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Excluding To Be Determined Partners

2007

Zambia

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Cristina	Garces	PEPFAR Coordinator	GarcesCF@state.gov
DOD In-Country Contact	David	Dougherty	DATT	doughertydd@state.gov
HHS/CDC In-Country Contact	Marc	Bulterys	Zambia CDC/GAP Country Director	bulterysm@cdczm.org
Peace Corps In-Country Contact	Cindy	Threlkeld	Country Director	cthrelkeld@zm.peacecorps.gov
USAID In-Country Contact	Marta	Levitt-Dayal	HIV/AIDS (SO9) Team Leader	mlevittdayal@usaid.gov
U.S. Embassy In-Country Contact	Cristina	Garces	PEPFAR Coordinator	garcescf@state.gov

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:

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2007	USG Upstream (Indirect) Target End FY2007	USG Total Target End FY2007
Prevention				
	End of Plan Goal: 398,500			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		36,000	0	36,000
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		235,000	0	235,000
Care				
	End of Plan Goal: 600,000	438,581	0	438,581
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		148,581	0	148,581
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		14,879	0	14,879
Number of OVC served by OVC programs		290,000	0	290,000
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		250,000	0	250,000
Treatment				
	End of Plan Goal: 120,000	109,050	0	109,050
Number of individuals receiving antiretroviral therapy at the end of the reporting period		109,050	0	109,050

2.2 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
	End of Plan Goal: 398,500			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		51,550	0	51,550
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		311,000	0	311,000
Care				
	End of Plan Goal: 600,000	607,666	0	607,666
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		227,516	0	227,516
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		30,716	0	30,716
Number of OVC served by OVC programs		380,150	0	380,150
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		298,000	0	298,000
Treatment				
	End of Plan Goal: 120,000	120,000	0	120,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period		120,000	0	120,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHAI)
Mechanism ID: 5335
Planned Funding($): $ 0.00
Agency:
Funding Source: GHAI
Prime Partner:
New Partner:

Mechanism Name: Health Services and Systems Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4942
Planned Funding($): $ 4,084,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: ABT Associates
New Partner: No

Sub-Partner: JHPIEGO
Planned Funding: $ 400,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: EQUIP II

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4956
Planned Funding($): $ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: Comprehensive HIV/AIDS Management Program
Planned Funding: $ 150,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVCT - Counseling and Testing

Sub-Partner: Society for Family Health - Zambia
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVCT - Counseling and Testing

Mechanism Name: FANTA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6190
Planned Funding($): $ 140,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: Local Partner Capacity Building

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5242
Planned Funding($): $ 1,125,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: CHANGES2

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4957
Planned Funding($): $ 4,200,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: American Institutes for Research
New Partner: No

Sub-Partner: Forum for African Women Educationalists of Zambia
Planned Funding: $ 500,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HKID - OVC

Sub-Partner: Adventist Development and Relief Agency—Kabwe Adventist Family Health Institute
Planned Funding: $ 62,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HKID - OVC

Sub-Partner: Copperbelt Health Education Project
Planned Funding: $ 62,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HKID - OVC

Sub-Partner: Family Health Trust
Planned Funding: $ 62,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HKID - OVC

Sub-Partner: Programme Against Malnutrition
Planned Funding: $ 62,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HKID - OVC

Mechanism Name: CHANGES2 PPP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5227
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: American Institutes for Research
New Partner: No

Mechanism Name: Twinning Center

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4945
Planned Funding($): $ 495,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: American International Health Alliance
New Partner: No

Sub-Partner: African Palliative Care Association
Planned Funding: $ 80,990.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services
OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: ASPH - U36/CCU300430 /Zambia Emory HIV/AIDS Research Project (ZEHRP)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4946
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Association of Schools of Public Health
New Partner: No

Mechanism Name: CARE International - U10/CCU424885

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4948
Planned Funding($): $ 1,075,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: CARE International
New Partner: No

Mechanism Name: Track 1 ARV

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5249
Planned Funding($): $ 4,355,513.00
Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: Track 1 OVC: Support to OVC Affected by HIV/AIDS

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4959
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Solwezi Catholic Diocese
Planned Funding: $ 71,960.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Mongu Catholic Diocese
Planned Funding: $ 71,960.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: AIDSRelief- Catholic Relief Services

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4951
Planned Funding($): $ 7,620,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: Catholic Relief Services
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 1,520,000.00
Early Funding Request Narrative: Tuberculosis (TB) is a major cause of morbidity and morality in people living with HIV/AIDS (PLWHA). In Zambia, rates of HIV and TB co-infection are more than 60% and TB is the leading cause of death among PLWHA. Funding toward this activity will go to supporting training of all cadres of clinical staff on TB management especially as it relates to the HIV positive patient, establishment of referral linkages for HIV patients diagnosed with TB at CRS sites, and developing and implementing joint strategies to assist with patient adherence to ARVs and anti-TB drugs by utilizing community health workers, treatment support specialists and other community support groups. With the rise of extreme drug resistant strains of TB in southern Africa it is imperative that quality TB/HIV care facilities be supported so that people living with both diseases can be identified and treated effectively. Early funding for this activity is requested to ensure that CRS can scale up their services to meet this need as quickly as possible. Catholic Relief Services (CRS) provides HIV care and services, including anti-retroviral treatment (ART), primarily to the most marginalized populations through faith based organizations in rural areas throughout Zambia. While the majority of ART sites in Zambia receive first line and second-line generic drugs through the Central Medical Stores logistics supply system, there are currently three private and faith based sites that are not yet accredited by the Ministry of Health (MOH) to receive free drugs from Central Medical Stores. CRS will play a crucial role by ensuring that these sites obtain the necessary drugs for their patients. CRS will procure and distribute anti-retroviral (ARV) drugs to these facilities to meet the consumption needs for first-line and second-line therapy, and will also ensure that a buffer stock is available for these facilities. Without early funding there will be an interruption in drug provision at these sites.

Early Funding Associated Activities:

Program Area:HVTB - Palliative Care: TB/HIV
Planned Funds: $730,000.00
Activity Narrative: This relates to activity #8827. Tuberculosis (TB) is a major cause of morbidity and morality in peo

Program Area:HTXD - ARV Drugs
Planned Funds: $1,420,000.00
Activity Narrative: Related activities: This activity links to AIDSRelief-Zambia (#8827). AIDSRelief provides HIV care

Sub-Partner: Mtendere Mission Hospital
Planned Funding: $ 327,844.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: St. Theresa Hospital
Planned Funding: $ 234,052.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Wusakile Private Hospital

Planned Funding: $ 808,170.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Sichili Mission Hospital
Planned Funding: $ 151,636.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Chikuni Mission Hospital
Planned Funding: $ 145,036.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Katondwe Mission Hospital
Planned Funding: $ 169,521.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Mukinge Mission Hospital
Planned Funding: $ 354,415.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Chilonga Mission Hospital
Planned Funding: $ 202,621.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: St. Francis Hospital
Planned Funding: $ 636,952.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: The Futures Group International
Planned Funding: $ 150,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Sub-Partner: University of Maryland, Institute of Human Virology
Planned Funding: $ 1,734,135.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Constella Futures Group
Planned Funding: $ 508,360.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Sub-Partner: Children's AIDS Fund
Planned Funding: $ 1,618,699.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Mechanism Name: Bilateral OVC: Support to OVC Affected by HIV/AIDS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6157
Planned Funding($): $ 213,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: SUCCESS II

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5058
Planned Funding($): $ 4,860,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Archdiocese of Kasama
Planned Funding: $ 178,320.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Chipata Diocese
Planned Funding: $ 185,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Our Lady's Hospice
Planned Funding: $ 40,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Jon Hospice
Planned Funding: $ 40,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Ranchod Hospice
Planned Funding: $ 40,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Martin Hospice
Planned Funding: $ 40,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: St. Francis Community
Planned Funding: $ 40,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Cicetekelo Hospice
Planned Funding: $ 40,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Diocese of Mansa
Planned Funding: $ 227,950.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Mongu Catholic Diocese
Planned Funding: $ 301,080.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Monze Catholic Diocese
Planned Funding: $ 163,460.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Mpika Catholic Diocese
Planned Funding: $ 214,510.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Palliative Care Association of Zambia
Planned Funding: $ 75,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Solwezi Catholic Diocese
Planned Funding: $ 400,340.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Mother Marie Therese Linssen Hospice
Planned Funding: $ 40,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Mother of Mercy Hospice
Planned Funding: $ 40,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Missionaries of Charity
Planned Funding: $ 40,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Human Service Trust
Planned Funding: $ 20,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Mechanism Name: Central Contraceptive Procurement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4965
Planned Funding($): $ 600,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Central Contraceptive Procurement
New Partner: No

Mechanism Name: CSO SI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5004
Planned Funding($): $ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Central Statistics Office
New Partner: No

Mechanism Name: Injection Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4966
Planned Funding($): $ 1,000,000.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Chemonics International
New Partner: No

Sub-Partner: JHPIEGO
Planned Funding: $ 354,179.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HMIN - Injection Safety

Sub-Partner: Manoff Group, Inc
Planned Funding: $ 101,395.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HMIN - Injection Safety

Mechanism Name: CDL - U62/CCU023190

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4999
Planned Funding($): $ 200,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Chest Diseases Laboratory
New Partner: No

Mechanism Name: Track 1 ABY: Preserving the African Family in the Face of HIV/AIDS

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5061
Planned Funding($): $ 154,367.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Children's AIDS Fund
New Partner: Yes

Sub-Partner: Expanded Church Response
Planned Funding: $ 222,834.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Helping Hands Africa
Planned Funding: $ 186,210.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: Track 1 OVC: Community-based Care of OVC

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4967
Planned Funding($): $ 671,559.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Christian Aid
New Partner: No

Sub-Partner: Family Health Trust
Planned Funding: $ 130,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Catholic Archdioceses of Lusaka
Planned Funding: $ 150,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Copperbelt Health Education Project
Planned Funding: $ 150,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Ndola Catholic Diocese
Planned Funding: $ 150,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: CHAZ - U62/CCU25157

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5000
Planned Funding($): $ 480,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Churches Health Association of Zambia
New Partner: No

Mechanism Name: Columbia Pediatric Center - U62/CCU222407

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5001
Planned Funding($): $ 1,400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 700,000.00
Early Funding Request Narrative: Columbia University Mailman School of Public Health is a key supporter of pediatric HIV/AIDS services in Zambia. The primary goal of the Columbia program is to provide state-of-the-art care to infants, children, and adolescents with HIV infection. In FY 2007, Columbia will continue to support the development and operation of a Center of Excellence (COE) for pediatric HIV/AIDS care at the University Teaching Hospital (UTH) in Lusaka, as well as scale-up pediatric HIV/AIDS services nationwide by duplicating the development of a similar center at the provincial hospital in Livingstone. The goals of Columbia's program are in line with CDC-Zambia's commitment to improving treatment and care services for children living with HIV/AIDS. Early funding will help ensure supportive supervision and training as UTH continues to scale up services to pediatric patients.

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

Sub-Partner: University Teaching Hospital
Planned Funding: $ 288,344.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Livingstone General Hospital
Planned Funding: $ 265,459.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Mechanism Name: Comforce

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5002
Planned Funding($): $ 1,000,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Comforce
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 200,000.00
Early Funding Request Narrative: Since 2004 laboratory technologists have supported CDC-Zambia and the Ministries of Health (MOH) laboratories on an as-needed basis for continuity of training for technical staff in Government of the Republic of Zambia (GRZ) and military hospital laboratories. The current focus for laboratory technical assistance has been in the areas of microbiology, hematology and quality assurance (QA). There is now a need to provide expertise and training in the field of virology as this has not previously received the same amount of attention. Laboratory technical assistance (TA) in virology will be needed in Zambia during the first quarter of FY 2007. Early funding for this activity is requested so that there will be no delay in the assistance needed for laboratory infrastructure development in Zambia.

Early Funding Associated Activities:

Program Area:HLAB - Laboratory Infrastructure
Planned Funds: $550,000.00
Activity Narrative: This activity allows laboratory experts from Atlanta to come and spend varying periods of time in Za

Mechanism Name: PROFIT

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4968
Planned Funding($): $ 100,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Cooperative League of the USA
New Partner: No

Sub-Partner: Comprehensive HIV/AIDS Management Program
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: PROFIT LOL PPP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5225
Planned Funding($): $ 100,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Cooperative League of the USA
New Partner: No

Mechanism Name: The Copperbelt University Students HIV/AIDS Leadership Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5196
Planned Funding($): $ 40,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: Copperbelt University
New Partner: Yes

Mechanism Name: DAPP - 1 U2G PS000588

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5005
Planned Funding($): $ 350,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Development Aid People to People Zambia
New Partner: No

Mechanism Name: MATEP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4969
Planned Funding($): $ 130,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Development Alternatives, Inc
New Partner: No

Mechanism Name: QUESTT

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4970
Planned Funding($): $ 400,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Education Development Center
New Partner: No

Sub-Partner: Radio Maria Chipata Zambia
Planned Funding: $ 6,250.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Radio Mosi O Tunya Livingstone Zambia
Planned Funding: $ 6,250.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Mechanism Name: Track 1 ARV

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5250
Planned Funding($): $ 15,764,509.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Mechanism Name: EGPAF - U62/CCU123541

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5007
Planned Funding($): $ 13,391,500.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 1,000,000.00
Early Funding Request Narrative: The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a key partner in the provision of anti-retroviral treatment (ART) throughout Zambia. As of August 15, 2006, Zambia had 126 centers across the country providing ART, and EGPAF currently supports 32 of these. EGPAF supports patients enrolled at the joint Zambian Ministry of Health (MOH) and Centers for Infectious Disease Research in Zambia (CIDRZ) sites by ensuring that there is a buffer stock of drugs in place. It is crucial to have buffer stocks of needed drugs in place while the Government of the Republic of Zambia (GRZ) works to strengthen its stock reporting and drug forecasting systems. In FY 2007 EGPAF will increase its support to 18 additional ART sites throughout Zambia. This early funding award will allow EGPAF to ensure availability of first-line and second-line drugs for the 50 sites they will support in FY 2007 without interruption in drug provision.

Early Funding Associated Activities:

Program Area:HTXD - ARV Drugs
Planned Funds: $1,000,000.00
Activity Narrative: This activity is related to #9000. This activity will support patients enrolled at the joint Zambia

Sub-Partner: Centre for Infectious Disease Research in Zambia
Planned Funding: $ 19,176,600.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HTXD - ARV Drugs
HTXS - ARV Services
HVSI - Strategic Information

Sub-Partner: Project Concern International
Planned Funding: $ 235,292.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Africa Directions
Planned Funding: $ 25,000.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: University of Zambia
Planned Funding: $ 23,333.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Mechanism Name: Track 1 OVC: Community FABRIC

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5065
Planned Funding($): $ 409,963.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Expanded Church Response
Planned Funding: $ 129,125.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: Zambia Prevention, Care and Treatment Partnership

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4971
Planned Funding($): $ 18,454,887.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Management Sciences for Health
Planned Funding: $ 750,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HLAB - Laboratory Infrastructure

Sub-Partner: Churches Health Association of Zambia
Planned Funding: $ 200,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Expanded Church Response
Planned Funding: $ 81,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Kara Counseling Centre
Planned Funding: $ 120,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Mechanism Name: ZPCT PPP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5223
Planned Funding($): $ 100,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No

Mechanism Name: Track 1 OVC: ANCHOR

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4973
Planned Funding($): $ 259,357.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Hope Worldwide
New Partner: No

Mechanism Name: CASU

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4974
Planned Funding($): $ 200,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: IAP Worldwide Services, Inc.
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 200,000.00
Early Funding Request Narrative: In the 2006 COP only two persons were budgeted under the IAP CASU mechanism. It has been since decided to fund three USAID HIV/AIDS staff under the IAP CASU mechanism, namely the SO9 HIV/AIDS Team Leader, the HIV/AIDS Senior Technical Advisor, and the PEPFAR Planning, Monitoring and Reporting Advisor. The early $200,000 will ensure that IAP CASU has sufficient funds for these three positions until FY 2007 funding is obligated.

Early Funding Associated Activities:

Program Area:HVMS - Management and Staffing
Planned Funds: $200,000.00
Activity Narrative: USAID has two expatriate professionals funded through the CASU mechanism: the Team Leader for the HI

Mechanism Name: BizAIDS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4975
Planned Funding($): $ 675,909.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: International Executive Service Corp
New Partner: No

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

Associated Program Areas: HVCT - Counseling and Testing

Mechanism Name: Track 1 ABY: Empowering Africa's Young People Initiative

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4977
Planned Funding($): $ 490,332.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: International Youth Foundation
New Partner: No

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

Associated Program Areas: HVAB - Abstinence/Be Faithful

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

Associated Program Areas: HVAB - Abstinence/Be Faithful

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

Associated Program Areas: HVAB - Abstinence/Be Faithful

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

Associated Program Areas: HVAB - Abstinence/Be Faithful

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

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: IntraHealth International

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8362
Planned Funding($): $ 200,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: IntraHealth International, Inc
New Partner: Yes

Mechanism Name: UTAP - U62/CCU322428 / JHPIEGO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5019
Planned Funding($): $ 4,885,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: JHPIEGO
New Partner: No

Sub-Partner: Health Communications Partnership
Planned Funding: $ 200,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Community Based TB/HIV/AIDS Organization
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: University of Zambia School of Medicine
Planned Funding: $ 20,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Khulu Associates
Planned Funding: $ 20,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Malaria/Medical Institute at Macha
Planned Funding: $ 109,523.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Mechanism Name: DoD-JHPIEGO

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5029
Planned Funding($): $ 1,992,580.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: JHPIEGO
New Partner: No

Sub-Partner: John Snow, Inc.
Planned Funding: $ 130,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Khulu Associates
Planned Funding: $ 25,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: SHARE

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4980
Planned Funding($): $ 5,905,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: John Snow Research and Training Institute
New Partner: No

Sub-Partner: Zambia Health Education Communication Trust
Planned Funding: $ 120,000.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Afya Mzuri
Planned Funding: $ 60,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: ZamAction
Planned Funding: $ 70,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Comprehensive HIV/AIDS Management Program
Planned Funding: $ 1,315,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Latkings Outreach Programme
Planned Funding: $ 45,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Abt Associates
Planned Funding: $ 245,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Initiatives, Inc.
Planned Funding: $ 330,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Forum for Community Action Against Poverty, HIV/AIDS, Destitution and Exploitation (FLAME)
Planned Funding: $ 3,851.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Pride Community Health Club
Planned Funding: $ 4,560.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Tulipamo Post Test Club Kapiri Mposhi
Planned Funding: $ 3,647.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Dorcamo Community HIV/AIDS Prevention and Care
Planned Funding: $ 3,194.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Kawambwa Anti AIDS Club
Planned Funding: $ 4,526.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Kafubu Block Mission Children's Home and Orphanage
Planned Funding: $ 28,909.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: People Living with HIV/AIDS Luanshya Support Group
Planned Funding: $ 3,888.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: People Living with HIV/AIDS Support Group Petauake
Planned Funding: $ 4,501.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Sinazongwe Youth Group
Planned Funding: $ 3,966.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Luyando Home Based Care

Planned Funding: $ 3,625.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Network for Zambian People Living with HIV/AIDS District Chapter Chipata
Planned Funding: $ 4,582.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Mupita Anti-AIDS Club
Planned Funding: $ 3,666.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Dzithandizeni Nutrition Group
Planned Funding: $ 3,870.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Kazembe Home Based Care
Planned Funding: $ 4,654.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Youth Development Organization
Planned Funding: $ 3,281.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: New Covenant Women's Club Chingola
Planned Funding: $ 3,766.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Shaping Our Destiny Petauake
Planned Funding: $ 4,016.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Faith Based Elimination Sinazongwe
Planned Funding: $ 3,298.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Livingstone Contact Trust Youth Association
Planned Funding: $ 3,205.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: SHARe Sun Hotel PPP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5221
Planned Funding($): $ 75,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: John Snow Research and Training Institute
New Partner: No

Mechanism Name: DELIVER II

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5074
Planned Funding($): $ 4,800,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: John Snow, Inc.
New Partner:
Early Funding Request: Yes
Early Funding Request Amount: $ 1,000,000.00
Early Funding Request Narrative: This early funding request is to ensure that technical assistance is provided to the US Government, Ministry of Health, and GFATM Prinicipal Recipients for ensuring the availability of HIV test kits and ARV drugs at service delivery sites. The request is as follows: HVCT $500,000; HTXD $500,000.

Early Funding Associated Activities:

Program Area:HTXD - ARV Drugs
Planned Funds: $3,000,000.00
Activity Narrative: This activity relates with the Partnership for Supply Chain Management Systems' (SCMS) activities AR

Program Area:HVCT - Counseling and Testing
Planned Funds: $1,800,000.00
Activity Narrative: This activity links with the Partnership for Supply Chain Management Systems' (SCMS) activities in H

Mechanism Name: Measure Evaluation

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8618
Planned Funding($): $ 900,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: Health Communication Partnership

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4979
Planned Funding($): $ 4,712,016.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Sub-Partner: Comprehensive HIV/AIDS Management Program
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: Lusaka Provincial Health Office (New Cooperative Agreement)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5252
Planned Funding($): $ 540,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Lusaka Provincial Health Office
New Partner: Yes

Mechanism Name: Measure DHS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4982
Planned Funding($): $ 200,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
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: HVSI - Strategic Information

Mechanism Name: MOH - U62/CCU023412

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5009
Planned Funding($): $ 1,740,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Health, Zambia
New Partner: No

Mechanism Name: NAC - U62/CCU023413

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5011
Planned Funding($): $ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National AIDS Council, Zambia
New Partner: No

Mechanism Name: NAC-USG Zambia Partnership

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5224
Planned Funding($): $ 100,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: National AIDS Council, Zambia
New Partner: No

Mechanism Name: PAS/National Arts Council of Zambia

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5195
Planned Funding($): $ 125,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: National Arts Council of Zambia
New Partner: No

Mechanism Name: NASTAD - U62/CCU324596

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5012
Planned Funding($): $ 350,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National Association of State and Territorial AIDS Directors
New Partner: No

Mechanism Name: Track 1 OVC: Sustainable Income & Housing for OVC

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4986
Planned Funding($): $ 212,179.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Opportunity International
New Partner: No

Sub-Partner: Christian Enterprise Trust of Zambia
Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

Mechanism Name: Y-Choices

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4987
Planned Funding($): $ 805,597.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Pact, Inc.
New Partner: No

Sub-Partner: Zambia Interfaith Non Governmental Organization
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Kawambwa Anti AIDS Club
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Mongu Youth Alive Zambia
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Solwezi Youth Alive Zambia
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Contact Youth Trust Association
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Choma Youth Development Organization
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Workplace HIV/AIDS and Gender Trust
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: KAYS ARTS Promotion
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Luapula Families In Distress
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Kubalusa
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Kabwe Home Based Care
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Kilela Balanda
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Mumena Rural Development Trust
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Adolescent Reproductive Health Advocates
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Zambia Young Women's Christian Association
Planned Funding: $ 38,667.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Community for Human Development
Planned Funding: $ 31,064.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Henwood Foundation
Planned Funding: $ 3,767.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Youth Development Organization
Planned Funding: $ 33,573.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: Supply Chain Management System

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5072
Planned Funding($): $ 33,600,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Partnership for Supply Chain Management
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 8,300,000.00
Early Funding Request Narrative: This early funding request is to ensure that ARV drugs, HIV test kits, and essential laboratory supplies are procured in a timely manner and are distributed to public sector facilities in order to prevent a disruption in HIV/AIDS clinical services. The request is as follows: HTXD $5 Million; HVCT $1M; HLAB $2.3M.

Early Funding Associated Activities:

Program Area:HTXD - ARV Drugs
Planned Funds: $20,000,000.00
Activity Narrative: This activity links directly with Project TBD's ARV Drug activity (#9520), the Partnership for Suppl

Program Area:HVCT - Counseling and Testing
Planned Funds: $4,000,000.00
Activity Narrative: This activity links directly with Project TBD's activities in Counseling and Testing (CT) (#9522), t

Program Area:HLAB - Laboratory Infrastructure
Planned Funds: $8,000,000.00
Activity Narrative: This activity links with the Partnership for Supply Chain Management Systems' (SCMS) activities in A

Sub-Partner: John Snow, Inc.
Planned Funding: $ 2,650,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing
HTXD - ARV Drugs
HLAB - Laboratory Infrastructure
OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Infant and Young Child Nutrition Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6187
Planned Funding($): $ 1,000,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: PATH
New Partner: No

Mechanism Name: Track 1 OVC: Breaking Barriers

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4988
Planned Funding($): $ 402,134.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: PLAN International
New Partner: No

Sub-Partner: Zambia Interfaith Non Governmental Organization
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Society for Women And AIDS in Africa
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6148
Planned Funding($): $ 73,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Population Services International
New Partner: No

Mechanism Name: Social Marketing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4990
Planned Funding($): $ 5,347,800.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Population Services International
New Partner: No

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

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Mechanism Name: BELONG

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4989
Planned Funding($): $ 1,188,573.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Project Concern International
New Partner: No

Sub-Partner: Pact, Inc.
Planned Funding: $ 176,693.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: The Futures Group International
Planned Funding: $ 294,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Zambia Open Community Schools
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Bwafwano Community Home Based Care Organization
Planned Funding: $ 91,606.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Rufunsa Child and Family Helper Project
Planned Funding: $ 14,503.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Mutamino Child and Family Helper Project
Planned Funding: $ 13,156.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Kapete Child and Family Helper Project
Planned Funding: $ 13,341.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Chimusanya Child and Family Helper Project
Planned Funding: $ 14,442.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: CHAINDA Child and Family Helper Project
Planned Funding: $ 12,309.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Chitamalesa Family Helper Project
Planned Funding: $ 11,003.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Mupanshya Family Helper
Planned Funding: $ 13,413.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Mechanism Name: Africa KidSAFE Initiative

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6188
Planned Funding($): $ 550,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Project Concern International
New Partner: No

Mechanism Name: BELONG for ZDF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5073
Planned Funding($): $ 550,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Project Concern International
New Partner: No

Mechanism Name: DoD-PCI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4939
Planned Funding($): $ 1,947,500.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Project Concern International
New Partner: No

Sub-Partner: CARE International
Planned Funding: $ 300,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Baptist Fellowship of Zambia
Planned Funding: $ 120,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Joint United Nations Programme on HIV/AIDS
Planned Funding: $ 200,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: EPHO - 1 U2G PS000641

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5008
Planned Funding($): $ 1,115,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Provincial Health Office - Eastern Province
New Partner: No

Mechanism Name: SPHO - U62/CCU025149

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5015
Planned Funding($): $ 1,410,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Provincial Health Office - Southern Province
New Partner: No

Mechanism Name: WPHO - 1 U2G PS000646

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5025
Planned Funding($): $ 1,215,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Provincial Health Office - Western Province
New Partner: No

Mechanism Name: Global Health Fellows Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5067
Planned Funding($): $ 120,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Public Health Institute
New Partner: Yes

Mechanism Name: RPSO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5014
Planned Funding($): $ 200,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Mechanism Name: Corridors of Hope II

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4992
Planned Funding($): $ 3,550,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Research Triangle Institute
New Partner: No

Sub-Partner: Family Health International
Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Zambia Interfaith Non Governmental Organization
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Zambia Health Education Communication Trust
Planned Funding: $ 331,650.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Afya Mzuri
Planned Funding: $ 328,747.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Mechanism Name: Track 1 – Blood Safety - Sanquin

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5460
Planned Funding($): $ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Sanquin Consulting Services
New Partner: Yes

Mechanism Name: Zambia Partners Reporting System

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4991
Planned Funding($): $ 200,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Social and Scientific Systems
New Partner: No

Mechanism Name: ASM - U62/CCU325119

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5280
Planned Funding($): $ 129,999.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: The American Society for Microbiology
New Partner:

Mechanism Name: Capacity Building in Economic Modeling

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5071
Planned Funding($): $ 300,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: The Services Group, Inc.
New Partner: Yes

Mechanism Name: TDRC - U62/CCU023151

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5017
Planned Funding($): $ 640,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Tropical Diseases Research Centre
New Partner: No

Mechanism Name: UTAP - Boston University-ZEBS - U62/CCU622410

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4938
Planned Funding($): $ 2,740,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Tulane 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: MTCT - PMTCT
HVCT - Counseling and Testing
HTXS - ARV Services

Mechanism Name: UTAP - CIDRZ - U62/CCU622410

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5021
Planned Funding($): $ 2,560,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Tulane University
New Partner: No

Sub-Partner: Centre for Infectious Disease Research in Zambia
Planned Funding: $ 2,547,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Mechanism Name: UTAP - MSS/MARCH - U62/CCU622410

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4947
Planned Funding($): $ 1,000,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Tulane University
New Partner: No

Mechanism Name: UNICEF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5264
Planned Funding($): $ 275,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: United Nations Children's Fund
New Partner:

Mechanism Name: United Nations High Commissioner for Refugees/PRM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5199
Planned Funding($): $ 250,000.00
Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Prime Partner: United Nations High Commissioner for Refugees
New Partner: No

Sub-Partner: HODI Zambia
Planned Funding: $ 97,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Ministry of Community Development and Social Services
Planned Funding: $ 97,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Afrika Aktion Hilfe
Planned Funding: $ 22,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Zambia Red Cross Society
Planned Funding: $ 22,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Mechanism Name: University of Alabama

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8361
Planned Funding($): $ 300,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of Alabama, Birmingham
New Partner: Yes

Mechanism Name: NIH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5013
Planned Funding($): $ 280,000.00
Agency: HHS/National Institutes of Health
Funding Source: GHAI
Prime Partner: University of Nebraska
New Partner:

Mechanism Name: Measure Evaluation

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4994
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University of North Carolina, Carolina Population Center
New Partner: No

Sub-Partner: Central Statistics Office
Planned Funding: $ 475,000.00
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVSI - Strategic Information

Mechanism Name: UNZA (New Cooperative Agreement)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5018
Planned Funding($): $ 100,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of Zambia
New Partner: No

Mechanism Name: The University of Zambia Students HIV/AIDS Leadership Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5109
Planned Funding($): $ 60,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: University of Zambia
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6189
Planned Funding($): $ 100,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of Zambia School of Medicine
New Partner: Yes

Mechanism Name: University Teaching Hospital

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5024
Planned Funding($): $ 2,635,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University Teaching Hospital
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 300,000.00
Early Funding Request Narrative: Since 2005, CDC-Zambia and the Columbia University Mailman School of Public Health have supported the development and operation of a Pediatric and Family Center of Excellence (COE) for HIV/AIDS care at the Department of Pediatrics at the University Teaching Hospital (UTH) in Lusaka. The primary goals of the center are to: 1) increase the number of children engaged in care and receiving antiretroviral therapy (ART); 2) develop a regional training center for multidisciplinary teams (MDT) in pediatric HIV/AIDS care and treatment; and 3) be the prime referral site for children with advanced and complicated HIV/AIDS disease. Emphasis in FY 2007 will focus on trainings to increase human capacity for infant diagnosis and the care and management of opportunistic infections. Early funding is requested for this activity to ensure continuity of care for pediatric ART services at UTH.

Early Funding Associated Activities:

Program Area:HTXS - ARV Services
Planned Funds: $750,000.00
Activity Narrative: This activity relates to Columbia University COE (#8993), Micronutrient supplementation, FSU (#9044)

Mechanism Name: USAID/Zambia IRM Tax

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5669
Planned Funding($): $ 48,304.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID Mission Management and Staffing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5070
Planned Funding($): $ 4,536,373.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID/Zambia ICASS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5670
Planned Funding($): $ 180,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC (Base)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5010
Planned Funding($): $ 2,914,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC Technical Assistance (GHAI)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5016
Planned Funding($): $ 5,106,001.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 600,000.00
Early Funding Request Narrative: Malignancies are a common complication of AIDS in Zambia in both adults and children. With the increased survival due to ART the numbers of lymphoma patients seeking care in Zambia is increasing. In FY 2007 additional support will be provided to procure chemotherapy for HIV related malignancies. Some patients on ART recover with complications and as part of the USG strategy to improve palliative care for AIDS patients, part of the funding requested for this activity will be used to purchase physiotherapy equipment to help improve their overall health. Early funding is requested to procure the equipment and drugs necessary to improve the palliative care services for people living with HIV/AIDS (PLWHA). A combination of material support and capacity building is critical for building sustainable laboratory capacity for HIV/AIDS programs in Zambia. In 2006, laboratory testing reagents and consumable supplies were provided to the national supply for the Medical Stores Facility by CDC-Zambia. This activity also provides travel support of CDC-Zambia laboratory staff for training and supervisory visits to testing sites throughout the country to ensure proper equipment operations, provide feedback and reinforce system strengthening. Early funding is requested to ensure availability of necessary laboratory supplies, and support for required trainings.

Early Funding Associated Activities:

Program Area:HLAB - Laboratory Infrastructure
Planned Funds: $890,001.00
Activity Narrative: This activity is linked to all TB/HIV activities and #9015, CRDZ, JHPIEGO in ARV services. A combin

Program Area:HBHC - Basic Health Care and Support
Planned Funds: $150,000.00
Activity Narrative: Since 2004, the USG has provided support for the purchase of back-up TB, OI, and STI drugs to supple

Mechanism Name: CDC/CSCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5676
Planned Funding($): $ 379,069.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC/ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5675
Planned Funding($): $ 630,931.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 600,000.00
Early Funding Request Narrative: As of September 30, 2006, CDC-Zambia staff consists of 38 individuals, including 11 support staff and 27 technical staff. All CDC-Zambia staff will spend at least 90% of their time on President's Emergency Plan for AIDS Relief (PEPFAR) activities. The total staffing of CDC-Zambia will be brought to 48 in FY 2007. The request for early funding is to ensure that basic salaries and operating costs can be met at the beginning of FY 2007 to support the CDC-Zambia team and their efforts on behalf of PEPFAR activities.

Early Funding Associated Activities:

Program Area:HVMS - Management and Staffing
Planned Funds: $630,931.00
Activity Narrative: Since 2001 CDC has operated in Zambia under the Global AIDS Program (GAP), primarily providing techn

Mechanism Name: DoD - Defense Attache Office Lusaka

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5031
Planned Funding($): $ 743,849.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: DoD/LabInfrastructure

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5032
Planned Funding($): $ 850,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: ICASS Defense Attache Office Lusaka

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5681
Planned Funding($): $ 30,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: ICASS Zambia

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5677
Planned Funding($): $ 30,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: No

Mechanism Name: State

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5222
Planned Funding($): $ 480,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: No

Mechanism Name: Peace Corps

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5239
Planned Funding($): $ 2,100,000.00
Agency: Peace Corps
Funding Source: GHAI
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: VU-UAB AITRP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5263
Planned Funding($): $ 50,000.00
Agency: HHS/National Institutes of Health
Funding Source: GHAI
Prime Partner: Vanderbilt University
New Partner:

Mechanism Name: Track 1 OVC: Community-based Care of OVC

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5076
Planned Funding($): $ 1,287,650.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: World Concern
New Partner: No

Sub-Partner: Reformed Church in Zambia Eastern Diaconia Services
Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

Mechanism Name: RAPIDS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4995
Planned Funding($): $ 13,875,329.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: World Vision International
New Partner: No

Sub-Partner: Africare
Planned Funding: $ 1,470,918.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Catholic Relief Services
Planned Funding: $ 1,747,626.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Expanded Church Response
Planned Funding: $ 457,827.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Salvation Army
Planned Funding: $ 306,057.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: CARE International
Planned Funding: $ 1,068,142.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Lusaka Catholic Diocese
Planned Funding: $ 1,011,130.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Ndola Catholic Diocese
Planned Funding: $ 808,903.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Livingstone Catholic Diocese
Planned Funding: $ 202,226.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Population Council
Planned Funding: $ 162,756.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HKID - OVC
HVCT - Counseling and Testing

Mechanism Name: RAPIDS PlayPumps PPP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5226
Planned Funding($): $ 50,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: World Vision International
New Partner: No

Mechanism Name: ZEHRP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8614
Planned Funding($): $ 750,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Zambia Emory HIV Research Project
New Partner: No

Mechanism Name: Journalists and Media Leadership Initiative

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5197
Planned Funding($): $ 0.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: Zambia Institute of Mass Communication
New Partner: No

Mechanism Name: ZNBTS - Track 1 - U62/CCU023687

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5026
Planned Funding($): $ 3,800,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Zambia National Blood Transfusion Service
New Partner: No

Mechanism Name: ZNBTS - U62/CCU023687

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5251
Planned Funding($): $ 20,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
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: $ 15,660,887.00

Program Area Context:

Efforts by the Government of the Republic of Zambia (GRZ) to Prevent Mother to Child Transmission of HIV (PMTCT) began in 1999. Early partners, including the United States Government (USG) and the United Nations (UN), conducted pilot demonstrations and research programs in health facilities in a limited number of target districts. Current partners include GFATM, UNICEF, WHO, World Bank, DFID, JICA, Irish Aid, World Food Program, and Médecins Sans Frontières. These partners play a pivotal role by providing technical and financial support, including procuring PMTCT supplies.

In support of Zambia's national response and the USG Five-Year PEPFAR strategy, USG will help ensure the implementation of the GRZ National PMTCT Strategic Framework of 2006 to 2010. The GRZ's PMTCT program is fully developed with standardized curricula, protocols, and guidelines for counseling, testing, and treatment options, including newly developed data collection tools. Using Emergency Plan funds, funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and GRZ resources, PMTCT programs have continued to expand throughout the country. As of March 2006, there were 265 sites providing comprehensive PMTCT services in all nine provinces and most of the 72 districts of Zambia. The USG partners provide direct support to 215 sites, where close to 4,000 health workers (including community cadres) have been trained in the provision of this service.

In FY 2006, PEPFAR supported sites include public, private (mining), faith-based, and Zambian Defense Force health facilities. In FY 2006, the Zambia target is 211,000 pregnant women to be counseled and tested, of which 37,800 HIV positive pregnant women are to receive ART prophylaxis for PMTCT.

In FY 2007, the USG will plan to provide support to a total of 535 sites in PMTCT service delivery, reaching over 50% of women that need the service. Recommendations from a joint technical mission to support PMTCT scale-up and pediatric care implementation in Zambia (led by UNICEF in May 2006) will be implemented, including strategies to: strengthen GRZ ownership and sustainability of the PMTCT program; improve human resource capacity and motivation; strengthen follow-up for HIV-exposed children; and, develop clear monitoring and evaluation (M&E) management, coordination, supervision, and data flow structures at national, provincial, and district levels.

The core activities implemented by USG partners for PMTCT are: ante-natal care, labor and delivery management, post-natal care, routine/opt-out HIV testing, ARV prophylaxis as per updated national GRZ guidelines and protocols, family planning, infant and young child feeding counseling, community support, infection prevention for health workers, and reporting and data collection activities.

USG partners have continued to work closely with GRZ in the development and roll-out of routine opt-out counseling and testing in PMTCT settings. The opt-out strategy will optimize the number of women tested and identify over 90% of HIV-positive pregnant women who in turn will be referred to ART and other clinical and palliative care services.

Building on activities implemented in FY 2006, USG will continue to strengthen linkages between the PMTCT program and other HIV related services to ensure that women identified as HIV-positive are referred to comprehensive HIV care. USG partners successfully piloted a model that offers same-day HIV test results and reflex CD4 count for all women testing HIV-positive. Depending on the CD4 count, women are given ART prophylaxis or Highly Active Anti- retroviral Therapy (HAART). This activity will allow women to not only prevent transmission to their children, but also to take action for their own health. In FY 2007, USG partners will support the continued roll-out of this model to sites that also offer ART and other HIV/AIDS services. To further increase access to ART services, USG will expand support to the GRZ laboratory sample referral system for transporting blood samples for CD4 testing from health facilities with no CD4 machines to those sites with these machines. This system will increase access to necessary laboratory services and provide timely results for PMTCT clients. In addition, grants will be given to

private/mining companies to support workplace health facilities to provide PMTCT services and to strengthen referral to off-site facilities. The program will also aim to reduce stigma and discrimination by empowering men and women in the workplace to make informed choices about CT, PMTCT, and ART.

The USG will continue to endorse and follow World Health Organization (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 Nevirapine if no other option is available). Expanded access to CD4 tests for HIV-positive mothers by linking PMTCT and ART sites will result in improved staging of ART for pregnant women. While ARV prophylaxis greatly reduces the chance of HIV transmission, care of infants has been limited by the lack of early infant HIV diagnosis. USG will continue to support the Ministry of Health (MOH) to evaluate innovative and less costly HIV testing of infants as well as support the National Infant HIV Diagnosis Reference Laboratory and a gradual scale-up of infant diagnosis on dried blood spots in Zambia. For example, in FY 2006, a Polymerase Chain Reaction (PCR) machine will be placed at the Arthur Davison Children's Hospital to support early infant diagnosis for the northern part of Zambia and at Livingstone General Hospital for the Southern province. Links to under-five clinics will be promoted to ensure infants of HIV positive mothers are tested at nine and eighteen months as per MOH guidelines. Linkages to state-of-the-art pediatric and adult HIV care, OI prophylaxis, and nutritional and legal support will also be strengthened.

MOH has provided leadership in harmonizing practices, including use of national training curricula, protocols, and guidelines, and referral networks for HIV-positive women to care and treatment services. Prevention of unwanted pregnancies among HIV-positive women is a key goal of the national program; in FY 2007, USG will strengthen counseling and referral to family planning services and will continue to procure contraceptives (using non-PEPFAR funding). USG will also support capacity-building at all levels on PMTCT program management and rapid expansion based on a population-based coverage modeingl to the remaining districts. USG will also assist MOH to develop an effective PMTCT monitoring system which will feed into the national continuity of care program. Support to the national PMTCT Technical Working Group and the development, revision, and dissemination of training materials, protocols, standard operating procedures, and policies will continue in FY 2007.

Due to scarce and unequal allocation of human resources in the public sector, USG partners have continued to pilot innovative PMTCT approaches at the community level. For example, community-based traditional birth attendants will be trained in the delivery of PMTCT services to serve remote areas and community lay counselors will be utilized for counseling and testing of pregnant women. This activity will enable health workers to dedicate more time towards antenatal care service delivery and appropriate referrals to other needed HIV/AIDS services.

By working with GRZ facilities, USG is able to establish a sustainable program through training of health care workers, developing standard treatment protocols, strengthening physical and equipment infrastructures, implementing facility-level quality assurance/quality improvement programs, improving laboratory equipment and systems, and developing and strengthening health information systems.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national and international standards	606
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	48,782
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	293,650
Number of health workers trained in the provision of PMTCT services according to national and international standards	1,770

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	UTAP - Boston University-ZEBS - U62/CCU622410
Prime Partner:	Tulane University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	8784
Planned Funds:	$ 2,150,000.00

Activity Narrative:

This activity is linked to SoPHO PMTCT (#9739).

Fiscal year (FY) 2007 activities will result in: (1) increased access to quality prevention of mother to child transmission of HIV (PMTCT) services; (2) quality PMTCT services integrated into routine maternal and child health services; (3) increased use of complete course of antiretroviral (ARV) prophylaxis by HIV-positive women; (4) improved referral to ARV treatment programs as they are developed within the districts; and (5) implementation and assessment of an innovative community-based voluntary counseling and testing (VCT), and PMTCT program to rural populations not ordinarily reached through facilities-based PMTCT services.

Tulane University, through its sub-partner Boston University and local non-governmental agency Zambia Exclusive Breastfeeding Services (ZEBS), and in collaboration with the Ministry of health (Southern Province Health office) began providing PMTCT in FY 2006. Despite funding problems due to delays in setting up a funding mechanism, they were able to train more than 50 health workers in the minimum package of PMTCT and established 28 PMTCT sites in Mazabuka, Siavonga and Monze districts of Southern Province by March 2006.

In FY 2007, ZEBS will continue expanding PMTCT services in Southern Province. In collaboration with the Southern Province Health Office (SPHO) and district health management districts, ZEBS will support PMTCT services in all districts of Southern Province ensuring that at least 75% of health centers in these districts establish PMTCT services. As of March 2006, USG through its partners, Academy for Educational Development and ZEBS were supporting 80 sites out of a total of 217 maternal and child health sites in Southern province. By the end of FY 2007, ZEBS will provide direct support to 165 sites in all 11 districts and will in collaboration with the province provide technical assistance to sites that will be established by district health teams. ZEBS, in partnership with the SPHO and district teams (Government of the Republic of Zambia) will train health workers in these clinics on all components of PMTCT services and integrate these services into routine maternal and child (MCH) health services. By working in collaboration with the district health teams' capacity will be built in these teams and will help to ensure that sustainable programs are implemented. Sustainability of the PMTCT program will be achieved through the integration of PMTCT services into routine MCH activities. Health workers will be trained in the implementation of the 4 pronged approach to PMTCT 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.

The networks are critical for linking HIV-positive pregnant women to antiretroviral therapy (ART) services and developing an approach where all HIV+ women are referred for baseline CD4 counts and women needing ART, are referred to the nearest ART center. ZEBS will also provide counseling on appropriate feeding options for infants born to HIV-positive women and those of unknown status. By the end of FY 2007, data on HIV-positive women and infants referred to ART and care services will be available as this information is currently being incorporated as indicators in the PMTCT monitoring system.

Scarce and unequal allocation of human resources for service delivery is among the biggest constraints to extending coverage of HIV/AIDS services in Zambia. A creative approach is critical to human capacity development, especially in the rural areas of Zambia, where traditional birth attendants (TBAs) 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 was identified and trained to perform VCT at the health posts and/or within the community. As part of their scope, the TBAs also perform real-time community-based HIV testing using whole blood or oral fluid rapid tests, or link these counseling services with same-day HIV testing at the corresponding Rural Health Center. Based on the lessons learned in implementing this approach, ZEBS will train an additional 50 community based counselors

Facility-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 the 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 and ZEBS will build and continue providing leadership to the USG partners on the work piloted in FY 2006 on, involving TBAs in the provision of PMTCT services. This strategy though in its infancy 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.

Masters level students, from the Department of International Health at the Boston University School of Public Health in the US, will be recruited to work with the project in Southern Province on 3 to 6 month field-based applied study projects and provision of cross-training support to health workers and managers.

The plus-up funds will be used to strengthen the entire PMTCT program with special emphasis on increasing coverage of rural based women with improved maternal and child health services; providing an effective PMTCT ART prophylaxis; improving the postnatal care for mother-child pairs to ensure that both are linked into care and follow-up; establishing infant and young child feeding support and lastly, to train TBA in the delivery of PMTCT services. With the plus up funds, BU/ZEBS will strengthen the linkages between PMTCT and ART by refering all pregnant women for a baseline CD4 count which will guide the health providers on the PMTCT regimen to provide to the woman and will improve the provision of a basic package of postnatal care interventions especially support for optimal infant feeding. These funds will used to explore a performance-based bursary for the scaling up of PMTCT services at facility level. Lastly, these funds will be used to strengthen MCH programs and efficiently integrating PMTCT services into these services.

Through Plus Up funding, BU/ZEBS will establish a comprehensive EBF demonstration program in one urban site and in at least three rural sites. There are three specific objectives: 1) to promote and achieve high levels (> 75%) of EBF through 6 months of age among pregnant HIV-infected women booking in the antenatal clinics; 2) to promote and achieve high compliance with first line ART among HIV-infected pregnant women who qualify according to National Guidelines; 3) to discourage and minimize cessation of breastfeeding or non-EBF among women who learn their infant's negative HIV infection status through early infant diagnosis (PCR).
To ensure sustainability, the program will be implemented in government facilities to build their capacity to incorporate the program into the national PMCT package of services and rapidly scale up throughout Zambia. Based on the findings of the demonstration project, Boston University/ZEBS will work with MOH, UNICEF, and all PMTCT partners in Zambia in the development of national guidance on optimal infant feeding practices.

Continued Associated Activity Information

Activity ID:	3571
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Tulane University
Mechanism:	(UTAP)/ Tulane University/ZEBS
Funding Source:	GHAI
Planned Funds:	$ 550,000.00

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 and international standards	165	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	42,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	6,550	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	310	☐

Target Populations:

Infants
Pregnant women
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Doctors
Nurses
Other Health Care Workers
Community members

Key Legislative Issues

Volunteers

Coverage Areas

Southern

Table 3.3.01: Activities by Funding Mechanism

Mechanism: CARE International - U10/CCU424885
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8818
Planned Funds: $ 275,000.00
Activity Narrative: This activity is linked to EPHO PMTCT (#9736, #8819, and #8784).

CARE International will implement prevention of mother to child transmission of HIV (PMTCT) services in four districts of Eastern Province. The model will be based on a rural expansion program that will use other health cadres for counseling and testing (CT) 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 partnerships with Center for Infectious Disease Research Zambia (CIDRZ), JHPIEGO and the 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 provided to all maternal and child health (MCH) services. In FY 2006, a training needs assessment was 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 was provided to maternal and child health (MCH) staff in CT, tuberculosis (TB) screening, administration of PMTCT prophylaxis as per national protocol and antiretroviral therapy (ART) for women that need it, 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 coordinates activities with CIDRZ and the Provincial Health Office (PHO) through the provincial maternal and child health coordinator. In FY 2006, CARE International conducted 3 PMTCT trainings in Chama, Chadiza and Lundazi districts of Eastern province. A total of 75 health workers were trained. Community health cadres were also trained in counseling and testing. A total of 15 PMTCT sites were instituted in these rural health centers.

Building from FY2006 activities, CARE International in FY 2007 will roll-out routine CT for all pregnant women to know their HIV status in the three districts were they are already providing services and establish PMTCT services in Mambwe, another rural district bringing the number of sites to 30. 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 at the respective district hospitals or neighboring districts for service referrals and linkages. In addition, referral procedures for CT, TB screening, family planning services, and antiretroviral therapy (ART) will be developed and strengthened.

CARE International will institute PMTCT services in four of the most underserved districts of Eastern Province where traditional birth attendants (TBAs) and other community health workers (e.g. home based care givers) play vital roles in the delivery of safe motherhood and reproductive health services. An innovative approach of incorporating TBAs in the provision of PMTCT services has been identified as an on-going activity from FY 2006 and will be rolled out in FY 2007. As part of the activity, TBAs are instrumental in delivering PMTCT services to pregnant women at community level, referral of these women to antenatal care services and in providing follow-up advice and encouragement for women at the community level. A package that encompasses all aspects of the PMTCT protocol is used for training.

Continued Associated Activity Information

Activity ID: 3573
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: CARE International
Mechanism: Technical Assistance- CARE International
Funding Source: GHAI
Planned Funds: $ 150,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	30	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	13,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,000	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	100	☐

Target Populations:

Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
Community members

Coverage Areas

Eastern

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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8886
Planned Funds: $ 5,633,887.00
Activity Narrative: The third component, increasing access to CD4 testing services, links PMTCT to ART services. ZPCT will continue to support the linkage between PMTCT and clinical care ART services by offering expanded access to CD4 tests for HIV-positive pregnant women. In FY 2007, ZPCT will continue to fund transport of laboratory samples for CD4 testing from ZPCT-supported facilities to sites with CD4 machines to ensure PMTCT and ART services are more accessible.

In the fourth component, ZPCT will continue strengthening systems for follow–up of HIV-infected mothers and their infants after delivery. Working through the under-five clinics, ZPCT will establish a system to provide support and to ensure that infants of HIV-infected women are tested for HIV at nine and 18-months as per the revised National PMTCT and ART Protocol Guidelines. A Polymerase Chain Reaction (PCR) machine located at Arthur Davison Children's Hospital in Ndola (Copperbelt Province) will support the process of early diagnosis of HIV-infected infants, and will be coordinated with the PCR activities supported by the Centers for Disease Control and Prevention (CDC) (8993). Support will also include linking women with community groups that provide nutritional, legal, and psychosocial support.

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

ZPCT will also work closely with other partners [e.g., community based organizations, non-governmental organizations, faith-based organizations, United Nations Population Fund, and other USG partners, including: Health Communications Partnership (HCP) (8901), Catholic Relief Services/SUCCESS (9182), and RAPIDS (8948)] to collaborate at the community level for mobilizing activities that promote increased uptake of PMTCT services. ZPCT will collaborate with church networks to encourage pregnant women to access PMTCT services and to establish support groups. Traditional leaders and male church leaders will be enlisted to encourage partners and discordant couples to be involved in couples counseling and testing for PMTCT. 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.

In the final component, increasing program sustainability with the GRZ, ZPCT will work with Provincial Health Offices (PHOs) and District Health Management Teams (DHMTs) to build on the quality assurance activities started in FY 2006. With GRZ, ZPCT will identify two districts in each of the five provinces that are now providing consistent quality services and will only need limited technical support from ZPCT in FY 2007. The PHOs and DHMTs will assume responsibility for the selected districts by providing all supervision and monitoring activities in these districts in order to better sustain program activities.

By working directly with GRZ facilities, ZPCT is able to establish a sustainable program through training health care workers, developing standard treatment protocols, strengthening physical and equipment infrastructures, implementing facility-level quality assurance/quality improvement programs, improving laboratory equipment and systems, and developing and strengthening health information systems.

Continued Associated Activity Information

Activity ID: 3528
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: Zambia Prevention, Care and Treatment Partnership
Funding Source: GHAI
Planned Funds: $ 2,067,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement 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 the minimum package of PMTCT services according to national and international standards	168	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	84,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	18,750	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	225	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Most at risk populations
Discordant couples
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Women (including women of reproductive age)
HIV positive pregnant women
Host country government workers
Public health care workers
Laboratory workers
Community members
HIV positive infants (0-4 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8913
Planned Funds: $ 50,000.00
Activity Narrative: This activity relates to HVCT (#8907), HTXS (#8909), HBHC (#8908), HVAB (#8906), HVTB (#8914), HKID (#8912), and OHPS (#8911).

The Support to the HIV/AIDS Response in Zambia project (SHARe) will continue to provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO, to provide technical support to HIV/AIDS programs in eight private sector companies in two Global Development Alliances (GDAs) in the mining and agribusiness sectors. The Mining GDA includes Konkola Copper Mines, Mopani Copper Mines, Copperbelt Energy Company, Kansanshi Mines, Bwana Mkubwa Mining Limited. The Agribusiness GDA includes Dunavant Zambia Limited, Zambia Sugar and Mkushi Farmers Association.

SHARe will also continue to manage direct grants to the eight GDA companies for PMTCT services in health facilities in workplaces and communities. GDA target populations cover six provinces and 30 districts. The GDAs cover a population of 34,635 employees and 2.1 million community members. The two GDAs will leverage $2 million annually for HIV/AIDS activities.

This continuing activity has three components: PMTCT services at on-site facilities, referral to PMTCT sites where on-site facilities are not available, and linkages to supply inputs to the PMTCT process. On-site facilities will continue to be available at Konkola Copper Mines, Mopani Copper Mines, and Zambia Sugar. These facilities follow the national guidelines for PMTCT including opt-out CT for pregnant women, linkages for treatment and nutritional support, rapid testing, and laboratory support at Konkola Copper Mines for PCR testing of infants. In FY 2007, 1,650 pregnant women will receive CT as entrance to PMTCT directly through on-site services and 420 pregnant women will receive a complete course of ARV prophylaxis directly.

Program activities reduce stigma and discrimination related PMTCT and CT services, empower men and women to make informed choices about CT, PMTCT and ART, reduce the number of OVCs, and improve productivity. Workplace and community level IEC and mobilization driven by trained peer educators empower pregnant women to undertake CT and remove the stigma associated with testing and PMTCT. PMTCT counseling is integrated into antenatal care at on-site facilities. An emphasis on HIV care and treatment for parents and infants following the PMTCT program removes one of the common barriers facing PMTCT programs.

The GDA companies provide inputs to the PMTCT program directly and through links including technical expertise from the Center for Infectious Disease Research in Zambia (CIDRZ) and Zambia Prevention Care and Treatment Program (ZPCT) regarding HIV test kits, ART, and nutritional support. HIV-positive patients are referred to community and faith-based organizations for nutritional supplementation.

SHARe will increase the sustainability of its local NGO partner, CHAMP. Activities will include participatory analysis of its current level of sustainability, sharing of sustainability strategies of successful NGOs, development and implementation of a sustainability plan. SHARe will work with the GDA member companies to develop sustainability plans for PMTCT through its HIV/AIDS workplace and community outreach activities using private sector funds and linking to DATF and other government resources for PMTCT commodities and IEC material. SHARe will support Ministry of Health accreditation of GDA partner PMTCT clinics which will ensure sustainability of the GDA PMTCT programs and sites and access to government resources.

Continued Associated Activity Information

Activity ID: 3677
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow Research and Training Institute
Mechanism: SHARE
Funding Source: GHAI
Planned Funds: $ 50,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	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 and international standards	5	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,650	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	420	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Target Populations:

Women (including women of reproductive age)
HIV positive pregnant women
Migrants/migrant workers
Miners

Key Legislative Issues

Gender

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Southern

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	EGPAF - U62/CCU123541
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	9002
Planned Funds:	$ 4,484,500.00

Activity Narrative: This activity links with other PMTCT programs in WPHO (#9744), EPHO (#9736), and CARE international (#8818)

The Center for Infectious Disease Research in Zambia (CIDRZ), under the prime partner Elizabeth Glaser Pediatric AIDS Foundation, will continue to expand the prevention of mother to child transmission of HIV (PMTCT) implementation program in collaboration with the Ministry of Health (MOH). In FY 2007 CIDRZ, in partnership with Government of the Republic Zambia will focus on: 1) ensuring coverage to all 20 districts in the Lusaka, Western, and Eastern Provinces with PMTCT services, 2) upgrading of select districts to more effective PMTCT interventions (e.g. Nevirapine (NVP)-boosted Zidovudine (ZDV), and 3) achieving a radical reduction in pediatric HIV incidence in the capital city of Lusaka through ensuring maximally-effective services are available universally in the capital city of Lusaka.

By working directly with MOH, Provincial Health Offices and districts, CIDRZ plans to considerably expand the number of health centers providing PMTCT, from 87 at the end of February 2006 to 201 by the end of February 2008. This will bring PMTCT coverage to 62% of health facilities and 100% of districts in these three provinces. New districts include Shang'ombo in the Western Province and Nyimba and Luangwa in the Eastern Province. In partnership with CARE International and the Eastern Province Health Office, 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 complete coverage of sites in the remaining two districts of the province. Sustainability of the PMTCT program will be achieved through the integration of PMTCT services into routine maternal and child health activities.

The mother-infant rapid intervention at labor and delivery (MIRIAD) intervention implemented in FY 2005 at the University Teaching Hospital will be continued and expanded to other high-volume clinics in Lusaka. Building on the referral system developed in FY 2006, 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 for a CD4 count to determine eligibility for highly active antiretroviral therapy (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 continue to work with CDC to implement the continuity of care smart card, which will facilitate improved longitudinal care for pregnant women and their infants. 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. Due 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 alternative retention models. Other innovative approaches will include 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 traditional birth attendant 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 information, education and communication 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 volunteers for one year on PMTCT expansion to provide technical assistance, knowledge transfer, and creative solutions to problems.

The plus-up funds will be used to extend PMTCT services through increasing counseling and testing coverage by scaling up the opt-out routine counseling and testing model, thereby reaching more pregnant women; use of lay counselors and TBAs for rural areas and scaling out the "reflex CD4" services through the development of an effective referral

system between the PMTCT and ART programs to ensure that women have a baseline CD4 count which determines which PMTCT ART regimen to use or to refer women for care depending on their CD4 count. Secondly, the plus-up funds will be used to strengthen essential antenatal and postnatal interventions, especially support for optimal infant and young child feeding; infant diagnosis linked to child follow up and ART; and cotrimoxazole prophylaxis.
This activity will also extend ART linkages at facility level where PMTCT services and MCH care is provided. Lastly by promoting sustainability of the PMTCT program by exploring and scaling out the "fixed cost obligation awards" model. This performance based award system encourages districts to plan, integrate, expand, maintain high standards and report PMTCT services. This award system will be implemented in all 17 districts supported by CIDRZ.

Continued Associated Activity Information

Activity ID:	3788
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
Mechanism:	TA- CIDRZ
Funding Source:	GHAI
Planned Funds:	$ 2,500,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	201	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	140,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	19,400	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	400	☐

Target Populations:

Infants
Pregnant women
HIV positive pregnant women
Doctors
Laboratory workers
Nurses
Pharmacists
Traditional birth attendants
Other Health Care Workers

Key Legislative Issues

Volunteers

Coverage Areas

Eastern

Lusaka

Western

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	CDC Technical Assistance (GHAI)
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	9019
Planned Funds:	$ 125,000.00

Activity Narrative: CDC-Zambia will continue providing technical assistance to the Ministry of Health (MOH), the National AIDS Council and implementing partners in the continued expansion of prevention of mother to child transmission of HIV (PMTCT) services nationally. In FY 2006, direct support was provided in terms of educational materials for the national program, job aids for health workers, an assessment on infant and young child feeding in the context of HIV/AIDS and national dissemination meetings for both national and international technical updates. In FY 2007, CDC-Zambia will assist MOH to strengthen the monitoring and data system from facility to national level reporting using the CDC developed PMTCT monitoring system.

In an effort to improve the national PMTCT program and provide HIV treatment to children before they become symptomatic, the U.S. Government (USG) supported the Government of the Republic of Zambia in FY 2006 to evaluate an inexpensive and less complex approach for use in the diagnosis of infant HIV-1 infection in Zambia. This targeted evaluation focuses on an inexpensive "boosted" p24 antigen and a much simplified dried blood spot total nucleic acid Polymerase Chain Reaction (PCR) assay recently developed at the CDC. Equipment for two different methods of infant HIV diagnosis has been installed by CDC at the newly established National Infant Diagnosis Reference Laboratory at the University Teaching Hospital (UTH) in Lusaka, using FY 2005 funds. These methods include the regular Roche Amplicor 1.5 DNA PCR assay and the TNA assay which detects both RNA and DNA. Both techniques have performed very well in preliminary quality assurance and quality control evaluations at the laboratory, including on dried blood spots collected from infant heel sticks at University Teaching Hospital (UTH). By the end of FY 2006, a number of PMTCT sites in three provinces will start sending infant dried blood spots routinely to the National Infant Diagnosis Reference Laboratory in Lusaka. Further roll-out of PCR testing on infant dried blood spots will be implemented nationwide in FY 2007. For difficult-to-reach rural districts, an evaluation of other potential infant diagnosis testing strategies such as the ultra-sensitive P24 antigen assay (a simple EIA technique) and/or other newer rapid antigen assays will be conducted. Work will be conducted in close collaboration with UTH and with the University of Nebraska-Lincoln.

In FY 2007, 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 vital in the provision of the national minimum package of PMTCT without national stock-outs. CDC will support the national PMTCT program with technical assistance and support for study tours and other relevant programmatic reviews.

This activity will support continued technical assistance to the MOH and Tropical Disease Research Center (TDRC) in the design of a public health evaluation (PHE) 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). This public health evaluation will take advantage of and contribute to several activities. These activities include: PMTCT, ART treatment, infant HIV diagnosis, pediatric antiretroviral therapy (ART), continuity of care, monitoring and evaluation of programs, outcomes, and surveillance of ART treatment and resistance in adults and children. The Global Fund will provide partial financial support for this research effort whilst CDC Global AIDS Program-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 TDRC and CDC-Zambia to leverage innovative developments in several strategic priorities supported by the Emergency Plan.

Continued Associated Activity Information

Activity ID: 3574
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: Technical Assistance

Funding Source: GHAI
Planned Funds: $ 225,000.00

Emphasis Areas	% Of Effort
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 and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Target Populations:

Pregnant women
Doctors
Laboratory workers
Nurses
Other 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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9088
Planned Funds: $ 262,500.00

Activity Narrative: This work is closely linked to JHPIEGO's other work with the Zambia Defense Force (ZDF), strengthening integrated HIV prevention, care, and treatment services and systems (#9087, #9089, #9090, #9091), and with the work of Project Concern International (PCI) supporting Counseling and Testing (CT) (#8785) and Palliative Care (#8787), as well as JHPIEGO's work on integrating diagnostic CT into TB and STI services for mobile populations (#9035).

JHPIEGO is supporting the ZDF to improve overall clinical prevention, care, and treatment services throughout the three branches of military service, Zambia Army, Zambia Air Force and Zambia National Service around the country. The overall aim of the activity is to ensure that the ZDF is equipped and enabled to provide quality HIV/AIDS services to all its personnel, as well as to the civilian personnel who access their health system. This includes strengthening the management and planning systems to support PMTCT and HIV/AIDS care and treatment services, with the appropriate integration, linkages, referrals, and safeguards to minimize medical transmission of HIV. JHPIEGO, as an important partner to the Ministry of Health (MOH) HIV/AIDS PMTCT, ART, palliative care, HIV-TB and injection safety programs, supports the ZDF in gaining access to materials, systems, and commodities funded by the U.S. Government, other donors, and numerous technical partners who work with the MOH, and to harmonize services and maximize efficiencies between ZDF and MOH facilities and programs.

The Defense Force Medical Services (DFMS) supports health facilities at 54 of the 68 ZDF sites with the remaining sites relying on Medical Assistants and outreach support. These health services are spread out, many in hard-to-reach areas, around the country, and serve both ZDF and local civilian populations. In addition, given the mobile nature of the ZDF, it is often the first responder to medical emergencies and disasters throughout the country. Unfortunately, the ZDF has not benefited from many initiatives that have been on-going in the MOH public sector mainly because the ZDF has its own heath system running independently from the national one. While these links are improving, there are continued opportunities to improve harmonization and maximize the efficiency between the MOH and ZDF health services. While the number of patients within the ZDF receiving PMTCT services has expanded dramatically, the majority of services are provided at only a few outlets. The standardization of systems and services needs continued strengthening. Continued expansion requires support for remote sites, where services are needed most. But, by their very location and nature, the cost effectiveness of delivering services to them is reduced; this burden is compounded by the complexities of working with the ZDF and each of the three individual ZDF branches, each with their own authority and chain of command.

