be done. This community CT model also provides some relief for the human health care resource crises in Zambia, by providing additional health care providers to work in SUCCESS rural service delivery sites. This allows scarce GRZ facility CT staff to remain at their service sites to meet the increasing demand for CT services.

SUCCESS Partners use a network model and create linkages to existing ART services. SUCCESS works hand in hand with their GRZ local health structures (DHMTs) to coordinate CT services and link to other NGOs and CT providers who operate Mobile Testing services.

Emphasis Areas	*% Of Effort*
Training	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	20	☐
Number of individuals who received counseling and testing for HIV and received their test results	12,850	☐
Number of individuals trained in counseling and testing according to national or international standards	98	☐

Target Populations:

Adults

HIV/AIDS-affected families

People living with HIV/AIDS

Community members

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Luapula

Northern

Western

Central

Copperbelt

Eastern

Lusaka

North-Western

Southern

Table 3.3.09: Activities by Funding Mechanism

Mechanism: SHARE
Prime Partner: John Snow Research and Training Institute
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3639
Planned Funds: [redacted]
Activity Narrative: This activity links to HVAB (#3638), HKID (#3652), HBPC (#3640), HTXS (#3641), HVSI (#3642) and OHPS (#3643).

SHARe's experience in FY04 and FY05 with CT counselors will be expanded in FY06 to contribute to an overall increase the number of Zambians who know their HIV status. SHARe will continue to provide support to the private sector in partnership with its local NGO grantees (ZHECT, ZamAction, Afya Mzuri) along with Kara Counseling Trust and Chainama Hospital to provide training for counselors. SHARe will support the expansion of CT services in the project's existing private and public workplace programs through a combination of activities including the development of workplace capabilities, training, on-site and mobile CT services, and linkages to other service providers. Through training, policy development and the fostering of linkages, SHARe will work with a cumulative total of 98 private (30 new) and 4 public (1 new) workplace programs to increase the number of employees (business community, factory workers, government workers, vendors, marketeers) who are aware of their HIV status. In addition to the other industries in which SHARe has established relationships, the private sector program will initiate work with transportation companies. SHARe will engage with USAID to identify a number of transportation companies and support their development of corporate workplace polices in CT to help protect employees from HIV/AIDS. Working with administrative and other corporate logistics staff, SHARe will promote programming that leads to the prevention of new HIV infections in this sector. CT service linkages will be developed for main office staff, along with linkages to ART services. SHARe will also work in partnership with other USG projects that target other transportation employees in the field such as the long-distance truck drivers to ensure the coordination of these targeted CT services with corporate policies. It is expected that 115 people will be trained in C&T and at least 6,000 individuals will receive CT services.

Training in counseling using the accredited institutions will continue to be a major emphasis. SHARe will continue to link individuals to counseling and testing services and facilitate the development of institutional linkages with organizations that are able to provide on-site and mobile CT services to institutions without fixed CT services. SHARe develop strategies to increase the supply of rapid HIV test kits to organizations that provide such testing, in order to facilitate the expansion of CT services in workplaces, both public and private, as well as to vendors and marketeers. It is anticipated the 6,000 clients will be tested through on-site and mobile CT services. Counselors from mobile units will be linked to other counselors in the program (who in turn have links to ART services in their respective communities) to ensure continuity of care for those who test positive.

SHARe will also continue its grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO working in Zambia, to provide support to OVC programming in two Global Development Alliances on HIV/AIDS in the mining and agribusiness sectors in Zambia. Private sector partners include Konkola Copper, Mopani Copper, Copperbelt Energy, Kansanshi Mines, Bwana Mkubwa Mining, Dunavant Zambia, Zambia Sugar and Mkushi Farmers Association, reaching 30 districts in six provinces and 34,635 employees and 2.1 million outreach community members. It is expected that over [redacted] will be leveraged from the private sector for the two GDAs.

CHAMP will provide technical support and SHARe will manage a sub-granting mechanism totaling [redacted] to GDA members and other organizations to support HIV workplace and outreach CT services. It is anticipated that the GDAs will support 36 CT sites, train 715 health workers, peer educators and counselors in CT, and

provide CT services to 71,000 direct, and 29,247 indirect persons by the end of September 2007. The private contributions to the GDA make this a particularly cost-effective activity with the costs for health facilities and health workers being borne by the GDA members.

CHAMP will assist GDA members to: scale up on-site, facility-based and mobile CT services; create linkages for referrals to off-site services where on-site facilities are not available; train health personnel, workplace and community peer educators, and community service providers in CT using national guidelines; link to the District Health Management Teams logistic management systems and other sources for a consistent supply of required CT test kits and reagents; and network with available HIV prevention, care and treatment service sites.

CHAMP will work with GDA members and the Ministry of Health to promote adoption of the CT opt-out/provider initiated approach to offer CT within all antenatal services, at TB clinics, and during annual medical examinations. CHAMP will train GDA member staff in CT monitoring and reporting and ensure the reporting of CT services through the national HMIS.

Emphasis Areas	% Of Effort
Workplace Programs	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	36	☐
Number of individuals who received counseling and testing for HIV and received their test results	71,000	☐
Number of individuals trained in counseling and testing according to national or international standards	715	☐

Target Populations:

Business community/private sector

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	University Teaching Hospital
Prime Partner:	University Teaching Hospital
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3658
Planned Funds:	

Activity Narrative: The Dermato-venereology clinic in the University Teaching Hospital (UTH) provides tertiary level services for the Lusaka district as well as primary level care to walk-in patients with sexually transmitted infections and skin complaints. STI clients referred to the clinic from other health centers will often have complicated infections with no response to first-line drugs or have a history of repeated STIs. Sexually transmitted infections are a major public health problem. In Zambia, the incidence has been reported at 16/1,000 people. The testing and treatment of STIs can prevent the spread of HIV because the presence of an STI can increase the likelihood of acquiring HIV 2-5 times and the presence of an STI increases the probability of HIV transmission through an increased level of viral particles in the genital secretions. The presence of an STI can indicate that either the client or his/her partner has engaged in risky sexual behavior and is at an increased risk of acquiring HIV. Alcohol use/abuse has been linked to risky sexual behavior that results in STI's and HIV. Alcohol use also contributes to poor adherence for those that are on ART and may cause drug interactions with ARV treatment. Incorporation of HIV counseling and testing in the routine clinical management of clients with an STI presents an opportunity to reinforce messages on behavior change and enable the referral of HIV infected individuals to the antiretroviral treatment program.

In 2005, the USG provided support to the UTH STI clinic for the implementation of routine counseling and testing for all STI clients. The support provides for counselor training as well as the rehabilitation of the clinic's infrastructure to provide adequate counseling space. Counseling and testing is also provided to other clinic patients with Kaposi's Sarcoma and other skin lesions. All HIV positive clients are referred to the ART clinic for evaluation and treatment as appropriate. In addition to referral of all STI clients for counseling and testing, patients attending the ART clinic have been screened for STIs and referred to the STI clinic for management. During FY06, these services will be expanded and will include STI screening of clients undergoing HIV testing at a stand alone VCT center established by SFH in the neighborhood with support from the USG. The proposed activities will include counseling training for all staff in the clinic, including emphasis on alcohol use as a risk behavior, training of staff in the ART clinic in the diagnosis of STIs, continued refurbishment of the clinic to cater for the expanded counseling services, and improvement in the IT infrastructure, including computerization of the laboratory and data base. Human capacity in the clinic will be improved through the recruitment of laboratory and counseling staff and provision of continuing education and in-service training for existing staff. Laboratory capacity will be enhanced through the purchase of a CD4 machine and reagents and staff will be trained to perform rapid HIV tests.

The treatment of STIs in Zambia follows the syndromic management guidelines produced by WHO. These guidelines have been validated in Zambia by the Central Board of Health working with the UTH STI Clinic and the Tropical Disease Research Centre with support from the USG. The guidelines for treatment will be revised based on the results of this validation. Drug resistance monitoring is important in order to inform the choice of drugs used in the guidelines. In FY05, the USG supported the UTH Clinic and the Tropical Disease Research Center to implement a program for sensitivity testing of gonorrhea in order to monitor the trends of resistance. The clinic will continue to monitor the trends of gonococcal drug resistance.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Logistics	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	***Not Applicable***
Number of service outlets providing counseling and testing according to national or international standards	1	☐
Number of individuals who received counseling and testing for HIV and received their test results	1,225	☐
Number of individuals trained in counseling and testing according to national or international standards	10	☐

Target Populations:

People living with HIV/AIDS

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Lusaka

Table 3.3.09: Activities by Funding Mechanism

Mechanism: *UTAP/Tulane University*

Prime Partner: Tulane University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: *Counseling and Testing*

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3659

Planned Funds:

Activity Narrative: For FY06 and FY07, CIDRZ proposes to continue supporting counseling and testing at public health facilities where Care and Treatment is available. The availability of ART appears to have increased the demand for testing services substantially at these facilities. Without supplemental test kits and staffing, most sites would be unable to meet these demands. As the entry point to HIV care and treatment, it is essential that testing services be widely available and convenient to clients of public health facilities. CIDRZ is currently supporting testing for over 98,000 patients a year at 78 sites and proposes to support VCT as needed in any of the proposed Care and Treatment sites. *Clinics in targeted communities (see below) will require a greater* influx of resources.

In order to rapidly scale up counseling and testing, it is proposed to pilot two strategies for community-based HIV counseling and testing. The first strategy *consists of door-to-door visits by community health workers and counselors in order* to reach a large proportion of the overall population in the community. This strategy will utilize mobile counseling teams, intensive community mobilization, and social *marketing* efforts. In the Lusaka district, the target will be 2-3 high density discreet residential areas, each served by a District Health Center that provides *comprehensive HIV services (including* treatment). The strategy will also be piloted in Mongu district in the Western province in order to assess the strategy in a more rural area. The project builds on the success of peer outreach through community and support groups based at the Care and Treatment clinics. The second strategy will be family-based HIV counseling and testing, whereby an index patient, identified as HIV-infected at a District Health Center through its PMTCT, VCT, or HIV treatment services, will be approached to encourage testing of the household. Those who are interested will be visited at home by a mobile counseling team, who will provide household counseling as appropriate and draw blood for HIV testing.

Operational aspects of each strategy will be developed in close consultation with the Zambian National Counseling Services and Ministry of Health. As is currently standard *in district clinics, all adult clients undergoing HIV testing will provide written consent.* Those identified as HIV seropositive will be referred for immediate clinical assessment at a *USG-supported government health center. Those that qualify for ART will be* offered the treatment. Those that do not yet meet criteria will be enrolled in follow-up and receive positive living counseling.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	64	☐
Number of individuals who received counseling and testing for HIV and received their test results	27,600	☐
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Community leaders

Community-based organizations

People living with HIV/AIDS

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Community members

Coverage Areas

Lusaka

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Corridors of Hope

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3664

Planned Funds:

Activity Narrative: This activity relates to HVAB (#3663) and HVOP (#3665).

The Corridors of Hope Cross Border Initiative (CoH) will come to an end in March 2006. This project has played a significant role in Counseling and Testing for Most at Risk Populations (MARPs) for the USG in Zambia. Through Track 1.5 funding, CoH for the first time introduced C&T services into services for Most at Risk Populations. This has been highly successful with an increasing proportion of clients receiving CT services and CT services being offered on-site in surrounding communities. In FY04, 3236 MARPs received CT services and in the first six months of FY05, 1561 received CT services. Most recently, CoH initiated mobile outreach CT services.

The USG through USAID is designing the follow-on project which will be ready for implementation for the FY06. To date, a situation analysis and background paper have been completed and a program description for the follow-on activity has been drafted. It is anticipated that either a Leader with Associates or buy into a centrally procured mechanism at USAID/W will be used to support this effort with strong local organizational participation. OGAC A&A guidelines will be followed and the draft Program Description will be sent for review to the in-country PEPFAR Team, the Zambia Core Team, and OGAC Prevention TWG. Zambia specific HIV/AIDS epidemiological data, findings of the PLACE study and the Sexual Behavior Study/AIS, other behavioral and biological data, and lessons learned from the CoH are being used in developing the Program Description. Proximate and intermediate determinants of sexual behavior and transmission that act as barriers to behavior change or are facilitative of change specific to Zambia will be addressed.

This follow-on program will continue to expand Counseling and testing services in border and high transit corridors. Four sites covering: (1) Livingstone and Kasungula; (2) Chipata and Katete; (3) Kapiri Mposhi; and, (4) Solwezi will be covered as these represent populations that have the highest HIV prevalence and number of PLWHAs in the country. These communities are characterized by highly mobile populations, including sex workers, truckers, traders, customs officials and other uniformed personnel, in addition to the permanent community members, in particular adolescents and youth, who are most vulnerable to HIV transmission by virtue of their residence in these high risk locations.

The overall goal of the Zambia CoH Community HIV/AIDS Initiative will be to reduce HIV/AIDS transmission among Most at Risk Populations and Most Vulnerable Populations within border and high transit corridor areas. Universal CT will be promoted and community prevalence findings will be utilized to inform community members of the real risk of HIV transmission in their area, to reduce denial, and increase personal risk perception. Some static and mainly mobile community-based C&T services will be provided. C&T will be an entry point to prevention, care and treatment services. The winner of the award and their local partners will work closely with communities to establish post-test clubs and support activities. All CT services will be linked to existing health centers, hospitals, and community structures for services such as: prevention of mother-to-child transmission, prevention and clinical management of HIV-related illnesses and opportunistic infections, antiretroviral therapy, tuberculosis control, and psychosocial support. A strong referral system will be established to existing local government and private sector HIV/AIDS services and other USG supported programs.

It is anticipated that 12000 individuals will receive counseling and testing services and that 30 counselors, health workers and lab technicians will be trained in CT.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	4	☐
Number of individuals who received counseling and testing for HIV and received their test results	12,000	☐
Number of individuals trained in counseling and testing according to national or international standards	30	☐

Target Populations:

Most at risk populations

Truck drivers (Parent: Mobile populations)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central

Eastern

Lusaka

Northern

Southern

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Southern Provincial Health Office
Prime Partner:	Provincial Health Office - Southern Province
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3667
Planned Funds:	
Activity Narrative:	In Southern Province, the estimated HIV prevalence rate among adults aged 15-49 years is 16.2%. The TB notification rate in 2004 was 441/100,000 population. The Syphilis prevalence rate among adults aged 15-59 in 2002 was 4.1%..

In 2005, the USG provided support for the expansion of counseling and testing services in the 3 TB diagnostic centers in Livingstone district. Counseling services within the Livingstone General hospital to in-patients and the general population are provided through the Mosi-O-Tunya Family Support Unit that was established in 1994 with support from USG. Support will continue to be provided to this center for the operations and to ensure the availability of counselors.

In 2006, this support will be scaled up to additional districts. Expansion of counseling and testing services for HIV is a key activity that will help achieve the goals of the Emergency Plan by identifying individuals at high risk of being infected and linking them to care services (eg. ART). USG proposes to support the Provincial Health Office to provide CT in the routine care of patients with TB and STI's and development of linkages with the ART services in 5 of the 11 districts in the province, namely, Livingstone, Choma, Monze, Mazabuka and Siavonga districts, which report the highest HIV prevalence rates in the province. To accomplish this, the provincial health office will identify a focal person to coordinate the CT activities in the province. Regular supportive supervision will be conducted by the focal person at the provincial office to the districts.

Each of the 5 districts will identify 20 health care workers who will be trained in HIV counseling and rapid testing using standardized guidelines and protocols that are being developed. This training of health care workers will result in the HIV counseling and testing for a total of 1,200 TB patients (about 50% of total 2,400 TB cases notified in the five districts in 2004) and 500 STI patients. The training will also strengthen the linkages between the counseling and testing services and the STI, TB, and ART program to ensure that HIV positive patients are screened for TB and STI.

Documentation of counseling activities will be done in standardized registers at each health facility and referral to care. To account for human resource shortages and to extend HIV counselling services beyond the health facility, a total of 200 community members will be trained to conduct HIV counseling at the community level and referral to health facilities for additional counseling and testing. This will result in 4,000 people receiving HIV counseling and testing. A recording and reporting system to document counseling activities at the community level will be established within the district reporting system. In the province, many health centers lack the appropriate infrastructure to provide counseling services. Support will be provided to the province for the rehabilitation and renovation of counseling and testing rooms in at least one selected health facility in each district by the USG. Logistics such as HIV kits for testing will be supported by USG through the Central Medical Stores. The districts will hold monthly meetings with organizations and community based groups implementing CT activities to report on findings, share experiences, and identify weaknesses.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	5	☐
Number of individuals who received counseling and testing for HIV and received their test results	4,700	☐
Number of individuals trained in counseling and testing according to national or international standards	150	☐

Target Populations:

Adults

People living with HIV/AIDS

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Coverage Areas

Southern

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Eastern Provincial Health Office
Prime Partner: *Provincial Health Office - Eastern Province*
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3669
Planned Funds:
Activity Narrative: In Eastern Province, the estimated HIV prevalence rate among adults aged 15-49 years is 13.2%. In 2004, the prevalence rates among adults aged 15-49 years in Chipata, Katete and Petauke were 26.3%, 18.1% and 9.3% respectively. The provincial TB notification rate in 2004 was 263/100,000 population. The Syphilis prevalence rate among adults aged 15-59 years is estimated to be 9.3%.

Expansion of counseling and testing services for HIV is a key activity that will help achieve the goals of the Emergency Plan by identifying individuals at high risk of being infected and linking them to care services such as ART. USG proposes to support the Provincial Health Office to provide CT in the routine care of patients with HIV and STI's and development of linkages with the ART services in the 3 districts namely, Chipata, Katete and Petauke, which report the highest HIV prevalence and TB notification rates in the province. To accomplish this, the provincial health office will identify a focal person to coordinate the CT activities in the province and to provide regular supervision to the districts. Each of the 3 high-burden districts will each identify 20 health care workers who will be trained in HIV counseling and rapid testing using standardized guidelines and protocols that are being developed. This training of health care workers will result in the counseling and HIV testing of a total of 1,322 TB patients (about 50% of total 2,644 TB cases notified in the 3 districts in 2004) and 300 STI patients in the 3 districts. The training will also strengthen the linkages between the counseling and testing services and the STI, TB, and ART program to ensure that HIV positive patients are screened for TB and STI.

Documentation of counseling activities will be done in standardized registers at each health facility and referral to care. To account for human resource shortages and to extend HIV counseling services beyond the health facility, a total of 120 community members will be trained to conduct HIV counseling at community level and referral to health facilities for additional counseling and testing. This will result in 2,400 people receiving HIV counseling and testing. A recording and reporting system to document counseling activities at community level will be established within the district reporting system. In the province, many health centers lack the appropriate infrastructure to provide counseling services. Therefore, support will be provided to the province for the rehabilitation and renovation of counseling and testing rooms in at least one selected health facility in each district, chosen by the USG. Logistics such as HIV kits for testing will be supported by USG through the Central Medical Stores. The districts will hold monthly meetings with organizations and community based groups implementing CT activities to report on findings, share experiences, and to identify weaknesses.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	3	☐
Number of individuals who received counseling and testing for HIV and received their test results	3,922	☐
Number of individuals trained in counseling and testing according to national or international standards	90	☐

Target Populations:

Adults

People living with HIV/AIDS

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Coverage Areas

Eastern

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Zambia Emory HIV/AIDS Research Project (ZEHRP)

Prime Partner: Association of Schools of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3674

Planned Funds:

Activity Narrative: Prevention messages for HIV build on FY05 and target the ABC approach, which often focuses on behavioural change messages regarding being faithful to one's partner. However, in cases where a partner's HIV status is unknown, this will not necessarily result in avoidance of infection. Discordant HIV status in stable couples may be a greater risk factor for the transmission of HIV than having a series of casual sexual partners. It is estimated that the rate of discordance of HIV status among stable couples in Zambia is 40%. In Uganda, 43% of couples tested were discordant.

Couples voluntary counseling and testing (CVCT) is the only prevention program proven to reduce HIV incidence in the largest risk group in the world, HIV-discordant African couples. It is feasible and cost-effective plus early studies by the Emory group in Rwanda and Zambia have shown that CVCT results in pronounced risk reduction in married couples. The purpose of the program is to expand the services provided for counseling and testing with the particular focus of providing couples with voluntary counseling and testing for couples in selected districts in the Southern and Eastern Provinces. ZEHRP has provided couples VCT services to more than 12,000 Zambian couples though it's counseling facilities. Though this service has provided CVCT to more couples than any other service in Africa, this represents less than 2% of the couples in Zambia. The services are promoted using the Influence Network Model whereby Influence Network Agents (INA), who are employed by faith-based, health care, NGO/CBOs, and the private sector, invite couples to attend the CVCT centre. The program has developed 3 centers within Lusaka and additional centers on the Copperbelt. All CVCT clients receive a certificate of participation. Those who test positive have the option of obtaining a letter stating their official results that they can present at GRZ and USG-supported ART sites. ZEHRP has developed ART counseling messages and has produced a short video to show all clients attending CVCT. For clients requesting further information about ART, brochures developed by the MoH and USG-supported partners, such as CIDRZ and CRS will be provided. Referral linkages between CVCT and ARV services will continue to be strengthened.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	4	☐
Number of individuals who received counseling and testing for HIV and received their test results	25,000	☐
Number of individuals trained in counseling and testing according to national or international standards	100	☐

Target Populations:

Adults

People living with HIV/AIDS

Coverage Areas

Eastern

Lusaka

Southern

Table 3.3.09: Activities by Funding Mechanism

Mechanism: DAPP

Prime Partner: Development Aid People to People, Namibia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3675

Planned Funds:

Activity Narrative: Development Aid from People to People in Zambia (DAPP in Zambia), in cooperation with Humana People to People, proposes an innovative, grassroots, one-on-one communication and mobilization strategy for HIV prevention and behavior change. Voluntary Counseling and Testing (VCT) will be implemented on a house-to- house basis in conjunction with personalized counseling for HIV prevention and behavior change as well as referrals for people to receive care and treatment services.

The overall objective of the program, called "Total Control of the Epidemic (TCE)," is to mobilize communities to take control of the epidemic. One area comprised of 100,000 people will be identified in Mazabuka district, Southern Province, to be targeted with a person-to-person campaign over 3 years. Approximately 35,000 people will be reached in the first year of the program. Fifty local resident people will be trained as field officers and each field officer will be responsible for reaching 2,000 people over three years (approximately 700 people per year) with information, mobilization, and personalized HIV/AIDS counseling. Additionally, field officers will be trained in HIV counseling and testing to be responsible for administering VCT to people who choose to be tested. It is anticipated that 10,000 people will receive pre-counseling and of these, 5,000 will be tested for HIV and receive their results in the first year. About 20,000 people who live in the target area are actually located along riverbanks and islands in the Kafue River Flats. Specific methods are being developed to reach these people via boats.

In addition to providing VCT for households, field officers will be well informed about PMTCT services, basic health care and support services, and ART services that are available in the district. They will also be able to talk with each person about their specific HIV-related needs. It is anticipated that 500 people who are enrolled and/or will be enrolled in ART will be identified through the house-to-house program. DAPP in Zambia will encourage these people to institute habits and systems that will ensure adherence to ART during and after the mobilization campaign. Additionally, 1,000 pregnant women are expected to receive HIV counseling and testing for PMTCT and receive their results. 60,000 individuals in 3 years (approximately 20,000 in one year) are targeted to be reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or be faithful. 50 individuals will be trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or be faithful.

This program is essential for providing VCT to people at a grassroots level. Efforts will be made to reach "hard-to-reach" people in their homes where they may be most comfortable talking about HIV and learning of their HIV status. A large benefit of this program is that house-to-house VCT can be strategically positioned to reach couples and conduct follow up visits when necessary. Additionally, people will receive pertinent information about HIV services available in their community and how to access them. USG programs of PMTCT, ART, and basic health care and support will benefit from the referrals that will be made to them. This program can be scaled up to include other areas of Southern Province and throughout Zambia in future years.

DAPP in Zambia has been operating since 1986. A national VCT center has been established in Ndola, Copperbelt Province and multiple "Hope Stations" have been established to provide training and support to people living with HIV/AIDS. The mission of DAPP in Zambia is to implement projects that will give people knowledge, skills, and tools that will empower them and their families to face the challenges of everyday life, and to thereby improve their quality of life. TCE has been very successful in Botswana and is now being implemented in Namibia with funding from

CDC as well as in South Africa, Mozambique, and Zimbabwe in co-operation with other partners.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	45	☐
Number of individuals who received counseling and testing for HIV and received their test results	5,000	☐
Number of individuals trained in counseling and testing according to national or international standards	25	☐

Target Populations:

Adults

People living with HIV/AIDS

Children and youth (non-OVC)

Coverage Areas

Southern

Table 3.3.09: Activities by Funding Mechanism

Mechanism: DoD-PCI
Prime Partner: Project Concern International
USG Agency: Department of Defense
Funding Source: *GAC (GHAI account)*
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: *09*
Activity ID: 3732
Planned Funds:
Activity Narrative: *This relates to JHPIEGO/DOD activities in PMTCT (#3670), TB/HIV(#3673),* ART and (#3672); and AIHA's twinning activity in mobile units (#3741). Observation of FY04 *and FY05 Counceling and Tesing (CT) activities shows that the military is more* resistant to CT than the general public. The previous prevention programs revealed that 89% of military personnel acknowledge the availability of VCT centers in their barracks, however only 17% of those participated in testing. This is mainly due to the fear among the military population that CT may lead to dismissal from the Defense Forces. *Military personnel* are also hard to reach because military bases are scattered all over the country. Thus, Project Concern International (PCI) will continuously make an effort to assist this hard-to-reach population by taking strategic and innovative approaches developed in the past experiences
The overall goal of this program is to strengthen the capacity of the Defense Force *Medical Services (DFMS) in providing counseling and testing services. In FY05,* the DFMS with support from DoD has established four major medical sites that provide comprehensive HIV/AIDS service including counseling and testing, anti-retroviral treatment, palliative care and prevention for mother-to-child transmission services. This year, while these four sites will maintain the current services, four additional sites will be established to provide the same services. These four new sites are selected in different provinces from the first four sites, so that these services become available *within the provinces where military personnel are stationed. The funding will mainly* cover procurement of test kits and other medical equipment and additional training for the DFMS staff in those new sites. 20 DFMS staff will undergo training in counseling and testing, using national guidelines, to ensure that all four sites have adequate human resources to provide high quality counseling and testing services. The HIV testing training will be facilitated by personnel from the University Teaching Hospital Virology Laboratory in Lusaka, using national guidelines. In addition, 20 senior *DFMS staff, mostly supervisors from the new model CT sites, will be trained to* develop their skills in monitoring, managing, and evaluating HIV counseling and testing services and developing linkage/referral networks for follow-up treatment and care in ART, TB, PMTCT and Palliative Care and ensuring quality standard for services in establishing these four comprehensive sites. In addition to the use of trained counselor supervisors, who will serve to reinforce CT training through ongoing supportive supervision visits and on-the-job training, the effectiveness of training will *continue to be assessed and monitored through pre- and post-training tests, and monitoring visits by Zambia VCT Services, HIV/AIDS unit staff who are also trained* counselors and supervisors, and PCI counselor trainers, in order to reinforce the training and to identify and address any performance and/or training gaps. PCI will collaborate with JHPIEGO who will provide assistance in ART and PMTCT services. The goal is to have 3000 people receiving counseling and testing at the 8 model sites and 61 other ZDF medical sites.
The second component of this activity is to assist in the operation of two mobile VCT units DoD procured in FY05. These vans, referred to as "health promotion vans," provides wide range of health care services including immunization, TB referral, necessary diagnostics tests to women to detect cervical cancer and other opportunistic infections and monitoring ART adherence. These two mobile units will continuously travel to DFMS sites and their surrounding communities throughout the nation. The funding will be specifically used for maintenance of the two vans, logistical support for medical staff on the health promotion visits and procurement of HIV test kits and other medical equipment. The mobile health promotion units will be also be equipped with TV screen and VCR which will be played during the tour and provide information on various health issues to those who come to receive services. The promotion of a wide range of health services will help to overcome the stigma that would otherwise be associated with a mobile service devoted solely to HIV counseling and testing. Updated and targeted education materials on VCT, ART,

sexually transmitted infections (STIs) and stigma reduction will be reproduced and provided at the counseling and testing sites. PCI will also collaborate with AIHA who would bring San Diego civilian medical community to assist DFMS in developing operational procedures and guidelines to mange and maintain the effectiveness and efficiency of the mobile services and its operations, particularly staffing, operational budgets, outreach programs and educational materials. T-shirts for ZDF personnel who test and learn their status will be designed and provided to encourage more people for testing through this activity. These two mobile units will target an additional 1,200 people with counseling and testing and 2,000 people with CT and other HIV/AIDS care, prevention and treatment services in one year.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	10	☐
Number of individuals who received counseling and testing for HIV and received their test results	3,200	☐
Number of individuals trained in counseling and testing according to national or international standards	40	☐

Target Populations:

Most at risk populations
Military personnel (Parent: Most at risk populations)
People living with HIV/AIDS
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Public health care workers
Community members

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Deliver
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3748
Planned Funds:	
Activity Narrative:	This activity links with the Working Capital Fund HIV test kit procurement (3750) as well as with other United States Government (USG) partners and the Government of the Republic of Zambia (GRZ), as outlined below. The purpose of this activity is to continue and expand work initiated in FY05 to ensure an adequate, uninterrupted supply of HIV test kits in the public health care system during FY06. In support of the national HIV/AIDS program, JSI/DELIVER's mandate is to assist GRZ in ensuring that the right HIV test kits, in the right condition and quantities get to the right places at the right time and at the right cost. To accomplish these tasks, JSI/DELIVER will utilize the following approach: 1) build capacity for implementing sound HIV test kit logistics principles and practices; 2) strengthen the national HIV test kit logistics management information system; and 3) ensure GRZ/donors/partner coordination in the procurement of HIV test kits to maximize available resources.