In FY 2005 and FY 2006, 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. The initial FY 2005 and FY 2006 sites are the model sites that have been the focus of implementing comprehensive HIV/AIDS care, treatment, and support services. In addition to the model sites, service providers from many of the other DFMS sites have been included in service provider training and have received supportive supervision visits at their sites.

During FY 2006, JHPIEGO played an integral part in reopening of the Maternal and Child Health department at Maina Soko Military Hospital (MSMH), which enabled them to begin providing PMTCT services. This department had been closed for the previous four years leaving a large gap in the services provided, given that MSMH is the only military referral hospital. Through JHPIEGO's support to the ZDF in FY 2005 and FY 2006, in addition to training PMTCT service providers and establishing quality PMTCT services at eight model facilities, the ZDFMS training capacity was strengthened with the training of 16 PMTCT staff as trainers. These trainers worked with JHPIEGO staff to co-train at least 187 service providers in PMTCT. The benefit of JHPIEGO support will not be limited to the model sites as staff from many other sites will be included in orientations and trainings. By the end of FY 2006 JHPIEGO was working with eight model sites in seven of the nine provinces of Zambia. The two remaining provinces will have model sites by the end of FY 2007.

In FY 2007, JHPIEGO will support quality integrated PMTCT services at 12 model ZDF

sites, including the eight sites developed in FY 2005 and FY 2006 and expanding to four additional sites:
1. Zambia Army, L85 Barracks in Lusaka, Lusaka Province;
2. Zambia National Service, Luamfumu Barracks in Mansa, Luapula Province;
3. Zambia Army, Luena Barracks in Kaoma, Western Province; and
4. Zambia Air Force, Mumbwa, Central Province.

Working with the ZDF, JHPIEGO will seek to create linkages with other collaborating partners to ensure a synergy of efforts, and reinforcing collaboration with the MOH by harmonizing ZDF programs with MOH/National HIV/AIDS/STI/TB Council guidelines, materials and tools, and strengthening the linkage between the ZDF and other PMTCT initiatives in the public sector. JHPIEGO will continue to expand facility-based performance improvement systems and maximize the benefit to ZDF from the model sites by working with ZDF central command and DFMS, as well as base commanders, to develop a system of staff rotation and on-the-job training. Further capacity to expand and support PMTCT services will be developed, as JHPIEGO will continue to select high performing PMTCT providers and develop them as trainers and mentors. JHPIEGO will co-teach PMTCT workshops with the DFMS trainers to help them improve their training skills and address any gaps.

Building on the service linkage developed between PMTCT and ART, JHPIEGO will integrate TB and palliative care services to provide integrated support for facility-based HIV/AIDS prevention, care, and treatment. As the result of this intervention, the health care workers will have a better understanding of the need to address HIV/AIDS clinical prevention, care, and treatment in a comprehensive way to ensure that clients receive complete, quality care. To support performance improvement systems, supervision visits will continue to the eight facilities, as well as the four expansion sites. JHPIEGO will also support the DFMS to conduct workshops using the orientation package for lay workers (e.g., managers, clergy, community leaders, and caregivers) on HIV/AIDS prevention, care, and treatment. The package covers CT, PMTCT, Care, and ART as well as linkages to other services such as TB and STIs, to educate the readers on HIV/AIDS and provide them with accurate and relevant information they can disseminate to more diverse populations. This will further enhance advocacy efforts to secure sustained support for these services from both the management as well as the community and client perspective.

To ensure sustainability, JHPIEGO works within the existing ZDF structures and plans. JHPIEGO facilitates the development and dissemination of appropriate standard guidelines, protocols, and plans. JHPIEGO also assists the ZDF with the implementation of a facility-level quality improvement program. The project's goal is to leave behind quality systems to ensure continuity of services after the program concludes.

Continued Associated Activity Information

Activity ID:	3670
USG Agency:	Department of Defense
Prime Partner:	JHPIEGO
Mechanism:	DoD-JHPIEGO
Funding Source:	GHAI
Planned Funds:	$ 350,000.00

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement 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 and international standards	12	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	462	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	110	☐

Target Populations:

Community leaders
Doctors
Nurses
Pharmacists
Most at risk populations
Military personnel
Program managers
Religious leaders
Laboratory workers
Other Health Care Worker

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	CHAZ - U62/CCU25157
Prime Partner:	Churches Health Association of Zambia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	9734
Planned Funds:	$ 280,000.00

Activity Narrative: 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. All 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.

Fiscal year (FY) 2007 activities will result in: (1) increased access to quality prevention of mother to child (PMTCT) services; (2) quality PMTCT services integrated into routine maternal and child health services; (3) increased use of complete course of antiretroviral (ARV) prophylaxis by HIV-positive women; (4) improved referral to ARV treatment programs and (5) linkage creation between child health, antiretroviral (ART) and PMTCT services

With FY 2005 funds CHAZ has managed to sustain and provide PMTCT services in 5 mission sites with comprehensive services where HIV-positive pregnant women are actively referred for CD4 screening at the ART sites within the hospitals. Due to delays in setting up the funding mechanism in 2005, CHAZ did not receive any funding for the PMTCT program in FY 2006. In FY 2007, CHAZ will support its mission institutions to meet the needs of the communities they serve by building and strengthening their capacities to prevent mother to child transmission of HIV, and to ensure sound follow-up of HIV-exposed infants so that a definitive diagnosis can be made through creating linkages with the National Infant Diagnosis Reference Laboratory for infant HIV testing. This strategy will ensure that timely treatment can be provided to infants testing HIV positive. By strengthening institutional capacity, and facilitating active community involvement, CHAZ will continue to advocate for community participation and involvement in PMTCT. By this intervention, CHAZ will address issues of gender inequality by providing yet another avenue for HIV positive women to access ARV, hence improving their chances for survival and their continued ability to care for their families.

In order to ensure the full success of this activity, in FY2007, all cadres of health care providers who care for pregnant women and infants will be scheduled for training in PMTCT, and will be equipped to provide high quality counseling and care to HIV positive pregnant women with regards to testing, accessing antiretroviral drugs, and infant feeding options. CHAZ will continue to strengthen linkages between local partner health facilities and the surrounding community. Community members, including traditional birth attendants and female community leaders will take part in outreach activities that promote PMTCT awareness and develop a supportive network for HIV positive women in the post-partum period, especially as it relates to maintaining their chosen feeding option, and for encouraging infant follow-up for definitive diagnosis.

To ensure access to routine counseling and testing (CT) for pregnant women, the first component of this activity will entail that all pregnant women receive routine HIV testing with improved antenatal clinic (ANC) services at 25 sites from five sites in FY 2006. The second component, ensuring adequate intervention for mother and newborn, involves establishing referral linkages between the ANC and ART clinics so that each HIV positive pregnant woman can receive CD4 testing and be assessed to either commence triple therapy ART, or other recommended prophylaxis regimen. This referral will serve as yet another entry point into basic care and support for HIV-positive women. Counseling on infant feeding, with well articulated plans for infant follow-up will be made during the antenatal period. Referral linkages will also be strengthened between the ANC, delivery wards, and the ARV clinics in all facilities so as, to ensure appropriate care for the mother and newborn in accordance with the National Guidelines. Awareness training of local traditional birth attendants (TBAs) will also be done to ensure adequate peri-partum interventions are appropriated for the mothers and newborns where deliveries are done outside the health facilities. Activities in FY 2007 will include training antenatal staff and delivery ward staff on PMTCT interventions, training TBAs, and lastly establishing/strengthening referral linkages within the health facility and with selected trained TBAs. Further strengthening of laboratory capacity will also be undertaken to accommodate the increased numbers of CD4 tests required for pregnant women identified as HIV-positive. In addition, all cadres of health workers involved in caring for pregnant women, plus key women in the communities will be trained to offer sound counseling on infant feeding options, including offering support for exclusive breast feeding.

The third component of this mechanism, involves creating and strengthening linkages between the ANC, delivery wards and Child Health clinics, training of staff in the well-baby clinic on how to follow-up and make a definitive HIV diagnosis on HIV-exposed infants, and strengthening laboratory capacity to send samples to national infant diagnosis of HIV centers. Doctors and clinical officers will be trained also in early diagnosis and timely intervention for the HIV-exposed infant. This component will establish the necessary linkages among the health facilities and communities to ensure adequate infant follow-up, definitive HIV diagnosis, and strengthen laboratory capacity.

The final component, community mobilization, includes a targeted evaluation of male involvement and participation in the PMTCT program through community outreach activities and awareness training targeted at men. This activity will support awareness campaigns, train community men, and establish or strengthen linkages between the health facilities and the community.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	25	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	10,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,200	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	100	☐

Target Populations:

Infants
Pregnant women
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Doctors
Nurses
Other Health Care Workers
Community members

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	EPHO - 1 U2G PS000641
Prime Partner:	Provincial Health Office - Eastern Province
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	9736
Planned Funds:	$ 225,000.00

Activity Narrative: This activity relates to activities in MTCT (#9002), CIDRZ, Care International (#8818), and CHAZ (#9734).

Eastern Province has eight districts of which four currently has prevention of mother to child transmission of HIV (PMTCT) services supported by Center for Infectious Disease Research Zambia (CIDRZ) and CARE International. The sites that provide PMTCT also provide ART, TB, and palliative care services to which the women are also referred. As of March 2006, CIDRZ and CARE International had trained 40 health care providers in the minimum package of PMTCT services and instituted 30 PMTCT sites.

In FY 2007, in joint collaboration with CIDRZ and CARE International, EPHO will spearhead the scale-up of PMTCT services in Eastern Province in line with the national PMTCT expansion plan. This support will enable key technical staff from EPHO to coordinate, plan, and integrate services with CIDRZ and CARE International and the Churches Health Association of Zambia. In addition activities will include expanding and linking PMTCT services with other HIV services in all districts of province through mapping of services during the performance audits conducted by the Provincial Health Office (PHO) every quarter.

In an effort to support the Zambia national framework and build capacity of the national system to provide sustainable HIV/AIDS services, the United States Government through CDC aims to provide direct support to the EPHO to build its capacity to coordinate and oversee PMTCT services in the province, provide training, and expand PMTCT trainings to health centers currently not covered by CIDRZ and CARE International. CIDRZ and CARE International will continue to provide PMTCT services in districts where they currently work but with the coordination and leadership of the EPHO to ensure uniformity and standardization to the PMTCT services. In order to create a sustainable PMTCT program, the PHO will play a key role in ensuring that supportive supervision is provided to these districts and will coordinate all PMTCT services and implementing partners (CIDRZ and Care International) to ensure optimal resource utilization.

In FY 2007, this activity will supplement the PMTCT training in Chama and Mambwe districts that have not yet initiated PMTCT, and will supplement training in the other districts with few trained providers in PMTCT service delivery. A total of 100 health providers will be trained through this funding. The PHO working in collaboration with CIDRZ and CARE International will ensure through the provision of technical assistance that more sites in the province establish the PMTCT services. To avoid double counting of targets, the targets on the number of women accessing counseling and testing, and ARV prophylaxis will be reported by the implementing partner working in each respective district. The PHO will report on the number of health workers trained from their funding. Other activities to implement will include monitoring visits, training of program managers in the implementation and monitoring of the PMTCT service, dissemination of national policy and guidelines on PMTCT, and the standardization of PMTCT services provided in the province across all implementing partners. The PHO's involvement in the coordination of the program will ensure geographical coverage and coordinated planning among districts for the integration of PMTCT services into routine maternal and child health units which will lead to the development of a sustainable model where Government of the Republic of Zambia plays an active role in the continued delivery of PMTCT services.

The plus-up funds will be used to strengthen PMTCT services in the Eastern province through improving coverage of counseling and testing amongst pregnant women, improving uptake of prophylaxis among HIV+ pregnant women identified through adequately training and mentoring of health workers and community health workers. The Eastern Provincial Health Office will also coordinate training and supervision of PMTCT services through the planning of PMTCT services at district level, the integration and strengthening of PMTCT into maternal and child health. These funds will also be used to establish support systems that ensure sustainability of the PMTCT scale up such as improved PMTCT supply chain management, improving the monitoring and reporting system and strengthening the linkage to ART.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	175	☐

Target Populations:

Adults
Community leaders
Family planning clients
Doctors
Nurses
HIV/AIDS-affected families
People living with HIV/AIDS
Policy makers
Pregnant women
Program managers
HIV positive pregnant women
Religious leaders
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas

Eastern

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	MOH - U62/CCU023412
Prime Partner:	Ministry of Health, Zambia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	9737
Planned Funds:	$ 325,000.00

Activity Narrative: In collaboration with the National Food and Nutrition Commission, the MoH will use the plus-up funds to strengthen the infant and young child (IYCF) component of the PMTCT program through training of health workers of IYCF counseling and support, revising the PMTCT curricula on infant and young child feeding, establishing feeding demonstrations/programs for faltering children, community follow up and support for HIV exposed infants. Through these funds, the MoH will also develop and coordinate a referral systems for HIV+ pregnant women to the ART program and linkages to child follow up and infant diagnosis. Lastly, since the success of a PMTCT program depends on how well the program is integrated into the MCH program, the plus up funds will be used to strengthen the MCH broad spectrum of safe motherhood components that directly have an impact on PMTCT and also strengthen the second prong of PMTCT which is family planning by providing policies and guidance on CT and an ART referral system for women accessing this service.

The United States Government (USG), through CDC aims to provide direct ongoing support to the Ministry of Health (MOH) for developing an effective prevention of mother to child transmission of HIV (PMTCT) monitoring system. The USG will also strengthen the supplies and logistics systems for the program. The proposed program monitoring system will capture data from facility level to national level using both paper-based tools and the electronic based system which, in turn will, feed into the continuity of care project. As services are expanded, it is critical to establish national systems for PMTCT program monitoring. Such systems will involve similar data collection, analysis and reporting requirements across countries. The PMTCT-MS is designed to:

- Standardize data collection and monitoring procedures
- Provide program monitoring information to identify progress and challenges and to improve PMTCT services
- Facilitate standard reporting of national and international PMTCT indicators
- Support a simple, national strategic information system for PMTCT
- Be adaptable to meet country-specific needs

In addition, CDC will second two new positions within MOH to provide logistical, monitoring and evaluation technical assistance to the national program. Other activities to be implemented include strengthening the reporting system at all levels of data capture, monitoring visits, training, strengthening the supply chain for the PMTCT supplies, and support for PMTCT buffer logistics

In FY 2007, all USG partners will be scaling up efforts to reach many women based on the population based coverage model, direct support to MOH via a memorandum of understanding will enable key technical staff to plan, coordinate and supervise the delivery of integrated services with implementing partners. In addition, MOH will ensure that the program is rolled-out as mentioned in the national PMTCT expansion plan. This plan embraces routine opt-out counseling and testing, universal access to PMTCT service, targets for program performance and will ensure that all HIV-positive women identified through the program are not only linked to antiretroviral therapy (ART) but access ART and care services.

Direct funding for PMTCT service delivery and technical assistance not only complements USG's other support to MOH such as in infant and young child nutrition, palliative care, ART services, reproductive health and strategic information but also ensures that the PMTCT program is sustainable through incorporating the PMTCT services in routine maternal and child health services.

In FY07, a plus up request ($150,000) and a reprogramming request ($75,000) are requested for this activity; the total amount requested for this activity is $325,000. In collaboration with the National Food and Nutrition Commission, the MoH will use the plus-up funds to strengthen the infant and young child (IYCF) component of the PMTCT program through training of health workers of IYCF counseling and support, revising the PMTCT curricula on infant and young child feeding, establishing feeding demonstrations/programs for faltering children, community follow up and support for HIV exposed infants. Through these funds, the MoH will also develop and coordinate a referral systems for HIV+ pregnant women to the ART program and linkages to child follow up and infant diagnosis.

Lastly, since the success of a PMTCT program depends on well the program is integrated

into the MCH program, the plus up funds will be used to strengthen the MCH broad spectrum of safe motherhood components that directly have an impact on PMTCT and also strengthen the second prong of PMTCT which is family planning by providing policies and guidance on CT and an ART referral system for women accessing this service.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

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

Target Populations:

Adults
Community leaders
Family planning clients
Doctors
Nurses
Traditional birth attendants
HIV/AIDS-affected families
People living with HIV/AIDS
Policy makers
Pregnant women
Program managers
HIV positive pregnant women
Religious leaders
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	SPHO - U62/CCU025149
Prime Partner:	Provincial Health Office - Southern Province
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	9739
Planned Funds:	$ 350,000.00

Activity Narrative: This activity relates to activities in MTCT ZEBS (#8784)

In an effort to support the Zambia national framework as well as build up capacity of the national health system to provide sustainable HIV/AIDS services, the United States Government through CDC will directly support the Southern Provincial Health Office (SPHO) in its plan to better coordinate and oversee prevention of mother to child transmission of HIV (PMTCT) services to provide training, and expand PMTCT services to health centers currently not covered by Zambia Exclusive Breastfeeding Services (ZEBS) program. ZEBS will continue to provide PMTCT services in districts where they currently work but with the coordination and leadership of the SPHO to ensure uniformity and standardization of the PMTCT services. In order to create a sustainable PMTCT program, the PHO will take a key role in ensuring that supportive supervision is provided to these districts and will coordinate all PMTCT services and implementing partner (ZEBS) to ensure optimal resource utilization.

Southern Province has 11 districts and all districts are providing PMTCT services thanks to Academy of Educational Development and ZEBS. Out of 217 maternal and child health centers, the USG in FY 2006 supported 80 while the PHO supported 19. A total of 309 health workers and community health cadres have been trained in the provision of the services. The sites that provide PMTCT also provide antiretroviral (ART), tuberculosis (TB), and palliative care services to which the women are also referred.

In FY 2007, this activity will supplement PMTCT training in districts with few trained providers and number of PMTCT sites like Gwembe, Kalomo, Sinazongwe, and Mazabuka. The SPHO will train 150 health workers through this activity. The SPHO and ZEBS, working in collaboration, will ensure through the provision of technical assistance that additional sites establish the PMTCT services and the targets for the number of women accessing counseling and testing and ARV prophylaxis will be reported by ZEBS to avoid double counting. The SPHO will report on the number of health workers trained from their funding. Other activities to be implemented will include monitoring visits, training of program managers in the implementation and monitoring of the PMTCT service, dissemination of national policy and guidelines on PMTCT and standardization of PMTCT services. The SPHO's involvement in the coordination of the program will ensure geographical coverage and coordinated planning among districts for the integration of PMTCT services into routine maternal and child health units which will lead to the development of a sustainable model where Government of the Republic of Zambia plays a key role in the continued delivery of PMTCT services.

In FY 2007, in joint collaboration with ZEBS, the SPHO will spearhead the scale-up of PMTCT services in Southern Province in line with the national expansion plan. This support will enable key technical staff from SPHO to coordinate, plan, and integrate services with ZEBS. This activity will include expanding and linking PMTCT services with other HIV services in the districts in the province through mapping of services during the performance audits spearheaded by the PHO every quarter and creation of a referral system for HIV/AIDS services.

In FY07, a plus up request ($100,000) and a reprogramming request ($75,000) are requested for this activity; the total amount requested for this activity is $350,000. The plus-up funds will be used to strengthen PMTCT services in the Southern province through improving coverage of counseling and testing amongst pregnant women, improving uptake of prophylaxis among HIV+ pregnant women identified through adequately training and mentoring of health workers and community health workers. The Southern Provincial Health Office will also coordinate training and supervision of PMTCT services through the planning of PMTCT services at district level, the integration and strengthening of PMTCT into maternal and child health. These funds will also be used to establish support systems that ensure sustainability of the PMTCT scale up such as improved PMTCT supply chain management, improving the monitoring and reporting system and strengthening the linkage to ART.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	225	☐

Target Populations:

Adults
Community leaders
Family planning clients
Doctors
Nurses
Traditional birth attendants
HIV/AIDS-affected families
People living with HIV/AIDS
Policy makers
Pregnant women
Program managers
HIV positive pregnant women
Religious leaders
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas

Southern

Table 3.3.01: Activities by Funding Mechanism

Mechanism: UNICEF
Prime Partner: United Nations Children's Fund
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9741
Planned Funds: $ 275,000.00
Activity Narrative: UNICEF, a co-sponsor of UNAIDS, is a lead advocate for maternal and child health services in Zambia. UNICEF is currently working at all levels to improve programs addressing prevention of mother-to-child HIV transmission of HIV (PMTCT) and pediatric AIDS treatment and care. UNICEF has worked in Zambia for a number of years and led the effort to: 1) initiate and implement PMTCT demonstration projects (1999) and 2) advocate and support national level government scale-up and roll-out of PMTCT and pediatric treatment and care programs. UNICEF has supported the Government of the Republic of Zambia to develop PMTCT and Pediatric HIV/AIDS guidance documents, implemented several child survival programs, and continues to play an important role in aiming to reach 2015 Millennium Development Goals in maternal and child health.

With the wealth of experience that UNICEF has, USG will fund UNICEF to assist in implementing the following two important advocacy activities:

1. Scaling-up of routine opt-out HIV testing in PMTCT settings
UNICEF will work with GRZ, USG and stakeholders to:
- Advocate for, and support routine offer of HIV testing to all pregnant women;
- Incorporate routine offer of HIV testing policy in national guidelines and incorporate training into all HIV training curricula and

2. UNICEF will support GRZ and stakeholders in supporting or developing systems to identify HIV-exposed infants and refer them for treatment, care and support.
- Standardize documentation of mother's HIV status on under five cards in Zambia.
- Train of health workers to routinely review antenatal cards for HIV status to provide appropriate clinical care
i. Support institutionalization of cotrimoxazole prophylaxis for HIV exposed and infected infants.
- Support the institutionalization of infant dried blood spots (DBS) for early HIV diagnosis and confirmatory testing, utilizing the infant diagnosis algorithm as mentioned in the PMTCT guidelines.

The wealth of experience UNICEF has working in Zambia and its collaboration with GRZ will ensure sustainability of PMTCT programs in Zambia.

In addtion to the planned activities in FY07, UNICEF will use the plus-up funds to review, update and print PMTCT protocol guidelines and training manual to incorporate technical updates and policy changes that have an impact on the provison of PMTCT services in Zambia. Such revisions include recommendations from the joint program mission review conducted in 2006 where, it was recommended that the training manual be revised to include WHO technical updates on effective PMTCT regimens, universal access of services - routine opt out counseling and testing, early infant diagnosis and strengthening of the infant and young child feeding component of the program. In addition, UNICEF will use the plus-up funds to finalise and roll-out the lay counselor training manual for use at health centers.

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

Targets

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

Target Populations:

Adults
Community leaders
Family planning clients
Doctors
Nurses
Traditional birth attendants
HIV/AIDS-affected families
People living with HIV/AIDS
Policy makers
Pregnant women
Program managers
HIV positive pregnant women
Religious leaders
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	WPHO - 1 U2G PS000646
Prime Partner:	Provincial Health Office - Western Province
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	9744
Planned Funds:	$ 225,000.00

Activity Narrative: This activity relates to activities in MTCT (#9002).

In an effort to support the Zambia national framework and build capacity of the national system to provide sustainable HIV/AIDS services, the United States Government through CDC aims to provide direct support to Western Provincial Health Office (WPHO) to build its capacity to coordinate and oversee prevention of mother to child transmission of HIV (PMTCT) services in the province, provide training, and expand PMTCT trainings to health centers currently not covered by Center for Infectious Disease Research Zambia (CIDRZ). CIDRZ will continue to provide PMTCT services in districts where they currently work but with the coordination and leadership of the WPHO to ensure uniformity and standardization to the PMTCT services being provided in the province. In order to create a sustainable PMTCT program, the PHO will take a key role in ensuring that supportive supervision is provided to these districts and will coordinate all PMTCT services and implementing partners (CIDRZ) to ensure maximal resource utilization.

Western Province has seven districts of which four currently have PMTCT services provided through CIDRZ. The sites that provide PMTCT also provide antiretroviral (ART), tuberculosis (TB), and palliative care services to which the women are referred. As of March 2006, CIDRZ and JPHIEGO had trained 22 health care providers in the minimum package of PMTCT services and supported 33 PMTCT sites.

In FY 2007, this activity will supplement PMTCT training in Shang'ombo, Lukulu, and Kalabo districts that have not initiated PMTCT and will supplement training in the other districts with few trained providers. An additional 100 health providers will be trained. WPHO and CIDRZ working in collaboration will ensure through the provision of technical assistance that additional sites establish the PMTCT services and the targets on the number of women accessing counseling and testing and ARV prophylaxis will be reported by CIDRZ to avoid double counting. However, the SPHO will report only on the number of health workers trained from their funding. In addition, other activities to be implemented will include monitoring visits, training of program managers in the implementation and monitoring of the PMTCT service, dissemination of national policy and guidelines on PMTCT and standardization of PMTCT services provided in the province across all implementing partners. The PHO's involvement in the coordination of the program will ensure geographical coverage and coordinated planning among districts for the integration of PMTCT services into routine maternal and child health units which should lead to the development of a sustainable model where Government of the Republic of Zambia plays an active role in the continued delivery of PMTCT services.

In FY 2007, in joint collaboration with CIDRZ, the WPHO will spearhead the scale-up of PMTCT services in Western Province in line with the national expansion plan. This support will enable key technical staff from WPHO to coordinate, plan, and integrate services with CIDRZ. In addition, other activities will include expanding and linking PMTCT services with other HIV services in target districts throughout the province. This will be achieved through the mapping of services during the services performance audits led by the PHO every quarter.

Direct funding for PMTCT service delivery and technical assistance at the provincial level will complement and enhance referrals to other services like ART, TB/HIV and palliative care.

The plus-up funds will be used to strengthen PMTCT services in the Western province through improving coverage of counseling and testing amongst pregnant women, improving uptake of prophylaxis among HIV+ pregnant women identified through adequately training and mentoring of health workers and community health workers. The Western Provincial Health Office will also coordinate training and supervision of PMTCT services through the planning of PMTCT services at district level, the integration and strengthening of PMTCT into maternal and child health. These funds will also be used to establish support systems that ensure sustainability of the PMTCT scale up such as improved PMTCT supply chain management, improving the monitoring and reporting system and strengthening the linkage to ART.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	175	☐

Target Populations:

Adults
Community leaders
Family planning clients
Doctors
Nurses
Traditional birth attendants
HIV/AIDS-affected families
People living with HIV/AIDS
Policy makers
Pregnant women
Program managers
HIV positive pregnant women
Religious leaders
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas

Western

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Infant and Young Child Nutrition Program
Prime Partner: PATH
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12533
Planned Funds: $ 1,000,000.00
Activity Narrative: and equipping PMTCT partners/sites for nutritional assessment and counseling, as well as prescription and monitoring of food supplements. VALID International will provide TA and training on therapeutic feeding and on the formulation, production, distribution and monitoring of the various food supplements, including weaning and complementary foods).

Recent research has confirmed the value of exclusive breast feeding for PMTCT clients and their infants. This approach will afford PMTCT partners (ZPCT and ZEBS) an option to improve maternal and infant survival and mortality, through strengthened nutritional assessment, counseling and support, beyond the first six months of life. It will also determine the value of community-based promotion of EBF and appropriate weaning and feeding practices linked to a network of clinical PMTCT and ART services.

This approach is based in part on the USAID Kenya "Food by Prescription" model, as well as on experience with nutrition assessment and supplementation in Zambia (activities #9000, #9180). The model offers opportunities for replication and expansion. It also draws on the private sector to defray the cost of producing and distribution food products.

VALID International, or other subcontractors, will work with private sector food processing companies in Zambia to produce appropriate foods for HIV+ pregnant/lactating women, and for infant weaning and complimentary feeding. It is important for sustainability purposes to note that by using existing food processing companies, the USG does not have to invest in food processing plant and equipment.

We anticipate that we will be able to provide a full range services including nutritional assessment and counseling, and as required, nutritional supplements to approximately 10,000 HIV positive women and infants at 10 carefully selected sites. This assumes that the women and children will benefit from supplements on average for six months each. The training in nutritional assessment and counseling will benefit additional women and infants. This would include women and infants at the same sites who are not in need of supplements, as well as women and infants at other nearby sites.

This activity has a strong capacity building aspect for both clinical sites (PMTCT, ART and well-child/MCH clinics), and for the community caregivers, who will acquire and make use of valuable nutritional assessment and counseling skills.

The initial investment in production and distribution of appropriate food supplements for mothers and weaning foods for infants will stimulate the private sector investment in appropriate food supplements, as well as to attract wrap-around funding, such as income-generation, other appropriate forms of food aid for malnourished PLWHA and their infants, or support to increase agricultural yields.

If successful, the model can be replicated/expanded to serve more sites, and to serve all under-five children of HIV positive mothers through better nutrition guidelines, and training in nutritional assessment and counseling for clinical and community based caregivers. This will depend on funding availability. Demonstration of the effectiveness of this approach may facilitate future access to further funding from a variety of sources.

Emphasis Areas	% Of Effort
Training	51 - 100

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: $ 15,192,012.00

Program Area Context:

With a national geographical coverage of 82%, the United States Government (USG) continues to take the lead in supporting and greatly expanding the Government of the Republic of Zambia's (GRZ) Intensifying Prevention objective under the Zambia National HIV and AIDS Strategic Framework (ZASF) 2006-2010, the 2006 National HIV and AIDS Policy, and the 2006-2010 Fifth National Development Plan. The ZASF and the USG/Zambia Five Year Strategy under PEPFAR both give high priority to promoting abstinence, partner reduction, and mutual fidelity among young people aged 10–24 and adult men and women. Specific activities within the GRZ strategy include: life skills training, interpersonal counseling, peer education, age-appropriate information, education and communication (IEC) including IEC material development, community and social mobilization, abstinence programs, support for community-based HIV prevention activities, institutional capacity building, addressing gender disparities, referral systems, and promotion of responsible sexual behaviors. To achieve maximum impact in changing social norms around sexual behavior, the USG collaborates closely with the GRZ, local organizations, community and religious leaders, the private sector, and donors such as the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), UNAIDS, and the World Health Organization.

The HIV prevalence rate in Zambia is 16.5% among the 15-49 year age group. Sexual transmission is responsible for the vast majority of new HIV infections, which is exacerbated by early sexual debut, multiple and concurrent sexual partnerships, sexually transmitted infections, poor socio-economic status of women and girls, and gender issues that perpetuate male dominance and infidelity, and prevent self-assertiveness among women and girls in sexual relations. 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, leaving them vulnerable to sexual violence and/or coercion into early sexual debut at a young age. Alcohol plays a major role in reducing sexual inhibition among both men and women and in increasing women's vulnerability to forced and/or unprotected sex. Young people constitute the most vulnerable group to new HIV infections: more than 50% of the 10.3 million Zambians are under the age of 20 years and about 8% of young people aged 15-24 years are HIV positive.

In FY 2006, the USG supported faith based organizations (FBOs), community based organizations (CBOs), non-governmental organizations (NGOs), schools, and government/private workplaces including agribusiness and mines to implement AB related activities. These activities targeted in and out-of-school youth, orphans and vulnerable children (OVC), parents/guardians, teachers, religious/community leaders, uniformed personnel, agricultural extension workers, farm workers, government/private sector employees, miners, migrant workers, discordant couples, people living with HIV/AIDS, small businesses, and traditional leaders. The same groups will be targeted in FY 2007. In support of AB promotion, USG partners provided training, community based education, technical assistance, institutional capacity building including supervision, monitoring and evaluation, IEC materials, and support to resource centers. Knowledge, attitude, and sexual behavior surveys and studies were conducted in FY 2006, such as the Zambia Sexual Behavior Survey (ZSBS) and the Priorities for Local AIDS Control Efforts (PLACE) Study. The ZSBS found a significant increase at the average age at first sexual debut among the 15-24 years old from 16.5 to 18.5 years of age but little change in the proportion of men and women having more than one sexual partner. The findings of these studies have been used to inform policy and program decisions in FY 2007.

By mid-FY 2006, 762,941 and 120,899 individuals were reached with AB and Abstinence only messages respectively, and 12,433 were trained as educators. Services have also been expanded to a wide variety of groups, including adults.

In 2007, USG/Zambia, in collaboration with GRZ line ministries and implementation structures such as the District Task Forces (DATFs), Community Neighborhood Health Committees, private sector partners, international organizations, and NGOs, will intensify and expand AB prevention through coordinated training and outreach activities aimed at encouraging responsible behavior, delayed sex/secondary

absence, and messages that promote fidelity and partner reduction. AB activities will be expanded at the community level, in schools, universities, within youth livelihood programs, in public and private workplaces, in agricultural and mining businesses, in the military, in places of worship, within home based care programs, and at border and high transit areas. USG partners working in high prevalence locations will extend appropriate AB education to children as young as seven years of age and to their parents to prevent early sexual debut and exploitation. The USG will accelerate AB activities specifically targeted for men in the general population and in workplaces to reduce multiple and concurrent sexual partners and sexual coercion. For example, USG partners will target truck drivers, immigration officials, and other men at border areas to reach these men with AB messages. In addition, PEPFAR-funded Peace Corps Volunteers will work with USG partners to enhance AB activities at the community level.

The USG and its partners will be actively involved in the National HIV/AIDS/STI/TB Council (NAC) IEC Technical Working Group, and the newly formed working group on Prevention of HIV Sexual Transmission (PST), and will continue to strengthen the DATFs, Community AIDS Task Forces (CATFs), and other collaborating partners at community level. The USG program will link AB activities to other prevention/condom programs for high-risk groups, counseling and testing (CT), care, and treatment services and incorporate AB messages into post-test counseling, CT sensitization sessions, home-based care, and ART services. The USG will intensify its efforts at addressing gender, gender-based violence, and stigma/ discrimination through awareness, education, and advocacy activities.

AB program activities will be monitored and evaluated through monitoring and supervisory visits, use of standardized monitoring and evaluation data collection/reporting tools, data quality audits, community outreach participant exit interviews, peer educator review meetings, and monthly compliance visits to provide sub-grantees program and financial backstopping. Further, the USG ABY agencies and partners, in consultation with NAC and the IEC Technical Working Group, will strive to ensure standardization of training materials and provision of consistent messages through monthly PST and quarterly ABY partner meetings.

In 2007, the USG and its partners will strive towards increased sustainability of AB activities and results by institutionalizing AB messages in existing structures such as schools, training colleges, and public/private sector organizations. The USG will also support the integration of AB messages in various GRZ and local NGO/FBO training curricula and programs. Of high priority is the implementation of exit and graduation strategies for AB activities by increasing reliance on and resources allocated to local partners.

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 and to make a sustainable change in behavior among vulnerable youth and adults. In 2007, USG/Zambia will reach 1,029,589 individuals with AB messages and activities, of which 140,573 will be for abstinence only, and train 26,230 persons to promote HIV/AIDS prevention through abstinence and/or being faithful.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	140,573
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,129,589
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	26,505

Table 3.3.02: Activities by Funding Mechanism

Mechanism: UTAP - MSS/MARCH - U62/CCU622410
Prime Partner: Tulane University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8815
Planned Funds: $ 900,000.00

Activity Narrative: This activity is related to activities in Other Prevention (MARCH) and AB Prevention (HCP, Corridors of Hope II, and RAPIDS)

The Modeling and Reinforcement to Combat HIV/AIDS (MARCH) project strategy in Zambia was initiated in fiscal year (FY) 2005. This program explores and addresses Zambian factors that continue to perpetuate HIV transmission in the reproductive age group and promotes the "Be faithful" strategy through advocating for fidelity. The first component is a radio serial drama (RSD) that provides listeners with authentic and realistic examples of people attempting to change risky behaviors associated with multiple and concurrent sexual partnerships that may lead to HIV infection and prompting people to rethink their own risk perceptions. Through the radio serial drama, behavior is modeled addressing risk reduction, sexually transmitted infections, and being faithful. The second component consists of community-based reinforcement activities (RA) that encourage communities to modify social norms and cultural practices that encourage multiple sexual partners and provide support to people to change their behavior, and lastly links people to existing and forthcoming services. The reinforcement activities are being implemented at the community level and aid in creating community dialogue and diffuse stories and messages in the serial radio drama. These two components of the behavior change strategy are entirely performed by local partners with technical assistance provided by the United States Government.

MARCH focuses on behavior change related to social norms that facilitate and continue to promote multiple sexual networks and concurrent sexual relationships. The behavior change objectives address issues around cultural practices and norms around the definition of a "Tonga Bull", a practice that accepts that men can have more than one sexual partner in Southern Province. Other practices are wife inheritance and sexual cleansing in both provinces that have been identified as risky in an HIV/AIDS era.

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 three months. Qualitative data from Ethiopia suggests contribution to behavior change with evidence that participants from at least one discussion group went together for HIV testing. The project in Zambia will also measure the effectiveness of the MARCH strategy in both the Western and Southern provinces through a lagged quasi-experimental assessment design. The first wave of baseline data was collected in FY 2006. The second wave of data collection will be in FY 2007, after which point, the program will be commenced in the Western province.

Building from the formative assessments conducted in FY 2005, a design workshop was held in FY 2006 in collaboration with the Provincial and District AIDS task forces, HCP, Corridors of Hope and local NGOs working in HIV in Southern province. At this workshop, the universe of the RSD was set and the behavior change objectives to be addressed collectively identified. This was followed by script writing and RA workshops using data collected from the formative assessments. A team of local writers, producers and actors were recruited to manage and produce both components of the project. In Southern province, the project will be called Gama Cuulu, which means "facing life's challenges head-on". Tulane University through its sub-partner Media Support Solutions will in FY 2007 build institutional capacity or localization to establish the project as a local entity viable for sourcing and managing funding.

Building upon the foundation created in FY05 and FY06, MARCH will continue to writing episodes and producing the serial drama using "Pathways to Change", this is a set of MARCH tools which ensure consistency with behavioral theory and research on HIV and behavior in Zambia and ensures that behavior change is based on process and not messaging. The Tonga-language drama will continue airing on both commercial and community radio stations and be transmitted throughout the Southern Province and early development work for the Lozi program to be aired in Western Province will also commence. The drama has five interconnected storylines though the emphasis of the drama is on promoting "be faithful" messages.

In order to reach the communities at the grass root levels, the MARCH program has

employed community street theatre and peer groups outreach activities and in FY 2006, these were conducted in five districts of Southern Province. In the community street theatre activity, local drama groups reach various communities through drama, based on the radio drama storylines. The same drama groups have been trained on how to facilitate community discussion groups to ensure that behavior change is occurring according to the MARCH theoretical framework. After listening to the RSD, as evidenced in Ethiopia and Botswana, in FY 2007 the community, through the RAs, will initiate community dialogue and discussions which will culminate in the community identifying harmful social norms and solutions of addressing these norms collectively. In the context of the project in Zambia, the project will engage the communities to unpack their cultural beliefs around dry sex, polygamy, and male norms in this era of HIV/AIDS and promote faithfulness as a strategy that prevents HIV infection. The project will be the vehicle that drives and facilitates the behavior change process.

This program will receive $150,000 from the reprogrammed funds and will receive $100,000 from plus-up funds in FY07 which brings the total to $900,000 . The Modeling and Reinforcement to combat HIV/AIDS (MARCH) program was designed for roll out in both Southern and Western Provinces of Zambia, however rolling out into the Western Province has been hampered by lack of funds. With the additional plus up funds, MARCH will roll out the radio serial drama and reinforcement activities in 5 districts of Western province at full scale. Funds will be used to develop culturally appropriate serial drama messages for LOZI listeners, build relationship with stations in the area to air the drama and work with community to develop and implement reinforcement activities. It will also be necessary to maintain a small office space in Western Province to work with the CDC office in the Province to handle the questions and build rapport with the local community.

With these funds, the project will also duplicate and distribute 'living well with HIV/AIDS' materials to people accessing ART in both Western and Southern Provinces, link those newly diagnosed with HIV to accessible care in their area, link sexually abused children to services and highlight the need for healthy living while on ART. There will also be an emphasis on the benefits of responsible alcohol intake (not sure how are conceptualizing the implementation of this last piece. Gama Cuulu does not have capacity or technical expertise to do Palliative care but they can make referrals and link people to services).

Continued Associated Activity Information

Activity ID: 3576
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Tulane University
Mechanism: MARCH Project
Funding Source: GHAI
Planned Funds: $ 299,600.00

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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	100,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	150	☐

Target Populations:

Adults

People living with HIV/AIDS

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:	CHANGES2
Prime Partner:	American Institutes for Research
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8851
Planned Funds:	$ 2,000,000.00

Activity Narrative: This activity is linked to HKID #8850.

CHANGES2 will continue to expand its comprehensive skills-based ABY program to strengthen the capacity of teachers and local community organizations to implement AB activities targeting in-school youth. This activity will wrap around the CHANGES2 education development activity which includes African Education Initiative (AEI) funds and will leverage 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 Zambians are at a lifetime risk of dying of AIDS. Girls are at far higher risk of infection than boys, largely due to intergenerational sex. Using PEPFAR funding, CHANGES2 is delivering activities in schools and communities which target primary school students' knowledge, skills and attitudes and, equally important, the skills and attitudes of teachers and the community about young people, gender, abstinence and transmission of HIV. This is done through in-service and pre-service training of teachers, outreach and small grants to communities and the training of young people as peer educators.

In FY 2006, CHANGES2 trained 800 teachers at 400 schools in Central, Copperbelt, Lusaka and Southern Provinces to implement AB activities at school. This brought the total number of in-service teachers trained to 1,600 since the program began in FY 2005. CHANGES2 also worked with over 800 community and religious leaders in the surrounding communities to change attitudes and practices, especially those that put girls at risk.

In FY 2007, CHANGES2 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. Senior level staff involvement is crucial as it is they who will ensure that the HIV/AIDS prevention is implemented in their schools. Through these schools, it is expected that 150,000 children will be reached with age-appropriate messages starting in grade one. In-service training will be carried out in selected educational zones within the four focus provinces. Over 3 years of operation, CHANGES2 will have directly reached nearly 20% of primary schools and 20% of primary school teachers in the country with AB prevention. Through close collaboration with and capacity building of the Ministry of Education (MOE) and teacher training institutions (described below), CHANGES2 will actually have a much wider impact.

In FY 2006, CHANGES2 carried out pre-service teacher training on HIV/AIDS prevention with an emphasis on AB. AIR and MOE trained student teachers in appreciating the importance of their role in helping their future students avoid HIV infection and the necessity of keeping themselves healthy and acting as positive role models. The training also included support to school-based anti-AIDS clubs which promote AB, support to OVC and People Living with HIV/AIDS (PLWHA) and reducing stigma and discrimination and alcohol abuse. At the same time, CHANGES2 has been working with MOE to develop an HIV/AIDS Course for Colleges of Education (CoEs). The course will address AB, gender-based sexual coercion and violence and the high rate of infection among girls. The modules will have a strong emphasis on participatory teaching methodologies, community outreach and life skills.

Also in FY 2006, CHANGES2 trained 43 College Tutors from the 10 basic CoEs in developing and managing peer education activities among students. CHANGES2 and MOE used this activity to leverage significant additional funds from the Zambia National AIDS Relief Association (ZANARA). ZANARA will work with district level MOE and Ministry of Health staff to support peer education among student teachers who are in their school-based year.

In FY 2007, CHANGES2 will support the roll out of the HIV/AIDS Course in the CoEs so this will be a lasting part of the education system. At the same time, any student teachers who do not benefit from the new course will receive extra-curricular training. It is expected that 2,300 College Tutors and student teachers will be reached through these intensive pre-service trainings. CHANGES2 will continue to fund small grants for schools and community-based organizations, faith-based organizations and small NGOs implementing AB prevention interventions aimed at young people. The small grants will be administered by four local qualified NGOs: Adventist Development and Relief Agency

(Adra Kafhi), Copperbelt Health Education Project (CHEP), Family Health Trust (FHT), and the Programme Against Malnutrition (PAM). These are reputable NGOs with similar grant experience and a good record in the communities. CHANGES2 will continue to assess the capacity needs of the NGOs and provide necessary capacity development.

School-based activities must be mirrored in the homes and surrounding community so that young people receive consistent messages inside and outside of school. As part of an effort to strengthen community participation in school-based HIV/AIDS activities, teachers will continue to be trained in mobilizing the community. Parents and 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 and what can be done to support them in abstaining and being faithful. Facilitators will guide communities in examining risky gender norms and behaviors. Communities will develop locally relevant action plans and will be eligible to apply for small grants to implement the plans. It is expected that 50,000 community members will be reached with messages on AB prevention.

As part of its support to OVC, CHANGES2 provides scholarships to 4,000 needy HIV affected secondary school students per year (#8850). Half of new FY 2007 scholarship recipients, 500 young people, will be trained as peer educators to provide information and support to other young people in AB prevention. This will be implemented by at least one local NGO, yet to be identified.

CHANGES2 will continue to work with partners to adapt and develop IEC materials which will support its teacher training and school-based and community activities. Life Skills materials will focus on AB through building 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 and female social norms and behaviors.

CHANGES2 will continue to utilize existing MOE monitoring structures as well as monitoring by provincial staff to gather data on achievement of indicator targets. All data and reports will be shared with MOE so that they are abreast of the scope of sexual behavior of young people and best practices for addressing risk behavior in the sector.

CHANGES2 increases sustainability by implementing all activities through existing Zambia Government structures, so that capacity is continuously built within the MOE. In-service training utilizes MOE personnel from national, provincial, district and zonal levels, to ensure that the knowledge, methodologies and materials for effective AB prevention are in place even after the program ends. The institutionalizing of the pre-service HIV/AIDS Course and College Tutor training in the course will ensure that all trained teachers who graduate from CoEs annually will be equipped with skills for imparting AB prevention. Additionally, the capacity of the local NGOs which will implement the small grants will be strengthened through support for financial management, monitoring and evaluation and fundraising. This training and support will assist these indigenous NGOs to continue to grow and initiate HIV/AIDS prevention activities after PEPFAR support comes to an end.

Continued Associated Activity Information

Activity ID:	3363
USG Agency:	U.S. Agency for International Development
Prime Partner:	American Institutes for Research
Mechanism:	CHANGES2
Funding Source:	GHAI
Planned Funds:	$ 2,000,000.00

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	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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	200,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	4,850	☐

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Education

Reducing violence and coercion

Coverage Areas

Central

Southern

Copperbelt

Lusaka

Eastern

Luapula

Northern

North-Western

Western

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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8878
Planned Funds:	$ 100,000.00

Activity Narrative: As HIV/AIDS is having a continuing negative impact on Zambia's agricultural production, using a wraparound approach the USG will continue to leverage the existing platform and human resources of the Production, Finance and Technology (PROFIT) Project to implement AB prevention activities. The 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. The Cooperative League of the USA (CLUSA), Emerging Markets Group (EMG) and International Development Enterprises (IDE) 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. In FY 2005, PROFIT initiated its HIV/AIDS prevention work with small scale farmers and reached 150,000 rural people with AB messages, trained 499 peer educators and developed 500 community based HIV/AIDS prevention programs. In FY 2006, it is expanding its HIV/AIDS prevention work as PROFIT reaches out to a larger number of farmers.

In FY 2007, PROFIT will sensitize 30,000 people in rural areas across Zambia in abstinence and being faithful, and train an additional 150 peer educators selected from within rural communities to carry out the sensitisation and continue it beyond the life of the program. It is intended that 50% of individuals will be women.

The main thrust of PROFIT's HIV prevention strategy will continue to be the promotion of abstinence and being faithful. The presentation of these strategies will be comprehensive. Abstinence and being faithful will be presented in its context of everyday life and its relationship to agricultural production and marketing. Topics for discussion include the medical, social, cultural and religious aspects of abstinence and being faithful. Discussions of personal choices related to employment, study travels, personal conviction and commitment, medical advice, social and cultural norms, religious mores, and their relationship to HIV/AIDS prevention will be held. The overall themes that will guide the intervention are the recognition that abstinence and being faithful are not new behaviors, but are choices that we all make for various reasons as life evolves.

The strategy to achieve the PEPFAR targets is based on five pillars: (1). peer educator training; (2) motivation and monitoring of existing PROFIT peer educators; (3). production of IEC materials; (4). mass sensitisation; and (5). monitoring and evaluation.

The implementing channels of the PROFIT PEPFAR program will pass through existing farmer structures, both commercial (in the form of outgrower schemes) or organizational (particularly the Zambia National Farmers Union and decentralized District Farmers Association networks) and will operate in areas in which PROFIT interventions take place. Community peer educators will be provided with training manuals, knowledge, skills, educational materials and mass mobilization techniques to be able to disseminate AB messages in their communities. This may be undertaken through methodologies including sensitization sessions, drama performances, cultural activities such as dances, songs and sports, and distribution of IEC materials. Community 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. The community peer educator will be expected to implement an HIV/AIDS work plan as well as to take advantage of every gathering of any kind to deliver appropriate HIV/AIDS messages.

PROFIT's sub-partner, CHAMP, has already successfully trained 499 PROFIT Peer Educators who are still operational in the districts. Under the FY 2007 program, CHAMP will ensure that these educators continue to be motivated and mentored to maintain their enthusiasm and continue their work in their respective communities. This process will involve regular review meetings. A monitoring program will be developed to keep track of their activities.

IEC materials on HIV/AIDS, and specifically on AB, will be produced and distributed 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. PROFIT will coordinate with HCP and the National HIV/AIDS/STI/TB Council (NAC) to ensure standardized messages and to reduce development costs.

With a core of 499 existing community peer educators and 150 more to be trained during the FY 2007 program, all mass sensitization events will be conducted by the PROFIT peer educators, supported where necessary by PROFIT or CHAMP staff. The training course for peer educators on conducting mass sensitizations are five days long and include not only the subjects covered in the mass sensitization but also communications skills, adult learning and participant centred learning. The actual mass sensitizations take place over a day. Subjects covered include descriptions of HIV/AIDS and its symptoms, dispelling myths regarding HIV transmission and AIDS, issues relating to vulnerability to the disease such as gender, prevention interventions, the definitions of abstinence and faithfulness, and the importance of behavior change in disease prevention. It is anticipated that over 30,000 rural people are to be reached in these sessions conducted by the peer educators in the FY 2007 program.

The monitoring and evaluation of the activities of the PROFIT Project will follow the process developed during the FY 2005 program and will involve: monitoring of work plan activities, and maintaining up-to-date record of achievements in relation to targets; regular reporting on monthly, quarterly and annual basis; monitoring of course attendance through registers that show the demographic information required for reporting; progress of activities in relation to set targets - each peer educator is given a target of community members to sensitise monthly and report; quality of services provided; changes in knowledge attitude and practice; and, peer educator empowerment with skills in HIV/AIDS information dissemination, advocacy and mobilization.

Continued Associated Activity Information

Activity ID: 3547
USG Agency: U.S. Agency for International Development
Prime Partner: Cooperative League of the USA
Mechanism: PROFIT
Funding Source: GHAI
Planned Funds: $ 100,000.00

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

Targets

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

Target Populations:

Adults
Business community/private sector
Community-based organizations
Farmers
rural agricultural population
Girls
Boys

Key Legislative Issues

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8879
Planned Funds: $ 130,000.00

Activity Narrative: The Market Access, Trade and Enabling Policies Project (MATEP) uses a wrap-around approach to integrate HIV/AIDS AB activities into the project's export promotion activities in the agricultural and natural resource sectors. MATEP works with its exporting clients to encourage them to view HIV/AIDS prevention services for their workers as a core part of their business, rather than a social service tangential to their interests. By doing so, in addition to benefiting their workers, companies can maintain their productivity and competitiveness in international markets and demonstrate to buyers that they have responsible programs for employees.

The major part of MATEP's PEPFAR targets is being met through the project's Market Access Component. MATEP's principal implementation partners are the Zambia Export Growers Association (ZEGA) and the ZEGA Training Trust (ZTT). ZEGA members are largely flower and vegetable growers exporting to Europe and to South Africa. Implementation of the HIV/AIDS prevention program is in three phases. Phase I is mobilization of ZEGA members to encourage farmers to join the program. Meetings are held individually with ZEGA members to discuss the benefits of introducing an HIV/AIDS prevention program, the costs of not doing so, and describing how MATEP would conduct such a program on their farm.

Phase II is identification and training of workers who will conduct the on-farm AB prevention programs that will continue beyond the project period. Personnel managers of ZEGA farms select workers they feel are best prepared for the training and best placed to deliver AB messages to the workforce. These individuals are then trained as "awareness educators" in training sessions developed for ZEGA by MATEP and the IESC/BizAIDS project. The sessions draw heavily from experiences of similar programs with South African fruit and vegetable exporters which began several years ago. Phase III is roll-out out the programs themselves to ZEGA farm workers.

In FY 2007, MATEP will continue working with ZEGA farms and will begin introducing similar programs to members of the Zambia Coffee Growers Association and newly forming Paprika Association of Zambia. MATEP will also work closely with Labor Inspectors from the Ministry of Labor and Social Services (MLSS) in delivering HIV/AIDS prevention messages to the workforce and management.

MATEP will also introduce AB prevention programs through the project's Tourism Component. In partnership with tourism associations and with key providers in the tourism industry, MATEP will develop AB prevention programs for tourism workplaces and train individuals to implement these programs. Much of this work will be conducted through the Hotel and Caterers Association of Zambia, the largest tourism-related association in Zambia, though MATEP will work with smaller associations and with tourist enterprises as well.

In its Finance Component, MATEP will require clients accessing capital through the project's Investment Fund to demonstrate they have a functioning HIV/AIDS prevention program in place. Programs will be reviewed for adequacy and, where needed, assistance will be provided to strengthen programs. MATEP will also conduct workforce training.

In addition to the main HIV/AIDS prevention programs delivered through the Market Access, Tourism and Finance Components, MATEP will integrate AB prevention messages in all training activities conducted under the project. For example, MATEP is conducting Export Skill Training to members of District Business Associations throughout Zambia and a module on HIV/AIDS prevention has been incorporated into the training.

Sustainability will be ensured as farmers, marketing businesses, and agricultural and tourism associations institutionalize AB prevention into their long-term HIV/AIDS workplace programs.

Through the above HIV/AIDS prevention activities, MATEP will train 35 individuals, including Labor Inspectors from MLSS to implement HIV/AIDS prevention programs and disseminate messages that promote abstinence and being faithful reaching 15,000 individuals in FY 2007.

Continued Associated Activity Information

Activity ID: 3548
USG Agency: U.S. Agency for International Development
Prime Partner: Development Alternatives, Inc
Mechanism: MATEP
Funding Source: GHAI
Planned Funds: $ 100,000.00

Emphasis Areas	% Of Effort
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	35	☐

Target Populations:

Business community/private sector
Farmers
rural small traders

Key Legislative Issues

Wrap Arounds

Other

Coverage Areas

Central

Copperbelt

Lusaka

Southern

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Track 1 ABY: Empowering Africa's Young People Initiative
Prime Partner:	International Youth Foundation
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8899
Planned Funds:	$ 490,332.00

Activity Narrative: International Youth Foundation (IYF) has a Track 1.0 multi-country cooperative agreement with USAID to support HIV/AIDS prevention through the Abstinence and Behavior Change for Youth (ABY) approach. In Zambia, IYF implements the Empowering Africa's Young People Initiative (EAYPI) project to prevent the spread of HIV/AIDS among youth aged 10 -25 years.

This activity supports both Zambia's National HIV and AIDS Strategic Framework 2006-2010 and the President's Emergency Plan for AIDS Relief (PEPFAR) goals of HIV prevention. IYF and their partner organizations ensure linkages and synergy of their ABY activities to other HIV/AIDS stakeholders and implementers such as the Health Communication Partnership (#8905), Population Services International (#8925), PACT Y-Choices (#8922), and RAPIDS (#8945). IYF will also network with government structures at the district level, such as the District AIDS Task Forces.

EAYPI is an ongoing program implementing its activities through five sub-grantees. All five 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)- received initial start-up grants in FY 2006 to begin activities. These sub-grantees will implement programs in different provinces, but will collaborate with each other at technical committee meetings to share lessons learned and ensure consistent messaging. Each sub-grantee held district sensitization meetings to introduce the project and its goals to potential adversaries. Each sub-grantee also selected project start-up sites in 11 districts within five provinces (North-Western, Southern, Copperbelt, Central, and Luapula), based on need and presence.

A qualitative assessment was undertaken in selected project sites to gauge the attitudes of young people, adults, and community leaders towards abstinence, faithfulness, and the prevention of HIV/AIDS. Findings from this assessment will be incorporated into future programming design, including message development.

In FY 2007, EAYPI will train 1,000 peer educators, 45 training of trainers (TOTs), and 85 trainers in ABY/HIV prevention messages and will reach 33,300 individuals (20,000 young people, including both in and out of school youth, and 13,300 adults) with ABY age-appropriate messages. The number of people reached will be achieved through community outreach activities including a combination of one-to-one contacts with peer educators, group activities involving in and out-of- school youth (led by peer educators), and community outreach events such as video shows and street theatre. Approximately 60 percent of the youth reached will be girls. Efforts will be made to use standardized training materials, including curriculum and tool kits, for all five sub-grantees to ensure consistency.

Sub-grants will be provided to the same five organizations for the duration of the project provided that performance and financial reports are acceptable. IYF works closely with the sub-grantees to build their capacity to develop appropriate activities which reflect both program objectives and targets and are achievable within a set budget. To ensure sustainability, each organization is encouraged to integrate project activities into existing programs and structures (e.g., youth camps, anti-AIDS clubs, Girl Guide patrols).

In FY 2007, IYF will undertake capacity assessments of all five sub-grantees to determine the issues facing each sub-grantee and to assess their future sustainability. A technical assistance plan will then be developed which will address identified weaknesses, particularly in terms of technical and management capacities. IYF will work closely with the sub-partners to ensure quality peer education trainings and ensure content is both consistent and appropriate for ABY. IYF will also work closely with the sub-grantees to assist them with budget development and financial management and reporting. On-site monitoring visits will be conducted regularly to provide assistance and ensure quality. Sub-partner staff will be trained in the management of peer education programs.

IYF's program will address the following four objectives: community mobilization and participation, information, education, and communication (IEC), local organization capacity development, and quality assurance and support supervision.

In FY 2007, IYF will scale-up skills-based HIV prevention education, especially for younger youth and girls. At least 1,000 peer educators will be trained and 20,000 youth will be reached, in and out of school, through a series of one-to-one contacts, guided group peer education interactions, and community outreaches. Training will encourage the practice of abstinence and fidelity, and secondary abstinence. Youth will also learn how to deal with peer pressure. Through this education program, youth will also be referred to available counseling and testing.

In addition, communities will be mobilized to establish a dialogue on health norms and risky behavior. Community outreach will be conducted in selected sites with a focus on identifying prevailing youth health norms, gender issues, and prevalent youth risky behaviors. The target audience includes adults (both men and women), volunteers of youth associations, parents and families, community leaders, and religious leaders.

IYF will also work with communities to advocate HIV prevention messages. Advocacy topics include: gender, HIV/AIDS mitigation, and the risky behaviors that predispose young people to HIV/AIDS. Existing in-country IEC/behavior change and communication (BCC) materials on AB will be disseminated during outreach events to ensure consistent AB messaging. Materials to be disseminated will come primarily from HCP (8905) and Population Service International/Society for Family Health (PSI/SFH's) (8925) delayed sexual debut campaign. IYF recently received a donation of 2000 posters from PSI in English, Nyanja and Bemba.

During FY 2007, IYF will work to strengthen the roles of parents and other influential adult in ABY. IYF is currently negotiating with PSI/SFH to roll out their parent-to-child communication program 'Safe from Harm.' A trainer from PSI Washington will assist IYF with the training of a core set of trainers. These trainers will utilize PSI curriculum to strengthen activities in parent-to-child communications that help parents and adolescents better communicate their values, make healthy choices, and identify when and where to seek additional help.

To reduce the incidence of sexual coercion and exploitation of younger people, IYF will conduct advocacy and sensitization meetings in communities. 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 monitoring and evaluation, IYF has developed a participatory M&E system that will be used to monitor progress towards achievements of the targets. Specifically, various community outreach reporting tools have been developed, including peer educator registers, training report forms, and partner progress report forms. Other forms of monitoring will be peer educator review meetings to discuss progress and difficulties of project implementation at community and peer educator levels.

To ensure sustainability, all activities are implemented through existing local IYF partners. In addition, technical support will be provided to build the capacity of local partners to implement ABY interventions.

Continued Associated Activity Information

Activity ID:	3544
USG Agency:	U.S. Agency for International Development
Prime Partner:	International Youth Foundation
Mechanism:	Empowering Africa's Young People Initiative
Funding Source:	GHAI
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	33,300	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,130	☐

Target Populations:

Community leaders
Girls
Boys
Primary school students
Secondary school students
Women (including women of reproductive age)
Religious leaders
Community members

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Central

Copperbelt

Luapula

North-Western

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8905
Planned Funds: $ 2,672,016.00

Activity Narrative: This activity links with Health Communication Partnership's (HCP) ongoing activities in HVOP (#8904), HBHC (#8902), HKID (#8903), and HTXS (#8901). HCP's AB activities also support both Zambian and the President's Emergency Plan for AIDS Relief (PEPFAR) goals through a comprehensive approach that promotes better health-seeking behavior. HCP facilitates synergistic networks among community organizations and the involvement of community leaders to ensure that activities are tailored to, informed by, and responsive to local needs. HCP draws on the expertise of JHU CCP expertise in formative research and evaluations of these programs. The 2003 study of language competency in Zambia has informed all HCP printed materials. HCP is working in 22 districts in nine provinces in close partnership with Peace Corps (#9629), PACT/Y-CHOICES (#8922), the IYF (#8899), PSI (#8925), RAPIDS (#8945), and the Zambian Government (GRZ). The "Helping Each Other Act Responsibly Together" (HEART) campaign was designed in 1999 specifically for youth and by youth, and informs young people about the Abstinence, Be faithful, and correct and consistent Condom use (ABC) approach to prevention. HEART program activities are based on yearly contests and peer education. The original design of the campaign was informed by surveys conducted in 1999, 2003 and focus groups held in 2005. Topics include the value of abstinence, delayed sexual debut for youth, adult-to-child communication, faithfulness, stigma and discrimination, the importance of knowing your status and getting tested, and positive male role modeling. HEART program activities will continue in FY 2007. HCP will continue to work with in- and out-of-school youth groups by engaging community-based organizations and by using the HEART Life Skills Toolkit to promote open discussion about risky behaviors and problem-solving skills and to build self-esteem. HCP will also continue to support Creative HEART—a community-based contest that promotes positive adult-child communication through mentoring relationships. The Creative HEART contests—first begun with FY 2005 funding—will expand their coverage area in districts where HCP currently has programs. Communities provide in-kind contributions of food, venue, transport, and lodging for contestants. Creative HEART is run jointly with the Ministry of Education. In total, the HEART campaign will reach 35,000 youth, 500 youth leaders, and 200 teachers with community outreach promoting AB. HCP also works with theater groups. HCP trained 20 theater members in health promotion through a two-week workshop in FY 2005 and is training theater groups in 21 districts in FY 2006. These actors/trainers developed skills to work with local theater groups to write and perform powerful and pertinent dramas promoting AB and facilitate discussions after the shows. Central themes addressed by these groups included rethinking gender norms—especially regarding sexual violence and exploitation of young girls and stigma reduction. In FY 2007, dramas will focus on peer pressure and delayed onset of sexual activity for youth, fidelity and partner-reduction for adults, and alcohol use as a contributing factor to risky behavior. The drama trainers will continue to serve as a resource to other USG-funded projects such as PACT/Y-CHOICES, PSI, and IYF, as well as other NGOs, UN agencies, and government organizations. In FY 2007, building on previous activities, drama productions will be scaled up in all nine provinces. To monitor and evaluate impact, HCP collects monthly reports from youth peer leaders and activity reports from the drama groups after each performance, recording the number of youth reached.

All HCP activities begin with formative research and are piloted with target populations before being launched. The Participatory Ethnographic Evaluation & Research (PEER) qualitative data collection conducted in FY 2006 will be used to design innovative, culturally appropriate "being faithful" interventions and messaging for geographically-remote, less-educated populations. HCP has a one-page guideline for consistent AB messaging, used for development and review of materials. All activities also consider existing gender roles with the goals of reducing violence, empowering young women to negotiate healthier choices, promoting partner communication and mutual decision-making, and male responsibility. HCP will also continue to fund the HIV Talkline. The HIV Talkline, implemented by Comprehensive HIV/AIDS Management Programme (CHAMP is a confidential, 24-hour, toll-free telephone line available in all 72 districts that provides information, counseling, advice, and referral services to the public. Full-time qualified nurse-counselors, all of whom are registered with the General Nursing Council, operate the HIV Talkline. They provide counseling and disseminate information on AB, CT, positive living, and discordant couples. With FY 2005 and FY 2006 funding, HCP has continued to aggressively promote HIV Talkline services through radio and television spots and outreach activities, which has led to a steady increase in caller demand. In FY 2007, 42,000 individuals will be reached with information on HIV services; messages will

continue to focus on confidential information and services offered through HIV Talkline. Outreach activities will place an emphasis on increasing the number of callers from rural areas, specially targeting the general adult population, PLWHA, and caregivers.

HCP has made strategic choices that underlie a commitment to ensure Zambian capacity, sustainability, and self-reliance, as well as the development of public opinion and norms supporting prevention activities. Trainings in proposal writing, activity design, and monitoring enable organizations to find local responses to local challenges. The choice of implementing activities is community-driven—not HCP-imposed—and requires community commitment through in-kind support. Youth have been trained to conduct most activities without assistance or incentives beyond the materials needed for the activity. Government ministries have been actively engaged in the development of Creative HEART contests, and in some places, have already institutionalized contests into their yearly programs.

HCP continues to play a key role on the NAC IEC TWG, collecting, harmonizing, and sharing national IEC materials. In FY 2006, HCP is supporting the development of the NAC Resource Center by compiling a database of all materials in Zambia. HCP continues to work with the Zambia Centre for Communication Programmes (ZCCP) in a technical advisory capacity. HCP will support ZCCP to develop their strategic approaches to AB and build their ability to design high quality BCC interventions. Supporting USG partners, HCP facilitates the adaptation and reproduction of IEC materials for partners' programs and plays a key role in promoting collaboration and coordination. HCP work plans are integrated into district and provincial plans, ensuring ownership and sustainability.