During FY05, JSI/DELIVER worked closely with a number of partners and stakeholders to initiate a systematic process of assessing and strengthening the logistics systems for HIV test kits. In Spring, 2005 JSI/DELIVER and GRZ led the development of the first national medium-term quantification and forecast for HIV test kits. In addition, in July 2005, JSI/DELIVER conducted an assessment of the national HIV test kit commodities logistics system in collaboration with GRZ and 60 partners/stakeholders, including representatives from the National Procurement Technical Working Group, JICA, and World Bank. One key finding revealed that all partners need to strengthen coordination and consolidation of HIV test kit procurements in order to more efficiently and effectively make HIV test kits available nationwide. For example, there are currently eight parallel HIV test kit logistics systems currently functioning in Zambia.

With FY05 funding, JSI/DELIVER is working with the above organizations to conduct national stakeholders' forums on a quarterly basis to identify stumbling blocks and solutions in the HIV test kit logistics systems; this forum brings together HIV test kit partners from public and private sectors. One outcome of this forum is the development of HIV test kit procurement and logistics system standard operating procedures manual and training materials, with the goal of training 100 key personnel in 30 CT and PMTCT sites by the end of FY05. These efforts were coordinated with GRZ, Health Systems Strengthening Project (HSSP), Zambia Prevention, Care, and Treatment Partnership (ZPCT), Centers for Infectious Disease Research (CIDRZ), and CDC to avoid duplication of efforts and to ensure a uniform system for addressing HIV test kit logistics management. In FY06, JSI/DELIVER will train another 200 key personnel in 60 CT and PMTCT facilities. Follow-up with these participants and monitoring visits in all nine provinces will better ensure that HIV test kit logistics procedures are properly implemented, systems are consolidated and coordinated, and HIV test kits are readily available within the national HIV/AIDS program. Moreover, the stakeholder forums will continue to be held on a quarterly basis.

Moreover, several other important inputs will be made to the HIV test kit commodity supply chain in FY06, including: 1) forecasting and quantifying HIV test kit needs on a quarterly basis while building capacity of GRZ and Medical Stores Ltd. (MSL) to assume full responsibility of this role; 2) conducting on-the-job training in HIV test kit logistics management for 30 key senior and mid-level professionals in GRZ and NGO organizations; 3) assisting coordination of donor HIV test kit procurement; 4) assisting in the management of USG-funded HIV test kits; 5) strengthening MSL to improve HIV test kit inventory control and logistics information management; and 6) publishing a quarterly newsletter on the status of HIV test kit stocks throughout the supply chain as well as best practices regarding HIV test kit supply chain management to better ensure coordination among partners and to improve the HIV test kit

commodity logistics system.

Emphasis Areas	% Of Effort
Logistics	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Pharmacists (Parent: Public health care workers)

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: HIV Test Kits & ARV Drug Procurement
Prime Partner: Working Capital Fund
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3750
Planned Funds:
Activity Narrative: This activity links with the JSI/DELIVER CT activity (3748). FY06 monies will be placed in the Working Capital Fund to access for the procurement of HIV test kits in support of the Government of the Republic of Zambia's (GRZ) national CT and PMTCT programs. In FY05, JSI/DELIVER and its sub-contractor, Crown Agents International, provided logistics support to develop the first national multi-year forecast of HIV test kits and to manage the USG-funded HIV test kit procurements

In FY06, USG will continue its strong collaboration with GRZ, GFATM, and JICA to assist the national HIV testing program in fulfilling demand for CT and PMTCT services. For example, USG is providing assistance to GRZ and GFATM to obtain donated HIV test kits for the public sector PMTCT program. Furthermore, with F06 funds, USG will provide to purchase Determine, Genie II, and Bionor HIV test kits in accordance with GRZ testing protocols. The majority of these HIV test kits will go directly to the Medical Stores Ltd. (MSL) where all public sector CT programs will have access to these critical supplies; it is estimated that the USG procurement will enable 245,250 persons to be tested for HIV. The remaining USG funded HIV test kits will be used by the GRZ National Blood Transfusion Service for screening blood samples. In collaboration with the aforementioned partners, approximately 327,000 persons will be tested nationally in FY06.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Adults
HIV/AIDS-affected families
People living with HIV/AIDS
Children and youth (non-OVC)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Host country government workers
Public health care workers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	University Teaching Hospital
Prime Partner:	University Teaching Hospital
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3758
Planned Funds:	
Activity Narrative:	One component of this activity is to provide HIV counseling and testing services to the to in-patients, outpatients, and the hospital community at the University Teaching Hospital. The center was initially established to provide counseling and testing for the Department of Pediatrics, which continues to be a major focus of their activities. Other patients are referred to the Family Support Unit from clinical units within the hospital for counseling and testing. In addition, the center will continue to provide HIV counseling and testing to the general public who attend the center for voluntary counseling and testing. HIV testing is carried out on-site and enables the center to provide same-day results to their clients. Clients who are found to be HIV positive among the general population are assessed for eligibility for antiretroviral treatment as well as willingness to take treatment and are referred to the ART center in the hospital as well as the district health centers providing ART. The activity will provide continued support to the center for community outreach activities in support of counseling and testing in the form of mobile VCT, which the center conducts at occasions such as the Agricultural and Commercial Show, as well as large meetings by the government of Zambia and multilateral and international organizations. The unit is an integral part of the hospital and permanent staff who work in the unit are employed by the hospital. In addition, the unit has the services of 6 volunteer counselors who will be supported through this activity.

A key activity of the center is the provision of psycho-social support for children living with HIV/AIDS and their care givers at the University Teaching Hospital and in two urban centers in the Lusaka District with support from RAPIDS. RAPIDS will provide continued support for the educational and recreational activities provided for the HIV positive children registered with the unit in FY06 (see activity 3559 OVC). A total of 2,302 children in 3 sites have been enrolled in the unit in the last 3 years. Children identified through the unit will be referred to the Pediatric Center of Excellence that will be established in the Department of Pediatrics with support from the USG. HIV infected children receiving treatment in the Pediatric Center of Excellence will be referred to the Family Support Unit for ongoing psychosocial support.

In addition to support for the children, the unit will continue to provide health education and a forum for discussion of issues pertaining to the care of an HIV infected child for care-givers. This will take the form of open discussions once a month where topics such as disclosure of HIV status for children and care of the chronically ill child will be discussed. The unit currently provides this support to 3 clinics and in FY06 will extend their services to an additional 5 centers within the Lusaka District, linking directly with the ART and counseling program in the clinics supported by the USG. In FY06, the unit will mobilize 20 home-based care programs to integrate pediatric care and support into their programs. The Family Support Unit is a training center in psychosocial counseling, providing training courses as requested by the general public.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	8	☐
Number of individuals who received counseling and testing for HIV and received their test results	7,200	☐
Number of individuals trained in counseling and testing according to national or international standards	240	☐

Indirect Targets

240 people trained in C&T according to national and international standards

Target Populations:

Community-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas

Lusaka

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Western Provincial Health Office
Prime Partner:	Provincial Health Office - Western Province
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	*Counseling and Testing*
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3792
Planned Funds:	
Activity Narrative:	In Western Province, the estimated HIV prevalence rate among adults aged 15-49 years is 12.6%. The provincial TB notification rate in 2004 was 486/100,000 population. The prevalence rate for syphilis among adults is estimated to be 7.9%.

Expansion of counseling and testing services for HIV is key activity that will help achieve the goals of the Emergency Plan by identifying individuals at high risk of being infected and linking them to care services such as ART. USG proposes to support the Provincial Health Office to provide CT in the routine care of patients with TB and STI's and development of linkages with the ART services in the 7 districts in the province: Mongu, Kalabo, Senanga, Sesheke, Lukulu, Shangombo and Kaoma. To accomplish this, the provincial health office will identify a focal person to coordinate the CT activities in the province and to provide regular supportive supervision to the districts. Each of the 7 districts will identify 20 health care workers who will be trained in HIV counseling and rapid testing using standardized guidelines and protocols that are being developed. This training of health care workers will result in the counseling and testing of HIV for a total of 1,800 TB patients (about 50% of total 3,680 TB cases notified in the 8 districts in 2004) and 700 STI patients. The training will also strengthen the linkages between the counseling and testing services and the STI, TB, and ART program to ensure that HIV positive patients are screened for TB and STI. Documentation of counseling activities will be done in standardized registers at each health facility and referral to care.

To account for human resource shortages and to extend HIV counseling services beyond the health facility, a total of 280 community members will be trained to conduct HIV counseling at the community level and referral to health facilities for additional counseling and testing. This will result in 5,600 people receiving HIV counseling and testing. A recording and reporting system to document counseling activities at cthe ommunity level will be established within the district reporting system. In the province, many health centers lack the appropriate infrastructure to provide counseling services. Therefore, support will be provided to the province for the rehabilitation and renovation of counseling and testing rooms in at least one selected health facility in each district, chosen by the USG. Logistics such as HIV kits for testing will be supported by USG through the Central Medical Stores. The districts will hold monthly meetings with organizations and community based groups implementing CT activities to report on findings, share experiences and to identify weaknesses.

Emphasis Areas	*% Of Effort*
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	7	☐
Number of individuals who received counseling and testing for HIV and received their test results	8,140	☐
Number of individuals trained in counseling and testing according to national or international standards	34	☐

Target Populations:

Adults

People living with HIV/AIDS

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Coverage Areas

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Technical Assistance/JHPIEGO
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4527
Planned Funds:
Activity Narrative: Because of their special characteristics, mobile populations are in great need of services, but are challenged both by access and continuity of care. In the last quarter of FY05, JHPIEGO began assessing the needs and analyzing gaps for mobile populations of sugar cane workers in Mazabuka district and military personnel in four districts (Lusaka, Livingstone, Kasama and Ndola) to strengthen the integration of HIV counseling and testing (CT) and increase access to and utilization of HIV prevention, care, and treatment services. In FY06, JHPIEGO will continue to work with the private agribusiness industry and the Zambian Defense Forces, in conjunction with other collaborating partners (CAHMP in Mazabuka and PCI in the military facilities) to strengthen and improve the integration of TB, STI, and HIV/AIDS services and increase the update of CT services and appropriate cross referrals between programs. JHPIEGO's primary focus will be to expand the availability of quality CT services through integration of CT capability within TB and STI services, based on a similar model used to integrate CT within antenatal care for PMTCT.

JHPIEGO will continue to provide supportive supervision and quality assurance to programs strengthened during FY05, and will expand services by training an additional 40 health workers and designated adjunct personnel (e.g., lay counselors) from up to 8 additional facilities and programs to update their clinical skills in TB, STI, and HIV/AIDS care and to train them in CT services. JHPIEGO will also collaborate with partners to strengthen the community outreach around the target facilities, to improve the continuity of care and the uptake of services (including training 80 community workers in group education on HIV/AIDS), recognition and referral for STI, TB, or HIV care services, and treatment support. By virtue of the nature of their job, these groups are mobile so treatment and care services will be linked not only to the providers in the districts that JHPIEGO plans to work, but also in their home of origin. Under the national treatment program, all the selected districts are currently providing treatment and care services. Structured mentoring site visits and supportive supervision follow-up visits will be conducted to reinforce knowledge transfer and address any gaps.

This activity also relates to activities in ART, PMTCT and TB/HIV projects with CDC and DoD funding.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	8	☐
Number of individuals who received counseling and testing for HIV and received their test results	1,300	☐
Number of individuals trained in counseling and testing according to national or international standards	40	☐

Target Populations:

Military personnel (Parent: Most at risk populations)

Migrants/migrant workers (Parent: Mobile populations)

Public health care workers

Private health care workers

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Health Communication Partnership
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	4840
Planned Funds:	

Activity Narrative: This activity supports all USG partners providing counseling and testing (CT) services and addresses both Zambia and the Emergency Plan's goals for increasing the number of people who know their status through community mobilization and the provision of quality CT information. This links with HCP's activities in AB (3539), Other Prevention (3538), Care (3536), OVC (3537) and Treatment (3534).

Community mobilization and behavior change communication, the foundation of the Health Communication Partnership's (HCP) strategy in Zambia, is a comprehensive approach promoting better health seeking behavior through the support for CT services throughout the country. In FY06, HCP will continue to take the lead in disseminating correct and consistent CT information and referral throughout Zambia, supporting CT service delivery partners such as ZPCT (3525), PSI (3369) and CRS (3569).

Through USG support to a local Zambian organization, the Comprehensive HIV/AIDS Management Program (CHAMP), the first HIV Talkline in Zambia was launched in December 2003; one of only four such programs in existence in Africa. The HIV Talkline is a confidential, 24 hour toll-free telephone line that provides information, counseling, advice and referral services to the public. With continued FY05 funding through the Health Communication Partnership, the HIV Talkline has continued to aggressively promote its services and has steadily increased its daily number of callers.

The HIV Talkline is available in all nine provinces and 72 districts and operates 24 hours, 365 days a year. The HIV Talkline is staffed by full-time qualified nurse-counselors, all of whom are registered with the General Nursing Council, are trained psychosocial counselors, have received specific training in telephone counseling and have attended various treatment and care courses offered through the Ministry of Health.

The HIV Talkline counselors provide counseling on a wide variety of subjects including CT, positive living and discordant couples. CT is also actively promoted as a part of the Being Faithful prevention model, with the need for faithful partners to know their HIV status. Where CT services are provided, referrals within the callers' community will be made with clients encouraged to call the HIV Talkline for confidential support in discussing their results. A proactive approach is taken with all callers in introducing CT into discussions, with mobilization for CT services being identified as a priority area for the HIV Talkline. CT is focused on all callers with an emphasis on people engaging in high-risk sexual activity and youth over the age of 16 years. Couple CT is also encouraged as an integral part of promoting prevention through mutual fidelity. As part of the data collection process for each call received, clients are asked if they know their HIV status, and encouraged to access CT services when the response is 'no'.

To reach 52,500 individuals with information about CT services by the end of FY07, outreach activities will be scaled up and include messages focusing on confidential information and services offered through the HIV Talkline. These outreach activities will place a high emphasis on increasing the number of callers from rural areas. The provision of accurate information is key to ensuring caller satisfaction and referral for new callers. The HIV Talkline will strengthen linkages with other organizations to ensure that a unified approach to CT is adopted and that clients referred by our Talkline counselors receive an expected level of service, and that these CT centers refer their clients back to the HIV Talkline for ongoing support and information.

CHAMP maintains and regularly updates one of the largest HIV Referral Network

Databases in Zambia for use with the HIV Talkline, allowing the tailored referral of callers to CT services in their communities or geographic locations. This database will continue to be maintained and updated through referral network partner meetings, feedback from callers, actively contacting organizations to update their details, input from other partners and information from District AIDS Task Forces and District Health Management Teams.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Adults

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	PRM/UNHCR
Prime Partner:	United Nations High Commissioner for Refugees
USG Agency:	Department of State
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	5396
Planned Funds:	
Activity Narrative:	This activity is linked to UNHCR activities in MTCT (5391), HVOP (3756), HBHC (5394), and HKID (5397).

This funding mechanism establishes a new partnership between the USG and the United Nations High Commissioner for Refugees (UNHCR) to strengthen HIV/AIDS prevention programs for refugees residing in Zambia. UNHCR and its implementing partners began strengthening HIV/AIDS programs for refugees in Zambia in 2003. HIV prevention and education campaigns (in countries of asylum) are often inaccessible to refugees, who speak different languages and have different cultural backgrounds. In addition, many refugees have suffered trauma and violence, including sexual violence, during conflict and flight. Displacement also destroys traditional community support structure. Therefore, comprehensive HIV prevention and care programs need to be specially tailored to this unique, high-risk population.

In FY06, UNHCR will coordinate Counseling & Testing (CT) activities with two implementing agencies working in Luapula and Northern provinces: 1) Aktion Afrika Hilfe (AAH) at Kala Camp; and 2) Zambian Red Cross Society (ZRCS) at Mwange camp. There are currently approximately 50,000 Congolese refugees residing in these camps and 176,000 Zambians in the districts surrounding the camps. HIV/AIDS Interagency Task Forces have been established at each camp and are comprised of members from UNHCR, implementing partners, refugee leaders and camp administration. Implementing partners also work with district and national HIV programs to ensure they are operating under guidelines established for Zambia.

AAH in Kala camp will begin to offer comprehensive HIV services that are desperately needed by this vulnerable population through PEPFAR funding in 2006. Counseling staff will be retrained and new staff will be recruited and trained to deliver CT services. Laboratory supplies and equipment essential for CT services will be procured. Additionally, staff will participate in training for universal precautions to ensure that accidental exposures to possibly contaminated specimens are avoided. Supplies such as gloves and protective eyewear will be purchased to ensure that universal precautions are followed. Funding is needed to ensure that sufficient equipment and supplies are on hand, including confidential testing rooms. In addition to the refugee community, both camps will offer services to the surrounding Zambian communities.

Large-scale sensitization programs will be undertaken in the camps to ensure that all refugees are aware of the services available and the advantages to knowing one's status for HIV. It is expected that the demand for CT services will increase rapidly from the current rate following these communication campaigns. Currently, the average number of clients accessing CT in the camps in one month in 2005 is 8 people per camp (Mwange Health Report, May 2005; Kala Health Report April 2005). This would be approximately 200 people per year, if no changes were made to scale up CT in the camps. The current program aims to increase the rate of attendance at CT centers in both camps by 300%.

Fifty (50) people will participate in government certified CT training programs. In addition to obtaining skills that are needed for the CT program in the camps, these people will have acquired new skills that they can continue to use when they return to their country of origin. Included in these trainings will be refugee leaders and member of the Zambian communities surrounding the refugee camps who will become advocates for CT among their constituents, as well as counselors for CT.

ZRCS strengthen the CT services that are being expanded through 2005 PEPFAR

funding. More health workers will be trained as counselors and commodities to ensure sufficient stock of laboratory supplies and equipment for CT will be procured to accommodate the anticipated demand for services. Sensitizations that reflect current knowledge, attitudes and beliefs of refugees will be conducted to appropriately encourage people to attend CT clinics.

Additionally, both camps will establish a referral system for those who require further access to HIV/AIDS care and support outside of the provisions that are available at the camps. This referral system for CT would tie into the referral system for PMTCT discussed in activity MTCT (5391). The system will ensure the refugees and host community beneficiaries are able to access more comprehensive services in nearby towns where services for STI treatment, psychosocial counseling, and nutrition services are available. This effort will include building a broader network among the organizations providing these services in nearby towns and training all camp staff to become aware of the referral services that are available for refugees.

Through this funding mechanism, 2 service outlets will provide CT services to clients. A target of 50 people will be trained to deliver CT services and 800 people will receive CT services in 2006.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	2	☐
Number of individuals who received counseling and testing for HIV and received their test results	600	☐
Number of individuals trained in counseling and testing according to national or international standards	50	☐

Target Populations:

Refugees/internally displaced persons (Parent: Mobile populations)

Coverage Areas

Luapula

Northern

Table 3.3.10: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10

Total Planned Funding for Program Area:

Percent of Total Funding Planned for Drug Procurement: 91

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

Scaling-up ART is critical to achieving the USG/Zambia Five-Year Strategy objectives, with emphasis on ARV drug procurement and enhancing the capacity of supply chain management systems. Great progress has been made in improving the availability of ARV drugs at the national level during FY05. Currently, there are 34,460 persons on ART (32,000 and 2,460 in the public and private sectors respectively) as compared to 13,555 persons in FY04. The USG is strengthening its support to the Government of the Republic of Zambia (GRZ) to assist in placing and maintaining about 71,000 patients on ART in FY06.

To achieve ART targets in FY05, USG brokered an agreement between the GRZ, GFATM, and Clinton Foundation to create a multi-year ARV drug procurement plan. This process included the development of the first national, long-term ARV drug quantification and forecast (to be updated quarterly) as well as conducting the first national ARV drug commodity logistics assessment in which the GRZ, GFATM, and 60 other partners participated. Furthermore, in FY05, USG provided for ARV drugs for the public health system. These drugs were sent directly to Medical Stores Ltd. (MSL) for all public sector ART sites to take advantage of these life-extending medicines. Track 1.0 partners (EGPAF and CRS) purchased an additional in ARV drugs.

However, there are still many barriers to overcome in ensuring a reliable supply of ARV drugs; challenges include: lack of funding to reach ART national goals (GRZ goal is 120,000 and 150,000 persons on ART by 2006 and 2007 respectively); insufficient coordination among donors and GRZ; complicated and lengthy procurement processes; and need to build capacity in HIV/AIDS commodity logistics management systems.

In FY06, USG will continue its strong relations with GRZ, GFATM, Axios, and Clinton Foundation to ensure that ARV drugs are available for all public sector ART sites. For this reason, USG is planning to procure the following ARV drugs: 3TC, AZT syrup, LPV/r syrup, AZT/3TC, ddI 200 mg, ddI 25 mg, EFV 50mg, EFV 600mg, LPV/r 133/33 caps, NVP 200mg, and Tenofovir 300mg (purchases may change as additional ARV drugs are approved by FDA and registered in Zambia). These ARV drugs will go directly to MSL where all public sector ART programs have access to the critical supplies; it is estimated that the USG public sector procurement will place about 26,350 adults and 1,350 children on ART. Remaining purchases will contribute to filling the voids in first line adult and pediatric regimens. Moreover, with FY06 and Track 1.0 funds, EGPAF is planning to purchase of ARV drugs in support of Center for Infectious Disease Research ART sites and CRS is planning to purchase of ARV drugs for their sites.

The GRZ, using GFATM funds, is planning to purchase for adult first line generic triple fixed dose combination regimens, Axios is assisting GRZ to procure ARV drugs for PMTCT sites, and Clinton Foundation will provide a one-time donation of ARV drugs for 1,000 children.

As USG works with partners to obtain the necessary funding for ARV drugs, it is also committed to protecting its past and future investments in ARV procurements. For this reason in FY06, JSI/DELIVER will expand its efforts in strengthening the national ARV drug logistics management systems and the Health Services and Systems Program will work with GRZ to develop a national pharmacovigilance system. Assistance for building effective ARV drug support systems not only benefits USG and GRZ by ensuring efficient use of commodities, it is also a critical element in leveraging other donor resources for ARV drug purchases.

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Health Services and Systems Program
Prime Partner: ABT Associates
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 3530
Planned Funds:
Activity Narrative: This is a new activity that links with DELIVER (3751) on procurement of ARVs. The Health Services and Systems Program (HSSP) will provide technical assistance to the Pharmaceutical Regulatory Authority (PRA) to build the capacity of its National Pharmacovigilance Centre (NPVC); strengthen pharmacovigilance within the public and private sectors; and monitor drug resistance.

In FY06 HSSP will: build data management capacity of two PRA staff to facilitate the development of an effective NPVC central data management system; fund technical training such as study tours and short-term courses for key NPVC staff; provide logistical support (computers, etc) for the center; and host stakeholder meetings to coordinate center activities.

HSSP will also work with the PRA to sensitize the public and private sectors on the importance of ARV pharmacovigilance. In collaboration with the Health Communication Partnership (HCP), HSSP will provide support to the PRA to develop, print, and disseminate IEC materials and publish articles in the press.

ARV drug resistance monitoring is a critical responsibility of the PRA. HSSP will help the PRA develop operational systems for monitoring, analysis, and investigation of reported cases of drug resistance. In this context, HSSP will help establish procedures for information flow, feedback mechanisms, and reporting timeframes. HSSP will also assist the PRA to coordinate with its subunits and other government entities to establish roles and responsibilities for drug resistance reporting. HSSP and the PRA will create an institutional structure for ARV drug resistance monitoring, drawing on the expertise of the HIV/AIDS Expert Review Panel and HIV/AIDS Investigation Committee. Finally, HSSP will help facilitate links to international institutions with experience in ARV drug resistance monitoring. HSSP's activities will complement the work of other partners such as CDC and GFATM in the areas of training laboratory technicians and helping to develop the infrastructure for reference laboratories.

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	51 - 100

Target Populations:

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Private health care workers

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	*TA- CIDRZ*
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (*GHAI account*)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	*10*
Activity ID:	3686
Planned Funds:	
Activity Narrative:	This activity relates to activities in HIV/AIDS Treatment/ARV Services #3687.

As agreed with the Zambian Ministry of Health (MOH), *the primary drug support by* CIDRZ for patients enrolled at MOH/CIDRZ sites will be for second-line drugs. This activity will increase *EGPAF's drug procurement capacity for second-line and a minimal* first-line backup for the 32 existing and 4 new treatment sites supported by CIDRZ in FY06. This backup is intended to help avoid emergency stockouts as GRZ stock reporting and drug forecasting systems are being strengthened. ARV Services support at each treatment site includes training and pharmaceutical staff support as necessary to help ensure appropriate stock management and ordering as well as cooperation with national and district stores systems in information monitoring and forecasting.

Drug cost calculations include the following assumptions: (1) EGPAF's calculation of patient month of first-line therapy and patient month of second line therapy; (2) 25,000 on ART by April 2006, with at least 1,800 starting therapy each month; (3) a 6% annual loss rate; and (4) 8% on 2nd-line therapy. Given these assumptions, the price of a year of second-line drug support is and a single month of first-line backup The proposed in field support will be combined with central (Track 1.0) resources to provide this necessary "buffer stock."

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Deliver
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 3747
Planned Funds: [ ]
Activity Narrative: This activity links with the Working Capital Fund ARV drug procurement (3751) as well as with other United States Government (USG) partners and the Government of the Republic of Zambia (GRZ), as outlined below. The purpose of this activity is to continue and expand work initiated in FY05 to ensure an adequate, uninterrupted supply of ARV drugs in the public health care system during FY06. In support of the national HIV/AIDS program, JSI/DELIVER's mandate to assist GRZ in ensuring that the right ARV drugs, in the right condition and quantities get to the right places at the right time and at the right cost. In order to accomplish these tasks, JSI/DELIVER will utilize the following approach: 1) build capacity for implementing sound ARV drug logistics principles and practices; 2) strengthen the national ARV drug logistics management information system; and 3) ensure GRZ/donors/partner coordination in the procurement of ARV drugs to maximize available resources.

During FY05, JSI/DELIVER worked closely with a number of partners and stakeholders to initiate a systematic process of assessing and strengthening the logistics systems for ARV drugs. In Spring, 2005 JSI/DELIVER and GRZ led the development of the first national medium-term quantification and forecast for ARV drugs. In addition, in July 2005, JSI/DELIVER conducted an assessment of the national ARV drugs commodities logistics system in collaboration with GRZ and 60 partners/stakeholders, including representatives from the National Procurement Technical Working Group, JICA, and World Bank. One key finding revealed that all partners need to strengthen coordination and consolidation of ARV drug procurements in order to more efficiently and effectively make ARV drugs available nationwide. For example, there are seven parallel ARV drug logistics systems currently functioning in Zambia.

With FY05 funding, JSI/DELIVER is working with the above organizations to conduct national stakeholders' forums on a quarterly basis to identify stumbling blocks and solutions in the ARV drug logistics systems; this forum brings together ARV drug partners from public and private sectors. One outcome of this forum is the development of ARV drug procurement and logistics system standard operating procedures manual and training materials, with the goal of training 100 key personnel in 30 ART sites by the end of FY05. These efforts were coordinated with GRZ, Health Systems Strengthening Project (HSSP), Zambia Prevention, Care, and Treatment Partnership (ZPCT), Centers for Infectious Disease Research (CIDRZ), and CDC to avoid duplication of efforts and to ensure a uniform system for addressing ARV drug logistics management. In FY06, JSI/DELIVER will train another 200 key personnel in 60 ART facilities. Follow-up with these participants and monitoring visits in all nine provinces will better ensure that ARV drug logistics procedures are properly implemented, systems are consolidated and coordinated, and ARV drugs are readily available within the national HIV/AIDS program. Moreover, the stakeholder forums will continue to be held on a quarterly basis.