In FY 2007, plus up funding ($1.2 million) is being requested to allow HCP—in concert with the NAC and other key partners—to develop and produce a comprehensive multi-media campaign for TV, radio and print that promotes reduction of concurrent partnerships by raising risk awareness. This campaign will increase self-efficacy in avoiding risk and will reach over 4,000,000 individuals throughout Zambia. Impact of this campaign will be measured through population-based studies (baseline and end-of-project surveys). The total amount requested for this activity is $2,437,016.

With additional funds, HCP will also assist MOH, NAC, and MC delivery partners in developing and implementing a national MC awareness campaign that includes messages related to AB as part of the overall national MC campaign and male reproductive health kit.

Continued Associated Activity Information

Activity ID:	3539
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	Health Communication Partnership
Funding Source:	GHAI
Planned Funds:	$ 1,080,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	77,700	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Target Populations:

Adults

Community-based organizations

People living with HIV/AIDS

Teachers

Children and youth (non-OVC)

Key Legislative Issues

Stigma and discrimination

Reducing violence and coercion

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8906
Planned Funds:	$ 1,438,000.00

Activity Narrative: This activity relates to MTCT (#8913), HVCT (#8907), HKID (#8912), HBHC (#8908), HVTB (#8914), HTXS (#8909), HVSI (#8910), OHPS (#8911).

Support to the HIV/AIDS Response in Zambia (SHARe) will continue to strengthen the capacity of NGOs, public and private sector workplaces, two Global Development Alliances, District AIDS Task Forces (DATFs) and Rapid Response Grantees to implement AB programs that support the Government of Zambia's (GRZ) and the Presidents Emergency Plan on Aids Relief (PEPFAR) goals.

SHARe implements comprehensive AB programs in workplaces and communities. SHARe works in four public ministries: the Ministry of Agriculture and Cooperatives which includes permanent and migrant workers, Ministry of Home Affairs which includes the police and prisons, Ministry of Transport and Communications which includes truckers, and Ministry of Tourism/Zambia Wildlife Authority which will include wildlife scouts. SHARe also works with private sector businesses and 10 informal markets through four local NGO partners: Zambia Health Education and Communications Trust (ZHECT); ZamAction; Afya Mzuri; and Latkings. SHARe uses innovative community prevention programs using drama, peer group discussions and events. SHARe will involve communities through the rapid response grantees and chiefdoms in the program design to ensure that the programs are responsive to local needs. SHARe will make use of existing abstinence campaigns as well as take the lead in developing appropriate Be Faithful campaigns. Support to AB strategic planning and policy development will be provided to the Network of Zambian People Living with HIV/AIDS (NZP+) and the Zambia Interfaith Networking Group on HIV/AIDS (ZINGO) in support of AB prevention. SHARe works with 12 chiefdoms training the traditional initiators and traditional practitioners on HIV/AIDS prevention and supports AB activities during traditional ceremonies that include on-site CT and referrals for care and treatment. SHARe initiated mobile AB and CT services in the informal market places in Lusaka in FY 2005. At market places, SHARe conducts mass sensitization sessions and provides one-to-one interpersonal AB counseling with vendors. The informal market strategy has been very successful and will be expanded to markets outside of Lusaka in FY 2007.

SHARe works with the DATFs to assist in coordinating AB activities at the district level, specifically during World AIDS Day and VCT Day and for other events. SHARe provides technical assistance to the DATFs and PATFs to monitor and report AB activities and IEC material distribution through the national HIV/AIDS database at NAC. SHARe was instrumental in developing the national HIV/AIDS database and data collection tools for the provincial and district levels in partnership with the M&E Technical Working Group, CDC, CSO, and NASTAD.

In FY 2005, SHARe and its NGO, private and public sector partners reached 20,273 individuals with AB messages and by mid-FY 2006 trained a total of 2,268 peer educators within the SHARe service delivery network, excluding those in the GDAs. In FY 2007, rather than train new volunteers, SHARe will focus its efforts on improving supportive supervision to ensure quality of care and to encourage trained volunteers to intensify efforts to reach out to more individuals and improve reporting. SHARe will also use its resources to ensure that trained volunteers have the IEC and other materials they require. Trained educators in workplaces and communities will reach 45,360 individuals with AB prevention messages, about 20 persons per peer educator.

SHARe will also continue to provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO, to provide technical assistance in AB to two Global Development Alliances (GDAs) in the mining and agribusiness sectors, to establish M&E systems for GDA partners, and to maintain documentation of GDA inputs required by USAID. Private sector GDA partners include Konkola Copper, Mopani Copper, Copperbelt Energy, Kansanshi Mines, Bwana Mkubwa Mining, Dunavant Zambia, Zambia Sugar and Mkushi Farmers Association, and have a reach to 30 districts in six provinces and 34,635 employees and 2.1 million community members. SHARe will continue to receive proposals for and manage direct grants to the eight GDA companies for workplace and community AB programs. In FY 2006, GDA partners have submitted their proposals as per their need and in accordance with the SHARe guidelines.

During FY 2005 and FY 2006, CHAMP trained 8,155 volunteer peer educators in the GDA network. In FY 2007, CHAMP and the GDA members will focus on improving supportive

supervision to ensure quality of care and to encourage trained peer educator to intensify efforts to reach out to more individuals and improve reporting. CHAMP will ensure that GDA partners will have sufficient IEC resources for the trained volunteers to promote behavior change through individual counseling, group education, and drama. CHAMP and GDA members will reach 163,100 individuals with AB messages.

In total, SHARe will reach 208,460 individuals with AB messages through programs in public and private sector workplaces, communities, NGOs, Rapid Response Grantees, DATFs, and GDA members (45,360 SHARe and its partners, 163,100 CHAMP).

SHARe will increase the sustainability of its five local NGO partners working in AB prevention (Afya Mzuri, ZamAction, ZHECT, CHAMP and Latkings) through continued strengthening of technical and management capacities and mobilization of financial resources. Activities will include participatory analysis of their current sustainability levels, sharing of sustainability strategies of successful NGOs, development and implementation of sustainability plans. SHARe will work with its GDA companies to develop sustainability plans for HIV/AIDS workplace and community outreach activities using private sector funds and linking to government resources for IEC material. SHARe will work with public sector ministries and DATFs to ensure that HIV/AIDS policies, work plans, and budgets are developed to sustain their HIV/AIDS workplace activities through government and other donor funding after FY 2008.

With $800,000 in plus-up funding, SHARe will work in close collaboration with the NAC to support and strengthen the Afiya Mzuri Resource Center to print and distribute Real Man, Real Woman delayed debut prevention campaign, Safe From Harm, and other AB materials nationwide through DATFs, local partners, civil society, and schools. To facilitate the implementation of the national campaign, SHARe or its partner will print the Real Man, a Real Woman campaign material, which includes a set of four posters, DVDs, and guidelines in English, Nyanja, and Bemba for all 72 districts. SHARe will develop a training curriculum, guide for using material, and train 200 trainers from civil society organizations, USG sub-partners, and DAFTs in how to use the Real Man, Real Woman material. SHARe will increase availability and appropriate use of AB behavior change material among CBOs, FBOs, and the private sector, through: (1). strengthening the Afya Mzuri Resource Centers; (2) supporting AB activities during special social mobilization days such as VCT Day, World AIDS Day, Youth Day, Women's Day; (3). facilitating the broadcasting of Real Man, Real Woman Public Service Announcements; and (4). providing grants to women's organizations for the implementation of AB prevention activities such as the Real Man, Real Woman campaign, gender sensitive prevention activities, and other national abstinence and being faithful efforts.

With plus-up funding, the new total for this activity will be $1,438,000.

Continued Associated Activity Information

Activity ID:	3638
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow Research and Training Institute
Mechanism:	SHARE
Funding Source:	GHAI
Planned Funds:	$ 450,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	370,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	☐

Target Populations:

Adults

Business community/private sector

Truck drivers

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Migrants/migrant workers

Host country government workers

Miners

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: Y-Choices
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8922
Planned Funds: $ 805,597.00

Activity Narrative: This is a Track 1.0 multi-country Abstinence Behavior Change for Youth (ABY) activity that links with other USG ABY partners, including International Youth Foundation/Empowering Africa's Young People Initiative (#8899), Children's AIDS Fund/Preserving the African Family in the Face of HIV/AIDS (#9519), Health Communication Partnership (HCP) (#8905), RAPIDS (#8945), and CHANGES2 (#8851). This activity supports both the Zambia National HIV and AIDS Strategic Framework and the President's Emergency Plan for AIDS Relief (PEPFAR) goals of abstinence and behavior change for youth as a means of preventing the transmission and spread of HIV.

The focus of the Y-Choices HIV/AIDS prevention program is to promote Abstinence and Being Faithful (AB) behavior among in-school and out-of-school young people aged 10-24 through peer education. The program is being implemented through sub-grantees including non-governmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs) in five critical rural provinces: Central, Luapula, North-Western, Southern, and Western. By the end of the five years, the program is anticipated to cover 38 districts of the five provinces. The program is currently in 11 districts.

Y-Choices ABY activities are conducted mostly through the schools and community Anti-AIDS clubs at district/community level and are guided by the Anti-AIDS school matrons and patrons who are themselves trained as adult mentors.

The schools and community-based ABY sites are identified by the sub-grantees in consultation with stakeholders who include District AIDS Task Forces (DATFs), District Education Boards, District Health Management Teams (DHMTs), and community, traditional, and civic leadership. Site selection is based on need.

The sub-grantees carry out the daily program management and provide technical support to community activities through their trained peer educators, adult mentors, and program staff, including officers responsible for program monitoring, evaluation, and reporting. The sub-grantees often communicate amongst themselves to share experiences, strategies, materials, and approaches to AB messaging.

In FY 2005, sub-grantees were first identified through a consultative process with district local leadership including DATFs, DHMTs, and district Commissioners' offices. Sub-grantees were trained in program and grants management, as well as reporting and monitoring and evaluation. In FY 2006, the program had 17 sub-grantees and by mid year reached about 31,422 youth with AB messages and 16,422 youth with Abstinence-only messages. Over 900 persons were trained to reach out to the youth and their guardians/parents with AB messages in 90 sites.

In FY 2007, the major thrust of the program is the support of peer-to-peer education and child mentoring outreach by peer educators and adult mentors. The peer educators will provide age appropriate AB messages to fellow peers through outreach activities. The adult mentors, including parents and teachers, will provide guidance to peer educators in their planning and implementation of peer education activities and promote parent/adult/child dialogue on sexuality issues, with an emphasis on abstinence and fidelity as key HIV preventive measures among youth. Both peer and adult educators will be trained in effective AB messaging and community mobilization.

To ensure program sustainability, Pact Zambia will also build capacity and skills for sub-partner organizations in sub-grant management, program management and implementation, monitoring and evaluation, and AB message development and dissemination. These capacity building efforts, including the training of peer educators and adult mentors in effective AB messaging, will result in transfer of program management and information dissemination skills of health-impacting AB messages. Sub-grantees will also encourage traditional, civic, religious, and political leadership to participate in community mobilization activities in addition to their participation in the program. Pact's partner organizations will ensure linkages and synergy of their ABY activities to existing government structures, such as the Provincial AIDS Task Forces, District AIDS Task Forces, and the Neighborhood Health Committees. PACT will also continue its membership on the newly formed Prevention of Sexual Transmission working group supported by the National HIV/AIDS/STI/TB Council (NAC). To enhance

coordination, standardization, and learning, Pact will be in constant communication with other ABY partners. The ABY partner meetings initiated by PACT in FY 2006 will continue in FY 2007 and will expand to include representatives from other USG partners and agencies involved in ABY.

Gender will be a focus for partners in the implementation of the program. The messaging and program evaluation and reporting will incorporate gender concerns, as HIV/AIDS affects boys and girls differently. The communication strategy will ensure that HIV concerns for boys and girls (such as multiple sexual partners, sexual abuse and violence, male norms, and transactional sex) are adequately addressed. Peer education and mentoring outreach will be complemented by AB messaging through folk media and radio programming in provinces with community radio stations in North-western, Western, Southern, and Luapula Provinces. Pact will encourage its sub-grantees to adapt any existing and approved AB radio programs developed by other partners, such as Society for Family Health (#8925) and Health Communication Partnership (8905), and Pact's sub-partners will in addition develop need-specific programs to fill missing gaps. These programs will be broadcast on existing community radio stations. To standardize the AB messages reaching the young people and maintain positive behavior, PACT sub-grantees will continue using approved and available information, education, and communication materials that have been developed by NAC, HCP and other organizations in the country.

Utilizing the networking 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 counseling and testing (CT) and condom services are directed to partner organizations providing the required services within the coverage area.

FY 2007 funds will be used to provide ABY sub-grants to 20 sub-grantees, 10 of which will be new organizations. Ten sub-grantees who proved efficient in both program and financial compliance will be selected from the 17 organizations funded during the FY 2005 and FY 2006 period. Each of the organizations will implement its own ABY activities in at least five schools and five surrounding communities, making a total of 200 sites. A total of 4,000 peer educators and 2,000 adult mentors will be trained in these sites.

Pact Zambia's Y-Choices will conduct monthly field compliance visits to the sub-grantees in order to provide program and financial backstopping. The program will also continue tracking results from each sub-grantee through the reporting template submitted monthly. The template helps tracking the key program data as well as challenges and success stories.

It is estimated that an average of 400 out of school youth in each of the 200 community sites (80,000 youth in total) will be reached with AB messages and an average of 250 in each of the 200 school Anti-AIDS clubs (50,000 youth in total) will be reached with abstinence-only messages. Of the total youth to be reached, about 60% will be girls.

Continued Associated Activity Information

Activity ID:	3857
USG Agency:	U.S. Agency for International Development
Prime Partner:	Pact, Inc.
Mechanism:	Y-Choices
Funding Source:	GHAI
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
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 (a subset of total reached with AB)	50,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	80,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	6,000	☐

Target Populations:

Girls

Boys

Community members

Key Legislative Issues

Gender

Coverage Areas

Central

North-Western

Southern

Western

Luapula

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Corridors of Hope II
Prime Partner:	Research Triangle Institute
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8938
Planned Funds:	$ 1,200,000.00

Activity Narrative: This activity relates to HVCT (#8944) and HVOP (#8940).

The Corridors of Hope II (COH II) is a new contract under Research Triangle Institute (RTI) that follows on from the original Corridors of Hope Cross Border Initiative (COH). COH II will both continue the activities of COH and expand the program to ensure a more comprehensive and balanced prevention program. COH II will have three basic objectives focusing on other prevention, AB activities, and CT services. These three program areas will fit together and be integrated as a cohesive prevention approach in seven of the most high prevalence border and high transit locations in Zambia.

Based on the Zambia specific HIV/AIDS epidemiological data, findings of the Priorities for Local AIDS Control Efforts (PLACE) study and the Sexual Behavior Study/AIS, other behavioral and biological data, and lessons learned from the original COH, COH II will: refocus on sexual networks in high risk locations; address the vulnerability of youth and provide contextually appropriate intervention alternatives; address the relationships between gender disparities, sexual violence, and alcohol use/abuse and HIV transmission; ensure integrated AB, CT and OP services; and facilitate linkages to other program areas such as treatment and care. To accomplish this, COH II will work closely with communities and local leaders, and with existing governmental structures such as District Health Management Teams (DHMTs) and the District AIDS Task Forces (DATFs). COH II will coordinate and collaborate with UGS partners and other donors to eliminate redundancy and ensure services are comprehensive. COH II will also have a strong focus on sustainability through building the capacity of local partners and non-governmental organizations (NGOs) to provide comprehensive prevention services.

COH II will focus on providing AB services for the larger communities living in the high HIV prevalence transit and border locations. Seven sites from five hub areas will be covered: 1. Livingstone and Kazungula, 2. Chipata and Katete, 3. Kapiri Mposhi, 4. Ndola, and 5. Chirundu. These sites 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 400 individuals will be trained, on the average 100 per site, in implementing AB prevention activities and programs.

COH II is built on the successes of the original COH. In FY 2005 and 2006, COH I trained 50 outreach workers and 188 high risk women, such as queen mothers and sex workers, as peer educators; reached over 500,000 men and women through interpersonal counseling and group discussions with behavior change messages; and reached 36,000 youth with abstinence only messages. In addition, COH provided technical support to 33 trucking companies for HIV prevention and workplace programming. COH conducted three Behavioral Surveillance Surveys over the life of the project. The surveys indicated a very positive trend in behavior change as a result of the interventions, including an increase of condom use among sex workers with clients from 50% to 75% and a reduction in the number of sexual partners among truck drivers and other high risk men.

COH II will ensure a continuum of prevention interventions that reach not only the Most at Risk Populations but the wider community and will 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.

COH II through community-based programs will use participatory research methods to identify determinants of the HIV/AIDS transmission among corridor communities, engage the community fully in selecting and implementing appropriate interventions to promote abstinence and faithfulness, leverage resources, and link to education and economic activities.

COH II will focus on sustainability by building the capacity of communities, local religious, traditional and civic leadership to ignite social and behavioral change, engage them in programming, and increase program ownership. COH II will provide sub-grants to local organizations to implement the AB and other prevention 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.

COH II's mandate is to increase the sustainability of these programs and thereby work with sub grantees and other selected local organizations to build their capacity to conduct participatory planning, implement effective programs addressing AB, and increase linkages to other services such as most at risk prevention programs, counseling and testing services and treatment services. COH II will provide technical assistance to strengthen all facets of the local implementing partner by helping to improve their technical approaches, financial management systems, human resource management, strategic planning capabilities, networking capabilities, monitoring and evaluation (M&E) and quality assurance and commodity/equipment logistics management. In conjunction with their sub partners, COH II will develop a timeline for the phase-out of technical assistance (exit strategy) and develop a full graduation plan that will indicate the technical and capacity building needs of each local partner leading up to graduation.

COH II will work in close collaboration with other USG and other donor funded projects working in the specified locations, and will network and link to economic development programs, education and vocational training programs, police sexual violence prevention programs, and MOH HIV/AIDS services. COH II will collaborate in planning sessions to support and eliminate redundancy with the work of the other USG partners, the National HIV/AIDS/STI/TB Council (NAC) and other donors.

Continued Associated Activity Information

Activity ID:	3663
USG Agency:	U.S. Agency for International Development
Prime Partner:	Research Triangle Institute
Mechanism:	Corridors of Hope
Funding Source:	GHAI
Planned Funds:	$ 900,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	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 (a subset of total reached with AB)	50,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	200,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	400	☐

Target Populations:

Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Discordant couples
Street youth
Military personnel
Truck drivers
Non-governmental organizations/private voluntary organizations
Migrants/migrant workers
Partners/clients of CSW
Religious leaders
Community members

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

Copperbelt

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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8945
Planned Funds:	$ 2,066,700.00

Activity Narrative: Reaching HIV/AIDS Affected People with Integrated Development and Support" (RAPIDS) is a consortium of six organizations that provide integrated care and support, AB prevention, and ART adherence support in 49 of the 72 districts of all nine provinces (68% district geographic coverage). Consortium members include World Vision, Africare, CARE, CRS, The Salvation Army Zambia, and the Expanded Church Response, plus local CBO and FBO sub-grantees. The RAPIDS household approach extends care and support to youth, OVC, and PLWHA within the context of needs and priorities identified at a household level.

In FY 2006, RAPIDS reached 33,302 youth with abstinence and behavioral change for youth (ABY) messaging, and trained 6,568 youth in AB related activities, including 1,123 youth in livelihood options. In FY 2007, RAPIDS plans to scale-up activities to reach 43,189 youth directly with effective ABY interventions, at an average cost of $49 per client. Due to a sound Monitoring and Evaluation (M&E) system, RAPIDS is able to collect and analyze data on achievement of targets in a timely, accurate fashion, and uses data to plan future efforts. RAPIDS has capacity to analyze outcomes of AB activities, and will undertake a mid-term evaluation in FY 2006 with support from HORIZONS.

To reach these targets, and building on lessons learned from the mid-term evaluation, RAPIDS will continue to train local pastors, teachers, and peer educators to promote primarily abstinence messages for youth. The program will promote AB messages at community meetings, schools, church meetings, in one-to-one counseling, sporting events, during visits to home-based care (HBC) clients, and in work with youth. Faith-based and school leaders command respect in communities, and empowering them to reach youths is a field-tested strategy. Through its small grants support, RAPIDS will provide 30 small grants to faith- and community-based youth organizations for ABY and livelihood activities. To build local capacity, groups will receive training in financial and project management.

In FY 2007, RAPIDS will initiate targeted AB prevention strategies to focus on boys and young men given the central role they play in courtship and HIV transmission. Over 2,000 boys and young men will be trained in life skills with a focus on gender roles to bolster positive, risk-avoidance behaviors, and to counter negative stereotypes that encourage risky sexual behaviors. RAPIDS will encourage young men to get involved in HBC work and assume a community caring role. Youths will receive training in basic counseling and psycho-social support and AB prevention so that they can provide guidance to their peers who may be experiencing trauma of illness of their parents. RAPIDS will seek to reduce HIV transmission by promoting abstinence among unmarried young people aged 10–24 years and by encouraging faithfulness among young married couples. Through the Youth Forum, RAPIDS will work with GRZ to help implement and monitor the National Youth Policy.

RAPIDS will sensitize gate keepers such as traditional leaders and traditional initiators to ensure that they understand how to play an effective role in promoting AB among young people. In coordination with HCP, RAPIDS will distribute AB IEC materials, and use other strategies to disseminate information such as drama campaigns, sport, radio, and music festivals. In monitoring youth support activities, RAPIDS will continue to refine and adapt its M&E tools to align with overall PEPFAR and GRZ guidelines and indicators, which support the "Three Ones". RAPIDS will support consortium members in further developing ABY M&E systems capable of documenting interventions and demonstrating impact, and will encourage documentation of case studies and success at all levels.

RAPIDS will strengthen referral networks at the district level and will continue to work with GRZ structures such as District AIDS Task Forces (DATFs). The referral process shall involve key service providers, formalize collaborative relationships, and encourage follow-ups. RAPIDS partners and grantees will intensify prevention efforts to identify and refer at-risk youth to relevant services such as VCT, STI testing and treatment to extend the reach and impact of HIV/AIDS mitigation activities. RAPIDS will continue to support apprenticeships and internships through private sector partnerships that provide approximately 1,500 youth with work experience and job opportunities.

As a prevention strategy, 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. This will enhance opportunities for youth to generate personal income, provide diversity in nutrition, and enhance food security to help youth avoid risky behavior and HIV infection. 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 communities. The program will also work with traditional initiators and leaders to eliminate harmful traditional and cultural practices that put youths at high risk such as dry sex, sexual cleansing, and wife inheritance. In addition, RAPIDS will work to reduce transactional sex, a high-risk coping strategy to which some poor young women turn as a last resort, by providing livelihood training and access to business startups.

RAPIDS will form linkages with other USG-funded programs and GRZ service providers to support youth livelihoods programs to economically empower youth and enhance access to HIV/AIDS information. RAPIDS will work with micro-finance Institutions to disburse loans for youth small-enterprise activities, and with other USG-funded partners such as Land-O-Lakes and the PROFIT project to develop micro-finance options in support of youth (ABY) programming.

RAPIDS will continue to provide values-based life skills training for youth. Life skills training and abstinence promotion for youth includes practical components, such as training youth in agricultural skills, crafts (such as pottery and basket weaving), home economics, cooking and gardening, and other vocational skills as may be appropriate to each setting. The youth are linked to private businesses to explore workplace-type trainings and work with NGOs and/or agricultural extension agents for their assistance in training youth in farming practices and other sustainable activities.

RAPIDS main approach to promote sustainability is to mobilize communities nationwide to take a lead role in the response to HIV/AIDS in Zambia. To further sustainability of grassroots efforts, RAPIDS provides training to CBOs and FBOs, including local church pastors. The goal of this training is to improve management skills and increase trainees' ability to access existing HIV/AIDS resources. RAPIDS technical and material support for the development of prevention activities includes equipping HIV educators within FBO/CBO institutions with training of trainers program and training material designed to help them provide further training to supervisors, peer educators, and staff within their respective institutions and organizations. In addition, the RAPIDS small grants program will equip CBOs and FBOs to respond to HIV/AIDS in their communities more effectively through mentorship and training, and help sustain the HIV/AIDS mitigation efforts through the on-going work of a network of local partners after the RAPIDS program comes to an end.

Continued Associated Activity Information

Activity ID:	3556
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Vision International
Mechanism:	RAPIDS
Funding Source:	GHAI
Planned Funds:	$ 1,590,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	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 (a subset of total reached with AB)	28,073	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	43,189	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	6,000	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Girls
Boys
Primary school students
Secondary school students
Caregivers (of OVC and PLWHAs)
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below)

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: DoD-PCI
Prime Partner: Project Concern International
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9170
Planned Funds: $ 180,000.00

Activity Narrative: This activity also relates to Project Concern International (PCI) activities in Other/Policy Analysis and System Strengthening (PCI) #9171, Other Prevention (PCI) #8786, PMTCT (JHPIEGO) #9088, Palliative Care TB/HIV (JHPIEGO) #9090, Palliative Care Basic Health Care and Support (PCI) #8787, Counseling and Testing (PCI) #8785, and HIV/AIDS treatment/ARV services (JHPIEGO) # 9089.

The first component of this activity involves mobilizing and supporting 15 new Anti-AIDS youth groups in Zambia Defense Force (ZDF) primary and secondary schools. In FY 2006, 15 schools on military base will have been targeted for organizing children's clubs that include HIV/AIDS education and programs on abstinence and anti-discrimination against people living with HIV/AIDS (PLWHA). The purpose of the program is to inform, inspire, and challenge young people to choose to refrain from sex before marriage or otherwise delay debut of sexual activity. The formation of these groups is in response to numerous requests received by the ZDF from the students' parents to support such youth activities.

The first activity under this component is selection and reproduction of HIV/AIDS educational materials from among those developed for use in Zambia through the Ministry of Health (MOH), National HIV/AIDS/STI/TB Council (NAC), USG/PEPFAR-funded partners, Baptist Fellowship of Zambia or other sources. The materials selected will be those promoting abstinence until marriage for youths who are not sexually active and secondary virginity for those who are active.

The second activity will be training of 50 teachers and patrons of Anti-AIDS youth groups in mobilizing youth groups and integrating HIV/AIDS prevention and stigma reduction into their education curricular. The training will focus on the "True Love Waits" (TLW) program which will build the capacity of teachers and Anti-AIDS youth groups to actively engage the youths in HIV/AIDS related activities. The True Love Waits program began in 1993 by Life Way Publishers, in Tennessee, U.S.A., as an abstinence campaign tool targeting youth. The campaign has since been replicated in many other countries including Uganda, Malawi, South Africa, Kenya, Nigeria, New Zealand, Canada, and Zambia. Uganda, as the first African country to show a marked fall in HIV prevalence, attributes a large part of its success to youth movements promoting abstinence, including the TLW program. TLW has been an energetic youth program in many countries, proving that it is possible for young people to wait until marriage, despite the messages the media frequently gives. The main objective of this program is to apply the core values of Christian principles regarding the HIV/AIDS pandemic in society and use them to mobilize communities towards reversing the course of the pandemic. Some specific objectives include communicating to teenagers the spiritual, emotional, and physical value of abstaining from sex until marriage and providing schools with a way of supporting parents and their teenagers as they express their commitment to sexual abstinence.

The third activity under this component is to provide other logistic support (mainly stationery) for youth group activities. All these activities will be implemented in close consultation and collaboration with the ZDF education directorate. 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 PLWHA.

The next component of this program involves reaching out to military personnel and their families with messages promoting abstinence until marriage and faithfulness to one's partner using chaplains from ZDF and other uniformed services. In FY 2005, The Baptist Fellowship of Zambia trained 63 chaplains and their assistants in HIV/AIDS prevention, care, counseling, peer support, and palliative care. In FY 2006, 80 chaplains and their assistants participated in training to build on the work done in FY 2005 and help the chaplains relate it to ministry to the family and their communities, including the "True Love Waits" abstinence-based toolkit for use with military personnel and their families. In FY 2007, training courses will be provided to 80 chaplains to continue building on the aforementioned objectives, skills, and services to additional bases. To carry out the TLW program, local TLW Clubs are to be established in communities, and churches around selected military bases. Information, education and communication (IEC) materials promoting abstinence, faithfulness, other prevention methods, stigma reduction, counseling and testing, sexually transmitted infection (STI) management, and ART will be reproduced and distributed. The goal of this program is to reach out to 8000 military personnel and their families with messages promoting abstinence and being faithful.

The long-term sustainability of this program lies in the capacity which will be built through the training of teachers, other Anti-AIDS youth group patrons, and chaplains to replicate, scale-up and manage youth-led program in the future. As with other interventions with the ZDF, sustainability is promoted through an emphasis on planning, implementing, and monitoring all activities with leadership from ZDF personnel themselves, supported by PCI and other technical resources, as well as through capacity building through training and through establishing and support ZDF-owned structures such as the drama groups and support groups. In this area, training and mobilization of support from ZDF leadership has also proved very effective at ensuring necessary support and involvement in HIV/AIDS-related programming and intervention. In FY2007, three leadership workshops will be conducted targeting 50 ZDF Directors and Brigade Commanders, 60 Commanding Officers and 60 Officers in Command.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	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 (a subset of total reached with AB)	7,500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,500	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	☐

Target Populations:

Military personnel
Teachers
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: The University of Zambia Students HIV/AIDS Leadership Program
Prime Partner: University of Zambia
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9255
Planned Funds: $ 60,000.00
Activity Narrative: The Public Affairs Section (PAS) at Embassy Lusaka has a close working relationship with the two leading universities in Zambia: the University of Zambia (UNZA) in Lusaka province, and Copperbelt University (CBU) in Copperbelt province. Both schools serve large student populations from throughout Zambia, and boast the highest caliber faculty in the nation. This activity was approved for UNZA in FY 2006, however, the activity was reprogrammed to allow both UNZA and CBU to streamline program management and to cast a wider net, more effectively reaching students in all parts of the country. Because the size of UNZA's student and faculty (approximately 9,000 persons), UNZA will receive the larger portion of a 60/40 split in the FY 2007 grant proposal for Zambian university students.

University students are a key audience for AB prevention strategies as natural role models highly respected by the community. Using FY 2006 PEPFAR funds, UNZA intends to strengthen its AB prevention strategy programs among youth and faculty on campus. The program will continue to be overseen by the UNZA Vice Chancellor's Committee on HIV/AIDS.

In FY 2006, PEPFAR funds will support UNZA to strengthen and expand existing programs for students in line with its formal HIV/AIDS policy. State/Public Affairs' grant for a UNZA Student HIV/AIDS Leadership Program will result in greater awareness of abstinence and faithfulness messages, identification of local attitudes and behaviors that place young people at risk, and addressing the issue of stigma and discrimination on campus.

In FY 2007, this activity will train 100 students to become peer counselors, who will each reach 30 students to provide AB messages to a total of 3,000 students reached. Peer counselors will also hold AB group discussions, encourage community service during campus holidays, and help arrange outreach activities for peer counselors. UNZA will continue to use PEPFAR funding to support existing successful activities such as peer educator training, counseling services, and groups such as the Post-Test Club. Peer counselors will focus on reaching out to first-year female students. First-year student orientation has been identified as a particularly effective forum to begin AB education.

In order to monitor the program effectively and to build management capacity, UNZA peer educators will be trained on how to measure and track the required PEPFAR indicators as well as how to write reports. Project sustainability plans will include formation of a multidisciplinary Steering Committee of students and leaders to ensure maximum success for the HIV/AIDS Leadership Program. In addition, UNZA is set to add two full-time paid positions to oversee HIV/AIDS activities. Finally, the program seeks to create a cyclical progression where the new students who are given HIV/AIDS education upon arrival at UNZA become the peer educators for those who follow.

Continued Associated Activity Information

Activity ID: 3836
USG Agency: Department of State / African Affairs
Prime Partner: University of Zambia
Mechanism: University Student HIV Leadership Program
Funding Source: GHAI
Planned Funds: $ 50,000.00

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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	☐

Target Populations:

University students

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Lusaka

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Track 1 ABY: Preserving the African Family in the Face of HIV/AIDS
Prime Partner:	Children's AIDS Fund
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9519
Planned Funds:	$ 154,367.00

Activity Narrative: The Children's AIDS Fund's (CAF's) Preserving the African Family in the Face of HIV/AIDS Through Prevention is a five-year, multi-country Track 1.0 Abstinence and Being Faithful for Youth (ABY) initiative providing youth, ages 10-24, with the optimum environment in which to grow and be nurtured in order to live HIV-free lives. The project is a partnership between CAF and two local implementing partners, Expanded Church Response (ECR) and Helping Hands Africa (HHA). ECR will operate through its key sub-partner, True Love Waits, and their combined network of communities, which encompasses over 12,000 points of presence throughout Zambia, coordinated by three umbrella organizations (the Christian Council of Zambia, the Evangelical Fellowship of Zambia, and the Zambia Episcopal Conference). HHA will operate through a network of over 165 congregations. Together, the partners will work in the following seven provinces: Lusaka, Southern, Northern, North-Western, Central, Copperbelt, and Luapula. These areas were selected because of the existing outreach and network of the two sub-partners. In order to avoid project activity overlap, CAF's sub-partners will interact with each others' project leaders, make site visits, and hold monthly meetings to review and evaluate achievements, and identify strengths and weaknesses for the purpose of improvement and capacity building.

Due to the delayed approval of the Cooperative Agreement, work plan, and subsequent signing of IP contracts, project activity began on July 1, 2006. Nevertheless, those FY 2006 activities not initiated prior to the end of FY 2006 will be rolled over to FY 2007 and scaled-up during the fiscal year.

In FY 2007, CAF will continue to explore possible linkages with other AB partners working in Zambia such as Y-CHOICES (#8922), Health Communication Partnership (#8905), Empowering Africa's Young People Initiative (#8899), and RAPIDS (#8945). In addition, CAF will continue its membership on the newly formed Prevention of Sexual Transmission Working Group supported by the National HIV/AIDS/STI/TB Council (NAC) and participate in the ABY partner meetings for learning, coordination, and standardization of AB related activities. CAF will also work closely with existing government structures such as the NAC, Provincial AIDS Task Forces, District AIDS Task Forces, and neighborhood Health Committees.

In FY 2007, CAF will conduct community -based activities at district level. CAF's strategic objectives will be realized through five core strategies: Peer Education, Community Mobilization, Media and Communications Outreach, Establishment of Referral Systems, and Capacity Building.

The peer education strategy will engage 100,000 primary and secondary school-level in-school youth. Supplementary activities including community youth discussions, video showings, youth campaigns, national conferences, and sporting events will be implemented to sustain engagement with youth participants. Additionally, 10,000 tertiary-level students will be reached through age-appropriate messages and activities. To enable the on-going peer education activities, preparatory training will be given to 1,000 peer facilitators to equip them with the skills and age-appropriate materials and messages to engage out-of-school youth.

The project will also mobilize and educate religious and community leaders and adult parents/caregivers to participate in reaching youth, as part of the community mobilization strategy. The community mobilization efforts will capitalize on existing networks of community-based organizations, non-governmental organizations, and faith-based organizations to build new networks where they have not existed, and utilize a variety of fora to reach the general community. Through these efforts, 1,300 leaders and 1,500 youth educators will be trained in their respective communities, creating a network of agents to reach the 110,000 targeted youth.

Key messages targeting adults who have an influence on youth behaviors will be developed and aired through media outreach sessions, under the media and communications outreach strategy. Key messages and materials targeting in-school and out-of-school youth will also be developed and disseminated. CAF will make use of IEC materials already developed by Pact Zambia, Society for Family Health, and Health Communication Partnership. This strategy will promote consistency in AB messaging across sub-grantees and AB related activities.

As part of the referral system strategy, several youth from Lusaka will be trained as voluntary counseling and testing (VCT) promoters to support an anticipated need for HIV testing and counseling support. The VCT promoters will convey messages on the importance and benefits of VCT during the outreach activities. This strategy will enhance uptake of VCT services among young people. Youth will be referred to facilities for VCT testing, reproductive health services, and other forms of support as needed.

Key legislative issues focusing on gender will be addressed during the course of implementation. Recruitment strategies for selecting educators, leaders, and parents/caregivers will take into consideration the different outreach strategies that engage males and females differently. Male norms and behaviors will be addressed on three levels: 1) curricula developed to target in-school and out-of-school age youth; 2) working groups for male youth and adults to address responsible manhood, sexual patterns based on cultural norms, trans-generational sex, and coercion within relationships; and 3) working groups for female youth and adults to address the same issues as well as the specific vulnerabilities of women. Both groups will meet regularly to develop culturally appropriate, sustainable solutions.

Quality assurance and supportive supervision will be ongoing through the monitoring and evaluation processes, to ensure that program quality is maintained throughout the project. Data collection tools have been developed to record attendance at all community outreach activities. These tools have also been specifically adapted to eliminate double counting. Key staff overseeing Monitoring and Evaluation activities will receive on-going capacity building training to ensure that they are adequately equipped to perform the monitoring and reporting tasks. All implementing staff will be trained in the administering of the data collection tools, with on-going support from CAF staff. Bi-annual data quality audits will be held with the sub partners to correct data summation errors prior to programmatic reporting. Finally, quarterly assessments of local partners' proficiency in handling reporting requirements will be executed with remedial steps and additional capacity building provided as needed.

CAF's implementation plan focuses on two primary types of activities: Technical Assistance/Capacity Building (TA/CB) and Direct Program Services (DPS). Technical Assistance/Capacity Building activities will be conducted throughout the grant period by CAF and its subcontractors while Direct Program Services will be conducted by the IPs.

As part of the sustainability and eventual exit strategy, the capacity building strategy will focus on improving IP abilities in program design and implementation, program and financial management, quality assurance, and monitoring and evaluation processes. A capacity building plan will be developed based on the outcomes of an on-going needs assessment and quarterly workshops whereby program performance and capability are reviewed. An additional workshop will be convened to review the outputs of the first and second year of activities, address significant environmental and policy constraints which may impact both roll-out and on-going activities, and strengthen program delivery.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement 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 (a subset of total reached with AB)	45,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	110,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,800	☐

Target Populations:

Adults
Community leaders
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

Central

Copperbelt

Luapula

Lusaka

Northern

North-Western

Southern

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Peace Corps
Prime Partner:	US Peace Corps
USG Agency:	
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9629
Planned Funds:	$ 1,300,000.00

Activity Narrative: This activity links to HVOP (#9677), UNHCR (#9851), RAPIDS (#8945), Society for Family Health (#8925), and other HVAB projects in Zambia.

In FY 2007, Peace Corps/Zambia (PC/Z) will continue to contribute to the USG Mission's Five-Year Strategy by closely aligning its activities to the Zambian Government's strategies and by strengthening partner organizations to contribute to the 2-7-10 goals.

With the assistance of two-year PC Volunteers ("Volunteers") funded in FY 2005, local communities have organized HIV/AIDS youth awareness sports camps, helped form anti-AIDS clubs, and set up youth friendly corners and support groups for PLWHA. In addition, they have trained service providers and CBOs on using PC's Participatory Community Analysis tools, and assisted in developing income-generating activities. Volunteers funded in FY 2006 COP completed their pre-service training in August 2006 and have been posted to rural communities to begin their two years of service working in HIV/AIDS prevention.

Building on its PEPFAR-funded achievements of the past two fiscal years, PC/Z will continue in FY 2007 to help improve the capacity of communities to mitigate HIV/AIDS and ensure the sustainability of activities. Volunteers and their counterparts will provide support to community groups and other relevant stakeholders within their respective catchment areas in developing effective community responses to HIV/AIDS. These groups will be assisted with training in HIV/AIDS information and AB prevention.

Because most Volunteers live and work for two years in the same community and communicate in the local language, they develop a unique trust with the community and are often approached for advice and technical assistance, especially by women and youth. Therefore, these populations are specific targets of Volunteers' work.

Operationally, PC/Z will focus its PEPFAR program on the following three levels of intervention in FY 2007.

First, 20 two-year Volunteers funded in FY 2007 and 18 Volunteers funded under the FY 2006 COP will concentrate their HIV/AIDS activities in remote villages not typically served by other PEPFAR-funded partners. This work in underserved areas is one of the unique "value-added" roles of Peace Corps. Volunteers will assist rural health centers and Neighborhood Health Committees (NHC) with strategies to promote the AB message. In addition to providing leadership and organizational training to the NHCs, Volunteers will promote networking among communities, rural health centers, District AIDS Task Force and District Health Management Boards. Where Boards and Task Forces do not yet exist, Volunteers will help to establish them. Volunteers will be strategically located within 30 km of a mobile or static HIV counseling and testing site to facilitate linkages to these services.

Second, 10 PEPFAR-funded Volunteers, with strong HIV/AIDS field experience and more advanced technical skills, will be recruited in FY 2007 for one-year assignments. These will either be Crisis Corps Volunteers (former PC Volunteers with specialized skills) or current high-performing Volunteers who will extend their service for a third year. These Volunteers will be placed with PEPFAR-funded organizations at the district level or in secondary cities. This type of partnership, which will leverage a greater impact from the Zambia PEPFAR team, was successfully piloted in FY 2006 with Volunteers assigned to UNHCR, RAPIDS, and the Society for Family Heath. The activities of these Volunteers will be reported through the PEPFAR partner agency, and thus are not reflected in PC target numbers.

Third, and new in FY 2007, 120 two-year Peace Corps-funded Volunteers, whose current projects do not directly relate to HIV/AIDS, will receive intensive PEPFAR-funded training and materials on HIV/AIDS so they can incorporate AB prevention themes into their work. These will carry out activities sanctioned by the Ministries of Health and Education, including workshops, drama, sports, ante-natal clinics, exchange tours, and school AIDS clubs.

When conducting community-based training, Volunteers will follow the Peace Corps Life Skills Manual, which has been used successfully by Peace Corps Volunteers worldwide

since 2000. This manual incorporates innovative teaching techniques to present a comprehensive behavior change approach that concentrates on communication, decision-making, managing emotions, assertiveness, self-esteem, resisting peer pressure, and healthy relationships. Additionally, it addresses the empowerment of girls and the guidance of boys towards solid values. Training sessions on HIV/AIDS, STIs and reproductive health are integrated appropriately for different age groups and target audiences.

Volunteers will work with their Zambian counterparts to disseminate accurate and culturally age-appropriate AB messages to in-school youth, out-of-school youth and other community members. Volunteers will reach out-of-school youth primarily through community health centers by working with health center staff to train peer educators and establish youth-friendly corners where approved prevention messages may be discussed and materials disseminated.

Banafimbusa, traditional initiators who instruct girls on marriage customs and values, provide an important component of reproductive health education at the village level in Zambia. They hold a strong influence over youth, and thus it is important that they have access to training and information on HIV/AIDS. Volunteers and their counterparts will provide workshops and coaching to Banafimbusa on how to facilitate discussions with youth to encourage safer sexual practices through abstinence and being faithful.

Some Volunteers will use income-generating activities, such as community gardens or fish farming, as a means of mobilizing community members into groups for HIV/AIDS education and the AB message, while also addressing improved nutrition and food security.

In FY 2007, PC/Z will continue to manage its Volunteer Activities Support and Training (VAST) program, which enables communities to carry out small projects, training and educational events related to AB prevention. All Zambia Peace Corps Volunteers will be eligible to request VAST grants for purposes approved in the COP.

PC/Z will procure and, when necessary, produce prevention training and other materials in local languages. Where available, PC/Z will reproduce materials developed by other USG partners and will ensure that all PEPFAR-funded materials are consistent with USG and host country policies and guidance. In addition, PC/Z will take advantage of the in-country expertise of other USG partners, particularly for the training of Volunteers.

To determine appropriate interventions, Volunteers conduct initial needs assessment at their sites and pre and post-tests to evaluate the success of their community activities.

To support Volunteers' AB prevention activities in the field, salary and other benefits of the following programming, training and other staff positions will be funded through PEPFAR:

2 Program Managers (current positions)
Program Assistant (current position)
Driver (current position)

Continued Associated Activity Information

Activity ID:	3722
USG Agency:	Peace Corps
Prime Partner:	US Peace Corps
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 790,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	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 (a subset of total reached with AB)	5,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	18,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,710	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Girls
Boys
Primary school students
Secondary school students
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: BizAIDS
Prime Partner: International Executive Service Corp
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9678
Planned Funds: $ 300,000.00

Activity Narrative: This activity is related to BizAIDS HVCT (#8898).

BizAIDS conducts a series of workshops on HIV/AIDS for individuals involved in micro and small businesses in all nine provinces. These workshop sessions include complete information about HIV/AIDS prevention, CT, and ART, with an emphasis on AB for prevention. All people that attend the sessions learn about the importance of AB for HIV prevention and a significant proportion opt for on-site CT services as well. BizAIDS provides participants with AB prevention messages integrated into training workshops. In FY 2006, the program disseminated prevention messages to a total of 2,468 individuals. BizAIDS works with local development organizations that are affiliated to the Zambia Chamber of Small and Medium Businesses (ZCSMBA) in rural areas of Zambia and is successful at reaching individuals who would usually not have access to AB prevention information.

The program is implemented through local trainers and facilitators that undergo training of trainers in the BizAIDS methodology with a focus on information sharing within households and at the community level. The BizAIDS methodology is a process that has been developed to mitigate HIV/AIDS in small and medium businesses and surrounding communities through the provision of training in health, business, and legal aspects, within the scope of the impact of HIV/AIDS on these communities. In FY 2007, BizAIDS will work with local organizations to train 120 individuals on AB prevention. The trained local prevention communicators will work within the communities to disseminate AB messages to a total of 6,000 individuals.

The program will convey AB messages to and work with youth, adults, people living with HIV/AIDS, HIV/AIDS affected families, widow and widowers, business community, community leaders, and community-based organizations in the program areas. This will also contribute to increased capacity of the local communities in sharing AB messages through the training of local community leaders in implementing prevention strategies on HIV/AIDS.

In FY 2007, BizAIDS will continue to work with local district business associations, cooperatives, and women's groups and provide the BizAIDS methodology as an additional service to their members. The BizAIDS materials include AB messages and also serve as a basis for community mobilization on HIV prevention. Prevention messages include educating participants on various modes of HIV transmission, methods of preventing the transmission of the virus and how HIV/AIDS impacts on the livelihood of participants. Participants are also informed of the importance of CT and what to do if found positive. Workshops are conducted by BizAIDS trained facilitators.

BizAIDS will hold workshop sessions in 40 districts to provide participants with information on HIV/AIDS transmission and AB prevention. Participants will be encouraged to bring spouses to the sessions or to discuss HIV/AIDS with their family members at home. The workshop will focus on female-headed households and the impact the pandemic has on these vulnerable families. Sessions include a wide range of information that can easily be shared in the communities to prevent the spread of HIV/AIDS. The process of sharing information within and outside of workshops reduces stigma and discrimination as participants openly discuss issues related to HIV/AIDS in their communities. At these workshop sites and in the community, BizAIDS will offer on-site CT services and will encourage participation in voluntary counseling and testing as a way to enhance behavioral change.

The program will continue to work with the National HIV/AIDS/STI/TB Council, other NGOs and organizations, including the Health Communication Partnership (HCP) Project to access existing information, education, and communication materials and will distribute these IEC materials to the communities. In addition, the program will link BizAIDS local trainers and NGOs with other USG programs in their focus areas, such as MATEP and PROFIT.

The need to incorporate and strengthen AB prevention within BizAIDS training was recognized by the membership organizations and communities with which the program works. The BizAIDS program will focus on the provision of AB information and messages at two levels. The first level will focus on providing prevention targets for business

partners in the local communities that have largely remained as membership driven associations. The second level will focus on enhancing the capacity of trainers to incorporate the BizAIDS AB prevention curriculum within their programs.

In working through local organizations and trainers, the program has embarked on a process of ensuring that the AB activities performed by the local organizations become a sustained service element for membership driven groups. This has been emphasized during annual trainings for local communicators and members. Through training, BizAIDS develops the skills of local trainers to ensure that training can continue beyond the project period. In addition, volunteers from the US provide technical assistance and training of trainers to develop the capacity of local organizations. The program has encouraged various partners to collaborate in their efforts towards HIV prevention promoting abstinence and being faithful through exchange of trainers and lessons learned from implementing BizAIDS program. In particular, the program has been working and continues to work with Zambia Chamber of Small and Medium Business Association members at the district business Association level. As a step in institutionalizing the BizAIDS approach and training content, the BizAIDS training curricula has been integrated into the Centre for Informal Sector Employment (CISEP) and Luwaka School of Horticultural and Floriculture.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Training	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 (a subset of total reached with AB)	6,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	120	☐

Target Populations:

Adults
Business community/private sector
Community leaders
HIV/AIDS-affected families
People living with HIV/AIDS
Children and youth (non-OVC)
Widows/widowers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Stigma and discrimination

Wrap Arounds

Microfinance/Microcredit

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	EQUIP II
Prime Partner:	Academy for Educational Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9712
Planned Funds:	$ 400,000.00

Activity Narrative: This activity is linked to EQUIPII CT (#8848) and will be implemented in an integrated approach with CT activities.

According to the most recent Ministry of Education (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 MOE 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 MOE to administer the HIV/AIDS Workplace Program and to provide direct AB messages. The MOE's workforce is critical in continuing education efforts, and includes over 61,000 employees in more than 8,000 schools across the country, some in remote, rural areas with fewer than five staff.

In FY 2005, EQUIP II expanded into the Central and Southern provinces. A total of 9,232 MOE staff attended HIV/AIDS sensitization workshops during this period with a total of 2,126 MOE staff undertaking CT. While these numbers are encouraging they are not reaching the numbers in the rural areas as they were in the first year of implementation in the urban areas. Geographical coverage for schools is extensive and transportation challenges in the rainy season increased in implementation costs, and the component was not fully mainstreamed into the MOE HIV workplace program's overall strategy and workplan. Due to these constraints, the project has worked with the MOE to revise the strategy for FY 2006 in order to reach more MOE employees with AB prevention activities complementing the EQUIP II CT program.

In FY 2007, EQUIP II will continue to reach teachers with AB prevention activities and using lessons learned from previous activities will adjust its strategy in order to meet targets. In order to restructure the program, the EQUIP II staff and MOE HIV/AIDS Unit devised a strategy to create a program within the existing MOE HIV/AIDS Work place program, which was officially launched in July, 2006.

The EQUIP II AB prevention activities will be implemented under the broader MOE program. As this effort includes coordinating activities (delineated below) among multiple partners, including three teachers unions, Society for Family Health, and CHAMP, a full-time staff person working on both AB and CT will be hired to ensure coordination and proper reporting. In addition, this person will work within the MOE offices to provide direct capacity building assistance to employees hired directly under the MOE HIV/AIDS Workplace program via their internal funding.

The position will also help to identify and source IEC materials related to AB for appropriate to MOE staff. The program will first use AB materials already created by MOE and the National HIV/AIDS/STI/TB Council (NAC), and where gaps in effective materials addressing AB messages are identified, new materials will be developed or sourced from other PEPFAR partners in Zambia. The program will also source IEC materials with particular emphasis on stigma and addressing gender variances and roles. In addition, positive teachers groups will be engaged to help raise levels of awareness and directly combat stigma in group-level activities.

Recognizing behavior change is a complex process that requires efforts from multiple fronts, Equip II will include strong education and messaging related to prevention supported by leadership in MOE, offering education, IEC materials and group counseling through easy access events (described below), and peer support for on-going behavior change.

To achieve targets, the program will implement quarterly "Teachers Health Day" in which community health clinics will offer a broad range of health services to teachers and their families. CT will be made available at these events. In addition, group counseling, individual counseling, distribution of IEC materials and education efforts related to AB will be conducted at the events. PEPFAR funds will be used exclusively for the HIV/AIDS related activities, with other funds and resources from ZANARA, MOE, and Ministry of Health leveraged to address broader the health agenda.

In FY 2007, Equip II will reach 20 clinics for Teacher Health days to start and then will add three additional districts each quarter, so that by the end of FY 2007, 32 Districts will be implementing Teachers Health Days on a quarterly basis. Activities will cover five Provinces and 39 out of the 72 districts. While events are proposed on a quarterly basis, it is not anticipated that the same teacher will take advantage of each quarterly event. Rather, it is hoped that teachers will be able to take advantage of one on an annual basis and that within one year at least 2500 individuals would be reached by these events alone. All events will be scheduled during school breaks to accommodate the highest levels of uptake possible.

The communications sent out before the events will come from high-level MOE officials, MOE officials, principals and other community leaders will be called on to reinforce these AB messages prior to an at events.

However, recognizing that sustained behavior change requires more than just support from leaders at one-time events, and should include peer-support and reinforced community norms throughout the year. Building on training activities for focal persons, an estimated 300 people will be trained by the end of FY 2006. EQUIPII will continue to work with these trained focal persons to build their capacity through training, regular communications, and provision of IEC materials to serve as peer-educators. Protocols and standards of effective AB prevention efforts for peer educators will be developed and used to track services provided. As history has shown some difficulty in follow-through and implementation by peer-counselors, a significant effort will be implemented by the program coordinator to continue on-going communications and monitoring of their efforts.

EQUIPII will also create a partnership between the three teachers' unions and MOE to bring HIV-prevention sessions and rallies to union. Educators from within the unions will be trained on providing AB information and counseling to serve as peer-educators and on-going prevention supporters, while events will include experts that will provide overall AB education and group counseling. All individuals will also be supplied with AB IEC materials for distribution at Union Events.

Finally, we will continue with our partnership with CHAMP to specifically bring AB education, HIV-sensitization and testing to schools in urban areas where many teachers can be reached at a single school.

The overall approach of EQUIPII focuses on a philosophy of sustainability. Rather than simply establishing a stand-alone program to meet PEPFAR Targets, our program will be fully integrated into the MOE. Specifically, staff will be housed within MOE offices and work side-by-side with direct MOE employees already engaged on a work-place program. Our staff member will seek not only to ensure tracking of services, but training of MOE staff in relation to PEPFAR indicators and methods for tracking. IEC materials, lesson plans, and strategies will be well documented and housed within MOE's own file systems. While some outside partners will be engaged, the primary partners working on this effort will be the unions and MOE itself, thereby ensuring that the activities are supported by organizations that can continue providing such services long-after funding under PEPFAR has ceased.

Emphasis Areas	**% Of Effort**
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	☐

Target Populations:

Teachers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Education

Coverage Areas

Central

Copperbelt

Eastern

Lusaka

Southern

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	The Copperbelt University Students HIV/AIDS Leadership Program
Prime Partner:	Copperbelt University
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9755
Planned Funds:	$ 40,000.00

Activity Narrative: The Public Affairs Section (PAS) at Embassy Lusaka has a close working relationship with the two leading universities in Zambia: the University of Zambia (UNZA) in Lusaka province, and Copperbelt University (CBU) in Copperbelt province. Both schools serve large student populations from throughout Zambia, and boast the highest caliber faculty in the nation. This activity was approved for UNZA in FY 2006, however, the activity was reprogrammed to allow both UNZA and CBU to streamline program management and to cast a wider net, more effectively reaching students in all parts of the country. Because the size of the CBU student and faculty is less than UNZA's, CBU will receive the smaller portion of a 60/40 split in the FY 2007 grant proposal for Zambian university students.

Students are a key audience for AB prevention strategies. Students new to university campuses are at very vulnerable stages of life. Concurrently, university students often enjoy positions of great respect by their family and in their communities (as well as possessing language abilities which many NGOs cannot harness). State/Public Affairs' grant for a CBU Student HIV/AIDS Leadership Program will result in greater awareness on how to prevent HIV transmission as well as on the importance of knowing one's status by students and faculty. This activity will also create an effective cadre of influential peer educators with broad reach within the university campus.

Using FY 2006 PEPFAR funding, CBU will increase awareness of AB prevention strategies among youth and faculty on campus and in secondary schools in neighboring rural communities. The program will be overseen by the CBU Anti-AIDS Society, and will concentrate on two specific objectives: 1) training university students as peer educators and psycho-social counselors; and, 2) implementing AB prevention strategies by advocating messages contained in the Five Year Mission Strategy and the Zambia National HIV and AIDS Strategic Framework 2006-2010.

In order to achieve its specific objectives, 100 peer educators and counselors (50 male, 50 female) from CBU's Anti-AIDS Society and local faith-based HIV/AIDS volunteers will be mobilized for peer educator training. Ongoing campus activities will include one-on-one peer counseling sessions; each peer educator is expected to reach a minimum of 30 students, offering a total of 3,000 students with HIV/AIDS education.

CBU has also planned a number of mobilization events, including campus discussions, drama performances, art contests, song and dance competitions, essay and/or quiz competitions and music concerts at which HIV/AIDS AB messages will be promoted. Finally, CBU peer educators have developed secondary school-based activities target 15 neighboring secondary school communities. CBU peer educators will lead sensitization trainings for the headmasters and teachers of the selected secondary schools to promote AB messages within the classroom and among the school's administration. Sensitization topics will address local attitudes and behaviors that place youth at risk, male norms and behaviors, stigma and discrimination, and community mobilization in the classroom and other school activities. PAS will continue its partnership with CBU students, and will supplement the HIV/AIDS Leadership Program with several new programs, including a digital video conference, lecture(s), and a leadership skills session.

In order to monitor the program effectively and to build management capacity, UNZA peer educators will be trained on how to measure and track the required PEPFAR indicators as well as how to write reports. Project sustainability plans will include formation of a multidisciplinary Steering Committee of students and leaders to ensure maximum success for the HIV/AIDS Leadership Program. The program will be managed by full-time HIV/AIDS project officers. Additional plans will include identification of the potential to form HIV/AIDS clubs in area schools. Finally, the program seeks to create a cyclical progression where the new students who are given HIV/AIDS education upon arrival at CBU become the peer educators that serve the university population and surrounding communities.

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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	☐

Target Populations:

Children and youth (non-OVC)

University students

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Copperbelt

Table 3.3.02: Activities by Funding Mechanism

Mechanism: CHANGES2 PPP
Prime Partner: American Institutes for Research
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9834
Planned Funds: $ 0.00
Activity Narrative: Deleted.

Targets

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

Key Legislative Issues

Education

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Journalists and Media Leadership Initiative
Prime Partner: Zambia Institute of Mass Communication
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9850
Planned Funds: $ 0.00
Activity Narrative: Changed Prime Partner.

Targets

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

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	United Nations High Commissioner for Refugees/PRM
Prime Partner:	United Nations High Commissioner for Refugees
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9851
Planned Funds:	$ 175,000.00

Activity Narrative: This activity is linked to the other State activities with UNHCR, HVOP (#9469) and HVCT (#9470).

This activity is a continued 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/AIDS prevention and education campaigns conducted by host country governments often need to be adapted to refugees, who speak different languages and have different cultural backgrounds. Many refugees have suffered trauma and violence, including sexual violence, during conflict and flight which destroys traditional community support structure and renders them vulnerable. Therefore, comprehensive HIV/AIDS prevention and care programs need to be tailored to this unique, high-risk population.

Through a new partnership established between UNHCR/Geneva and Peace Corps/Zambia in FY 2006, a Peace Corps Volunteer (supported by PEPFAR) will continue to serve as UNHCR's program officer for all PEPFAR programs. In FY 2007, this position will continue to be filled by a Peace Corps Volunteer. The volunteer assists all implementing partners to collect monthly data about their HIV/AIDS activities and monitor their progress towards reaching their targets. Quarterly meetings are held in Lusaka between implementing partners to allow for exchange of experience and new ideas.

In FY 2007, UNHCR will coordinate HIV/AIDS abstinence and be faithful activities in Northwestern and Western provinces at Meheba and Mayukwayukwa camps; and, in Luapula and Northern provinces at Kala and Mwange camps. Meheba and Mayukwayukwa camps host 20,000 refugees from Angola, Rwanda, Burundi, and the Democratic Republic of the Congo (DRC). Kala and Mwange camps host 40,000 Congolese refugees.

In Meheba and Mayukwayukwa camps activities will focus on enabling both refugees and the surrounding community population to work and interact with all young people by supporting youth activities such as Anti-AIDS Clubs in schools and holding sports camps. Within the schools, support will be provided to the Anti-AIDS clubs through the purchase of stationary and the provision of small prizes for various competitions that include poetry and essay writing and art contests on AIDS specific themes. Additionally, the many existing sporting clubs and leagues will be supported by providing equipment and supplies for activities that incorporate a focus on HIV prevention. These sporting events provide a medium to enhance leadership and teamwork skills and build self-esteem among young people. These skills often lead youth to make healthy choices and reduce their chances of contracting HIV.

A Youth Sports Camp, an activity that has been successful in the past at integrating refugees and the surrounding community as well as providing an opportunity to promote HIV/AIDS awareness messages to a broader public, will be organized. The camp will be facilitated by the Youth Activities Organization, a local NGO, and it is expected that 100 youth will take part in sports activities that include coaching and teaching football, volleyball, and netball. One element of the program includes holding public matches in which hundreds of adults watch and receive HIV/AIDS awareness messages through drama and other performances during the breaks.

Life Skills Training to school age youth through a three part series of 3-day workshops will also be conducted. These trainings are aimed at prominent school age youth and youth opinion leaders that can positively influence their peers to make healthy decisions when confronting and addressing matters of HIV/AIDS. Topics covered in the training include the nature and causes of HIV/AIDS, positive living with HIV/AIDS, addressing stigma, relationship skills, goal setting and future planning, problem solving, decision making and communication skills. Between the two camps, 100 school age youth will participate in the training and these youth will reach 3,600 school age youth in a year with HIV/AIDS abstinence and be faithful messages.

Traditional village communication methods, such as drama troupes, will be employed to travel to communities in order to reinforce HIV/AIDS prevention messages and behavior change. This project will allow for the training of such troupes and the purchase of drums, megaphones and costume material to support this important cultural method of

communication.

Activities will also continue in Kala and Mwange camps in FY 2007. IEC material that has been developed in FY 2006 and translated into multiple languages to reach refugees from many different language backgrounds (French, Swahili, and other Congolese local languages) will be reproduced for both camps. These materials will spark discussion among youth and lead them to access the HIV/AIDS prevention services that are available in the camps. Refugee camps also have unique opportunities to reaching many refugees at one time with prevention messages, such as during bi-weekly food distribution.

In addition, 100 school age youth will be trained in assertiveness and decision making using the Stepping Stones approach. Stepping Stones is an innovative training programwhich has already been introduced in the refugee camps. The training draws on a range of participatory approaches including Participatory Rural Appraisal (PRA), Theatre for Development (TfD) and peer group process work. A detailed training manual, designed specifically for less experienced facilitators, provides a comprehensive sequence of participatory activities. The manual is complemented by a video, consisting of a number of short clips to be used with specific sessions. Between the two camps, 100 school age youth will participate in the training who in turn will reach 3,600 school age youth in a year with HIV/AIDS abstinence and be faithful messages.

By strengthening the existing activities, programs will extend outside the camps anti-AIDS activities to the neighboring Zambian villages and communities, including anti-AIDS and sporting events. It is anticipated that 7,200 people will be reached with HIV/AIDS prevention programs that promote abstinence and/or being faithful and 200 people will be trained to provide these programs. Until refugees are resettled, the refugee camps involvement in the design, implementation, and monitoring of the program will help to ensure ownership of the program. Building the necessary HIV prevention skills in the youth and general population is particularly important in the refugee population, as these skills are transferable when refugees return to their countries of origin.

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 through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,200	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	☐

Target Populations:

Refugees/internally displaced persons

Children and youth (non-OVC)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Luapula

Northern

North-Western

Western

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 / African Affairs
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9852
Planned Funds: $ 125,000.00
Activity Narrative: Zambian musicians and artists are increasingly gaining stature in Zambia largely through the efforts of the National Arts Council of Zambia and 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. In FY 2007, the Public Affairs Section (PAS) at Embassy Lusaka will continue to partner with the National Arts Council. Zambian artists, moreover, are key influencers who, once trained, have the ability to educate and persuade their large followings. In FY 2007, the National Arts Council will focus on vigorous artist training sessions, meant to inculcate both behavior change as well as deep understanding of the risks and issues surrounding HIV/AIDS. Only with a deep understanding, or internalization, of the issues surrounding HIV/AIDS can artists then produce works which may have greater impact on their audiences.

Through the support of PEPFAR funds in FY 2006, PAS partnered with the National Arts Council – the driving force behind cultural development in Zambia – as a subpartner to Health Communications Partnership (HCP) and the Comprehensive HIV/AIDS Management Program (CHAMP). CHAMP produced the final report and took the lead on most administration decisions. The FY 2006 results were promising: A large number of artists received in-depth training and nearly 2000 workshop participants were sensitized. The training sessions featured lively discussions about AB, and incorporated key AB messages. The four-day program focused on: 1) raising awareness about HIV/AIDS issues; training artists in lifeskills and positive living; 3) advocating for counseling and testing; and, 4) designing and implementing HIV/AIDS messages and sensitization programs. Issues surrounding stigma and discrimination associated with HIV/AIDS were discussed throughout the training. The NAC has mainstreamed gender sensitivity into all of its programs; this will continue throughout the artists' training program.

As a result of the FY 2006 training, 167 artists were trained as Focal Point Persons or Peer Educators. The sessions were held in all nine Zambian provinces; every session was opened by a prominent local official. In addition, the artists were both adept and vigilant in arranging for media coverage during their sensitization programs. Thus the program received generous urban and rural print, television and radio coverage. Artists in attendance were unanimously pleased to have had the opportunity for the training, and felt the training helped to clarify myths and misconceptions about HIV/AIDS.

In FY 2007, the National Arts Council plans to expand on previous successes, while continuing to zero in on artists as a vulnerable—and influential—target group. The National Arts Council will design trainings specifically based on the needs and challenges of Zambia's artist community. In FY 2007, as in FY 2006, artists targeted will include: writers, actors, musicians, playwrights, dancers, visual artists, and media personalities. More attention will be paid in FY 2007 to having the artists produce tangible work—songs, concerts, visual media, films, etc.—based on their workshop experiences. Based on CHAMP's FY 2006 evaluation, the National Arts Council will build in increased work spaces to accommodate greater VCT interest than expected as well as better plan the workshop calendar to account for rainy season. The National Arts Council's redoubled effort to encourage the artists to create work based on the training also indicates greater permanence of the lessons taught.

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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	☐

Target Populations:

Children and youth (non-OVC)

Men (including men of reproductive age)

Women (including women of reproductive age)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Twinning Center
Prime Partner:	American International Health Alliance
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	12317
Planned Funds:	$ 140,000.00

Activity Narrative: Through accurate reporting, journalists highlight the perils of HIV/AIDS, as well as the consequences of stigma and denial. Journalists in Zambia are influential and are finally engaged -- after many years of silence -- in the HIV/AIDS dialogue, but they need to improve their standards to better engage in the HIV/AIDS dialogue. Current challenges of the Zambian journalism field include: pervasive inaccurate reporting (due to improper research or total lack of research), lack of follow-up to build upon stories that have had a positive impact, and the almost complete lack of photojournalism. In FY 2005 and FY 2006, the Public Affairs Section at the US Mission received PEPFAR funds to begin engaging journalists in the response to HIV/AIDS in Zambia. In FY 2005, through a twinning relationship between the American International Health Alliance (AIHA) and the Zambian Institute of Mass Communications Education (ZAMCOM), 60 Zambian print and electronic media journalists were trained in depth on AB strategies and messages. Two journalists from the FY 2005 session were awarded "best HIV/AIDS reporting" awards at a national contest (co-sponsored by the U.S. Embassy and the Media Institute of Southern Africa). A television journalist, who benefited from the FY 2005 PEPFAR media training, was recently singled out at the AIDS Conference in Toronto as an example of how broadcast media can shine a spotlight on PLWHA. Though progress has been made, there is still much room for improvement in how effectively Zambian journalists cover issues surrounding HIV/AIDS as media plays a vital role in educating the public and raising awareness of people's role in preventing the spread of HIV. Through PEPFAR support in FY 2005 and FY 2006, PAS has partnered with the Zambian Institute of Mass Communications Education Trust (ZAMCOM) to conduct in-service training for local journalists in areas ranging from technical to ethical HIV/AIDS reporting. ZAMCOM is peerless in Zambia; it is the only organization with the faculty, technology, and infrastructure to conduct such media training. Past performance indicates that ZAMCOM is more than up to the task. PAS proposes to continue the successful partnership between ZAMCOM and the American International Health Alliance (AIHA) Twinning Center, who will select an appropriately experienced U.S.-based partner to twin with ZAMCOM. As in past years, AIHA, partnering with ZAMCOM, will facilitate and manage the collaboration, which will occur through a training workshop to enhance human institutional capacity, knowledge-sharing, as well as field-based training. ZAMCOM will greatly benefit from the twinning relationship with a US-based partner who can provide the necessary assistance most needed by ZAMCOM. As partners, ZAMCOM and AIHA have worked closely on developing comprehensive work plans and media training strategies. Evaluations of the FY 2005 ZAMCOM training sessions indicate that the partnership has already yielded great successes. The proposed program for FY 2007 will support new and continued training for Zambian journalists, including rural journalists who are telling stories to audiences that often do not get their news from the national media. Feedback from the FY 2005 training sessions strongly called for an increase in the number and frequency of training sessions. Moreover, again as a result of FY 2005 feedback, the FY 2007 programs will include editors. Editors who have been cited by reporters as being uncooperative or difficult will be handpicked "invitees" to specific training sessions. The FY 2007 program will aim for—and build on—previous training outcomes. The trainings will be created to ensure that journalists gain a better understanding of HIV/AIDS issues and become fully knowledgeable about AB approaches, and how to communicate messages that help the public avoid risky behavior. Journalists will be given the tools to better promote abstinence among youth, fidelity and monogamous relationships. The trainings will strengthen the U.S. Mission's collegial relationship with ZAMCOM, and a deeper understanding about international and USG efforts to fight HIV/AIDS. Since reporters' stories are public documents, evaluation of the program yields immediate data in the number and tone of stories printed and/or broadcast. In FY 2007, ZAMCOM plans to partner with at least one Lusaka-based regional media and development NGO, to undertake content analysis of HIV/AIDS coverage and to monitor progress by trainees.

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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	60	☐

Target Populations:

Media

Key Legislative Issues

Twinning

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: UTAP - U62/CCU322428 / JHPIEGO
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 12519
Planned Funds: $ 465,000.00
Activity Narrative: Zambia is currently one of the leading countries in terms of integrating Male Circumcision (MC) into the compendium of HIV/AIDS prevention activities. JHPIEGO has been supporting the male circumcision program in Zambia for several years, beginning in 2004 when they teamed up with the government to begin work on small scale efforts to strengthen existing male circumcision services to meet existing demand. This early work in Zambia has informed the international efforts of WHO and UNAIDS, and the training package that JHPIEGO developed with the Ministry of Health in Zambia formed much of the basis for the new international WHO/UNAIDS/JHPIEGO training package. Likewise, assessment tools used in Zambia also provided background for the WHO toolkit. The Government of the Republic of Zambia (GRZ) has established an MC Task Force under the Ministry of Health (MOH) and the Prevention Technical Working Group of the National AIDS Council, of which JHPIEGO plays a key role.

Zambia's 2007 COP included a limited amount of funding to examine the feasibility of male circumcision services in different sectors, or to develop and test tools that would strengthen the Information, Education and Communication (IEC) efforts for male circumcision. With these additional plus-up funds, JHPIEGO intends to expand the service delivery of MC by adding additional private and socially marketed service sites, as well as to provide significant support the GRZ to accelerate their efforts to develop clear message delivery guidelines, and develop and initiate an implementation plan to scale-up MC services that includes an IEC plan. Initial implementation support will include mass media messaging to begin to get correct and consistent information to the public quickly on the benefits and risks of circumcision.

JHPIEGO's focus for this activity will be on working with the MOH and other partners to build a strong AB message as part of the MC service package, which includes the development of counseling guidelines for men undergoing MC. AB messages will play a key role in the pre and post circumcision counseling that men go through in Zambia. The funds will be used to work with the MOH to identify culturally relevant strategies surrounding AB and MC, and to implement them into the HIV prevention and education messages as part of the comprehensive MC service package.

Funds will be used to: (1) support the development and testing of messages and implementing the effective messages as part of the national prevention strategy; (2) develop take home brochures, radio, and TV spots emphasizing AB as integral part of MC education; and (3) support the development of counseling protocols that include AB messages during MC service delivery, and train counselors on the importance of AB messaging within this service.

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	20	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	12	☐

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 12520
Planned Funds: $ 50,000.00
Activity Narrative: This activity is directly linked to Population Services International/Society for Family Health (SFH), Health Communications Partnership (HCP), JHPIEGO, and Partnership for Supply Chain Systems (SCMS) male circumcision activities (MC) as well as indirectly to Ministry of Health (MOH), National AIDS Council (NAC), and USG implementing partner AB activities.

In partnership with JHPIEGO, MOH, and NAC and through private funds, SFH has already begun implementing a socially-marketed MC pilot project in Lusaka. The objectives of this project are to assist in meeting current demand for MC services and to develop lessons learned regarding cost-effective, sustainable MC service delivery models to rapidly scale-up MC services nationwide. This project is operating in four sites: University Teaching Hospital urology clinic, two private clinics, and an SFH New Start-branded counseling and testing center.

With plus-up funding, SFH will expand the pilot project to two additional sites in peri-urban settings; selection will be determined by their suitability and commitment to the project, as indicated through the use of MC site assessment materials developed by JHPIEGO. These additional sites will provide richer data regarding the feasibility of implementing cost-effective, sustainable MC models in various locales through different modalities. More specifically, three components comprise this MC service delivery package: provision of the male circumcision procedure; counseling and communications on HIV prevention (including AB messages) and testing, STI evaluation and treatment, men's general reproductive health; and linkages to other reproductive health and HIV/AIDS services. Additionally, in conjunction with the national MC task force, these results will be used to further develop appropriate training and service delivery packages to increase access to safe MC services in a variety of settings.

More specifically, based on the technical manual produced by WHO and UNAIDS, a training manual/program will be developed in collaboration with JHPIEGO, MOH, and NAC. Contents of the training will include: pre-operation assessment; assessment of instruments and supplies; sterilization techniques; patient informed consent and necessary documentation; proper patient preparation; surgical procedures; pain management; post-op care; counseling for wound care; counseling about HIV/AIDS and prevention (including AB messages), reproductive health and healthy gender relations; recognition and treatment of adverse effects; and referral to tertiary centers if appropriate. Previous trainings developed by SFH (focusing on CT client counseling) and JHPIEGO (MC counseling and service provision) will serve as starting points and be revised and expanded as determined by the oversight committee. All doctors, clinical officers, nurses, and counselors involved in MC service delivery will be required to have successfully completed this training course which includes training in provision of AB messages. Moreover, frequent monitoring of service providers will promote high-quality services; service providers will be required to maintain the highest quality of service in order to remain in the MC service provision networ, including use of client feedback and follow-up to ensure service and counseling protocols are followed.

While this activity's overall emphasis is on service delivery, it will be necessary to coordinate with HCP in the development and dissemination of communication materials for related AB messages. Materials will emphasize clear information regarding the importance of AB as a key component of healthy behavior when possible.

In conclusion, through this approach, Zambia will be better informed of how it can provide high quality, cost-effective MC services nationwide within a comprehensive prevention program.

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: $ 4,200,000.00

Program Area Context:

Zambia has a comprehensive national blood transfusion program aimed at ensuring equity of access to safe and affordable blood throughout the country. Blood transfusion needs in Zambia are currently estimated at 100,000 units (450 mls each) of blood per year. Since the initiation of the President's Emergency Plan for AIDS Relief (PEPFAR) funding in August 2004, mobile collection sites have increased from 9 to 21 while blood collection has increased drastically from a baseline of 8,715 units in 2004 to 18,476 units for the first quarter ending March 2006 thereby bringing the current operation to 93,000 units per year exceeding the target of 88,500 units by 6%. About 40-45% of the collected blood is transfused in children under the age of five years and 20% in complicated pregnancies. With support from PEPFAR, transfusion sites have increased from 81 to 115 in number covering all nine provinces and operating in most of the 72 districts. Not only has previous funding allowed for the expansion of collection sites, the purchase of 18 vehicles and five trailers for transporting blood it has also allowed for the acquisition of nine large blood storage refrigerators for the nine regional sites and 81 small blood storage refrigerators for the blood transfusion sites. About 595 providers have been trained on safe blood operations. There is strong collaboration between the ZNBTS and other donors such as World Bank and the Global Fund to ensure funding for blood safety are coordinated and streamlined for efficiency.

The Zambia National Blood Transfusion Service (ZNBTS) is the government unit responsible for ensuring safety, an adequacy, and an equitable supply of blood throughout the country. ZNBTS continues to face challenges such as (1) needing to rapidly increase blood collections to meet the estimated national demand of 100,000 units of blood per year by 2009; (2) increasing the percentage of regular repeat donors from 32% in 2005 to 85% in 2006; (3) reducing HIV discards from 8% to 1% by 2007, and; (4) stretching limited resources against increasing operations.

Funding from 2004-2006 has considerably expanded ZNBTS activities. The blood safety system in Zambia comprises the coordinating centre in Lusaka and nine regional blood transfusion centers in each of the nine provinces. Together these facilities are responsible for donor mobilization, collection, laboratory screening and distribution of blood; maintaining 81 hospital-based blood banks located in government and mission hospitals. They are also responsible for blood grouping and cross-matching and monitoring of transfusion outcomes for their respective hospitals of location. There are over 112 facilities, including government, mission, military and private facilities that are currently involved in the clinical use of blood. The existing blood transfusion infrastructure is fairly developed and equipped with the requisite equipment for blood collection, testing, distribution, and cold chain maintenance. Government, mission, military and private hospitals receive tested blood and blood products from the nine regional centers. Since its inception, additional staff have been employed, operational and financial support has been extended to all regional centers, and management has been strengthened. As a result, mobile collection teams have increased steadily from nine to nineteen in 2005 and to 21 in 2006. The main strategies applied to ensure safety and adequate supplies of blood include: recruitment and retention of voluntary non-remunerated blood donors from low risk population groups; application of strict criteria for selection of blood donors; procurement of standardized and adequate blood storage refrigerators. Updated blood screening equipment; mandatory laboratory screening of blood for HIV, Hepatitis B and C, and syphilis; promotion of appropriate clinical use of blood; appropriate staff training and capacity building; and continuous improvements in management and coordination have all contributed to the successful strategy.

The blood safety program in Zambia is a national program covering the whole country. The collection, laboratory screening, and distribution of blood is the responsibility of the nine provincial blood banks. Clinical transfusion of patients is currently conducted by 112 hospitals and clinics throughout the country, including public, private, military and faith-based facilities. The total transfusion needs in Zambia are estimated at 100,000 units per year and the current operations are at about 65%. Under the current arrangement, all blood collections and screening are done by ZNBTS, while other partners are mainly involved in the clinical use of blood. In 2005, HIV prevalence in donated blood increased from 6% to 8%,

mainly due to the rapid scale-up of blood collections (93,370 units for the first 20 months of PEPFAR support), which largely depended on first time donors. The focus is now aimed at rapidly reducing HIV prevalence among donors to 1%. The percentage of voluntary, non-remunerated blood donation currently stands at 88%. Currently, 100% of blood collected throughout the country is screened for HIV and other blood borne infections. Stock-outs of test kits in donation sites are negligible.

Currently, a national blood transfusion policy and strategic plan exist. Since mid 2005, ZNBTS has embarked on the development of an appropriate legal and regulatory framework for blood transfusion services in Zambia. In the past, the lack of an appropriate blood donor tracing system contributed to over-reliance on first time donors, instead of regular, repeat donors, which led to increased discards. However, ZNBTS has developed and is now implementing a computer-based blood donor tracing system, which will be given a special emphasis in 2007. The ZNBTS intends to assure rational use of blood and blood products through a series of activities, e.g. the updating, distribution, and dissemination of the national guidelines on the appropriate use of blood; strengthening hospital blood transfusion committees; training of clinicians and medical school students in the appropriate methods of rational use of blood; improving and expanding capacities for production of various blood components; and strengthening the systems for monitoring blood transfusion outcomes.

New activities to be supported with FY 2007 funds include: procurement of nine new large refrigerators for nine regional sites, 34 new small refrigerators to ensure all 115 sites have adequate storage space, and 21 laptops for the management of the repeat donor tracing system on the part of the mobile blood collection teams. Use of the Continuity of Care: Patient Tracking System (CC:PTS) and the issuance of individual electronic health records will also be explored as a way to maximize donor tracing and enroll citizens in the system. Additionally, ZNBTS will more actively pursue formalized and systematic linkages with counseling and testing services.

Program Area Target:

Number of service outlets carrying out blood safety activities	115
Number of individuals trained in blood safety	595

Table 3.3.03: Activities by Funding Mechanism

Mechanism:	ZNBTS - Track 1 - U62/CCU023687
Prime Partner:	Zambia National Blood Transfusion Service
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Central (GHAI)
Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03
Activity ID:	9049
Planned Funds:	$ 3,800,000.00

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 President's Emergency Plan for AIDS Relief (PEPFAR) with a 5-year grant that ends in March 2010. As part of the national program the ZNBTS is building a boold satefy program within the scope of the government sustainability framework.

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 fiscal year (FY) 2005/06, the program has sought 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 has been 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%.

Zambia has a comprehensive national blood transfusion program aimed at ensuring equity of access to safe and affordable blood throughout the country. Blood transfusion needs in Zambia are currently estimated at 100,000 units (450 mls each) of blood per year. Since the initiation of PEPFAR funding, August 2004, mobile collection sites have increased from 9 to 21 while blood collection has increased drastically from the baseline of 8,715 in 2004 to 18,476 the quarter ending March 2006 bringing the current operation to 93,000 units per year of exceeding 88,500 target by 6%. About 40-45% of the collected blood are transfused in children under the age of five years and 20% in complicated pregnancies. With support from PEPFAR, transfusion sites have increased from 81 to 115 sites covering all the nine provinces and operates in most of the 72 districts. Previous funding has allowed for expansion of collection sites from 81 to 115, purchase of 18 vehicles and five trailers for transporting blood, nine large blood storage refrigerators for the nine provincial sites and 81 small blood storage refrigerators for the blood transfusion sites. About 595 providers have been trained on safe blood operations. There is strong collaboration between the ZNBTS and other donors such as World Bank and the Global Fund to ensure funding for blood safety are coordinated and streamlined for efficiency.

These achievements have been accomplished through various activities; hiring and maintaining appropriate project staff to supplement the inadequate permanent staff, developing an appropriate database and locator system to ensure that effective contact with donors is maintained, enhancing donor counseling services to help convert first time donors into repeat donors, and procuring all the necessary supplies including refrigerators and vehicles for mobile collection sites and to transport blood and for frequent program monitoring.

Currently, ZNBTS has a total of 9 large blood bank refrigerators, which have been allocated to each of the provincial blood banks. Each of these blood banks has only one big refrigerator. This has created a problem as some of these centers are using the same refrigerator for storage of both the tested and unscreened units of blood. The practice is considered unsafe and hence the request for additional refrigerators. The procurement of these additional refrigerators will make it possible for each center to have two large refrigerators, and provide for separation of the storage of tested blood from untested blood.

At the time of procuring the small blood bank refrigerators, ZNBTS was only servicing 81 district hospital-based blood banks, and hence a total of 81 small refrigerators were procured and distributed to these centers. These refrigerators are used for storage of already screened units of blood supplied by the regional blood banks. However, since that time, the number of hospital-based blood banks/transfusion outlets, has increased to 112 and are expected to soon reach 115.

Fiscal year 2007 funding will support continuation of the current established activities. The funding will also be used to procure an additional nine new large refrigerators for nine regional sites and 34 small blood bank refrigerators, which will be distributed to blood banks which do not have refrigerators at the moment.

In FY 2006, ZNBTS developed a MS Access database for blood donor tracing system. However, problems such as inaccuracies associated with manual capturing of data occur using this data entry system. The 2007 funding will also be used to procure and distribute 21 laptop computers to each of the 21 blood collection teams at all provincial blood banks, which will enable them to capture data and consult the database for donor counseling on site during blood collection sessions. 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.

In FY 2006, ZNBTS started establishing linkages with health facilities which offer voluntary counseling and testing services. Strengthening of these links will be a major focus during this funding period. Such linkages would benefit the blood transfusion service in two ways: 1) blood donors who test positive to HIV would be referred, with their consent, to selected reputable health facilities for further counseling and advice on how to live positively and, can also provide free antiretroviral therapy if necessary; and) 2. Persons who test negative for HIV at voluntary counseling and testing (VCTs) would be encouraged to visit ZNBTS blood banks and become repeat blood donors, hence reducing the percentage if infected and discarded blood.

Continued Associated Activity Information

Activity ID: 3607
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Zambia National Blood Transfusion Service
Mechanism: Technical Assistance
Funding Source: N/A
Planned Funds: $ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	115	☐
Number of individuals trained in blood safety	595	☐

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1 – Blood Safety - Sanquin
Prime Partner: Sanquin Consulting Services
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 10356
Planned Funds: $ 400,000.00
Activity Narrative: This activity relates to ZNBTS (#9049).

Sanguin has provided useful technical assistance, supervisory quality support, and residential training for the Zambia National Blood Transfusion Service (ZNBTS) since the inception of PEPFAR in Zambia. Sanguin will continue to support areas that enable the ZNBTS strategy which includes improved quality assurance, development of blood products, donor recruitment, donor retention, and expanded laboratory capacity.

Lead experts from Sanguin provide routine support through supervisory visits to Zambia to assist in troubleshooting and continued advice on scale-up and program expansion. Support comes in the form of workshops and on-the-job training. An additional feature is to bring ZNBTS staff to the Sanguin headquarters in the Netherlands for on-site residential training. There, staff gain practical experience in quality assurance, management, donor services, laboratory supervision, and quality systems for blood transfusion services. These activities will be continued in 2007.

In 2007, Sanguin will design and launch a Master's degree program in blood safety with a university to be identified in the Netherlands. The program will combine e-learning and on-site practical residencies. Theory and basic information on blood safety will be provided via distance learning formats. Students will then be required to spend a period of 4-6 months in the Netherlands working with Sanguin to develop practical donor services and laboratory skills.

By providing assistance to the ZNBTS in these key areas, which includes human capacity strengthening, Sanguin will continue to significantly contribute to the overall sustainability of the national blood service programs.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	115	☐
Number of individuals trained in blood safety	200	☐

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: $ 1,220,080.00

Program Area Context:

The transmission of HIV through unsafe medical practices accounts for a small percentage of transmissions in Zambia. It is largely preventable. The National Infection Prevention Working Group continues to spearhead activities to strengthen infection prevention practices, including injection safety. The Infection Prevention (IP) strategic plan has been finalized and incorporated in the National Health Strategic Plan 2005-2010. Through Track 1.0 funding, the United States Government (USG) is supporting the Ministry of Health (MOH) and the Ministry of Defense (MOD) to assess and address major areas of concern namely: injection safety (IS) practices, handling and processing of sharp instruments, handling and disposal of medical waste, and management of logistics and procurement of IP/IS commodities. With USG support the National Infection Prevention Guidelines have been disseminated to all health managers and training in infection prevention is being provided to health care providers around the country. 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 the Government of the Republic of Zambia (GRZ) to increase the use of safe injection practices, ensure the practice of universal precautions, and increase the availability and use of post-exposure prophylaxis.

The program's approach to improving injection safety involves training of providers; procurement of safe injection equipment including personal protective clothing; dialogue with health managers and policy makers on the need to allocate sufficient resources for injection safety; development and implementation of policies to promote proper disposal of medical waste; and safer practices for injection use. The program also works with communities and their respective leaders to foster behaviors that reduce the risk of medical transmission of HIV/AIDS, including reducing the demand for injectable medication and staying away from medical waste disposal sites. These activities are currently being implemented in 19 districts, and it is hoped that the inclusion of 18 additional districts per year for three years will ensure coverage of all 72 districts in Zambia. The GRZ will receive support to achieve national coverage by the following means: training of managers and providers, supplementing injection safety supplies and equipment and, developing policies and guidelines for waste management and disposal.

In FY 2005, commodities (disposable needles, sharps boxes, gum boots, utility gloves, plastic aprons, color coded bin liners, sodium hypochlorite, and hand rub sanitizer) worth $750,000 were procured and distributed through Medical Stores Limited. Seventeen districts benefited from the distribution of these supplies. Follow-up visits of 84 health care providers who had been trained and given supplies indicated an overall improvement in IS/IP practices. Supervisors observed standard practices including: showing the new needle and syringe to the patient before injection, hand washing between patients, not recapping needles, and disposing of used needles in a secured sharps box. In FY 2006, 227 healthcare managers and supervisors from 66 districts were oriented in IP/IS and have come up with action plans to begin IP/IS activities in their respective institutions. At the same time 278 healthcare providers from 17 districts received training in IP/IS practices and procedures. Procurement of another consignment of injection safety supplies worth $750,000 is in process. In addition, training on Post Exposure Prophylaxis (PEP) and its implementation have been expanded to an additional 35 Zambia Defense Force (ZDF) facilities using U.S. Department of Defense (DOD) FY 2005 and FY 2006 COP funding.

In FY 2007, training of healthcare workers will be extended to an additional 18 districts. Each of these additional districts will be expected to train at least 470 individuals in injection safety practices, information, education and communication (IEC), and advocacy for increased resource allocation. IEC materials (posters and leaflets) for health workers, community members, and leaders will also be printed and distributed in the districts. The program will also advocate for the inclusion of IP/IS activities in the action plans and budgets of the local District Health Management Teams. Additionally, at the national level, the USG plans to establish and disseminate guidelines and standards and to integrate IP/IS concepts into other programs. By working with and supporting the GRZ health structures (both nationally and locally), the USG is building local capacity and establishing frameworks to promote sustainability of the program

investments.

For the ZDF, the DOD FY 2007 funding will be used to train an additional 200 service providers in the remaining 19 ZDF health facilities. This will achieve whole-country coverage of all ZDF health sites.

At the national level, the USG will continue to help in the development, dissemination, and streamlining of IS/IP guidelines and standards into other programs/practices. In addition, the USG will continue to support the development of PEP protocols and guidelines for health care workers in facilities that provide ART. The USG will also continue supporting the work of the Environmental Council of Zambia and Ministry of Health to develop technical guidelines and policies for the national health care waste management system. The USG will continue to work and support the GRZ health structures at district, provincial, and national levels in building local capacity and establishing frameworks to promote the sustainability of effective IS/IP practices. The USG will work in synergy with the Global Access to Vaccines Initiative (GAVI) and UNICEF which contribute to good IS/IP through education and through supply of immunization equipment and other IS/IP supplies.

Despite these various efforts, implementation of standard IS/IP practices in many facilities remains a challenge due to severe human resource constraints, limited availability of necessary equipment and commodities, weak systems, and weak quality support and supervision systems. Furthermore, waste management remains the greatest challenge. Most health facilities need new or renovated incinerators to dispose of their medical waste. Due to a limited budget however, the project only supports advocacy, while the GTZ and other cooperating partners allocate more resources to the construction/renovation of incinerators and for coherent policies on waste management.

However, most health care managers and providers are becoming increasingly aware of the need for safe injection practices, as exhibited by improved IS and IP practices in Zambia. Training has been the core activity for the implementation of good IS/IP practices in Zambia. In districts where managers have received training in IS, there has been improvement in IS practices, as well as in planning, forecasting, budgeting, procurement/management of supplies, and availability of injection equipment/sharp boxes.

Program Area Target:

Number of individuals trained in medical injection safety	470

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: Central (GHAI)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 8876
Planned Funds: $ 1,000,000.00

Activity Narrative: This program aims to reduce the preventable medical transmission of HIV due to poor Injection Safety (IS) and Infection Prevention (IP) practices. The transmission of HIV through unsafe medical practices, while accounting for a small percentage of overall transmission, is largely preventable. The major issues are blood safety, injection safety practices, handling and processing of sharp instruments, and handling and disposal of medical waste. Infection prevention (IP) practices in Zambia are generally weak due to severe human resource constraints in the health sector, restricted budgets and limited availability of necessary equipment and commodities, weak quality support and supervision systems, and provider and consumer preferences for injections.

The Medical Injection Safety Program (MISP) works with other Emergency Plan partners in implementation of activities and technical collaboration, including formative research results, technical information on making injections safer, and evidence of performance improvement of staff trained in injection safety. The Emergency plan partners include: JHPIEGO (Zambia Defense Forces (ZDF) (9091); Zambia Prevention, Care and Treatment (ZPCT) (8885); Centre for Infectious Disease Research in Zambia (CIDRZ) (9000); Catholic Relief Services (CRS)/AIDS Relief (8827); Health Services and Systems Project (HSSP) (8794); Project TBD (9520); and a wide range of VCT partners.

19 out of the 72 districts in Zambia have already started implementing IS/IP activities. The specific activities have included training of healthcare workers and managers, supplementation of injection safety supplies and equipment, and advocacy for policies on proper management and disposal of clinical waste. In FY 2007, the MISP will expand its coverage by adding two new districts in each of the nine provinces—a total of 18 new districts. This expansion will increase the number of districts providing IS/IP services to 38, representing a 53% coverage of all districts. The activity will be implemented in collaboration with the provincial and district health offices, and will seek to increase the number of trained healthcare workers through utilization of the district staff already trained in IS/IP under the National Infection Prevention Working Group.

The MISP is designed to impact on IS and IP issues at the district, provincial, and national levels. At the district level, the program will support training of health workers, strengthening of performance improvement systems, and support for commodities and logistics management. Through participation in the formulation of district and provincial action plans, the project will have the potential to influence government's budget allocation for essential commodities (e.g., needles, sharps boxes, disinfectants, and Personal Protective Equipment (PPE)). At the national level, the project will support advocacy and policy efforts.

Furthermore, MISP will also provide supplementary support through the procurement of additional commodities needed for the implementation of the initiative.

Specifically, and in collaboration with Ministry of Health (MOH) procurement and distribution specialists, and the Medical Stores Ltd (MSL), and in conjunction with other cooperating partners (e.g. Project TBD, ZPCT, HSSP, Churches Health Association of Zambia (CHAZ), CRS, and JHPIEGO/PCI/ZDF), the Injection Safety project will carry out the following four activities:

(1) Logistics: Strengthening the logistics process, including forecasting, procurement, inventory management, and distribution of essential commodities (e.g. disposable syringes, sharps disposal boxes) through the following strategies:

(a) Orientation of managers and provision of technical support to the infection prevention committees and to the focal persons in order to promote symmetry of information on forecasting and procurement among the line managers and the frontline service providers (which will ensure that the right types and quantities of commodities are ordered and delivered in time to the consumption point).

(b) Strengthening of communication between key stakeholders through regular meetings, correct data flow, reports, and feedback in order to bring coherence in the commodity procurement and delivery system among the facilities, the district, and the central MSL.

(c) Monitoring and assessment of the commodity situation in the 18 target districts,

including the procurement and provision of essential equipment and supplies to fill gaps.

(2) Training: MISP will train 15 service providers in each of the 18 target districts, leading to a total of 270 health care workers trained in IP/IS. MISP also expects train an additional 200 or more health care workers, furthering the expansion and sustainability of the program.

(3) Support and Supervision: The program will continue to render support to partners and to districts trained in previous years in order to improve IS/IP practices and to promote in-house training. The support will be facilitated through visits to the site, where standards-based improvements will be advocated.

(4) Advocacy: The program will sponsor one advocacy meeting for 30 participants in each of the nine provinces. The participants will include managers, frontline service providers, and community leaders. The development of information, education, communication (IEC) and other activities required for sound IS/IP practices will be informed by findings from formative research on behavior, attitudes, practices, knowledge levels, and motives towards IS/IP. The focus of the activities and the IEC material will be on generating demand for improved IP practices and reducing demand for unnecessary injections. Discussions with community leaders will 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.

(5) Collaboration with other stakeholders: The program will work with the National Infection Prevention Working Group (NIPWG), within the conceptual framework of the National Health Strategic Plan in the implementation of the National Infection Prevention Strategy (2005–2007) and, in the review of guidelines on standard IP/IS practices. The program will also work closely with the Environmental Council of Zambia, on the development of policies and guidelines for management of clinical waste and with the National Drug Formulary committee to reduce injection seeking behaviors and advocate for changes in policy that could result in reduction of unnecessary injections by replacing injectable medications with oral medications wherever possible. The program will also work with the MOH to develop and implement protocols and guidelines for post exposure prophylaxis and hepatitis B vaccination. Other collaborators include: the United Nations Children's Emergency Fund, the World Health Organization, the World Bank/ZANARA project, and the Department for International Development.

(6) HMIS: The program will support the 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.

By working with and supporting the GRZ health structures (MOH, Provincial Health Office, District Health Management Team (DHMT)), MISP is building local capacity and establishing frameworks to promote sustainability of the program investments. At the local level, the program works with the facility and DHMT to help them include IP/IS activities and commodities in their own action plans and budgets. At the national level, MISP helps to establish and disseminate guidelines and standards and to integrate IP/IS concepts into other programs, an approach which also promotes long-term sustainability.

Continued Associated Activity Information

Activity ID:	3543
USG Agency:	U.S. Agency for International Development
Prime Partner:	Chemonics International
Mechanism:	Injection Safety
Funding Source:	GHAI
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

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

Indirect Targets

Indirect Targets:
4.1 Number of individuals trained in medical injection safety: 200

Explanation of Indirect Targets:

4.1: Each of the 18 targeted districts is expected to train at least 11 health care providers in turn. This is an ongoing activity and will be owned by the individual health institutions.

Target Populations:

Community leaders
Policy makers
Program managers
Public health care workers
Private health care workers

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.04: Activities by Funding Mechanism

Mechanism:	DoD-JHPIEGO
Prime Partner:	JHPIEGO
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	9091
Planned Funds:	$ 220,080.00

Activity Narrative: This work is closely linked to JHPIEGO's other work with the Zambia Defense Force (ZDF), strengthening integrated HIV prevention, care, and treatment services (#9088, #9089, and #9090) and Systems Strengthening (#9087) activities in logistics and planning with the ZDF. It also relates to Project Concern International (PCI)'s support to ZDF in Counseling and Testing (CT) (#8785) and is closely coordinated with the USAID-funded Injection Safety program (#8876).

JHPIEGO is supporting the ZDF to improve overall clinical prevention, care, and treatment services throughout the three branches of military service, Zambia Army, Zambia Air Force and Zambia National Service around the country. The overall aim of the activity is to ensure that the ZDF is equipped and enabled to provide quality HIV/AIDS services to all its personnel, as well as to the civilian personnel who access their health system. This includes strengthening the management and planning systems to support PMTCT and HIV/AIDS care and treatment services, with the appropriate integration, linkages, referrals, and safeguards to minimize medical transmission of HIV. JHPIEGO, as an important partner to the Ministry of Health (MOH) HIV/AIDS PMTCT, ART, palliative care, HIV-TB and injection safety programs, supports the ZDF in gaining access to materials, systems, and commodities funded by the U.S. Government, other donors, and numerous technical partners who work with the MOH, and to harmonize services and maximize efficiencies between ZDF and MOH facilities and programs.

The Defense Force Medical Services (DFMS) supports health facilities at 54 of the 68 ZDF sites with the remaining sites relying on Medical Assistants and outreach support. These health services are spread out, many in hard-to-reach areas, around the country, and serve both ZDF and local civilian populations. In addition, given the mobile nature of the ZDF, it is often the first responder to medical emergencies and disasters throughout the country. Unfortunately, the ZDF has not benefited from many initiatives that have been on-going in the MOH public sector mainly because the ZDF has its own heath system running parallel to the national one. While these links are improving, there are continued opportunities to improve harmonization and maximize the efficiency between the MOH and ZDF health services.

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 IP procedures. The availability of Post Exposure Prophylaxis (PEP) for those who have a potential exposure is also limited. 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 Defense Force Medical Services (DFMS) are no exception. IP/IS have been highlighted by the management of the DFMS and by other cooperating partners as an area that needs improvement.

Through its role in helping to lead the National Infection Prevention Working Group (NIPWG), JHPIEGO has ensured the ZDF becomes an active working group member and that the ZDF benefits from strengthening of IP/IS and is harmonized with national efforts. This working group includes representatives from the MOH, National HIV/AIDS/STI/TB Council (NAC), non-governmental organizations, and private sector, Environmental Council of Zambia, Medical Council of Zambia, and General Nursing Council among others. One of the priority areas is the management and proper disposal of medical waste, which is an on-going issue throughout the country.

In FY 2005 and FY 2006, JHPIEGO's support to the ZDF was generating support for sustainable solutions in IP/IS for the entire DFMS. Response to initial work shows that DFMS personnel have underestimated the shortcomings in this area, and are enthusiastically moving forward to improve their services and standards. This has resulted in their identification of needs for whole-site training, which is essential to change IP/IS standards and practices, and they are working to supplement the training provided through this program. Through FY 2005 and FY 2006, over 450 service providers and service outlet managers from over 35 sites were trained and oriented in IP/IS practices and principles including proper health care waste management. Following training, sites

received essential commodities and supplies to ensure immediate implementation of improved IP/IS practices. To ensure that IP/IS knowledge and practices are carried forward JHPIEGO has helped build the DFMS training capacity by training IP/IS trainers and co-teaching with them to ensure quality as they conducted follow-on training. JHPIEGO and DFMS have conducted supportive supervision visits, after training, to address gaps and ensure best practices are implemented appropriately. In addition PEP protocols developed were implemented and tested at key sites.

In FY 2007, utilizing the IP/IS trainers trained, JHPIEGO will co-teach and train 200 providers from all different cadres including cleaners, medical assistants, and service providers. This training will cover the remaining 19 DFMS supported health facilities as well as those units that do not have full clinics but are served by health assistants. These workshops will be led by the DFMS IP/IS trainers with JHPIEGO staff providing support in clinical and training skills areas to ensure quality training. JHPIEGO will continue with the model of providing seed amounts of essential commodities while ensuring that future procurements by the ZDF include the necessary IP/IS commodities and supplies. JHPIEGO and ZDF staff will work together to conduct supportive supervision visits throughout the ZDF 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, ensuring continued advocacy for support at central and base management levels.

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. JHPIEGO will work with ZDF, the Medical Council of Zambia, and NIPWG to continue to seek and implement sustainable solutions for improved medical waste management and disposal.

JHPIEGO's approach to minimizing the transmission of HIV in the ZDF will ensure greater sustainability of IP/IS practices by focusing on the development of DFMS training and supervision capacity and the facilitation of the development, dissemination, and implementation of guidelines and protocols for IP/IS, PEP and medical waste disposal systems. JHPIEGO also seeks sustainability of the activities by working with all the stakeholders in the ZDF and DFMS including the unit commanders, service outlet managers, decision makers at the central level as well as the medical service providers, ensuring that all involved understand the importance and benefits of proper IP/IS practices and protocols.

Continued Associated Activity Information

Activity ID:	3676
USG Agency:	Department of Defense
Prime Partner:	JHPIEGO
Mechanism:	DoD-JHPIEGO
Funding Source:	GHAI
Planned Funds:	$ 350,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	200	☐

Target Populations:

Doctors
Nurses
Military personnel
Program managers
Other Health Care Worker

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.05: Program Planning Overview

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

Total Planned Funding for Program Area: $ 8,904,500.00

Program Area Context:

Zambia faces a generalized HIV/AIDS epidemic with about one in six adults infected. Zambia is rapidly scaling-up prevention activities that target specific at-risk populations with outreach programs, partner reduction interventions, sexually transmitted infection (STI) and counseling and testing (CT) services, consistent condom use, and post-exposure prophylaxis (PEP). Risk factors driving the epidemic include multiple and concurrent sexual partners, coupled with transactional and intergenerational sex. Multiple sexual partners have yielded a high proportion (21%) of discordant couples. According to the Zambian Sexual Behavior Survey (2005), concurrent partnerships have decreased among adults from 11.0% to 9.7%, and young people, from 6% to 4.3% between 2000 and 2005. Additional risk factors driving the epidemic include high levels of alcohol use and abuse, which often results in sexual disinhibition and instances of sexual violence and gender inequalities, which are strongly correlated with high-risk sexual behavior. HIV is also common among individuals that test positive for an STI. To address these risk factors, the Government of the Republic of Zambia (GRZ) gives high priority to increasing the availability of condoms, addressing male norms, and improving timeliness and effectiveness of STI treatment. To encourage ongoing collaboration and a consistent message at the national level, the GRZ convenes a national Information, Education, and Communication (IEC) Technical Working Group, and the USG facilitated a new forum on the Prevention of Sexual Transmission (PST).

The USG supports a comprehensive set of Other Prevention interventions: the purchase, promotion, and distribution of condoms; behavior change communication (BCC) and education; STI management; post-exposure prophylaxis (PEP); substance abuse treatment; male circumcision; and linkages to other services. In FY 2007, programs will focus on targeting sexual networks in areas with high HIV prevalence using a combined ABC approach, identifying and assessing individual and community risk factors, and involving PLWHA and their partners as leaders in HIV prevention. New in FY 2007, the USG will do a targeted evaluation of HIV prevalence and behavior among men who have sex with men.

To ensure availability of condoms and meet unmet need, the USG will purchase 15 million condoms. The United Nations Population Fund (UNFPA) will procure condoms for Zambia's public sector. The USG-procured condoms will be socially marketed to increase correct and consistent use, while simultaneously reducing stigma and taboo. The USG-procured condoms will be strategically distributed to commercial outlets and non-governmental organization (NGO) networks. Working with local wholesalers and distributors ensures the sustainability of the program. Public and private health workers will be trained on condom use. The USG is targeting 5319 rural and urban condom service outlets in FY 2007. Condom sales will be complemented by communications and behavior change interventions targeted to reduce high-risk behaviors.

For partner reduction and condom use among the most at-risk populations (MARPs), the USG uses media, interpersonal BCC, and involves communities and leaders in identifying solutions and initiating behavior change. For example, USG partners have trained drama groups to deliver prevention messages to the Zambia Defense Forces (ZDF) using scripted stories; developed videos focused on stigma and discrimination, both barriers to prevention; and developed a radio program to address gender issues and strengthen negotiation skills to delay sexual debut. Communication campaigns are used to encourage individuals to know their HIV status. In FY 2007, 579,800 individuals will be reached with community outreach that promotes HIV/AIDS prevention through other behavior change. The USG will use education to address HIV risk behaviors and will train peer educators in both private and public workplaces and within communities to deliver prevention methods.

In the area of STI management, 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; and supplying STI test kits, lab equipment, and drugs to the ZDF, GRZ, and non-governmental static and

mobile services. CT services have now been linked or integrated into STI management.

The USG collaborates with law enforcement agencies to prevent and respond to sexual violence, including the provision of PEP. In addition to sexual violence, substance abuse has been linked to the spread of HIV in Zambia. Excessive alcohol use not only increases vulnerability to HIV by lowering inhibition but also impairs efficacy of HIV medications and reduces compliance to treatment. In response, the USG will develop culturally appropriate interventions and messaging around the risks of alcohol abuse as related to HIV.

In FY 2007, the USG will do formative research to assess the feasibility of scaling-up existing male circumcision services, and to evaluate policy issues and barriers surrounding the provision of services. Partners will develop technical information and educational materials for both the provider and client, focused on the importance of undergoing circumcision by a trained professional, risk-disinhibition, and post-procedure care. The GRZ has initiated a steering committee for male circumcision.

USG prevention interventions provide referrals and linkages to medical care, PMTCT, ART, CT, support networks, and STI diagnosis and treatment. These referrals are critical to ensuring that prevention messages are linked to treatment and care services for individuals infected with and affected by HIV. Prevention is also targeted towards HIV-positive individuals to prevent further transmission to partners.

The USG's Other Prevention interventions are targeted primarily at the most at-risk populations (MARPs). MARPs have been identified by the ZSBS, the PLACE study, and through the use of a peer-to-peer approach whereby high risk peer educators are trained to identify and reach out to other high-risk individuals. MARPs include: discordant couples, those engaged in transactional and intergenerational sex, sex workers and their clients, mobile populations, transport workers, cross-border traders, prisoners, refugees, fishing communities, transients, migrant workers, refugees, sexually active youth, STI patients, victims of sexual violence, and uniformed civilian and military personnel.

Interventions are targeted in geographic areas of high-risk. The USG is strengthening and expanding 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, and refugee camps; at STI and TB clinics; and in farming plantations that use seasonal labor. The USG is currently covering all 72 districts with condom and other prevention activities. 60% of districts have intensive condom promotion and outreach activities; low intensity activities are being implemented in 40% of the districts, some of which are hard-to-reach rural areas with poor infrastructure and low density populations. Approximately 70% of the military and their dependents will be covered in FY 2007.

To ensure the sustainability of Other Prevention activities, USG partners will strengthen the capacity of local NGOs, public and private sector workplaces, high-risk communities, the GRZ, health facilities, BCC programs, and the ZDF to plan, monitor, and implement other prevention programs and facilitate social change to reduce sexual transmission.

Program Area Target:

Number of targeted condom service outlets	5,319
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	579,800
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,751

Table 3.3.05: Activities by Funding Mechanism

Mechanism: DoD-PCI
Prime Partner: Project Concern International
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8786
Planned Funds: $ 232,500.00

Activity Narrative: This activity also relates to Project Concern International (PCI) activities in Other/Policy Analysis and System Strengthening (PCI) #9171, Abstinence/be faithful (PCI) #9170, PMTCT (JHPIEGO) #9088, Palliative Care TB/HIV (JHPIEGO) #9090, Palliative Care Basic Health Care and Support (PCI) #8787, Counseling and Testing (PCI) #8785, and HIV/AIDS treatment/ARV services (JHPIEGO) #9089.

The first component is continued support to two existing drama groups and technical assistance in developing HIV/AIDS-related scripts and performances. Since FY 2003, the drama groups, consisting of 39 members, have traveled to all 54 Zambia Defense Force (ZDF) facilities throughout the country spreading messages on abstinence, faithfulness, and the correct and consistent use of condoms, HIV counseling and testing, stigma reduction, the influence of alcohol on risk behavior, and other key messages identified through regularly updated qualitative research with the target group to ensure continued maximum relevance and acceptance.

Feedback from ZDF leadership, officers, and enlisted personnel alike indicates that the tours are extremely well accepted and are effective at increasing HIV/AIDS-related knowledge and promoting positive behavior change in ZDF personnel, their family members, and local communities surrounding the bases. Given the isolated nature of many of the ZDF sites, these drama performances are often the only exposure many of these communities, both military and civilian, have to HIV/AIDS prevention messages. The drama groups were mobilized quickly to participate in Zambia's National VCT Day launch in Chongwe, and have toured 12 sites in one month, reaching 3,615 military and non-military personnel with HIV/AIDS prevention messages. In FY 2007, the drama groups will continue to be supported to visit up to 40 ZDF units, camps and operational areas. Some of these visits will be in conjunction with the mobile CT units as a means of pre-CT community mobilization, and will reach an estimated 15,000 individuals.

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 more than three times higher than the general population rate, and condom use especially among those with multiple partners was found to be very low. Therefore, the USG will support the ZDF in promoting prevention methods such as correct and consistent condom use, along with promoting abstinence and faithfulness. In FY 2007, issues related to ART adherence, fidelity in marriage, and excessive alcohol consumption will be examined through qualitative research and added to the messages promoted through drama and other communication channels.

CT, PMTCT and ART will continue to be key focus areas, in order to strengthen links with these USG-supported activities of the ZDF. The performers will receive refresher training in Theatre for Development, a locally adapted 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 continue to measure the impact of the drama tours (using pre-and post-exposure questionnaires as part of the intervention itself) to ensure quality and effectiveness of the drama tours. The training also serves as an opportunity for ZDF participants to conduct on-site qualitative research with the target population and to integrate current, key messages into updated performances.

Information, education and communication (IEC) materials promoting abstinence, faithfulness, other prevention methods, stigma reduction, counseling and testing, sexually transmitted infection (STI) management, and ART will be reproduced and distributed during the drama tours, HIV/AIDS sensitization tours by HIV/AIDS unit personnel and HIV+ personnel, mobile CT visits, monitoring visits, new recruit training and other occasions. PCI is a member of the "Prevention of Sexual Transmission of HIV" group that has recently been recognized by the National HIV/AIDS/STI/TB Council as one of their technical groups. One role of this group is to ensure that all partners are giving consistent, evidence-based messages on prevention of sexual transmission of HIV.

The second component of this activity is to continue assisting in the mobilization of people living with HIV/AIDS (PLWHA) to encourage their involvement in HIV/AIDS prevention activities. Whereas in 2003-2004 there were no openly positive ZDF personnel participating in the HIV/AIDS prevention, care, and support program, to date there are

close to 100 individuals associated with the ZDF actively participating in the program through HIV/AIDS sensitization with their colleagues, peer education, and support group formation, which has been initiated at five ZDF units. In addition, the ZDF has established a new position at its national HIV/AIDS unit, filled by an openly-positive Major, to spearhead the formation, guidance, and supportive supervision of support groups at individual ZDF sites. PCI will build on this success through continued support for these activities and continued support for the formation of HIV-positive support groups or post-test clubs at ZDF installations. PCI will provide training and technical support to HIV-positive ZDF personnel in organizing and programming visits to 54 military units to promote counseling and testing, ART, and stigma reduction. This group will also participate in HIV/AIDS leadership workshops for 54 Commanding Officers, which have proved to be extremely successful at engaging ZDF leadership and support at different levels for HIV/AIDS prevention activities in ZDF units.

In all prevention activities, the role of alcohol in the transmission of HIV will continue to receive emphasis. 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 facilitation guide, and written educational materials already incorporate messages in this regard and will be updated as needed. Awareness-raising by peer educators, PLWHA, the drama teams, mobile and facility-based clinical staff, and the HIV/AIDS unit through ongoing tours, training of new recruits, and training of pre-deployment personnel will also emphasize the impact of alcohol. 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.

As with other interventions involving the ZDF, sustainability will be promoted through an emphasis on planning, implementing, and monitoring all activities with leadership from ZDF personnel themselves. PCI and other technical resources will support these endeavors such as drama troupes and support groups. In this area, training and mobilization of support from ZDF leadership has also proved very effective at ensuring necessary support and involvement in HIV/AIDS-related programming and intervention.

The goal of this program is to reach out to 22,500 troops including family members with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful.

Continued Associated Activity Information

Activity ID:	3733
USG Agency:	Department of Defense
Prime Partner:	Project Concern International
Mechanism:	DoD-PCI
Funding Source:	GHAI
Planned Funds:	$ 360,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	22,500	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	39	☐

Target Populations:

Most at risk populations

Military personnel

People living with HIV/AIDS

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	UTAP - MSS/MARCH - U62/CCU622410
Prime Partner:	Tulane University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8816
Planned Funds:	$ 100,000.00

Activity Narrative: This activity is a sub component of the MARCH program (HVAB #8815). It is linked to activities in counseling and testing HVCT (#9018), ART services through the new Southern Provincial Health Office activity with CDC, home based care activities (#9180 and # 8946), and HIV/TB activities (#9017 and #9046).

The Modeling and Reinforcement to Combat HIV/AIDS (MARCH) project in Zambia was initiated in FY 2005. This program explores and addresses cultural factors particular to Zambia that continue to perpetuate HIV transmission among married people. One overall strategy employed is to promote the "Be Faithful" strategy through advocating for fidelity (see activity #8815). However, MARCH also aims to advocate for change in cultural practices that continue to expose individuals to HIV infection, increase personal risk perception for becoming infected with HIV, and curtail alcohol abuse. These three topics will be the focus of radio messages produced and disseminated by the MARCH HVOP activity.

The overall MARCH program is comprised of two components. The first component is a Radio Serial Drama (RSD - modeling activity) that provides listeners with authentic and realistic examples of people attempting to change risky behaviors associated with multiple and concurrent sexual partnerships that may lead to HIV infection and prompting people to rethink their own risk perceptions. The second component consists of community-based reinforcement activities that encourage communities to modify social norms and cultural practices involving multiple sexual partners, provide support to people to change their behavior, and link people to existing and forthcoming services for HIV prevention, care, and treatment. The reinforcement activities are being implemented at the community level and inspire community dialogue and diffusion of messages through the RSD. These two components of the behavior change strategy are entirely conducted by local Zambian partners with technical assistance provided by the USG.

Building on formative assessments and design completed in 2006, the MARCH activity will continue to focus on behavior change and social norms. The activities will aim to modify cultural practices that continue to expose individuals to HIV infection, perpetuate low personal risk perception for becoming infected with HIV, and promote alcohol abuse in Southern and Western provinces. Messages of prevention for positives will also be highlighted. Cultural practices were identified through a formative assessment and design workshop; held in collaboration with the Provincial and District AIDS Task Forces of Southern Province. These practices include: male norms around the definition of virility, polygamy, sexual cleansing, wife inheritance, dry sex and initiation ceremonies that need to be modified in the era of HIV/AIDS. It is anticipated that the RSD focusing on these topics will reach 25,000 people with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful. In addition, 75 people will be trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful.

Through the RSD, communities in Southern Province will also be encouraged to seek HIV counseling and testing and linked to appropriate care services. Some of the services available are provided by USG partners, including the Southern Provincial Health Office (#9018), the Corridors of Hope II, and RAPIDS (#8944). HIV-positive individuals will be informed of and linked to ART services, palliative care, psychosocial counseling, and TB/HIV services through the availability of a map of services in the five districts that will be implementing reinforcement activities. MARCH also works closely with Health Communication Partnership (HCP) and Corridors of Hope to learn from their experiences working in Southern Province with communication activities.

Male norms that encourage men to have multiple sexual partners, concurrent partners, and discourage condom use will be addressed during RSD episodes. With sustained behavior change the goal, community-based reinforcement activities that spur discussions among men and male social group leaders will be conducted and participants will be encouraged to change their behavior to protect themselves from infection and transmitting HIV and other sexually transmitted infections to their sexual partners. Participants will also be encouraged to promote these messages among their peers.

In FY 2007, MARCH will continue writing episodes and producing the serial drama using Pathways to Change, this is a set of MARCH tools which ensure consistency with

behavioral theory and research on HIV and behavior in Zambia and ensures that behavior change is based on process and not messaging. The Tonga-language drama will continue airing on both commercial and community radio stations and be transmitted throughout the Southern Province and early development work for the Lozi program to be aired in Western Province will also commence. In Western Province, the early development work will include recruitment of a team of writers and producers, design workshops, script writing workshops and development of the drama universe. The drama has five interconnected storylines though the emphasis of the drama is on translating research findings into a real life story.

Continued Associated Activity Information

Activity ID: 6572
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Tulane University
Mechanism: MARCH Project
Funding Source: GHAI
Planned Funds: $ 299,600.00

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	75	☐

Target Populations:

Adults
Community leaders
People living with HIV/AIDS
Public health care workers
Private health care workers
Community members

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Southern

Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Central Contraceptive Procurement
Prime Partner: Central Contraceptive Procurement
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8872
Planned Funds: $ 600,000.00
Activity Narrative: This activity is linked to Population Services International (PSI) Other Prevention (#8925).

This activity procures condoms for the prevention of HIV transmission among high risk groups. This procurement provides accessible and affordable condoms to Zambians at high-risk of contracting HIV, such as discordant couples, through a partnership with PSI via its local Zambian affiliate Society for Family Health (SFH). These condoms will enable SFH to expand their current program of direct condom sales to high-risk groups requiring a complete "Abstinence, Be faithful, correct and consistent Condom use" (ABC) approach to AIDS prevention. In FY 2005, USAID/Zambia procured approximately 10 million condoms using non-PEPFAR monies. In addition, during that same year, UNFPA supplied 35 million condoms for the public sector. In FY 2006, the USG is procuring approximately 14.7 million condoms through the USAID Central Contraceptive Procurement (CCP) mechanism using PEPFAR funds. In FY 2007, USAID will procure approximately 15 million condoms through CCP. These condoms will be distributed to 5,191 active outlets and 316 principal non-governmental organization/community-based organization networks that PSI/SFH will be using to distribute to high-risk groups. Further, SFH will complement these condom sales by communications and behavior change interventions for promotion of decreasing high-risk behaviors. Activities in FY 2007 will continue to be coordinated with the Health Communications Partnership (#8904) and the Ministry of Health amongst other partners. As a result of this condom distribution through the commercial and selected NGO sectors, SFH and its partners will continue to address the unmet demand of Zambians seeking condoms from outside the public sector.

With condoms provided by CCP, SFH has contributed to sustained and significant positive behavior change in Zambia and has increased Zambians' acceptance and usage of condoms. Sustainability will also be enhanced by establishing private sector partnerships with condom distributors and wholesalers. As a complementary activity to this procurement, SFH also trains MOH health providers in the ABC method, including correct usage of both male and female condoms.

Continued Associated Activity Information

Activity ID: 3794
USG Agency: U.S. Agency for International Development
Prime Partner: Central Contraceptive Procurement
Mechanism: Central Contraceptive Procurement
Funding Source: GHAI
Planned Funds: $ 500,000.00

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Commercial sex workers
Most at risk populations
Discordant couples
Fish camp traders
Migrants/migrant workers

Coverage Areas:

National

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:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8904
Planned Funds:	$ 630,000.00

Activity Narrative: This activity links with the Health Communication Partnership's (HCP) activities in Abstinence/Be faithful (#8905), Palliative Care (#8902), OVC (#8903), and ARV Services (#8901). It also supports both the Zambian and the PEPFAR goals for appropriately targeting most at-risk populations (MARPs) with interventions promoting partner-reduction and condom use.

Community mobilization and behavior change communication—the foundation of HCP's strategy in Zambia—provide a comprehensive approach to promote better health-seeking behavior through interventions targeting MARPs in the 22 HCP-supported districts in all nine provinces. HCP draws on the expertise of Johns Hopkins University Center for Communication Programs' (JHU/CCP) worldwide experience including formative research and evaluations of these programs. For example, the 2003 study of Language Competency in Zambia has informed all HCP printed materials while the BRIDGE project baseline survey in Malawi provided valuable reference for building community efficacy in similar rural communities. HCP facilitates synergistic networks among community organizations and the involvement of community leadership structures to ensure that activities are responsive to local needs. Working within these community structures in close partnership with other US Government (USG) partners, HCP will promote HIV prevention through a balanced Abstinence, Be faithful, correct and consistent Condom use (ABC) approach. Special emphasis will be given to partner reduction, correct and consistent condom use, and promotion of knowing one's HIV status. Through this close collaboration with USG partners, HCP will ensure appropriate geographical coverage throughout the country, while avoiding duplication of efforts.

Building on work begun in late FY 2004, HIV/AIDS prevention interventions in FY 2007 will continue through peer leaders in the police, prisons, immigration services, and fishing populations. All 236 peer leaders, which include PLWHAs, have already been trained for these services. These peer leaders were provided with copies of the Zambia Uniformed Services HIV/AIDS Peer Leadership Manual developed during FY 2005, and have continued their work raising awareness, promoting CT, and developing PLWHA support groups in their service camps and surrounding areas.

In FY 2007, HCP will continue to support partners to develop program expansion action plans to be implemented by trained peer leaders at barracks. These activities will reach families of uniformed personnel and will emphasize knowledge of HIV status, correct and consistent condom use, provision of social support to those who are ill, and anti-stigma messaging. At prisons, similar activities will be implemented with inmates. HCP District Program Officers will also support similar efforts in fishing communities in Siavonga, Mpulungu, Chienge, and Mongu Districts through their links with the Fisheries Department Uniformed services. They will be encouraged to mainstream peer education activities into their barracks' HIV/AIDS educational programs and to strengthen activities targeted at the entire family. Uniformed services personnel were trained and provided materials to conduct activities without assistance or incentives beyond the materials needed for the activity. The Police, Prisons, Zambia Revenue Authority (ZRA) and Immigration services have integrated these activities into their plans. As a result of the training received, by July 2006, uniformed services peer leaders had counseled 7,808 people, 767 of whom went for testing. During FY 2007, HCP plans to reach 7,000 MARPs including uniformed personnel and their families, as well as those working in the fishing industry.

Furthermore, program messages on correct and consistent condom use will be complemented with in-depth information on behavior change and the development of respectful, gender-equitable relationships between men and women. Influential leaders will be encouraged to serve as role models for men in order to affect change in the male norms and behaviors that undermine risk avoidance efforts. HCP-trained community drama groups in remote, rural communities will continue to perform scripted drama and facilitate discussions on partner reduction, knowledge of HIV status, and stigma reduction.

As in FY 2006, HCP will continue to encourage peer leaders to conduct local screenings and facilitate discussions around three key videos: "Tikambe" (anti-stigma), "Mwana Wanga" (PMTCT), and "The Road to Hope" (ART). Available in three-to-five Zambian languages (depending on the series), more than 3,500 copies have been distributed throughout Zambia to government authorities, non-governmental organizations (NGO), and other stakeholders. Supporting the screening of these videos, televisions and VCRs

were placed in 180 health center public waiting rooms.

In order to better understand the risks around alcohol abuse and HIV/AIDS, HCP has conducted a Participatory Ethnographic Evaluation and Research (PEER) qualitative data collection in FY 2006 that will inform the development of innovative, culturally appropriate interventions and messaging about the role of alcohol abuse in risk-disinhibition. In FY 2007, HCP will support culturally appropriate interventions and messaging around the risks of alcohol abuse as related to HIV/AIDS.

With strategic communication approaches, HCP will support JHPIEGO's and PSI/ SFH initiatives to develop information on male circumcision ($90,000). In collaboration with partners and stakeholders, HCP will conduct formative research on messages for current and potential clients and the general population related to male circumcision. HCP will also begin developing technical information and educational materials for both the provider and the client, respectively. Materials will focus on acceptability, the importance of undergoing circumcision by a trained professional, risk-disinhibition, and post-procedure care.

All HCP activities begin with formative research and are piloted with target populations before being launched. They also consider existing gender roles with the goal of reducing violence, empowering women to negotiate for healthier choices, and promoting partner communication and mutual decision-making and male responsibility.

HCP's community mobilization efforts have focused on investing in the development of skills and capacity of individuals, neighborhood, and community-based organizations that promote positive health and social development. HCP has made strategic choices which underlie a commitment to ensure Zambian capacity, sustainability, and self-reliance and the development of public opinion and norms supporting other prevention activities. For example, trainings in proposal writing (for funds available locally), activity design, and monitoring can allow organizations to find local answers to local problems. The choice of implementing activities is individual or community-driven and requires community commitment through in-kind support.

HCP continues to play a key role on the National HIV/AIDS/STI/TB Council (NAC) Information, Education, and Communications (IEC) Technical Working Group, collecting, harmonizing, and sharing national IEC materials. In FY 2006, HCP is supporting the development of the NAC Resource Center by compiling a database of all HIV/AIDS IEC materials available in Zambia. HCP continues to work with the Zambia Centre for Communication Programmes (ZCCP), a local health communication NGO in a technical advisory capacity. HCP will support ZCCP in developing their strategic approaches to Other Prevention and will build its ability to develop high quality, behavior change communications interventions. With USG partners, HCP facilitates the adaptation and reproduction of IEC materials for their programs, playing a key role in promoting collaboration and coordination among partners.

Continued Associated Activity Information

Activity ID:	3538
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	Health Communication Partnership
Funding Source:	GHAI
Planned Funds:	$ 540,000.00

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	14,600	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Adults

Discordant couples

Mobile populations

Prisoners

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Gender

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism: SHARE
Prime Partner: John Snow Research and Training Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8915
Planned Funds: $ 262,000.00

Activity Narrative: This activity relates to MTCT (#8913), HVCT (#8907), HKID (#8912), HBHC (#8908), HVTB (#8914), HTXS (#8909), HVSI (#8910), OHPS (#8911).

This continuing activity strengthens the capacity of local NGOs, public and private sector workplaces, two Global Development Alliances, District AIDS Task Forces (DATFs), and Rapid Response Grantees to implement Other Prevention activities and facilitate social change to reduce sexual transmission.

SHARe works in Other Prevention through four ministries (Ministry of Agriculture and Cooperatives which includes permanent and migrant workers, the Ministry of Home Affairs which includes the police and prisons, the Ministry of Transport and Communications which includes transport companies and truckers and the Ministry of Tourism/Zambia Wildlife Authority which will include wild life scouts and employees of lodges and tourism businesses). SHARe also works with private sector businesses and informal market places through four local NGO partners: Zambia Health Education and Communications Trust (ZHECT), ZamAction, Afya Mzuri and Latkings. Other prevention strategies will focus on innovative community prevention programs in areas with high migrant populations, miners, and market fish vendors. SHARe will support Rapid Response Grantees and Chiefdoms to design and implement Other Prevention activities in accordance with the OGAC ABC guidance to ensure that the activities are responsive to local needs. For example, traditional leaders will promote the discontinuation of harmful traditional practices, such as widow cleansing, dry sex, and early marriage.

Other Prevention programs will provide education to address HIV high risk behaviors among Most at Risk Populations (MARPs) that go beyond AB and focus on partner reduction, correct and consistent use of condoms and knowing one's status. Emphasis will be on behavior change to promote respectful relationships between men and women. SHARe will continue to address the needs of high risk workers in the public sector in the Ministry of Agriculture and Cooperatives, Ministry of Home Affairs, Ministry of Transport and Communications, and the Ministry of Tourism/Zambia Wildlife Authority. SHARe will continue to work with NGO partners to provide Other Prevention messages to high risk private sector employees and communities in the formal and informal sectors. SHARe will strengthen DATFs and Rapid Response grantees to promote Other Prevention messages which include topics such as prevention of gender based sexual violence, transactional sex, and intergenerational sex in their communities, and the impact of alcohol abuse on HIV transmission. In addition to leveraging private sector resources, SHARe will assist the four government ministries in effectively utilizing and coordinating resources from USG, the Global Fund, and the World Bank-funded to carry out activities in Other Prevention.

FY 2006 was the first year that SHARe has integrated Other Prevention activities into both public and private workplaces. SHARe is working towards achieving their target of reaching 135,780 individuals with Other Prevention services. As of mid-FY 2006, SHARe and its partners have trained a total of 2,268 peer educators within the SHARe service delivery network, excluding GDAs. These trained peer educators will target high risk populations with Other Prevention messages and activities. In FY 2007, SHARe will focus its efforts on improving supportive supervision to existing volunteers to ensure quality of Other Prevention information and activities and improve reporting to the project. SHARe will also use its resources to ensure that trained volunteers have the IEC, condoms, and other materials they require. Trained educators in workplaces and communities will reach 8,000 individuals with Other Prevention messages.

SHARe will also continue to provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO, for Other Prevention programming in two Global Development Alliances in the mining and agribusiness sectors. Private sector partners include Konkola Copper, Mopani Copper, Copperbelt Energy, Kansanshi Mines, Bwana Mkubwa Mining, Dunavant Zambia, Zambia Sugar and Mkushi Farmers Association, that reach 30 districts in six provinces and 34,635 employees, including miners and thousands of seasonal laborers.

SHARe will manage direct grants to eight GDA members for workplace and community Other Prevention efforts to reach the Most at Risk individuals among GDA companies (migrant laborers and miners). CHAMP and GDA companies have already trained 8,155 peer educators in the GDA network. In FY 2007, CHAMP and GDA members will continue

to support the trained peer educators through improved supportive supervision to ensure quality of care, to encourage that trained volunteers intensify efforts to reach out to more individuals, and report accurately. Resources will also be used to ensure that trained volunteers have the IEC, condoms, and other materials they require. CHAMP and GDA members will reach 52,000 individuals with Other Prevention messages.

Trained peer educators will continue to implement Other Prevention education, promote condom use, refer for STI management, prevent and treat sexual and gender-based violence, promote partner reduction, and create referral links to Post-exposure Prophylaxis, CT and ART. Sites with high risk groups will be linked to socially marketed and free condoms through collaboration with the District Health Management Team and the Society for Family Health. Companies with clinical facilities will expand the provision of STI diagnosis and treatment services, and will be encouraged to provide Post-exposure Prophylaxis for health workers and victims of sexual violence. CT will continue to be made available on-site during training and sensitization activities. Information on prevention, care and treatment services will also continue to be provided. GDA members will continue to contribute directly and through technical support, including access to free CT and ART.