Moreover, several other important inputs will be made to the ARV drug commodity supply chain in FY06, including: 1) forecasting and quantifying ARV drug needs on a quarterly basis while building capacity of GRZ and Medical Stores Ltd. (MSL) to assume full responsibility of this role; 2) conducting on-the-job training in ARV drug logistics management for 30 key senior and mid-level professionals in GRZ and NGO organizations; 3) assisting coordination of donor ARV drug procurement; 4) assisting in the management of USG-funded ARV drugs; 5) strengthening MSL to improve ARV drug inventory control and logistics information management; and 6) publishing a quarterly newsletter on the status of ARV drug stocks throughout the supply chain as well as best practices regarding ARV drug supply chain management to ensure coordination among partners and to improve the ARV drug commodity logistics

system.

Emphasis Areas	% Of Effort
Logistics	51 - 100

Target Populations:

Pharmacists (Parent: Public health care workers)

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	HIV Test Kits & ARV Drug Procurement
Prime Partner:	Working Capital Fund
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	3751
Planned Funds:	
Activity Narrative:	This activity links with the JSI/DELIVER ARV Drug activity (3747). FY06 monies will be placed in the Working Capital Fund to access for the procurement of ARV drugs in support of the Government of the Republic of Zambia's (GRZ) national ART program. In FY05, JSI/DELIVER and its sub-contractor, Crown Agents International, provided logistics support to develop the first national multi-year forecast of ARV drugs and to manage the USG-funded ARV drug procurements (totaling).

In FY06, USG will continue its strong collaboration with GRZ, GFATM, and the Clinton Foundation, to assist the national ART program in fulfilling demand for ART services. For example, the majority of GFATM procured ARV drugs will be generic triple fixed dose combinations (Round Four budget is while USG funds will be used to purchase the following ARV drugs in accordance with GRZ standard treatment guidelines: 3TC, AZT syrup, LPV/r syrup, AZT/3TC, ddI 200 mg, ddI 25 mg, EFV 50mg, EFV 600mg, LPV/r 133/33 caps, NVP 200mg, and Tenofovir 300mg (note: purchases may change as additional ARVs are approved by FDA and are registered in Zambia). These ARV drugs will go directly to the Medical Stores Ltd. (MSL) where all public sector ART programs will have access to these critical supplies; it is estimated that the USG procurement will place 25,000 adults on AZT containing regimens, 1,350 adults on second line regimens, and 1,900 children on ART. Cost per patient is estimated at: adult first and second line respectively pediatric first and second line respectively Remaining purchases will contribute to filling voids in first line adult and pediatric regimens. In collaboration with the aforementioned partners as well as the CIDRZ and CRS ARV drug procurement for their ART sites, it is estimated that USG will directly support 71,000 persons on ART in FY06.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)

Coverage Areas:

National

Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: *11*

Total Planned Funding for Program Area:

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

The GRZ aims to expand ART to 100,000 persons, including 90,000 adults and 10,000 children, by the end of 2005. As of August 31, 2005, over 32,000 patients in Zambia were receiving ART (up from 13,555 on September 30, 2004). In line with the USG 5-year strategy for Zambia and the Emergency Plan 2-7-10 goals, the USG is contributing directly to achieving national goals and will continue to assist in rapidly expanding ARV services, including quality treatment for HIV-infected children and their families. This will be aided by the fact that GRZ recently released operational guidelines to health providers removing all cost-related barriers to provision of ART in public sector facilities, including refugees.

Zambia now has at least 80 centers across the country providing ART, most of which are receiving USG support. During FY04, the focus was on building systems, human capacity, and infrastructure necessary for widespread delivery of ART. In FY05, the USG, in partnership with GRZ, focused on expanding the number of sites providing ART, improving the quality of care, and increasing ART uptake. The scale-up plan includes public, private, and NGO/CBO/faith-based facilities. USG is helping the development of a certification system to assess capabilities of institutions to deliver ART according to national guidelines and standards. The USG's partners have helped to develop national policies, plans, and guidelines necessary for the scale-up of ARV services. Technical assistance will be continually provided to the national ART program and Technical Working Group for program planning, regular reviews, and updating of national training materials, protocol development and dissemination.

In FY06, USG partners will further strengthen health systems to support ART services, including drug management and logistics, information systems, and human resource considerations. Direct assistance to points of service will help establish ART care, train health workers, buy equipment as needed, and provide monitoring and quality assurance. USG will also support linkages within facilities in order to integrate ART services with other clinical care services and among facilities to support the network model. The USG will also formulate a strategic plan for ARV drug resistance monitoring in close collaboration with the MoH.

Approximately 1,250 HIV-infected children are currently receiving ART in public sector facilities in Zambia. An important goal is to increase the number of infants and children receiving comprehensive care and treatment for HIV/AIDS. In FY06, the USG will work closely with the University Teaching Hospital, MoH, and partner institutions to create centers for excellence in outpatient pediatric and family HIV treatment in Lusaka, Livingstone, and Ndola. These will form a core network of pediatric providers and will build upon earlier USG investments in training Zambian providers in pediatric ART and implementing plans to routinely counsel and test all pediatric inpatients. These centers will demonstrate best practices and will serve as loci for on-site training and referral centers 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. Improved linkages and well-functioning referral systems among TB, PMTCT, ART, and home-based care services will be critical to the rapid scale-up of HIV/AIDS treatment. Given the magnitude of the HIV epidemic in Zambia, the national ART program also receives funding and/or technical assistance from the Global Fund, World Bank, WHO, UN, MSF, SIDA, JICA, EU, DFID and other multi-lateral organizations and private institutions.

Program Area Target:

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	107
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	35,352
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	81,297
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	71,000
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	892

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Zambia Prevention, Care and Treatment Partnership
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3527
Planned Funds:
Activity Narrative: This activity links with the Zambia Prevention, Care, and Treatment Partnership (ZPCT) CT (3525), PMTCT (3528), HIV/TB (3542), Palliative Care (3526), Laboratory Support (3541) activities as well as other United States Government (USG) partners [including the Global Development Alliance (GDA) program at Mopani Mines in Copperbelt province], Government of the Republic of Zambia (GRZ), and the Doctors Without Borders (MSF) program in Luapula province as outlined below. The purpose of this activity is to strengthen and expand ART services in Central, Copperbelt, and the more remote Luapula, North-Western, and Northern provinces to serve 24,800 ART patients, of whom 12,500 are new ART patients (inclusive of 500 pediatric). Moreover, the number of persons who ever received ART will be 26,000 in FY06. The five components of this activity are: (1) comprehensive support to establish and/or strengthen ART facilities; (2) expand implementation of the ART outreach model; (3) strengthen referral linkages and increase demand for ART services; (4) participation in and support to the national ART Technical Working Group; and, (5) assist in scaling-up pediatric ART services.

In the first component, ZPCT will continue its FY05 assistance to 32 ART centers and expand to five new sites, one in each of the five new districts. Support includes training 100 health care workers (HCWs) in ART provision using the GRZ curricula in all 37 sites, developing quality assurance mechanisms and supportive supervision systems, ensuring implementation of standard operating procedures for ART case management, placing essential staff in selected facilities to rapidly scale-up ART services, conducting minor refurbishments and providing ART-related supplies, and ensuring that ART patients and their families are linked to ante-natal care, PMTCT, TB, palliative care/home-based care, and other appropriate treatment and support services.

In the second component, ZPCT expand its work to replicate the ART outreach model implemented at Kitwe Central Hospital and Kalulushi Health Centre. Doctors, trained in ART case management, travel to health centers on selected days of the week, bringing with them mini-labs, to provide training of facility staff and provide HIV/AIDS clinical services to patients who would not otherwise have access these quality services. This outreach model is currently being expanded to two more district health facilities and in FY06, will be employed in another two centers to be identified with GRZ staff in early 2006.

In the third component, ZPCT will work with USG partners, such as CRS SUCCESS, Health Communication Partnership (HCP), RAPIDS, and Society for Family Health (SFH), to strengthen referral linkages and community outreach efforts aimed at creating demand for ART services and supporting treatment adherence among ART patients. During FY05, ZPCT collaborated with GRZ to develop adherence counseling training curriculum for HCWs and adherence lay counselors. Treatment support workers, many of whom are on ART themselves, were also trained to work in the facilities and communities with ART patients, particularly those initiating therapy. In addition to treatment support workers, ZPCT trained 92 lay counselors in ART adherence counseling, treatment support, and community outreach in FY05. An additional 15 persons will be trained in FY06 to support the new ART sites. FY06 support will also strive to further reduce stigma and discrimination associated with ART. For example, utilizing PLWHAs in community-based activities will continue to be an important element in influencing the perspective of community leaders and other key stakeholders on HIV/AIDS and PLWHAs.

In the fourth component, technical assistance, in coordination with Health Services and Systems Program (HSSP) and JHPIEGO, will be provided to the national ART

Technical Working Group for scaling up ART services, focusing on developing, updating, and disseminating training materials, protocols and policies. During FY05, ZPCT, GRZ and other partners involved in ART programming collaborated to revise the national standardized patient tracking system for improving accuracy of data and facilitate patient management. In FY06, this tracking system will be used by all partners engaged in provision of ART, covering all 72 districts.

The final component will provide assistance to the GRZ in scaling-up ART services and treatment for pediatric patients to serve 922 children in FY06. ZPCT will provide technical assistance to the GRZ in the five provinces to address the current limited HIV/AIDS pediatric expertise. Major challenges include building capacity in diagnosing HIV in children less than 18 months, providing correct dosing of children, understanding how to address disclosure issues, and providing adherence counseling for children. In collaboration with CDC, ZPCT will integrate innovative approaches to pediatric ART case management, drawing on the experience of other countries. Strategies will include mentoring and on-site training and strengthening the basic ART/Opportunistic Infection (OI) management training. ART lay counselors, trained and supported by ZPCT, will work with families to address ART adherence and other challenges to effective pediatric case management. Finally, ZPCT will work with partners to strengthen referral networks within and between facilities and communities to expand access to pediatric HIV care. An example is the tracking of mothers and their infants for up to 18 months to ensure that eligible infants receive appropriate services. ZPCT will also work with churches and local community groups to reach families with information and referrals for CT and ART for children under 14 years of age.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	37	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	12,500	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	26,000	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	24,800	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	100	☐

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Discordant couples (Parent: Most at risk populations)

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Lab technicians

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Health Services and Systems Program
Prime Partner: ABT Associates
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3531
Planned Funds:
Activity Narrative: Zambia continues to face an acute shortage of health care personnel which severely constrains the scale-up of the ART program. In FY04, the Health Services and Systems Program (HSSP) initiated the recruitment and placement of nine Provincial Clinical Care Specialists to enhance ART coordination and quality assurance. In FY05, HSSP's focus is on continued support to the Clinical Care Specialists (CCS), the development of minimum criteria for certification of providers and ART sites, and the recruitment of 35 doctors under the rural retention scheme to strengthen HIV/AIDS services. Since this program is just getting started in late FY05, results on retention will not be available until FY06.

HSSP will expand support to the Ministry of Health's (MOH) program to address the human resource crisis and to increase access to HIV/AIDS services through the following activities. 1) Provincial Health Office (PHO) Clinical Care Specialists. HSSP will provide ongoing support to the provincial CCS placed in each of the nine PHOs. These CCS will continue to play a pivotal role in ART coordination and quality improvement by providing technical backstopping and supervision to junior medical doctors. The CCS will continue to support district hospitals and clinical HIV/AIDS programs and to strengthen referral and continuity of care within health facilities. They will facilitate other activities that include: scaling-up ART in hospitals and health centers; serving as provincial ART trainers; and monitoring private sector ART services. The nine CCS will continue to serve as the primary conduit for coordination and quality assurance efforts at the provincial level.

2) Physician Rural Retention Scheme. The MOH continues to face severe human resource shortages, especially in the country's remotest districts. Currently, the GRZ's rural retention scheme supports 80 medical doctors, funded by the Netherlands. HSSP will provide ongoing support to the MOH for the retention of 35 additional physicians in the second year of their three-year contract, to cover the $250/month hardship allowance. (These costs are lower than first-year costs for physician retention.) This scheme is designed to maintain quality ART services for 10,000 patients in 21 of the most remote districts. The Antiretroviral Therapy Information System (ARTIS) will continue to track the assignment of physicians funded through this mechanism and monitor increases in the number of patients receiving ART services in their districts.

3) Health Worker Retention Scheme. The GRZ's ART policy promotes a multi-disciplinary approach to ART delivery, requiring the availability of other health workers in addition to physicians. Shortages of these other cadres of health workers have led the MOH to expand its retention scheme. HSSP will support the retention of 184 health workers (67 nurses, 67 clinical officers, 25 pharmacists and 25 lab technicians) with the requisite skills to provide ART services in 21 remote districts. Each health worker retention package will cost $200 per month which includes hardship allowance and equipment for the workplace. These staff also will contribute to achieving the national and Emergency Plan ART targets and will be tracked through the ARTIS system.

4) Nurse Tutor Retention Scheme. An acute shortage of nurse tutors has led to poor quality of training, fewer courses, and the closure of four nurse training institutions. HSSP will support the MOH's nurse tutor retention initiative, designed to ensure availability of tutors to train nurses in HIV/AIDS service delivery. Approximately five tutors per institution in 21 nurse training institutions will be retained (a total of 105 tutors). HSSP will support a retention package of $300/tutor/month including a hardship allowance and equipment costs, such as teaching aids. In the following years, these costs will decline.) As a result of this retention program, tutor

shortages will be reduced, trainees will receive higher quality, more comprehensive HIV/AIDS training, and more nurse training institutions will remain open. The 730 nurses who are expected to graduate in 2006 will receive comprehensive training in the provision of HIV/AIDS services. The total number of graduates will be tracked through the MOH's Training Information Management System (TIMS).

5) ART Accreditation System. HSSP will provide continued support to the MOH and the Medical Council of Zambia (MCZ) to establish an accreditation system for ART and to strengthen the mechanism for certification of private ART providers in line with national standards. HSSP will train 30 MOH/MCZ staff (two CCS per province, five human resource development specialists at national level and five staff from the MCZ) in ART protocols, procedures and information systems. These trained individuals will in turn train private providers so that they can apply for accreditation. It is expected that at least 25 private ART sites will be accredited as a result of this activity.

6) Quality Improvement. HSSP will work closely with CDC (3687), Zambia Prevention Care and Treatment (3527), and WHO to support the MOH in improving services for HIV/AIDS patients in health facilities. In particular, HSSP and other partners will help the MOH to: integrate HIV/AIDS services into its Performance Assessment tools and develop minimum quality assurance standards for HIV/AIDS services; support the CCS's to orient staff in facilities who are providing ART; and monitor adherence to MOH standards.

All health personnel will be placed in districts throughout the nine provinces with the highest needs and least supply of trained personnel. Providing quality services and strengthened human resource capacity are essential elements in meeting the Emergency Plan's targets for ART and is central to the USG's Five-Year Strategy for Zambia.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	10 - 50
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

Public health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Health Communication Partnership

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3534

Planned Funds:

Activity Narrative: This activity supports all USG partners providing HIV care and treatment services and addresses both Zambia and the Emergency Plan's goals for supporting the scale- up of ART services through the provision of quality information on treatment, adherence and positive living. This links with HCP's activities in AB (3539), Other Prevention (3538), Care (3536), OVC (3537) and CT (4840).

Community mobilization and behavior change communication, the foundation of the Health Communication Partnership's (HCP) strategy in Zambia, is a comprehensive approach promoting better health seeking behavior through the support for, and promotion of ARV treatment services throughout the country. In FY06, HCP will continue to take the lead in: (1) national-level ARV message harmonization; (2) updating existing ART IEC materials; and, (3) disseminating correct and consistent ART information.

As ART becomes progressively more available, there continues to be an increased need for home-based care providers, people living with HIV/AIDS and their families, Neighborhood Health Committees, CBOs, FBOs and NGOs to have a solid understanding of the complexities and various issues around ARV treatment, this includes information that is correct, consistent and up-to-date.

Harmonization efforts initiated in FY05, in collaboration with the Ministry of Health and the National HIV/AIDS Council, brought together all ART service delivery partners, PLWHA networks and other stakeholders to review existing communication materials and reach country-wide consensus on appropriate, correct and consistent treatment messaging. FY06 will see the conclusion of this extensive activity with the final development of a much needed Zambian National ART IEC Strategy that all partners will be encouraged to support and follow as the Government of Zambia's treatment program continues to scale up.

An ART brochure, developed prior to the Emergency Plan and used extensively throughout the country, will be revised, reproduced and distributed throughout all public health centers, CT clinics and Neighborhood Health Clinics. HCP will continue to work with the CDC, CIDRZ, ZPCT, CRS and JHPIEGO in addressing gaps in materials for pediatric and adolescent ART, and adherence issues pertaining to alcohol use. The 45-minute educational video on ART, developed in FY05, will be distributed to more than 80 health centers providing ART services in FY06. This video includes critical information on ARV use, adherence, management and stigma reduction. HCP will install TVs and VCRs where the ART video and other related videos such as the PMTCT and Tikambe stigma reduction videos can also be shown to clients and other community members.

In response to an urgent need for accurate information on positive living, HCP developed in FY05 a comprehensive, easy to read Post Test Handbook designed to be used primarily by people who test positive and their caregivers. In FY06, more than 50,000 copies of this handbook will be widely disseminated by all HIV service delivery and home-based care partners with HCP continuing to ensure that the information remains current and complete.

In FY05, the HIV Talkline continued to aggressively promote its services and has steadily increased its daily number of callers. Targets for the HIV Talkline through the end of FY07 are 52,500 individuals receiving information on HIV treatment. The HIV Talkline is a confidential, toll-free telephone line that provides information, counseling, advice and referral services to the public. The HIV Talkline is staffed by full-time qualified nurse-counselors, all of whom are registered with the General Nursing

Council, are trained psychosocial counselors, have received specific training in telephone counseling and have attended various treatment and care courses offered through the Ministry of Health. In FY06, one of the key roles of the HIV Talkline will be to provide counseling on issues related to positive living and referral to HIV treatment and care services. Mobilization around access to treatment, and the associated reduction in the stigma associated with being HIV positive will be stressed by the HIV Talkline counselors, many of whom are HIV positive and living positive lives. The dissemination of treatment information is also a focus area for mobilization of CT uptake. The HIV Talkline provides a referral option for time-constrained healthcare providers who would like to provide more information to patients. Through the counseling of HIV positive callers, information related to positive living and HIV treatment and care will be disseminated, thereby increasing the likelihood of treatment adherence, reduced transmission of HIV and prolonged life. Information concerning the negative impact of alcohol use on ART treatment and adherence will also be stressed. The HIV Talkline will strengthen linkages with Healthcare practitioners and other organizations to ensure that a unified approach to HIV treatment and care services is adopted and that clients referred by the Talkline counselors receive an expected level of service, and that these treatment centers refer their clients back to the HIV Talkline for ongoing support and information.

HCP will collaborate with the Public Affairs Office, Ministry of Health, National HIV/AIDS Council and the Ministry of Information to organize periodic orientations for journalists and reporters from community radio stations to encourage accurate and responsible reporting on issues of positive living and ART.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
People living with HIV/AIDS
Program managers
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Other health care workers (Parent: Public health care workers)
Media

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: RAPIDS
Prime Partner: World Vision International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3566
Planned Funds:
Activity Narrative: This activity relates to HKID (#3559), HBPC (#3558), HVAB (#3556) and HVCT (#3555) activities.

RAPIDS, a consortium of international and Zambian NGOs, FBOs and CBOs led by World Vision, will be a leading provider of community based, ART referrals and ART adherence in FY06. RAPIDS will reach 10,741 beneficiaries (out of the total 39,782 being directly reached with general HBPC) with ART access and adherence support services. RAPIDS will collaborate with the USG funded ART projects such as CIDRZ, AIDSRelief, and ZPCT, and GRZ ART services to increase the access of HBPC clients to ART and to Pediatric ART.

While the provision of ART to adults is still new, experiences with pediatric ART (P-ART) are even newer. Nonetheless, there is a rapid expansion of P-ART services being rolled out in Lusaka, Livingstone, Ndola and Mazabuka, and in Eastern and Western Provinces by the CDC-sponsored CIDRZ program. In the near future it is likely that further P-ART services will be implemented in other districts. However, service provision is almost exclusively clinic-based, with little outreach into communities to encourage people to attend or support families with children on ART. In their HBC project areas, RAPIDS will identify and refer suspected HIV+ adults, infants, and children to ART sites.

RAPIDS partners have experience in community-based support to families with HIV+ children and children on ART. RAPIDS will continue and strengthen support to Family Support Units (FSUs) in Lusaka, Livingstone and Ndola. RAPIDS partners will build their work on proven integrated methods to encourage parents and guardian to seek CT for children, provide community-based support for ART adherence, provide psychosocial support for CLWHAs and their family members, address stigma and discrimination at the community, and deal with the specific needs of family caregivers, families where both parents and children are on ART, and children in need of counseling.

In FY06, the RAPIDS program will work together with CIDRZ to increase access to P-ART and provide community-based care and support for families with children on ART. Using experience from the FSU initiatives, these interventions will include increased awareness, promotion of early CT, community-based care and support for parents managing P-ART, promotion of issues related to adherence, and psychosocial support for infected and affected children. These services will be linked to clinic-based service provision in specific areas where P-ART is available. The RAPIDS consortium will also strengthen the skills and knowledge of HBC providers through training in the provision of care and support for CLWHAs.

Building on experiences from FY05 from the GHAI RAPID Expansion funding, RAPIDS will provide nutritional support for people on ART, largely with targeted therapeutic feeding. This might be either in the form of HEPS or RUTF.

RAPIDS will network and create strong linkages with government health facilities as well as with other USG partners and other donors to ensure that HBPC clients access ART. RAPIDS will provide community-based adherence support and care for those on ART, including home visits, psychosocial support, nutrition monitoring, and support for families with children and adults on ART through their existing HBPC programs in 47 districts. RAPIDS will continue to strengthen linkage between HBPC and referral to nearby health facilities. In order to do this, RAPIDS will significantly increase the number of HBPC coordinators and caregivers trained in ART literacy and adherence, management of OIs, and in referral networking. To enhance the quality

of ART support and adherence, RAPIDS will work with PLHWAs together with their families and local communities to access care. The program will include identification of client transport options, linkages with HIV Counseling and Testing (CT) programs, and will use a Wraparound approach to access food supplementation.

RAPIDS will ensure that gender concerns are addressed so that women and men beneficiaries are included on the ART program equitably. This will also be reflected in the semi-annual reporting which will be disaggregated by sex. Like all RAPIDS activities, ART adherence activities are designed to reduce stigma and discrimination through training of caregivers and health providers in stigma reduction strategies. RAPIDS will use a Wraparound approach to access food supplementation and other support for OI reduction from other USG agencies, WHO, Food for Peace/C-SAFE as well as other private partnerships.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Indirect Targets

Pediatric ART (P-ART), and Nutritional and Adherence Support for 10,741 beneficiaries will be provided

Target Populations:

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism: SHARE

Prime Partner: John Snow Research and Training Institute

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3641

Planned Funds:

Activity Narrative: This activity is linked to HVAB (#3638), HKID (#3652), HBPC (#3640), HVCT (#3639), HVSI (#3642) and OHPS (#3643).

SHARe will provide practical and technical support for the expansion of ART service linkages and strengthen policies and systems in support of ART in government ministry and private sector workplaces. Working with managers and staff, SHARe will initiate and continue to support efforts to raise awareness about ART, conduct ART literacy sessions, and provide linkages to ART services. In addition to the other industries in which SHARe has established relationships, the private sector program will initiate work with transportation companies. SHARe will engage with USAID to identify a number of transportation companies and support their development of corporate workplace polices in ART to help protect employees from HIV/AIDS. Working with administrative and other corporate logistics staff, SHARe will promote programming that supports the treatment of HIV infections in this sector. ART service linkages will be developed for main office staff, and SHARe will work in partnership with other USG projects that target other transportation employees in the field such as the long-distance truck drivers to ensure the coordination of these targeted ART services with corporate policies. 120 managers will be trained in ART workplace policies, and 300 peer educators will be trained to encourage HIV-positive employees and family members (including children) to seek out ART. 1,050 employees will be linked to ART services in the public and private sectors. SHARe will work with the Ministry of Health to train 30 healthcare workers on ART in ministry and private sector clinics. Ongoing technical assistance will be given to 71 existing and 31 new private sector and ministry workplace programs to ensure linkages to ART services as well as ARV adherence. ART issues will be incorporated in SHARe's awareness education for 200 traditional leaders to enhance mobilization of communities, including OVC. Working with faith-based organizations through ZINGO, clients will be referred to ART services from the palliative care program.

Building on the ART service networks developed during the preceding two years, SHARE will leverage the provision of free ARV introduced by the government to get managers, peer educator/counselors to intensify the recruitment of workers and community members eligible to enroll in treatment programs. The major areas of emphasis will be training of care providers mainly in the private and public sectors to enhance the quality of care. Community mobilization will be an integral part of SHARe's work to increase enrollment in treatment towards achieving the PEPFAR's 2-7-10 goal.

SHARe will continue its grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO working in Zambia, to provide support to ART programming in two Global Development Alliances on HIV/AIDS in the mining and agribusiness sectors in Zambia. Private sector partners include Konkola Copper, Mopani Copper, Copperbelt Energy, Kansanshi Mines, Bwana Mkubwa Mining, Dunavant Zambia, Zambia Sugar and Mkushi Farmers Association, reaching 30 districts in six provinces and 34,635 employees and 2.1 million outreach community members. It is expected that over $2M will be leveraged from the private sector for the two GDAs.

CHAMP will provide technical support and SHARe will manage a sub-granting mechanism totaling $225,000 to GDA members and other organizations to support workplace and outreach for the support of ART service delivery programs. CHAMP will assist GDA members to scale up ART services, including pediatric ART, at on-site healthcare facilities in 3 of the companies. Where no on-site facilities exist, CHAMP will create strong referral linkages to off-site ART centers. CHAMP will assist GDA members to develop treatment literacy activities, link to existing HBC and nutritional

support programs, and train healthcare workers from on-site and off-site facilities in ART provision.

The scale-up of ART services at on-site healthcare facilities for Konkola Copper, Mopani Copper, and Zambia Sugar will follow national HIV treatment guidelines. Support will be provided for the acquisition of laboratory equipment such as CD4 counters and viral load equipment. CHAMP will help Dunavant introduce mobile ART clinics. Konkola Copper has placed a high emphasis on the expansion of its pediatric ART program. ART will be closely linked to PMTCT and palliative care activities. An emphasis on treatment literacy and adherence will reduce the incidence of dropout from the ART programs. Where ART is not available at on-site facilities, referral to public ART health clinics will be made. Additional technical support to GDA members for ART services, equipment, and supplies will be provided by USG partners such as CIDRZ, CRS, and ZPCT. A total of 25 healthcare workers from the GDA companies will receive training in the provision of ART. The targeted number of people to access ART during FY06 is 4,737 Direct and 2,690 Indirect. These efforts will reduce *the stigma associated with being HIV-positive and help address the gender-based* issues related to determining HIV status and accessing care and treatment services.

Emphasis Areas	**% Of Effort**
Workplace Programs	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	6	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	3,792	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	4,737	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	4,600	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	25	☐

Indirect Targets

20 managers will be trained in ART workplace policies.
250 peer educators will be trained in ART issues.
200 traditional leaders will be trained in ART issues.
300 workers will be linked to ART services through private sector and ministry workplace programmes
4 ministry workplace programmes (1 new and 3 continuing) providing linkages to ART service outlets
Additional healthcare workers will be trained in both private and public health facilities when needed

Target Populations:

Adults

Business community/private sector

Community leaders

Orphans and vulnerable children

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Religious leaders

Public health care workers

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism: DoD-JHPIEGO
Prime Partner: JHPIEGO
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3672
Planned Funds:
Activity Narrative: This activity links to JHPIEGO/DoD in PMTCT (#3670), in TB-HIV/DoD(#3673); JHPIEGO/CDC in CT for Mobile Populations (#3671) and in ART(#3644); PCI/DOD in Palliative Care (#3737) and in CT (#3732).