SHARe will increase the sustainability of its five local NGO partners working in Other Prevention (Afya Mzuri, ZamAction, ZHECT, CHAMP and Latkings) through strengthening of technical and management capacities and mobilization of financial resources. Activities will include participatory analysis of their current sustainability levels, sharing of sustainability strategies of successful NGOs, development and implementation of sustainability plans. GDA companies will ensure the sustainability of their HIV/AIDS workplace activities using private sector funds, while public sector ministries and DATFs will ensure the sustainability of their HIV/AIDS workplace activities through public sector and other donor funding.

In total, SHARe will reach 60,000 individuals with Other Prevention education and services through public and private sector workplaces, communities, NGOs, Rapid Response Grantees, DATFs, and GDA members (8,000 SHARe and its partner CHAMP 52,000).

With $50,000 in plus-up funding, SHARe will work with key stakeholders to advocate for and build national consensus on the Gender-based Violence Bill through three consultative meetings. Key stakeholders include organizations working on GBV, Ministry of Gender, Ministry of Justice, Ministry of Home Affairs, Ministry of Sports, Youth and Child Development, and the Ministry of Community Development and Social Services. This will bring the total amount of this activity to $262,000.

Continued Associated Activity Information

Activity ID:	6570
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow Research and Training Institute
Mechanism:	SHARE
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Business community/private sector

Community-based organizations

Truck drivers

Non-governmental organizations/private voluntary organizations

Migrants/migrant workers

Miners

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:	Social Marketing
Prime Partner:	Population Services International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8925
Planned Funds:	$ 3,030,000.00

Activity Narrative: This activity is an integral component of a prevention and care project strategically linked to HVAB and HVCT interventions, including PSI (#8926), Central Contraceptive Procurement (#8872), HCP (#8905), IYF (#8899), JHPIEGO (#9035), RAPIDS (#8945), COH II (#8939), CHAMP, and CHANGES2 (#8851).

In FY 2007, PSI, through its local affiliate, SFH, will expand and enhance outreach activities encouraging individuals to be faithful and promoting consistent and correct condom use to specific target populations. PSI/SFH is currently covering 60% of national districts with intensive condom promotion and outreach activities; low intensity activities are being implemented in the remaining 40% of the districts, which are hard-to-reach rural areas with poor infrastructure and low density populations.

Activities will specifically target: (1) sexually active males and females—including street youth; (2) men and women engaged in concurrent sexual partnerships; (3) commercial sex workers and their partners; and (4) men and women at their workplaces. In FY 2006, PSI/SFH's provincial teams of outreach workers conducted approximately 10,000 small- and medium-size interpersonal outreach sessions reaching more than 135,000 individuals with balanced HIV prevention messages using interactive photo flipcharts. PSI/SFH will continue to target these groups with risk-reduction messaging, condoms, and promotion of counseling and testing (CT). Risk-reduction messaging will focus on partner reduction, fidelity, and consistent condom use. In FY 2007 PSI/SFH will conduct interpersonal behavior-change outreach activities in locations frequented by high risk target groups such as bars, nightclubs, filling stations, truck parks, and hair salons.

Additionally, PSI/SFH will target migrant fish camp traders in the Western, Central, and Luapula provinces with partner-reduction and condom-use messages. In FY 2006 a strategic field office was opened in a major fish trading location. Activities will be designed to promote condom use and fidelity, increase personal risk assessment skills, and identify referral facilities for CT and STI diagnosis and treatment.

Further, as strong evidence has recently emerged that circumcised males are less likely to contract HIV and STIs than uncircumcised ones, PSI/SFH will partner with JHPIEGO to assess the feasibility and cost of scaling-up existing male circumcision services ($100,000). This partnership will explore what lessons existing service providers have learned as a means to assess the capacity of existing service sites to provide more comprehensive circumcision counseling services. Topics will include: (1) consensus building; (2) informed consent; (3) how to prepare and maintain service sites; (4) quality assurance; and (5) cost efficiency.

Linking with HCP, PSI/SFH and JHPIEGO will also evaluate policy issues and barriers surrounding the provision of services. Research activities will examine the reasons men opt for circumcision and how they behave (in regard to sexual activity and condom use) after receiving the operation. PSI/SFH will conduct focus groups to better understand the psychosocial dynamics of how circumcision affects men's sexual behavior. This research will take place in public, private, and CT service providers in Lusaka, Southern, and North-western provinces.

In FY 2007, PSI/SFH will build on its youth-focused behavior change program focused on prevention among youth, initiated with PEPFAR funds in FY 2006. This program will target 18-24 year olds in tertiary and secondary institutions through a combination of small-group interpersonal outreach activities focusing on life skills through drama, role play, and debates. PSI/SFH will increase the number of institutions it works with from seven to 20 by September 2007, and will reach an estimated 14,000 young people through outreach activities alone. Four targeted VCT sessions will be held every month in educational institutions through New Start's mobile VCT units.

PSI/SFH will develop a weekly, youth-oriented radio program in concert with the Zambian youth organization "Trendsetters." The radio show will feature an outreach component that supports anti-AIDS clubs in secondary schools, colleges, and universities in the Copperbelt and Lusaka provinces. This radio program will include dialog among and between youth and people of influence (e.g. parents, teachers, and popular figures) and will link to youth-friendly health and psychosocial referral services and telephone hotlines. PSI/SFH will explore developing a dedicated youth hotline, possibly in partnership with the

existing HIV Talkline implemented by CHAMP with funding from HCP.

In FY 2007, PSI/SFH will develop and broadcast "Delayed Debut" radio shows and conduct school outreach activities. PSI/SFH will train lecturers, teachers, and peer educators to reinforce and promote behavior-change among youth. Further, "Delayed Debut" will teach parents how to effectively and appropriately address sexuality with their children and communicate their values and expectations regarding adolescent behavior.

In FY 2007, PSI/SFH will link this project with the CT project by supporting ongoing, cohesive, mutually-supportive Be Faithful and Condom interventions for individuals and couples during post-test counseling, including discordant and concordant positive couples. These interventions will address gender equity by contributing to the establishment of revised male norms and societal behaviors with regard to HIV/AIDS.

PSI/SFH will ensure sustainability by establishing private sector partnerships with distributors and wholesalers and by building the capacity of local Zambian staff to increase their technical and management capabilities. Additionally, ongoing condom-use training for both public and private health care workers will be provided.

With plus-up funding, SFH will expand the socially-marketed MC pilot project to two additional sites in peri-urban settings; selection will be determined by their suitability and commitment to the project, as indicated through the use of MC site assessment materials developed by JHPIEGO. These additional sites will provide richer data regarding the feasibility of implementing cost-effective, sustainable MC models in various locales through different modalities. Based on the technical manual produced by WHO and UNAIDS, a training manual/program will be developed in collaboration with JHPIEGO, MOH, and NAC. All doctors, clinical officers, nurses, and counselors involved in MC service delivery will be required to have successfully completed this training course. Moreover, frequent monitoring of service providers will promote high-quality services; service providers will be required to maintain the highest quality of service in order to remain in the MC service provision network, including use of client feedback and follow-up to ensure service and counseling protocols are followed.

While this activity's emphasis is on service delivery, it will be necessary to coordinate with HCP in the development and dissemination of communication materials. Ensuring the consistent availability of suitable supplies will be critical and these efforts will be coordinated with SCMS. In collaboration with the national MC task force and MC implementing partners, an MC kit will be developed to ensure that providers have the necessary supplies. Monitoring client flow, supplies, and communications materials will require sufficient systems and documentation to function with optimum efficiency and to mitigate waste. Relevant forms, procedures, and trainings will be developed to ensure that each service provider operates as proposed and that information is readily available for review. In collaboration with JHPIEGO and other MC partners, SFH will assist in developing national standard systems that meet the requirements as stated by the MC task force.

Continued Associated Activity Information

Activity ID:	3368
USG Agency:	U.S. Agency for International Development
Prime Partner:	Population Services International
Mechanism:	Social Marketing
Funding Source:	GHAI
Planned Funds:	$ 2,580,000.00

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 targeted condom service outlets	5,191	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	238,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	125	☐

Indirect Targets

2.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 245,000

Based on a couples year protection figure of 120, PSI/SFH will distribute 14.7 million condoms procured by the Central Contraceptive Procurement (8872), thereby reaching 14,700,000 / 120 = 122,500 couples, or 245,000 people, annually.

Target Populations:

Adults
Commercial sex workers
Doctors
Most at risk populations
Discordant couples
Fish camp traders
Children and youth (non-OVC)
Secondary school students
University students
Migrants/migrant workers
Public health care workers
Laboratory workers
Private health care workers
Doctors

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:	Corridors of Hope II
Prime Partner:	Research Triangle Institute
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8940
Planned Funds:	$ 1,420,000.00

Activity Narrative: This activity relates to HVAB (#8938) and HVCT (#8939).

The Corridors of Hope II (COH II) is a new contract under Research Triangle Institute (RTI) that follows on from the original Corridors of Hope Cross Border Initiative (COH). COH II will both continue the activities of COH and expand the program to ensure a more comprehensive and balanced prevention program. COH II will have three basic objectives focusing on other prevention, AB activities, and CT services. These three program areas will fit together and be integrated as a cohesive prevention program.

In FY 2005 and 2006, the original COH trained 50 outreach workers and 188 high risk women, such as queen mothers and sex workers, as peer educators; reached over 500,000 men and women with Other Prevention behavior change messages through interpersonal counseling and group discussions. The project also provided technical support to 33 trucking companies for HIV prevention and workplace programming. COH had over 900 condom outlets that were socially marketing condoms to high risk groups, including sex workers and their clients.

Based on Zambia-specific HIV/AIDS epidemiological data, findings of the Priorities for Local AIDS Control Efforts (PLACE) study and the Zambia Sexual Behavior Study, other behavioral and biological data, and lessons learned from COH services, COH II will refocus on sexual networks, address sexually active youth and provide them with contextually appropriate intervention alternatives, address gender disparities, sexual violence, and transactional sex, provide services and activities for CT, AB, and Other Prevention, and facilitate linkages to other program areas such as care and treatment. To accomplish this, COH II will implement moonlight outreach services in bars, clubs, truckstops, and other key gathering places. COH II will also have a strong focus on sustainability through building the capacity of local partners and NGOs to provide Other Prevention services.

COH II will reduce HIV/AIDS transmission among Most at Risk Populations and Most Vulnerable Populations (MARPs) within seven border and high transit corridor areas through five hub areas covering: 1. Livingstone and Kazungula, 2. Chipata and Katete, 3. Kapiri Mposhi, 4. Ndola, and 5. Chirundu. These locations 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 will be reached with other prevention services and community outreach activities and there will be 50 targeted condom service outlets. Training will be provided to 250 individuals in inter-personal behavior change communication for partner reduction and correct and consistent condom use.

COH II will expand the current scope of HIV/AIDS other prevention activities along the corridor areas beyond the limited targeting of sex workers and long distance truck drivers and their partners to include border on-site services and condom social marketing. COH II will target women and men engaged in transactional sex and intergenerational sex, age appropriate 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.

COH II activities 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, management of sexually transmitted infections (STI), provision of Post-Exposure Prophylaxis (PEP) 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. Women's legal rights will be increased with this integrated approach. 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. COH II will work with law enforcement and health facilities to ensure Post-Exposure Prophylaxis for victims of sexual violence.

This activity will address the issue of HIV and Alcohol at COH II sites through sub-contracting local experts. It is a well known fact that excessive alcohol use not only increases vulnerability to HIV and risky sexual behaviors but also impairs efficacy of HIV medications, reduces compliance to treatment and generally contributes to poorer HIV treatment outcomes. The sub-contractor will develop key messages in collaboration with the National HIV/AIDS/STI/TB Council (NAC), District AIDS Task Forces (DATFs), and HCP. Interpersonal counseling and communications tools, mass media spots for local television and radio, pamphlets, and posters will be developed to raise awareness on the ill effects of alcohol abuse on HIV transmission. The sub-contractor will train outreach workers, local partners, and District Health Management Teams (DHMT) staff to give out specific information on Alcohol and its close association with HIV/AIDS transmission and the health of people living with HIV/AIDS (PLWHAs).

COH II's mandate is to sustain Other Prevention services and activities beyond the project period. COH II will work with sub-partners and other selected local organizations to build their capacity to conduct participatory research, implement effective programs addressing MARPs, and provide comprehensive prevention services such as CT, STI diagnosis and treatment, and PEP, and link to other services including ART, PMTCT, and palliative care. COH II through technical assistance will strengthen local implementing partners by helping to improve their technical approaches, financial management systems, human resource management, strategic planning capabilities, networking capabilities, monitoring and evaluation (M&E), quality assurance, and commodity/equipment logistics management. COH II also has a strong focus on training for program managers, health care providers, counselors, and peer educators in inter-personal behavior change communication for partner reduction and correct and consistent condom use. Health care providers and lab technicians will be trained in STI management using national guidelines and additional persons will be trained in PEP provision and counseling for victims of sexual violence. In conjunction with their sub-partners, COH II will develop a timeline for the phase-out of technical assistance and develop a full graduation plan that will indicate the technical and capacity building needs of each local partner leading up to graduation.

COH II will work in close collaboration with other USG and other donor funded projects working in the COH II 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. COH II will collaborate with the Prevention of Sexual Transmission Group to eliminate redundancy with the work of other USG partners, NAC, and other donors.

Continued Associated Activity Information

Activity ID:	3665
USG Agency:	U.S. Agency for International Development
Prime Partner:	Research Triangle Institute
Mechanism:	Corridors of Hope
Funding Source:	GHAI
Planned Funds:	$ 1,405,000.00

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	50	☐
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful	250	☐

Target Populations:

Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Discordant couples
Street youth
Truck drivers
Non-governmental organizations/private voluntary organizations
Migrants/migrant workers
Partners/clients of CSW
Religious leaders
Community members

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Coverage Areas

Central

Eastern

Southern

Copperbelt

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	CDC Technical Assistance (GHAI)
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9020
Planned Funds:	$ 32,000.00

Activity Narrative: This activity is linked to activities for Counseling and Testing including HVCT (#9018), HVCT (#8883), HVCT new activity for USAID with SFH/PSI, and HVCT new activity for CDC with UTH-Clinic 3 and new activity for CDC with SFH/PSI. This activity is also linked to activities for ARV Services including HTXS (#9003) and the new CDC activity with Southern Province Provincial Health Office (#9760) with UTH-Clinic 3, and new activity for CDC with SFH/PSI.

Zambia has a population of approximately 10 million citizens (US Department of State, 2006), and overall HIV prevalence is nearly 16% among the general population and 13% among men (Zambia Demographic Health Survey, 2002). Currently, it is unknown how many men who have sex with men are residing in Zambia, thus there are no HIV prevalence estimates specific to this population. However, anal sex remains a very high risk behavior for HIV transmission (Vittinghoff et al, 1999) and may be more prevalent in Africa than originally thought (Brody & Potterat, 2003). African female sex workers who engaged in anal sex were more than twice as likely to be HIV-infected compared to those who did not (Karim & Ramjee, 1998). There is also evidence that some African men have sex with both men and women (Brody & Potterat, 2003), suggesting potentially complex networks of transmission. It is important to investigate HIV prevalence and risk behaviors of men who have sex with men (MSM) and those who have sex with both men and women in order to design and develop effective and targeted prevention and treatment programs for this population.

Funds are requested to continue activities with MSM populations in Lusaka, Southern and Copperbelt provinces. In FY 2006, CDC-Zambia conducted an assessment to determine the feasibility of using Venue-Day-Time Sampling (VDTS) and Respondent-Driven Sampling (RDS) to reach MSM in Zambia. The assessment included discussions with key informants in three major cities, Lusaka, Livingstone and Ndola, including representatives from the Ministry of Health, the National AIDS Council, and various organizations with working knowledge of the population. The findings from this project support the feasibility of implementing an assessment of HIV infection and risk behaviors among MSM populations in Zambia using the RDS method. In addition, venues and networks were identified which meet the feasibility criteria necessary to implement this public health evaluation (PHE). The extent to which MSM access services for HIV is unknown because providers and Zambian culture overall, generally do not know about or acknowledge MSM populations. Therefore, this PHE will also examine the possible methods for establishing these services for MSM.

In FY 2007, CDC, in collaboration with the Society for Family Health (SFH), will conduct a PHE to estimate the HIV prevalence rates and risk behaviors among a sample of MSM in Zambia. Data will help determine how HIV prevention and care programs should be targeted to this vulnerable and underserved population. Findings from similar evaluations recently conducted in Kenya, Senegal, Uganda, and South Africa suggest the need to implement targeted prevention and treatment programs to MSM populations.

Unlike other settings where VDTS and RDS have been used to assess HIV infection and risk behavior among MSM (e.g., United States, Thailand), Zambia poses a different situation given the population's unfavorable legal and social structure for homosexuals (Behind the Mask, 2006). In Zambia, like other African countries, homosexuality is illegal and little data exist regarding the HIV epidemic among MSM populations. Some data, however, do exist for MSM behavior in certain exclusively male populations (e.g., men in prison (Simooya et al., 2001)). There is anecdotal and qualitative evidence of MSM populations in Zambia but due to fear of being stigmatized or publicly persecuted they appear to be predominantly underground (African Veil, 2006).

Biological and behavioral data will be collected to meet the objectives of this evaluation among at least 100 people in Lusaka, Southern and Copperbelt provinces. As part of the data collection process, participants will receive information and discuss their personal risk behaviors and how to change their behavior to keep themselves from becoming HIV infected or transmitting HIV to their partners. It is anticipated that at least 100 people will be reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful. Participants will also be referred to counseling and testing programs and ARV services available in their area of Lusaka, Southern or Copperbelt province. These programs include HVCT programs

provided by the Southern Provincial Health Office (#9018), ZPCT in the Copperbelt (#8883), the new HVCT activity for USAID with SFH/PSI, and HVCT new activity for CDC with UTH-Clinic 3 in Lusaka. ARV service programs that will be available to participants include CIDRZ services in Lusaka (#9003) and the new ART service activity for Southern Provincial Health Office (#9760).

CDC Zambia and SFH will work in collaboration with the Ministry of Health staff, who have given official support for this work and special emphasis will be placed on ensuring confidentiality and anonymity. In addition to working with local contacts, a task order may be issued to contract with an expert or consultant either local or regional to develop a scope of work. Behavioral scientists from the Division of HIV/AIDS Prevention at CDC Atlanta will provide overall direction.

Continued Associated Activity Information

Activity ID:	3578
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	Technical Assistance
Funding Source:	GHAI
Planned Funds:	$ 20,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Men who have sex with men

Coverage Areas

Lusaka

Copperbelt

Southern

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	United Nations High Commissioner for Refugees/PRM
Prime Partner:	United Nations High Commissioner for Refugees
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9469
Planned Funds:	$ 25,000.00

Activity Narrative: This activity is linked to the State Department activities for UNHCR in HVCT (#9470) and HVAB (#9851).

This activity is a continued 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/AIDS prevention and education campaigns conducted by host country governments often need to be adapted to refugees, who speak different languages and have different cultural backgrounds. Many refugees have suffered trauma and violence, including sexual violence, during conflict and flight which destroys traditional community support structure and renders them vulnerable. Therefore, comprehensive HIV/AIDS prevention and care programs need to be tailored to this unique, high-risk population.

Through a new partnership established between UNHCR/Geneva and Peace Corps/Zambia in FY 2006, a Peace Corps Volunteer (supported by PEPFAR) will continue to serve as UNHCR's program officer for all PEPFAR programs. In FY 2007, this position will continue to be filled by a Peace Corps Volunteer. The volunteer assists all implementing partners to collect monthly data about their HIV/AIDS activities and monitor their progress towards reaching their targets. Quarterly meetings are held in Lusaka between implementing partners to allow for exchange of experience and new ideas.

In FY 2006, UNHCR will implement activities to reach 50,000 people with messages about HIV prevention through other behavior change beyond abstinence and/or being faithful. Additionally, it is anticipated that more than 50 people will be trained to promote other behavior change beyond abstinence and/or being faithful. Finally, 70 condom outlets will be supported. Funding for FY 2006 is anticipated to arrive in September and activities will start immediately.

In FY 2007, UNHCR will continue to work to promote HIV/AIDS prevention behavior change that is beyond abstinence and /or being faithful. UNHCR works with HIV/AIDS Interagency Task Forces that have been established at each camp and are comprised of members from UNHCR, refugee leaders and camp administration. UNHCR also works with district and national HIV/AIDS programs to ensure they are operating under guidelines established for Zambia.

In FY 2007, HIV/AIDS training and community mobilization will continue in Meheba and Mayukwayukwa camps that began in FY 2006. These camps host 20,000 refugees from Angola, Burundi, Rwanda and the Democratic Republic of the Congo (DRC). Peer education training activities will be conducted to encourage safer sexual practices through abstinence, being faithful, and correct and consistent use of condoms and teach peers how to hold discussions with their peers and advocate these behaviors. Prevention messages for sexually active youth and adults will focus on being faithful and using condoms consistently and correctly while abstinence messages will be the focus for youth. Drama troupes that were trained in FY 2006 will participate in training revisions to reinforce the messages of behavior change that were presented and enhance their communication skills. In addition, key community leaders will be trained to promote appropriate messages; information, education, and communication (IEC) materials will be developed; and drama, debate and awareness sessions will be conducted.

In an effort to improve the capacity of refugee communities to mitigate HIV/AIDS in their communities and ensure sustainability of activities, support will be provided to community groups and other relevant stakeholders within the camp, in developing effective community responses to HIV/AIDS. These groups will be assisted with training in HIV/AIDS information, prevention, care, support, fundraising and community outreach. This will ensure that refugee communities will be more capable of developing effective responses to combat HIV/AIDS. Awareness programs will also include a call for communities to show compassion and support to people living with AIDS through community response.

Work will continue in Kala (Luapula province) and Mwange (Northern province) camps, where 40,000 Congolese refugees have been displaced due to continuing conflict and tensions in the DRC. Community services in both northern camps are proposed. IEC

material that has been developed in FY 2006 and tailored to the target audience and 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 will be available.

Due to the sensitivities involved in condom distribution, it is expected that condoms will be made available in culturally appropriate outlets that include the clinic in each camp, counseling centers, toilet facilities and individual distribution through key community relations personnel.

It is anticipated that 12,500 individuals will be reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful and 70 individuals will be trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful.

In order to combat sexual and gender based violence (SGBV), reproductive health and HIV/AIDS education especially for refugee women and girls will be one of the core prevention strategies applied. Work will also continue to sensitize community groups to make them aware of SGBV and offer psycho-social support to survivors of violence. SGBV are important components of all activities that occur in the camps. Difficult social and economic conditions in refugee camps often compel women to exchange sex for money, gifts and other favors. The camps also have an elite group of actively mobile people who are exposed to risks of getting HIV infection as they frequent border areas like Nakonde which has a very high HIV infection rate. Adolescent girls in schools and women in various social groups will be especially targeted. These programs work in collaboration with the Zambian police force that enforces refugee protection in the camps.

Stigma and discrimination associated with HIV/AIDS will be incorporated into all training and outreach messages through discussions and role plays. Messages combating stigma are crucial for refugees, as they have experienced discrimination during their flight. Poor living conditions for PLWHA, tuberculosis, chronic malaria and other HIV related infections contribute to the vulnerability of refugees.

Continued Associated Activity Information

Activity ID:	3756
USG Agency:	Department of State / Population, Refugees, and Migration
Prime Partner:	United Nations High Commissioner for Refugees
Mechanism:	PRM/UNHCR
Funding Source:	GHAI
Planned Funds:	$ 112,000.00

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 targeted condom service outlets	80	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	12,500	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	70	☐

Target Populations:

Family planning clients

Discordant couples

Refugees/internally displaced persons

People living with HIV/AIDS

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:	EPHO - 1 U2G PS000641
Prime Partner:	Provincial Health Office - Eastern Province
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9647
Planned Funds:	$ 50,000.00

Activity Narrative: This activity is linked with the other activities for the Eastern Province Health Office (EPHO) including counseling and testing (#9005) and the CDC new activity for EPHO in ARV services (#9951).

Chipata District in Eastern Province has a very high HIV prevalence of 25.9% and syphilis prevalence of 8.8% (Antenatal Clinic sentinel surveillance, 2004) among pregnant women aged 15-44 years. Adolescents contribute considerably to the high prevalence of HIV with16.2% of women in Chipata aged 15-19 testing HIV-positive during the 2004 ANC sentinel surveillance. Special reproductive health services focusing on youth is a key activity to reduce STI and HIV transmission among adolescents. Chipata district has started prevention and counseling and testing programs for this age group and the District Health Management Team (DHMT) has begun to establish 30 Youth Friendly Corners in urban and peri-urban health centers. In FY 2007, Chipata DHMT will strengthen the Youth Friendly Corner services as well as expand the concept to include all of the 39 health centers in the district in order to reach youth with HIV prevention messages and link them to the services available in their communities. These Youth Friendly Corner services are needed to address gaps in the current services in reaching all youth and especially at-risk youth.

The Youth Friendly Corners are critically needed to address existing gaps in current services; youth are not able to be reached, especially at-risk youth. These corners are rooms reserved specifically and conveniently for adolescent peer educators and trained health providers in which youth friendly services are provided to adolescents. It has been observed in some studies by non-governmental organizations and the district health management teams that: 1) youth found it difficult to access health services from health institutions because of age differences with health providers and that the health services were not satisfying the needs of young people, and 2) Youth Friendly Corners act as the entry and exit points for all youth clients presenting with STIs, HIV,TB infections and for those seeking safe reproductive health options. Cases requiring further attention of health workers are referred to the appropriate services for follow-up.

Other activities carried out in these corners are peer counseling, community mobilization through drama, focus group discussions, door-to-door campaigns, health education talks, and recreational activities (sporting activities and educational modeling). The Corners also provide an opportunity for dissemination of condoms to sexually active mature youth when appropriate. Youth who express interest in being tested for HIV are referred to the nearest clinic where they can receive counseling and testing for HIV.

To ensure quality services for the youth, a trained health worker at each Youth Friendly Corner who has a sincere desire to work with youth provides knowledge and skills to them. The program relies heavily on youth volunteers and the turn-over rate is high as the youth access further training or become employed. To ensure adequate numbers of peer counselors and peer educators, ongoing training of new peer counselors and educators is required. In FY 2007, 40 new staff will be trained to provide HIV/AIDS prevention programs that are not exclusively focused on abstinence and/or being faithful. An important component of the Youth Friendly Corner approach is to conduct sensitization sessions within certain high-risk communities. In FY 2007, 1,000 individuals will be reached through community outreach HIV/AIDS prevention programs that are not exclusively focused on abstinence and/or being faithful.

This activity will support the Youth Friendly Corner program of Chipata district through the Provincial Health Office by strengthening the 30 sites that have already been established and expanding to open nine more sites where youth friendly services will be offered. In addition, all sites will strengthen their sensitization activities in the community and behavior change sessions in high-risk areas and events. Increased awareness on the issue of integrated reproductive health among the youths will be created through reorientation of all health care staff.

In future years, the EPHO plans to scale up the Youth Friendly Corner approach to the seven other districts within Eastern Province. Activities to strengthen the Youth Friendly Services will be included in the annual district and health centre health plans in order to ensure sustainability of the programs.

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40	☐

Target Populations:

Adults
Family planning clients
HIV/AIDS-affected families
Infants
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	WPHO - 1 U2G PS000646
Prime Partner:	Provincial Health Office - Western Province
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9648
Planned Funds:	$ 100,000.00

Activity Narrative: This activity is linked with the other activities for the Western Province Health Office including counseling and testing (#9047) and the CDC new activity for WPHO in ARV services (#9769).

Mongu District in Western Province has a very high HIV prevalence of 28.2% and syphilis prevalence of 11.7% (Antenatal Clinic ANC Sentinel Surveillance, 2004) among pregnant women aged 15-44 years. Adolescents contribute considerably to the high prevalence and 17.0% of women in Mongu aged 15-19 years were found HIV positive during the 2004 ANC sentinel surveillance. To serve the youth better in Mongu district, the concept of Youth Friendly Corner services is an important component. This is where a room at a health facility is reserved specifically and conveniently for adolescent peer educators and trained service providers in which youth friendly services are provided to adolescents.

Youth Friendly Corners act as the entry and exit points for all youth clients presenting with STIs, HIV, or TB infection, and for those wanting to discuss reproductive health issues. This activity will support the Youth Friendly Corner program of Mongu district through the Provincial Health Office (PHO) in FY 2007. The support will be utilized to strengthen the eight existing sites and allow expansion to ten additional sites. Here, youth friendly services will be offered as well as on sensitization and behavior change sessions in high-risk areas and during events.

Some of the activities planned and implemented in these corners are: Peer education, which involves community sensitization through drama, group meetings and the peer counseling activities which includes one to one counseling and referring appropriate clients to trained health workers for further management. The corners also provide an opportunity for dissemination of condoms to sexually active mature youth when appropriate. In FY 2007, eight targeted condom outlets will be established to provide condoms for at-risk youth. To achieve quality results in these corners, trained health personnel with a sincere desire to work with youth are posted nearby to the site to provide knowledge, skills, and guidance to the youth. Youth who express interest in being tested for HIV are referred to the nearest clinic where they can receive counseling and testing for HIV.

The district has thirty health facilities and only eight of these currently offer youth friendly services. The main challenges that have been experienced in the implementation and expansion of services in the district are: 1) inadequate funds to run the services and 2) lack of transport to coordinate the activities at both the district and health centre levels resulting in these services being confined to urban and peri-urban areas only. There is also poor and inadequate building infrastructure at health facility levels to accommodate the health services. There is also a lack of knowledge among youth and to some extent health facility staff about the services available, which also contributes to sub-optimal provision of youth friendly services.

Special reproductive health services focusing on youth is a key activity to reduce STI and HIV transmission among adolescents. Mongu district has started prevention and counseling and testing programs for this age group. In collaboration with Adolescent Reproductive Health Advocates (ARHA), the District Health Management Team (DHMT) has set up several Youth Friendly Corners in eight of the thirty urban and peri-urban health centers. Mongu DHMT will strengthen the Youth Friendly Corner services as well as expand the concept to ten additional health centers. By the end of FY 2007, eighten of the thirty health centers in Mongu district will have established Youth Friendly Corners. To achieve this, the district will need to address the transportation problem to facilitate the coordination. There is also a need to build capacity among the youth and health care workers in appropriate services, to renovate existing spaces, and to procure furniture for the youth services at health centers. Another key activity is the production of information, education, and communication materials to be used for advocacy and education among the youths and the communities.

The program relies heavily on volunteers and the turn-over rate is high as the trained youth go for further training or become employed full-time. To ensure adequate numbers of peer counselors and peer educators, ongoing training of new peer counselors and educators is required. In FY 2007, forty individuals will be trained to provide HIV/AIDS prevention programs that are not exclusively focused on abstinence and/or being faithful.

An important component of the Youth Friendly Corner approach is conducting sensitization sessions within certain high-risk communities. The success in use of non-monetary incentives to reduce turn-over of volunteers will be assessed. In FY 2007, 1,500 individuals will be reached through community outreach HIV/AIDS prevention programs that are not focused exclusively on abstinence and/or being faithful.

To ensure sustainability, the Government of the Republic of Zambia through the DHMT and health centers will include the youth friendly services in the annual health plans. In the following years the PHO plans to scale up the Youth Friendly Corner approach to the other health centers in Mongu district and other districts in Western province.

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

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets	8	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,500	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40	☐

Target Populations:

Adults
Community leaders
Girls
Boys
Public health care workers
Community members

Coverage Areas

Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Peace Corps
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9677
Planned Funds:	$ 500,000.00

Activity Narrative: This activity links to HVAB (#9629), UNHCR (#9469), RAPIDS (#8945), Society for Family Health (#8925), and other HVOP projects in Zambia.

Condoms and Other Prevention is a new program area for Peace Corps/Zambia (PC/Z) for FY 2007. It is a natural extension of PC/Z's PEPFAR experience conducting AB prevention activities at the community level in FY 2005 and FY 2006. The work of PC/Z will continue to contribute to the US Mission's Five-Year Strategy by being closely aligned to the Zambian Government's strategies and by strengthening partner organizations to contribute to the 2-7-10 goals.

In FY 2007, PC/Z will expand its PEPFAR program to include community-based training and other outreach efforts that target sexually active youth, adults and other "most at risk populations" with other prevention messages in accordance with PEPFAR ABC Guidance. PC Volunteers ("Volunteers") also will assist rural communities to build their capacity to combat the spread of HIV/AIDS in a sustainable manner and in alignment with the Zambia's National HIV/AIDS Strategy under the National AIDS Council and the Ministry of Health.

Because most Volunteers live and work for two years in the same community and communicate in the local language, they develop a unique trust with the community and are often approached for advice and technical assistance, especially by women and youth. Therefore, these populations will be specific targets of Volunteers' work.

Operationally, PC/Z's PEPFAR program will focus on the following three levels of intervention.

First, 20 two-year Volunteers funded under this COP and 18 Volunteers funded under the FY 2006 COP will concentrate their HIV/AIDS activities in remote villages not typically served by other PEPFAR-funded partners. This work in underserved areas is one of the unique "value-added" roles of Peace Corps. Volunteers will work with rural health centers and Neighborhood Health Committees (NHC) to address local problems. In addition to providing leadership and organizational training to the NHCs, Volunteers will promote networking among communities, rural health centers, District AIDS Task Force and District Health Management Boards. Where Boards and Task Forces do not yet exist, Volunteers will help to establish them. Volunteers will be strategically located within 30 km of a mobile or static HIV counseling and testing site to facilitate linkages to HIV/AIDS services, including referrals for HIV testing and condom distribution.

Second, 10 PEPFAR-funded Volunteers, with strong HIV/AIDS field experience and more advanced technical skills, will be recruited in FY 2007 for one-year assignments. These will either be Crisis Corps Volunteers (former PC Volunteers with specialized skills), or current high-performing Volunteers who will extend their service for a third year. These Volunteers will be placed with PEPFAR-funded organizations at the district level or in secondary cities. This type of partnership, which will leverage a greater impact from the Zambia PEPFAR team, was successfully piloted in FY 2006 with Volunteers assigned to UNHCR, RAPIDS, and the Society for Family Heath. The activities of these Volunteers will be reported through the PEPFAR partner agency, and thus are not reflected in PC target numbers.

Third, and new in FY 2007, 120 two-year Peace Corps-funded Volunteers, whose current projects do not directly relate to HIV/AIDS, will receive intensive PEPFAR-funded training and materials on HIV/AIDS so they can incorporate the promotion of appropriate use of condoms and other prevention themes into their work. These Volunteers will carry out activities sanctioned by the Ministries of Health and Education, including workshops, drama, sports, ante-natal clinics, exchange tours, and school AIDS clubs. They will focus their outreach to age-appropriate audiences.

When conducting community-based training, Volunteers will follow the Peace Corps Life Skills Manual, which has been used successfully by Peace Corps Volunteers worldwide since 2000. This manual incorporates innovative teaching techniques to present a comprehensive behavior change approach that concentrates on communication, decision-making, managing emotions, assertiveness, self-esteem, resisting peer pressure, and healthy relationships. Additionally, it addresses the empowerment of girls and the

guidance of boys towards solid values. Training sessions on HIV/AIDS, STIs and reproductive health are integrated appropriately for different age groups and target audiences.

Volunteers will reach sexually active youth through community health centers by working with staff to train peer educators and to establish "youth-friendly corners." This is an effective way to promote prevention messages, disseminate materials, and when appropriate, provide information on the correct use of condoms to sexually active youth in a conducive environment and format.

Banafimbusa, traditional initiators who instruct girls on marriage customs and values, provide an important component of reproductive health education at the village level in Zambia. They hold a strong influence over youth, and thus it is important that they have access to training and information on HIV/AIDS. Volunteers and their counterparts will provide workshops and coaching to Banafimbusa on how to facilitate discussions with youth to encourage safer sexual practices through abstinence, being faithful, and when appropriate, correct and consistent use of condoms. Use of condoms after marriage for discordant couples will also be emphasized, along with the importance of testing and counseling.

In FY 2007, PC/Z will continue to manage its Volunteer Activities Support and Training (VAST) program, which enables communities to carry out small projects, training and educational events related to condoms and other prevention. All Zambia Peace Corps Volunteers will be eligible to request VAST grants for purposes approved in the COP.

PC/Z will procure and, when necessary, produce prevention training and other materials in local languages. Where available, PC/Z will reproduce materials developed by other USG partners and will ensure that all PEPFAR-funded materials are consistent with USG and host country policies and guidance. In addition, PC/Z will take advantage of the in-country expertise of other USG partners, particularly for the training of Volunteers.

To determine appropriate interventions, Volunteers conduct initial needs assessment at their sites and pre and post-tests to evaluate the success of their community activities.

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

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	14,200	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,312	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Policy makers
Children and youth (non-OVC)
Primary school students
Secondary school students
Host country government workers

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Population Services International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12325
Planned Funds: $ 73,000.00
Activity Narrative: This activity is linked to activities for Counseling and Testing including HVOP #9020, HVCT #3667, HVCT #3525, HVCT new activity for USAID with SFH/PSI, and HVCT new activity for CDC with UTH-Clinic 3. This activity is also linked to activities for ARV Services including HTXS #4549 and the new CDC activity with Southern Province Provincial Health Office.

Zambia has a population of approximately 10 million citizens (US Department of State, 2006), and overall HIV prevalence is nearly 16% among the general population and 13% among men (Zambia Demographic Health Survey, 2002). Currently, it is unknown how many homosexuals are residing in Zambia there are no HIV prevalence estimates specific to this population. However, anal sex remains a very high risk behavior for HIV transmission (Vittinghoff et al, 1999) and may be more prevalent in Africa than originally thought (Brody & Potterat, 2003). African female sex workers who engaged in anal sex were more than twice as likely to be HIV-infected compared to those who did not (Karim & Ramjee, 1998). There is also evidence that some African men have sex with both men and women (Brody & Potterat, 2003), suggesting potentially complex networks of transmission. It is important to investigate HIV prevalence and risk behaviors of men who have sex with men and those who have sex with both men and women in order to design and develop effective and targeted prevention and treatment programs for this population.

Funds are requested to continue activities with MSM populations in Lusaka, Southern and Copperbelt provinces. In FY 2006, CDC-Zambia conducted an assessment to determine the feasibility of using Venue-Day-Time Sampling (VDTS) and Respondent-Driven Sampling (RDS) to reach MSM in Zambia. The assessment included discussions with key informants in three major cities, Lusaka, Livingstone and Ndola, including representatives from the Ministry of Health, the National AIDS Council, and various organizations with working knowledge of the population. The findings from this project support the feasibility of implementing an assessment of HIV infection and risk behaviors among MSM populations in Zambia using the RDS method. In addition, venues and networks were identified which meet the feasibility criteria necessary to implement this public health evaluation (PHE). The extent to which MSM access services for HIV is unknown because providers and Zambian culture overall, generally do not know about or acknowledge MSM populations. Therefore, this PHE will also examine the possible methods for establishing these services for MSM.

SFH and CDC Zambia will work in collaboration with the Ministry of Health, who has given support for this work and special emphasis will be placed on ensuring confidentiality and anonymity. In addition to working with local contacts, 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 at CDC Atlanta will provide overall direction.

Emphasis Areas	% Of Effort
Needs Assessment	51 - 100

Targets

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

Target Populations:

Men who have sex with men

Coverage Areas

Copperbelt

Lusaka

Southern

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	UTAP - U62/CCU322428 / JHPIEGO
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	12521
Planned Funds:	$ 275,000.00

Activity Narrative: Members of the military are at particularly high risk of HIV and STIs. These populations are away from their families for extended periods. They often have multiple concurrent sexual partners, placing them at high risk of infection with HIV or other STIs. Access to health services among these populations is often limited, meaning that men and women who do suspect they have an STI or who have symptoms of TB may not receive treatment in a timely way, increasing the chance of passing the infection on to others, and while we know that there is a high rate of co-infection of TB and HIV and the role of STIs in HIV transmission, TB and STI services have not routinely and effectively offered HIV counseling and testing until recently. At the same time, the Zambia Defense Forces (ZDF) have not benefited from the same level of investment as in the public Ministry of Health (MOH) system. JHPIEGO, as a key partner to MOH in a number of HIV/AIDS technical programs, aims to help bridge this gap. In addition, ZDF sites are spread throughout Zambia in all nine provinces and are often located in very remote and hard to reach locations presenting further logistical challenges in service provision.
Data coming from the Defense Force Health facilities from June 2005 to November 2006 shows a high burden of sexually transmitted infections. A tour of Lusaka based ZDF health care facilities supported by DFMS and PCI revealed that there was: • shortage of manpower trained in Syndromic Management of STIs; • non availability of Treatment Guidelines for Syndromic management of STIs; • Lack of STI specific IEC materials; • shortage of Drugs used for the treatment of STIs• Lack of light sources, vaginal speculums and examination couches, screens; • weak health information systems (eg. Medical record keeping, mainatenance of and registers); • Lack of community engagement in prevention and control of STIs.
In fiscal year (FY) 2005, JHPIEGO began work with mobile populations of sugar cane workers in Mazabuka and the ZDF Medical Services in 4 sites to strengthen the integration of diagnostic HIV counseling and testing (DCT) into TB and STI services (activity ID # 9035) and increased access to and utilization of HIV prevention, care, and treatment services. JHPIEGO has been supporting the ZDF in integration of CT into TB and STI services with over 90% of TB patients accepting HIV CT and subsequent referral to ART for those testing positive. In FY05 25 ZDF providers and 54 community lay counselors from the initial 4 sites were trained in appropriate counseling and testing skills. In the second year (2006), 25 health providers and 120 community lay counselors from 4 additional sites were trained.
In order to expand integration of CT in TB and STI services, in FY07, DCT training will be provided to an additional 40 health care providers from Zambia sugar and from up to eight additional ZDF facilities. JHPIEGO will also collaborate with partners such as PCI and KARA 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 counseling and testing, group education on HIV/AIDS, recognition and referral for STI, TB or HIV care services.
With the additional funding in 2007, JHPIEGO will work to strengthen training of healthcare workers within the defense forces and the Zambia sugar in the management of STIs and make available copies of the Zambia National STI case Management Guidelines. These guidleines are not readily available in for use by the clinicians caring for these high risk populations. Training will emphasize the Syndromic approach to STI management, risk assessment and risk reduction counseling. The standard available training materials will be used for these trainings. Targeted interventions contribute to the overall goal of reducing STI prevalence and slowing HIV transmission. In order to expand and sustain quality STI services and considering the negative effects of the prevailing high staff turnover in the ZDF facilities, JHPIEGO will carry out the following activities: • Make available the MOH National STI Syndromic Case Management Guidelines for Zambia; • Training 150 ZDF healthcare workers in the management of STIs by conducting 7 five day provider training workshops.The activities will enable ZDF to expand and sustain quality STIs services in order that more patients seen at military clinics can access timely and appropriate care.

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful	150	☐

Table 3.3.05: Activities by Funding Mechanism

Mechanism: University Teaching Hospital
Prime Partner: University Teaching Hospital
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12522
Planned Funds: $ 75,000.00
Activity Narrative: The Zambia Children New Life Center (a shelter for sexually abused children in Lusaka's Linda compound) was started up in February of 2002 as a result of increasing cases of reported child sexual abuse in Lusaka as well as financial support and recognition through the rebook human rights award for young human rights activists. The main objective of the centre is to work towards prevention and protection of children against sexual abuse and promoting childrens rights by working closely with family, community and government. A number of trainings on awareness about sexual abuse in children have been conducted in Linda where the centre is located. The centre provides emergency accommodation for children at risk of harm in their current environment, psychosocial counseling, and preparation for court sessions, medical attention and more recently a link has been established with the one-stop centre for post exposure prophylaxis (PEP) at the University Teaching Hospital Department of Pediatrics.
Among the achievements of the centre have been: the recognition of the centre (many of the children are referred by the police, social welfare department or NGO's and individuals); increased public awareness with resultant increase in reporting of sexual abuse cases in Lusaka, particularly in Linda compound; support from organizations like World Food Program to help feed the children; and some successful income generating activities within the community. The centre has also managed to win limited financial assistance from kindernotehilfe in Germany and Cordaid Netherlands to pay towards educational programs, income generating activities, food and rentals. On average 40 children are seen every month.
Funding from PEPFAR funds in 2007 will support training in the community to raise awareness in HIV/AIDS transmission through child sexual abuse. Recognition and prevention of sexual abuse in children requires a number of key elements be taken into account and noted. These trainings are conducted in such a manner that people interacting with children are able to identify some key elements, "tell tale signs" of sexual, physical and emotional abuse. To date most of the trainings have been confined to Linda compound. Among the trained personnel are teachers, church leaders, police, parents and caregivers and other key community leaders as well as children themselves. It is hoped that by extending the trainings to other areas of Lusaka, we will be able to identify another suitable site to establish a second centre in the coming year. 10 trainings of 5 days comprising 40 participants each will be carried out to reach a target number of 400 this year. Currently there is no formal referral system between the various players who handle the complex issues around child sexual abuse. The funding will also be used to establish a formal referral system between the police, law enforcement agencies, schools, hospitals and churches.

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful	400	☐

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12523
Planned Funds: $ 150,000.00
Activity Narrative: This activity links directly with JHPIEGO (#) and Society for Family Health (SFH) (#) and indirectly with USAID | DELIVER PROJECT's ARV Drug (#9520) and Partnership for Supply Chain Management Systems (SCMS) Laboratory Strengthening (#9524) and Policy Analysis/Systems Strengthening (#9525).

The purpose of this activity is to provide supply chain system support for the scale-up of male circumcision (MC) programming. Funding will be used to assist the Ministry of Health, National AIDS Council, Medical Stores Limited (MSL), and other USG implementing partners to better ensure the availability of necessary MC kits and related supplies at selected sites. Currently JHPIEGO and SFH are procuring MC commodities to assemble MC kits at chosen facilities. As the national MC program grows, demands on the supply chain systems will significantly increase; therefore, it is imperative that these systems be strengthened in the beginning stages of program expansion. To accomplish the initial phase of improving the supply chain, SCMS will: actively participate in the national MC forums to ensure that supply chain issues are addressed as the program expands; conduct at least one national MC commodity quantification/forecast to determine overall commodity requirements for expansion; assist MSL in monitoring stock status and managing the distribution system to supply health facilities on a timely basis (includes establishing the pipeline monitoring and procurement planning software system for MC commodities); price the various MC products to determine the most cost-efficient manner for procuring these supplies beginning in FY 2008.

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	UTAP - U62/CCU322428 / JHPIEGO
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	12524
Planned Funds:	$ 995,000.00
Activity Narrative:	This activity is directly linked to Population Services International/Society for Family Health (SFH), Health Communications Partnership (HCP), JHPIEGO, and Partnership for Supply Chain Systems (SCMS) male circumcision activities (MC) as well as indirectly to the Ministry of Health (MOH), National AIDS Council (NAC), and USG implementing partner AB activities. HCP currently works with in- and out-of-school youth groups through community-based organizations, including theatre groups, to promote open discussion about decreasing risky behaviors and enhancing problem-solving skills. Through these venues, HCP will inform youth on the importance of knowing one's HIV status, engaging in healthy AB behavior, seeking MC services from a trained professional, and post procedural care. HCP's theater members will also be trained to present comprehensive messages about AB, CT, and that MC can reduce the risk of contracting HIV--with an understanding that it is not 100% protective. Traditional leaders also play a key role in all HCP community-based activities; for this reason, they will be engaged to present AB and MC messages to their communities. With additional funds, HCP will also assist MOH, NAC, and MC delivery partners in developing and implementing a national MC awareness campaign that includes messages related to AB as part of the overall national MC campaign and male reproductive health kit.

Table 3.3.05: Activities by Funding Mechanism

Mechanism: EGPAF - U62/CCU123541
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12525
Planned Funds: $ 255,000.00
Activity Narrative: Three recent studies in Africa have shown that male circumcision prevented men from acquiring HIV. No studies have been done on neonatal male infants, but we can infer from the recent trials that early circumcision would have many health benefits including decreased acquisition of HIV. Infant circumcision is an acceptable and safe procedure that is routinely performed in the United States within 24 hours of delivery of the infant and has been performed in Africa without negative sequelae. A 2003 survey performed in Zambia in four different areas suggests that men and women in Zambia would support circumcision if it was safe, had health benefits, and was not too expensive. With this funding, we plan to focus on two areas 1) Working with the Ministry of Health, UTH and JHPEIGO to develop guidelines on neonatal circumcision 2) Training providers in Lusaka and possibly the provincial hospitals on performing neonatal circumcision.
We will work with consultants at UTH and within the Ministry of Health to develop guidelines on neonatal circumcision procedure. We plan to hold several meetings surrounding this issue. Using local expertise, we will train at least 40 providers in infant circumcision in a variety of techniques including the Gomco and Plastibell. Providers and support staff will also be trained in proper sterile procedures; postoperative complications; as well as counseling parents or guardians on the procedure. Parents will be sensitized in local communities as well as in antenatal clinics on the risks and benefits of this procedure and leaflets will be produced which describe the procedure and its risks and benefits.
After the initial training, each provider will be supervised on 25 neonatal circumcisions in the different techniques or until it is felt that they have adequate skills to perform neonatal circumcision. We will provide them with the necessary supplies to continue providing neonatal circumsion as part of routine care and will work with the providers to develop potential scale-up plans. The Center for Infectious Disease Research in Zambia is in a unique position to offer this training and supervision with five US trained obstetrician-gynecologists who have cumulatively done hundreds of neonatal circumcisions using both Gomco and Plastibell techniques.

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful	40	☐

Table 3.3.05: Activities by Funding Mechanism

Mechanism: DoD-JHPIEGO
Prime Partner: JHPIEGO
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12526
Planned Funds: $ 100,000.00
Activity Narrative: Military personnel are subject to high risk of both STIs and HIV, as a result of the housing and social situations they find themselves in due to the nature of their work. It is important to take a "no lost opportunities" approach to prevention of STIs and HIV and service providers must take advantage of each interaction they have with clients and patients to provide counseling in risk reduction. This is essential in clients presenting with an STI as they are at higher risk of HIV infection. 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 STI programs, though it also extends to HIV/AIDS care and treatment.

Patients need to be counseled on prevention and risk reduction strategies to both provide accurate information and reinforce prevention methods. STI patients must be effectively counseled and tested for HIV with those testing negative provided with post test risk reduction counseling and those testing positive referred to HIV care and treatment services in a timely manner. Based on successful approaches in integrating CT into antenatal care for PMTCT, JHPIEGO adapted Centers for Disease Controls counseling protocols and training materials to incorporate diagnostic testing and counseling into TB services more effectively. In consultation with various partners and the Ministry of Health, these materials were adopted as the national DTC training package. JHPIEGO will use this package as the basis for integrating counseling and testing into STI services providing prevention counseling and linking patients with HIV care and treatment services.

JHPIEGO will focus on strengthening service providers' knowledge and skills in STI and HIV prevention counseling working with the ZDF Medical Services to better integrate counseling and testing (CT) into STI services integrating a "no lost opportunities" approach to prevention counseling as well as care for HIV infected clients to better STI services. This will be done using group-based training for skills and knowledge targeting 50 ZDF STI service providers. These training activities will be conducted by ZDF trainers with co-teaching and supportive supervision provided by JHPIEGO. Follow-up supportive supervision to the service outlets will be conducted to ensure that the skills and knowledge are being correctly applied and to provide on the spot guidance addressing any gaps. This funding will got towards reproducing materials and training ZDF personnel in Syndromic management of STIs

The sustainability of this effort is a major focus of the work and is reinforced through using training capacity already developed within the ZDF Medical Services. This training capacity will be strengthened through co-teaching and supportive supervision provided by JHPIEGO.

This program builds on, and links closely, with JHPIEGO's DOD funded work in HIV/TB, ART and HBHC as well as CDC funded work in HIV/TB and Counseling and Testing.

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100
Training	51 - 100

Target Populations:

Most at risk populations
Military personnel

Coverage Areas:

National

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: $ 12,637,864.00

Program Area Context:

Home-based care (HBC) and hospice care, major components of palliative care (PC), are long established in Zambia. Comprehensive PC, which the World Health Organization (WHO) defines as meeting the needs and minimizing suffering of people living with HIV/AIDS (PLWHA) by mobilizing clinical, psychological, spiritual, and social care throughout the course of HIV infection in the home, community, hospice, workplace, and clinical settings, is still a new concept in Zambia.

Under the PEPFAR Five-Year Strategy for Zambia, and in collaboration with the Ministry of Health (MOH), National HIV/AIDS/STI/TB Council (NAC), and other donors, USG Zambia and its partners will transition from routine HBC and hospice care to comprehensive PC, including clinical and workplace care. In FY 2005 and 2006, the USG supported three significant shifts in palliative care: 1) a paradigm shift from PC as end-of life care to PC preventive care that extends and improves the quality of life; 2) establishment of strong linkage between PC and ART; and 3) increased collaboration with the GRZ on policy and guidelines, including new efforts to increase availability of pain management drugs and prophylactic use of Cotrimoxazole (CTX) for children and adults.

USG is the largest donor for PC services in Zambia. Other external donors include Development Corporation of Ireland, the Netherlands, Germany, UNAIDS, the World Bank, and the Global Fund. Combined, these donors support PC activities in eight of nine provinces.

Among accomplishments in FY 2006, the USG assisted the GRZ to define PC in Zambian national health and HIV/AIDS strategies, and more fully engaged the Palliative Care Association of Zambia (PCAZ) as a nationally recognized PC professional association. The Twinning Initiative, through its partner, the African Palliative Care Association (APCA), assisted PCAZ to advocate for improved PC services and to promote quality of life for PLWHA. In FY 2005, USG partners provided PC services to 115,985 PLWHA, including active military and their families in 60 of 72 districts (83% geographic coverage by district) of all nine provinces. This represents over 50% of the USG goal to provide PC to 220,000 PLWHA in Zambia by 2008. USG Zambia expects to reach 80% of its target in 2007.

Other milestones include: 1) the USG Palliative Care Forum (PCF), composed of PEPFAR-funded PC partners, PCAZ, and NAC, developed a USG Zambia Joint Palliative Care Strategy in late FY 2005; 2) twinning has resulted in improved capacity of the PCAZ as a central, sustainable source of guidance, training, advocacy, and standards; and 3) the recent, ground-breaking formation of a national Palliative Care Pain Management Advocacy Team in June 2006, chaired by the MOH, and including other ministries, NAC, the Drug Enforcement Commission (DEC), Pharmaceutical Regulatory Authority of Zambia (PRA), USG partners, and NGOs, to make pain relief drugs available to PLWHA.

Adhering to new OGAC Food and Nutrition guidelines, USG Zambia has adopted a targeted, leveraged, wraparound strategy, using less than 1% of Zambia funds to provide therapeutic and supplementary foods to malnourished PLWHA. This includes: High Energy Protein Supplements (HEPS) for moderately malnourished PLWHA and Ready-to -Use-Therapeutic Foods (RUTF) for severely malnourished PLWHA. A CRS SUCCESS targeted evaluation (TE) in FY 2005-6 indicated statistically significant impact of nutrition supplements; the TE awaits review by OGAC. USG has integrated Food for Peace (FFP) food aid for malnourished PLWHA with PEPFAR financial resources and PC technical expertise. In FY 2006, USG Zambia is targeting multi-vitamin and micronutrient supplements to HIV positive children in clinical settings.

In FY 2006, USG Zambia is linking new pediatric PC services to P-ART and PMTCT services. The goal is to initiate treatment and care as early as possible, reducing infant mortality from the current estimate of 50% by age two for untreated children. USG Zambia will direct at least 10% of USG ART and PC resources to infants/children in FY 2007.

Challenges to rapidly scaling-up quality PC services include: only 13% of Zambians know their status contributing to the fact that only 115,985 (10%) of PLWHA have sought or receive PC services; PC is not well integrated into the HMIS or NAC reporting system and database; limited access to pain medication in home, hospice, and clinical settings; and low numbers of well qualified PC providers and poor volunteer retention.

To address these obstacles, in FY 2007, USG will focus on volunteer caregiver retention and burnout through material support, caregiver recognition, and supervisory support. The USG will also analyze the range of costs for similar care services and for caregiver training and identify cost-effective models (such as combined or cascading training). USG will increase CT efforts to identify and refer PLWHA for early PC services, so that asymptomatic PLWHA seek and receive appropriate services, such as nutrition and behavior change counseling. This will enable them to: remain healthy longer and return to work sooner; delay intensive, end-of-life care and need for ART; and delay or avoid orphanhood of their children. USG will also continue to strengthen referral networks between clinical and community PC services, mobilize communities to access supportive activities, and train more lay counselors to provide needed CT and PMTCT services.

USG partners provide basic clinical care, psycho-social support, and wraparound in-kind private support. In FY 2007, private U.S.-based corporations will donate 2000 home-based care kits. The Zambia Malaria Foundation will distribute insecticide treated nets. Socially-marketed safe water treatment products will be provided free of charge to community PC programs to reduce incidence of diarrhea.

USG partners will broaden PC services to increase access to quality clinical services, ART adherence support, CT and PMTCT services, and prophylactic use of cotrimoxazole. New in FY 2007, will be a focus on strengthening the management of HIV-related cancers, especially lymphoma and Kaposi's sarcoma. Quality PC services will also include training of health care workers in symptom and pain management, patient/family education and counseling, and management of pediatric HIV/AIDS.

By the end of FY 2007, USG will have reached 161,538 PLWHAs with PC services. The focus will shift to formalizing linkages between PC, CT, PMTCT and ART; continued capacity building of PCAZ; scaling-up nutrition support for malnourished adults and children; and training of clinical and workplace PC caregivers. Additional emphasis will include linking communities to ART services and HIV/AIDS clinical care services, such as prevention and treatment of opportunistic infections (OI) and increased access to legal and livelihood support, including micro-financing.

To promote sustainable PC, USG will strengthen the capacity of the MOH, NAC, Provincial Health Offices, District Health Management Teams, District AIDS Task Forces, and faith- and community-based organizations to plan, manage, implement, and evaluate PC. The USG will help to standardize PC training, develop national policies and protocols, strengthen infrastructure (e.g. clinics, hospices, and labs), establish a national hospice accreditation system, implement facility-based quality assurance/ improvement programs, develop and strengthen health information systems, support GRZ to provide a comprehensive package of PC services through multiple service delivery channels, and strengthen PCAZ as a national advocate to ensure sustainability of quality PC services. Continued capacity building of Zambia's faith-based and community-based PC providers will include fund-raising skills and improved financial management capabilities to ensure the continuation of PC after PEPFAR ends.

Program Area Target:

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	350
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	161,338
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	9,717

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	DoD-PCI
Prime Partner:	Project Concern International
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8787
Planned Funds:	$ 480,000.00

Activity Narrative: This activity also relates to Project Concern International (PCI) activities in Other Prevention Activities (PCI) #8786, Other/policy analysis and system strengthening (PCI) #9171, Abstinence/be faithful (PCI) #9170, PMTCT (JHPIEGO) #9088, Palliative Care TB/HIV (JHPIEGO) #9090, Counseling and Testing (PCI) #8785, HIV/AIDS treatment/ARV services (JHPIEGO) #9089, and the Navy Medical Centre, San Diego (NMCSD) program #9172.

This program aims to ensure that chronically ill HIV positive patients in the military health facilities receive comprehensive palliative care services that include medical care, treatment of opportunistic infections, pain management, psycho-social support, legal services, material support, nutrition and food supplementation, referral and adherence to anti-retroviral treatment (ART), and other HIV-related services. Through this activity up to 5,000 HIV-positive patients including Zambian Defense Force (ZDF) members, their family members, and people living in the surrounding community will receive quality palliative care services. The ZDF serves as the only source of such care for communities in many locations, given the remote nature of many of the ZDF units.

PCI will support the Defense Force Medical Services (DFMS) to carry out this comprehensive program in all 54 ZDF units in nine provinces, with a focus on eight existing model sites (Maina Soko Military Hospital in Lusaka, ZAF Livingstone, Tag-urgan Barracks in Ndola, ZNS Kitwe, Gondar Barracks in Chipata, Chindwin Barracks in Kabwe, ZNS Mbala and ZNS Kamitonte in Solwezi) and four additional model sites (L85 in Lusaka, ZNS Luamfumu in Mansa, Luena Barracks in Kaoma and ZAF Mumbwa) to be established in FY 2007. This will be done in collaboration with other DOD-PCI activities and with JHPIEGO, to ensure integration of services and effective referrals between CT, TB/HIV, STI, HBC, ART and other services.

Capacity building includes formal and informal training for HIV/AIDS unit staff including the Home Based Care (HBC) Manager, HIV/AIDS unit coordinators at the 54 ZDF units around the country, and ZDF caregivers. Logistical support to enable ongoing supervision and monitoring of palliative care activities by the DFMS is provided, and linkages with indigenous sources of technical support such as the Palliative Care Association of Zambia (PCAZ) have been made in order to ensure that the ZDF has access to technical input, national palliative care guidelines, training packages, etc. adapted to their situation and needs.

In FY 2004 and FY 2005, 295 caregivers were trained. PCI's training of caregivers in comprehensive palliative care was coordinated with PCAZ to ensure the consistency of the training and care services with those of other USG-funded programs. An additional 80 caregivers were trained in the FY2006 program. These caregivers are actively involved at all 54 ZDF units in 9 provinces, responsible for identifying and registering chronically ill patients both among military personnel and their families, as well as from non-military populations in surrounding communities, providing community level care services in support of families, and referring patients to DFMS or other health facilities for additional care and treatment services. In FY 2007 an additional 60 caregivers will be trained in palliative care. An important component to be included in this training is adherence support for clients on ART, in support of the expansion of ART services at both ZDF and Ministry of Health (MoH) facilities.

Continued support for development and provision of HBC kits for clients and their caregivers will be provided. These HBC kits have been evaluated in collaboration with the DFMS and PCAZ and will include patient education materials relating to medicines, doses, nutrition, physical fitness, and referral information printed in local languages. The kits are refilled on a monthly basis according to the number of patients reflected in the HBC registers and monthly field reports. Material support to the caregivers, such as bicycles, umbrellas, bags and shoes, will be provided 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 coordinators, 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 ZDF support groups and/or post-test clubs will undergo a two-day positive living training, using curricula and training supports currently being developed with support from the (NMCSD) twinning program. Trainers trained by NMCSD in October 2006 will be supported by PCI to conduct workshops in FY 2007. The workshops will focus on promotion of health and wellness, with support in dealing with HIV symptomology, depressive symptoms, stigma, and beliefs about illness, adherence to ART, behaviors, self-efficacy, and substance use. Positive living materials developed by the Health Communication Partnership (HCP), the Academy for Educational Development (AED)/USAID, and other local groups have been reviewed by the NMCSD team for adaptation and will be used under this activity.

Finally, through a partnership with the Baptist Fellowship of Zambia, the capacity and involvement of military chaplains in HIV/AIDS counseling will be strengthened, with emphasis on ministry skills relating to the individual and the family, including marital relationships, parenting, and development of peer support systems. Training sessions also deal with child and spousal abuse, addictive behaviors, management of family crisis, illness, death, trauma, and setting up family crisis services at a targeted number of bases and their communities. In FY 2006, the Baptist Fellowship of Zambia trained 63 military and police chaplains in palliative care including spiritual counselling. They also provided on site technical assistance to 17 clergymen at ZAF Livingstone which is one of the model sites for palliative care and CT. In addition, they reproduced an HIV/AIDS manual used in faith-based communities for use by the chaplains. An additional 80 chaplains and their assistants will soon participate in training to build on the work done previously and help the chaplains relate it to ministry for the family and their communities. In FY 2007, 80 chaplains will be trained to provide the above services to additional bases.

In order to ensure the sustainability of the activity, PCI works in close collaboration with the DFMS HIV/AIDS unit, which has through PEPFAR support recently established a palliative care office, through which all activities are planned, implemented and monitored.

Continued Associated Activity Information

Activity ID:	3737
USG Agency:	Department of Defense
Prime Partner:	Project Concern International
Mechanism:	DoD-PCI
Funding Source:	GHAI
Planned Funds:	$ 580,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	54	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	140	☐

Target Populations:

Most at risk populations
Military personnel
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Religious leaders
Host country government workers
Other Health Care Worker

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8809
Planned Funds:	$ 100,000.00

Activity Narrative: This activity links to CRS SUCCESS HBHC (#9180) and all other HBHC activities funded by USG Zambia.

USAID will continue to manage this twinning support for palliative care activity and channel funds for American International Health Alliance (AIHA) Twinning Center through HHS/HRSA. AIHA will provide south-south twinning support for Palliative Care in Zambia, in partnership with the African Palliative Care Association (APCA) and its local affiliate/sub-partner, the Palliative Care Association of Zambia (PCAZ), which will receive approximately 80% of these funds.

In FY 2005 and FY 2006, AIHA collaborated with APCA to provide technical assistance to the USG/Zambia mission and PCAZ through a series of assessment and mentoring visits. To date, AIHA, APCA, and PCAZ have reached a number of milestones. The PCAZ has a new, stronger management structure, led by a new National Coordinator with strong management and business development skills as well as palliative care experience. The PCAZ is now a larger, stronger membership organization. PCAZ helped develop a USG Joint Palliative Care strategy in 2005, and participates in the USG Zambia Palliative Care Forum. PCAZ has become a leader in taking palliative care for HIV/AIDS forward in the country. In late June 2006, APCA organized a study tour to Uganda for Ministry of Health (MOH), PCAZ, pharmaceutical board, and drug enforcement officials to learn about pain management and pain relief drugs (opiates). As a direct result, upon their return, the Zambian participants formed a National Pain Management Advocacy Team. They are now moving forward rapidly to advocate for new policy, guidelines, and regulatory change to permit the use of opiates more widely for pain relief in HIV/AIDS care.

Starting in FY 2006, AIHA will have a regional Palliative Care technical advisor posted in South Africa to support Zambia. AIHA and APCA staff will also make trips to Zambia as will AIHA twinning organizations to provide technical assistance for the development/refinement of 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.