While the number of patients receiving antiretroviral therapy (ART) has expanded dramatically within Zambia Defense Force (ZDF), the majority of services are provided through a few outlets, and the standardization of systems and services needs continued strengthening. The ZDF have not benefited from the same level of investment as the pubic health system under the Ministry of Health (MOH), though they are now receiving some essential medical commodities, including antiretroviral medications (ARVs) directly from the MOH and are being incorporated in more activities (trainings, assessments, etc.). Work in strengthening HIV/AIDS clinical prevention, care and treatment too often is conducted vertically failing to produce and encourage the linkages between services areas resulting in gaps that prevent clients from receiving complete care and treatment. A more comprehensive and integrated approach to the HIV/AIDS clinical care system will facilitate the continuity of care across service areas providing clients with complete, quality care. In FY05, JHPIEGO and other cooperating partners such as Project Concern International (PCI) supported the ZDF in key facilities to provide higher quality, comprehensive HIV/AIDS prevention, care and treatment services, integrating CT and PMTCT with HIV/AIDS care and support, and integrating HIV more strongly into sexually transmitted infection (STI) and TB services.

In FY06, JHPIEGO/Zambia will continue to support the ZDF to expand and strengthen ART services, as part of an integrated HIV/AIDS prevention, care and treatment program, to 4 additional sites. This work will utilize and build on the experience and tools developed in the larger public sector Ministry of Health ART expansion programs, which JHPIEGO has extensively supported, and will continue to develop and strengthen linkages between the ZDF and MOH programs. JHPIEGO will continue to support the 4 initial FY05 sites, and expand their capacity by training 12 ART staff as trainers and mentors to support the expansion to the 4 new sites.

While expanding the scope and coverage of ART services, JHPIEGO will also work to strengthen the linkages between ART and other HIV/AIDS prevention, care and treatment services to ensure more comprehensive and continuous care for people living with HIV/AIDS. Linkages with other counseling and testing activities, including stand-alone services as well as those integrated into other service delivery areas (antenatal care/PMTCT services, STI services, TB services, etc.) will be strengthened so that those identified with HIV infection access the clinical care services they need in a timely fashion. JHPIEGO/Zambia will seek to create linkages with other collaborating partners, such as Project Concern International (PCI), working with the ZDF to ensure a synergy of efforts, as well as reinforcing the collaboration with the Ministry of Health by employing Zambian national guidelines and strengthening the linkage between the ZDF and national initiatives in the public sector.

To support performance improvement systems and quality ART service delivery at all 8 sites, supportive supervision visits will be continue to the initial 4 facilities supported in FY05, as well as the 4 expansion sites. JHPIEGO will also work with partners to develop an orientation package for lay workers (e.g., managers, clergy, community leaders, and caregivers) on HIV/AIDS prevention, care and treatment orientation package, covering CT, PMTCT, Care and ART as well as linkages to other services such as TB and STIs, to educate them on HIV/AIDS and provide them with accurate and relevant information they can disseminate to more diverse populations.

Emphasis Areas

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	8	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,200	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	3,600	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	3,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	80	☐

Target Populations:

Military personnel (Parent: Most at risk populations)

Program managers

Public health care workers

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism: TA- CIDRZ
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3687
Planned Funds:
Activity Narrative: This activity links to #4549 in this section. This activity has five components. The first and largest component is continued comprehensive support to thirty-two ART service provision sites in ten districts throughout the four provinces (Lusaka, Eastern, Southern, and Western). Comprehensive support includes: (1) Training and ongoing supportive supervision for clinical, laboratory, and pharmacy staff; (2) Support for additional health care workers as requested by district management (including clinical, laboratory, and pharmacy staff); (3) Rehabilitation of laboratory, pharmacy, and clinical space as needed; (4) Purchase of essential equipment and supplies for clinical care; (5) Provision of laboratory equipment and reagents; (6) ART and OI back-up drug support to pharmacies; (7) Community outreach and education programs; (8) Home-based care support for patients and follow-up of late patients; (9) Clinical forms and forms training, additional data staff, and computer equipment as needed; and (10) Clinical care quality improvement, whereby clinicians receive continuing education via didactic session and side-by-side clinical mentoring. CIDRZ also provides periodic performance assessments. As of July 2005, eighteen active sites in 3 districts in 3 provinces had enrolled 25,200 patients and started 14,880 on ART. By March 2006, this will have expanded to fourteen new sites in 7 new districts and 1 new province, with a total enrollment of 38,000 and 22,000 patients started on ART. CIDRZ expects at least 25,000 new patients to be enrolled in the thirty-two existing sites between April 2006 and March 2007, with 16,000 of these new patients starting ART.

The second component is expanded support for ART services in 4 provinces. CIDRZ will provide comprehensive support to four new large sites and technical assistance and supportive supervision at the Provincial level for ART scale-up in all the GRZ sites in 4 provinces. Provinces supported are Lusaka, Southern, Eastern, and Western. In the new sites provided with comprehensive support, 1600 new patients are expected to enroll, with 900 starting ART. Through the first and second components above, the total number of new patients for this funding period would be 26,600 enrolled, with 16,000 starting ART. Additional patients would be supported indirectly in sites and districts provided with technical support.

The third component is training clinical officers in the provision of comprehensive HIV/AIDS clinical care. Through an arrangement with the Chainama College, a government institution that trains all the country's clinical officers, CIDRZ-supported sites will accept clinical officer trainees in their final year of school into a 1-month clinical training program. The agreed-upon curriculum will include didactic sessions and supervised patient care. It is anticipated that CIDRZ will be able to accommodate all of the College's 60 students each year.

The fourth component is a cervical cancer screening program in Lusaka that provides training and increased access to cervical cancer screening and care for women at ART clinics in the Lusaka District. Nurses and midwives will be trained to detect, treat, and manage cervical cancer precursors. ART clinics will implement appropriate, low-cost, sustainable treatment protocols, such as "Visual Inspection with Acetic Acid" and cryotherapy.

The fifth component [redacted] commitment) is a targeted evaluation of the impact of the comprehensive HIV services program at the population level. This is a continuation of the repeated cross-sectional, community-based surveys conducted in 2004-2005 in conjunction with the expansion of the government HIV care and treatment program in Lusaka clinics and UTH. The survey is evaluating the city-wide impact of the USG-supported, government ART program in Lusaka by measuring community reductions in mortality and morbidity attributable to the ART roll-out, as

well as changes in levels of community knowledge and attitudes towards HIV/AIDS, testing, and treatment.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	37	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	16,000	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	38,000	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	31,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	200	☐

Target Populations:

People living with HIV/AIDS

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Technical Assistance/JHPIEGO

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3689

Planned Funds:

Activity Narrative: This activity relates to all activities in this section. In Zambia, scale-up of HIV/AIDS care and treatment has been rapid. The country went from 3 ART sites to 10 sites, and from 10 sites to over 40 sites, all in the span of approximately one year. There are now upwards of 70 facilities providing ART services. HIV care and treatment is a dynamic field, with frequent changes in technical information. Also, experience gained in-country with programs that have been initiated is changing our understanding of the needs and gaps in these systems. Providers, who have had basic training, need continuing opportunities to update their knowledge and skills, and assistance in reflecting on their own programs critically to identify gaps and solutions toward improving their own performance. Guidelines and training materials need constant updating, and creative mechanisms for continued education and performance improvement need to be developed and implemented.

JHPIEGO will assist the government to review and strengthen the national Opportunistic Infection Management and ART training packages, which JHPIEGO helped to develop initially in 2003-2004, to ensure that they are up to date and especially that HIV and TB are well integrated. This will be done in close collaboration with other implementing partners and technical specialists working on other cooperating partners' ART programs, and will take into account the wealth of experience to-date with practical implementation and scale-up as well as new developments. Revision of the National OI Management and ART training package will ensure consistency and standardization of materials, messages, and approaches to maximize the efficiency and success of HIV/AIDS clinical care and ART scale-up activities in Zambia. JHPIEGO will work with the Ministry of Health and Zambia Defense Forces and other collaborating partners to ensure that existing clinical trainers are updated on any changes and revisions to the guidelines and training materials. To achieve this, JHPIEGO will continue to support development of continuing education programs for HIV/AIDS clinical staff at ART centers, reinforcing their basic skills and expanding their knowledge on specific areas, such as strengthened TB/HIV integration. JHPIEGO will conduct a rapid assessment of the implementation of continuing education modules developed in FY05 and make revisions based on identified gaps and the revised national ART guidelines. These revised modules will then be rolled out to an additional 25 sites.

JHPIEGO will also produce and distribute a second year's programming (12 additional continuing education modules) to the initial FY05 sites. The additional modules will cover new content area related to HIV treatment and care, such as pediatric ART, linkages with other service areas such as TB and STI services, and opportunistic infection prophylaxis and management. As a result, 154 service providers at 77 sites will benefit from distance-learning that allow them to learn while at their health facility, reducing the amount of time spent away from health care provision.

This activity relates to activities in TB/HIV and ART projects funded by CDC, DoD, and USAID.

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	154	☐

Target Populations:

Public health care workers

Coverage Areas:

National

Table 3.3.11: *Activities by Funding Mechanism*

Mechanism: Columbia Pediatric Center

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: *HIV/AIDS Treatment/ARV Services*

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3691

Planned Funds:

Activity Narrative: This activity is linked to #3693 and #3692 in this section. This program, first funded in FY05, will support the continued development and operation of a Pediatric and Family Center of Excellence for HIV/AIDS Care at the University Teaching Hospital (UTH) in Lusaka, and will launch the development of a similar Center at the Provincial Hospital in Livingstone. The Arthur Davison Children's Hospital in Ndola will receive initial technical support in FY06 for the establishment of a similar Center in FY07, in close collaboration with USAID-supported partner, ZPCT/FHI.

The primary goals of the program are to provide state-of-the-art care to infants, children, and teens with HIV infection. This will be accomplished through enhancing CT at UTH to labor and delivery, improving neonatal and inpatient pediatric wards by supporting and training counselors and medical staff to provide CT in inpatient settings, and enhancing human capacity resources at UTH to support a multidisciplinary team of HIV pediatric and family care providers. The facilities at Ndola and Livingstone hospitals will be supported to provide additional regional Centers of Excellence for pediatric and family HIV care and treatment through training and infrastructure improvements. UTH will be supported as a center for training multidisciplinary teams in pediatric and family HIV care and treatment. Programs for routine infant diagnosis using DNA/RNA PCR dried blood spot (DBS) technology will be expanded through training of staff at service delivery points, and the development of infant diagnostic testing protocols, in close collaboration with CDC and the University of Nebraska-Lincoln laboratory at UTH (see Lab section IV).

Boston University staff will provide short-term technical assistance to the program, including a 2 to 3-month rotation of fellowships on pediatric infectious disease. Each fellowship will bring specific expertise to UTH through applied study projects and cross-training activities (See PMTCT activity 3571).

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	3	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,000	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	2,100	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,600	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	150	☐

Target Populations:

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Coverage Areas

Copperbelt

Lusaka

Southern

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	RPSO Pediatric
Prime Partner:	Regional Procurement Support Office
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	3692
Planned Funds:	
Activity Narrative:	This activity relates to #3693 in this section. To build on FY05, CDC will finalize furnishing and equipping the newly established Pediatric and Family Center of Excellence for HIV/AIDS Care at the University Teaching Hospital. Plans include a Pediatric ART training room and informatics equipment in addition to supplies required for collocated CDC offices. CDC, contracting through RPSO, will also renovate a nearby PEPFAR HIV Care and Treatment Training Facility on the UTH campus which will be open for use by all Emergency Plan partners in Zambia.

Emphasis Areas	**% Of Effort**
Infrastructure	51 - 100

Target Populations:

USG in-country staff

Coverage Areas

Lusaka

Table 3.3.11: Activities by Funding Mechanism

Mechanism: University Teaching Hospital
Prime Partner: University Teaching Hospital
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3693
Planned Funds:
Activity Narrative: This activity relates to #3691 and #3692 in this section. In FY05, the USG provided limited support to the Department of Pediatrics to strengthen activities developed for the management and monitoring of cases of child sexual abuse. Cases of child sexual abuse appear to be on the rise, though many cases remain unrecognized or underreported. In the FY05 plan, activities included training of health care workers in the recognition and care of child sexual abuse, the provision of post exposure prophylaxis and ART, development of a monitoring system, and a follow up program for reported cases. Other activities include strengthening links between the Department of Pediatrics and the Zambia Society for Child Abuse and Neglect, development of activities to increase community awareness of child sexual abuse, and the provision of psychosocial support to sexually abused children and their families.

In FY06, these activities will be continued with extension of the activities to the Livingstone Provincial Hospital, and linking the activities to the strengthening of pediatric and family HIV services in Lusaka and Livingstone (with a planned extension to Ndola in FY07).

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Training	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	3	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	800	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	25	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Other health care workers (Parent: Public health care workers)

Coverage Areas

Lusaka

Southern

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	AIDSRelief- Catholic Relief Services
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	*GAC (GHAI account)*
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	*3698*
Planned Funds:	
Activity Narrative:	This activity relates to #4548 in this section. Building on FY05, AIDSRelief will provide AIDS treatment services primarily through faith-based facilities that typically treat the most marginalized populations and provide services in rural areas. The AIDSRelief goal is to ensure that people living with AIDS have access to ART and high quality medical care. AIDSRelief believes that care and treatment for HIV infected individuals should be integrated in the existing health care infrastructure. AIDSRelief will provide ART for 6,000 patients at 13 faith-based hospitals and clinics. *AIDSRelief will continue to provide, on a sustainable basis, the provision of ART to* the greatest number of deserving patients consistent with good medical science, national priorities and programs, and cost-effective deployment of program resources. In addition to services, these funds will be used to procure drugs and laboratory supplies.

AIDSRelief Zambia will provide HIV care and treatment to a total of 6,400 individuals throughout Year 3. Under this application and with the continued funding from Track 1.0, AIDSRelief will maintain the 6,000 patients from Year 2. Sustainable ART programs will be supported by a commodities management system that ensures a continuous supply of drugs to patients by mobilization of patients and communities to encourage knowledgeable, consistent adherence to treatment plans. Adherence to treatment will be ensured through linkages with home-based/palliative care programs established by CRS and other partners. These linkages are critical to monitoring the treatment adherence and preventing possible complications as a result of non-adherence. The treatment support specialist at the clinical level will be working with community health workers and volunteers from the existing palliative care programs to ensure the proper treatment monitoring as well as the ART education of patients and their buddies. Creating satellite POS will help further expand the reach to patients in remote and rural areas of Zambia. ART services will be enhanced by twinning sites from different geographical areas. This will ensure sharing experiences and lessons learned and will enable further capacity building of POS. Training centers will be identified to serve as resource centers for building the *capacity of medical staff from other POS as well as offer more sophisticated services* to patients on treatment.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	13	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	860	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	6,400	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	6,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	129	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Traditional birth attendants (Parent: Public health care workers)
People living with HIV/AIDS
Program managers
Volunteers
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Religious leaders
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
M&E Specialist/Staff

Key Legislative Issues

Twinning

Volunteers

Stigma and discrimination

Coverage Areas

Eastern

North-Western

Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	SUCCESS
Prime Partner:	Catholic Relief Services
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	3734
Planned Funds:	
Activity Narrative:	This activity is linked to HBPC (#3568) and HVCT (#3569).

The CRS SUCCESS HBC Project will be in its third year and will continue to promote and support the rapid scale up of ART in FY06 for Zambian PLWHA through its major diocesan partners. SUCCESS will refine and expand its 'Client Referral to ART' mechanism, and expand its ART Adherence Support programming within HBHC. Although an indirect target, SUCCESS will refer as many of its home-based care clients and post-test HIV+ persons to USG supported ART sites as possible, targeting 7,950 (indirect), as continued ARV stocks allow and cost barriers to GRZ ARVs are truly eliminated.

SUCCESS will refer palliative care clients to the nearest ART sites and will provide ART adherence support as part of HBC. In Solwezi, SUCCESS will target 300 clients to be referred to Mukinge Mission Hospital (AIDSRelief), Kasempa District and 150 to Solwezi General Hospital (ZPCT). In Kabompo, 150 clients will be referred to Kabompo District Hospital (ZPCT), in Mongu 450 to Lewanika General Hospital (CIDRZ), in Mansa 300 to Mbereshe Mission Hospital (CHAZ) and 300 to Mansa General Hospital (ZPCT), in Mpika 300 to Chilonga Mission Hospital (AIDSRelief) and 150 to Nakonde Rural HC (ZPCT), in Chipata 450 to St. Francis Mission Hospital (AIDSRelief), in Kasama 300 to Kasama General Hospital (CIDRZ or ZPCT), and in Monze 150 to Macha Mission Hospital (AIDSRelief) and 150 to Mutendere Mission Hospital (AIDSRelief) in Siavonga. AIDSRelief is assessing further scale-up sites; in Western Province, Monze District, and St. Francis CHBC in Livingstone specifically, all depending on availability of funds.

Adherence support will continue on what was initiated with GHAI Rapid Expansion funding: the widespread training of caregivers on ART and Adherence support methodology, and the ensuing application among the ARVs patients in the diocesan HBC programs. SUCCESS will continue to support Severely Malnourished ART patients with Nutritional Supplements interventions.

One strength that SUCCESS brings to supporting ART is its many and well established referral linkages for other services outside its care and support package.. A second strength is its already established and effective network of trained community volunteer caregivers who will be doing the adherence support; relationship and trust are cornerstones of such work.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Indirect Targets

7950 PLWHA will be referred for ART and other supplements

Target Populations:

Faith-based organizations

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive children (6 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Eastern

Luapula

Northern

North-Western

Southern

Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Twinning Center
Prime Partner: American International Health Alliance
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3795
Planned Funds:
Activity Narrative: The CDC will manage this activity. The AIHA HIV/AIDS Twinning Center will create, manage, provide technical assistance to, and evaluate a partnership between a to-be-selected U.S. partner and the Pediatric ART Centers in Lusaka and Livingstone. The purpose of the partnership is to provide training and mentoring to increase the knowledge and skills of pharmacists and to work with clinic personnel to develop effective management systems within the Zambian resource and cultural contexts. In keeping with Twinning Center methodology, the partners will come together as equals to develop their own partnership work plan, thereby ensuring buy-in from the partners and increasing the likelihood of sustainability once funding ends. For 2006, the top priority is to focus on pharmacy and management issues. Additional focus areas will likely include systems development activities, patient booking and tracking, patient flow, patient records, case management, infection control procedures, and linkages between the clinics and with other HIV/AIDS resources in Zambia. First year activities will include identification of the U.S. partner, needs assessment, work plan development, and initiation of work plan activities based on priorities identified by the partners.

Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	25	☐

Target Populations:

HIV positive infants (0-5 years)

Public health care workers

Coverage Areas

Lusaka

Southern

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3846
Planned Funds:
Activity Narrative: The USG proposes support to the national ART program through further development of critical medical record systems and technical support to University Teaching Hospital (UTH) in pediatrics and antiretroviral drug resistance.

With the increased, widespread availability of antiretroviral treatment in the public health sector, it is expected that with time the numbers of drug resistance cases will increase. In FY05, in response to a specific request from the Ministry of Health, the USG provided technical assistance to the national ART program in the development of surveillance for HIV-1 antiretroviral drug mutations. In FY06, these activities will be expanded and support provided for the procurement of equipment and supplies, as well as training for laboratory staff in testing for Antiretroviral drug resistance, in collaboration with JICA and the University of Nebraska-Lincoln (Lab Section XIV). The USG will continue to provide technical assistance to the University Teaching Hospital Department of Paediatrics for the development of a Paediatric and Family HIV/AIDS Care Center.

As the provision of health care becomes more complex and demanding, paper systems are challenged to provide good and accurate information to aid health service delivery. ART services are designed to track patients over a lifetime. The continuum of care is often broken when a patient on ART moves from one health service to another (example: patient develops chronic cough), from one health center to another, or when a patient merely fails to comply with their course of care and the paper system fails to bring this to the attention of the providers. This effort will selectively implement a relatively low tech yet robust clinical information system that provides patients with a portable EMR (Electronic Medical Record). This effort will apply the clinical information system product of the merger of the CDC's Continuity of Care Program and the Lusaka District Health Management Team/University of Alabama Birmingham's Patient Tracking System. The USG has worked with the Ministry of Health, CIDRZ, and the Lusaka District Health Management Team to install basic computer equipment and raise the levels of infrastructure in increasing numbers of selected clinics to support such systems.

In addition to HIV care/ART specific information, the merged effort and integrated EMR supports an integrated service view of PMTCT, CT, TB, OI and other HIV related outpatient data. This essential, HIV-related health information is made more accessible and portable between points of service by optionally storing it on a smart card, which then permits continuity of care between points of service lacking a LAN or other telecommunications. The EMR (and the 'smart' card) carries an ongoing record of client's entire medical history, including prior illness, physical findings, lab results, symptoms, problem list with diagnoses, and treatment plan for all these services. A paper and electronic copy of patient information is maintained at all clinics visited, and paper records are still used for primary data capture in most settings for most tasks. Accessible integrated and electronic information is the basis of improved care. The EMR (Electronic Medical Record) facilitates: (1) Fully informed local decision support; (2) Reminder reports to staff which help keep patients from "falling through the cracks" (to assure adherence and minimize resistance); and (3) Improved management of all operations (such as drug utilization) by automating key elements of local monitoring and evaluation. Specifically, complete and accessible patient information resulting from these efforts will improve patient care by ensuring that HIV/ART, TB, pregnancy, and other risk information informs treatment selection, early toxicity detection, drug interaction prevention, complex drug substitution logics, prevention counseling and perhaps most importantly, adherence management. There is a very steep cost gradient [redacted] every 12 months) between first and second line drugs, and the primary defense standing between

these two rates of expenditure for care is a better system for assuring adherence. The cost of a smart card portable EMR is now [redacted] and dropping, and a card should last one patient many years. A card reader is a [redacted] computer plug and play attachment. If automated "late for visit" and other compliance related reports have even a small positive impact on adherence, the cost of this beneficial infrastructure is "negative." Even with modest impacts on adherence, it provides the means for more patients to receive better care at the same cost. Moreover, in the absence of third or fourth line regimens, adherence oriented infrastructure is what stands between program (& patient) successes and early failure (& mortality). Currently, *key services, such as TB, TB/HIV, CT, and ART do not have a common data pool,* and are 'dis-integrated' patient information. This is partly due to the limitations of paper records compounded by dispersed points of care for a single person. As a result, health workers do not fully benefit from information collected from other related services, thereby hampering continuity of care. This can introduce added testing costs, delayed diagnosis, contraindicated therapy, and the tremendous expense of poor adherence and resistance.

In clinics where electricity can be provided, the Continuity of Care Program and Patient Tracking System bridges the gap between interdependent services by providing an integrated services design and offering a low technology, portable EMR. This improved availability and usefulness of patient information in the form of an EMR supports both the direct improvement of patient care and the monitoring and evaluation of the health care system. In 2006, funding will enable collaborators in Zambia to implement and scale up of the ART module of the Continuity of Care and Patient Tracking System. This effort will better support monitoring and evaluation of ART project effectiveness in achieving its stated goals. Activities will include assessment and schematization of data needs in ART settings in consultation with clinical staff, data managers, application developers and national level technical experts. Finally, a prototype and final module will be developed and released with appropriate new and updated ART-related user guides, technical support documentation, and training curricula. This funding will also support supervisory and follow-up technical assistance at select pilot sites in Zambia.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	4	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

People living with HIV/AIDS

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	AIDSRelief- Catholic Relief Services
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	4548
Planned Funds:	
Activity Narrative:	This project relates to ARV Services #3698 (see targets) and Palliative Care: Basic Care and Support # 3568.

The AIDSRelief Anti-Retroviral Therapy (ART) project is a consortium of five organizations that are collaborating to assure that people living with HIV/AIDS have access to ART and high-quality medical care. The consortium will expand, on a sustainable basis, the provision of ART to the greatest number of needy patients in Zambia consistent with good medical practice, national priorities and programs, and *cost-effective deployment of program resources.*

In Year 3, AIDSRelief will continue to work primarily through faith-based health facilities that typically treat the most marginalized populations and provide services in rural areas. To improve the ability of Points of Service (POS) to provide sustainable, quality ART and chronic disease management, AIDSRelief will build capacity by: enhancing labs and pharmacies; conducting a multitude of trainings for POS and community-based staff; providing ongoing and regular technical assistance for all areas of ARV treatment; assisting with the creation or strengthening of community-based adherence programs; refining financial and management systems as needed; strengthening chronic care management systems; and promoting development of or increased utilization of HMIS information.

AIDSRelief achieved Year 1 targets for Zambia by February 28, 2005. ART programs have been initiated at 9 points of Service and approximately 2100 patients were started on ART by September 2005. By February, 2006 AIDSRelief will have initiated and maintained 6,000 patients on ART through 13 points of service.

In year 2, investment and infrastructure has been put in place to build upon in subsequent years to maximize the patient numbers and improve efficiencies throughout the life of the project. In Year 3, central funding (track 1.0) will allow *AIDSRelief to maintain the number of patients on ART at the end of Year 2 at all* POS. Given sufficient funding, the program will expand patient numbers at existing POS, for a total of 10,000 patients on ART by the end of February 2007.

The US Department of Health and Human Services (DHHS) and the United States Agency for International Development (USAID) want to jointly improve and strengthen access to ARV services through partnering for clients of home-based care (HBC) programs in Zambia. The main activities of AIDSRelief during Year 2 will be on ARV Services including a substantial expansion of pediatric ART at all POS. The supporting activities will be HBC linkages, C&T, lab and pharmacy support as well as improved medical records and financial systems. Linkages with existing HBC programs will be one of the highest priorities. CRS HBC projects such as SUCCESS and RAPIDS (funded by the US Emergency Plan through USAID) as well as other projects implemented by the Catholic Dioceses will enable such links. Efficient referral systems will be developed in order to maximize the impact of ART.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

Faith-based organizations

Pharmacists (Parent: Public health care workers)

Traditional birth attendants (Parent: Public health care workers)

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive children (6 - 14 years)

Religious leaders

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

M&E Specialist/Staff

Coverage Areas

Eastern

North-Western

Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	TA- CIDRZ
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	4549
Planned Funds:	
Activity Narrative:	This activity links to #3687 in this section (see targets).

Since the start of program implementation in April 2004, HIV treatment and support services have been initiated in 11 Lusaka Urban District Health Centers, two faith-based hospices, one faith-based hospital, the University Teaching Hospital, one Provincial Hospital, the University of Zambia campus clinic, and one private-donor-funded ambulatory clinic. As of August 30, 2005, there were 27,346 patients enrolled in HIV/AIDS care through this program, of whom 16,252 have started ART. 14 additional sites in eight new districts are scheduled to open before the end of grant year two, for a grant year two total of 32 sites in 11 districts in 4 provinces. In September 2005 services are also expanding within the University Teaching Hospital to accelarate paediatric enrollment. At the current rate of enrollment and expansion, we expect there will be over 22,000 patients on ART by the end of Project HEART grant Year 2, and 38,000 patients started on ART by the end of Project HEART grant Year 3. At current budget forecasts we anticipate very moderate growth of new sites in grant year 3 due to the need to support existing patients and services.

Project HEART Zambia accelerated very quickly from its start in April 2004, due to high levels of cooperation between the project implementers, the Lusaka Urban Health District, the Government of the Republic of Zambia (GRZ), and the USG HIV/AIDS Team. This enabled the project to receive ARVs from the national Central Medical Stores and allowed patients to be placed on treatment several months before the first HEART ARV shipment arrived in-country.

Year 3 activities will focus on continued quality monitoring and improvement of existing services, strengthening clinical care and adherence support, in-service training of health care workers, further development of laboratory resources, and monitoring and program evaluation. Pediatric treatment and targeted adherence support will be a particular focus in year 3.

We will also focus on continuous quality improvement of clinical and laboratory services, as well as lowering of per-patient costs.

The ambitious goals for Project HEART's third year in Zambia are based on the very encouraging results from the first sixteen months of the program. These goals include:

Continuing support of patients on treatment with a focus on closely monitoring and improving outcomes;

Increasing the number of children (0-14 years) on treatment and support services for children;

Improving referrals of pregnant women and children from PMTCT sites and under-five clinics;

Improving the efficiency of ART and opportunistic infection (OI) drug procurement systems to reduce the cost and time involved in drug procurement;

Creating an ART training infrastructure;

Developing monitoring and evaluation (M&E) systems to improve patient care management and to track program results;

Improving home-based care (HBC) patient support systems;

Establishing efficient referral systems from HBC sites that are being supported through other USG partners;

Developing protocols to improve care and prevent diarrhea/dehydration and meningitis in ART patients in order to avoid some of the common causes of AIDS deaths; and

Improving internal systems to respond to CDC rules and regulations.

Sites that began services late in the first year of Project HEART in Zambia will be able to continue to enroll new patients briskly in the second year. At any given site, demand for ART might be expected to level over time as the "backlog" of eligible patients in the catchment area has been started on treatment. Project HEART Zambia will have 32 sites by the end of the second project year. Unless patient enrollment is capped at these initial 32 sites, projections of continuing enrollment patterns show that they would be expected to be serving nearly 31,000 patients by the end of Year 3. These estimates account for a slowing of growth in initial sites and for a more modest rate of expansion in provinces and districts outside of Lusaka. Detailed site visits and assessments of expansion sites, and consultation at national, provincial, and district levels have led to the identification of high-priority sites for expansion in years 2 and 3. Many sites have small existing ART services that are expected to grow substantially with additional support from Project HEART. Year 3 activities will focus on meeting the new challenges of implementing and monitoring services in these more remote and under-resourced areas.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

People living with HIV/AIDS

Public health care workers

Other health care workers (Parent: Public health care workers)

Private health care workers

Other health care workders (Parent: Private health care workers)

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area:

Program Area Context:

Laboratory services serve as a crucial element in achieving the goals of the USG/Zambia Five-Year Strategy. Laboratory findings supply data that provide evidence for Emergency Plan decisions. Furthermore, laboratory services strengthen HIV/AIDS prevention, treatment, and care by providing rapid test results, determining efficacious use of drugs, monitoring response to treatment, and conducting epidemiological surveillance and research.

Zambia currently faces several laboratory constraints such as poor infrastructure, outdated or inappropriate equipment, laboratory staff with varied training, the lack of basic supplies and equipment to conduct standard assays, and no nationwide monitoring system to maintain quality control and assurance.

Zambia's laboratory program needs continued strengthening and expansion of HIV diagnostic services, treatment, care, and prevention activities that were initiated in FY04 and FY05. These improvements will help reach the goals of the five-year strategy and overall success of the Emergency Plan.

With support from the USG and other donors in FY05, provincial hospitals gained necessary equipment to increase the number of FacsCount, biochemical, and hematology analyzers available in the public health sector.

In anticipation of increased demand for ART and removal of cost-sharing by the GRZ, USG will continue to support and increase the availability of this monitoring capacity at the district and provincial levels, replacing manual systems with automated systems.

The availability and cost of CD4, as well as biochemical and hematology monitoring capacity, are identified as obstacles to the rapid scale-up of ART. In order to support efficient ART scale-up, the USG will assist the evaluation and strengthening of rapid HIV testing capacity and quality assurance (QA) at key facilities providing counseling and testing. The USG will provide support for the transfer of new technology to enable timely infant diagnosis of HIV as well as testing for incident HIV infections using new laboratory methods developed and tested by CDC/Atlanta. This will be coordinated with MoH efforts using resources available from the World Bank and Global Fund.

The USG will provide technical support for negotiating costs of reagents warehoused in Central Medical Stores and equipment service agreements to ensure uninterrupted laboratory services.

In cooperation with the GRZ's National Strategy, laboratory support for management of opportunistic infections in PLWH will be implemented in FY06. Activities will include enhanced bacterial culture implementation for early detection and drug susceptibility testing for agents of life-threatening conditions (e.g., septicemia and meningitis).

The MoH has identified renovation and improvement of laboratory infrastructure in selected areas as a priority. USG will also support development of a laboratory information system to standardize data collection and aid in management of supply chain. Technical consultation for development of laboratories will provide optimal laboratory services and support programs in reaching the five-year strategy.

Through coordinated collaboration with local laboratory partners, USG will continue to provide technical and financial assistance to MoH for country-wide implementation of a laboratory QA system, strengthening program initiatives in FY05. The national QA program for TB microscopy has been expanded through renovation and equipping of a regional state-of-the-art reference laboratory in the Copperbelt in FY05.

USG will build on FY05 support for laboratory human resource capacity development by providing

in-service training for laboratory staff in diagnostic techniques. Expansion of the CDC laboratory team will assist in providing rapid scale-up of coordinated services with the MoH. Two regional training centers for Continuing Professional Education will continue to expand human resource capacity.

Program Area Target:

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	593
Number of individuals trained in the provision of lab-related activities	526
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	3,285,250

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Zambia Prevention, Care and Treatment Partnership
Prime Partner: Family Health International
USG Agency: *U.S. Agency for International Development*
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 3541
Planned Funds:
Activity Narrative: This activity links with the Zambia Prevention, Care, and Treatment Partnership (ZPCT) CT (3525), PMTCT (3528), ART (3527), HIV/TB (3542), and Palliative Care (3526) activities as well as the Government of the Republic of Zambia (GRZ) and other United States Government (USG) partners, such as CDC. The purpose of this activity is to provide support to the GRZ for strengthening and expanding laboratory services in the delivery of HIV/AIDS care in Central, Copperbelt, and the more remote Luapula, North-Western and Northern provinces. Building on FY05 progress, ZPCT will continue providing assistance to 32 laboratories in ART centers and will expand assistance to an additional 45 facilities providing CT, PMTCT, ART, and clinical palliative care services. More specifically, the two components are strengthening laboratory infrastructure, and improving laboratory quality assurance mechanisms, information systems, and personnel capacity.

In the first component, all sites providing ART will receive the full complement of basic equipment for hematology (including total lymphocyte count and liver and renal function testing for ART patient monitoring). Equipment, such as hematology and chemistry analyzers, will be in accordance with GRZ guidelines/policies. Other equipment, including autoclaves, microscopes, and medical refrigerators, will be provided, as needed. ZPCT will continue to link new ART sites without access to CD4 testing to nearby ART facilities that have Facscount machines as well as ensure availability of transport of samples from project-supported facilities to sites with CD4 machines for proper ART patient monitoring. ZPCT will also work in close collaboration with the GRZ to ensure provision of supplies for CD4 enumeration in the hard-to-reach areas. Finally, ZPCT will provide minor refurbishment, essential furniture, and fixtures for selected laboratories to enable all facilities to provide the appropriate level of laboratory services.

In the second component, ZPCT will work with GRZ and CDC to strengthen laboratory quality assurance mechanisms, information systems, and laboratory personnel's capacity to ensure adherence to GRZ's recommended laboratory standards. In FY05, 40 technicans were trained in lab-related activities and in FY06, another 60 persons will be trained. To improve quality assurance practices, five to ten percent of HIV test samples will be checked by trained laboratory staff. Furthermore, samples from facilities without laboratories will be transported to the nearest laboratory site. ZPCT will also disseminate laboratory standard operating procedures to existing and new sites to ensure that all facilities implement proper laboratory practices. Finally, laboratory staff will be trained in commodity management; this particular assistance will be coordinated with JSI/DELIVER, CDC, and GRZ to avoid duplication of efforts and to ensure that facility-level forecasting and procurement provide constant supplies of required commodities.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	77	☐
Number of individuals trained in the provision of lab-related activities	60	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	1,560,000	☐

Target Populations:

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Laboratory workers (Parent: Public health care workers)

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-Western

Table 3.3.12: Activities by Funding Mechanism

Mechanism: University of Nebraska Lab
Prime Partner: University of Nebraska
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 3701
Planned Funds:
Activity Narrative: The overall objectiveof this activity is to enhance the capacity of the laboratory support component at the University Teaching Hospital (UTH) and the Kalingalinga-Lusaka Health District laboratory, (supported by CIDRZ) by having trained personnel with the ability to perform Polymerase Chain Reaction (PCR) diagnosis of HIV-exposed infants, and HIV genotyping for the monitoring of drug resistance. These laboratory assays are already available and are taking place in the University of Nebraska laboratory, but are not yet available or transferred to the study laboratory in Zambia. This enhanced laboratory capability is essential to support the scale-up of the antiretroviral program in Zambia. In particular, this technique will make it possible to diagnose HIV infection in the infants in the first few months of life, as opposed to waiting for 18 months to perform a serological diagnosis. The advantage of early diagnosis in the infants will enable the institution of specific treatment of the infected infant with ART and/or other preventive measures such as cotrimoxazole prophylaxis. An additional benefit will be the ability to monitor the impact of PMTCT in reducing transmission of infection.

This objective will be carried out by the following specific aims: (1) To train Zambian laboratory personnel at the Nebraska Center for Virology on PCR HIV diagnosis (with certification from Celera and Roche) and genotyping; (2) To perform HIV PCR to diagnose HIV infection in infants younger than 18 months born to HIV positive mothers in Zambia; and (3) To perform HIV genotyping analysis on selected infected Zambians participating in the ART program for the detection of drug resistant viruses. These activities will be carried out in close collaboration with CDC-Zambia, national government institutions, such as UTH, and with other USG-supported partners.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	2	☐
Number of individuals trained in the provision of lab-related activities	6	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	3,500	☐

Target Populations:

People living with HIV/AIDS

Laboratory workers (Parent: Private health care workers)

Coverage Areas

Lusaka

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	TDRC
Prime Partner:	Tropical Diseases Research Centre
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	*Laboratory Infrastructure*
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	3702
Planned Funds:	
Activity Narrative:	Since 2004, the Tropical Diseases Research Center's TB Regional Reference Laboratory has provided AFB smear microscopy services for the Ndola area. A recently established "state-of-the-art" facility opened in 2005 with support from the USG to provide HIV/TB fluorescent microscopy and expanded services for PLWHA in the northern region of the country. Additional support is needed to provide a backup generator, large steam sterilizers, other laboratory equipment, reagents and supplies for TB culture, and identification and drug susceptibility testing capacity. This laboratory will work in collaboration with the National TB Reference Laboratory in Lusaka to serve the upper 5 provinces in the country in providing reference services. The diagnosis of TB in HIV+ cases is often difficult to detect in rural settings without specialized equipment. Therefore, a courier system for specimen transport from 12 chest clinics in 5 provinces will be established. The laboratory will work in collaboration with the National TB Reference Laboratory to improve surveillance service. The TDRC laboratory staff will also assist the National TB laboratory in providing external quality assurance services in local and rural settings for AFB smear microscopy. These services will include training, proficiency testing, AFB smear microscopy rechecking, and feedback to the laboratories.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	18	☐
Number of individuals trained in the provision of lab-related activities	10	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	20,750	☐

Target Populations:

People living with HIV/AIDS

Laboratory workers (Parent: Private health care workers)

Coverage Areas

Central

Copperbelt

Luapula

North-Western

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	CDL
Prime Partner:	Chest Diseases Laboratory
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	3703
Planned Funds:	
Activity Narrative:	The Chest Diseases Laboratory (CDL), Zambia's national TB reference laboratory, is responsible for the quality control and quality assurance of TB microscopy and culture and drug susceptibility testing in the country. A major focus of the laboratory within the PEPFAR program is to implement a National Quality Assurance system to improve the quality of diagnosis of TB in HIV+ individuals. The laboratory will focus on improving the reliability of AFB smear microscopy reported results by confirming the competency of technologists through onsite supervisory visits, blind-slide rechecking of AFB smears selected randomly, and testing of technicians with a standard panel of smears. Timely feedback and training will be provided to laboratories and technical staff where deficiencies are indicated. CDC will be supported with basic services ,such as providing Internet support and transport for the reference laboratory to carry out the core activities through the procurement of equipment and supplies. The capacity of the laboratory to provide reference level culture facilities will be enhanced through training of staff and renovation of physical infrastructure. Activities will include: (1) Improvement of human resource capacity by the placement of 2 extra staff in the laboratory to properly perform external quality assurance activities and give timely feedback to laboratories within the TB Network; (2) Support for procurement of computers, training for laboratory staff, and continued support to maintain the local area network within the laboratory to ensure continued access to Internet facilities and the ability to communicate with the Central Board of Health and other Provincial and District centers within the country; (3) Provide training activities for the laboratories participating in the external quality assurance program; and (4) Supplies and courier transport for specimens from chest clinics within the country to the reference laboratory.

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	12	☐
Number of individuals trained in the provision of lab-related activities	260	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	6,000	☐

Target Populations:

People living with HIV/AIDS

Laboratory workers (Parent: Private health care workers)

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.12: Activities by Funding Mechanism

Mechanism: ORISE Lab
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 3704
Planned Funds: [ ]
Activity Narrative: This activity will support the provision of technical assistance for the development of the quality assurance program, training of staff, and the implementation of an information system through the provision of short term technical consultants from the United States.

In order to improve the human resource capacity of laboratory technologists within the country, technical experts in various areas of laboratory testing have supported the rapid scale of HIV testing care and treatment. Six laboratory technologists have supported CDC-Zambia and the MoH technologists on an as-needed basis for continuity of training for technical staff in GRZ and Military Hospital laboratories. Two technologists will provide TB smear microscopy (both Zeihl Neelsen and Flourochrome microscopy) and TB culture and drug susceptibility testing support to the National TB Reference Laboratory in Lusaka and to the TDRC Regional TB Reference Laboratory in Ndola. Support will also be provided to other larger hospitals that have implemented flourochrome microscopy to improve their human resource capacity and to increase the sensitivity of detecting TB in HIV+ patients. Two technologists will provide expertise in the areas of hematology and chemistry systems, and in quality assurance with automated laboratory systems for monitoring care and treatment support to persons on ARV and TB therapy. Two additional technologists will provide support for microbiology and serological testing. These technologists will be involved in assisting with the development and adaptation of the curriculum for education of post-graduate laboratory technicians who require refresher training. Training will be conducted for non-laboratory trained staff in performing rapid HIV testing and TB smear microscopy. Materials will also be developed for continuing professional education.

The technical experts will also provide support to new CDC-Zambian laboratory staff in transitioning into development of quality assurance and quality systems plans and activities as well as use of laboratory information systems and automated equipment. The technical experts provide in-country technical assistance for periods of up to 3-6 weeks at a time and visit the country on more than one occasion. The advantage of having the same technicians rotating is that they understand the local context and have established relationships with the local staff. The activity provides support for their travel and other costs related to their consultancy to the national TB program.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	30	☐
Number of individuals trained in the provision of lab-related activities		☑

Target Populations:

People living with HIV/AIDS

Laboratory workers (Parent: Public health care workers)

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	3706
Planned Funds:	
Activity Narrative:	In order to meet the USG/Zambia Five-Year Plan and the GRZ National goals, this activity will: (1) Provide technical expertise and support for laboratory quality assurance (QA) to the University Teaching Hospital (UTH) to strengthen VCT and PMTCT programs; (2) Provide laboratory services to mental health patients living with HIV at Chainama Psychiatric Hospital; (3) Strengthen laboratory services at the Chainama College of Health Science's clinic where the largest number of medical care providers (Clinical Officers) and environmental health technologists in the country are trained; (4) Develop a continuous education training center for HIV laboratory support at Chainama College in Lusaka to serve 4 provinces in the southern portion of the country; and (5) Develop IT services to improve laboratory data management for procurement, monitoring, and evaluation.

The rapid HIV laboratory test is performed in VCT and PMTCT throughout Zambia. It determines the outcome of counseling for either treatment or preventive care in HIV programs. Because of the importance of the rapid HIV test for determining the need for ARV treatment, both technical and non-laboratory staff are required to perform testing. Currently, non-laboratory staff perform these tests due to a workforce shortage. Unfortunately, there has been no opportunity to assess the current quality of HIV testing services in VCT and PMTCT programs in Zambia.

To remedy this problem, a national HIV quality assurance program will be developed in accordance with recently published WHO/CDC guidelines for HIV rapid testing and training at the UTH Virology Laboratory, which serves as the National Reference Laboratory, Technical support, equipment, and supplies for both internal and external QA will be provided to assess and improve the quality of HIV testing services in VCT and PMTCT programs. This activity will be performed by implementing quality control samples to confirm the accuracy of the test kits and the competency of testing personnel. Additionally, random statistical samples of the tests performed will be periodically rechecked to ensure accuracy of results reported in selected VCT and PMTCT programs. Feedback and onsite training will be provided when problems are detected. Ensuring the accuracy of HIV testing results is imperative to the success of diagnostic, prevention and surveillance programs.

Chainama College and Health Center laboratory in Lusaka provide medical care services for a large population of Lusaka residents. The impact of HIV has a major impact on the emotional health of PLWH, but the Chainama PsychiatricHospital does not have a laboratory to support mental treatment services for its patients diagnosed with HIV, such as CD4 staging, liver and kidney function testing, and lithium assay analysis. Chainama's infrastructure will be improved with support for training and diagnostic services by providing additional equipment, reagents, and supplies. This initiative will pair with HIV care and treatment training activities supported by CIDRZ and JHPIEGO (see ARV Services Section).

Clinical Officers are the primary providers of medical care (including ARV services) to both urban and rural health centers. Limited training opportunities for laboratory personnel, is a major issue in providing quality medical care, especially in rural areas of the country. This is due to the lack of infrastructure for in-service and continuing professional education in close proximity to the work site. The only area for training is currently located in Ndola in the Northern region of the country. Developing an additional training centre in the Lusaka province at Chainama will reduce travel and lodging costs for both participants from the southern region and international training experts required to assist with developing this capacity.

The creation of an additional training center at Chainama College in Lusaka will

provide refresher courses and quality assurance for laboratory technologists on new equipment QA techniques while allowing Clinical Officers and other professionals to have the required diagnostic tests for monitoring treatment and care of patients during their professional training experiences. The center at Chainama will improve the opportunities for reference centers in Lusaka that currently do not have access to a training laboratory. This will build capacity in the rural areas by training community workers in laboratory techniques, such as HIV testing and acid fast smear microscopy for diagnosis of TB in HIV/TB programs. Diagnostic testing and monitoring of opportunistic infections will enhance the support of ARV treatment through training activities at Chainama. Equipment maintenance and care is a critical issue in improving the continuity of testing in the laboratories throughout the country.

Information management is crucial to laboratory procurement and for monitoring the success of the ARV treatment programs. Laboratory structure modifications play a significant role in the provision of information technology services, equipment, and Internet connectivity. Currently, laboratory technologists and administrators depend on hand-written log books and registries for monitoring information on laboratory tests for developing reports. It is imperative for laboratory activities to be quickly and accurately communicated across geographical regions in Zambia, where travel is slow and limited. Improved communication will increase the efficiency of laboratories throughout Zambia. Subsequently, the laboratory information system will strengthen the capacity of the GRZ, CDC, and other laboratory partners in monitoring laboratory data for improving services and forecasting for procurement of reagents and supplies. An electronic information system will permit standardization of collection and provide meaningful managerial data in a timely manner.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Commodity Procurement	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	190	☐
Number of individuals trained in the provision of lab-related activities	250	☐

Target Populations:

Laboratory workers (Parent: Private health care workers)

Coverage Areas

Copperbelt

Eastern

Lusaka

Southern

Western

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	DoD/LabInfrastructure
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	3754
Planned Funds:	
Activity Narrative:	This program will improve infrastructure through construction and renovation of HIV/AIDS Voluntary Counseling and Testing (VCT) centers, HIV/AIDS laboratories and TB/HIV wards. Department of Defense (DoD) will collaborate with Center for Disease Control (CDC), who will help to equip those facilities and train laboratory personnel (See activity# 3636). This program will allow these sites to be qualified for the national HIV program where free test kits, ARV and other HIV related drugs become available.

Four renovation plans will be developed and facilitated for the Zambia Defense Force Medical Services (DFMS) in strengthening their capacity in providing comprehensive healthcare services for military personnel and their families stationed in remote areas. The proposed expansion will include renovation of an existing maternity ward to provide space for VCT, examination room, expanded laboratory testing facility and anti-retroviral (ARV) dispensary. Expansion of the anti-retroviral treatment (ART) clinic and laboratory services will aid in scaling up the interventions to meet the health needs for the Zambia Defense Force (ZDF), their families and vulnerable population living in these areas. These sites will serve as model sites for the ZDF medical staff in the regions to rotate through for training in prevention for mother-to-child transmission (PMTCT), HIV/TB care, ART and palliative care. These trainings for staffing ZDF medical facilities are conducted by Project Concern International (PCI) and JHPIEGO.

Ministry of Health will also be assisted with rehabilitating a Provincial Hospital in Mongu, District Hospitals in Mazabuka and Siavonga, a District Rural Health Center (RHC) in Senanga, and Police Clinics in Kitwe and Ndola. These sites will serve as major entry points for counseling and testing as well as anti-retroviral therapy for the HIV positives living in the areas where no other VCT services are available. Lewanika General Hospital, located in Mongu has a small laboratory area, which is inadequate to support the increasing demand for scaling up of HIV and ART laboratory services. The laboratory also needs to be equipped with appropriate electrical outlets, sinks and other equipments necessary for HIV testing, hematology, CD4 testing, biochemistry and microbiology services to support diagnosis of sexually transmitted infection (STI) and other opportunistic infections. A separate room will be constructed in the laboratory for improving the diagnosis of TB in HIV patients. The Mazabuka District Hospital caters for a population of approximately 250,000. Statistics indicate that this area is among the highest in HIV+ rates in the southern province. The expansion of this hospital will include renovation of an existing maternity ward to provide space for VCT, examination room, expanded laboratory testing facility and ARV dispensary. Siavonga District Hospital currently provides PMTCT and VCT services but they are inadequate due to limited space for these activities. The facility needs additional counseling rooms, laboratory space for PMTCT, MCH and TB diagnosis care and treatment and storage spaces for drugs and laboratory supplies. Sinungu Rural Health Center is situated where the people living in the area cannot easily access services due to distance and flooding during the rainy season. The facility serves as sole source of health care services to the population on the western side of the Zambezi River for about six months of the year. The center will acquire capability with additional laboratory space for HIV/TB diagnosis, STI and other treatment services. A solar power back-up facility is needed to support bright field microscopy and reagent storage for basic chemistry hematology testing. Two VCT center will be awarded to the Zambian National Police, one of which is at Kamfinsa Camp in Kitwe which is a dispatcher center for police officers and the other one is at Ndola police station that is densely populated. Currently there is no counseling and testing services in the camp, yet no other VCT centers are available near these sites. Both police sites would provide HIV/AIDS related services to more than 10,000 police

officers, their families and people living nearby communities.

Due to the currently revised nation-wide policy that ARV and testing are free, it is expected that the demand for testing and ARV services will rapidly increase. The renovation of these nine sites will assist these sites to scale-up their capabilities to provide free counseling, testing and ARV treatment in order to sufficiently respond to the increased number of patients.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	4	☐
Number of individuals trained in the provision of lab-related activities		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Target Populations:

Most at risk populations

Military personnel (Parent: Most at risk populations)

Mobile populations (Parent: Most at risk populations)

Laboratory workers (Parent: Public health care workers)

Coverage Areas

Central

Copperbelt

Southern

Western

Table 3.3.12: Activities by Funding Mechanism

Mechanism: CDC Lab - Supply Chain Management
Prime Partner: Working Capital Fund
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 3789
Planned Funds:
Activity Narrative: The availability of an adequate reagent inventory for laboratory testing is a constant problem in Zambia and is caused by several factors. These factors include: (1 Depleted inventories, due to lack of funding; (2) Slow procurement procedures; (3) Donated reagent contributions that do not compliment the laboratory equipment; and (4) Lack of expertise in purchasing reagents and supervising inventory. The proposed 2006 funding will procure reagents through Crown Agents to support the Ministry of Health (MoH) and Central Medical Stores. These reagents will aid in the monitoring of ART and will also ensure continuous laboratory service to program areas. Crown Agents will assist the USG in procurement of reagents at optimal pricing and with storage, inventory, monitoring, and distribution of the reagent for CD4, hematology, and chemistry testing for some 70 laboratories in Zambia.

Currently, Central Medical Stores purchases and distributes reagents to each hospital upon request and the MoH provides each hospital with a budget for operations. Small monthly allocations provided to the laboratories support diagnostic reagents and supplies when inventories are unavailable from Central Medical Stores. Occasionally, small amounts of reagents are purchased at prime prices from local vendors on a pre-paid basis, and thus there are limited reagents available for test procedures. The cost of reagents purchased by laboratories on an individual basis is generally twice the cost of pricing obtained through negotiations made when purchasing large quantities in single shipments.

An assessment of reagents required for testing on specific equipment must be made in order to properly support continuous testing. Optimal pricing for large volume purchasing of reagents will leverage costs with vendors and manufacturers. Sequestered lot numbers of reagents in each shipment will decrease the amount of quality control required to ensure the integrity of reagents. An electronic laboratory information data system will assist in the management of the use of laboratory supplies and management of expiry dates. Procedures with high test volumes, such as CD4, hematology and chemistry, will be monitored to assess the number of reagents used in each hospital in order to project the procurement and distribution needs. Ultimately, laboratory managers will be trained on how to develop reports and forecast the amount of testing supplies to eliminate stock-out and waste. Service and training contracts for laboratory staff will also be negotiated with vendors and manufacturers to ensure continuous laboratory testing. These activities will be periodically monitored during on-site supervisory visits. Laboratory size refrigerators that can accommodate ample amounts of supplies will be acquired for sites with high test volumes.

The MoH, CDC, and other laboratory partners have agreed on the standard equipment that must be used in Zambian laboratories for different levels of care. Reagent purchasing will be made based on these standards. Assessments on the number of PLWH counseled, tested, and staged for ARV treatment and care in each province will be used to forecast the quantity of testing of reagent needs in the country. However, the recent decrease in cost for ARV and laboratory services may hinder the ability to accurately estimate the amount of supplies needed.

Collaborative meetings with donors and cooperating partners that supply reagents to the MoH and Central Medical Stores will occur to provide information and updates on laboratory procurements. This will also encourage uniformity in providing appropriate reagents to the GRZ for laboratory testing services.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	70	☐
Number of individuals trained in the provision of lab-related activities		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	1,695,000	☐

Target Populations:

People living with HIV/AIDS

Laboratory workers (Parent: Public health care workers)

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area:

Program Area Context:

In support of Zambia's national response and USG Zambia's 5-year Emergency Plan strategy in support of the 2-7-10 goals, the strategic information program area includes: 1) implementation of effective 'monitoring and evaluation' (M&E) feedback processes, 2) surveillance of population level health, behavior, and program impact, and 3) enhancing 'health information systems' for HIV-related care provision and management. USG, DFID and UNAIDS provide M&E technical assistance directly to the National HIV/AIDS/STI/TB Council (NAC). The USG also supports the Ministry of Health (MOH), national laboratories, the NAC and, in FY06, the Central Statistical Office (CSO), by improving their strategic information systems infrastructure and management, upgrading quality assurance procedures, providing essential strategic information staff support, and providing technical assistance in developing sustainable M&E systems and workforce.

Feedback processes are key system elements for assuring the sufficiency, quality, and cost effectiveness of interventions in this dynamic context because they depend on systematic information flow at individual care and facility levels and periodic population surveillance efforts. Zambia has had significant gaps in service level information systems and in institutionalizing effective corrective processes resulting from M&E of strategic information. During FY06, the MOH will have the added challenge of reabsorbing the staff and functions of the Central Board of Health.

To support the Government of the Republic of Zambia (GRZ) to be more effective in M&E over all program areas, the USG advises the NAC M&E technical working group, strongly supports clinical information system harmonization (such as the Electronic Medical Record (EMR) standard), supports key surveillance efforts, and provides technical assistance. In 2006, USG will provide both information communications infrastructure, and key Information Technology and M&E staff to agencies; moving these systems further to implementation. In FY05, the NAC M&E technical working group developed standardized national HIV indicators and worked to more fully integrate M&E into the next 5 year National Plan. In FY 06, USG will support deployment of a national M&E system in support of Zambia's commitment to the "Three Ones." USG will fund and coordinate an integrated capacity-building initiative with NAC, CSO, HIV/AIDS task forces and health management teams, SHARE, the National Alliance of State and Territorial AIDS Directors (NASTAD), and the University of Zambia to institutionalize use of information from core systems, long-term planning, and M&E capability.

Locally, USG partners work closely with a growing number of District Health Management Teams. The USG is supporting deployment and further development of an integrated clinical information system using optional 'leap-frog' technology-touch screens and smart card EMRs to simplify data capture and exchange and to ultimately aid ART adherence and clinic management. The communications upgrades at NAC, MOH, and national laboratories also support timely information transfer, more reliable management, timely feedback and logistics support to districts, providing further synergy to management of Global Fund drug purchases and other partner efforts.

The USG is working closely with the MOH and CSO to plan the 2006 Demographic Health Survey with biomarkers, the 2006 HIV Sentinel Surveillance (SS), and to begin Sample based Vital Registration. Refugee Camp HIV Surveillance, study of recent HIV infection, and a study of migrant workers will further characterize key dynamics of the epidemic. The Zambia Defense Force HIV prevalence study and 2004 ANC SS are nearing completion and suggest areas needing laboratory strengthening.