In FY 2007, AIHA and APCA will continue to strengthen the PCAZ secretariat and executive functions, making the PCAZ Board a more effective governing body. The partnership will also focus on strengthening PCAZ's role as a voluntary coordinating body for Zambian palliative care institutions and care givers. Particularly, the partnership will focus on the development of policy and advocacy skills within PCAZ, and capacity to facilitate and manage palliative care trainings for all professional levels of HIV/AIDS palliative care givers. Further, training will enable the PCAZ Secretariat to mobilize resources, including developing grant proposals and seeking funding from other sources, such as the Global Fund for AIDS, TB, and Malaria. Finally, PCAZ will implement the membership recruitment plan developed in FY 2006, and will also advertise to increase membership and associated dues. This is a means to develop sustainable revenue streams for the PCAZ, as part of its long-term business plan.

The APCA/AIHA partnership will continue to work together to strengthen PCAZ's ability to provide quality services, thus attracting members. The activities will include: (1) A training of trainers program in palliative care to scale-up and expand the program - eight participants out of all attendees will be trained further through clinical placements to become master trainers-of-trainers within six months; (2) a country specific advocacy workshop, focusing particularly on policies for pain medication procurement, prescription and availability for PLWHAs in the advanced stages of AIDS and on easing prohibitive Zambian drug enforcement practices that target pain medications; (3) adaptation and implementation of APCA standards of palliative care and outcome scale, revision of national training manuals and material based on the revised palliative care standards, and the development and implementation of M&E data collection tools to ensure adequate quality and access to palliative care; and (4) publication of a quarterly palliative care newsletter to keep members of medical and other caregiving communities informed of possible opportunities, new developments, and evidenced-based best practices. PCAZ will train 150 palliative care medical providers/caregivers in state-of-the-art palliative care for PLWHA.

To build sustainability, AIHA will continue to support twinning partnerships between US and regional palliative care organizations and PCAZ to strengthen local human and

organizational capacity in Palliative Care. AIHA will support regional palliative care premier institutions such as APCA (which includes the University of Cape Town, Sun Gardens Hospice in Pretoria, Hospice Uganda, and Zimbabwe Home-based Care programs). AIHA will collaborate with USG partners working on palliative care in Zambia (including SUCCESS, ZPCT, RAPIDS, PCI, JHPIEGO, and CDC partners) to provide mentoring, train palliative care health care providers and managers, develop palliative care courses and training programs, and facilitate technical information sharing.

Continued Associated Activity Information

Activity ID: 3728
USG Agency: HHS/Health Resources Services Administration
Prime Partner: American International Health Alliance
Mechanism: Twinning Center
Funding Source: GHAI
Planned Funds: $ 100,000.00

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	150	☐

Target Populations:

Faith-based organizations
Doctors
Nurses
Non-governmental organizations/private voluntary organizations
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Doctors
Nurses
Other Health Care Workers
Trainers

Key Legislative Issues

Twinning

Coverage Areas:

National

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8884
Planned Funds:	$ 1,721,000.00

Activity Narrative: This activity links with the Zambia Prevention, Care, and Treatment Partnership (ZPCT) PMTCT (#8886), ART (#8885), CT (#8883), TB/HIV (#8888), and Laboratory Support (#8887) activities as well as with the Government of the Republic of Zambia (GRZ) and other US Government (USG) partners. This activity will strengthen and expand clinical palliative care services in Central, Copperbelt, and the more remote Luapula, Northern, and North-Western provinces. The total geographic coverage of ZPCT support to clinical palliative care services is 69% of the population in the five provinces. In FY 2006, ZPCT will reach 48,535 clients with clinical palliative care services, exceeding the 18-month target, and reaching 38% percent of expected clinical palliative care needs in the five provinces through support to 87 facilities. In FY 2006, 150 ART providers will be trained in pediatric ART, including opportunistic infection (OI) management for children, 50 new providers will be trained in the ART/OI curriculum, and 50 more will receive refresher training. In addition, ZPCT initiated a comprehensive quality assurance/quality improvement program to monitor and improve service provision in all 87 facilities. Other FY 2006 achievements are outlined in the component descriptions below. In FY 2007, 66,690 clients will receive palliative care services in 100 ZPCT supported facilities.

Palliative care activities include four components: 1) strengthening palliative care services within health facilities; 2) increasing referral linkages within and between health facilities and communities working through local community leaders and organizations; 3) participating in and assisting the National Palliative Care Task Force to develop a strategy, guidelines, and standard operating procedures; and 4) increasing program sustainability with the GRZ.

In the first component, strengthening palliative care services within health facilities, ZPCT will continue assistance to 87 health facilities and expand to 13 new facilities in five new districts: one district in each of the five provinces, including Nchelenge District in Luapula Province (facilities are transitioning from Medecines Sans Frontieres support to GRZ responsibility with ZPCT assistance). Technical assistance and training will be provided to 100 health care workers (HCWs), using GRZ's two-week ART/OI curriculum which focuses on clinical palliative care for HIV/AIDS and treatment of OIs. HCWs will also be trained, using GRZ-approved curriculum, to provide cotrimoxazole prophylaxis, symptom and pain assessment and management, 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 palliative care services. Moreover, pharmacy staff will be trained in data collection/reporting and ordering, tracking, and forecasting HIV-related commodities thereby better ensuring the availability of critical medical supplies and drugs. ZPCT will also liaise closely with Project TBD (9520) and Partnership for Supply Chain Management Systems (SCMS) (9196) on forecasting drug supply requirements.

In the second component, increasing referral linkages within and between health facilities and communities, 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 GRZ and USG. Therefore, as in FY 2006, ZPCT will work closely with these established entities to strengthen referral networks linking clinical palliative care services with community-based programs. For example, ZPCT through its sub-partner Churches Health Association of Zambia (CHAZ), is providing on-going technical assistance and training in clinical palliative care and linking those services to local home-based care programs. ZPCT is also coordinating with Catholic Relief Services (CRS)/SUCCESS (9180), RAPIDS (8946), and Peace Corps (9629) to better link clinical services to related community programs.

Community mobilization activities, implemented by ZPCT and partners, are another approach to strengthen referrals in palliative care within and between health facilities and communities. ZPCT will work with existing community groups, such as Neighborhood Health Committees, for activities related to stigma reduction and promotion of clinical palliative care and support services. ZPCT will also work with community-based care givers, traditional healers, and other key community leaders to increase community involvement, build community volunteers' capacity, and involve PLWHAs in palliative care services at the community level to reduce stigma and discrimination and thereby improve the quality and efficiency of these services. ZPCT uses materials developed by or adapted from materials produced by the Health Communication Partnership (HCP) (#8902).

In the third component, ZPCT will continue its participation in and provision of assistance to the USG Palliative Care Forum 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 palliative 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 accordance with GRZ policies.

In the final component, increasing program sustainability with the GRZ, ZPCT will work with Provincial Health Offices (PHOs) and District Health Management Teams (DHMTs) to build on the quality assurance activities started in FY 2006. With the GRZ, ZPCT will identify two districts in each of the five provinces that are now providing consistent quality services and will only need limited technical support from ZPCT in FY 2007. The PHOs and DHMTs will assume responsibility for the selected districts by providing all supervision and monitoring activities in these districts in order to better sustain program activities.

By working with GRZ facilities, ZPCT is able to establish a sustainable program through training health care workers, developing standard treatment protocols, strengthening physical and equipment infrastructures, implementing facility-level quality assurance/quality improvement programs, improving laboratory equipment and systems, and developing and strengthening the health information systems.

Continued Associated Activity Information

Activity ID:	3526
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	Zambia Prevention, Care and Treatment Partnership
Funding Source:	GHAI
Planned Funds:	$ 1,365,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	100	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	66,690	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	☐

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Traditional healers
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Religious leaders
Host country government workers
Public health care workers
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8902
Planned Funds:	$ 335,000.00

Activity Narrative: This activity links with the Health Communication Partnership's (HCP) ongoing activities in Abstinence/ Be faithful (#8905), Other Prevention (#8904), Orphans and Vulnerable Children (#8903), and Treatment/ARV Services (#8901). It also supports the overall U.S. Government (USG) effort in promoting palliative and community-based care services and addresses both Zambian and the President's Emergency Plan for AIDS Relief (PEPFAR) goals for increasing public information and understanding of CT, Palliative Care, and Treatment, and improving the length and quality of life for people living with HIV/AIDS (PLWHA). In FY 2007, HCP will also continue to work closely with the following USG palliative and home-based care service providers: Catholic Relief Services (CRS)/SUCCESS (#9180), RAPIDS (#8946), Zambia Prevention, Care and Treatment Partnership (ZPCT) (#8884), Support for the HIV/AIDS Response in Zambia (SHARe) (#8908), Peace Corps (#9629), national and international stakeholders, PLWHA networks, faith-based organizations (FBOs), and other community groups.

Community mobilization and behavior change communication, the foundation of HCP's strategy in Zambia, provide a comprehensive approach to promoting better health seeking behavior nationally and within the 22 HCP-supported districts in each of the nine provinces. HCP draws on the expertise of Johns Hopkins University Center for Communications Programs' (JHU/CCP) worldwide experience including formative research and evaluations of these programs. For example, the 2003 study of Language Competency in Zambia has informed all HCP printed materials while the BRIDGE project baseline survey in Malawi provided valuable reference for building community efficacy in similar rural communities.

In FY 2005 and FY 2006, HCP developed a PLWHA and caregivers distance radio program, "Living and Loving," to communicate standardized messages to PLWHA, their families, and caregivers. The program was translated into seven local languages in addition to English. The 26-episode series, which is aired on Zambian National Broadcasting Corporation (ZNBC) and local radio stations, promotes discussion on a wide range of topics including positive living and staying healthy, how men can be caregivers, anti-retrovirals (ARVs), family support, nutrition, treatment of opportunistic infections (OIs), money management, stigma and discrimination, and treating PLWHA with respect. In FY 2007, HCP will develop new episodes to address psycho-social support, health and nutrition, income generation, and education, in addition to re-broadcasting episodes of particular pertinence. After the airing of each program listeners are encouraged to ask questions and provide feedback to HCP. HCP district staff will continue to support listener groups (selected from PLWHA care and support groups) to enable them increase their reach to over 25,000 PLWHA and their caregivers in 22 districts. By using HCP-produced program guides, group leaders will facilitate and head discussions on care, support, and positive living. HCP will continue to work with local communities, Neighborhood Health Committees (NHCs), and the Anti-Retroviral Therapy (ART) Unit of the Ministry of Health (MOH) to assume leadership and ownership of this activity, linking these groups with other support organizations to ensure sustainability.

In FY 2005, the Care and Compassion movement was developed and launched by the Zambia Interfaith Networking Group (ZINGO) with technical support from HCP. Counseling and education kits for religious and traditional leaders were adapted for use in Zambia. These kits enable leaders to initiate and implement care and support activities in their congregations and communities and strengthen their counseling skills. With HCP support, 276 core religious leaders from six religious bodies were trained in psychosocial counseling. As a result of their efforts, by July 2006, 15,000 congregants were counseled, 3,300 were tested, and 73,780 were reached with messages supporting community care to PLWHA and those affected by HIV/AIDS. By June 2006, 253 Care and Compassion groups had formed throughout the country.

In FY 2007, the Care and Compassion movement will focus on rural communities. An additional 110 religious leaders (five in each of the 22 districts) will expand efforts to ensure community-based action in support of those infected/affected by HIV/AIDS. As role models and through sermons, respectful relationships between men and women will be promoted. Their counseling and preaching will raise awareness and promote change of harmful male norms and behaviors that perpetuate inequitable relationships which make women most vulnerable to risk, stigma, and discrimination.

HCP will continue to promote local screenings of videos and facilitate discussions to raise awareness in three key areas: anti-stigma ("Tikambe"), PMTCT ("Mwana Wanga-My Child"), and ART ("The Road to Hope"). Available in three to five Zambian languages (depending on the series), more than 3,500 copies have been distributed throughout Zambia to government authorities, non-governmental organizations (NGOs), and other stakeholders. Supporting the screening of these videos, televisions and VCRs were placed in 180 health center general public waiting rooms.

At the end of FY 2005, 45,000 copies of the Positive Living Handbook were produced and distributed with a target audience of PLWHA, their caregivers, and OVC. This handbook is written for low literacy audiences and is designed to be the comprehensive and practical guide to positive living with HIV. It has become a regional standard for informing and engaging PLWHA. Due to an overwhelming response, various stakeholders, including the MOH, are reprinting 10,000 additional copies. In 2007 this handbook will be updated to reflect current drug regimens and additional treatment sites. Partners including MOH will be invited to join in the print run.

All activities begin with formative research and are piloted with target populations before being launched. The activities also take into account existing gender roles with the goal of reducing violence, empowering women to negotiate for healthier choices, and promoting partner communication/mutual decision-making and male responsibility.

HCP has made strategic choices which underlie a commitment to ensure Zambian capacity, sustainability, and self-reliance and the development of public opinion and norms supporting treatment and care. HCP's community mobilization efforts focus on capacity development of individuals, NHCs, and community-based organizations. For example, trainings in proposal writing (for funds available locally), activity design, and monitoring enable organizations to find local responses to local challenges. "Living and Loving" empowers the listeners; local radio personalities have been trained to interview PLWHA so that they can produce future programs on their own. Care and Compassion groups have emerged as a community response to a community problem. HCP plays a key role on the National AIDS Council (NAC) Information, Education, and Communication (IEC) Technical Working Group, which collects, harmonizes, and shares national IEC materials. In FY 2006, HCP is supporting the development of the NAC Resource Center by compiling a database of all HIV/AIDS IEC materials available in Zambia. In concert with USG partners, HCP facilitates the adaptation and reproduction of IEC materials for its programs, playing a key role in promoting collaboration and coordination among partners. HCP work plans are integrated into district and provincial plans, ensuring ownership and sustainability. Dramatically-discounted air time on ZNBC and local radio stations reflects the national and local ownership of "Living and Loving" and the Care and Compassion movement.

Continued Associated Activity Information

Activity ID:	3536
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	Health Communication Partnership
Funding Source:	GHAI
Planned Funds:	$ 335,000.00

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Indirect Targets

Number of people reached through trained psychosocial counselors: 100,000

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

Key Legislative Issues

Stigma and discrimination

Gender

Addressing male norms and behaviors

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

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: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8908
Planned Funds: $ 200,000.00

Activity Narrative: This continuing activity links to HVAB (#8906), HVCT (#8907), HKID (#8912), HTXS (#8909), HVSI (#8910), HVTB (#8914), and OHPS (#8911).

Support to the HIV/AIDS Response in Zambia (SHARe) and its partners have gained considerable experience in introducing palliative care into HIV/AIDS workplace programs and into outreach programs supported by private companies in surrounding communities. SHARe partners with private sector businesses and markets through three local NGO partners: Zambia Health Education and Communication Trust (ZHECT), Comprehensive HIV/AIDS Management Program (CHAMP), ZamAction, and Afya Mzuri. SHARe also works with four public sector ministries: Ministry of Agriculture and Cooperatives (migrant workers); Ministry of Home Affairs (police and prisons); Ministry of Transport and Communications (transport companies and truckers), and Ministry of Tourism/Zambia Wildlife Authority (wildlife scouts and employees of lodges and tourism businesses). SHARe provides Rapid Response Grants to NGOs and FBOs such as Network of Zambian People Living with HIV/AIDS (NZP+) and the Zambia Interfaith Networking Group on HIV/AIDS (ZINGO) for community-based palliative care.

In FY 2006, SHARe provided direct palliative care to 1555 individuals and trained 359 palliative care providers. Palliative Care in the workplace includes psycho-social counseling and links to nutrition and medical care for opportunistic infections.

In FY 2007, SHARe will continue to work with partners to provide quality assurance, quality improvement and supportive supervision to trained palliative care providers in ministries, private and public sectors, and communities to provide direct care and/or link those in need of palliative care to existing services. SHARe will link community-based and workplace partners with the Care and Compassion Campaign initiated by ZINGO.

SHARe will also continue to provide a grant to CHAMP, a local NGO, to provide technical assistance to eight private sector companies in two Global Development Alliances (GDA) in the mining and agribusiness sectors. Private sector partners include Konkola Copper, Mopani Copper, Copperbelt Energy, Kansanshi Mines, Bwana Mkubwa Mining, Dunavant Zambia, Zambia Sugar and Mkushi Farmers Association, are able to reach 30 districts in six provinces and 34,635 employees and 2.1 million community members.

SHARe will continue to provide direct grants to the eight GDA companies in support of palliative care activities in workplace programs and surrounding communities. PC services will be delivered at 37 on-site facilities strengthened to provide PC. The standard package of PC care for HIV-infected adults and children includes pain relief, cotrimoxizole, psychosocial support, succession planning, legal services, treatment of opportunistic infections and strengthening of PC programs managed by physicians. The program emphasizes integrating prophylactic medications against opportunistic infections. Services at Mkushi Farmers Association sites, Kansanshi Mining, Bwana Mkubwa Mining and Copperbelt Energy include psychosocial counseling.

The GDA companies will also work with off-site facilities providing PC including those of the Ministry of Health, FBOs, and programs providing nutritional supplements. CHAMP and GDA members will provide technical support in palliative care to the trained PC providers in the GDA companies. Trained PC providers in the workplace and communities will provide direct HIV-related PC to PLWHA.

SHARe will increase the sustainability of its four local NGO partners providing technical support in palliative care to workplace programs, including Afya Mzuri, ZamAction, ZHECT and CHAMP, through strengthening of technical, management capacities, and mobilization of financial resources. Activities will include participatory analysis of their current levels of sustainability, sharing of sustainability strategies with successful NGOs, development and implementation of sustainability plans. GDA companies will ensure the sustainability of their HIV/AIDS workplace activities using private sector funds, while public sector ministries and District AIDS Task Forces (DATF) will ensure the sustainability of their HIV/AIDS workplace activities through public sector and other donor funding.

In total, SHARe will reach 2,776 individuals with palliative care directly through public and private sector workplaces, communities, Rapid Response Grantees, and GDA members.

Continued Associated Activity Information

Activity ID: 3640
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow Research and Training Institute
Mechanism: SHARE
Funding Source: GHAI
Planned Funds: $ 250,000.00

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	37	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,776	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Business community/private sector
Truck drivers
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Prisoners
Caregivers (of OVC and PLWHAs)
Migrants/migrant workers
Host country government workers
Police
Miners

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:	RAPIDS
Prime Partner:	World Vision International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8946
Planned Funds:	$ 4,034,064.00

Activity Narrative: This activity links to HVCT (#8944), HKID (#8947), HVAB (#8945) and HXTS (#8948) and to the RAPIDS PlayPump PPP (#9612), SUCCESS HBHC (#9180) and ZPCT HBHC (#8884).

This World Vision-led project, "Reaching HIV/AIDS Affected People with Integrated Development and Support" (RAPIDS) undertakes care and support activities in 49 of the 72 districts in Zambia. RAPIDS is a consortium of six organizations: World Vision, Africare, CARE, Catholic Relief Services (CRS), The Salvation Army, and Expanded Church Response (ECR), as well as other CBO and FBO local partners. RAPIDS uses a household approach to extend care and support to youth, OVC and PLWHA within the context of needs and priorities identified at a household level.

In FY 2006, RAPIDS reached 38,508 PLWHA with quality Home Based Care (HBC). In FY 2007, RAPIDS will provide HBC and support to 45,852 PLWHA in 49 of 72 districts (68% geographic coverage) in Zambia.

To ensure quality service delivery, RAPIDS will build the capacity of clients, families, caregivers, and their nurse supervisors through training, provision of material support, and technical assistance. Services will include: education to improve knowledge, attitudes, behaviors, and practices on HIV/AIDS, provision of drugs for the prevention and treatment of opportunistic infections, psychosocial and spiritual support, provision of medical equipment, symptom/pain assessment and management, and patient/family education and counseling. Community-based care coordinators will refer clients to various service providers. RAPIDS in partnership with the US Palliative Care Forum and other donors will advocate to the GRZ for a national Home Based Palliative Care policy and delivery framework in Zambia.

RAPIDS will continue to work with SUCCESS and other palliative care programs to promote synergy and complementarities. RAPIDS will also continue to link PLWHA to livelihood initiatives. In FY 2007, the program will expand interventions and linkages in HBC and move towards a full continuum of care, extending beyond the referral networks established in FY 2006.

RAPIDS will extend the outreach of HBC activities through 30 small grants to FBOs/CBOs, building the capacity of community level groups and organizations. To improve quality of care, RAPIDS will provide nurses and volunteers with caregiver kits through leveraging private and corporate donations. RAPIDS will also provide "client kits" that follow HIV/AIDS National guidelines on "minimum standards of care," to clients' households. To improve program efficiency and effectiveness and maintain volunteer morale and commitment, RAPIDS will provide caregiver volunteers with non-cash incentives, in part by leveraging public-private partnerships (PPP) with U.S. corporations. Items will include raincoats, bags, shoes, and bicycles. RAPIDS will implement a PlayPump PPP to bring water to communities with large numbers of HBC clients to prevent diarrhea, improve the hygiene, and reduce the incidence of infections among PLWHAs.

To prevent malaria in PLWHA and their families, RAPIDS will work with the National Malaria Control Center and PATH and other stakeholders to promote use of Insecticide Treated Bed Nets (ITNs). RAPIDS will secure a significant number of ITNs through public channels, and more may procure more through private donations. PEPFAR funds will support ITN warehousing, internal distribution, transport, training/awareness raising and monitoring by caregivers so that clients use ITNs consistently, resulting in effective leveraging of PEPFAR funds for a positive, life-saving health impact.

The management of severe pain is a challenge, due to limited access to pain relief drugs. RAPIDS refers PLWHA to nearby health facilities for severe pain management. RAPIDS is working with other USG partners to implement the USG palliative care strategy to address these issues. RAPIDS will help develop a minimum standard of care for PLWHA for regular access to and use of simple to moderate pain management drugs and advocate for Zambia to adopt updated methods for management of simple to severe pain, as endorsed by the World Health Organization (WHO). This effort will be in line with national guidelines and recommendations for home based and palliative care.

Building on experience from FY 2006, RAPIDS will provide targeted nutritional

supplements for PLWHA to help sustain the immune system and to maintain body weight. Severely malnourished patients will receive Ready to Use Therapeutic Food (RUTF), while moderately malnourished PLWHA will receive High Energy Protein Supplements (HEPS). All clients will receive nutrition counseling and education. RAPIDS reached 12,000 PLWHA households with seed materials distribution in FY 2006. In FY 2007, the coverage will expand to 15,000 PLWHA households. RAPIDS will also intensify the promotion of formation of Positive Living Groups with livelihood options.

RAPIDS will continue to train caregivers and HBC providers in how to combat stigma and discrimination by increasing understanding of the HIV/AIDS and the challenges faced by PLWHA; encouraging participation of PLWHA in design and implementation of project activities; and by promoting involvement of youth and men as caregivers. RAPIDS will also mainstream gender equality in its care and support activities. RAPIDS provides capacity building to community committees working on home-based care and support activities, and is scaling-up support- and youth-groups. To reduce stigma, RAPIDS will broadening anti-stigma messages and activities through existing community groups and churches.

RAPIDS works through communities and is mobilizing community committees as the primary mechanism to provide care and support to PLWHA and vulnerable households. These community committees draw their membership from a broad spectrum of community stakeholders in an effort to ensure multi-sectoral representation and a holistic and coordinated response. RAPIDS is achieving significant momentum in mobilizing communities and ensuring that communities take the lead in mitigating the impact of HIV/AIDS and sees this as the key to long-term sustainability in the response to HIV/AIDS in Zambia.

To further the sustainability of current grassroots efforts, RAPIDS provides training to CBOs and FBOs to provide care and support to PLWHA, including children and adolescents. RAPIDS also includes training in such critical areas as advocacy and paralegal support. RAPIDS facilitates establishment of linkages between communities and other service providers. RAPIDS also provides training designed to improve management skills and the ability of local community-based organizations to access existing HIV/AIDS resource streams. To ensure continuity of prevention, care and treatment, RAPIDS implements a "training of trainers" program that equips HIV/AIDS service providers in FBOs and CBOs. This serves as a mechanism to ensure long-term scale up of training of supervisors, peer educators, and staff within their respective institutions and organizations. Advocacy efforts will continue to link caregivers with MOH and help to establish a national HBC program that can absorb the HBC caregivers trained by RAPIDS and other NGOs towards sustainability.

RAPIDS ensures that its program integrates into existing district structures of both the GRZ and NGOs, and helps to build the capacity of these structures to sustain them beyond the life of the program. RAPIDS will contribute to the sustainability by solidifying and reinforcing critical networks and alliances, sharing lessons learned and best practices, leveraging resources, forming partnerships, avoiding duplication, and advocating for the promotion of improved policy in home based and palliative care support.

Continued Associated Activity Information

Activity ID:	3558
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Vision International
Mechanism:	RAPIDS
Funding Source:	GHAI
Planned Funds:	$ 2,871,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	62	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	45,852	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	7,642	☐

Target Populations:

Community-based organizations
Faith-based organizations
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Nurses

Key Legislative Issues

Increasing women's legal rights

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Food

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.06: Activities by Funding Mechanism

Mechanism: CDC Technical Assistance (GHAI)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9025
Planned Funds: $ 150,000.00
Activity Narrative: 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 Zambia Defense Forces (ZDF) health facilities. In fiscal year (FY) 2006, Centers for Disease Control (CDC) provided technical assistance and building capacity of the Zambia Defense Force (ZDF) to provide effective and comprehensive palliative care to those in the armed forces and their families. These funds were used to provide technical assistance and treatment of opportunistic infections, tuberculosis and sexually transmitted diseases to 1200 patients in the Zambia Defense Force (ZDF). This activity, together with the support provided by the Zambia Defense Force, resulted in higher quality of care for People Living with HIV/AIDS these institutions. In FY 2006 this activity supported building capacity for 5 new voluntary counseling and testing (C&T) sites in Lusaka and Livingstone. The funds were used to provide technical assistance in setting up C&T sites and monitoring, furnishing these facilities to include the necessary lab equipments. In consultation with the District Health and hospital management teams, CDC procured basic furniture and equipment to bring the new sites into a functional state. The Ministry of Health is strengthening the supply chain management system for drugs, test kits and laboratory supplies with support from the USG (activity # 9524).

In FY 2007, the focus of activity will shift to providing technical assistance and capacity building to both the DOD and University Teaching Hospital (UTH) to address the wide range of opportunistic infections (OI); including support to the diagnosis and management of sexually transmitted infections and back up drugs for TB, STI and OI and laboratory supplies. The United States Government (USG) hopes to ensure a comprehensive and sustainable package of palliative care services to Zambian people living with and affected by AIDS and who are now living longer due to antiretroviral drugs. All palliative care services and activities funded by the USG in Zambia are now coordinated by the newly formed USG Palliative Care Forum. The forum, represented by all USG partners, was established to coordinate palliative care approaches and activities within the USG and at national level to work with and link closely with the Zambia Palliative Care Association tasked with the development of a national palliative care strategy, guidelines, and standard operating procedure.

Continued Associated Activity Information

Activity ID:	3845
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	Technical Assistance
Funding Source:	GHAI
Planned Funds:	$ 225,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Military personnel
People living with HIV/AIDS
Public health care workers
Private health care workers

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	SUCCESS II
Prime Partner:	Catholic Relief Services
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9180
Planned Funds:	$ 3,100,000.00

Activity Narrative: This activity links to HTXS (#9182) and HVCT (#9181), to CRS HKID (# 8852), to RAPIDS HBHC (#8946), and AIHA HBHC (#8809).

The CRS SUCCESS II Project is a newly awarded follow-on to the first SUCCESS Project. In FY 2007, CRS will provide quality, community-based palliative pare (PC) services through seven Catholic Diocese home-based care programs and ten faith-based hospices in seven provinces. SUCCESS is the leading USG partner in community-based palliative care in Zambia.

In terms of prior year achievements, in FY 2005, SUCCESS reached 31,365 PLWHA with home-based and hospice care. SUCCESS exceeded its FY 2005 target by 15%, scaled-up home-based care (HBC) programs from four to six provinces, and supported ten faith- and community-based hospices. In FY 2007, the SUCCESS II project will operate in seven provinces and support 10 hospices serving 32,520 PLWHA in 44 districts (providing geographic coverage to roughly 66% of all districts in Zambia) at an average cost of about $92 per client. SUCCESS has developed an M&E system that enables it to account for individual clients, analyze data effectively, and use data for program management and planning.

SUCCESS II will link to other PEPFAR-funded projects, such as AIDSRelief, CIDRZ, and ZPCT, and to GRZ services, for treatment of OIs, STIs, and for ART. To reach more HIV+ infants, children, and pregnant women with Palliative Care (PC), SUCCESS II will strengthen referral linkages to and from PMTCT, and offer integrated CT in its service areas. SUCCESS II is a leader in supporting hospice care in Zambia. It leverages the nationwide health care infrastructure of the Catholic Church and its volunteer caregivers to reach underserved, rural areas. SUCCESS II collaborates with RAPIDS, an HBC project serving urban PLWHA, and refers clients to government health facilities for clinical care and ARV treatment.

SUCCESS II provides a standardized package of high quality and holistic palliative care and services in-line with international guidelines and emerging national standards. The HBC service package includes home visits, basic nursing care, pastoral and psychosocial support, malaria prevention (ITNs and education), nutrition counseling, targeted nutritional supplements (when available) for malnourished PLWHA, household safe water products to reduce diarrheal disease, DOTS for PLWHA co-infected with TB, and clinical referral for OIs, including TB. The program will increase its focus on identifying HIV-positive infants and children in need of palliative care, nutritional support, and/or referral for pediatric ART.

SUCCESS II has established three care categories to provide a better match between care needs and caregiver support: (1) newly infected but asymptomatic; (2). house- or bed-bound with advanced illness; or (3) recovering activity levels on ART with adherence support. The SUCCESS II innovative family-based CT model will identify newly infected clients earlier. The project will establish stronger linkages and more effective referrals to ART sites to provide a more complete continuum of care. SUCCESS II will support and extend the outreach of ART, sharing the load of patient follow-on monitoring and care. It will promote better adherence to ART as well as positive living.

SUCCESS II will continue to support hospices to improve the quality of in-patient care for terminally ill PLWHA and to provide CT and family support including day-care for children of in-patients, or the newly orphaned. Hospice clients who receive ART often recuperate and return home with follow-on support, although evidence of this at present is anecdotal. SUCCESS II awards block grants to qualifying hospices to help them attain and maintain acceptable standards of care and support. Block grants pay for medical equipment, training, staff/patient transport, and quality improvement to attain higher standards of care. SUCCESS II works with the AIHA Twinning Center to support the Palliative Care Association of Zambia (PCAZ), a national membership association of PC providers. PCAZ facilitates training and develops policy. It provides sustainable leadership in Zambia, including state-of-the-art training for caregivers and technical assistance to the GRZ in designing national PC guidelines and standards.

SUCCESS II will continue to refine the quality of palliative care services of its HBC and hospice partners. It will focus on basic nursing, symptom and pain control, patient and

family education, linkages with OVC program sites, and a standard quality training package for HBC volunteers and staff. It will also train for local partners in financial management, program development, monitoring and evaluation, logistics, report writing, and performance planning. It will increase referrals to P-ART where available, provide pediatric HBC, and refer presumed HIV positive infants/children for clinical care and treatment, to help reduce the high mortality rate in HIV infants. SUCCESS II will procure basic medications and supplies for PC as needed, using private matching funds. SUCCESS II leverages non-PEPFAR sources to ensure availability of basic medications for HBC programs in a sustainable manner.

SUCCESS II care coordinators refer clients to needed services and link clients to trained medical staff in district and provincial facilities, to ART service delivery sites, and follow up with community-based adherence support. Partners also link to local branches of PLWHA and OVC support groups and to local GRZ structures. Trained volunteer caregivers, supervised by nurses, continue to form the backbone of this model. To ease gender-based burdens in care-giving, active recruitment of male and youth caregivers helps relieve the load on the female caregivers. SUCCESS II offers its volunteers monthly support meetings, refresher trainings, tools for work, and CT services to boost retention.

In recognition of the role of food in staving off disease progression, facilitating ART, and in rehabilitating severely malnourished ART patients, SUCCESS II provides targeted nutritional supplements to malnourished PLWHA. In FY 2007, SUCCESS II will continue to provide High Energy Protein Supplements (HEPS) and Ready to Use Therapeutic Food for moderately and severely malnourished PLWHA. SUCCESS II will leverage FFP and WFP food to obtain food rations for food insecure PLWHA and families, in a wrap-around model.

For sustainability, CRS will continue to build the capacity of diocesan and faith-based hospice partners through training of providers and staff at multiple levels as well as training for trainers. CRS will support PCAZ master trainers to carry out palliative care training with diocesan HBC programs and hospices, and work with PCAZ to assist GRZ with developing national palliative care standards and guidelines as well as hospice accreditation.

SUCCESS II shares best practices and lessons learned across partners through meetings and exchange visits. SUCCESS II will continue monitoring, for data accuracy, and uses performance and service data as tools to adjust program components.

To further promote sustainability, SUCCESS II will build Catholic Diocese management capacity. Catholic Church structures in Zambia, and their significant, enduring complementary role in the GRZ health system, will outlive external funding. One advantage of SUCCESS II is the reach of Zambian Catholic structures into rural communities. CRS trains dioceses in financial management and accountability, logistics, organizational development and strategic planning, as well as staff management and policy development. Partners are encouraged to link with local government institutions and community/traditional leaders. To diversify funding, SUCCESS II supports partners in accessing other funds. In FY 2007, CRS will work to implement exit strategies and graduation plans for its partners.

Continued Associated Activity Information

Activity ID:	3568
USG Agency:	U.S. Agency for International Development
Prime Partner:	Catholic Relief Services
Mechanism:	SUCCESS
Funding Source:	GHAI
Planned Funds:	$ 2,145,000.00

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	85	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	32,520	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,340	☐

Target Populations:

Community leaders
Faith-based organizations
HIV/AIDS-affected families
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Wrap Arounds

Food

Coverage Areas

Eastern

Luapula

Northern

North-Western

Southern

Western

Lusaka

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Social Marketing
Prime Partner:	Population Services International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9514
Planned Funds:	$ 217,800.00

Activity Narrative: This activity is linked to Palliative Care: Basic health care and support interventions that include Catholic Relief Services (CRS) (#9180), CARE (#8819), and RAPIDS (#8946). Launched in 1998 with technical support from CDC and funding from USAID, Population Services International's (PSI) local affiliate, Society for Family Health (SFH), currently sells almost two million bottles of Clorin safe water home treatment solution annually. It is consistently promoted to urban and rural populations through drama and mobile video unit shows, communication sessions, radio spots, and an animated TV advertisement. Clorin is sold through a variety of channels—predominately wholesalers (37% of 2005 sales), a distributor (26%), public clinics (14%), and non-governmental organizations (NGOs) (13%). In March 2006, CDC conducted a targeted technical evaluation on Clorin. Based on the recommendations of this evaluation, production of Clorin is being outsourced to a private Zambian company using a business model that will ensure that consumer prices remain low. This evaluation also led to a redesign of the bottle cap that ensures easier and more effective use (for measuring amount of the product per amount of water). PSI/SFH will soon complete the process of outsourcing production to a private Zambian company, resulting in increased efficiency, better quality assurance, and a higher concentrated solution. PSI/SFH will thus focus on promoting and distributing the product through its regular channels.

While the primary target of Clorin is households with children under five, an important secondary target is people living with HIV/AIDS (PLWHAs). Consequently, PSI/SFH intends to increase its distribution of Clorin to PLWHAs via home-based care (HBC) programs, public clinics, and through post-test Clubs nationwide. In the past, PSI/SFH has sold Clorin in bulk to organizations such as CARE, CRS, and RAPIDS for distribution in their home-based care (HBC) programs. This program will be augmented by the training of approximately 140 HBC and public clinic staff on the importance and benefits of consistently and correctly treating household drinking water. Special emphasis will be paid to correct dosing techniques using Clorin's specially-developed dosing lid. Further, 20 training coordinators running SFH's "Horizon" network of post-test clubs will be trained. In FY 2007 safe water education through these coordinators will reach an estimated 2,000 HIV-positive individuals a year in eight SFH-run "Horizon" clubs, and a further 2,000 HIV-positive individuals through "Horizon" clubs run through faith-based organizations and workplaces. Combined with communications encouraging good hygienic behavior, such as regular hand washing and proper storage, using Clorin can play a significant role in encouraging healthy lifestyles among PLWHAs.

PSI/SFH now plans to donate Clorin to these programs—rather than selling it—to increase its distribution and potential health impact. This requires, however, that the full cost of production and distribution ($0.33 per unit) be covered for this target group rather than being subsidized as it is to the commercial sector with partial cost recovery. USAID health funding will continue to support the use of Clorin as a socially marketed product for other target groups.

PSI/SFH will ensure sustainability by providing partner organizations with the necessary materials and guidance to educate PLWHAs on the benefits, techniques, and importance of water treatment. With free product available, Clorin will be more accessible to Zambian NGOs that support HBC initiatives, but cannot afford to buy Clorin for PLWHAs. Given the wide availability and high affordability of Clorin in the private sector, beneficiaries beyond the scope of this program will also benefit. Further, the transfer of Clorin production to a local, private-sector company not only establishes a unique public-private partnership model, but helps to ensure knowledge transfer and a more stable source of quality supply.

In FY 2007, PSI/SFH intends to distribute 660,000 bottles of Clorin to HBC programs. This will treat an estimated 660 million liters of water and prevent more than 1.3 million episodes of diarrhea. This amount will provide 55,000 PLWHAs and their families with a one-year supply of Clorin.

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	160	☐

Indirect Targets

Number of individuals provided with general HIV-related palliative care: 55,000
In FY 2007, PSI/SFH intends to distribute 660,000 bottles of Clorin to HBC programs, including programs funded by USG partners as well as other programs. This will treat an estimated 660 million liters of water and prevent more than 1.3 million episodes of diarrhea. This amount will provide 55,000 PLWHAs and their families with a one-year supply of Clorin.

Target Populations:

People living with HIV/AIDS
Children and youth (non-OVC)

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	ZPCT PPP
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9607
Planned Funds:	$ 100,000.00

Activity Narrative: This activity links with the Zambia Prevention, Care, and Treatment Partnership (ZPCT) PMTCT (#8886), ART (#8885), CT (#8883), TB/HIV (#8888) activities and the Government of the Republic of Zambia (GRZ). Through the initiation of the PlayPump Project, this activity will increase access to clean water in areas surrounding ZPCT-supported health facilities (to be selected in collaboration with GRZ) in Central, Copperbelt, and the more remote Luapula, Northern, and North-Western provinces. The exact number of pumps to be installed has yet to be determined.

Access to a safe water supply is vital for quality HIV/AIDS clinical service delivery. Data collected in 2000 reports that approximately 36% of the population in Africa did not have easy access to a safe water supply and about 40% did not have access to sanitary facilities. This access is even more marked in rural areas where only 50% have no easy access to safe water compared with 14% in urban areas. In addition, it is estimated that as much as 52% of the rural population lacks sanitation, compared with 20% in urban areas.

A PlayPump is a child's merry-go-round attached to a water pump that provides clean drinking water and public service messages to schools and communities in rural Africa. The maintenance of the pump is supported by the revenue generated through advertising on its storage tank collected from local and national corporations. More specifically, the PlayPump consists of a merry-go-round water pump, a raised storage tank, an easy-to-use faucet, and four billboards that carry social, health, and consumer product messages. The PlayPumps Project provides an innovative technology for water pumping, storage, and community messaging that is coupled with the efforts of other organizations to ensure sustainable access to safe water for vulnerable communities.

The Office of the Global AIDS Coordinator (OGAC) and the U.S. Agency for International Development will provide a combined $10 million to the PlayPump Project over 36 months, which will potentially leverage over $60 million in total funding from the Case Foundation, the International Finance Corporation, and a wide range of private-sector donors. This alliance will build on the success of PlayPumps International in South Africa through an immediate expansion to Eastern and Southern Africa starting with two countries in 2007: Tanzania and Zambia. Over the three years, the PlayPumps Alliance plans to reach 10 million people, in 10 African countries by the end of 2009, through the installation of 4,000 pumps. It is anticipated that the PlayPumps Project will deliver tangible near-term results in support of the Senator Paul Simon Water for the Poor Act of 2005 and complement other US Government (USG) priorities, such as President Bush's African Education Initiative.

ZPCT-supported PlayPump activities will include: 1) location identification and support in pump installation for selected facilities (location and number to be determined); 2) development of a management system for the PlayPump Project, including identification of local and national businesses to generate income through advertising; 3) development of community support for the project and linkages to other USG HIV/AIDS, water, and sanitation health messages; and 4) monitoring of the impact of the PlayPump Project on access to safe water, quality of HIV/AIDS services, and community management capacity of this project.

In component one, identification of facilities, ZPCT will work with GRZ and PlayPumps International to identify rural and peri-urban health facilities without access to safe water in order to increase the quality of services at the health care facility and within the surrounding community. More specifically, ZPCT is expanding services down through the various levels of clinical services; this approach includes smaller district hospitals and health centers serving more isolated communities. Many of these lower level health facilities and surrounding communities have poor access to clean water, thereby compromising the quality of health care services. With GRZ, local community organizations, and health facility staff, ZPCT will assist PlayPumps International in conducting an assessment for the placement of the pumps, targeting these rural, underserved health care facilities and communities.

In component two, development of a management system, ZPCT will liaise with local and national business providers to obtain income generation through water tank advertising as well as to contribute to developing community water committees and training community

members and health care facility teams in safe water and hygiene practices. These committees will be trained during the initial installation of the PlayPump water system; PlayPumps International has found that this last element is critical in ensuring community responsibility for the maintenance of the PlayPump. For this reason, the Ministry of Health, District Health Management Teams, and representatives from the Hospital Boards will be included on the water committees to better ensure continued support for the Project.

In component three, community support and linkages to health education messaging, ZPCT will link with other USG partners, such as RAPIDS (#8945), Society for Family Health (#8925), Health Communication Partnership (#8905) and Catholic Relief Services/SUCCESS (#9181) to identify community groups who will access this innovative clean water technology and provide HIV/AIDS prevention, counseling and testing, and treatment and adherence information. Activities to be funded under this submission include support for coordinating site selection and, where appropriate, sub-grants to community based organizations, faith-based organizations, and neighborhood health committees to ensure community commitment and participation. An additional activity will build capacity health care facility staff to link PlayPumps with educational messaging regarding safe water practices and hygiene.

In the final component, monitoring and evaluation, the PlayPump Project will be assessed for increased knowledge of HIV/AIDS care and treatment practices, increased access to safe water, proper management of the PlayPump, and overall community participation/commitment to this activity.

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	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Adults
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Host country government workers
Public health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-Western

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	RAPIDS PlayPumps PPP
Prime Partner:	World Vision International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9612
Planned Funds:	$ 50,000.00

Activity Narrative: This activity links to RAPIDS HVCT (#8944), HKID (#8947), HVAB (#8945), HBHC (#8946), HXTS (#8948), and two PlayPump PPPs, AIR HVAB (#9834) and ZPCT HBHC (#8884).

This World Vision-led project, "Reaching HIV/AIDS Affected People with Integrated Development and Support" (RAPIDS), undertakes community-based care and support activities in 49 of the 72 districts in Zambia. RAPIDS is a consortium of six organizations: World Vision, Africare, CARE, Catholic Relief Services (CRS), The Salvation Army, and Expanded Church Response (ECR), as well as other CBO and FBO local partners. RAPIDS uses a household approach to extend care and support to youth, OVC and PLWHA within the context of needs and priorities identified at a household level.

RAPIDS will collaborate with OGAC and two private organizations, PlayPumps International and the Case Foundation, to bring the benefits of clean, safe drinking water to high HIV prevalence communities where RAPIDS provides home-based palliative care for adults and children living with HIV/AIDS. At least 15,000 PLWHA, OVC, and at-risk youth are expected to benefit from this PlayPumps partnership during FY 2007.

This PlayPumps public-private partnership (PPP) will be implemented in Zambia and nine other sub-Saharan African countries.

The innovative PlayPump water system is powered by children's play. When children turn a merry-go-round wheel as ride and play, it pumps clean water, — helping keep them and their neighbors healthy. The PlayPump was invented in Africa, is manufactured in Africa, and benefits Africans. The pumps are sustainable.

This project will be a true partnership. RAPIDS and its consortium members will collaborate to identify communities with large numbers of chronically ill, home-based care clients in need of PlayPumps. During this process, RAPIDS and it partners will confer with community- and faith- based organizations, religious and traditional leaders living in these locations to determine the interest and willingness of community members to actively participate in this initiative. PlayPumps International will provide the technical know-how and do the construction of the Playpumps. The Play Pumps PPP will be implemented using an integrated approach through RAPIDS existing PEPFAR activities that include AB, CT, palliative care, OVC care and support, ART adherence support, nutritional support, youth livelihood, and household resilience.

RAPIDS provides home-based palliative care to individuals infected with and affected by HIV/AIDS using a household model that addresses the essential needs of the chronically ill, OVC, and youth. While RAPIDS does provide chlorine as part of the palliative care package to make water safer for drinking, many of the communities where RAPIDS is implemented are without an easily accessible water source. Often orphans or children of the chronically ill have to collect water. They walk long distances to reach the nearest water source and carry heavy water containers back to their homes. Orphans in child-headed or grandparent-headed households are the most vulnerable as they struggle to meet a variety of family needs including daily water. Current PEPFAR support to RAPIDS does not include a convenient daily source of safe water. The PlayPump Public-Private Partnership will fill a gap in service for PLWHA and orphans.

In FY 2007, RAPIDS will provide HBC and support to 45,852 PLWHA in 49 of 72 districts (68% geographic coverage) in Zambia (see activity #8946). As part of the essential care package, RAPIDS provides home-based care kits to their thousands of volunteer caregivers. Recently, RAPIDS through WVI has leveraged a private donation of 2000 home-based care kits, which will include soap and other materials required to care for PLWHAs. RAPIDS also provides seeds for community and household gardens to improve access to healthy and appropriate food for PLWHAs. Access to a supply of safe water will ensure that communities devastated by the epidemic are able to improve the quality of life. It is expected that PlayPumps will be located near community schools, community health centers, or community centers, where it is accessible to as many people as possible, thereby attracting advertising revenue from local companies, which in turn will help maintain the pumps.

PlayPump water systems will be installed in high HIV/AIDS prevalence areas to help

increase access to clean drinking water, improve sanitation and hygiene, and raise awareness of how to reduce the spread of HIV/AIDS, eliminate barriers to education, promote children's play, and increase opportunities for women and girls. PlayPump Water Systems will increase access to clean water for HIV-infected and -affected individuals, and will contribute to RAPIDS' comprehensive approach to prevention, care, and treatment.
The lack of basic sanitation and clean water compromises RAPIDS' ability to provide quality care, specifically in rural and peri-urban areas, where home-based care is provided. A reliable clean water supply will help families and caregivers to bathe PLWHA and to wash bedding. They will not have to forego or scrimp on bathing and washing to save water for drinking and cooking.
Diarrhea incidence, duration, severity and mortality are all higher in children with HIV/AIDS than in HIV-uninfected children, and chronic diarrhea is also a major cause of morbidity and mortality in HIV-infected adults. Therefore, easy access to clean water will help reduce diarrhea episodes in HIV-infected adults and children. A study of HIV-infected persons and their families in Uganda showed that use of a simple, home-based safe water system reduced the incidence of diarrheal disease by 25 percent, the number of days with diarrhea by 33 percent, and the frequency of visible blood or pus in stool. (Effect of home-based water chlorination and safe storage on diarrhea among persons with human immunodeficiency virus in Uganda. American Journal of Tropical Medicine and Hygiene, 2005 Nov; 73 (5):926-33).

In FY 2007, RAPIDS will continue to implement home-based care, household resilience activities, care for OVC, and youth livelihoods. PlayPumps will provide a safe water supply, along with complementary health and sanitation training to improve the hygiene, nutrition, and the health of PLWHAs and their vulnerable family members. The water tanks will be used to advertise HIV/AIDS messages to raise awareness about care and compassion for PLWHAs and to prevent the spread of the disease in the communities.

Sustainability of the PlayPump Water System is strong. It runs on energy created by the children at play, and as it caps the water source, it is also environmentally friendly. The PlayPump is made of basic materials that are relatively easy to buy in most rural areas. The drive mechanism is strong and does not break down often as it has few moving parts. In addition, the tank and pump are sealed so the water supply is free from contamination. The community will be able to use the funds generated from billboard advertisements to maintain the PlayPumps and to establish revolving micro-financing loans for income generation. PlayPumps International will train youth, such as ABY livelihood participants in these communities, to maintain the pumps.

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

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	15,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Wrap Arounds

Microfinance/Microcredit

Other

Coverage Areas

Central

Copperbelt

Eastern

Lusaka

North-Western

Southern

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	PROFIT LOL PPP
Prime Partner:	Cooperative League of the USA
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9617
Planned Funds:	$ 100,000.00

Activity Narrative: This activity is linked to HVAB (#8878) and supports the second year of a public-private partnership (PPP) between OGAC, two USAID programs (Food for Peace and USAID/Zambia), Land O' Lakes, and private Zambian food processors for the sustainable, private sector development of food supplements for people living with HIV/AIDS (PLWHA). In FY 2006, OGAC will provide $250,000 to support this PPP and the USG/Zambia will contribute $100,000 of its PEPFAR funding in FY 2007 through its USAID partner, The Cooperative League of the USA (CLUSA). Land O' Lakes will be the key implementing partner in this PPP. USAID will leverage $250,000 in resources from Food for Peace ($60,000 from Land O'Lakes' Title II Institutional Capacity Building Award (ICB) and $190,000 from the Land O' Lakes FFP Dairy Development Cooperative Agreement). Private sector contributions and investments through Land O' Lakes and Zambian Food Processors will be valued at $250,000.

The need for fortified foods for malnourished PLWHA in Zambia is well documented. According to the World Health Organization: "HIV progressively damages the immune system, which can … lead to … weight loss and diarrhea….HIV-related conditions can lower food intake by reducing appetite and interfering with the body's ability to absorb food. HIV also alters metabolism, which … leads to increased energy and nutrient requirements for people with HIV.... Care for people living with HIV and AIDS needs to include … a healthy, balanced diet … rich in energy, protein and micronutrients."

The Production, Finance and Technology (PROFIT) Project, is a five year USAID economic growth initiative, started in FY 2005 and implemented by a consortium of organizations with strong experience in production, finance, and technology initiatives in Zambia. CLUSA, Emerging Markets Group (EMG), and International Development Enterprises (IDE) work in collaboration 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. This diverse group aims 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 negative impact on Zambia's agricultural production, using a wraparound approach the USG will continue to leverage the existing platform and human resources of the PROFIT Project to implement this public-private partnership.

This activity will support the continuation of the production and marketing of Ready to Use Therapeutic Food (RUTF) using a business model that will: (1) build the capacity of sustainable food businesses in Zambia to produce RUTF for PLWHAs; (2) provide the platform for RUTF processing and marketing operations in Zambia; and (3) provide technical innovations and assistance in RUTF product development, processing and marketing. Land O'Lakes will continue to contribute its strength in food technology and its experience in working with the food processing sector in Zambia to develop new/improved processed foods that effectively address the critical nutritional requirements of people living with HIV/AIDS and build a local private-sector capacity to effectively develop and deliver high-quality, nutritionally dense processed foods at an affordable price on an ongoing basis. Land O' Lakes will ensure the nutritional and dietary appropriateness of any RUTF by coordinating closely with the Food, Nutrition and HIV/AIDS Advisor and Maternal and Child Health Advisor at USAID and other nutrition experts in Zambia.

This activity will result in: (1) Three appropriate, new enriched food products made available for malnourished PLWHA to use as a dietary supplement; (2) Three Zambian food processors with sustainable capacity to develop nutritionally balanced and dense foods for the benefit of malnourished PLWHA; and (3) NGOs/PVOs having access to additional nutritious foods to distribute through CBOs, FBOs, clinics, and other channels to effectively assist PLWHA that require nutritional supplementation.

In addition, best industry practices will be shared between the USG and Zambia that will align USG, U.S. food industry, host country food industry, NGOs and government toward nutrition innovations that comply with international health and food quality standards, and OGAC Palliative Care and Food/Nutrition Guidance as mutually beneficial supply relationships between Zambian food processors and NGOs/PVOs are established.

Distribution to PLWHA will occur through processors selling their nutritional products into multiple market channels such as: (1) food assistance and HIV/AIDS household care

networks of NGOs/PVOs, i.e., World Food Programme (WFP), RAPIDS, SUCCESS, and others; (2) retail channels as branded consumer products: markets, kiosks to a limited extent; and (3) institutional sales: clinics, workplace, schools, hospitals, GRZ. It is anticipated that provision of products through channels (1) and (3) only will occur with the funds from this request. As part of the project, the technical staff of NGOs/PVOs will act as advisors, assuring that there is wide distribution when the products become market-ready.

Land O'Lakes will utilize ICB grant resources and FY 2007 PEPFAR funds to help food processors commercialize these products with the hopes of capturing consumer demand. If these products become commercialized, it is anticipated that a percentage of profits earned by processors from sale of retail products will be applied as a "cross-subsidy" to reduce the price to NGOs/PVOs for the products used in food aid.

The food industry will access the best food and nutrition science from the Land O'Lakes network, and apply its experience and know-how on local food tastes and market positioning, creating foods that meet the special needs of many Zambians. Anticipated positive impacts on the people most affected by the HIV/AIDS crisis in Zambia include: (1) The food industry will invest in the development of affordable, nutritiously dense foods that are widely distributed to reach Zambian PLWHA in need of nutritious foods in consultation with NGOs; (2) In Zambia, PLWHAs will have access to safe, microbiologically clean, wholesome, processed food of standardized quality, packaged for safe handling and storage, and labeled will be enhanced; (3) The needs of HIV+ food processing industry employees will be addressed via programs that prevent stigma and offer services to prolong life, and retain people as productive workers.

In FY 2006, 2500 malnourished People Living with HIV/AIDS will be provided with dietary nutritional supplements as a result of RUTF product development and processing. In FY 2007, it is estimated that at a minimum an additional 2500 malnourished PLWHAs will receive dietary supplements and that RUTF will be marketed in a number of provinces.

Emphasis Areas	**% Of Effort**
Food/Nutrition	51 - 100
Linkages with Other Sectors and Initiatives	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Business community/private sector

People living with HIV/AIDS

Key Legislative Issues

Food

Other

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	CDC Technical Assistance (GHAI)
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9770
Planned Funds:	$ 0.00
Activity Narrative:	Deleted.

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

HIV positive infants (0-4 years)

HIV positive children (5 - 14 years)

Coverage Areas

Lusaka

Southern

Table 3.3.06: Activities by Funding Mechanism

Mechanism: UTAP - Boston University-ZEBS - U62/CCU622410
Prime Partner: Tulane University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9907
Planned Funds: $ 100,000.00
Activity Narrative: This activity is linked to TX, Home base care activities and wrap around education activities in the areas covered.

The Play Pumps (PP) is a child's merry-go-round attached to a water pump that provides clean drinking water and public service messages to schools and communities. The PP is being proposed for parts of Lusaka, Southern, Western, and Eastern Provinces.

Lusaka is a very high population density area with close to 20 high density living compounds housing 20,000 to 60,000 thousand people in each compound. Each compound has a clinic and community school. The data currently available suggest that HIV prevalence in the compounds is higher compared to the rest of Lusaka district. Parts of Southern, Western, and Eastern are dry, rural, and very poor. Communities in these regions often lack clean and safe water as the local rivers are their major source of drinking water. CDC is proposing PP to provide water to several compounds in Lusaka, parts of Southern, Eastern, and Western provinces. Selection of the actual sites will be done in collaboration with, provincial and district health teams and provincial water and sewage companies who oversee such activities in each province. The goal is to install pumps where there is the most need, where prevalence is high, and in strategic places where social services are currently used by the community. The water pumps will be installed in community areas, schools, and clinic sites in deliberate locations where they can serve both the host facility and local community.

With a population of 1.2 million people, Lusaka province currently has about 50,000 HIV patients on treatment. Most of Lusaka residents reside in high-density compounds. In accordance with the Unites States Government (USG) and the USG Zambia Five-Year strategy, CDC is scaling up HIV services in the four southern provinces. One of the challenges in the most remote rural areas such as Shangambo district in the Southern Province is clean, safe, accessible water. Access to water will not only provide the much needed and essential clean drinking water to the community, but also enhance ability to scale up HIV services in these remote areas. Improving access and availability of safe water supplies will also increase food access and income for people living with HIV/AIDS (PLWHA) and orphans and vulnerable children (OVCs), improve public health hygiene practices, provide HIV prevention and treatment, and care information, fight stigma, provide social activity for children and a forum for OVCs to mingle, play, and feel like everyone else. As the children play on the merry–go-round, water will be pumped into a tank. The tank will also provide a place to post public service messages to schools and communities in urban and rural Zambia.

The activity will be wrapped around other PLWHA activities so the water can be used to initiate and maintain community gardens, in addition to providing clean water for taking medications. A partnership is being arranged with a private agricultural company to donate seedlings and provide technical expertise in keeping healthy productive community gardens. Great attempts will be made to provide water close to school and clinic sites to encourage school children to practice hand washing after returning from the toilets. Water will also be made available at strategic locations within hospitals/clinic facilities to encourage medical personnel and patients to practice hand washing for public health reasons.

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	University Teaching Hospital
Prime Partner:	University Teaching Hospital
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	12330
Planned Funds:	$ 350,000.00

Activity Narrative: In FY 2007 this activity will be linked to the USG support for the development of the Pediatrics Centre of Excellence (#8993) and the support provided to the adult ART clinic (#9000). Some patients on ART recover with complications. Neurological complications such as paraplegia, quadriplegia, and neuritis are common in patients on ART due to OIs and HIV related malignancies. Arthritis is another common complication in AIDS patients. As part of palliative care, these patients need rehabilitation in order to recover some degree of function and have an improved quality of life. UTH, being a referral center receives a large number of such patients. The Physiotherapy department at UTH currently does what it can to actively re-habilitate these patients.

As part of our strategy to improve palliative care for AIDS patients, part of the funding requested for this activity will be used to purchase some of the needed equipment such as shortwave diathermy, interferential combo machine and electric massager. As the main referral center for rehabilitation, UTH will use the funds to bring its re-habilitation center to standard and also act as training center and build capacity through providing technical assistance to other provincial centers as the activities are scaled up in FY 2008 and outwards years. As part of FY 2007 activity, the Physiotherapy department will strengthen the referral system with the 5 Lusaka Urban Clinics so that most of the patients could be seen as close to their homes as possible. The limitation of this plan however is the inadequate facilities in the Urban Clinics for Physiotherapy. The UTH Physiotherapy department is targeting 500 HIV patients in FY 2007.

As part of our strategy to improve delivery of care to AIDS patients, the UTH Physiotherapy will conduct in-service training for its staff covering 15 physiotherapists in the latest advances in AIDS care and ART related complications and extend the training to Physiotherapists in Lusaka Urban Clinics. This activity will strengthen the referral links between the UTH departments of Medicine and Pediatrics with home-based care programs supported by USG (#8946) and other organizations so that the patients can be provided with continued home-based care upon discharge from the hospital. The activity will facilitate meetings between the UTH management and the home based care organizations in order to develop the referral system and ensure accurate and timely feedback. In FY 2007 this activity will be linked to the USG support for the development of the Pediatrics Centre of Excellence (#8993) and the support provided to the adult ART clinic (#9000). Some patients on ART recover with complications. Neurological complications such as paraplegia, quadriplegia, and neuritis are common in patients on ART. As part of palliative care, these patients need rehabilitation in order to recover some degree of function and have an improved quality of life. UTH, being a referral center receives a large number of such patients. As the main referral center for rehabilitation, UTH will use the funds to bring its re-habilitation center to standard and also act as training center and build capacity through providing technical assistance to other provincial centers as the activities are scaled up in FY 2008 and outwards years.

An additional activity under this program is to support the management of opportunistic infections, preventive therapies, micronutrient supplementation and provision of insecticide treated bed nets to vulnerable HIV positive children. This activity relates to UTH (#9043, #9044, and #9765) and HTXS (#8993). In FY 2006 and 2007, the President's Emergency Plan for AIDS Relief (PEPFAR) funding is supporting the development and operation of a Pediatric and Family Center of Excellence (COE) for HIV/ AIDS care at the University Teaching Hospital (UTH). This is a tertiary level health center and national referral hospital in Lusaka and a similar centre will be opened in the tertiary hospital for the Southern Province, the Livingstone General Hospital. Up to 75% of HIV-infected children develop symptoms in the first two years of life. They often succumb to serious infections like tuberculosis (TB), pneumonia, malaria and persistent diarrhea. Effective preventive interventions do exist but are often not available in these tertiary level health care settings. In 2007 CDC proposes to support procurement of supplies that will help prevent and treat serious infections like pneumonia, (especially Pneumocystis carinii pneumonia (PCP)), TB, malaria and persistent diarrhea, as well as provide nutritional support through micronutrient and vitamin supplementation in order to provide comprehensive care to all HIV-positive children who may not necessarily be eligible for ARV's. Cotrimoxazole prophylaxis is offered to all HIV positive children for PCP (and also has benefit in preventing malaria, and some diarrheal illnesses); however, the appropriate syrup formulation is not readily available. Intravenous cotrimoxazole makes a difference between life and death in admitted patients with severe PCP, but again this is not

available. Isoniazid (INH) prophylaxis for HIV positive children to prevent TB though recommended nationally, is not currently given due to non-availability of the appropriate formulation as currently only combination forms of INH with rifampicin or ethambutol are available. This activity will ensure that these drugs (isoniazid and cotrimoxazole) are available in the appropriate formulation. Studies have shown that HIV positive children are more susceptible to malaria.

Insecticide treated bed nets (ITN's) have proved very effective in preventing malaria in children living in high areas of transmission. Though the malaria program under Global fund (and soon support from Presidients Malaria fund) does support provision of ITN's the focus has been mainly on rural populations. This activity will ensure that all hospital beds have ITNs that are treated regularly and also provide ITNs to all HIV positive children attending the ARV clinic. Providing nutritional care will be another area of focus in FY 2007. Micronutrient deficiencies are common in HIV-infected and HIV exposed children. The most common deficiencies are vitamin A, iron, and zinc. Children who are weaned early as part of PMTCT intervention are also more vulnerable to deficiencies. Vitamin A supplementation is given routinely as part of the National Immunization schedule. This proposal will procure multi-vitamin and daily multiple micronutrient supplements for all HIV positive children, to include those in the malnutrition ward. On discharge from the hospital the children will be referred to RAPIDS (#8946) for continued nutritional support and home-based care in the community.

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,300	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	230	☐

Table 3.3.06: Activities by Funding Mechanism

Mechanism: UTAP - Boston University-ZEBS - U62/CCU622410
Prime Partner: Tulane University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12331
Planned Funds: $ 150,000.00
Activity Narrative: This activity relates to activities in UTAP-Boston 8784, SPHO 9017, SPHO 9739 and CIDRZ 9760.

Anti-retroviral (ARV) treatment services and Prevention of Mother to Child Transmission (PMTCT) activities are being scaled-up in the Southern Province of Zambia. In FY 2007 CDC-Zambia is funding the Southern Provincial Health Office (SPHO) to collaborate with Boston University (BU) to scale-up PMTCT in the province. In addition, a pilot program on early infant HIV diagnosis will be implemented in the Southern Province in 2007. It is critical to also establish the necessary care and support services for infant and adult palliative care. Funding for this activity will be used to establish and strengthen palliative care services and linkages to support adults and children infected with and affected by HIV/AIDS.

The funding will be used to establish and strengthen palliative care support for mothers and children. Parts of the Southern Province are very rural and services are scarce and far apart from one another, and extra effort is needed to establish sustainable palliative care linkages to support treatment and PMTCT services. Palliative care support will include: infant care and follow-up support for HIV infected children and mothers including the provision of infant and adult cotrimoxazole; nutritional supplements where necessary; bed nets; and building linkages with home based care programs in the province. Funding will also be used to support training for home based care within a rural setting.

To avoid double counting for reporting purposes, this activity will not have direct targets since it will support the same individuals already counted in activities 8784, 9739 and 9017.

Boston University has established a good working relationship with the Provincial Health Office as they are already working together on scaling up PMTCT services in the province, and is also implementing a breast feeding program. They are in a solid position to work with the SPHO to ensure strategic and sustainable linkages are developed and palliative care services developed are accessible to clients.

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

Coverage Areas

Southern

Table 3.3.06: Activities by Funding Mechanism

Mechanism: DoD-JHPIEGO
Prime Partner: JHPIEGO
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12404
Planned Funds: $ 150,000.00
Activity Narrative: Military personnel are subject to high risk of both STIs 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 STIs 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 STI programs, though it also extends to HIV/AIDS care and treatment.

STI patients must be effectively counseled and tested for HIV, and referred to HIV care and treatment services in a timely manner. Based on successful approaches in integrating CT into antenatal care for PMTCT, JHPIEGO adapted Centers for Disease Controls counseling protocols and training materials to incorporate diagnostic testing and counseling into TB services more effectively. In consultation with various partners and the Ministry of Health, these materials were adopted as the national DTC training package. JHPIEGO will use this package as the basis for integrating counseling and testing into STI services linking patient with HIV care and treatment services.

JHPIEGO will focus on strengthening service providers' knowledge and skills in STI diagnosis and care in STI clinics / outpatient services addressing basic knowledge with more advanced skills and knowledge for STI care in HIV patients. At the same time JHPIEGO will work with the ZDF Medical Services to better integrate counseling and testing (CT) into STI services linking care for HIV infected clients to better STI services. This will be done using different approaches including group-based training for basic skills and knowledge targeting 50 service providers followed by on-the-job training (OJT) working onsite with service provider teams using a mentoring / case-based practical approach targeting 50 service providers. These training activities will be conducted by ZDF trainers with co-teaching and supportive supervision provided by JHPIEGO. Follow-up supportive supervision to the service outlets will be conducted to ensure that the skills and knowledge are being correctly applied and to provide on the spot guidance addressing any gaps.