Program Area Target:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1,853
Number of local organizations provided with technical assistance for strategic information activities	295

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Health Services and Systems Program
Prime Partner: ABT Associates
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3532
Planned Funds:
Activity Narrative: Health Services and Systems Program (HSSP) support in the area of strategic information revolves around the development and strengthening of an ART data collection and reporting system to facilitate overall program management.

During FY04, technical assistance was provided to develop and pilot the ART Information System (ARTIS) in 2nd and 3rd level hospitals. During FY05, technical assistance is focusing on: rolling out the paper-based ARTIS to all public health facilities providing ART; integrating ART data into the Ministry of Health's (MOH) Health Management Information System (HMIS); developing an inventory of existing PMTCT and VCT indicators; and producing a Health Statistical Bulletin that includes ART Information.

HSSP's role is to assist the MOH and partners to ensure that all HIV/AIDS service delivery data are reported through the MOH national HMIS. An ongoing challenge is to integrate public and private sector HIV/AIDS data on Prevention of Mother to Child Transmission (PMTCT), Counseling and Testing (CT) and Tuberculosis (TB) as well as private sector HIV/AIDS service delivery data into the mainstream HMIS.

To address this challenge, HSSP will continue to assist the MOH to revise current HMIS data collection and reporting tools to integrate VCT, PMTCT and TB services. Once these tools have been revised, a minimum of 81 data managers (9 from the province level and 72 from the district level) will be trained to use the new tools. Provincial and district staff will in turn train a total of 350 health providers at private and public health facilities. It is expected that once this activity has been completed, all private and public facilities will report their service statistics through the HMIS.

HSSP will also roll out the Antiretroviral Therapy Information System (ARTIS) to at least 21 Ministry of Health accredited private ART centers. This package will be used. to train 63 private facility health workers (3 from each of the private facilities) who will in turn begin reporting their data through the HMIS.

HSSP will continue to link to other partners who are working in service provision and strategic information. They will work under the direction of the MOH and coordinate with the Zambia Prevention Care and Treatment (ZPCT) Partnership (3527), Centers for Disease Control (CDC) and other partners to develop standard data elements, collection and reporting tools. HSSP will rely on partners such as Catholic Relief Services (3711), CIDRZ (3709) and ZPCT to train and disseminate these standards and tools to facility staff. Within HSSP, this activity also links to the human resource development component (3531).

Emphasis Areas	**% Of Effort**
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	144	☐
Number of local organizations provided with technical assistance for strategic information activities		☑

Indirect Targets

350 health providers trained in strategic information (includes M&E, surveillance, and/or HMIS)

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
International counterpart organizations
Other health care workers (Parent: Public health care workers)
Private health care workers
M&E Specialist/Staff

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Measure Evaluation

Prime Partner: University of North Carolina Carolina Population Center

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 3570

Planned Funds:

Activity Narrative: This activity will contribute to the availability of high quality HIV/AIDS strategic information and trend analysis that will guide decisions as to appropriate interventions in the fight against HIV/AIDS in Zambia.

The MEASURE Evaluation project and the Central Statistics Office have worked together on the Zambia Sexual Behavior Survey/AIDS Indicator Survey since 1998. During this period, four nationally represented surveys have been implemented on a bi-annual schedule. The surveys use an internationally standardized protocol to obtain information useful in tracking a large number of HIV/AIDS program indicators, including indicators that measure various aspects of prevention, care, treatment, stigma, and orphans and vulnerable children.

MEASURE Evaluation and the Central Statistics Office plan to update the AIDS Trends Report. A draft report prepared in the year 2001 discusses information available on the AIDS epidemic in Zambia in the 1990s, including trends in AIDS-related knowledge and attitudes and trends in sexual behavior that may influence the course of the epidemic. Building on this report, data from the ZSBS/AID, PLACE and ZDHS surveys conducted during the period 2000-2005 will be used to extend trend data and to expand coverage to incorporate trends in internationally-standard impact indicators (e.g. PEPFAR) that have been developed more recently. The updated report will be reviewed and revised in collaboration with the Central Statistics Office and other stakeholders, such as the National HIV/AIDS Council. A dissemination workshop will be held and about 1500 copies will be printed in Zambia for distribution through the Central Statistics Office.

MEASURE Evaluation/UNC has been asked to participate in a Memorandum of Understanding (MOU) with the Central Statistics Office (CSO), Government of Zambia, regarding collaboration on capacity building and data use activities with respect to the bi-annual Zambia Sexual Behavior Surveys (ZSBS/AIS). A three-week workshop is planned for FY06. The workshop will focus on analysis of the ZSBS/AIS surveys, with the goal of preparing CSO and other government staff to participate fully in analysis of the 2007 ZSBS/AIS. The workshop will include intensive training in areas such as the following: preparation of analytical data set; basic analysis using the Stata 8 statistical package; frequency tables and other univariate statistics; tests for statistical significance; basic regression analysis; calculation of relevant UNAIDS, PEPFAR, UNGASS indicators; preparation of tables and graphs; interpretation and reporting of results; and, drafting a simulated ZSBS technical report.

Further, MEASURE Evaluation will work in conjunction with the CSO team in preparation of a "standard recode" to combine data sets and, where possible, standardize the variables used to construct AIDS prevention indicators available in the 1998-2005 ZSBS data sets to compile indicators across the different survey years. Creation of a "standard recode" would simplify data comparisons and trend analysis for multi-year ZSBS/AIS. Future data sets can be designed to fit into the same standardized format.

Emphasis Areas	% Of Effort
Other SI Activities	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	☐
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Target Populations:

M&E Specialist/Staff

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: SHARE

Prime Partner: John Snow Research and Training Institute

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 3642

Planned Funds:

Activity Narrative: This activity links to HVAB (#3638), HVCT (#3639), HBPC (#3640), HTXS (#3641), HVSI (#3642) and OHPS (#3643).

In collaboration with CDC and the NAC M&E Technical Working Group on M&E (TWG), SHARe will continue to strengthen the National AIDS Council's M&E system at the national, district and community levels. NAC will be assisted in establishing and operationalizing a national database (CRIS) 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 & 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 TWG, which is an advisory body providing technical support for monitoring and evaluation of HIV/AIDS activities. During FY06, SHARe will continue to conduct the field surveys to evaluate the impact of the program on target populations. 100 M&E advisors from DATFs, PATFs, NAC, FBOs and NGOs will be trained in data mapping, collation and reporting according to national standards. A total of 25 local government institutions, organizations and national umbrella groups will be reached with support and technical assistance in M&E with special emphasis on how they can use data from routine reports and research for decision-making. Following these trainings, SHARe will continue to monitor the performance of the M&E advisors and their respective institutions. It is anticipated that, by the end of FY06, DATFs will begin the development of matrices to map out the range of HIV activities, stakeholders and resources available in the districts.

Data collection for the study to measure absenteeism in the workplace which was designed in FY05 will continued throughout the year. The end of FY06 will mark the mid-term of the project, and a performance evaluation of the NAC M&E system will be done.

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	☐
Number of local organizations provided with technical assistance for strategic information activities	25	☐

Target Populations:

Faith-based organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Policy makers (Parent: Host country government workers)

M&E Specialist/Staff

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Measure DHS

Prime Partner: Macro International

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 3662

Planned Funds:

Activity Narrative: This activity is a continuation of the FY05 activities to prepare to conduct the HIV Prevalence Survey as part of the 2006-7 DHS. 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 2006.

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 sub-sampling for the HIV prevalence portion will be completed and data collection tools will be drafted, tested and implemented in the field.

In order to disseminate widely the 2005 Zambia HIV/AIDS Service Provision Assessment, Macro will undertake several dissemination and capacity building activities to help the Government of Zambia staff, USG CAs, NGOs, and other major stakeholders maximize the use of HIV/AIDS SPA findings for HIV/AIDS service activities. The activities will be carried out in collaboration with Central Statistical Office and the Ministry of Health and are designed to support use of SPA data in national and district health care planning, budgeting, provision of quality service delivery, and evaluation.

A national dissemination meeting will be held to publicize the findings from the HIV/AIDS SPA. Thereafter, about four data users workshops with a maximum of 15 participants each will be conducted. The workshops, one day each, will focus on results in various topics related to HIV/AIDS services, helping participants link findings to their national and/or provincial program objectives and evaluation indicators. The workshops will separate participants into their specific areas of expertise, e.g. health systems, VCT, PMTCT, care and support, and tailor the workshop to the participants' program needs. At least one of the workshops will include representatives from nursing and medical training programs to ensure that the SPA findings will be integrated into in-service and pre-service training programs.

The information will be disseminated using the detailed indicator report, short reports, and fact sheets on findings for different HIV/AIDS related topics.

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	51 - 100
Facility survey	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	☐
Number of local organizations provided with technical assistance for strategic information activities	2	☐

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

M&E Specialist/Staff

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: TA- CIDRZ
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3709
Planned Funds: [redacted]
Activity Narrative: The Center for Infectious Disease Research in Zambia (CIDRZ) will implement three activities to support information infrastructure for ART service delivery, HIV related drug resistance, and population-level assessment of ART service delivery.

The CDC-UAB (University of Alabama, Birmingham) Clinical Software Development Partnership builds on the success of the CIDRZ Patient Tracking System (PTS) software and the engineering of the CDC-Zambia's Continuity of Care Program. The PTS software is a clinical information system supporting HIV care and ART services for more than 25,000 Zambian patients, as of August 2005. The Continuity of Care Program is a smart card and touch screen capable clinical application targeting a holistic view of a patient and integration of out-patient services by supporting a standard Electronic Medical Record (EMR) information structure that is portable across services and locales. The initial services covered by the Continuity of Care Program are ANC, PMTCT, CT, and VCT. In consideration of both the natural synergies and the benefit of reducing the number of applications promulgated in Zambia, these two systems have been combined into the Continuity of Care and Patient Tracking System with the objective of covering all aspects of out-patient health care affected by the epidemic.

New modules in 2005-2006 will cover key areas of TB, other Opportunistic Infections (OI's), and Pediatric Care. The merger of these two complementing clinical systems focused the combined strengths of both applications, the experience of several organizations, and the resources of several partners. At the same time, the merging of efforts makes a major step toward supporting a full range of HIV affected services. By 2006, the combined effort will provide an integrated and user-friendly patient management system that will be deployed in the range of service specific and general out-patient clinic settings in Zambia. Accessible, integrated, and electronic information is a strong foundation for improved care. The systems using an EMR facilitate: (1) Fully informed local decision support; (2) Reminder reports to staff which help keep patients from 'falling through the cracks' (to assure adherence and minimize resistance); and (3) Improved management of all operations (such as drug utilization rates) by enabling automation of key elements of local and central monitoring and evaluation. Specifically, complete and accessible patient information resulting from these efforts will improve patient care by ensuring that HIV/ART, TB, pregnancy, and other risk information can inform treatment selection, early toxicity detection, drug interaction prevention, complex drug substitution logics, prevention counseling, and perhaps most importantly, adherence management. There is a steep cost gradient ($1000 every 12 months) between first and second line drugs. The main defense standing between these two rates of expenditure for care is a good system for assuring adherence. The cost of a smart card portable EMR is now [redacted] and dropping. A card should last one patient many years. A card reader is a [redacted] USB computer plug and play attachment. If automated "late for visit" and other compliance-related reports have even modest impacts on adherence, this tool provides for more patients to receive better care at a lower cost. Additionally, electronic patient level data is the optimal foundation for automating national HMIS and M&E systems. This partnership will produce an upgraded and integrated version of the Continuity of Care and Patient Tracking System, and is designed to be able to be deployed nationwide at all Zambian public health facilities having electrical supply. Development and deployment of remaining service modules will be a combined effort of CDC-Zambia, CIDRZ, the CDC-UAB, and the Ministry of Health.

As access to antiretroviral therapy (ART) continues to expand in the region, there are unanswered questions regarding the development and transmission of resistant HIV strains among the general population. Surveillance of this phenomenon is a

priority of the Zambian Ministry of Health. This activity will support the Ministry's interest in beginning to establish systems to evaluate the prevalence of drug-resistant HIV strains at a population level, concentrating on three important groups: (1) Individuals recently diagnosed with HIV in general VCT; (2) Women recently diagnosed with HIV in ANC; and (3) Enrollees into long-term HIV care who have initiated ART. The planning and piloting of early population surveillance strategies for HIV drug resistance is needed as scale-up of ART services continues across Zambia. Through this effort, CIDRZ will assist the Zambian government in implementing its national resistance surveillance strategy. This critical information will inform national treatment policies and assist in the targeting of high-risk populations.

CIDRZ, as part of its monitoring and evaluation program, proposes initial targeted evaluations consisting of repeated cross-sectional, community-based surveys in coordination with the expansion of the government's HIV care and treatment program in the district clinics and UTH. The purpose of these surveys is to evaluate the impact of this comprehensive HIV services program including free access to antiretroviral therapy (ART) at the population level. Specifically, CIDRZ is interested in whether the implementation of the program will: (1) Reduce community mortality rates; (2) Reduce community morbidity; (3) Improve knowledge and attitudes towards HIV/AIDS; (4) Improve perceptions and acceptability of HIV testing; and (5) Improve knowledge and attitudes related to antiretroviral drugs. Both the drug resistance surveillance infrastructure and the targeted evaluations will make substantial use of the M&E and HMIS capacity represented by the growing cohort of Zambians who will be provided EMRs (Electronic Medical Records) as part of the scale up of the clinical services supported by the Continuity of Care and Patient Tracking System.

Emphasis Areas	**% Of Effort**
Information Technology (IT) and Communications Infrastructure	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	80	☐
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Technical Assistance/JHPIEGO
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	3710
Planned Funds:	
Activity Narrative:	Building upon the FY05 pilot project, JHPIEGO will support the scale up of electronic patient monitoring and data management tools to enhance continuity of care via training and support in deployment and use of the growing number of modules in the CDC/UAB Software Collaboration project. In collaboration with 71 new districts in the phased scale up, the Ministry of Health (MoH)/Central Board of Health (CBoH), and CDC-Zambia, JHPIEGO will support the scale up of data entry/IT systems and continuity of care program through training, the direct hiring of data entry staff, or grant support to facilitate district hiring of staff (the CBoH will be reabsorbed into the MoH by 2006). In the new districts, on-the-job training (OJT) of 100 healthcare workers will initially be conducted, followed by supportive supervision to monitor performance and address gaps. Currently, the EMR, which relates to the ANC/PMTCT/CT section, is being implemented in Kafue district. This module will be signed off for scale up as a module to all CBoH sites providing ANC/PMTCT/CT service. Lusaka DHMT, with support from CDC and CIDRZ, is preparing to implement the newly integrated ART section in Lusaka district for the ART component of the integrated EMR. The USG CDC will continue to work and collaborate with the Lusaka District Health Management Team (LDHMT), Kafue Health District Management Team (KDHMT), and the currently operating Gates Foundation project (Zambia Electronic Perinatal Record System (ZEPRS)). Initially, the EMR Care Card was provided in antenatal clinics offering PMTCT with the consideration to avoid stigmatization of the card. By providing the card to well patients, the card is not associated with a particular disease. With wider use, this risk of stigma sensitivity appears to be reduced. It is expected that a move to a smart card EMR for HIV-positive clients will provide clients with a greater sense of privacy regarding their sensitive health information than is provided by a readable paper ART card. This period of consolidation will also be a time to observe clinician electronic documentation practices and note impacts of application. Adjustments will be made where necessary and on an ongoing basis in response to user feedback. In 2006, the eventual scope of the project is to scale up enrollment between 50,000 and 100,000 clients with integrated smart card EMR services including HIV care, VCT, PMTCT, ART, and opportunistic infections. The Pediatric services module will be piloted, and deployed during this period.

Emphasis Areas	**% Of Effort**
Information Technology (IT) and Communications Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	400	☐
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
People living with HIV/AIDS
Women (including women of reproductive age) (Parent: Adults)
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: AIDSRelief- Catholic Relief Services

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GAC (GHAI account)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 3711

Planned Funds:

Activity Narrative: Futures Group leads monitoring and evaluation (M&E) for AIDSRelief Zambia. Using in-country networks and available technology, Futures Group is building strong patient monitoring and management systems that are used to collect data and track strategic information from the points of service (POS). Strategic information includes indicators from the President's Emergency Plan for AIDS Relief (PEPFAR), other US Government (USG), National Ministry of Health (NMOH) in conjunction with the Ministry of Health (MoH)/Central Board of Health (CBOH), and AIDSRelief specific project indicators (the CBoH will be reabsorbed into the MoH by 2006). This collective information supports the provision of high quality HIV and AIDS care and treatment, ensures drug durability, tracks patient and program progress, and provides accuracy in reporting to both the USG and NMOH/CBOH. While reporting on indicators to donors and governments is an essential secondary objective, the primary aim of collecting strategic information is to assist clinicians and clinic managers in providing high quality HIV and AIDS care and treatment, to assist in chronic disease management, to monitor viral resistance, and to ensure durable viral suppression.

AIDSRelief selected a patient monitoring and management system, CAREWare, in year 1 and worked with programmers to modify the domestic version to meet the needs of an international environment and the specific needs of AIDSRelief Zambia. The data entry screens resemble the AIDSRelief clinical encounter forms and capture the required minimum data set. Futures Group provides training and on-site technical assistance to POS in order to build in-country capacity and enhance paper-based and automated HMIS. Focusing efforts on capacity building activities will ensure that POS are skilled in comprehensive data management, including data collection, validation, analysis, and reporting. POS will also develop an understanding of the minimum data requirements for donor purposes and high quality clinical management. It is Futures Group's intent to ensure that accuracy in data management is understood at all levels at the POS because it is an essential component of monitoring patient progress and ensuring accuracy in reporting.

While CAREWare has proven effective at some POS, Futures Group continues to review other health management information systems (HMIS) in order to identify the best solution that meet the needs of both the POS and donors. Towards this end, during our third year, and in collaboration with our AIDSRelief partners, the AIDSRelief Strategic Information Advisor will continue to work closely with the members of the Country Technical Coordinating Team (CTCT), and POS, including clinicians, medical records staff, administrators, and M&E officers to ensure that an effective system is in place to collect the required data. This will include working with CDC to further standardize compliance with a national EMR so that patient data will "port" effectively between systems to assure continuity of patient care and services.

Emphasis Areas	*% Of Effort*
Information Technology (IT) and Communications Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	40	☐
Number of local organizations provided with technical assistance for strategic information activities	19	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Traditional birth attendants (Parent: Public health care workers)
Traditional healers (Parent: Public health care workers)
People living with HIV/AIDS
Program managers
Volunteers
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Religious leaders
Other health care workers (Parent: Public health care workers)
M&E Specialist/Staff

Key Legislative Issues

Twinning

Volunteers

Stigma and discrimination

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: MOH/CBoH- SI

Prime Partner: Central Board of Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 3713

Planned Funds:

Activity Narrative: The Cooperative Agreement (CoAg) with the Ministry of Health's (MOH) Central Board of Health (CBoH) supports strategic information objectives of strengthening local health management information systems and improving human resource capacity for monitoring and evaluation. The CBoH will be reabsobed into the MOH by 2006.

Building on FY05, this activity seeks to support MOH leadership by supporting ICT infrastructure at central levels, particularly communications technology. The USG is working with the CBoH to purchase and install critical communications links, including LAN and e-mail systems for senior management around the country. This support will provide for the improvement of communications and management at health centers, districts, and provinces so that information is available in a timely manner for making budgetary and policy decisions, and for the effective monitoring and evaluation of programs. This activity also seeks to positively impact patient services by ensuring that patient level data is better collected, stored, and more readily available at points of care to inform treatment decisions through development and promulgation of health information and clinical information standards. The USG and the CBoH are collaborating in the development and implementation of the Continuity of Care and Patient Tracking System. This substantial project entails collecting patient data electronically in clinics, writing it to a portable or transmittable EMR (Electronic Medical Record) and then integrating the use of this information into decision support and reminder systems for adherence and for populating HMIS systems. This CoAg will support the MoH activities involved in this scale up of services and will provide support for internal monitoring and evaluation of the project's effectiveness in achieving its stated goals.

The CBoH has the intention of increasing the number of people receiving training in Strategic Information related fields by setting up a training facility at the existing CBoH headquarters. This mechanism will provide support for renovation and purchase of required equipment for the training center. A minimum of 150 persons are targeted for training in Strategic Information skills, including M&E, Surveillance and ICT, during the start up year. The CBoH intends to also follow up a program of investigation into the possibilities regarding the use of Telemedicine in resource hit areas as a way of mitigating the current health care staff shortages in the sector. A smaller portion of this effort will be for continued exploration of these possibilities.

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 affected through continued revision of the HMIS automated database to enable auto-updates from EMR data records. The training of lead HMIS staff countrywide regarding the interface with continuity of care clinical information will be supported. Additional partnerships will be forged with interested organizations to expand the EMR system, including exploring partnerships with Community Based Organizations providing home based care.

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	150	☐
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3714
Planned Funds:
Activity Narrative: There is an urgent need to improve effective prevention, care, and treatment programs to a national scale in order to save lives and make progress toward targets set by the Government of the Republic of Zambia (GRZ) and the USG. Continuing work from FY05, CDC's strategic information activities provide critical support to basic and leveraged technology information systems, build sustainable M&E capacity, and ensure essential information from sentinel surveillance and targeted evaluations. All donors require regular (quarterly, annual, and semi-annual) performance data to *substantiate the investment with political bodies. Accountability requires satisfaction* with and access to high quality information. Therefore, the opportunity to build human and structural informatics, monitoring and evaluation (M&E), and surveillance capacity must be embraced as a chance to simultaneously inform effective prevention, treatment and care programs in Zambia.

In information systems, CDC will (1) Ensure Local Area Network (LAN), reinstallation of broadband connectivity (Satellite), and additional IT equipment for relocation of CDC office space to temporary space and eventually to the Pediatric Center of Excellence at the University Teaching Hospital; (2) Ensure base levels of equipment and supplies required for functioning of key national partners including National AIDS Council (NAC), Tropical Diseases Research Center (TDRC), and the Ministry of Health (MoH)/Central Board of Health (CBoH); (3) For scaling up of the Continuity of Care and Patient Tracking System in clinics nationwide (with Electronic Medical Record support); and (4) Integrate appropriate elements and activities using the HIVQUAL indicators and process to enhance information system capacity and inform ART programming through M&E feedback. The CBoH will be reabsorbed into the MOH by 2006.

In monitoring and evaluation (M&E) CDC will: (1) Launch a national M&E capacity and workforce building initiative in cooperation with NAC, MOH/CBoH, CSO, *SHARE (USAID), Peace Corps, the University of Zambia, and NASTAD to deliver* performance-based ongoing training, mentoring, and scholarships to partners, Provincial AIDS Coordinators, District Planners, and District and Provincial AIDS Task Forces; and (2) Coordinate an operational cluster evaluation of antiretroviral therapy rapid-scale up involving all USG funded primary partners and government partners to inform pursuit of shared objectives for program improvement and cost effectiveness.

In HIV/AIDS surveillance CDC will: (1) Continue technical and material support to GRZ in its surveillance of HIV and Syphilis prevalence through 24 traditional sentinel sites and two refugee camps with key partners including Zambian Ministry of Health, Central Board of Health (CBOH), Central Statistics Office (CSO), University Teaching Hospital (UTH), National IV/AIDS/STI/TB Council (NAC), Tropical Diseases Research Center (TDRC) and United Nations High Commission for Refugees (UNHCR); (2) Support the GRZ in expanding its HIV surveillance efforts by testing blood specimens from the sentinel surveillance and Zambia Demographic and Health Survey using the BED-CEIA assay developed by CDC that allows the estimation of recent HIV infections (incidence) in study populations; and (3) Build capacity to do surveillance and behavioral interventions in migrant communities using the BED-CEIA assay in addition to usual testing methodology in a major sugar estate.

The study includes the training of laboratory technicians, analysts, and follow-up on *behavioral patterns of HIV-negative individuals to inform unique risk factors of the* mobile population. It will also strengthen the National Cancer Registry of Zambia in the surveillance of AIDS-related malignancies by providing technical assistance. The surveillance of AIDS-related cancers is important both for the planning of cancer treatment needs and preventive interventions in the population, and for monitoring

the impact of ART on the risk of AIDS complications and survival.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	200	☐
Number of local organizations provided with technical assistance for strategic information activities	40	☐

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Program managers

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Private health care workers

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	TA- NASTAD
Prime Partner:	National Association of State and Territorial AIDS Directors
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	3715
Planned Funds:	
Activity Narrative:	NASTAD, in collaboration with the Government of Zambia's HIV-related M&E capacity building focal points (NAC, SHARE, CSO, MOH/CBoH) will provide technical assistance providers to NAC, all 9 Provincial AIDS Coordinators, and other institutional staff charged with improving M&E tools and processesas part of a long-term program *focused on building the M&E workforce in Zambia. In addition to on-the-ground* periods of assistance, NASTAD will establish a formalized mentoring system focused on M&E to support long-term individual and institutional capacity building. Funds will also be used to bring recognized M&E experts to Zambia for targeted trainings. This activity relates to SI 3714 and 3642 and OHPS 3721 and 3719.

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	☐
Number of local organizations provided with technical assistance for strategic information activities	20	☐

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: NAC SI
Prime Partner: National AIDS Council, Zambia
USG Agency: *HHS/Centers for Disease Control & Prevention*
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3716
Planned Funds:
Activity Narrative: The USG supports the National HIV/AIDS/STI/TB Council (NAC) in assuring strong monitoring and evaluation centrally and to promote it across sectors in Zambia. In *response to the "third one," NAC is charged with establishing and maintaining the* Country Response Information System (CRIS). The wide span of M&E responsibilities under NAC requires continued support for information systems as well as sustainable workforce development to ensure a trained and competent cadre of M&E specialists.

NAC is responsible for managing all HIV/AIDS-related data for the country and to provide recommendations to all HIV/AIDS-related activities. In order to deliver this mandate, NAC requires both human and structural support and technical assistance. 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 as well as be staffed with skilled personnel to develop and manage related systems. Started in FY05, the following Strategic Information Results will continue to be supported in FY06: strengthened local health management information systems, 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.

Specifically, CDC will continue to support three key staff positions within the NAC M&E Unit, including an M&E Director, M&E Specialist, and a Management Information Systems Specialist. In addition, CDC will continue to support activities in relation to *directives of the national Monitoring and Evaluation Technical Working Group* convened by NAC. Continuing support will also be provided to implement an IS/IT strategy that is being developed in 2005. Additionally, CDC provides on-going technical assistance to NAC on information and communications infrastructure planning, development, and deployment of the national monitoring and evaluation system. NAC, with support from CDC and others, will reach over 100 people in training on strategic information as well as assist every District AIDS Task Force (72), and Provincial AIDS Task Force (9) in M&E implementation and skill-building. CDC-Zambia will also help NAC build research capacity in Zambia by facilitating the introduction of key research tools and services of the US National Library of Medicine, including Entrez PubMed and other related databases/services.

A primary feature of activities in 2006 is to develop systems for continued training and performance support at district, provincial, and national levels in the deployment of the national M&E system and IS/IT strategy. As outlined in the entries for CDC and NASTAD in this section, USG will support job and task model development and an offering of related targeted training and mentoring opportunities. The organizations represented in NAC Technical Working Group will decide what kinds of activities to emphasize and carry out in consultation with USG and other cooperating partners.

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	☐
Number of local organizations provided with technical assistance for strategic information activities	81	☐

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: CSO SI
Prime Partner: Central Statistics Office
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3717
Planned Funds:
Activity Narrative: An important FY06 activity is the initiation of the Sample Vital Registration with Verbal Autopsy (SAVVY) System in selected regions in Zambia. tThis will be carried *out by the CSO in collaboration with the US Census Bureau. This system builds on* demographic surveillance, and once fully functional, it can provide nationally representative statistics for the number and causes of death, estimates of poverty, and other social and demographic indicators. In addition to establishing the infrastructure to obtain mortality data alongside census data in a target sample, this effort will train at least 30 CSO personnel, census enumerators, and community development workers in strategic information.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	☐
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Target Populations:

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	TDRC
Prime Partner:	Tropical Diseases Research Centre
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	3718
Planned Funds:	

Activity Narrative: The cooperative agreement between the CDC Global AIDS Program Zambia (CDC-Zambia) with the Tropical Diseases Research Center (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/TB, and improved human resource capacity for monitoring and evaluation. CDC-Zambia will continue to provide technical assistance and other support to strengthen the TDRC and its infrastructure as a key partner in HIV/AIDS/STI/TB surveillance and strategic information. CDC-Zambia will work closely with TDRC as the primary partner in achieving the above goals. The cooperative agreement funding mechanism will continue to be used to maintain support of a local area network established during 2005. Continued funding will allow the expansion of LAN coverage to the new TB laboratory supported by CDC-Zambia. This funding mechanism will also enable TDRC to continue the employment of personnel skilled in information technology (IT) in the maintenance of the infrastructure.