The sustainability of this effort is a major focus of the work and is reinforced through using training capacity already developed within the ZDF Medical Services. This training capacity will be strengthened through co-teaching and supportive supervision provided by JHPIEGO. This program will build upon, and links closely with, JHPIEGO's DOD funded work in TB/HIV and ART as well as CDC funded work in TB/HIV and Counseling and Testing.

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	12	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	☐

Target Populations:

Most at risk populations

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12527
Planned Funds: $ 1,300,000.00
Activity Narrative: This activity links directly with USAID | DELIVER PROJECT's ARV Drug activity (#9520), the Partnership for Supply Chain Management Systems' (SCMS) activities in CT (#9523), Laboratory Strengthening (#9524), and Policy Analysis/Systems Strengthening (#9525), Center for Infectious Diseases Research in Zambia (#9000), Catholic Relief Services/AIDS Relief (#8827), Churches Health Association of Zambia (CHAZ) (#8992), University Teaching Hospital (UTH) (#9042), Zambia Prevention, Care, and Treatment Partnership (ZPCT) (#8885), Global Fund for AIDS, Tuberculosis and Malaria (GFATM), the Clinton Foundation, and UNITAID.

The purpose of this activity is to develop a national forecast/procurement plan and to procure Co-trimoxazole drugs in support of the Government of the Republic of Zambia's (GRZ) national ART program. Following WHO recommended guidelines, Zambia is adopting the policy of adding Co-trimoxazole to the national ART guidelines; this commodity will be added to the national ARV ordering and reporting system to better ensure its availability for ART patients. With these plus-up funds, at least 70,000 adult patients will receive Co-trimoxazole (pediatric Co-trimoxazole is being provided by the Clinton Foundation with UNITAID funding).

Finally, it should be noted that as with USG-funded ARV drugs, the Co-trimoxazole will be placed in the GRZ's central warehouse, Medical Stores Ltd. (MSL), where all public sector and accredited NGO/FBO/CBO/work-place/private sector ART programs will have access to these critical supplies.

Table 3.3.07: Program Planning Overview

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

Total Planned Funding for Program Area: $ 8,222,000.00

Program Area Context:

Tuberculosis (TB) is one of the leading causes of morbidity and mortality in people living with HIV/AIDS in Zambia. The World Health Organization (WHO) estimates that the prevalence of HIV in adults with active TB is somewhere between 60 and 70%. Because of the close opportunistic link between TB and HIV (double burden of disease), the Zambia National HIV/AIDS/STD/TB strategic plan has identified the treatment of TB as one of the key objectives in mitigating the spread, limiting the co-morbidity, and minimizing the socio-economic impact of HIV/AIDS in Zambia.

The implementation of the Government of the Republic of Zambia's (GRZ's) TB/HIV national strategy is a collaborative effort between the GRZ, the Global Fund against HIV/AIDS, TB and Malaria (Global Fund), the President's Emergency Plan for AIDS Relief (PEPFAR), and other partners. For example, funds from the Global Fund (Round One) have been and continue to support the implementation of the Directly Observed Treatment Strategy (DOTS), while PEPFAR has been and continues to support the strengthening integration of TB/HIV service delivery through the following activities: training, improvement of physical infrastructure, improvement of the information system, procurement of laboratory supplies, provision of quality assurance services, and provision of technical assistance. To improve collaboration, the US Government (USG) is represented on the National TB/HIV Coordinating Committee.

The implementation of the FY 2005 and FY 2006 PEPFAR country operational plans has been through direct collaboration between the Ministry of Health (MOH), the USG and partners implementing TB/HIV activities. The USG partners are assisting the MOH and private providers to integrate TB and HIV activities including provision of voluntary counseling and testing (VCT) to all TB patients, and referral of HIV-infected TB patients for HIV services, including ART. Currently, Livingstone District in Southern Province is running a pilot program to evaluate how well VCT is being integrated into the routine management of TB.

In FY 2006, the USG provided support to develop guidelines for the implementation of TB/HIV activities, focusing on the provision of routine opt-out HIV counseling for all TB patients, and the screening of HIV-positive clients for TB. These guidelines have been incorporated into the national TB, HIV, and counseling guidelines. The MOH has adopted the practice of Diagnostic Counseling and Testing (DCT) for TB patients. The USG adapted the CDC DCT training manual for Zambia, and is using the cascade model of training of trainers (ToT) to ensure that training is available at levels of the health care system. Training in DCT has begun in the Districts. Provision of training in DCT to front line TB staff will increase the capacity of the health system to scale-up the provision of routine counseling and testing for all TB patients.

Building on the work begun in 2002, the USG is providing direct support to the National TB program. Activities include strengthening the capacity of the national TB reference laboratory, the Chest Disease Laboratory, to provide quality-assured smear microscopy services in the country (See Lab area narrative). In FY 2005 and FY 2006, the USG provided support for the development of a regional reference laboratory to enhance the capacity to provide quality assurance and culture facilities for the monitoring of TB drug resistance.

Capturing accurate data on TB/HIV activities has been a challenge because the Health Information Management System (HMIS) which the MOH utilizes to track public health services is not equipped with tools to facilitate the function. TB forms and TB registers have also been deficient in capturing HIV data. However, with USG support, the national TB forms and registers have recently been revised by the TB/HIV Coordinating Committee to include collection of HIV data. The USG support covered the development, production, and distribution of forms and registers to the provinces and districts for use. The availability of these revised registers and patient cards will enable the national program to collect nationwide data on the implementation of the TB/HIV activities by the end of the third quarter of 2006. Information on TB status is included in the national data collection forms for the ART program.

The physical separation of TB and ART services is another challenge to the integration of TB/HIV activities. ART is provided through the public health service in all provincial hospitals, in many district hospitals, and in some health centers. Treatment is normally provided in an ART-specific clinic, which might be far from TB services. Co-infected clients are in practice referred to ART clinics to be evaluated for ART eligibility. This referral process may result in a loss to follow-up of the TB patient. In order to lessen the burden for clients with co-morbidity, the USG has and will continue to strengthen the links between the TB program and HIV services, including ART, to ensure effective cross referrals between the two programs. Initiatives will include the training of staff in TB/HIV surveillance, with emphasis on the necessity for cross referrals and the use of reflex CD4 counts and treatment of TB in ART centers for patients receiving both ART and TB treatment. In addition, staff will be trained on the need to provide cotrimoxazole for HIV infected TB patients (in consonance with the national guidelines).

In FY 2007, USG in collaboration with the MOH and other donors will continue to build on and expand the scope of the programs implemented in FY 2005 and FY 2006. FY 2007 activities aim at substantially increasing the proportion of TB patients who are tested for HIV and referred to ART and other HIV prevention and care services.

All the above activities have been, and will continue, to promote sustainability after the project has ended. The strategies for sustainability include: development and distribution of training materials; empowering health care staff with the ability to continue in-house training on HIV/TB collaboration without outside assistance; community sensitization and participation; involvement of managers in issues of TB/HIV collaboration; and support to the Provincial Health Offices in helping to scale-up the implementation of TB/HIV integration. The USG will directly fund four provinces to improve the human resource base, infrastructure, and space for VCT within the facilities. The activities will compliment Global Fund supported activities to strengthen DOTS implementation. In addition, USG partners will participate in strengthening and expanding TB/HIV integration in all the nine provinces. Activities in three provinces will receive additional support for strengthening TB/HIV activities and DOTS from the CSH funds through the TB Country Assistance Plan. Support for the implementation of TB/HIV activities will be extended to the corporate sector through support to Global Development Alliance (GDA) partners as well as to faith-based organizations. Community awareness will be increased through the development, production, and dissemination of information education and communication materials.

On the issue of commodities, the USG will support the procurement of rapid HIV test kits and laboratory supplies in support of the TB/HIV program as part of the direct laboratory support though the Partnership for Supply Chain Management for the Central Medical Stores (SCMS). Service delivery points will access supplies through the MOH logistics supply system.

Program Area Target:

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	657
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	27,798
Number of HIV-infected clients given TB preventive therapy	0
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	3,888

Table 3.3.07: Activities by Funding Mechanism

Mechanism: CARE International - U10/CCU424885
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8819
Planned Funds: $ 400,000.00

Activity Narrative: This activity relates to counseling and testing, palliative care: basic health support activity, and HVTB activities (#9032, #9037, and #9006,).

Continuing from work begun in fiscal year (FY) 2006, CARE International will expand the coverage of tuberculosis (TB) and HIV activities in the districts of Chipata, Petauke, Katete, and Lundazi. These activities include the need to strengthen both the capacity (technical and physical) of health service providers and community volunteers as well as expand and institutionalize multi-level linkages between the response to TB and HIV/AIDS.

CARE International will implement a program to increase the coverage of integrated TB/HIV activities to more remote areas in the targeted districts. The focus is on testing for both TB and HIV in order to address the increasing incidence of co-infection. By the end of the budget period of FY 2006, CARE International, working with the District Health Management teams in the five districts, will have implemented TB/HIV activities in all the 117 sites in the four districts. This will be achieved through training of health workers in TB, counseling skills and training of community health workers in TB/HIV linkages. Of a total of 3,411 TB patients to date 1,595 (47%) were counseled and tested for HIV.

Linking the testing and referral services to the provision of community-based care for those found to be positive for either infection will greatly increase the uptake of testing, improve treatment adherence and consequently, reduce the incidence of onward transmission. In a way similar to the prevention of mother to child transmission (PMTCT) component, linkages to organizations, both US Government-supported (e.g., Centers for Infectious Disease Research in Zambia) and non-USG supported (e.g. Mwami Mission Hospital) will be maintained to ensure a linked and comprehensive response within the province. Specifically, CARE International proposed interventions aimed to assist the government by increasing the expertise of field-based staff and lay volunteers while building stronger referral networks so that the planned national response can reach beyond its current extent.

Strengthening community-focused responses and networks will be the platform for information, education and communication (IEC) work centered upon reducing the stigma and discrimination surrounding both TB and HIV/AIDS. Materials previously developed by CARE International, in collaboration with HIV/AIDS Alliance will be used to support the IEC work.

The program will continue scaling-up combined TB/HIV service in all the 117 sites in the four districts in FY 2007 by upgrading health worker skills in diagnostic counseling and testing using the national training model. The training program will be based on a "training-of-trainers" model and will include training and supervision in training skills of the trainers through collaboration with JHPIEGO and with technical support from CIDRZ. A total of 70 health care workers will be trained in collaborative TB/HIV activities in the four districts. Two hundred health workers from the ART programs will also be trained in TB/HIV and the need to screen clients on ART for TB and refer for TB treatment where necessary. An additional 185 community health workers will receive training in TB/HIV. Current work has revealed significant weaknesses in regard to data collection, management, and analysis. Some training will be specifically focused on this issue and health workers will be trained in documentation and record keeping.

Additional community members (in particular home-based care volunteers and community health advisors) will be trained in the basics of TB and HIV/AIDS, caring for those infected and working with community-level support groups and referral systems. Community volunteers will be provided with information on the available service outlets and encouraged to refer those needing care to these facilities. This will add significant capacity to the various civil society actors who, along with faith-based organizations, are providing the majority of care and support services in the province. CARE International will work with the District Health Management Teams to ensure their requisitions for laboratory reagents, testing kits, drugs for opportunistic infections and other supplies are processed through the government system early to avoid stock-outs. A total of 15 laboratories in selected clinics, based on need, will be rehabilitated in order to scale up VCT and TB diagnosis.

Of the targeted 3,500 TB patients in the district, 70 % will receive HIV counseling and

testing over the period February 2007 to February 2008 and those testing positive will be referred for HIV care and treatment. This will result in approximately 1,500 HIV infected individuals being referred for HIV care and treatment.

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 Directly Observed Treatments (DOTS) review meetings. CARE International is a member of the national TB/HIV coordinating body and this will help to ensure that all the programs implemented are in line with the national strategy for TB/HIV activities and the overall National Health Strategic Plan.

Continued Associated Activity Information

Activity ID:	3650
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	CARE International
Mechanism:	Technical Assistance- CARE International
Funding Source:	GHAI
Planned Funds:	$ 400,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	117	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	455	☐

Target Populations:

Adults
Doctors
Nurses
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Other Health Care Workers

Coverage Areas

Eastern

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:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8888
Planned Funds:	$ 1,927,000.00

Activity Narrative: This activity links with the Zambia Prevention, Care, and Treatment Partnership (ZPCT) PMTCT (8886), ART (8885), CT (8883), Palliative Care (8884), and Laboratory Support (8887) activities as well as with the Government of the Republic of Zambia (GRZ), and other US Government (USG) agencies and partners as outlined below.

Approximately 62 percent of tuberculosis (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 FY 2005, ZPCT began a partnership with and will continue to support Centers for Disease Control and Prevention (CDC) 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 TB/HIV services in Central, Copperbelt, and the more remote Luapula, Northern, and North-Western provinces. The total geographic coverage of ZPCT support to TB/HIV services is 69 percent of the population in the five provinces. In FY 2006 ZPCT began tracking TB/HIV clients; and through counseling and testing corners, ZPCT will be able over the 18 month target time frame, to provide CT to 5,000 TB clients and TB treatment to 3,961 ART clients over the 18 month target time frame will receive TB treatment. In addition, TB is included in the ART/OI training program in which 100 providers will be trained in TB/HIV treatment in FY 2006. In FY 2007, CT will be provided to 7,000 TB clients and 4,300 clients in HIV care will receive TB treatment.

This activity includes four components: 1) integration of HIV CT in TB clinics; 2) strengthening and expansion of TB services among HIV-infected individuals; 3) training for health care workers and lay counselors in cross-referral for TB/HIV and other opportunistic infections (OIs); and 4) increasing program sustainability with the GRZ.

In the first component, ZPCT will integrate HIV CT into TB clinics in the 87 ZPCT-supported facilities and will expand to nine new facilities in Nchelenge District in Luapula Province (facilities are currently transitioning from Medecines Sans Frontieres support to GRZ responsibility with ZPCT assistance) as well as 72 new facilities across all five provinces. TB clients are offered CT as part of the basic package of services within TB clinics and, if necessary, 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 TB/HIV 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. Furthermore, CT services will be offered to the TB patient's family, with emphasis on reducing stigma and discrimination associated with TB and HIV. In FY 2007, 7,000 TB clients will receive CT over the 12 month reporting period.

More specifically, with FY 2007 plus up funds, an additional 100 HCWs will be trained in the ART/OI curriculum in 68 new facilities serving an additional 2,152 clients.

The second component, strengthening and expanding TB services for HIV-infected individuals, 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 in ART/OI management, including TB/HIV. Laboratory equipment, such as microscopes, will be procured to strengthen diagnosis of TB in selected ZPCT health facilities that currently have weak TB diagnostic capacity. Through these interventions, 4,300 HIV-TB co-infected persons will receive needed TB treatment over the 12 months.

In the third component, training for health care workers and lay counselors in cross-referral for TB/HIV and other OIs, 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 supported by ZPCT.

ZPCT will also work at the national level with GRZ and USG partners, such as CDC, as well

as through the national 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. In addition, Family Health International is a partner with The Royal Netherlands Tuberculosis Foundation (KNCV), Japanese Anti-Tuberculosis Association (JATA), and World Health Organization (WHO) in the USAID Child Survival Fund's Tuberculosis Control Assistance Program (TB-CAP) and will be working with the Ministry of Health (MOH) to: 1) strengthen and expand quality DOTS programs in Central, Copperbelt, Luapula, Northern, and North-Western, provinces; 2) improve collaboration between TB and HIV partners and programs; 3) increase community involvement and awareness of TB; and 4) strengthen public/private partnerships to combat TB and HIV. ZPCT will coordinate all TB/HIV activities with the MOH and TB-CAP.

In the final component, increasing program sustainability with the GRZ, ZPCT will work with the Provincial Health Offices (PHOs) and District Health Management Teams (DHMTs) to build on the quality assurance activities started in FY 2006. With the GRZ, ZPCT will identify two districts in each of the five provinces that are now providing consistent quality services and will only need limited technical support from ZPCT in FY 2007. The PHOs and DHMTs will assume responsibility for the selected districts by providing all supervision and monitoring activities in these districts in order to better sustain these program activities.

By working with GRZ facilities, ZPCT is able to establish a sustainable program by training health care workers, developing standard treatment protocols, strengthening physical and equipment infrastructures, implementing facility-level quality assurance/quality improvement programs, improving laboratory equipment and systems, and developing and strengthening health information systems. ZPCT's goal is to leave behind quality systems to ensure continuity of quality TB/HIV services after the program concludes.

With FY 2007 plus up funds, an additional 100 HCWs will be trained in the ART/OI curriculum in 68 new facilities serving an additional 2,152 clients. With FY 2007 plus up funds, an additional 100 HCWs will be trained in the ART/OI curriculum in 68 new facilities serving an additional 2,152 clients.

Continued Associated Activity Information

Activity ID:	3542
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	Zambia Prevention, Care and Treatment Partnership
Funding Source:	GHAI
Planned Funds:	$ 265,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	168	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,300	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	☐

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Host country government workers
Public health care workers
Laboratory workers
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-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:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8914
Planned Funds:	$ 50,000.00

Activity Narrative: This relates to activities in MTCT (#8913), HVAB (#8906), HVCT (#8907), HBHC (#8908), HKID (#8912), HTXS (#8909), HVSI (#8910) and OHPS (#8911).

Support to the HIV/AIDS Response in Zambia (SHARe) will continue to provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO, to provide technical assistance in PC/TB/HIV to eight companies in two Global Development Alliances (GDAs) in the mining and agribusiness sectors. 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 community members. It is expected that over $2M will be leveraged from the private sector for the two GDAs.

SHARe provides direct grants to the 8 GDA companies to support HIV/TB care in workplaces and outreach communities. This activity has three components: TB prophylaxis/treatment at on-site facilities and in home-based care using DOTS in 3 of the companies; linkages between TB and CT, PC, and ART services at on-site facilities in 3 of the companies; and referral for TB services where no on-site facilities are available.

In FY 2006, SHARe and its partners directly provided 88 HIV infected clients with TB preventative therapy in 4 service outlets, 46 HIV-infected clients received TB treatment.

In FY 2007, SHARe will support TB/HIV care at 3 on-site facilities (Konkola Copper Mines, Mopani Copper Mines, and Zambia Sugar) to increase awareness of the high levels of TB/HIV co-infection and improve TB diagnosis and treatment based on national guidelines. SHARe will work with partners to include opt-out CT at TB clinics to increase the number of TB infected patients who access HIV care and treatment. A number of on-site posts, including the 6 Dunavant on-site health posts created with GDA support do not have the capacity to diagnose or treat TB, but will provide supportive services for patients on TB treatment, undertake DOTS activities, and include opt-out CT for patients on TB treatment. Where TB services are not available on-site, referral to an appropriate TB center will be made. TB and HIV treatment literacy and adherence are priorities in the scale-up of HIV related TB treatment. Patients receiving TB care are referred to partner services and organizations, including Ministry of Health, FBOs and community-based organizations for support services including nutrition. Activities help reduce the stigma associated with TB and HIV, and increase CT uptake. During this period, 455 individuals will receive direct TB treatment through on-site facilities.

SHARe trains healthcare providers, implements workplace and community-level IEC and mobilization through trained medical and peer educators, focuses on increasing the clinical association between TB/HIV and empowering people to access TB treatment and CT services early. Integration of TB testing, counseling and opt-out testing into mandatory annual medical examinations provides a proactive mechanism for entrance into TB/HIV treatment programs. For those who test positive, maintenance of good health is emphasized through positive living programs and palliative care services. Palliative care services provide a mechanism for monitoring HIV progress and guide patients to ART services when appropriate. The program results in PLWHA receiving TB treatment and links TB and CT services.

GDAs will continue to provide inputs to HIV/TB program directly and through linkages with community and FBOs such as Catholic Relief Services, CIDRZ, and ZPCT. Inputs into the program will include HIV test kits and nutritional support.

SHARe will increase the sustainability of its local NGO partner CHAMP through establishing TB/HIV integrated services at private clinical facilities, strengthening technical and management capacities, and mobilization of financial resources. Activities will include participatory analysis of their current level, sharing of sustainability strategies with successful NGOs, and development and implementation of a sustainability plan. GDA companies will ensure the sustainability of their HIV/AIDS workplace activities using private sector funds.

Continued Associated Activity Information

Activity ID: 3681
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow Research and Training Institute
Mechanism: SHARE
Funding Source: GHAI
Planned Funds: $ 50,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	3	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	455	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Target Populations:

Community-based organizations
Truck drivers
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Migrants/migrant workers
Host country government workers
Miners

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Eastern

Lusaka

North-Western

Southern

Luapula

Northern

Western

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	CHAZ - U62/CCU25157
Prime Partner:	Churches Health Association of Zambia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8992
Planned Funds:	$ 200,000.00

Activity Narrative: This activity is related to the following activities: #9032 and #9006.

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. All 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.

The comparative advantage of CHAZ is its area of operation which is mainly rural, thus heavily involved in the development and utilization of community-level volunteers to assist with TB treatment adherence and support by providing regular visits to the patient's home to directly-observe therapy and a basic check-up. The use of community-level volunteers to provide TB support is an innovative and cost-effective strategy to address the severe human capacity shortages in health care at the local level. Further, the use of community-level volunteers empowers community members and multiplies the skills and knowledge, needed to appropriately care for such patients. Results from these visits show that community-based treatment supporters have improved TB treatment adherence and outcomes.

The goal for CHAZ is to reduce the number of deaths related to TB through improved quality of TB care and increasing the cure rate through directly observed treatment strategy (DOTS) implementation. CHAZ utilizes the following strategies to achieve this goal: 1) Increase the training of health care workers in DOTS; 2) Increase training of community Treatment Supporters in DOTS; 3) Procure and create provisions to get bicycles for Treatment Supporters; 4) Procure motorbikes for Program Officers at the health facility level; 5) Procure microscopes; 6) Information, Education and Communication (IEC) on TB; and 7) Develop income generating activities (IGAs) to support TB patients and families. Using funds obtained from the Global Fund Round 1 grant to Zambia, CHAZ has strengthened TB DOTS implementation in all its institutions, including community mobilization, capacity building and provision of income generating activities (IGA) to ensure sustainability of the community response.

Despite implementing the above listed activities, CHAZ still face many challenges in TB control. Some of these challenges and gaps include lack of clear coordination mechanism between the TB and HIV programs at the health facility and community levels as well as the lack of integration between the TB services, HIV testing facilities, and HIV care services including ART at health center level. The lack of training in TB/HIV management for health care workers and lack of counseling skills among TB officers and treatment supporters are also barriers that need to be addressed. The lack of basic training for treatment supporters in TB/HIV links and care for co-infected patients, lack of IEC materials on TB/HIV link, poor infrastructure for TB/HIV diagnosis and treatment further complicated implementation of CHAZ's goals. In addition, there is still need to improve documentation of TB/HIV activities and the existing referral systems.

In FY 2005 and FY 2006 the US Government funded CHAZ to begin the implementation of TB/HIV activities at faith-based and community-based health care facilities in four provinces (Lusaka, Eastern, Southern and Western), covering 44 institutions. Due to delays in establishing the funding mechanism, release of the funds and development of national guidelines, training materials and data collection tools for TB/HIV, activities on the ground have been implemented from 2nd quarter 2006. Initial activities have included the sensitization of the central unit and inclusion of a discussion of TB/HIV during regular quarterly TB DOTS review meetings. CHAZ has conducted a training of trainers' session for five national trainers in diagnostic counseling and testing (DCT) in the faith based institutions utilizing the national DCT manual adapted by JHPIEGO in conjunction with the Ministry of Health. Following this training, 81 health staff members will soon be trained in DCT and begin implementing TB/HIV activities, immediately. To date, 51% of the TB patients notified in the four provinces received HIV counseling and testing. Additional activities to be implemented include training of community members in TB/ART support, and community sensitization. Progress in the implementation of the activities will be monitored through regular review meetings.

Building on the activities begun in FY 2006, CHAZ will continue to scale up the implementation of TB/HIV activities in the 44 faith-based institutions in the 4 Provinces. These activities will continue to focus on the following; 1.) Capacity building for health care workers in TB/HIV management and counseling including screening of HIV infected individuals for TB, 2) Training of treatment supporters in basic TB/HIV links and counseling; 3) Linking home-based TB patients to HIV counseling and testing and other care services, including treatment; 4) Producing information education communication materials including radio programs on TB/HIV; 5) Strengthening the referral, recording and reporting systems at the health facility and community levels; 6) Strengthening the monitoring and evaluation system at CHAZ secretariat and health facility level; and 7) Improving the infrastructure for TB/HIV services at health facility level. In addition, CHAZ will screen all community TB Treatment Supporters for TB.

Though all the institutions in the four provinces will have staff trained in DCT, because of the high rate of staff attrition in many facilities due to either movement of staff or illness and death, CHAZ in FY 2007 will train an additional 50 health worker in DCT and TB/HIV links in the 44 institutions. Strengthening the link between HIV and TB will be given careful attention. In addition, 200 community volunteers will be trained to provide support for TB patients, including linking home based care patients for both TB and HIV screening and will be linked to the 44 health institutions. As a result of this training it is expected that in FY 2007, with an estimated 3,576 TB patients notified, 2,500 (70%) will receive HIV counseling and testing and those testing positive will be referred for HIV care and treatment based on the national guidelines. Additionally, it is expected that at least 50% of all individuals testing HIV positive will receive screening for TB and that 1,500 HIV infected individuals will receive treatment for TB.

These activities will be coordinated with similar activities to be implemented in the five Northern provinces with funds from the Global Funds. Community involvement in TB DOTS and TB/HIV in all nine provinces in the faith-based institutions will be strengthened through funding for IGAs, Home Based Care kits and bicycles and other non-monetary incentives using funds from the Global Fund.

This geographic and programmatic expansion will be accomplished by a training of trainer model that will then be used to train community treatment supporters working with TB/HIV patients. The goal is to train 200 community-based volunteers who will monitor TB and HIV treatments and supervise TB and HIV treatment patients that are unable or unwilling to make regular visits to the health facilities. CHAZ health-facility personnel will provide ongoing technical supervision to ensure appropriate standards are being met.

Continued Associated Activity Information

Activity ID:	3651
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Churches Health Association of Zambia
Mechanism:	CHAZ TB/HIV
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	44	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,309	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	250	☐

Target Populations:

People living with HIV/AIDS

Volunteers

Public health care workers

Private health care workers

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	EPHO - 1 U2G PS000641
Prime Partner:	Provincial Health Office - Eastern Province
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9006
Planned Funds:	$ 190,000.00

Activity Narrative: This activity relates to activities #9032 and #8819.

Eastern Province, with 8 districts, is predominately a rural province with an overall HIV prevalence of 13.2% and a reported 2004 tuberculosis (TB) incidence rate of 259/100,000. Outside of Chipata, the provincial head quarters (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 were initiated by CARE International using USG funds in FY 2005 and 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 largest barriers to implementing and maintaining TB/HIV integration were due to limited human resources, coupled with an expected increase in patient-load. To address the staffing issues, by the end of budget period 2006, the USG will support the Provincial Health Office (PHO) to employ a TB/HIV coordinating officer who will be based in the provincial health office 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 activities in the province and provide joint supportive supervision.

In addition, by the end of FY 2006, the Provincial Health Office will have trained 100 personnel in TB/HIV integration from the TB diagnostic centers in addition to those from various HIV care centers and community-based programs in Chama, Nyimba, Mambwe, and Chadiza districts. The training will focus on providing the skills for routine HIV counseling and testing to TB patients and management of TB, HIV, and TB/HIV patients.

Other than the USG support, the districts have been receiving support from the global fund to scale up TB control by strengthening directly observed treatment strategy (DOTS). Another key partner is CARE International (#8819), which also previously supported TB control activities in the area for the past three years. Due to the limited access to health care facilities and acute shortage of facility-based healthcare staff in Eastern Province, special emphasis was placed on the development and support of community volunteers to provide TB/HIV integrated care.

In FY 2007, the USG will continue to support the Provincial Health Office to expand TB/HIV in Chama, Chadiza, Nyimba and Mambwe districts. An additional eighty (80) health staff will be trained in diagnostic counseling and testing from the four districts. Each district has one service outlet providing clinical prophylaxis and or treatment for TB to HIV infected individuals and it is expected that three more new sites will be opened in each district in FY 2007.

An estimated 678 TB patients will be diagnosed in 2007 and 65% of these (441) will receive counseling and testing for HIV.

It is also estimated that 880 HIV positive clients will be diagnosed and 30% of these (264) will be screened for TB disease.

The four districts are remote and the health facilities are spread far apart the population though small is widely dispersed. This activity will strengthen the capacity of the district to provide support supervision for the implementation of activities. Although scaling up services in rural areas in quite challenging and more expensive compared to urban areas, strengthening the Provincial Health Office delivery system is key to ensuring services being scaled up can be sustained as part of the government health provision structure. The TB/HIV integration designed and process are being implemented as integral part of the Provincial Health Office's health activities.

To enhance equity in coverage and ensure standardization of TB/HIV services CIDRZ will work with the PHO to provide technical assistance and build its capacity in the integration of TB/HIV care in regional and district hospitals. Additional technical capacity is provided by the Clinical Care Specialist assigned by HSSP and a CDC Field Office Manager to be placed in the PHO in FY 2007.

A total of 120 lay counselors from the community will also be trained in TB/HIV collaborative activities to strengthen community support and awareness. Monthly

community sensitization meetings with Neighborhood Health Committee, church and other community leaders will be held. Monthly supportive technical supervision from the province and the districts to the service outlets will be implemented. Monthly district and quarterly provincial meetings will be held to monitor the program activities at district, health center and community levels. To increase on TB/HIV collaborative activities, all the four districts will participate in the World TB day commemorations. Linkages between the TB programs and other USG funded home-based care programs will be strengthened to ensure continuum of care for the HIV infected TB patients.

An assessment of existing infrastructure will be carried out to identify sites that require minor renovations and refurbishment in order to ensure the availability of adequate counseling and testing space for TB patients.

In FY07, a plus up request ($40,000) and a reprogramming request ($50,000) are requested for this activity; the total amount requested for this activity is $190,000. In FY 2007, the USG will train 80 personnel in Diagnostic counseling and testing from 4 districts within the province. It is estimated that 331 (65%) of the total TB notifications (509) will receive counseling and testing for HIV. The outlet sites will increase from 4 to 12 in 2007. Plus up funds will help the Eastern Provincial Health office expand TB/HIV services and training of health care workers in Diagnostic Counseling and testing. It is estimated that 60 more health care providers will receive training in diagnostic counseling and testing. An additional 2 sites will be opened with the new funds and 200 TB patients will access counseling and testing for HIV. In addition, it is also expected that 2 more health facilities will be renovated to create space for counseling and testing.

Continued Associated Activity Information

Activity ID:	3790
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Provincial Health Office - Eastern Province
Mechanism:	Eastern Provincial Health Office
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	18	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	501	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	531	☐

Coverage Areas

Eastern

Table 3.3.07: Activities by Funding Mechanism

Mechanism: CDC (Base)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9010
Planned Funds: $ 124,000.00
Activity Narrative: This activity will link to activity #9021.

In FY 2006, the US Government (USG) provided technical and financial support to the National TB program for the development of guidelines related to the implementation of TB/HIV activities. Further support was provided for a national TB review meeting that reviewed national progress in the implementation of TB control strategies. This meeting, which was attended by all nine Provincial TB coordinators and other management staff from the Provincial Health offices and other cooperating partners, was utilized as a platform to sensitize the staff in relation to the planned TB/HIV activities. Further support was provided for the development of the national TB strategic plan to ensure incorporation of TB/HIV activities at all levels of the health care system. Technical support supervision visits to three provinces were carried out by the Ministry of Health (MOH) with technical support from the USG to monitor the implementation of TB/HIV activities. The MOH has recently reviewed the structure and increased the number of staff in the TB unit from two to five staff. In order to further strengthen this unit, the USG will second a TB/HIV officer to the Ministry by the end of FY 2006. This officer will be based within the MOH and coordinate the implementation of TB/HIV activities as part of the TB unit, working with all other partners providing support to the Ministry such as World Health Organization (WHO), Tuberculosis Country Assistance Plan (TBCAP), Japanese International Cooperation Agency (JICA) and other USG funded partners such as Zambia Prevention Care and Treatment (ZPCT).

In FY 2007, the United States Government will continue to provide direct technical assistance to the Ministry of Health (MOH) for the implementation and coordination of tuberculosis (TB) and HIV program implementation. This activity includes the following components; 1) development and dissemination of guidelines, manuals, and the production of other relevant documents; 2) supportive supervision and technical support; and 3) continued support for a full-time national level TB/HIV coordinator that is placed within the National TB Program (NTP).

Following the development if the TB/HIV guidelines in FY 2006, the USG will continue to provide technical and logistical support to the central TB unit of the MOH for the dissemination of the guidelines, updating the national TB manual to include TB/HIV and other recent changes in TB management and development of guidelines for the management of MDR TB.

As part of the national TB unit, the TB/HIV officer will provide support supervision for the implementation of TB/HIV activities to the nine Provincial TB officers through quarterly technical assistance visits to the provinces and other to districts as necessary. These visits will be coordinated with other partners working in TB/HIV. These visits will be used to guide TB/HIV policy and guideline development as well as program implantation to the various areas of the country. Provincial and district level quarterly review meetings to monitor the progress in implementation of the activities will be supported through this activity. Additional support will be provided for the inclusion of TB/HIV in activities such as World TB Day at national level as well as in selected districts in four Provinces.

Continued Associated Activity Information

Activity ID: 3884
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GAP
Planned Funds: $ 124,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Target Populations:

Doctors
Nurses
Pharmacists
Traditional birth attendants
National AIDS control program staff
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
M&E Specialist/Staff

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	SPHO - U62/CCU025149
Prime Partner:	Provincial Health Office - Southern Province
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9017
Planned Funds:	$ 210,000.00

Activity Narrative: This activity relates to activities in counseling and testing activity, laboratory infrastructure, palliative care: basic health support activity, and HVTB activities (#8992 and #8819).

Southern Province has an HIV prevalence of 16.2% and a reported Tuberculosis (TB) incidence rate of 415/100,000 at the end of 2005. Southern Province ranks third behind Lusaka and the Copperbelt provinces in terms of HIV and TB burden in Zambia. Livingstone district, which includes the Provincial capital of Southern province, reports extremely high HIV prevalence (30.8%) and TB notified cases for the province was 5,41 in 2005. The smear positive rate is reported at 24% with a cure rate of 77.2% for this area. Local statistics from the Livingstone General Hospital, Maramba Clinic,and Dambwa Clinic suggest that over 70% of TB patients are HIV infected.

In FY 2004, a pilot program was developed, with US Government (USG) support, in Livingstone district to pilot the implementation of counseling and testing for TB patients as part of routine management. From September 2004 to March 2006 68.6% of the TB patients notified in the hospital were counseled for HIV, 50.6% were tested for HIV and 42% of those testing positive were referred for ART. The pilot program therefore demonstrated that providing counseling and testing in TB clinics was feasible and highlighted issues around the availability of counselors to provide the service. Based on the successful implementation of the pilot activities, in FY 2005, the USG provided funds directly to the Southern Province Health Office (SoHO) for the scaling-p of TB/HIV activities in all 11 districts in the province. Providing this support directly to the SPHO provided opportunity to strengthen the capacity for a more rapid scale-p of activities and ensure sustainability of the program by enhancing local ownership. The SoPHO provided training in TB/HIV integration to 130 health care workers in all the 11 districts in the province, enabling the districts to begin implementation of these activities in 19 sites.

By the end of FY 2006, building on the initial progress made in FY 2005, the SoPHO will have trained an estimated 100 health workers in Diagnostic Counseling and Testing using the national training manual and 170 health care workers in TB/HIV integration. In order to increase community participation in this program area, the SPHO will train 200 community members as lay counselors. Based on the experience gained in FY 2005, the Province will provide funds directly to the districts for the implementation of training activities. It is estimated that at the end of FY 2006, the number of health centers providing DCT for TB patients will have increased to 93 sites covering all 11 districts. Other activities supported with the funding have been the strengthening of referral links between the TB and HIV treatment program to ensure that all HIV-infected TB patients are referred for ART and all HIV-infected patients are screened for TB. The SoPHO implementation team includes the CDC Field Office manager and the Clinical Care Specialist employed through HSSP.

In FY 2007, this activity will continue to scale up the provision of TB/HIV services within the districts so that an additional 67 sites begin to provide these services, resulting in a coverage of 72% (160 sites) of the total number of facilities (223) in the province. This will be achieved through training an additional 300 health workers and community members in TB/HIV activities. The training will be provided based on the training of trainers' model utilizing the core group of trainers resulting for the USG supported activities of JHPIEGO in FY 2006 (activity 9032). Further training in the province will be coordinated with JHPIEGO, who will provide technical support and supervision for the trainers and train additional trainers.

The SoPHO will work with the district health offices to ensure that linkages between the TB/HIV program and existing home based care programs funded through the USG (SUCCESS and RAPIDS) and other donors are strengthened. Community based treatment supporters that are currently used to supervise directly observed treatment for TB patients will receive additional training in TB/HIV integration and adherence counseling with the potential to provide support for adherence to ART.

As a result of this support to the SoPHO, it is estimated that in FY 2007, of an estimated 6,000 TB patients, 72% will receive HIV counseling and testing over 12 months. The SPHO will use the recently revised TB registers and forms to capture this data.

In order to ensure accuracy of data and quality of care, the SoPHO and district health

offices will conduct quarterly program monitoring and supervisory visits to the health centers and provide technical support to address identified areas of weakness. As a result of this activity an estimated 3,000 HIV infected individuals will receive TB treatment according to national guidelines.

As part of the national guidelines for the implementation of TB/HIV activities, the program will ensure that all HIV infected individuals in ART and PMTCT sites receive screening for TB as part of the care provided. It is expected that 50% of all individuals testing HIV positive will receive screening for TB.

To enhance equity in coverage of TB/HIV services CIDRZ will work with the provincial health office to provide technical assistance in the integration of TB/HIV care in the regional and district hospitals.

Twelve new TB diagnostic centers will be opened in the five highest HIV/TB districts in the province (Livingstone, Monze, Mazabuka, Siavonga, and Choma) by the end of 2007 using resources from Global Fund and the USG. Additionally, treatment supporters will be trained in TB/HIV integrated management for increased community awareness on these co-infections. Lack of trained staff is an important reason for the inability to implement the activities. To this end the SoPHO will provide for the hiring of additional staff through the districts. Consideration will also be given to employing district TB/HIV coordinators in selected districts.

In FY 2007, the SPHO will continue to support the Provincial TB/HIV coordinating committee that is tasked with the strategic direction and supervision of the TB/HIV integration activities throughout the province. Membership on this committee is drawn from the TB Program, Clinical Care Unit (which oversees HIV/AIDS care), and ART Program, community care and advocacy groups, and HIV counseling/testing partners. This committee shall continue to meet on a quarterly basis.

Regular review meetings will be linked to TB directly observed treatment strategy (DOTS) review meetings and symposia and co-funded by the Global Fund supported TB DOTS program. The SoPHO will continue to support the linkage of all activities and trainings to other funded programs like the Global Fund against TB, HIV, and Malaria.

An assessment of existing infrastructure will be carried out to identify sites that require minor renovations and refurbishment in order to ensure the availability of adequate counseling and testing space for TB patients.

In FY07, a plus up request ($40,000) and a reprogramming request ($20,000) are requested for this activity; the total amount requested for this activity is $210,000.

Continued Associated Activity Information

Activity ID:	3649
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Provincial Health Office - Southern Province
Mechanism:	Southern Provincial Health Office
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	175	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,200	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	360	☐

Target Populations:

Adults
Doctors
Nurses
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
Public health care workers
Private health care workers
Doctors
Nurses
Other Health Care Workers

Coverage Areas

Southern

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	CDC Technical Assistance (GHAI)
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9021
Planned Funds:	$ 171,000.00

Activity Narrative: In FY07, a plus up request ($150,000) and a reprogramming request (-$305,000) are requested for this activity; the total amount requested for this activity is $321,000.

This activity relates to activities in counseling and testing, laboratory infrastructure, palliative care: basic health support activity, and HVTB (#9032, #9017, #8819, #8992, #9037, #9006, #9046, and #9010).

This activity provides for the following activities in support of the national implementation of TB/HIV activities; 1.) Technical assistance for development and evaluation of surveillance system for TB/HIV implementation; and 2.) Inclusion of TB/HIV data elements in the Continuity of Care: Patient Tracking System to improve patient care.

In FY 2006, the US Government (USG) provided support to the Ministry of Health (MOH) in the national integration of Tuberculosis (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. A National level TB/HIV coordinating body within the MOH with the following membership; staff from the TB, HIV, counseling and testing (CT) units in MOH; multilateral organizations; research groups; faith-based organizations; non-governmental organizations; and community representatives.
This body was tasked with developing and implementing a single, coherent TB/HIV strategy, policy, and communication message based on the best existing evidence. As a result national guidelines for the implementation of TB/HIV activities were developed based on the World Health Organization (WHO) Interim Guidelines for TB/HIV collaboration. Additional support was provided for the revision of TB data collection forms and registers, based on WHO forms that incorporate the collection of HIV data. The USG produced the revised patient treatment form, identification card, and registers that have been distributed to all provinces and districts. Technical support was provided for the orientation of health staff in the new forms. In addition the USG co-funded, with the MOH, WHO, and JHPIEGO, a training of trainers session for an initial group of 25 trainers in diagnostic counseling and testing using the national training module adapted by JHPIEGO (#9032).

In FY 2007, the USG will provide technical support to the Ministry of Health for the evaluation of surveillance systems for TB/HIV implementation. This support will be at National, Provincial and district levels to strengthen the scaling up of TB/HIV activities in Eastern, Southern, Western and Lusaka provinces. To improve the knowledge, skills and communication among health care workers and partners, a news letter on TB/HIV activities will be produced, printed and distributed to stake holders.

To improve the knowledge, skills and communication among health care workers and partners, a news letter on TB/HIV activities will be produced, printed and distributed to stake holders.
This activity is related to activity #9023. To sustain policy and clinical decision-making for future expansion of national TB activities, CDC has assisted the MOH in establishing an Electronic Medical Record (EMR) standard that will include TB data as well as HIV and other opportunistic infections (OIs) data. In the last year, this EMR, called "Continuity of Care and Patient Tracking System" (CCPTS) has established itself in the country and on April 5, 2006 was named as the national standard software. This remarkable achievement will be followed during the remainder of 2006 by the development of the out patient department (OPD) module that will include TB care. The CCPTS already addresses TB care in the context of antiretroviral (ART) services, but the next module will establish the systematic link between OPD TB services and ART TB services. The link is made either by a patient-carried smart card or via a periodic facility-by-facility database 'merge'.

The EMR system and card carries a longitudinal record of a client's 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 and integrated information provides one basis for improved TB care, and this will become available in the higher density settings in 2007. As the core element of the Continuity of Care and Patient Tracking System software, the EMR provides: 1) more fully informed local decision support; 2) reminder

reports to staff to help keep patients from "falling through the cracks" (to assure adherence and minimize resistance); and 3) improved management of general facility operations (such as drug utilization) by providing automation to key elements of local monitoring and evaluation and logistics support.

In FY 2007, the emphasis will be on refinement of the TB service module, addition of suitable decision support cross-referencing other health conditions, and scaling-up of this OPD functionality to clinics serving larger numbers of TB patients. Building on previous year's successes in HIV and antenatal clinic/prevention of mother to child transmission/CT services, CCPTS is now supporting 60,000 PLWHA. This year's funding will increasingly focus on building the capacity of the MOH and collaborators within Zambia to implement and scale-up the TB/HIV module of the CCPTS for purposes of sustainability, and to operationalize automatic links between increasing numbers of CCPTS service modules in order to better care for HIV patients with these concurrent illnesses and OIs. On Aug 31, 2006 the MOH held a national deployment "kick-off" meeting for the CCPTS EMR. Together with other activities, these funds will help assure that the OPD TB to HIV services link spreads throughout the country with this same deployment effort.

Continued Associated Activity Information

Activity ID:	3645
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	Technical Assistance
Funding Source:	GHAI
Planned Funds:	$ 376,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Target Populations:

Policy makers

Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	UTAP - U62/CCU322428 / JHPIEGO
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9032
Planned Funds:	$ 1,260,000.00

Activity Narrative: These activities are linked with HVCT and HVTB activities (#9035, CARE, #9018, #9021, #8819, #8892, #9037, #9006, #9046, #9047, #8888, CRS HVCT #9713, CARE HVCT #9714, and PCI HVCT #8883).

In Zambia, rates of HIV and TB co-infection are more than 60% and TB is one of the leading causes of death among PLWHA. To ensure appropriate care for TB patients HIV counseling and testing should be integrated into TB programs. Likewise, it is important that patients diagnosed with HIV are appropriately monitored, screened, and treated for TB and other opportunistic infections (OIs).

JHPIEGO is working to strengthen the integration of HIV/AIDS and TB care and treatment services in Southern and Western Provinces, through: 1.) Training for diagnostic HIV counseling and testing (DCT); 2.) On-the job training (OJT) for diagnosis and management of opportunistic infections; 3.)Training of community counselors and treatment supporters; 4.) Supportive supervision in clinical training skills.

TB patients must be effectively counseled and tested for HIV, and referred to HIV care and treatment services in a timely manner. Based on successful approaches in integrating CT into antenatal care for PMTCT, in FY 2005, JHPIEGO adapted CDC counseling protocols and training materials to incorporate DCT into TB services more effectively. In FY 2005, JHPIEGO trained 63 health care providers in DCT from 14 sites in three districts (Livingstone, Mazabuka and Mongu) of Southern and Western Provinces, who provided CT to 1,300 clients. In collaboration with the Ministry of Health (MOH), CDC, World Health Organization (WHO), Tuberculosis Control Assistance Program (TBCAP), CHAZ and CIDRZ, JHPIEGO further built capacities in DCT clinical training skills in 50 MOH TB focal point persons from all the 9 provinces of Zambia as well as in staff from other implementing partners' programs.

In FY 2006 JHPIEGO continued to work with the Southern and Western Provincial Health Offices (PHOs) to build capacity to expand the integration of HIV into TB services. Working with the local provincial trainers, by the end of FY 2006 an additional 50 health care providers from ten new sites will be trained in DCT, in addition to the provinces' own programs of training beyond this number. In FY07, JHPIEGO will train 75 service providers from ten districts in Southern and Western Provinces in DCT skills, and DCT trainers in training skills, again working to build the capacity and support the local trainers and managers. To ensure that these programs are sustainable, JHPIEGO will strengthen and expand the capacity at the provincial level in training skills, supervision and monitoring, through joint training and supervision activities in Southern and Western Provinces. JHPIEGO will support the local management and supervision teams to strengthen the implementation of a standardized clinical pathway model and patient record forms adapted/developed in FY06 for DCT within TB services. JHPIEGO will also support CARE International and Eastern Province to build capacities of trainers and supportive supervision teams.

Providers of HIV care and treatment services need significant strengthening in the recognition, diagnosis and management of TB and other Opportunistic infections (OIs). Experience from JHPIEGO's work in FY 2005 shows that significant effort in hands-on mentoring and on-the-job training can dramatically improve care and treatment for HIV patients.

Structured on-the-job training (OJT) is a non-traditional, intensive approach to in-service training in that it involves a highly experienced clinician spending at least two weeks at a service outlet working with a team of providers in their environment. It includes daily rounds together with structured, case study reviews, allowing the teams of providers to work through diagnosis, clinical decision-making, and management of TB and other OIs, building upon the national OIs and ART training materials. During FY 2005, using clinical experts from the University of Zambia (UNZA) and University Teaching Hospital (UTH), JHPIEGO provided OJT to 30 health care providers from Livingstone General Hospital, Lewanika General Hospital and Mazabuka District Hospital along with selected staff from hospital-affiliated health centres (HAHC). By the end of FY 2006, an additional 50 health care providers working at ten different sites will be provided with on the job training. In FY07, JHPIEGO will train an additional 50 health care providers in ten sites in the province – the sites will be selected based on an assessment of need and to compensate for

attrition of the already trained staff. Relevant performance standards have been drafted and will be implemented in FY 2006 and FY07. This should improve the quality of care by providing sites with standards they can implement and monitor as well as tools for supervisors to use in monitoring and supporting clinical services.

In FY 2006 JHPIEGO hopes to formalize an arrangement with UNZA and UTH to use the pool of clinical experts from the institutions for this training program as a step towards building the capacity of those key national institutions. In addition, in FY 2006 and FY07, JHPIEGO will increasingly involve the Clinical Care Specialists from the Provincial Health Offices and the experienced clinicians from the Provincial Hospitals or other larger facilities, to build local capacity to support and expand this program from the Provincial level. Thus supervision, monitoring of the training and quality of services will increasingly be carried out by the respective Provincial Health Offices with the support of JHPIEGO and the UNZA/UTH clinical experts as needed.

Integration of HIV and TB at the level of community treatment support: Based on the TB DOTS model of community treatment support programs, HIV treatment programs are similarly developing community treatment and adherence support programs. With the high rates of TB-HIV co-infection, tremendous opportunities exist to increase the synergies in these programs and ensure that TB treatment supporters are able to refer for and support HIV services, and visa-versa. In addition, these lay counselors can be incorporated into clinical services to reduce the burden on higher-level clinicians by providing group education and counseling.

In FY 2005, 60 community counselors/ treatment supporters (CCTSs) were trained in Livingstone, Mazabuka and Mongu districts in support of the sites where DCT and OJT activities were conducted. In FY 2006, an additional 50 CCTSs are being trained in these provinces to cover ten more sites (the same sites that will be strengthened in facility DCT and management of TB/OIs in HIV patients) and increase on the number of clients reached in FY 2006. Beginning in FY 2006 and continuing in FY07, JHPIEGO will draw upon earlier-trained CCTSs and local government or NGO staff, building local capacity to expand and support these programs. In order to ensure sustainability of the program the local trainers will increasingly take the lead in training and supervision activities, supported by JHPIEGO and our local partners (Kara Counseling and Community-Based TB organization (CBTO) as needed. The aim in FY07 is to train 75 CCTSs and it is expected that these trainers will conduct their own training activities using resources from the MOH, Global Fund and other USG support, thus further expanding the pool of community resources in order to attain geographical coverage of the services.

Plus up funding will enable JHPIEGO to do the following: 1) Print DCT manual; 2) Training of Trainers (with ZDF); 3) DCT training at district and health centre level; 4) development of policy and guidelines for prevention of TB transmission in health care settings.

Continued Associated Activity Information

Activity ID:	3644
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	JHPIEGO
Mechanism:	Technical Assistance/JHPIEGO
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	508	☐

Target Populations:

Doctors
Nurses
Pharmacists
Traditional birth attendants
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Traditional birth attendants
Traditional healers
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Southern

Western

Lusaka

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	UTAP - CIDRZ - U62/CCU622410
Prime Partner:	Tulane University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9037
Planned Funds:	$ 1,810,000.00

Activity Narrative: This activity relates to the following activities: #9032, #9017, #8819, #8992, #9006, #9046, and #9010.

HIV in sub-Saharan Africa is causing an increase in incidence and prevalence of HIV-related tuberculosis (TB), with 75% of incident TB cases occurring in HIV-infected individuals. TB/HIV integration in the Lusaka district will build on the progress achieved in 2006 by strengthening and expanding TB/HIV integration activities. Available data confirms that 60-70% of TB patients in Lusaka district are HIV-infected, and 80% meet eligibility criteria for immediate ART.

When the MOH began opening HIV clinics in 2004, the immediate and overwhelming demand for care and treatment hampered the ability to integrate HIV care with other services. Even though co-infection rates were high, adequate systems were not in place to encourage TB patients to learn their HIV status or to refer dually infected patients from the TB clinic to the ART clinic. As a result, two vertical systems continue to exist within each health facility and movement between these two vertical systems is complicated and many co-infected patients do not receive the coordinated care they need or are lost to follow-up. Encouraging TB patients to learn their HIV status and integrating services is essential to improving clinical outcomes of co-infected patients.

Lusaka Province has 4 districts. Lusaka district is an urban district and notifies more than 90% of the TB cases in the Province, and one-third of the national cases. The other 3 districts are mainly rural. The USG has funded CIDRZ to provide technical and financial support to the Lusaka District for the implementation of TB/HIV activities. In FY 2007 the USG will provide direct support to the Lusaka Province Health Office to scale up TB/HIV activities in the remaining 3 districts.

Through a partnership with CIDRZ in FY05 and FY06, a number of TB/HIV integration activities were introduced and piloted at two Lusaka district clinics. Initially, 30 staff in two district clinics involved in TB/HIV care were identified and trained in the rationale for service integration. In separate trainings, TB nurses learned how to conduct Diagnostic Counseling and Testing (DCT) "opt-out testing" and staff from the Outpatient department (OPD) and Voluntary Counseling and Testing (VCT) program were trained to screen all patients for TB.

As part of a new patient triage system, all TB patients were requested to undergo DCT as part of their enrollment in TB treatment. If the patient accepted testing, blood was drawn for a rapid HIV test and, if positive, an immediate CD4 count was done which expedited both enrollment at the ART clinic and the decision to start ART. To date, our data confirms that DCT is an effective way to identify and refer TB/HIV co-infected patients. Initial findings from the pilot clinics show high rates of HIV testing (65% accepted) and seropositive results (80% of those tested) and demonstrate the need for DCT as standard part of TB care.

In order to enhance TB case findings, the VCT program initiated a TB screening program through the use of a screening questionnaire. All clients needing referral for further TB diagnostic investigations were escorted to the laboratory for a sputum smear. Of the 2,515 patients accessing VCT, 2,454 (97.6%) also accepted a TB screening. Of these 2,454, 1,482 (60.4%) were HIV positive and 451 (30.4%) of these also received a positive TB screen, making them 4.7 times as likely to have a positive TB screen than HIV negative patients. The Out-Patient Department (OPD) initiated a similar TB screening program. The lessons learned at the two pilot clinics have prepared the ground work for expansion in the next fiscal year.

In FY 2007 TB/HIV integration services will expand to all 15 Lusaka district government clinics with both TB and HIV treatment services, which currently provide care for 87% of TB patients in the district. The focus of FY 2007 activities is to expand the integrated TB/HIV services in Lusaka district based on lessons learned in two pilot clinics. The priorities are to; 1) improve early identification of co-infected patients using DCT; 2) increase the numbers of co-infected patients receiving optimal co-management at the ART clinic; 3) increase TB screening at multiple entry points into the health center system including the Out Patient Department (OPD), VCT program, maternal and child health (MCH) program, and the ART clinics; and 4) continue careful data collection to inform

optimal treatment strategies and decisions.

In integrated care, TB will no longer be managed in a vertical fashion but instead will be treated as an opportunistic infection (OI) in the ART clinic. In the future, once identified as co-infected, patients will enroll directly in the HIV clinic where they can be adequately co-managed. All TB patients will continue to be registered in the Zambian National TB Program.

In addition to testing for HIV in TB patients, there is a need for systematic TB screening in HIV-positive patients in all service delivery areas where HIV testing is done such as PMTCT, STI and OPD. The 15 district clinics targeted for expansion currently have over 37,500 patients enrolled in their HIV clinics, with enrollment projected to increase to approximately 68,000 patients by February 2008. As part of the integration activities, all patients enrolled in the ART clinics will receive a TB screen at enrollment and every 6 months thereafter to ensure prompt diagnosis and treatment. Before wide spread screening can occur, the present capacity of sputum smear microscopy within the district requires assessment. To do this a survey of existing laboratory TB diagnostic capacities in all 15 Lusaka district clinics will be conducted to identify lab strengths and weaknesses and, make recommendations for improving diagnosis and functioning using World Health Organization (WHO) guidelines. Based on this assessment, fluorescent microscopy and TB culture will be integrated into present diagnostic algorithms and systems. Additionally co-trimoxazole preventive therapy will be offered to all TB/HIV co-infected patients as per Zambian national guidelines. Isoniazid prophylaxis for latent TB is presently not included in Zambian National Guidelines.

Of the targeted 14,000 TB patients in the district, 65 % will receive HIV counseling and testing over the period February 2007 to February 2008.

Of the 68,000 patients receiving HIV services over the period February 2007 to February 2008, 80% will receive routine screening for TB disease at least once

All TB/HIV integration activities are designed to be sustainable and operate within the current district clinic structure. CIDRZ is working hand-in-hand with MOH staff to integrate services within the confines of staff capacity and room availability and will continue efforts to expand and strengthen collaboration with them. Rather than providing services directly, CIDRZ is training district nurses, doctors, clinical officers, treatment supporters, and peer educators as well as helping them re-organize their systems for greater efficiency and to ensure sustainability of the services. Monitoring of the data and supportive supervision will be provided in conjunction with the District Health Management Team. CIDRZ is a member of the National TB/HIV coordinating body.

Plus-up funds for the amount of $1,210,000 is being requested to ensure geographical coverage of TB/HIV services in the Lusaka district. Funds will be used to strengthen routine HIV testing of all TB patients and TB screening of HIV-infected patients as well as strengthening the referral links between TB and HIV services. Funding will also be used for infrastructure renovations, enhanced diagnosis of smear negative TB, and technical support.

Continued Associated Activity Information

Activity ID:	3653
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Tulane University
Mechanism:	UTAP/Tulane University
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	22	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	7,000	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	295	☐

Target Populations:

Adults
Doctors
Nurses
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Other Health Care Workers

Coverage Areas

Lusaka

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	WPHO - 1 U2G PS000646
Prime Partner:	Provincial Health Office - Western Province
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9046
Planned Funds:	$ 240,000.00

Activity Narrative: This activity relates to activities in counseling and testing, laboratory infrastructure, palliative care: basic health support activity, and TBHV activities (#8992 and #9037).

Western Province is a predominately rural province with an HIV prevalence of 13.1% and a reported tuberculosis (TB) incidence rate of 481/100,000 in 2004. Outside the provincial capital of Mongu, which has an HIV prevalence of 22% and TB notification rate of 881/100,000 in 2004, access to health care facilities and services are limited. Many TB patients have to travel 20-25 km to the nearest health facility. External funding and support to this province has traditionally been low.

In FY 2006, the US Government (USG) provided funds directly to the Western Provincial Health Office (WPHO) to scale up TB/HIV activities in the province. Prior to applying for funds from the USG, TB/HIV activities were only taking place in 2 of the 7 districts in the province. Initial data from the two districts based on the HIV testing of TB patients, showed that the HIV seroprevalence rate in TB patients was 70%. Yet only 50% of the TB patients received counseling and testing in the 5 existing sites in the 2 districts. Recent data (second quarter 2006) from the province indicates that HIV screening of TB patients is taking place in 5 districts though the coverage ranges from 12% to 50% of all TB patients notified. The funding provided in FY 2006 will enable the province to expand the number of sites providing TB/HIV services to 20 covering 6 districts and train 110 health workers in TB/HIV collaborative activities by the end of the budget period. This expansion will enable up to 900 people living with HIV to receive palliative care, including treatment for TB, and result in TB screening for up to 1000 HIV infected individuals in 6 districts. The Provincial Health Team, which includes the Clinical Care Specialist assigned by HSSP and a Field Office Manager to be appointed by CDC, will implement the programs and ensure that all activities are in line with the National strategic Health Plan and the 5-year PEPFAR strategy.

In FY 2007, the Provincial Health Office will be funded 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. The funding will enable the province to increase TB/HIV services to an additional 20 sites, bringing the total number of site in the province to 40. 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), the ART Programs, community care and advocacy groups, and HIV counseling/testing partners. Committee meetings will be held on a quarterly basis. An assessment of the existing infrastructure will be carried out to identify sites that require minor renovations and refurbishment in order to ensure the availability of appropriate infrastructure to provide the counseling and testing for TB patients.

Limited human resources, coupled with an expected increase in patient-load as a result of TB/HIV integration, are barriers to implementing and maintaining TB/HIV integration. This human resource shortage negatively impacts morale, supervision, and technical support and is compounded in the more rural districts, where retention of staff is always difficult. To address this, the PHO will recruit staff in remote health centers in three districts to ensure availability of counseling and testing for TB patients. 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 order to ensure that all health workers providing care and treatment to TB patients have the necessary skills to offer counseling and testing for HIV, a training of trainers' model currently being implemented in other provinces will be adopted and implemented. The training will be based on the national Diagnostic Counseling and Testing (DCT) manual adapted by JHPIEGO with support from the USG in FY 2006. A core group of trainers was trained in the province in FY 2006 through CDC support to JHPIEGO (see activity 9032). These trainers will be used by the PHO to provide training in 4 districts to 96 health care workers. The training will also include TB/HIV integration and management of TB, HIV and TB/HIV patients. In addition, two staff from each of four districts will be trained in TB microscopy in order to enhance the diagnosis of TB in HIV positive individuals. In addition light microscopes will be purchased for health centers.

An additional activity to be funded through this mechanism will be strengthening the referral links between the TB and HIV treatment program to ensure that all HIV infected TB patients receive the appropriate treatment. This will link to the support provided by the USG to the PHO for counseling and testing (#9047), ART (ref #9769) and laboratory support and for ARV services through CIDRZ (activity #9000). Additional links will be developed with USG partners (see activity #9180, #8946) and other partners providing basic health care and support in a palliative care setting in the province. The direct support provided to the PHO to coordinate all TB/HIV services in the province, supervise the activities, and increase its capacity to also provide the services in the province will ensure sustainability of the program.

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, and Malaria (GFATM). The GFATM has directly funded these districts to scale up TB control by strengthening the directly observed treatment strategy (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.
To foster standardization and sustainability of the integration of TB/HIV services as part of the PHO's integral of health services, CIDRZ will work closely with the PHO to provide technical assistance to build their capacity to be able to effectively implement, manage, report, and scale up services in all the districts.

As a result of this support, each year, of an estimated 3000 TB patients in the 7 districts, 80% (2400) will receive counseling and testing over 12 months. With an estimated 70% HIV prevalence in TB patients this will result in 1772 HIV infected individuals receiving treatment for TB.
Those found to be co-infected with TB/HIV will be referred for appropriate HIV care, including ART.

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.

In FY07, a plus up request ($40,000) and a reprogramming request ($50,000) are requested for this activity; the total amount requested for this activity is $240,000.

Continued Associated Activity Information

Activity ID:	3791
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Provincial Health Office - Western Province
Mechanism:	Western Provincial Health Office
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	51	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,092	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	131	☐

Target Populations:

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

Coverage Areas

Western

Table 3.3.07: Activities by Funding Mechanism

Mechanism: DoD-JHPIEGO
Prime Partner: JHPIEGO
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9090
Planned Funds: $ 225,000.00

Activity Narrative: This work is closely linked to JHPIEGO's other work with the Zambia Defense Force (ZDF), strengthening integrated HIV prevention, care, and treatment services and systems (#9087, #9088, #9089, #9091), and with the work of Project Concern International (PCI) supporting Counseling and Testing (CT) (#8785) and palliative care (#8787), as well as JHPIEGO's work on integrating diagnostic CT into TB and STI services for mobile populations (#9035).

JHPIEGO is supporting the ZDF to improve overall clinical prevention, care, and treatment services throughout the three branches of military service, Zambia Army, Zambia Air Force and Zambia National Service around the country. The overall aim of the activity is to ensure that the ZDF is equipped and enabled to provide quality HIV/AIDS services to all its personnel, as well as to the civilian personnel who access their health system. This includes strengthening the management and planning systems to support PMTCT and HIV/AIDS care and treatment services, with the appropriate integration, linkages, referrals, and safeguards to minimize medical transmission of HIV. JHPIEGO, as an important partner to the Ministry of Health (MOH) HIV/AIDS PMTCT, ART, palliative care, HIV-TB and injection safety programs, supports the ZDF in gaining access to materials, systems, and commodities funded by the U.S. Government, other donors, and numerous technical partners who work with the MOH, and to harmonize services and maximize efficiencies between ZDF and MOH facilities and programs.

The Defense Force Medical Services (DFMS) supports health facilities at 54 of the 68 ZDF sites with the remaining sites depending on Medical Assistants and outreach support. These health services are spread out, many in hard-to-reach areas, around the country, and serve both ZDF and local civilian populations. In addition, given the mobile nature of the ZDF, it is often the first responder to medical emergencies and disasters. Unfortunately, the ZDF has not benefited from many initiatives that have been on-going in the MOH public sector mainly because the ZDF has its own heath system running independently from the national one. While these links are improving, there are continued opportunities to improve harmonization and maximize the efficiency between the MOH and ZDF health services.

While the number of HIV-infected patients receiving improved palliative care has expanded within the ZDF in the past two years, the majority of services are provided through a few outlets, and the standardization of systems and services needs continued strengthening. Continued expansion requires development and support for increasingly remote sites, where services are needed but, by their location and nature, the cost effectiveness of delivering these services is reduced, a fact which is compounded by the complexity of working with the ZDF and each of the three individual ZDF branches, each with their own authority and chain of command.

JHPIEGO will utilize and build on the experience and tools developed in the larger public sector Ministry of Health ART expansion programs and particularly the HIV-TB Working Group which JHPIEGO has extensively supported, and will continue to develop and strengthen linkages between the ZDF and MOH programs.

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 (OIs). Through JHPIEGO's work on integrating HIV diagnostic counseling and testing into TB services for mobile populations, more TB patients will be able to access HIV testing and care and treatment services. The focus of this activity, building on our work in FY 2006, is to ensure that patients enrolled in HIV care are adequately screened for TB, and that caregivers are able to recognize, diagnose and manage TB and other OIs.