An important component of the TDRC cooperative agreement supports the GRZ HIV/AIDS/STI/TB surveillance activities. TDRC serves as the regional reference laboratory for HIV prevalence testing of biologic specimens collected for both the sentinel surveillance surveys and the Zambia Demographic and Health Surveys (ZDHS). TDRC laboratory and data processing personnel have participated in multiple CDC-Zambia-sponsored training in strategic information and laboratory methods, and work closely with CDC-Zambia staff in data management and analysis. The TDRC laboratory staff has been trained to perform testing for recent HIV infections and will play a key role in newly planned 2006 surveillance studies of HIV incidence. Funding to the TDRC will also cover needs for transportation and other travel needs and procurement of consumables in the immunology and data processing units.

The monitoring and evaluation of CDC-Zambia support to the TDRC will focus on: (1) Continued operation of the LAN and extension of LAN coverage to the newly completed TB laboratory; (2) The number of TDRC and other staff trained in strategic information; (3) The successful design and implementation of the SS and ZDHS in 2006; (4) The successful collection, storage, and management of demographic information and biologic specimens; (5) The appropriate analysis and reporting of HIV prevalence and incidence data; and (6) The dissemination of surveillance information for GRZ planning of policy and community-level interventions.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	☐
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Target Populations:

Other health care workers (Parent: Public health care workers)

Coverage Areas

Copperbelt

Luapula

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Zambia Partners Reporting System

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 3731

Planned Funds:

Activity Narrative: This activity is to provide technical support and updating of the Zambia Partners Reporting System (ZPRS) developed by Social and Scientific Systems for the USG in Zambia. The Zambia Partners Reporting System was developed in FY04 and implemented for the first time in March 2005 for the semi-annual report. The ZPRS is a computerized Emergency Plan Partners Reporting System for USG/Zambia agencies and implementing partners to report OGAC indicators for semi-annual and annual reports. This system comprises both excel spreadsheets and ACCESS database that loads up into a web-based system and ultimately into the COPRS. As indicators and reporting requirements are modified, it is necessary for SSS or whichever agency will be providing the IT support for the COPRS to update the ZPRS and provide maintenance support. While most of the support will be virtual, SSS will travel to Zambia at the request of the USG once a year to provide training to USG agency staff and implementing partners on any changes in the system. In addition, the COPRS support organization will improve the ZPRS to enable graphs and maps to be produced from the Zambia dataset to be used to improve program management and planning.

Emphasis Areas	% Of Effort
USG database and reporting system	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	85	☐
Number of local organizations provided with technical assistance for strategic information activities	30	☐

Target Populations:

USG in-country staff

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: DoD-PCI

Prime Partner: Project Concern International

USG Agency: Department of Defense

Funding Source: GAC (GHAI account)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 3739

Planned Funds:

Activity Narrative: This activity is linked to JHPIEGO's activity in System Strengthening (#3668) and other donors' activities in information management.

This activity is aimed at further supporting and strengthening Zambia Defense Force (ZDF) capacity in monitoring and evaluation (M&E). Funding for this activity will be used to assess and improve communication systems in ZDF units to increase their capability in managing information, M&E and situation analysis. This activity will also help to link ZDF Medical Services (DFMS) facilities with District Health Management Teams (DHMTs). This linkage is essential because DFMS will benefit from drug supplies and medical supplies as well as DHMT's assistance in community mobilization of the civilian population to improve access to various information on healthcare activities. This program will also help DFMS's sustainability in health care services. Computers, printers, UPS devices and other supplies will be procured to support HIV/AIDS information management at four new model sites for ART, PMTCT, palliative care and CT.

69 ZDF HIV/AIDS unit coordinators will undergo refresher training in Monitoring and Evaluation, to continue building their capacity to effectively monitor, supervise, and report on all HIV/AIDS-related activities on their units. A significant ongoing challenge in terms of monitoring progress in ZDF health services is getting feedback from the field units. It is expected that annual refresher trainings in M&E will help to raise awareness and commitment towards the importance of regular data collection, monitoring and reporting and to increase the number of ZDF units that are consistently submitting their monthly activity reports. Funding will also be used to conduct a follow up facility survey of the eight model sites for Palliative care, PMTCT, ART and CT and supportive supervision tours of ZDF units, with leadership from DFMS HIV/AIDS office.

Emphasis Areas	% Of Effort
Facility survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	69	☐
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Military personnel (Parent: Most at risk populations)

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.14: Program Planning Overview

Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area:

Program Area Context:

The Government of the Republic of Zambia's (GRZ) plan to scale-up ART nationwide requires support to systems, institutions, and programs that cut across prevention, treatment, and care. USG partners are working closely to strengthen HIV/AIDS service delivery systems, policies, and coordinating structures to facilitate the rapid scale-up. Other health sector donors that support this area include: DFID, the Netherlands, the Development Cooperation of Ireland, UNICEF, and the World Bank.

Zambia has made the decision to provide free ART in all public health facilities. While this will increase access to ART, the health system needs continuous strengthening to cope with increased patient load and ensure timely procurement and distribution of ARVs, test kits, and laboratory reagents.

In support of Zambia's national program and the USG/Zambia Five-Year Emergency Plan, the USG will provide support in health systems strengthening, focusing on national policy, planning, human resources, and sector-wide HIV/AIDS systems components. The strategy emphasizes strengthening the management capacity of coordinating structures including MOH, National AIDS Council (NAC), provincial and district AIDS Task Forces. In addition, to support the strategy the USG is providing technical support to strengthen management of FBOS, CBOS, and NGOS that serve as important links at the community level to all levels of the public sector.

Zambia's human resource crisis is a major impediment to scaling up HIV/AIDS services. The USG continues to provide essential support for workforce planning and management in addition to pre- and in-service training. With USG support, the Ministry of Health (MOH) has developed a Human Resource Management Information System that will help track movement of staff into, within, and out of the sector and has established the National In-service Training Coordinating Committee. The impending merger of the MOH and the Central Board of Health (CBOH) will pose a reorganization challenge that will affect the whole health sector.

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 to enhance organizational and planning skills, assist in integration of prevention and care programs, and to develop and distribute effective outreach materials. The National AIDS Council (NAC) requires support and strengthening to manage 14 Technical Working Groups and support nine provincial and 72 district AIDS Task Forces, which are still not fully operational. The USG 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. The USG also assists the Ministry of Youth, Sport and Child Development, which oversees OVC activities.

The USG continues to be one of two major donors providing support to the Zambian Defense Force (ZDF) for HIV/AIDS programs. Only two of the 69 ZDF health facilities have the capacity to implement comprehensive HIV/AIDS services, including CT and ART. The majority of workplaces do not have HIV/AIDS policies and few have comprehensive prevention, care, and treatment programs. Public-private partnerships with two of Zambia's largest mining and agribusiness employers will continue to reach employees and families with HIV services. Support to increase leadership among Members of Parliament, faith-based networks, positive people's networks, and traditional leaders will continue in FY06 to reduce stigma through changes in attitudes and behavior that adversely affect HIV/AIDS programs.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	117
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	158
Number of individuals trained in HIV-related policy development	839
Number of individuals trained in HIV-related institutional capacity building	2,004
Number of individuals trained in HIV-related stigma and discrimination reduction	4,728
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	71,850

Table 3.3.14: Activities by Funding Mechanism

Mechanism: AWatch
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 3361
Planned Funds:
Activity Narrative: This activity relates to HVCT (#3360).

HIV/AIDS policies at the national level cannot be implemented effectively without addressing accountability and oversight. To influence effective HIV/AIDS policy, the D&G Office of USAID and its partner PACT using a Wraparound Approach will continue to collaborate with the only national institution responsible for government policy oversight, the National Assembly of Zambia. Members of Parliament (MPs) collaborating with Civil Society Organizations (CSOs) in target constituencies across Zambia will be oversight leaders to ensure that policies and systems of HIV service delivery are effective and efficient in meeting the needs of citizens and in addressing their concerns.

PACT, through the Parliamentary Reform Project I and II and through its cooperative agreement with USAID (AWATCH), has been working successfully since 2002 on parliamentary reforms in collaboration with the National Assembly and four European donors. This project, having objectives of increased oversight and representation, includes establishment of constituency offices in rural and urban areas across Zambia, by which Members of Parliament (MPs) interact with citizens and get to know their concerns first hand. COP FY 06 funds will build on the accountability and oversight functions by supporting a leadership role for MPs representing the constituencies as regards issues of HIV policy and services. The MPs and the staff of constituency offices, working with informed CSOs in their community, will oversee, help correct and prevent failure problems in the service delivery system. Because AWATCH includes a sub-granting mechanism to civil society organizations (CSOs), partnerships will be facilitated between the MP and CSOs so that accurate information on issues reach problem solvers so that HIV services are delivered. Therefore, more targets numbers will be achieved due to an improved delivery system.

The USG will leverage the PACT/AWATCH platform and human resources to address HIV/AIDS Policy Analysis/Systems Strengthening. AWATCH, also works to create greater public sector accountability and to reduce public sector corruption using USAID funds. PACT, the Prime for AWATCH, is an international NGO working in Zambia with strong expertise in organizational development and grant-making and capacity building for civil society. PACT strengthens the capacity of local organizations to further development goals, including HIV/AIDS, through a variety of approaches that includes strengthening the capacity of grassroots organizations, coalitions, and networks and by forging linkages among government, business, and the citizen sectors to achieve social, economic and environmental justice.

AWATCH will continue to support the role of Members of Parliament (MPs) in HIV/AIDS related laws and policies to ensure a sustainable response to the HIV/AIDS epidemic. In FY 05 MPs were trained in HIV/AIDS stigma and discrimination , the role of political leadership in the prevention of stigma and discrimination, and the role of Legislators in the fight against HIV/AIDS. As a result of the training there were a number of media reports where MPs were talking about the need for VCT and for adequate resources and facilities to enable people to access ART. In Solwezi, an MPs call for more VCT centers resulted in the establishment of a new VCT center. In a recent workshop, MPs boldly went for VCT.

In FY 06 AWATCH will train staff of Constituency Offices and CSOs in the constituencies to work together to identify HIV policy and delivery issues; reports will be provided to MPs and to responsible authorities, in order to increase efficiency and effectiveness of the system. With the new policy of free ART, AWATCH and its sub-grantees together with civic leaders will work to ensure accountability in the

delivery of free ART as per government roll out plans. Members of Parliament (MPs) will also obtain direct feedback as experienced by the constituents, working out of twenty recently built constituency offices funded through PRPII.

AWATCH will leverage the Zambia HIV Learning Initiative (ZHLI), a USAID NGO strengthening program also implemented by PACT, to provide technical assistance and capacity building for these sub-grantees.

In FY05, AWATCH has been working in Ndola Central, Mwinilunga East, and Solwezi East constituencies and have trained 75 MPs and 400 civic leaders, which included 22 traditional leaders and 500 outreach activities through 5 sub-grants to local NGOs, CBOs and FBOs in 20 constituencies.

In FY06, AWATCH will expand to 8 additional and a total of 28 constituencies in all nine provinces and provide sub-grants to an additional 12 local NGOs to reach out to 25 local CBOs and FBOs in each constituency for a total of 700 outreach activities, train 28 staff of MPs and 400 civic leaders to influence HIV/AIDS policies in 20 constituencies and mobilize 70,000 individuals. Under the capacity building in HIV/AIDS advocacy, local NGOs, CBOs and FBOs will form networking teams comprising councilors and local administrative officials to spearhead advocacy activities around stigma, discrimination against people living with HIV/AIDS, and increased access to VCT and ART services. The networks, in liaison with the local District HIV/AIDS taskforces will team up to establish constituency information centers on HIV/AIDS. This activity will also contribute to the MPs leadership role in HIV/AIDs advocacy.

AWATCH will work with the Institute of Human Rights Intellectual Property and Development Trust (HuRID), which in consultation with the University of Zambia Law School, will develop a curriculum on HIV/AIDS stigma and discrimination and related policy and practices to be integrated into the legal training at the university law school. Activities will include research on stigma and discrimination, roundtable discussions with Ministries of Justice, Education and Health and the National AIDS Council.

Emphasis Areas	% Of Effort
Training	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Community Mobilization/Participation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	37	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	37	☐
Number of individuals trained in HIV-related policy development	28	☐
Number of individuals trained in HIV-related institutional capacity building	74	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	428	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	70,000	☐

Indirect Targets

This will in turn contribute to a number of policy issues on stigma and discrimination identified and lobbied for. It will increase on the number of claims being made for legal environment that protects PLWHA

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Policy makers (Parent: Host country government workers)

Religious leaders

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Democracy & Government

Coverage Areas

Central

Luapula

North-Western

Southern

Western

Copperbelt

Eastern

Lusaka

Northern

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Health Services and Systems Program
Prime Partner:	ABT Associates
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	3529
Planned Funds:	
Activity Narrative:	*The Health Systems and Services Program (HSSP) will build on FY05 activities to* continue working with the Ministry of Health (MOH) to strengthen policy and systems that support HIV/AIDS services in the following areas: 1) planning; 2) managing information and data for decision making; 3) human resource planning; 4) development of guidelines for incentive schemes; 4) building human resource capacity for HIV/AIDS services; 5) strengthening pre and in-service training; 6) financing of ART; and, 7) coordination among all partners.

In the area of planning, HSSP will provide support to the MOH: to develop technical updates for annual sector planning handbooks; to compile a summary of national priorities integrating information on HIV/AIDS; and to help ensure that HIV/AIDS activities, resources and priorities are appropriately reflected in overall health sector plans during the annual planning process.

District and hospital planners need assistance in managing, using data effectively, and making decisions based on information collected through routine systems and other information sources. In collaboration with the MOH, HSSP will strengthen the capacity of 94 district and hospital managers in 72 districts and 22 major hospitals through orientation in basic data management and the development of a data reference manual for use during the planning process.

In the area of human resource (HR) planning and management, HSSP will provide ongoing support to the MOH in pre and in-service training to ensure coordination with partners and linkages to strategic information (3532) as well as ARV services (3531).

In FY06 HSSP will continue working with the MOH to develop ART HR planning and projection guidelines. HSSP will build capacity in the MOH to monitor the utilization of HR models and Health Management Information System (HMIS) information to determine HR requirements in district action plans. It is expected that the guidelines will be in use nationwide during FY07.

HSSP has supported the MOH to develop guidelines for incentive scheme management in FY05. In FY06 HSSP will build capacity in the MOH to monitor utilization of these incentive scheme guidelines by training five central level and 18 provincial staff. During the first phase of this activity, it is expected that 10 remote districts will implement incentive schemes using these guidelines. It is expected that the remaining districts will use the guidelines during FY07.

In FY05 HSSP supported the MOH's plan to increase the number of health care providers with the knowledge and skills to provide HIV/AIDS services. Chainama, the Zambian School of Medicine, and nurses training schools received HSSP support in HIV/AIDS and ART core competencies that were incorporated into their pre-service curricula. In FY06 HSSP will help strengthen the MOH and professional councils to *monitor these training institutions as they implement the revised curriculum.* HSSP will orient five MOH HR Development staff, 10 General Nursing Council staff, and five Medical Council of Zambia (MCZ) staff on the use of the National Training Guidelines. It is expected that 15 nursing and clinical officer training institutions will use the national training guidelines and revised curricula.

HSSP supported the MOH to develop a five-year in-service training coordination plan, develop national training guidelines, and establish Human Resource Development Committees (HRDC). In FYO6 HSSP will help the MOH to instruct HRDCs at all levels to coordinate in-service training using the national training guidelines. HSSP, in

collaboration with ZPCT, WHO and other partners, will continue to assist the MOH to standardize HIV training packages to assure consistency in quality of training. HSSP will teach HRDC members (nine from the provinces and five from the national level) to track and utilize the training information system. It is expected that 25 district HRDCs will coordinate ART and other HIV/AIDS related training using the national training guidelines.

In the area of financing of ART services, HSSP will work with the MOH to ensure that the District Accounting System captures and reports HIV/AIDS-related expenditures in all 72 districts. HSSP will also support the National Health Accounts (NHA) HIV sub-analysis which will gather data from these same districts. The recent GRZ shift to provide free ART to all of its citizens has created a challenge for sustainability when donor support ends. To respond to this challenge, HSSP will help the MOH to develop a sustainability framework which will estimate the cost of ART provision and assess equity and accessibility to free ART. HSSP will also help the MOH develop ART funding strategies.

In summary, a total of 151 individuals will be trained in HIV-related institutional capacity building.

Finally, HSSP will continue to assist the MOH and all partners in HIV/AIDS service delivery to coordinate activities among themselves and with the private sector. USG partners in this effort include the Zambia Prevention, Care, and Treatment Partnership-ZPCT (3527), Catholic Relief Services (3698), CIDRZ (3687), and Health Communication Partnership (3534). Activities will include: technical assistance to the Sector Wide Approach program (SWAp) to ensure integration of HIV/AIDS; logistical support for ART program coordination; ensuring responsiveness to emerging issues such as changes in ART policy and implementation guidelines; developing MOH proposals to global HIV/AIDS initiatives targeted at ART scale up; and, maintaining partners' database for HIV/AIDS service delivery.

Establishing and implementing sound policies and strengthening the systems for delivery of ART services are critical elements in the achievement of the Emergency Plan goals and the USG/Zambia Five-Year Strategy, and will increase the potential for sustainability of HIV/AIDS programs in Zambia.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Training	10 - 50
Local Organization Capacity Development	51 - 100
Health Care Financing	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	151	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Private health care workers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: SHARE

Prime Partner: John Snow Research and Training Institute

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Other/policy analysis and system strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 3643

Planned Funds: [redacted]

Activity Narrative: This activity links to HVAB (#3638), HVCT (#3639), HBPC (#3640), HTXS (#3641), HVSI (#3642) and HKID (#3652).

Working with project partner Initiatives Inc, SHARe will expand efforts to provide effective and efficient financial and technical resources to innovative programs that inspire and strengthen national, district and community leadership in the fight against HIV/AIDS. Sub-grants will be given to twelve new local organizations and leadership groups in six districts in Northern, North-Western and Western provinces to implement innovative advocacy activities to strengthen leadership (traditional, religious, political, PLWHA networks), reduce stigma and ensure the legal rights of PLWHAs and OVC and promote the use of HIV/AIDS services. It is expected that each of these sub-awardees will train at least 20 persons or 240 in total in stigma and discrimination reduction.

SHARe will provide technical support and capacity building to HIV/AIDS coordinating structures and key local stakeholder institutions and leaders, (e.g. Provincial, District and Community AIDS Task Forces--PATFs, DATFs and CATFs--the National AIDS Council, positive people's network groups, traditional, religious and political leadership) engaged in the fight against HIV/AIDS. Thirty institutions will be strengthened and 1,600 individuals will receive training in areas including organizational development, M&E, financial management, strategic planning, and community mobilization. SHARe will begin work in: Luapula (Chienge); Eastern (Chama); North-Western (Chavuma, Kabompo, Kasempa, Mwinilunga, Mufumbwe, Solwezi, Zambezi); Southern (Itezhi-tezhi); Northern (Mungwi, Mporokoso, Mpulungu, Chilubi, Nakonde); and Western (Sesheke, Senanga, Kalabo, Mongu, Shangombo, Kaoma, Lukulu). By the end of this project year, SHARe will be working in all districts of Zambia.

Working with project partner Abt Associates, SHARe will provide technical support and capacity building to key local stakeholder institutions and leaders to better engage them in the fight against HIV/AIDS (e.g. political leadership--including parliamentarians, law enforcement, the judiciary, and key government institutions addressing orphans and vulnerable children). SHARe will assist the NAC in conducting planning workshops that facilitate regional and district level consensus building and to develop shared responses to HIV/AIDS.

SHARe will continue to work with institutions to help them develop/finalize their workplace policies. SHARe will work closely with national stakeholders to develop a policy matrix that monitors national and workplace policies as well as policies addressing OVC. SHARe will assist in the drafting, refinement and dissemination of codified laws and regulations applicable to HIV/AIDS issues such as discrimination to remove barriers to CT, care and ART services and issues concerning OVC. SHARe will train 660 people in the implementation of these new laws/regulations, including parliamentarians, law enforcement and the judiciary. SHARe will work with 31 new private and public sector workplace programs to develop comprehensive HIV/AIDS policies.

SHARe will continue its grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO working in Zambia, to provide support to two Global Development Alliances on HIV/AIDS in the mining and agribusiness sectors in Zambia. Private sector partners include Konkola Copper, Mopani Copper, Copperbelt Energy, Kansanshi Mines, Bwana Mkubwa Mining, Dunavant Zambia, Zambia Sugar and Mkushi Farmers Association, reaching 30 districts in six provinces and 34,635 employees and 2.1 million outreach community members. It is expected that over [redacted] will be leveraged from the private sector for the two GDAs.

CHAMP will provide technical assistance to the 39 GDA companies for policy development, train individuals in HIV-related policy, and strengthen institutional capacity of the GDA partners in managing, monitoring and evaluating progress of their workplace and outreach programs. CHAMP will build the capacity of GDA members to reduce stigma and discrimination and increase employee use of prevention, care and treatment services through the enhancement of peer education networks in workplaces and communities.

CHAMP will provide technical assistance to GDA companies to strengthen, expand and accelerate their HIV workplace programs by leveraging other USG technical support promoting HIV prevention, treatment, care, and treatment for mining and agribusiness communities and workplaces. CHAMP will assist all GDA members to establish and maintain strong service networks in prevention, care, and ART, either on-site or through referral to public, faith-based, or private service providers. CHAMP will assist GDA members to develop strong relationships with public sector services so that they can mutually benefit. For example, the USG and GDA companies will negotiate with the MoH to access free ARVs and HIV test kits for the GDA community outreach programs. In turn, services provided will be reported to the DHMT so they can be counted toward national achievements. CHAMP will assist GDA companies to link their workplace programs to their communities through peer educator network thus ensuring a sustainable program beyond the three-year GDA MoU period. It is anticipated that 4,300 peer educators will be trained in stigma and discrimination, 1600 will be trained in HIV related community mobilization for prevention, care and/or treatment. CHAMP will provide technical assistance for HIV-related institutional capacity building to 51 companies, and train 660 individuals in HIV-related policy, institutional capacity building, and stigma and discrimination reduction. SHARe and its grantee CHAMP will document and report all contributions from the private sector and program activities as per USAID GDA requirements and will assist the USG in monitoring the progress of the GDAs, ensuring that quality data is captured with supporting documentation and that both quantitative results and success stories are reported.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	39	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	51	☐
Number of individuals trained in HIV-related policy development	660	☐
Number of individuals trained in HIV-related institutional capacity building	1,660	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	4,300	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,600	☐

Target Populations:

Community-based organizations

Faith-based organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Policy makers (Parent: Host country government workers)

Program managers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern

Luapula

Northern

North-Western

Southern

Western

Central

Copperbelt

Lusaka

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	DoD-JHPIEGO
Prime Partner:	JHPIEGO
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	3668
Planned Funds:	

Activity Narrative: he Zambia Defense Forces (ZDF) has a network of 60 health facilities, located on bases around the country, that provide health services to personnel in the three branches (Zambia Army, Zambia Air Force, and Zambia National Service) as well as to civilian populations in those same areas. Because these facilities are under the Ministry of Defense (MOD), they do not always benefit from support and resources provided to the Ministry of Health (MOH), although significant efforts are ongoing to bring these related services closer together. One area in which the ZDF is challenged is in the overall management and planning for their health services, particularly when it comes to training auxiliary health personnel and ensuring the reliable availability of essential commodities to serve the patients at their various installations. During FY06, JHPIEGO will support the ZDF in strengthening support systems to address these gaps, building on experience and tools developed within the larger MOH public sector programs and strengthening appropriate linkages with MOH and other cooperating partners.

ZDF has a program to train a cadre called Medical Assistants, however they have limited or no training in HIV related care and support. To address deficiencies in medical assistant training highlighted by the ZDF, JHPIEGO/Zambia will work with the ZDF and other collaborating partners to develop a system that incorporates HIV/AIDS material into training for medical assistants, addressing those already deployed (in-service training) as well as strengthening the basic medical assistants training program (pre-service training). Based on an initial system assessment, gaps will be identified and addressed. This will complement, and be coordinated with, ongoing support for strengthening other health worker preservice training programs (see activity# 3529 Health Systems and Services Program/USAID). A set of core competencies in HIV/AIDS prevention, care and treatment will be developed and then integrated into relevant training materials for ZDF medical assistants. JHPIEGO will support the update of at least 20 faculty/trainers on technical and training skills related to the updated materials as well as in general. JHPIEGO will also train at least 100 deployed medical assistants in the core competencies. Upon being trained in the core competencies medical assistants will be prepared to disseminate accurate prevention information and to support the seeking of care and adherence to treatment by HIV infected military personnel. This activity also relates to Prevention, Care, CT and Medical Transmission/Injection Safety in the training of medical assistants.

The ZDF has experienced difficulties in planning and management of health and HIV clinical prevention, care and treatment services as well as gaps in procurement, logistics management and forecasting of medical supplies and drugs. JHPIEGO will build on experience within the MOH system to support the development of a better system for planning and managing their health and HIV clinical prevention, care and treatment services, helping the ZDF develop tools (such as Geographic Information Systems (GIS) mapping of capacities and catchment populations). In addition, JHPIEGO/Zambia will work with the ZDF and in-country partners on planning, forecasting, procurement and logistic management to strengthen the medical procurement and logistics systems throughout the ZDF. JHPIEGO's partner, John Snow International (JSI), will assist in the area of logistics support to conduct an assessment and produce a report and recommendations on the ZDF procurement, logistics management and forecasting systems. JSI is also providing similar technical assistance to the MOH, and as such are well positioned to identify areas and means to strengthen linkages between the ZDF and MOH procurement and logistics systems (see activity #3747, JSI/USAID). Based on this report and the recommendations, they will orient ZDF health facility managers, pharmacists and procurement specialists who support all 68 ZDF facilities on gaps and recommendations in procurement, logistics management, and forecasting systems. As a result the ZDF will be better able to plan and manage services as well as avoid

stock outs in essential drugs and commodities. This work is closely linked to JHPIEGO's other work with the ZDF, strengthening integrated HIV prevention, care, and treatment services and on prevention of medical transmission/injection safety, and with the work of PCI supporting CT and community interventions.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Logistics	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	100	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	100	☐

Target Populations:

Pharmacists (Parent: Public health care workers)

Military personnel (Parent: Most at risk populations)

Program managers

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: TA- NASTAD

Prime Partner: National Association of State and Territorial AIDS Directors

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Other/policy analysis and system strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 3719

Planned Funds:

Activity Narrative: This activity is related to OHPS #3643, #3720 and SI #3642, #3715, #3716, and #3714. Experience has shown that HIV/AIDS programs are most effective when developed at the same point as they are delivered (i.e. at the community level). The establishment of Provincial and District AIDS Task Forces by NAC has contributed to this effort. Strong Provincial AIDS Task Forces provide oversight, coordination, and technical support to District AIDS Task Forces. Strong community-level participatory planning bodies, such as DATFs, develop robust community HIV/AIDS plans that can be used to organize and target available HIV/AIDS resources, monitor program implementation, and advocate for funds. Community planning bodies are also a mechanism through which a community can be organized for action. They are a sustainable structure for collective community leadership, a focus for community capacity building and training activities, and have the ability to assign themselves appropriate community based HIV/AIDS activities from the plans they have developed (e.g., community outreach for VCT or ART, stigma reduction activities, or treatment adherence information campaigns).

Zambia's National HIV/AIDS/STI/TB Council (NAC) has begun the work of multi-sectoral planning and NASTAD will work in tandem with NAC to support DATFs intensively in refining, prioritizing, resourcing, implementing, and monitoring these plans. Two provinces (Southern and Western) will serve as initial pilot sites for NASTAD's collaborative activities with the national monitoring and evaluation performance support program in cooperation with SHARE. NASTAD and SHARE have agreed to work in close collaboration using their unique approaches to maximize appropriate and timely support as well as geographical coverage. NASTAD is uniquely structured to provide intensive in-depth support to district in need over a sustained period of time. Particularly, NASTAD will assess the planning and capacity building needs of the Province AIDS Task Force (PATF) in Southern and Western Provinces and work in-depth in two District AIDS Task Forces (DATFs) in Southern Province (Choma and Livingstone). In-depth technical assistance will include establishing systems for mulit-partner resource tracking, activity-based resource gap analysis, and improving activity-based data collection tools consistent with national requirements. In Western Province, NASTAD will establish initial technical assistance relationships with 2 DATFs with particular focus on carrying forward the national planning, monitoring and evaluation support efforts and conducting initial assessment and orientation for more intensive work in 2007. In total, 6 different entities will be assisted building capacity of at least 15 individuals in each site. As PATFSs and DATFs are often made up of various local organizations (on average at least 4), NASTAD will aim to assist 24 organizations (note that these targets are in addition to those focused on monitoring and evaluation under the SI section activity #3715).

NASTAD will develop a team of state AIDS directors and/or their program staff who currently work within U.S. state health departments managing HIV/AIDS program planning, funding, and implementation activities. The TA team will build peer-to-peer relationships with the PATF and DATFs during which the technical expertise requested would be jointly developed and delivered. Team members will travel to Zambia on a rotating basis and on multiple occasions to assist in follow-through and delivery. A team leader will assure the continuity of team communication, and the development and delivery of TA products. Technical assistance work-plan will be developed jointly by the PATF/DATFs and NASTAD, and will likely consist of development of tools, protocols, and/or training curricula, which will be delivered through one-on-one meetings/training and/or group training. NASTAD will develop TA content in the areas of participatory planning, strategic and action planning, program planning, monitoring and evaluation, proposal development, process improvement, and community mobilization.

USG will coordinate these activities through the NAC M&E Technical Working Group and particularly through an Evaluation Capacity-Building Sub-Committee. This *committee includes a smaller group of key technical and coordination staff from NAC,* SHARE, UNAIDS, UNDP, Global Fund, CBoH, USAID, and CDC. The sub-committee has developed a plan to ensure an integrated and coordinated implementation plan.

Emphasis Areas	***% Of Effort***
Local Organization Capacity Development	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	24	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	90	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Community leaders

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas

Southern

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	UNZA M&E
Prime Partner:	National Department of Social Development
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	3720
Planned Funds:	
Activity Narrative:	This activity is related to OHPS #3643, #3719 and SI #3642, #3715, #3716, and #3714. The USG will begin a new formal partnership with the University of Zambia's Department of Social Development and the Department of Community Medicine. The Department of Social Development is launching a series of short courses for professionals to be offered during December and July breaks. The aim is to attract working professionals who want to build skills in key areas in order to contribute to particular efforts in Zambia. The Department will conduct the first ever professional short course for planning, monitoring, and evaluation in December 2005. USG Zambia staff will assist in developing the curriculum and plan to provide lecturers from USG Zambia and Atlanta for the program. When successful, the program will be continued.

Financial assistance in FY06 will support short course participants' tuition fees (on a competitive basis), field project stipends, and acquisition of teaching materials, including online data resources to support some 60 students, and thereby support at least 40 different local programs and service outlets with capacity building. The Department of Community Medicine of the School of Medicine trains candidates for the Master of Public Health. These graduates play an important role in the health sector's response to the HIV/AIDS epidemic. The USG will provide support to the department in FY06 by enhancing the teaching program through technical assistance with guest lectures and seminars from USG in-country staff as well as TDYs from the US, focusing on HIV/AIDS and infectious diseases. Students in the department will be offered short internships with CDC to increase their practical experience in the areas of epidemiology and surveillance. The USG places a high priority on building indigenous capacity to ensure a strong pipeline of educated technicians and leaders to engage in the fight against HIV/AIDS. Often, support from international institutions is provided only for specific training in monitoring and evaluation and HIV/AIDS research and program management to suit the needs of funding initiatives. Considering the need to build sustainable institutional mechanisms, it is critical to support Zambian educational institutions.

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	60	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Community leaders

Teachers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 3721
Planned Funds:
Activity Narrative: CDC supports improved data management, dissemination, and data for decisionmaking in the delivery and management of health services in Zambia. In 2006, CDC will provide expanded support to laboratory informatics and remain responsive to equipment needs in local health offices in targeted provinces. Specifically, continued support to infrastructure enhancement is required for the Chest Diseases Laboratory (CDL) and the Tropical Disease Research Center (TDRC) TB laboratory. In addition to upgraded and new desktop computers, the installation of network capabilities in the form of servers, routers, hubs, broadband connections, wireless capabilities, and appropriate measures for network security will be put in place. Software will also be purchased. CDC will also provide material support to targeted clinic and office facilities for provincial and district health facilities. In addition to equipment and infrastructure costs, CDC will provide technical support on installation, routine maintenance planning, software licensing ,and input on establishing relationships between assisted organizations and technical support providers in Zambia. This will require occasional supportive supervision visits by CDC staff to active project sites or for CDC to engage other technical support as required.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	5	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Public health care workers

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Twinning Center

Prime Partner: American International Health Alliance

USG Agency: *HHS/Health Resources Services Administration*

Funding Source: GAC (GHAI account)

Program Area: Other/policy analysis and system strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 3741

Planned Funds:

Activity Narrative: This activity will be managed through the DOD. The main objective of this program is to continuously facilitate and strengthen the twinning partnership between the Zambia Defense Force (ZDF) Medical Services (DFMS), the Naval Medical Center in San Diego (NMCSD) and the San Diego civilian community. The American International Health Alliance will lead on coordination of all the twinning activities including initial planning and programming of the activities, logistical support for exchange trips, and monitoring and evaluation of the activities. The first component of this program is to continuously strengthen human capacity of the Maino Soko Hospital through the on-going partnership between ZDF and NMCSD. The funding will support training, exchange visits and mentorship for medical doctors, nurses, and other allied health personnel. This budget allocation will go specifically to the comprehensive Infectious Diseases training for medical doctors conducted by the Infectious Diseases Institute in Kampala, Uganda and peer-to-peer exchange visits with NMCSD in support of the HIV/AIDS clinic and other related services within the hospital, focusing on ARV treatment, drug procurement and management, and patient management. In addition, the NMCSD will support exchanges for Navy chaplains to strengthen the role of military chaplains within the hospital, the HIV/AIDS clinic and in other services so they will play integral role in the system of a continuum of care, particularly as counselors and caregivers in palliative and hospice care. Furthermore, to the extent possible, this component will bring medical volunteers into the partnership supplementing training and filling in gaps in mentorship and peer-to-peer training for medical doctors and other health professionals.

The second component is to continue to support Mobile Units for the ZDF Medical Services through the expertise of the San Diego civilian medical community. This is concerned with scaling up and intensifying programs to promote healthy life style and improving access to testing and preventive services for HIV patients in and near-by military bases. The Mobile Unit aims to fill in gaps in provision of preventive health services in hard-to-reach and no-coverage areas as well as to mitigate the effect of stigma associated with HIV/AIDS services. Consequently, in addition to VCT services, the units will provide health promotion activities by targeting life style factors such as nutrition and sexual behavior, disseminating educational materials, providing child vaccination, and screening for HIV-related cancers. The funding will go specifically to the development of operational procedures and guidelines to manage and maintain the effectiveness and efficiency of the mobile services and its operations. This activities will be collaborative with Project Concern International (PCI) who provides technical assistance to the operation of the mobile units (see activity #3732).

The third component is the development of a Family Support Unit (FSU) associated with the HIV/AIDS clinic and located at the Maina Soko Military Hospital compound. The Unit will provide a one-stop-shop approach to primary care and support for the hospital's HIV/AIDS patients of all ages, including pediatric patients. The funding will be channeled to two-way exchanges, trainings, and mentorship to supplement the skills and knowledge of the current staff of general practitioners and other relevant medical and lay personnel in providing comprehensive primary care for HIV/AIDS families. Using the nurses and clinical officers who received training in FY05 in San Diego through twinning activities, the unit will offer routine counseling and testing, care and support services, and will include a sound referral system for specialized and pediatric care. The unit will develop a broad range of services such as counseling for spiritual support, legal support, and care particularly non-clinical palliative and hospice care. This component will provide quality care, support and referral services to the military personnel, their families and surrounding communities.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	51 - 100
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	20	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Military personnel (Parent: Most at risk populations)
Public health care workers
Other health care workers (Parent: Public health care workers)
Trainers

Key Legislative Issues

Twinning

Coverage Areas

Lusaka

Table 3.3.14: Activities by Funding Mechanism

Mechanism: ACCESS

Prime Partner: JHPIEGO

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Other/policy analysis and system strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 3783

Planned Funds:

Activity Narrative: Strong leadership and social change are critical components in the fight against HIV/AIDS in Zambia. The Uganda experience illustrated the importance of strong leadership and social change to reduce HIV transmission. In Zambia, the USG in partnership with the GRZ and using a Social Mobilization approach plans to embark on a dynamic alliance "Igniting Leadership in the Fight Against HIV/AIDS" that will empower Zambian leaders and to mobilize massive participation at all levels to ignite social and behavioral change in the country. Social Mobilization is a dynamic process which involves all segments of society in dialogue and coordinated action to promote interrelated changes from the individual to the policy level. Using this approach, synergies are created and results accelerated by bringing together behavior change communication, advocacy, social marketing, community mobilization and service delivery activities focused on achieving specific goals. For example, UNICEF used this approach to accelerate the Expanded Program on Immunization in the 1970s and 80s with great success. This approach has also been more recently used to accelerate action and results for Safe Motherhood in 20 countries through the White Ribbon Alliance.

The ACCESS Project will provide technical support for this proven Social Mobilization approach through its Advocacy/Community Mobilization Advisor who has over 20 years of experience in over 20 countries with building capacity for social mobilization. In September 2005, the ACCESS Advocacy/Community Mobilization Advisor came to Zambia for an initial 3-day visit and briefed the USG/Zambia PEPFAR team, its partners, and NAC on Social Mobilization and its potential for accelerating change in HIV/AIDS prevention, care, and treatment. As a result of this short visit, the USG partners and National AIDS Council have decided to do a massive social mobilization activity with the theme "Counseling and Testing Helps Us to Keep Our Promises." Using this social mobilization approach, USG partners, with GRZ and active participation of Zambian leaders at all levels, will promote and provide Counseling and Testing services throughout the country using mobile, static and outreach service delivery mechanisms during the time leading up to, during and following World AIDS Day. This will be the first World AIDS Day in Zambia that incorporates a service delivery action. ACCESS will support three follow-up visits of the Advocacy/Community Mobilization technical advisor to Zambia to mentor and build the capacity of NAC, local organizations and institutions, USG partners and sub-partners in Social Mobilization methodology and assist in developing a strategy and action plans for social mobilization and leadership to fight HIV/AIDS beyond the initial World AIDS Day. The technical advisor will work in close collaboration with SHARe, HCP, the National AIDS Council, and other USG partners to plan and implement events and focused actions that will accelerate prevention, care, and treatment service uptake, facilitate policy development and implementation, and create opportunities for synergies among USG partner projects. Building on success from the White Ribbon Alliance for Safe Motherhood that had impact on national policies, programs and practice in over 20 countries, in Zambia ACCESS will provide the technical know-how for an alliance of leaders and communities at all levels to promote change in prevention, care and treatment and to reduce stigma and discrimination that acts as a barrier to HIV/AIDS service seeking. USG partners, USG agencies, the GRZ and other stakeholders will collaborate to standardize messages for leaders, to plan numerous events and actions throughout the year, and work on policy advocacy to improve services for prevention, care and treatment. Evidence-based best practice will be used to determine messages and events. It is expected that 150 persons will be trained in Social Mobilization.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	150	☐

Target Populations:

Community leaders

Policy makers (Parent: Host country government workers)

USG in-country staff

Religious leaders

Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Changing Hearts, Minds and Behaviors
Prime Partner: US Health Resources and Services Administration
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 3786
Planned Funds:
Activity Narrative: This project, "Changing Hearts, Minds and Behaviors" will build on two successful workshops for Zambian journalists conducted in July 2005 using FY05 funds. Zambian journalists are now telling compelling human interest stories to win the hearts and minds of viewers, listeners, and readers to change attitudes and behaviors and to encourage political commitment, in line with the five-year USG/Zambia strategy. The scope, depth and overall quality of reporting have improved significantly since the training took place. For example, Mr. Arnold Tutu of Radio Choice FM advised PAS staff in September 2005 that his level of confidence on reporting HIV/AIDS themes has increased significantly. He submitted to PAS copies of excellent reports on HIV/AIDS that were aired on Radio Choice FM.

In 2005, AIHA identified two highly experienced American journalists who facilitated the journalist workshops that included presentations by people living with HIV, coordinators of HIV/AIDS programs, and leaders in the news media. Prior to the workshop, Dr. Mannasseh Phiri (a prominent Zambian physician and journalist) admonished reporters on their shallow reporting on HIV/AIDS. He urged them to present news and feature reports to inform and influence readers to keep HIV high on their personal agendas. The July 2005 workshop addressed this identified need for better, more accurate, and more informative HIV/AIDS reporting.

In 2006, the impact will be felt beyond Zambia. Thirty journalists (one editor and one reporter) from each of the 15 focus countries will be invited to participate in a five-day workshop to discuss the critical role of the news media in the fight against HIV/AIDS, the challenges that prevent effective reporting, and the importance of exchanging best practices. Classroom presentations and discussions will be enhanced by field trips. Finally, provisions will be made for each participant to facilitate a workshop to impart the knowledge acquired with 30 fellow journalists in their home countries, sharing new skills with (30x30) 900 journalists.

The funding requested for this activity will cover workshop costs for the 30 participants, two follow-up workshops organized by the two Zambian participants, and an awards competition for best reporting on HIV/AIDS in 2006. The Public Affairs Section (PAS)-Lusaka will collaborate with public diplomacy counterparts in 14 focus countries to extend invitations and ensure participation. The workshop participants will be responsible for their travel costs to and from Lusaka. Finally, participants will be requested to make a commitment to share newly gained experiences with fellow journalists in their countries.

The Public Affairs Section (PAS) will again partner with the American International Health Alliance (AIHA) and the Zambia Institute of Mass Communications (ZAMCOM). These organizations have demonstrated commitment, expertise, and efficiency in implementing the training program in July 2005. Furthermore, PAS is an active participant in USG/Zambia activities and was instrumental in developing a PEPFAR information folder that received kudos from OGAC.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Adults

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Media

Key Legislative Issues

Twinning

Stigma and discrimination

Gender

Coverage Areas:

National

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Total Planned Funding for Program Area:

Program Area 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 essential interagency efforts and collaboration, the USG in Zambia has continued to be successful in negotiating a strong, concerted effort to battle HIV/AIDS in Zambia. Achievement of Emergency Plan goals in FY06 is highly dependent on adequate staffing not only within the host government structures and USG partners, 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.

With the rapid expansion of programs in FY04 and FY05, it has become increasingly clear that USG agencies that do not currently have dedicated technical staff to provide USG partners with the necessary oversight and technical assistance. In the FY06 plan, more dedicated HIV/AIDS program and administrative staff will be hired 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. Technical and management staff are being hired at USAID, CDC, and Peace Corps in order to support the Emergency Plan program in addition to the existing projects. Increased staffing in FY06 will ensure smoother Emergency Plan operations at Post and with partners in-country.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3359
Planned Funds:
Activity Narrative: In FY06, human resources funding requested for the Department of State includes: 1) Emergency Plan Coordinator; and, 2) Emergency Plan Administrative Assistant. 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 and FY05 through Emergency Plan funds. Post plans to continue funding the Emergency Plan Coordinator and Emergency Plan Administrative Assistant positions 100% through the Emergency Plan. Travel costs include international travel (training, meetings, and conferences) and local travel (USG strategic planning meetings, partners meetings, workshops, and site visits).

Commodity procurements include purchase of all basic office supplies, computer consumables, all printing, reproduction and communications costs. Infrastructure includes security and related office administration expenses and ICASS costs. Also included are field visit costs and staff overtime. Contractual services have been budgeted for TDY support. As the USG/Zambia actively supports the continuous consultative process with the GRZ, ZDF, and donor community, these funds support local meeting logistics to facilitate this process.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3617
Planned Funds:
Activity Narrative: Since 2001, CDC has operated in Zambia under the Global AIDS Program (GAP), primarily providing technical assistance and logistical support to the Ministry of Health (MoH) and other national institutions for HIV/AIDS and TB programs. As of September 30, 2005, CDC-Zambia staff consists of 22 individuals, including 7 administrative/support staff and 15 technical staff (4 US Direct Hires, 4 contract positions and 7 FSNs). The Director serves as the overall leader of Emergency Plan activities for CDC. In FY05, the leadership team also consisted of the Associate Director for Science, the Associate Director for Management and Operations, and two Branch Chiefs (Strategic Information and Laboratory Support). The technical staff working on the Emergency Plan have expertise in the areas of antiretroviral treatment, HIV prevention, PMTCT, TB/HIV, STI/HIV, strategic information, epidemiology, and laboratory infrastructure.

CDC-Zambia has focused primarily on technical and financial assistance in the capacity building efforts of Zambian organizations. To facilitate the achievement of EP goals in FY06, CDC-Zambia plans to hire additional staff that include 1 new US direct hire (note that three new USDH were hired in FY05), 5 contract staff or fellows, and 12 additional Foreign Service Nationals (total of 26 FSN staff in FY06). The new hires will scale up the technical implementation of activities that have been established with the MoH, University Teaching Hospital, National AIDS Council, Tropical Disease Research Center, HIV/TB/STI national laboratories in Zambia, and a growing number of NGO/FBO and university partners. CDC plans to focus on program areas that make optimal use of its institutional strengths, and to concentrate on funding and assisting programs that will yield maximum impact on HIV prevention, care, and treatment. In FY06, CDC will also continue to employ one fellow through the Association of Schools of Public Health (ASPH) program, taking advantage of newly acquired technical skills of a recently graduated public health masters-level professional.

The total staffing of CDC-Zambia will be brought to 40 in FY06. All CDC-Zambia staff will spend at least 90% of their time on Emergency Plan activities. The additional staff will be hired to carry out and scale-up activities in the area of pediatric and adult ARV services, laboratory support, blood safety, strategic information, and general administration. CDC will continue to provide nationwide support for the development of laboratory capacity to monitor and manage the treatment of HIV and opportunistic infections. An important requirement to achieving the above staffing levels has been the ability to acquire additional office space for CDC staff in FY05. A collocation waiver was recently approved by the State Department, and by early FY06, CDC-Zambia expects to have adequate space for a total projected staffing of 40.

To streamline CDC-Zambia Emergency Plan activities in fighting the HIV/AIDS epidemic, along with our USG, GRZ, and other partners, all activities will operate within four branches: 1) Care and Treatment; 2) Strategic Information; 3) Laboratory Infrastructure and Support; and 4) Management and Administration.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GAC (GHAI account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	3724
Planned Funds:	
Activity Narrative:	Peace Corps/Zambia will provide administrative and programmatic support to 32 volunteers under the PEPFAR program in the categories of Crisis Corps (six months), Extensions (one year) and regular volunteers (2 years). For the two-year volunteers Peace Corps Zambia conducts a pre-service period of three months outside its training center in Mwekera near Kitwe. After the volunteers are posted out in the field Peace Corps HIV/AIDS Project staff are required to visit and appraise the work of the volunteers within the first three months of their posting. At the end of this period, the volunteers are required to re-assemble in one place for an in-service training program lasting at least ten days. This is the launching pad for the actual field activities for the volunteers after they have spent three months during which they would have conducted a village inspection and needs assessments. They would by this time know what projects to carry out. After the in-service training the HAP staff are required to visit the volunteers regularly. In addition to programs Peace Corps takes care of the welfare of the volunteers particularly in the area of safety and security. Crisis Corps volunteers and extension volunteers get a three-day orientation before posting. The orientation is conducted in conjunction with the host organization where the volunteers are to be posted. In order to support volunteer/community-initiated projects, Peace Corps provides for a small competitive fund which communities can access through the volunteers. This facilitates implementation of identified activities and their sustainability. The HAP staff facilitate this process. Over the past few months, because of the site visit requirements and other functions related to PEPFAR implementation from both the Mission in Lusaka and Peace Corps Washington, it has been noticed that there is a need to increase staffing in the project by one staff member. This staff member will be responsible for, among other assignments, monitoring and evaluation of PEPFAR activities. The volunteer will be trained by USAID in the Monitoring and reporting of PEPFAR activities. In turn, the staff member will develop instruments by which Peace Corps will collect required data from sites. It is envisaged that the Peace Corps Volunteer Leaders in the provinces will form an important link in this process.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3746
Planned Funds:
Activity Narrative: In FY05, Department of Defense (DoD) created two positions to be responsible for all DoD funded PEPFAR activities at Embassy Lusaka. The DoD PEPFAR manager oversees all DoD PEPFAR funded activities in the country. She manages one of the largest DoD funded PEPFAR programs in the world, which covers all program areas expect for ARV procurement. The major duties include serving as the Defense Attaché Office's (DAO) principal advisor on HIV/AIDS in Zambia, providing support for Post's Emergency Plan Committee and Post's Emergency plan advisory group, representing DoD PEPFAR programs and liaising with the Government of Zambia, other donors and USG implementing partners for coordination, information sharing and other issues. This position supervises the DAO PEPFAR Coordinator. The coordinator is responsible for logistics and administrative support as well as contribution to assessment, planning and monitoring and evaluation (M&E) of the programs. She also coordinates with DAO and contracting officers and oversees Ministry of Works and Supplies in laboratory infrastructure projects and related activities, being involved in a process of reviewing, M&E, and quality assurance. The management budget will cover salaries, administrative costs such as communication, printing and other material costs, and the maintenance of a vehicle and office equipments, as well as travel costs including international travel (training, meeting conferences) and local travel (assessment, M&E and supervisory visits). The ICASS charge would be included, starting in FY06. Contractual services have been budged for TDY and contracting officers' visits and Core Team visits that are planed three to four times annually. The funds also cover per-diem and other logistical supports for the Ministry of Works and Supplies for surveys, assessment and monitoring construction projects. Twinning activity is also part of the management budget in order to ease some of the burdens the stakeholders had in managing the program funds in FY05. In order to make it easier for Amerian International Health Alliance (AIHA) to dispense the funds to USG agencies, the funds for DoD's supporting activities to the AIHA's twinning activity (e.g. AIHA to send DoD medical officers to Zambia) will be covered by the DoD management funds. This expenditure is only a supplement to AIHA's program, meaning that AIHA will manage and coordinate all activities as it is planned in the activity #3741. It is estimated that approximately of the budgets would be scheduled for the twinning program.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: TAACS
Prime Partner: Centre for Development and Population Activities
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3755
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). Available funding for the Senior PHN/SO7 HIV/AIDS Technical Advisor will be sufficient through September 30, 2006 when the TAACS program ends. However, additional funding is needed for the SO9 Team Leader during this period.

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.

Support from the Emergency Plan funds salaries, benefits and allowances as per USAID rules, professional training and travel, and some office equipment and supplies. With the TAACS program ending in September 2006, this activity represents a portion of the salary, benefits, and allowances for the SO9 Team Leader position required for 2006. The other portion of the salary, benefits, and allowances will be funded through the CASU mechanism. Logistics support (housing, etc.) is paid directly by the Mission and is reflected under USAID/Zambia Mission Management and Staffing.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Health and Child Survival Fellows Program (HCSF)

Prime Partner: Johns Hopkins University Insititue for International Programs

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 3757

Planned Funds:

Activity Narrative: The HCSF Fellow, as Child Health and Infectious Diseases Advisor, works 50% time on activities supporting the Emergency Plan in the Population, Health and Nutrition (PHN) Office (SO7)--the amount shown above reflects this percentage. The incumbent 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. He is also the USAID technical advisor for TB and is Activity Manager for USAID's TB funding that complements Emergency Plan HIV/TB activities. As a physician, he also advises the PHN Office/SO7 and the USG Emergency Plan team on medical issues related to Emergency Plan planning and implementation. In addition, he contributes to the planning, management, budgeting and reporting processes for PHN/SO7's Emergency Plan activities. The incumbent is likely to finish his assignment in mid-2006. However, a replacement will be recruited through the same mechanism and will have the same or similar portfolio of responsibilities. Support from the Emergency Plan funds salaries, benefits and allowances as per USAID rules, professional training and travel, and some office *equipment and supplies. Logistics support (housing, etc.) is paid directly by the* Mission and is reflected under USAID/Zambia Mission Management and Staffing.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: CASU
Prime Partner: IAP Worldwide Services, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3761
Planned Funds:
Activity Narrative: USAID has two TAACS staff converting to CASU in FY 06: 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 6 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 over 75% 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; manages the cooperative agreement providing technical support to national logistics, forecasting and quantification systems for ARVs and test kits (JSI/DELIVER); is responsible for all SI planning and reporting for the PHN Office/SO7, is responsible for all Emergency Plan planning and reporting for the PHN Office/SO7, has overall technical oversight of all HIV/AIDS programs in the office, and represents the USG on the Country Coordinating Mechanism for the GFATM. The PHN/SO7 Senior HIV/AIDS Technical Advisor supervises one FSN working full-time on HIV/AIDS 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. With the TAACS program ending in September 2006 and the CASU mechanism starting in September 2006, this activity represents one-half of the salary, benefits, and allowances, for the two positions required for 2006. The other half of the salary, benefits, and allowances is being paid from TAACS. Logistics support for both positions (housing, etc.) is paid directly by the Mission and is reflected under USAID/Zambia Mission Management and Staffing.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	USAID/Zambia Mission Management and Staffing
Prime Partner:	*US Agency for International Development*
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	3787
Planned Funds:	
Activity Narrative:	The requested funding covers 9 full-time and 14 pro-rated time US Direct Hire (Program-Funded FSL), US Personal Services Contractor (US PSC) and Foreign Service National (FSN) staff who support the Emergency Plan. It also includes pro-rated USAID ICASS and logistics costs for the PHN/SO7 (75% funded by the Emergency Plan) and SO9 (100% funded by the Emergency Plan) offices, pro-rated Mission IRM tax, and pro-rated housing, utilities, etc. for centrally hired staff shown in other Management & Staffing entries who sit at USAID.

Positions dedicated full-time to work on the Emergency Plan include: FSN Deputy Team Leader (SO9), FSN HIV/AIDS Human Rights and Advocacy Specialist (SO9), FSN HIV/AIDS Multi-Sectoral Advisor (SO9), USDH FSL HIV/AIDS Food and Nutrition Advisor (SO9), FSN Administrative Assistant (SO9), the FSN HIV/AIDS Program Specialist (SO7) who supports SO7 programs and backs-up the Senior HIV/AIDS Technical Advisor, the FSN 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, OGAC and AID/W on HIV/AIDS issues. For FY06, USAID is requesting one additional position for a US PSC HIV/AIDS M&E Advisor under SO9. This position will be responsible for coordinating, facilitating and providing support for the completion of all USAID COP and COPRS requirements, will monitor progress of USAID Emergency Plan activities, will keep the Mission informed of all OGAC guidance and new requirements, train USAID staff and partners in Emergency Plan and OGAC requirements and guidance, act as point person for TDYs and high level visits relating to the Emergency Plan, and coordinate with other USG agencies for the COP and COPRS.

The following positions are charged in a pro-rated manner to the Emergency Plan. Under the PHN Office/SO7, where Emergency Plan funding and activities make up more than 75% of the SO budget and over half of USAID's total Emergency Plan budget: The USDH FSL Team Leader, two FSN Senior Health Advisors who manage specific Emergency Plan activities and advise the USG team on Zambian health system and clinical issues, the FSN Office Manager, and the FSN Program Specialist (responsible for all budget and funding actions for SO7). An existing HIV/AIDS-Reproductive Health Advisor position, managing Emergency Plan activities and currently occupied by a US Fellow, will be converted to an FSN position in FY06.

Support office positions pro-rated to Emergency Plan funding are: the US PSC Contracting Officer, FSN Acquisition & Assistance Specialist (managing all program/project procurement), FSN Procurement Specialist (managing local USAID procurement), US PSC Program Development Officer (responsible for Program Office oversight of activities and budgets), a second FSN Financial Analyst (providing additional support in this area), and three USAID FSN Drivers.

In addition, logistics (housing, etc.) costs paid directly by the Mission are pro-rated here for the three other positions mentioned in other mechanisms: the SO9 Team Leader, funded through TAACS and CASU, the SO7 Senior Technical HIV/AIDS Advisor funded through CASU, and the SO7 Child Health and Infectious Diseases Advisor who will be supported under the John's Hopkins Fellowship Program.

Table 5: Planned Data Collection

Is an AIDS Indicator Survey(AIS) planned for fiscal year 2006?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is an Demographic and Health Survey(DHS) planned for fiscal year 2006?	☑ Yes	☐ No
If yes, Will HIV testing be included?	☑ Yes	☐ No
When will preliminary data be available?	6/29/2007	
Is a Health Facility Survey planned for fiscal year 2006?	☐ Yes	☑ No
When will preliminary data be available?		
Is an Anc Surveillance Study planned for fiscal year 2006?	☑ Yes	☐ No
if yes, approximately how many service delivery sites will it cover?	24	
When will preliminary data be available?	6/29/2007	
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 2006?	☐ Yes	☑ No