During FY 2006, the ZDF's local capacity was strengthened with the training of 12 ART and TB staff as trainers and mentors, who in turn were supported to train at least 160 service providers in the diagnosis of TB and other common OIs associated with HIV/AIDS. In addition, the eight ZDF model sites received intensive on-the-job training and

mentoring, which was intensive and costly but essential to address the complexities of TB and OI presentation given limitations in diagnostic skills and tools. The benefit of JHPIEGO support will not be limited to the model sites, however, as staff from many other sites will be included in orientations and trainings. By the end of FY 2006 JHPIEGO was working with model sites in seven of the nine provinces of Zambia and the two remaining provinces will have models sites established by the end of FY 2007.

In FY 2007, JHPIEGO will support 12 model ZDF sites providing comprehensive and integrated HIV/AIDS prevention, care and treatment programs, including timely diagnosis and care for TB and other opportunistic infections. This includes the initial eight model sites developed in FY 2005 and FY 2006 plus four additional sites:
1. Zambia Army, L85 Barracks in Lusaka, Lusaka Province;
2. Zambia National Service, Luamfumu Barracks in Mansa, Luapula Province;
3. Zambia Army, Luena Barracks in Kaoma, Western Province; and
4. Zambia Air Force, Mumbwa, Central Province.

This work will utilize and build on the experience, tools and methodologies developed in the larger public sector Ministry of Health TB, ART and 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 expand the local ZDF capacity by training an additional 12 ART and TB staff as trainers and mentors to support and expand the program. While expanding and improving the diagnosis and treatment of TB and other OIs 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 continue seeking opportunities to create linkages with other collaborating partners, such as PCI, and work with the ZDF to ensure a synergy of efforts.

To support performance improvement systems and quality HIV care, supportive supervision visits will continue in all the twelve model sites. JHPIEGO will also support the DFMS to conduct workshops using the orientation package for 30 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. This will further enhance advocacy efforts to secure sustained support for these services from both the management and the community / client perspective.

To ensure sustainability, JHPIEGO works within the existing ZDF structures and plans. JHPIEGO facilitates the development and dissemination of appropriate standard guidelines, protocols, and plans. JHPIEGO also assists the ZDF with the implementation of a facility-level quality improvement program. The goal is to leave behind quality systems to ensure continuity of services after the program concludes.

Continued Associated Activity Information

Activity ID:	3673
USG Agency:	Department of Defense
Prime Partner:	JHPIEGO
Mechanism:	DoD-JHPIEGO
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	% Of Effort
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	12	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,800	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	160	☐

Target Populations:

Community leaders
Doctors
Nurses
Pharmacists
Most at risk populations
Military personnel
Program managers
Religious leaders
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Lusaka Provincial Health Office (New Cooperative Agreement)
Prime Partner: Lusaka Provincial Health Office
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9702
Planned Funds: $ 170,000.00

Activity Narrative: This activity relates to activity #9037.

Lusaka province has four districts, with the largest district being the capital city, Lusaka. The other districts are Kafue, Chongwe and Luangwa, the latter two districts being predominantly rural districts. Lusaka Province notifies over 30% of the total tuberculosis (TB) cases nationwide, though Lusaka district accounts for the largest proportion of these cases. Outside of the provincial capital of Lusaka, access to health care facilities and services, especially in Chongwe and Luangwa are limited, with many TB patients traveling 20-25 km to the nearest health facility. The implementation of TB/HIV activities in these three districts has lagged behind that of Lusaka and currently there are only 13 sites providing TB/HIV services. In the second quarter of 2006, of a total of 309 TB patients notified, 146 (47%) received counseling and testing for HIV. Lusaka district is well served with health services and has received considerable support for the implementation of programs through USG support to Centers for Infectious Diseases research in Zambia (CIDRZ).

In FY 2007 the USG will directly support the Provincial Health Office (PHO) to expand and support the TB/HIV integration activities in the three districts of Kafue, Chongwe and Luangwa. This will expand upon the TB/HIV integration activities that the USG has supported in Lusaka district through EGPAFG/CIDRZ and will result in the development of an additional 14 sites, bringing the total number of sites in the three districts to 27. 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), antiretroviral therapy program, community care and advocacy groups, and HIV counseling/testing partners. Technical assistance for the implementation of the program will be provided by CIDRZ.

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 Center for Infectious Disease Research in Zambia and JHPIEGO. Future support may be identified for TB/HIV coordinators to be placed at the district levels. Integrated TB/HIV training will be carried out in selected districts by the PHO, in consultation with JHPIEGO.

A training of trainers (TOT) program will be developed to provide trainers in all districts based on the national training curriculum. 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. The training will also include TB screening for all clients testing positive for HIV in settings such as ART services, Prevention of Mother to Child Transmission (PMTCT) and Sexually Transmitted Infections (STI) clinics. Training will be provided to 93 health workers in TB/HIV integration and 207 community treatment supporters will be trained in TB/HIV links. Support will be provided for minor infrastructure renovations to improve the physical infrastructure in selected health centers to provide integrated TB/HIV activities.

All activities and trainings will be linked by the PHO with activities that are supported by recent district-level funding from the Global Fund to fight AIDS TB, and 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, TB patients will be tested for HIV in these three districts. Those found to be HIV positive will be referred for appropriate HIV care. TB screening of HIV –infected patients will be a key component of these TB/HIV integration activities. 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 patients. Regular review meetings will be linked to TB directly

observed treatment strategy (DOTS) review meetings and co-funded by the Global Fund supported TB DOTS program.

Of an estimated 1,600 TB patients in the three districts, 75% (1200) will receive counseling and testing over 12 month and approximately 840 (70%) will test HIV positive and be referred for HIV care and treatment. Of the 68,000 patients receiving HIV services 70% will receive routine screening for TB disease at least once

Links will be strengthened between the TB and ART services in order to ensure that all HIV infected TB patients are referred for ART, with screening to be based on the national guidelines. In order to ensure a continuum of care, the districts will develop links with USG funded and other organizations providing palliative care in a home based care setting.

To ensure sustainability, the trained staff will continue to provide the skills and knowledge. The activities will be enshrined in the GRZ district health plans.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	27	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	840	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	300	☐

Target Populations:

Business community/private sector
Community leaders
Factory workers
Doctors
Nurses
Pharmacists
Traditional birth attendants
Traditional healers
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
Volunteers
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Traditional birth attendants
Traditional healers
Other Health Care Workers
Community members
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Lusaka

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	AIDSRelief- Catholic Relief Services
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9703
Planned Funds:	$ 730,000.00

Activity Narrative: This relates to activity #8827.

Tuberculosis (TB) is a major cause of morbidity and morality in people living with HIV and needs specific attention. Routine testing of TB patients for HIV is an efficient means of identifying HIV in the community. The major emphasis of this activity will be on Health Care Financing and Quality Assurance and Supportive Supervision. Other emphases will include training, community mobilization/participation and the development and strengthening of networks and referral linkages.

The following populations are targeted: health care providers, faith-based organizations, community-based organizations, and all persons affected by HIV and AIDS.

Based on the principle that all HIV positive persons in the CRS AIDSRelief program are screened for TB based on symptoms and exposure history, and all patients being prepared for ARV drugs receive TB screening, this activity will be implemented in the following components:
(1) Enhancing laboratory capacity diagnose TB accurately;
(2) Establish and strengthen referral linkages between CRS AIDSRelief facilities and the Zambian government TB directly observed treatment strategy (DOTS) sites to ensure timely diagnosis and treatment; and
(3) Ensure accessibility to information, education, and communication (IEC) materials on the relationship between TB and HIV at health facilities as well as surrounding communities. (4) Routine screening of family members of active TB cases. The funds will expand the reach of the services to ensure that all HIV positive clients in the AIDSRelief program are screened for TB and referred for appropriate TB care and that all TB patients are screened for HIV. The funds will allow the service to be provided to an additional 1000 clients in 4 new service outlets. Plus up funds will also support the training of 68 additional health care workers in the treatment of TB in HIV infected patients.

Plus up funds will be used to provide routine tuberculosis diagnosis for all patients enrolled for HIV care at an additional 4 AIDSRelief health facilities and 16 CHAZ sites not receiving global fund and other CDC support, including building acid-fast bacilli laboratory capacity and providing access to Chest X-ray to diagnose sputum-negative cases of TB. All laboratories will be equipped to perform sputum smear to detect acid fast bacilli and will be engaged in quality assurance and quality improvement activities with nearby reference laboratories. One of the 36 AIDSRelief and CHAZ supported sites will be equipped to play the role of a referral system for TB culture. In addition funds will be used to provide training and ongoing technical assistance to laboratory staff in sputum diagnosis of TB, training all cadres of staff to identify potential TB cases and to make the diagnosis.
Another critical component to address is educating providers and health care worker on diagnosing extrapulmonary TB. Large numbers of HIV+ patients with low CD4 counts are presenting with TB that is not diagnosed because it either is smear negative with a near normal CXR, or is extrapulmonary.
We will develop training and algorithms to address the diagnosis of these challenging patients that have high incidence of early mortality. To facilitate Pediatric Diagnosis of TB, funds will be used to training care providers using traditional Pediatric TB screening tools including reading Chest X-ray competencies.
Ensuring that patients diagnosed with TB at AIDSRelief and CHAZ facilities have access to quality care involves strengthening the capacity of all AIDSRelief and CHAZ facilities to meet the special needs of persons living with HIV/AIDS and TB. Special attention will be placed on patients who are on ARVs and anti-TB treatment simultaneously. Funding toward this component will go to supporting training of all cadres of clinical staff (doctors, nurses, counselors, treatment support specialists, community health workers, etc.) on TB management especially as it relates to the HIV positive patient, establishment of referral linkages for HIV patients diagnosed with TB at AIDSRelief and CHAZ sites on TB DOTS for community-level follow-up for care and support. These funds will be used to develop and implement joint strategies to assist with patient adherence to ARVs and anti-TB drugs by utilizing community health workers, treatment support specialists and other community support groups. Up to 100 health workers will receive specific training on TB/HIV as it relates to their job responsibilities.
It is estimated that a total of 3500 persons living with HIV/AIDS will be treated for TB under AIDSRelief and CHAZ using drugs obtained through the National TB program and is

not included in this budget. All patients who are diagnosed and treated for TB under AIDSRelief and CHAZ will be entered in the Zambian Government's register with appropriate linkage of medical records between TB and HIV. Funds under the Strategic information activity will be used to implement the use of TB registers in all AIDSRelief facilities, train medical records staff, laboratory staff and clinicians on entering information on suspected cases, TB screening, diagnosis, treatment, and follow-up laboratory tests for patients seen at the health facility. In addition, the plus up funds will cover additional M&E requirements related to new AIDSRelief sites and CHAZ involvement.
Education and sensitization component of the Y07 funds will be extended to health facilities targeted under this plus up funds. Funds will be directed at working with local organizations to distribute IEC materials related to TB/HIV issues to communities and AIDSRelief and CHAZ facilities, conducting educational sessions at AIDSRelief and CHAZ supported support groups and other community-based groups, training VCT and other counselors to provide information on TB/HIV to their clients during counseling sessions
The training of health staff and community volunteers providing care in both urban rural mission health facilities will ensure sustainability of the program.Plus -up funds of $400,000 are requested to enable the expansion of TB/HIV activities in CRS AIDSRelief sites by targeting: health care providers, faith-based organizations, community-based organizations, and all persons affected by HIV and AIDS. In accordance with AIDSRelief sustainability plan, the funds will be used to support Churches Health Association of Zambia (CHAZ) in their TB/HIV scale-up effort.

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

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	20	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,500	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	☐

Target Populations:

Business community/private sector
Community leaders
Factory workers
Doctors
Nurses
Pharmacists
Traditional birth attendants
Traditional healers
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Traditional birth attendants
Traditional healers
Other Health Care Workers
Community members
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Twinning

Stigma and discrimination

Coverage Areas

Copperbelt

Eastern

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	MOH - U62/CCU023412
Prime Partner:	Ministry of Health, Zambia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	12445
Planned Funds:	$ 365,000.00

Activity Narrative: This activity relates to activities in counseling and testing, laboratory infrastructure, palliative care: basic health support activity, and HVTB (#9032, #9017, #8819, #8992, #9037, #9006, #9046, and #9010).

In FY 2006, the USG supported the Ministry of Health to establish the National TB/HIV body. Further support was also given in training 20 provincial facilitators from 4 provinces in Diagnostic Counseling and testing. These trainings are being scaled up to district levels. Plus up funds are have been requested to provide technical support through supervision. The Ministry of Health will provide supervision from National TB/HIV Program at the headquarters and the Provincial Health Offices to the districts. This support will reach at least 50% of the districts in each province during every quarter. It is expected that by the end of the year all the 72 districts in the country could have been reached. Through supervision, the TB/HIV program officers will identify the strengths, weaknesses, opportunities and threats to the program and offer technical advise and map out strategies to strengthen the program. Through this activity, 800 health care providers will receive on the job training.

This activity provides for the following activities in support of the national implementation of TB/HIV activities; 1.) Collaborative TB/HIV activity meetings 2.) Providing technical support to the provinces and districts through supervision 3.)Dissemination of TB/HIV guidelines/TB manual to the Provincial teams. 4) Evaluation of TB/HIV recording and reporting tools in selected districts. 5) National TB/HIV review meeting. 6) One full time TB/HIV officer to be based within the Ministry of Health

In FY 2006, the US Government (USG) provided direct support to the Ministry of Health (MOH) through CDC Technical Assistance (#9021) in the national integration of Tuberculosis (TB) and HIV services by providing support to a variety of areas at the national and local level, including support to develop TB/HIV guidelines and materials, and preparation of TB clinical decision support systems.

A National level TB/HIV coordinating body within the MOH with the following membership; staff from the TB, HIV, counseling and testing (CT) units in MOH; multilateral organizations; research groups; faith-based organizations; non-governmental organizations; and community representatives. This body was tasked with developing and implementing a single, coherent TB/HIV strategy and communication message based on the best existing evidence. As a result national guidelines for the implementation of TB/HIV activities were developed based on the World Health Organization (WHO) Interim Guidelines for TB/HIV collaboration. Additional support was provided for the revision of TB data collection forms and registers, based on WHO forms that incorporate the collection of HIV data. The USG supported the MoH to print the revised patient treatment form, identification card, and registers that have been distributed to all provinces and districts. Technical support was provided for the orientation of health staff in the new forms. In addition the USG co-funded, with the MOH, WHO, and JHPIEGO, technical assistance will be provided to ensure that the national TB manual is revised to include updated information on TB/HIV, produced, and disseminated. Technical support will be provided to the National TB program for the National TB Review meeting for the evaluation of the implementation of the Stop TB strategy.

Following the distribution and orientation of district staff in the new recording and reporting forms, the USG, in collaboration with the TB/HIV coordinating body, will provide technical assistance to the MOH in FY 2007 to evaluate the implementation of these new registers and forms in selected districts and health centers. The evaluation will assess the functionality of the revised forms and registers in collecting TB/HIV data and assess the training needs for improving the surveillance of TB/HIV. Particular attention will be paid to assessing the referral links between the TB and HIV programs and to determine whether the systems in place are adequate to ensure collection of quality data.

The increased work load in the National TB program coupled with shortage of human resource has impacted negatively in the implementation of some TB/HIV collaborative activities. To strengthen the human resource capacity in the National TB program, in FY 2007, the USG will support the Ministry of Health by placing a full time TB/HIV officer. This officer will concentrate in the implementation of TB/HIV activities working directly under the jurisdiction of the National TB Program Manager.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1,000	☐

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Comforce
Prime Partner: Comforce
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 15635
Planned Funds: $ 150,000.00
Activity Narrative: A senior level international TB expert with both management and technical expertise in all levels of mycobacteriology is requested to augment the existing MoH leadership in order to secure and sustain accreditation for the Chest Diseases National TB Laboratory. This person will work full time onsite in the National TB Laboratory for one year working with MoH, USG and other TB laboratory partners to maximize efficiency in training efficiency and human resources. A strong internal and external quality assurance program in all areas of TB laboratory activities will be developed for TB smear microscopy, culture, isolate identification and drug susceptibility testing which include both first and second line testing to detect multiple drug resistant (MDR) and XDR tuberculosis.
The person will work with MoH to strengthen operational and administrative systems. Support will be provided to the national TB national quality assurance technologist on sample transport for data management, documentation, test result feedback and customer services in smear microscopy, rapid culture, drug susceptibility testing and health and safety issues in providing services from rural and urban health care centers to sustain international accreditation standards for the national laboratory.

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: $ 14,902,338.00

Program Area Context:

In Zambia, despite the scale of the orphans and vulnerable children (OVC) problem, the Government of Zambia (GRZ) and USG are making progress in OVC policy and programming. As per the USG/Zambia Five-Year Strategy, Zambia is achieving annual targets and continues to rapidly scaling up OVC services. The USG has been instrumental in strengthening the capacity of the government, local organizations, communities, schools, workplaces, and families to provide care and support to OVCs, facilitating policy changes, and leveraging non-PEPFAR donor and private sector resources.

The GRZ estimates there are 1.2 million orphans, of which 801,000 are AIDS orphans. Most OVC support in Zambia comes from NGOs and FBOs. The 2004 OVC Situation Analysis identified 428 OVC support organizations. Unfortunately, government coordination of OVC support and care services remains an issue. Support to OVC is implemented and managed across several sectors through numerous government agencies, including: the National HIV/AIDS/STI/TB Council (NAC); Ministry of Education (MOE); Ministry of Sports, Youth and Child Development (MSYCD); Ministry of Health (MOH); and the Ministry of Community Development and Social Services (MCDSS).

To coordinate OVC efforts, the GRZ has established a multisectoral National OVC Steering Committee (NOSC), NAC implements an OVC Technical Working Group, and the MCDSS is initiating a Social Protection Team. The NOSC chaired by the MYSCD is represents GRZ ministries, Central Statistics Office, NAC, NGOs, UN agencies, traditional leaders, donors, and FBOs and is tasked with addressing high level policy, social service, and M&E matters. The NAC OVC Technical Working Group is tasked with technical oversight. In FY 2006, the NOSC updated and costed the OVC Mid-Term Action Plan and approved the National Child Policy, which includes an OVC chapter. The GRZ has integrated the Mid-Term Action Plan and budget into the National Development Plan for 2006-2010. While there has been impressive progress on the policy and strategy front, the OVC support and care efforts at the district and community level are still not well coordinated and leadership for the OVC response remains unclear. The joint HIV/AIDS Cooperating Partner (donor) group considers OVC coordination a key issue for FY 2007.

FBOs provide the most organized institutional response to the orphan crisis. There are a number of umbrella organizations and networks that fund and build capacity of local OVC programs. However, the limited supervision and training of OVC caregivers provided through small community-based organizations puts into question the quality and completeness of care being provided to OVC. Two areas need more attention: refuge camps and the Zambia Defense Force. Only two out of six refugee camps in Zambia have quality OVC services despite the risk of children being abused and neglected or having had traumatic experiences. The OVC problem is growing in the Zambian Defense Force as the impact of the AIDS epidemic increases. In addition, many military families take in AIDS orphans though they lack sufficient resources. 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. In FY 2006, the USG assisted in the dissemination, training, and implementation of the National Child Policy and placed an OVC technical advisor in the Ministry of Community Development and Social Services.

By mid-FY 2006, the USG reached 168,268 OVC with essential services and trained 6145 caregivers in 53 of 72 districts, representing 74% national coverage. All USG activities are coordinated through the USG OVC Forum to avoid overlapping and duplication. The forum meets on a monthly basis and is a platform for partners and USG staff to share information, PEPFAR guidance, and best practices, and to map activities. In FY 2005, this forum developed a Zambia USG OVC Strategy which is in line with the PEPFAR OVC guidelines.

In FY 2007, the USG will further scale up support to OVC throughout the nine provinces, implement the USG/Zambia OVC Strategy and action plan, and link all OVC activities more closely to the GRZ OVC framework. As a result, the USG will reach 321,240 AIDS-affected OVC and train 11,512 caregivers. The USG/Zambia team will ensure that all OVC programs are implemented in accordance with the OGAC OVC guidance. In FY 2007, the USG will put emphasis on: (1) expanding OVC care and support geographically in the areas with the most OVC; (2) integrating OVC support into home-based and hospice care, ART, and in military, refugee, and workplace programs; (3) increasing CT access for OVC and linking children living with HIV to ART; and (4) improving the quality and comprehensiveness of OVC services. The USG will continue to coordinate all OVC activities to maximize program coverage, avoid overlaps and duplicative efforts, and ensure quality care and support.

In FY 2006, USG will support 16 OVC activities, including 8 Track 1.0 OVC projects, and a small grants program through the State Department in Zambia. The USG OVC Forum will continue to carefully coordinate and map OVC activities and provide a platform for OVC partners to share good practices, lessons learned, materials, and M&E tools and strategies. The USG will continue to support Zambia's unique education and OVC wraparound approach that works with the Ministry of Education to produce interactive radio instruction broadcasts for OVC who are unable to access formal education, and leverages AEI funds for scholarships to non-AIDS orphans. USG partners will provide education support to OVC in preschool and grades 1-9, and scholarships to at least 4,000 orphans in grades 10-12 who have lost one or both parents to AIDS or who are HIV positive. The USG will continue to leverage Food for Peace and World Food Program food assistance for malnourished and food insecure OVC. USG will further leverage private resources for OVC support through U.S. and Zambian public-private partnerships. In order to serve the most vulnerable OVC, USG partners will focus on providing support to OVC from child-headed and grandparent-headed households. All OVC efforts will ensure that the essential needs of each child are met in accordance with OGAC guidance either through direct support and linkages to needed services.

To ensure sustained OVC interventions, the USG will use a three-pronged approach. The first approach will focus on strengthening the national OVC coordination and policy formulation and implementation. The USG will work with the National OVC Steering Committee, NAC, and other ministries to establish a coordinated OVC action plan, and will work with the MSYCD, MOE, and MCDSS to build their capacities to provide district and community OVC social services. Second, USG will put more emphasis on increasing the capacity of local partners to implement quality OVC programs. And third, the USG will strengthen the capacity of OVC families and caregivers, including child-headed households, to meet the needs of OVC at household level. At national level, the USG will work with the Central Statistics Office and NAC to strengthen the national M&E system to enable it to track OVC inputs, outputs, and outcomes, and to use GIS technology to map OVC programs and services. At project level, USG will further strengthen OVC partner M&E systems. The USG through the OVC forum has developed OVC database which is being adopted by all OVC partners. The database has helped OVC partners to avoid double counting.

Program Area Target:

Number of OVC served by OVC programs	323,390
Number of providers/caregivers trained in caring for OVC	11,712

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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8850
Planned Funds:	$ 2,000,000.00

Activity Narrative: This activity links with HVAB #8851. CHANGES2 will continue to provide scholarships and peer education training and support to AIDS-affected orphans and vulnerable children (OVC) in secondary school. This activity wraps around and leverages resources from the African Education Initiative (AEI) girl's scholarship program in the six target provinces and the CHANGES2 education development project funded by USAID. CHANGES2 will also continue to use PEPFAR funds to assist communities in supporting OVC in primary schools targeted through the CHANGES2 ABY activity. .. As of 2006, it is estimated that over 801,000 children have lost one or both parents to AIDS. AIDS is putting unprecedented pressure on traditional community structures for supporting orphaned children. Zambia is experiencing a growing number of households headed by children and poor elderly grandparents. AIDS orphans are more likely to drop out of school than their non-orphaned counterparts. This leads to a cycle of despair, poverty, risky behavior, and HIV infection. In order to assist these children, the GRZ and partners have provided scholarships to many needy OVC in primary school. CHANGES2 provides scholarships to needy OVC in secondary school.

The PEPFAR-supported CHANGES2 OVC scholarship program is implemented in close collaboration with the Ministry of Education's (MOE) Bursary Scheme and AEI scholarships. The USG scholarship program is consistent with and complementary to the MOE program: (1) MOE provides scholarships for primary school children; (2) PEPFAR supports high school students; (3) PEPFAR scholarships are specifically for AIDS affected orphans and HIV+ children in grades 10-12 with priority given to OVC 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 program that works with scholarship recipients. AEI and CHANGES2 work synergistically to compliment each other with AEI scholarships provided to girls through grade 9. Many of these OVC do not continue with secondary schooling due to the expense of high school tuition. CHANGES2 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.

USG-supported scholarships for OVC include payment of tuition, board or housing costs, books, uniforms, transportation costs, and other basic needs. This total scholarship package costs approximately $200 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 at least one other local partner. CHANGES2 will continue to provide capacity building training and other necessary support to FAWEZA to improve financial management, monitoring and reporting and peer education training to young people. They will also conduct needs assessments and carry out appropriate capacity building activities for additional local NGO partners. In 2005, approximately 55% of high school students were male and 45% were female. A larger proportion of scholarship recipients will be girls in order to address the gender inequality in high school enrollment. OVC recipients will have mentors who will provide them with support to stay in school and perform well. In FY 2006, PEPFAR-supported scholarships went to over 3,500 AIDS-affected OVC. This was achieved in spite of a drastic appreciation of the Zambian kwacha through judicious cut-backs to students for soap and uniforms and by supporting more pupils in day schools rather than boarding schools. It is recognized that OVC often lack money for very basic items which affect their schooling and that boarding schools often offer a better opportunity for study. However, cutting these costs allowed for more OVC to attend high school and was seen as preferable to decreasing the number of young people afforded the opportunity to continue their education. CHANGES2 has leveraged additional AEI funds to provide psychosocial support to OVC, as well as small grants to communities to support the educational needs of OVC. This support was provided to 500 OVC in 80 target basic schools. CHANGES2 will attempt to continue to leverage these funds and expand this activity to additional schools in FY 2007.

In FY 2007, CHANGES2 will provide scholarships to at least 4,000 OVC in grades 10-12 in Lusaka, North-Western, Copperbelt, Southern, Central, and Eastern Provinces. OVC students in all districts of these provinces are eligible for scholarships. However, OVC from child-headed and grandparent-headed households will be given priority. Communities participate in selection of recipients through local selection committees made up of the Head Teacher, community members, religious leaders and at least one student. A selection committee exists at each school which receives scholarships. In addition to receiving the scholarship package, CHANGES2 will train 500 scholarship recipients as HIV/AIDS Peer Educators in FY 2007. CHANGES2 will work with NGO partners in the education sector to support anti-AIDS clubs through provision of IEC materials and training teachers to be active and effective club patrons. Anti-AIDS clubs will promote AB prevention, involve

males to promote positive behavior, address harmful social norms around male behavior, encourage mutual respect between males and females, address violence and coercion, decrease stigma and discrimination, and support OVC and people living with HIV/AIDS. It is estimated that CHANGES2 will support clubs in 160 secondary schools and reach at least 4,800 young people, including scholarship recipients. CHANGES2 will continue to provide small grants to schools, CBOs, Zonal and District Education Resource Centers, and other qualified organizations with innovative OVC activities. This may include activities such as schools gardens, orchards or fish ponds with the food produced used to feed OVC within school or the deployment of retired teachers in the community to provide extra tutoring for OVC who are struggling academically in school. These activities will reach at least 600 OVC. CHANGES2 will continue to link individual OVC, families, and communities to relevant local services to meet their physical and nutritional needs. CHANGES2 will collect data on relevant indicators from NGO partners. Staff will continue to visit schools which receive scholarships in order to verify the selection process and payment of fees as well as to monitor and support HIV/AIDS activities which complement the scholarships. Data on the impact of OVC interventions in basic schools will be collected through annual surveys and compared to baseline data. To ensure sustainable services for OVC, CHANGES2 will continue to build the capacity of FAWEZA to efficiently provide scholarships and support. In order to broaden the scholarship disbursement capacity in Zambia and generate new and creative ways of providing scholarships and support activities, CHANGES2 will identify and fund at least one additional local NGO to implement a portion of the scholarship activity. The NGOs will receive CHANGES2 support and training as needed so that they have sound financial management and reporting, competently implement scholarship support activities and are able to seek additional funds when PEPFAR funding ends. The NGOs, in turn, will strengthen local selection committees to ensure that the neediest and most deserving young people are selected for scholarships. Additionally, CHANGES2 will continue to work with MOE on coordinating all scholarship programs to ensure that the maximum number of the most needy OVC receive support. Plus up funding in the amount of $200,000 is being requested in FY07 to provide more scholarships to OVC. The total amount of funding for this activity in FY07 will be $2,000,000.

Continued Associated Activity Information

Activity ID:	3362
USG Agency:	U.S. Agency for International Development
Prime Partner:	American Institutes for Research
Mechanism:	CHANGES2
Funding Source:	GHAI
Planned Funds:	$ 2,000,000.00

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
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	4,300	☐
Number of providers/caregivers trained in caring for 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

Copperbelt

Eastern

Lusaka

North-Western

Southern

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1 OVC: Support to OVC Affected by HIV/AIDS
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8852
Planned Funds: $ 0.00

Activity Narrative: This activity relates to activities in CRS Success HBHC (#9180), HTXS (#9182), and HVCT (#9181), other Track 1.0 OVC projects, and RAPIDS HKID (#8947).

In its fourth year of operation, the Track 1.0 Catholic Relief Service Community HIV/AIDS Mitigation Project for Orphans and Vulnerable Children (CHAMP-OVC) 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 PEPFAR and the GRZ. Building local organization capacity and training will make programs more sustainable. In FY 2006, CHAMP-OVC reached 4,880 OVC with essential services in the core program areas and trained 102 caregivers. The project will reach 10,500 OVC in FY 2007 through community mobilization and closer linkages with other sectors and initiatives. Both male and female OVC will have an equal opportunity to benefit from the interventions provided by the program.

In FY 2007, the CHAMP-OVC project will continue to support two diocesan partners of the Catholic Church, Mongu Diocese in Western Zambia and Solwezi Diocese in North-Western Zambia. The project will also scale up to reach a third diocesan partner to provide care and support to orphans and vulnerable children affected by HIV/AIDS. CHAMP-OVC staff is active in the USG OVC forum and the program links closely to RAPIDS and other track 1 OVC programs to avoid duplication and overlap and ensure complementary services where possible. The OVC program has strategically selected its operating areas to coordinate with other USG-funded OVC programs to avoid duplication of services. In addition, CHAMP-OVC integrates with the CRS SUCCESS home-based care project in areas served by both projects, to incorporate care and support to OVC in home-based care settings. The CHAMP-OVC will link to Pediatric ART programs in the areas where it exists by helping to identifying children who may be in need of ART and then providing ART adherence support. Support and care services for OVC will include educational support, psychosocial support, child protection, life skills training, health care, and shelter rehabilitation.

CHAMP-OVC will further strengthen its monitoring and evaluation (M&E) to track output and outcome indicators and also to ensure that duplication and double counting are eliminated. The project will also continue to strengthen the M&E capacity of two dioceses which are implementing the OVC activities.

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 and recreation activities for youth. Linkages with other sectors will include education support for OVC, paralegal counseling for OVC households, and nutritional education and support programs.

In order to ensure the sustainability of these programs and their networks, CHAMP-OVC and partners will conduct training for OVC caregivers and receive support from CRS in quality assurance and other sustainability issues such as local organizational capacity development. Two hundred and ten volunteer caregivers will be trained in psychosocial skills, basic counseling skills, monitoring and evaluation, child protection issues and nutritional education. The Catholic structure in Zambia, and the significant complementary role it plays to the GRZ social services system, will out live external funding trends. CHAMP-OVC will provide diocesan partners with guidance in quality assurance by conducting site visits, providing technical support, and systematic feedback on financial and programmatic reports. In addition, CHAMP-OVC 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 faith based OVC programs in North-Western, Western, and a third province to be identified.

Continued Associated Activity Information

Activity ID: 3635
USG Agency: U.S. Agency for International Development
Prime Partner: Catholic Relief Services

Mechanism: CRS OVC Project
Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	7,350	☐
Number of providers/caregivers trained in caring for OVC	210	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

North-Western

Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Track 1 OVC: Community-based Care of OVC
Prime Partner:	Christian Aid
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8877
Planned Funds:	$ 671,559.00

Activity Narrative: This activity relates to other Track 1.0 HKID projects and the RAPIDS HKID (#8947).

The Community Based Care of Orphans and Vulnerable Children Project (CBCOVC) is a Track 1.0 orphans and vulnerable children (OVC) project that began in FY 2005. Christian Aid (CA), the prime partner, 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 is working with a mutually supportive 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 of Lusaka and in rural areas of Zambia's Central, Eastern and Southern Provinces.

The expected impact of the CBCOVC Project is to improve the quality of life for over 15,000 OVC. The expected outcomes are: 1) OVC have sustainable access to essential services such as education, food and nutrition, psychosocial support, and income generation; 2) OVC are 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 learned, models, and best practices shared and replicated. The project will reach 10,000 OVCs in FY 2006. So far 3,245 children have been reached in the first six months and 583 care givers have been trained. In FY 2007, CBCOVC and its partners will provide care and support to approximately 13,000 OVC and train at least 1,449 caregivers.

To achieve the expected impact and outcomes, the project will continue to provide educational support to non-school going OVC, food security support, and income generation support to impoverished OVC households. The educational support involves paying school fees, providing uniform, books, and pencils for the most impoverished OVC, while food security support entails developing the capacity of food insecure OVC households to produce nutritious and adequate food. Income generation work involves mobilizing and training Group Savings and Loan (GSL) clubs and linking them to viable markets. Older OVC are being trained in marketable vocational skills and will be supported to establish their own businesses.

In addition, CBCOVC and its partners will work to protect OVC rights and reduce the stigma and discrimination they experience. Funding will primarily go to support the community-based child protection committees that are being set up, training older OVC in life skills, and supporting community groups to carry out anti-stigma and discrimination campaigns. CBCOVC will also work with various national networks to address policy issues to complement and reinforce the community-level work. Intensive capacity building will be undertaken for the four sub-partners, as well as the community institutions and groups they support to ensure quality programming.

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 was 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 FY 2007, strong networks will be created with clinical facilities and other OVC support programs. CBCOVC 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. 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 USG OVC Forum and two are partners in the RAPIDS program. CBCOVC is an active member of the OVC forum and coordinates with all other USG OVC Projects to prevent overlapping and duplication. The Zambian Program Officer regularly participates in all relevant regional and national networking and sharing initiatives.

The project will ensure that an equitable number of boys and girls who are OVC benefit

from the project. A tracking system for OVC has been developed and is being used by the four sub-partners. It was designed particularly to avoid the double counting at the project level, and identify essential service gaps among targeted OVC. The system is centered on databases operated by its sub-grantees. Both evaluation and monitoring data is gender-disaggregated to ensure gender equity in all the project's various interventions. Work is also being undertaken to link women and girls to the project's educational support, food security, and income generation interventions. Finally, the project's experienced M&E and program officers continue to support the sub-partners to implement interventions that adhere to PEPFAR OVC programming guidance, national, and international standards for best practice.

To ensure sustainability of activities, the project activities are integrated in sub-partner existing programs and structures from design and inception. Sub-partners will also be encouraged to leverage funds from other sources such as government and the private sector. 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 learned and successful approaches.

Continued Associated Activity Information

Activity ID: 3740
USG Agency: U.S. Agency for International Development
Prime Partner: Christian Aid
Mechanism: Community Based Care of OVC
Funding Source: GHAI
Planned Funds: $ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	13,000	☐
Number of providers/caregivers trained in caring for OVC	1,449	☐

Target Populations:

Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Eastern

Lusaka

Southern

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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8881
Planned Funds:	$ 400,000.00

Activity Narrative: Education Development Center's Quality Education Services Through Technology (QUESTT) Project uses an education wraparound approach that develops the capacity of communities to provide comprehensive life skills support for orphans and vulnerable children (OVC). QUESTT creates 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 or orphaned and come 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.

QUESTT 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 children who are unable to access government schools. The IRI is an educational strategy that delivers education by radio to learners too remote or disenfranchised to attend government schools. Communities adopt the IRI program 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 FY 2006 with support from PEPFAR, QUESTT initiated HIV/AIDS broadcasts for OVC on HIV/AIDS life skills through the community radio stations in addition to the regular basic education interactive radio programs that it implements.

The comprehensive HIV/AIDS life skills curriculum empowers OVC with knowledge, attitudes, and skills to set goals for themselves and make better choices in challenging situations. The radio programs build on the existing MOE life skills materials for basic education, using drama in the local languages, and interactive radio methodology to provide basic HIV/AIDS life skills to OVC and their caregivers. Curriculum and training will be in areas such as self-awareness, decision making, coping with stress and emotions, interpersonal skills, 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, and by promoting VCT for adults. OVC caregivers will learn how to acquire and practice good nutrition, seek healthcare, and provide psycho-social counseling support through linkages to other USG-supported OVC programs and appropriate social and health services in their area.

As a wraparound approach, PEPFAR funds complement education development assistance to support life skills and radio programs targeting the caregivers in the communities. Using community radio stations as a delivery mechanism, the program dedicates more time and detail to life skills by engaging learners, teachers, and the community and using community listening groups and interactive drama. The program also provides the essential link between the classroom and the home, helping to develop a safe and protective social environment for the children.

The children listen to a fifteen-minute drama with their families once a week. Each drama takes the form of a soap opera illustrating life skills topics such as assertiveness, self-awareness, decision making, coping with stress and emotions, and interpersonal skills. The drama series is followed by questions for the entire community, including adults and children, to discuss. The next day the children listen to a fifteen-minute broadcast with their community school teacher. The in school broadcast provides follow-up to the drama broadcast the previous day and deals with the issues highlighted in the drama and the questions for discussion. The community school teacher guides the children through the broadcast and the follow-up activities with the help of a printed guide, including homework to complete with their caregivers. This makes the children active agents in family-based behavior change. Follow-up is provided through the teacher checking the homework the following day. The community listening groups provide feedback to the community radio station by completing and sending in printed feedback forms each week. This feedback provides the basis for a third broadcast, in which a local expert answers questions and gives advice to the communities. The community-based discussion groups enhance the support given to OVC, providing a forum to reinforce and reflect upon both the OVC issues and the network of support services available to them. Workshops will be held in the communities to establish these groups, and they will receive follow-up visits

and monitoring from the producers in the community radio stations to ensure that they are working satisfactorily.

There are over 500,000 children in Zambian community schools who could be reached by this program if it became a national program. QUESTT started its PEPFAR program in FY 2006 in the Eastern and Southern Provinces in two community radio stations because of the extensive radio coverage of these provinces and the large number of community schools. In FY 2007, it is intended to continue the program in these two provinces and extend coverage to two additional community radio stations, one more in Eastern Province and the other in the Northern Province. In FY 2006, the program will reach 2,000 teachers, 3,000 community members, and 50,000 children. In FY 2007, the program will provide essential OVC care skills to 1,000 additional teachers in community schools and 2,000 additional community members and will reach 50,000 OVC.

In order to monitor the impact of the radio programs, data will be collected as part of the initial needs assessment to provide baseline data on OVC to be used to measure the impact of the radio programs. In addition, records will be kept of the number of caregivers and OVC in each community and the number of listeners each week. Each month the community listening groups will submit reports to the community radio stations, which will be analyzed to provide ongoing feedback for the producers.

Continued Associated Activity Information

Activity ID: 3545
USG Agency: U.S. Agency for International Development
Prime Partner: Education Development Center
Mechanism: QUESTT
Funding Source: GHAI
Planned Funds: $ 400,000.00

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		☑
Number of providers/caregivers trained in caring for OVC		☑

Indirect Targets

This activity is expected to reach 50,000 OVC, 3,000 teachers and OVC caregivers through its unique radio program in the most rural and remote areas of Zambia

Target Populations:

Orphans and vulnerable children
Teachers
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Education

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Southern

Eastern

Northern

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Track 1 OVC: ANCHOR
Prime Partner:	Hope Worldwide
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8896
Planned Funds:	$ 259,357.00

Activity Narrative: This activity relates to other Track 1.0 OVC projects and RAPIDS HKID (#8947).

HOPE Worldwide Zambia (HWZ) has been implementing a Track 1.0 an orphans and vulnerable children (OVC) program, African Network for Children Orphaned and At Risk (ANCHOR), since FY 2005. 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 (PLWHA), and transfers knowledge and skills to and enhances the capacity of communities and organizations to initiate and own local responses to OVC. The goal of 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 OVC in Lusaka and Chongwe. This goal will be achieved through three 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.

By mid- FY 2006, ANCHOR reached 579 OVC and trained 70 caregivers against an annual target of 2200 OVC and 120 caregivers. In FY 2007, ANCHOR will provide care and support to 5,170 OVC and train 310 caregivers.

ANCHOR 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, ANCHOR will work with other USAID OVC partners through the USG\Zambia OVC Forum to share lessons learned and prevent overlap of activities. ANCHOR will also work closely with the Government of the Republic of Zambia (GRZ) through district and provincial offices to ensure effective communication and support to OVC from the government.

ANCHOR and local Rotary clubs (RFFA) will be the primary implementing partners. ANCHOR's implementation plan is based on HOPE Worldwide's experience in community-based OVC care and support approach based on the SIYAWELA model developed in South Africa. The model focuses on facilitating the mobilization and provision of local multi-level support (medical, psychosocial, educational, income-generating, and nutritional) for OVC, their families and PLWHA. ANCHOR will also strive to create an atmosphere in communities where men and women will promote gender equality, strive to discourage domestic sexual violence, and the spread and the impact of HIV/AIDS by networking with other NGOs in the community to integrate emphasis on gender equality.

Project interventions for FY 2007 will include continued provision of direct support for OVC, and strengthening family and community capacity to respond to OVC needs. Emory University will coordinate training on monitoring and evaluation and data analysis.

In FY 2007, ANCHOR will establish community OVC support groups that will facilitate the provision of community-based nutritional support, material support, and psychosocial / emotional support. Support will also include structured group therapy, memory books, succession planning, spiritual support, and will continue with housing improvements, referrals for medical, and legal support as well as establishment of Kids Clubs. These clubs provide a platform for children and youth to collectively identify resources which they can use in supporting each other to enhance their ability to cope in the context of HIV/AIDS and mobilize community members to understand and assist in mitigating the impact of HIV/AIDS on children. In addition, ANCHOR will further strengthen the current M&E system to ensure accurate reporting of information. To strengthen community capacity to respond to OVC needs, ANCHOR and the private local private sector 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.

A local ANCHOR Coordinating Team (ACT) consisting of ANCHOR partner representatives provides regular guidance to the program and will liaise with USAID/Zambia, other USG-supported OVC projects as well as the host government at local and district and sub-country levels.

Sustainability is being achieved by linking the community-based organizations with existing health care and social service providers and through continued support by private volunteers and local private donors like Corpus Globe (which provides financial assistance), Natural Valley Limited (which provides schools fees and Manzi mineral water), Shoprite, Fairview Hotel, and MTN (provide food items), Doughachi Ads and Trolleycom (both provide school materials, school fees and clothing). These local private sector partners support staff, OVC and caregiver trainings, nutritional, material, legal, and educational support for OVC.

In FY 2007, ANCHOR will provide care and support to 5170 OVC and train 310 caregivers.

Continued Associated Activity Information

Activity ID: 3647
USG Agency: U.S. Agency for International Development
Prime Partner: Hope Worldwide
Mechanism: Anchor
Funding Source: GHAI
Planned Funds: $ 0.00

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	5,170	☐
Number of providers/caregivers trained in caring for OVC	310	☐

Target Populations:

Community-based organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Lusaka

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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8903
Planned Funds:	$ 290,000.00

Activity Narrative: This activity links with the Health Communication Partnership's (HCP) ongoing activities in Abstinence/Be faithful (#8905), Other Prevention (#8904), Palliative Care (#8902), and Treatment/ARV Services (#8901). It also supports the U.S. Government (USG) partners providing orphan and vulnerable children (OVC) care and support services and addresses both Zambian and the President's Emergency Plan for AIDS Relief (PEPFAR) goals for increasing the number of orphans receiving care through community mobilization and the provision of quality information on educational, nutritional, and psychosocial support.

Community mobilization and behavior change communication, the foundation of HCP's strategy in Zambia, provide a comprehensive approach that promotes better health-seeking behavior through the support for and promotion of OVC services throughout the country. HCP draws on the expertise of Johns Hopkins University Center for Communication Programs' (JHU/CCP) worldwide experience including formative research and evaluations of these programs. For example, the 2003 study of Language Competency in Zambia has informed all HCP printed materials while the BRIDGE project baseline survey in Malawi provided valuable reference for building community efficacy in similar rural communities. In FY 2007, HCP will continue to take the lead in defining gaps in OVC materials and working with key partners/stakeholders to develop appropriate Information, Education, and Communication (IEC) materials. HCP will also continue to disseminate correct and consistent OVC information and referrals within the 22 HCP-supported districts in each of the nine provinces, indirectly reaching 33,000 OVC and their caregivers.

In FY 2007, HCP will take the lead in filling gaps in OVC IEC support materials, working in collaboration with the Ministry of Health, the National HIV/AIDS/STI/TB Council (NAC), and more than 15 different USG activities implementing OVC support activities throughout the country. Appropriate, practical, and user-friendly IEC resources will be developed, as requested of HCP by OVC partners such as RAPIDS (#8947), with the production and distribution coordinated by the request originator.

In FY 2005 and FY 2006, HCP developed a people living with HIV/AIDS (PLWHA) and caregivers radio distance program, "Living and Loving," to communicate standardized messages to PLWHA, their families, and caregivers. The program was translated into seven local languages in addition to English. The series of 26 episodes promotes discussion on many topics pertaining to OVC such as: psychosocial support, health and nutrition, income generation, stigma and discrimination, education, and social inclusion. During FY 2007, in collaboration with NAC and USG OVC partners, HCP will develop episodes addressing new issues in addition to re-broadcasting episodes of particular pertinence. Listeners are encouraged to ask questions and provide feedback. Those episodes which have been most popular, as noted by letters and requests from listeners and listener groups, will be reproduced on cassettes. HCP district staff will continue to provide support to listener groups to enable them to increase their reach to over 25,000 PLWHA and their caregivers in 22 districts. Leaders of each group will be elected and, using HCP-produced program guides, will facilitate and lead discussions on care, support, and positive living. "Living and Loving" empowers the listeners with information and hope; local radio personalities have been trained to interview PLWHA so that they can produce future programs on their own. Dramatically discounted or free air time on both the Zambia National Broadcasting Corporation (ZNBC) and local radio stations reflects the national and local ownership of "Living and Loving." HCP will continue to work with local communities, Neighborhood Health Committees (NHCs), and the Anti-retroviral Therapy (ART) Unit of the Ministry of Health to assume leadership and ownership of this activity, linking these organizations with other support organizations to ensure sustainability.

HCP will continue to promote local video screenings and facilitated discussions to raise awareness in three key areas: anti-stigma ("Tikambe"), PMTCT ("Mwana Wanga"), and ART ("The Road to Hope"). Available in three to five Zambian languages (depending on the series), more than 3,500 copies have been distributed throughout Zambia to government authorities (Ministries of Education, Health, Youth, Sport and Child Development), non-governmental organizations (NGOs), and other stakeholders. Supporting the screening of these videos, televisions and VCRs were placed in 180 health center public waiting rooms.

All activities begin with formative research and are piloted with target populations before

being launched. They also consider existing gender roles with the goal of reducing violence, empowering women to negotiate for healthier choices, and promoting partner communication/mutual decision-making, and male responsibility.

HCP's community mobilization efforts have focused on investing in the development of skills and capacity of individuals, NHCs, and community-based organizations (CBOs), promoting self-reliance, and supporting sustainability. HCP has made strategic choices which underlie a commitment to ensure Zambian capacity, sustainability, and self-reliance and the development of public opinion and norms supporting orphans and vulnerable children. For example, HCP supports the development and implementation of community-level action plans that promote positive health and social development and inclusiveness of and support for those infected or affected by HIV/AIDS. Trainings in proposal writing (for funds available locally), activity design, and monitoring enable organizations to find local responses to local challenges. Communities have responded to OVC needs by forming Care and Compassion groups. Training sessions for psychosocial counselors have inspired many to use their own initiative in response to local needs.

HCP continues to play a key role on the NAC IEC Technical Working Group, collecting, harmonizing, and sharing national IEC materials. In FY 2006, HCP is supporting the development of the NAC Resource Center by compiling a database of all HIV/AIDS IEC materials available in Zambia. With USG partners, HCP facilitates the adaptation and reproduction of IEC materials for their programs, playing a key role in promoting collaboration and coordination among partners. HCP work plans are integrated into district and provincial plans, ensuring ownership and continuity of activities.

Continued Associated Activity Information

Activity ID:	3537
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	Health Communication Partnership
Funding Source:	GHAI
Planned Funds:	$ 290,000.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		☑
Number of providers/caregivers trained in caring for OVC		☑

Indirect Targets

Number of NHC/CBO members trained to sensitize community members on addressing the needs of OVC: 3,080

Explanation: On average, each district proposes to conduct seven trainings. Assuming each training will accommodate about 20 community members, then 72x7x20 = 3,080 people will be targeted.

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8912
Planned Funds: $ 200,000.00

Activity Narrative: This activity is linked to HVAB (#8906), HTXS (#8909), HVCT (#8907), HVOP (8915), HBPC (#8908), HVSI (#8910), HVTB (#8914), MTCT (#8913) and OHPS (#8911).

Support to the HIV/AIDS Response in Zambia (SHARe) will continue to strengthen both workplace and community support for OVC and their caretakers. SHARe will continue to partner in OVC support with private sector businesses and markets through three local NGO partners: Zambia Health Education and Communications Trust (ZHECT), ZamAction and Afya Mzuri. SHARe supports workplace and community OVC, public sector programs through four ministries (the Ministry of Agriculture and Cooperatives both permanent and migrant worker, the Ministry of Home Affairs which includes both the police and prisons, Ministry of Transport and Communications which includes transport companies and truckers, and Ministry of Tourism/Zambia Wildlife Authority which includes wildlife scouts and employees of lodges and tourist businesses). SHARe will provide support to community OVC through Rapid Response Grantees which will include the Zambia Interfaith Network Group on HIV/AIDS (ZINGO), NZP+, and chiefdoms. Efforts will focus on developing the skills and capacities of individuals and the communities in self reliance and supporting sustainability. Trained OVC providers will continue to provide direct care and work with USG-funded programs such as Reaching HIV/AIDS Affected People with Integrated Development and Support (RAPIDS), Catholic Relief Services Success Project, and the Quality Education Services through Technology project (QUEST) to link OVC with additional services available in their communities.

With many employees caring for OVC, beneficiaries of SHARe's workplace activities have expressed the need to integrate support for OVC into normal workplace policies and services. In response, in FY 2006 SHARe provided technical assistance to private and public partners to incorporate OVC care and support into workplace programs and expects to reach 4800 OVC. While the full results will be reported in the annual report, a number of innovative practices in OVC programming have emerged. For example, First Quantum, one of the GDA companies, with technical support from SHARe has set up an OVC support group which provides food, vocational and skills development, and refers to other USG partners for care and medical treatment.

In FY 2007, SHARe will continue its efforts to review workplace policies and encourage NGO and public sector partners to include OVC support. SHARe and its implementing partners will provide quality assurance, quality improvement and supportive supervision to trained OVC providers to address the needs of OVC and their caretakers. Trained OVC providers will reach 1,270 OVC directly during this period through NGOs, public sector workplaces and outreach communities, and Rapid Response grantees.

SHARe will also continue to provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO, to provide technical assistance to eight companies in two Global Development Alliances in mining and agribusiness sectors. 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 $2.0 million will be leveraged from the private sector for the two Global Development Alliances (GDAs).

SHARe will continue to manage direct grants to the eight GDA companies that support OVC activities through workplace and community programs. This activity consists of strengthening of OVC programs, support improving the quality of OVC care, links to opportunities for income generation for caregivers, in particular orphan-and grandparent-household heads, and links to interventions to improve nutrition.

Support to OVC builds upon opportunities identified by GDA companies. Using a support group model, caregivers learn about child development, OVC psychosocial issues, and HIV prevention. Community providers have been trained in care and support of OVC which includes counseling and testing, palliative care, basic health support, and TB/HIV ART treatment for caregivers, youth, and children. Providers promote testing to ensure that children who test positive access care and pediatric ART services, while those who test negative are provided with prevention information. OVC providers link OVC and their households to educational assistance, agricultural support, and microfinance to enhance sustainable household resilience. Older OVC are linked to companies for possible jobs,

on-the-job training, and internships. The GDAs partners will establish OVC funds in the workplace and OVC support groups for guardians. The GDAs will in addition provide inputs to the OVC program directly and through linkages. In FY 2007, it is expected that GDA partners will reach 2230 OVC.

SHARe will increase the sustainability of its four local NGO partners providing technical support on OVC care within and through workplace programs, including Afya Mzuri, ZamAction, ZHECT and CHAMP, through strengthening of technical and management capacities, and mobilization of financial resources. Activities will include participatory analysis of their current levels of sustainability, sharing of sustainability strategies of successful NGOs, development and implementation of sustainability plans. GDA companies will ensure the sustainability of their OVC activities using private sector funds and linking to existing OVC programs. SHARe will ensure that Public sector ministries and District AIDS Task Forces (DATF) sustain OVC activities through employees, public sector financing, and other donor contributions.

SHARe will also continue to implement a comprehensive M&E system that gathers data on the number of individual OVC served and people trained in OVC care and support from their partners primary data collection level of trained volunteers through to partner consolidation, electronic submission to the project, and reporting to GRZ and USG.

In FY 2007, SHARe and its partners will reach 3500 OVC directly through NGOs, public and private sector workplaces, communities, and Rapid Response Grantees.

Continued Associated Activity Information

Activity ID: 3652
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow Research and Training Institute
Mechanism: SHARE
Funding Source: GHAI
Planned Funds: $ 300,000.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	3,500	☐
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

Business community/private sector
Community-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Host country government workers
Miners

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Track 1 OVC: Sustainable Income & Housing for OVC
Prime Partner:	Opportunity International
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8919
Planned Funds:	$ 212,179.00

Activity Narrative: This activity relates to other RAPIDS HKID (#8947) and other Track 1.0 OVC projects.

Opportunity International (OI) is implementing a Track 1.0 orphans and vulnerable children (OVC) program, Sustainable Income and Housing for Orphans and Vulnerable Children (SIHOVC). OI 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 programs through CETZAM and HFHZ to serve 5,058 OVC and train 1,010 caregivers in how to care for the OVC in FY 2007. In FY 2006, SIHOVC reached 1,140 OVC and trained 316 caregivers with limited funding. Although funding for FY 2006 was suspended by USAID/Washington due to IO headquarters' non-responsiveness, funding will soon be released to Zambia because OI has put in place measures to address the concerns to the satisfaction of mission. Discussions are currently going on to determine the best way this project can complement and integrate into other USG-funded OVC projects.

CETZAM will continue to provide microfinance services (micro-loans and insurance) and business management training to OVC caregivers while HFHZ will provide shelter and housing for the OVC, and train caregivers in succession planning and property rights. 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.

SIHOVC partners in Zambia will continue to collaborate with other PEPFAR OVC implementing partners. SIHOVC will attend the monthly OVC forum meetings and USAID HIV/AIDS monthly meetings. SIHOVC will participate in both planning and reporting processes. Furthermore, linkages with other USG partners will ensure a continuum of care for the OVC and will facilitate the sharing of lessons learned. SIHOVC has begun to coordinate with RAPIDS to build and renovate houses headed by children and elderly grandmothers. SIHOVC will continue to collaborate with government departments at district and provincial level to ensure communication and support to the OVC from the Government of Zambia. For example, all houses for OVC are constructed on Council land so they can obtain title deeds and the children are protected from property grabbing.

SIHOVC will conduct continuous assessments of OVC in the current program to collect information on the number of OVC receiving care. SIHOVC also conduct an HIV/AIDS coordinator and loan officer training to equip loan officers with the skills to collect accurate data on the OVC indicators and will do borrower outreach to serve an increasing number of caregivers who take in and care for OVC. A significant focus will be on the development and implementation of training. OI partners will use locally produced OVC training materials and tools for the training of caregivers. CETZAM will train peer educators to facilitate HIV/AIDS education and training of caregivers using the Trust Bank and group meetings. This information will strengthen the overall M&E system that the project has put in place.

HFHZ has begun work on a small scale because of the high cost per OVC of houses built or renovated. So far, HFHZ has constructed seven houses. Activities are based on Habitat for Humanity International'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 scales up, construction costs become more cost effective. 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. HFHZ will mobilize local and US short-term volunteers along with the OVC beneficiaries to build safe, healthy houses. As these projects are planned for Lusaka, costs per shelter for each orphan are expected to be relatively high. 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 is considering the possibility of doing renovation at USG partner OVC sites, which is expected to be more cost effective.

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. Once this project is integrated with other USG OVC partners, the responsibility for OVC caregiver training will be transferred to these other partners. HFHZ will also provide training to OVC youth in house construction and/or maintenance and will strengthening the capacity of OVC to provide for themselves.

The activity will be sustainable beyond PEPFAR funding support. CETZAM will continue to provide microfinance services as it has already established a sustainable network of offices and trained loan officers. The project will create partnerships between OVC clients and HIV/AIDS services providers to ensure continuing support after the completion of the PEPFAR funding. CETZAM will also promote sustainability by ensuring that households gain the skills and the capacity to continue income generating activities.

Continued Associated Activity Information

Activity ID:	3738
USG Agency:	U.S. Agency for International Development
Prime Partner:	Opportunity International
Mechanism:	Sustainable Income and Housing for Orphans and Vulnerable Children
Funding Source:	GHAI
Planned Funds:	$ 0.00

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	5,058	☐
Number of providers/caregivers trained in caring for OVC	1,010	☐

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:	Track 1 OVC: Breaking Barriers
Prime Partner:	PLAN International
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8923
Planned Funds:	$ 402,134.00

Activity Narrative: This activity relates to the RAPIDS HKID (#8947) and other Track 1.0 OVC projects.

Breaking Barriers is a Track 1.0 orphans and vulnerable children (OVC) Project that began in 2006. PLAN USA is the prime partner on behalf of the Hope for African Children Initiative (HACI). HACI is a pan-African effort that focuses on providing care and support to African children orphaned and/or made vulnerable by AIDS and other conditions. In Zambia HACI is made up of CARE, Family Health Trust, PLAN, and the Society for Women and AIDS in Africa-Zambia (SWAA), World Vision International, and the Zambia Interfaith Networking Group on HIV/AIDS.

The goal of Breaking Barriers over a four-year period is to enable communities affected by HIV/AIDS to expand compassionate, comprehensive, and sustainable care that meets the needs of OVC for quality care and support through a strategic partnership that mobilizes resources and builds technical skills to strengthen local initiatives. This goal will be achieved by expanding sustainable, effective, quality OVC programs in education, psychosocial support, and community-based care for children and families affected by HIV/AIDS and other vices, using an extensive network of schools (both formal and non formal) and religious institutions as a coordinated platform for rapid scale-up.

Breaking Barriers is working to equip the school aged OVC with education and life skills. Further emphasis is placed on the provision of physical and emotional support to the parents and guardians of OVC. The program also provides a platform for identified indigenous community-based organizations both secular and faith-based working with women, widows, OVC, and youth on which they can initiate, strengthen, and scale-up existing interventions to mitigate the impact of HIV/ADS.

The start of Breaking Barriers was delayed and was not in full implementation mode until February 2006. By the end of March 2006, Breaking Barriers reached 542 OVC with educational support such as fees, exercise, and text books, and uniforms. Under home-based care (HBC), 69 individuals were trained and reached 392 households of which 30 had chronically ill children. Breaking Barriers reached 1,688 OVC with home care services. The HBC providers encouraged people to go for CT and referred some to health centers for clinical management. Thirty-three Parent Community School Committees (PCSC) members including teachers were trained in Psychosocial Support (PSS). Teachers referred children who needed further PSS to home care providers for psychological counseling and other community structures such as the Neighborhood Watch Committees.

In FY 2007, Breaking Barriers will reach 10,000 (56% female and 44% male) OVC. Of these, 7,000 will be direct and 3,000 will be indirect beneficiaries of integrated program activities focusing on the improvement of community school infrastructure, provision of a comprehensive package of education, psychosocial support, HIV/AIDS prevention, and home care services who would otherwise not be able to participate in school. To ensure full participation of OVC in school, emphasis will also be placed on building capacity in home-based care to link chronically ill parents or guardians of OVC to palliative care and ART services. In FY 2007, 250 volunteers will be trained and 2,500 households served.

To ensure effective service delivery, Breaking Barriers will provide volunteers with non-cash incentives and tools for work (bicycles, umbrellas, rain apparel, and boots). For quick referrals and transportation of patients to health centers, each site will have three ambulance bicycles. Home-based caregivers will enable the OVC attend school instead of being primary care providers to the siblings. Breaking Barriers will train 120 community and local religious leaders in reduction of stigma and discrimination against OVC and PLWH. In collaboration with HCP and other OVC Projects, Breaking Barriers will produce and distribute IEC material in the above-mentioned districts including Lusaka during national events such as World AIDS Day and Day of the African Child.

Breaking Barriers also seeks to influence and change behavior patterns and cultural beliefs and practices that marginalize women affected by HIV/AIDS. This will be achieved by training 300 peer educators and empowering home care providers in will writing skills. Breaking Barriers will facilitate formation and strengthening of advocacy coalitions on OVC issues such as the Zambia Network Education Coalition, and networking with civil societies such as the Young Women's Christian Association, Young Men's Christian Association, and Justice for Widows and Orphans.

In order to promote sustainable OVC interventions, Breaking Barriers will form community groups such as Village OVC Management Committees and train them in needs assessments, resource mobilization, community organizing, program management, monitoring and evaluation. These community groups will facilitate linkages between OVC activities and home care with community schools, PLWHA support groups, existing government and civil society institutions (Zambia Community Schools Secretariat, Neighborhood Health Committees, and the Neighborhood Watch Committees) to assure sustainability beyond Breaking Barriers.

Breaking Barriers will leverage resources from non-PEPFAR sources to address childhood nutrition and food security. Agriculture inputs will be provided to vulnerable households. Communal fish farming and gardening will be promoted in communities situated near rivers. Other communities will be supported with livestock production.

Breaking Barriers will work with other USAID OVC partners through the USG Zambia OVC Forum to share lessons and prevent overlap of activities. Breaking Barriers will also work closely with the GRZ through district and provincial offices to ensure effective government communication and support services to the OVC.

Breaking Barriers will further strengthen its monitoring and evaluation (M&E) and capacity to collect data that helps assess progress towards program objectives. M&E data will be used to identify problems and find solutions as well as making decision about resources. Breaking Barriers M&E plan will track process, outputs, and outcomes to measure the success in education, psychosocial support, home-based care in OVC households, capacity building and in promoting an enabling environment for PLWHA and OVC. The M&E plan incorporates required PEPFAR OVC indicators. It also includes additional input, output, outcome and impact indicators, developed in consultation with local partners.

Breaking Barriers has formulated simple monitoring and tracking forms for data collection that is synthesized for reports. Name of beneficiary and the type of assistance rendered are filled on the form disaggregated by gender, orphan status (double orphan, single orphan; maternal or paternal), type of vulnerability (chronically ill or HIV positive), and age. The form also has a provision to track down new enrollments and drop-out cases. School and HBC registers will continue to be used. This helps reduce the risk of double counting a beneficiary. The information collected from the field will be sent to Breaking Barriers and stored in a database to be developed soon.

Continued Associated Activity Information

Activity ID:	3736
USG Agency:	U.S. Agency for International Development
Prime Partner:	PLAN International
Mechanism:	Breaking Barriers
Funding Source:	GHAI
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	7,000	☐
Number of providers/caregivers trained in caring for OVC	250	☐

Target Populations:

Community leaders
Community-based organizations
Orphans and vulnerable children
Teachers
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:	BELONG
Prime Partner:	Project Concern International
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8924
Planned Funds:	$ 1,188,573.00

Activity Narrative: This activity relates to other Track 1.0 OVC projects, RAPIDS HKID (#8947), and HCP HKID (#8903).

The Project Concern International (PCI) Track 1.0 Better Education and Life Opportunities for Vulnerable Children through Networking and Organizational Growth (BELONG) project began in April 2005. Its goal is to increase the number of orphans and vulnerable children (OVC) accessing quality services through sustainable, community-based programs that effectively reduce their vulnerability. In FY 2006, BELONG reached 63,124 OVC and trained 153 caregivers. In FY 2007, BELONG will reach 102,633 OVC, will train 5,318 caregivers, and will strengthen 417 community schools and community based organizations in providing OVC care and support. An additional 4,400 caregivers will be reached with economic strengthening initiatives, but are not included in the targets above.

BELONG is an active member of the USG/Zambia OVC Forum and will seek to collaborate and link with other OVC efforts such as the RAPIDS project, other Track 1.0 OVC projects operating in Zambia, and other donor supported and GRZ efforts. Partners implementing the BELONG project in Zambia include PCI as the prime agency, Pact Inc., Futures Group, Bwafwano, a pioneer of community-based care and OVC support, Zambia Open Community Schools (ZOCS), a local NGO supporting OVC in community schools, and other community-based organizations.

In FY 2007, BELONG will increase the availability of critical OVC support services, including quality formal or informal education, literacy and numeracy training, life skills education, medical care, nutritional support, and psychosocial support. Channels for reaching OVC include expanded collaboration with PCI's major local partner, Bwafwano, which will involve increasing Bwafwano's capacity to reach OVC through their home-based care program. Bwafwano will continue to work through the 37 established OVC committees and community leaders where it has an established presence (Chipata, Chansiniama and Tuchafwane in Lusaka Province; Mkushi District in Central Province). Training will be provided to 70 volunteer caregivers to strengthen their capacity to provide care and support for OVC in a community setting. BELONG will conduct community sensitization activities to raise awareness on the role of OVC committees and to address issues affecting OVC, including stigma and discrimination.

BELONG and its partners will bring essential support services to school children in approximately 113 community schools in Lusaka, Western, and Southern provinces, where it is expected to reach a total of 99,122 OVC, in addition to those reached by Bwafwano. These services will include access to education, nutritional support, HIV/AIDS and life skills education, psycho-social support, and other services in these schools. BELONG will support HIV/AIDS prevention through behavior change communication for children in target community schools, including an innovative approach involving HIV+ and HIV/AID-affected people in OVC program design and implementation. Caregivers at these schools will also be trained in psychosocial support, food and hygiene education, first aid, income generation, and school management. In FY 2007, BELONG will train 5,248 caregivers. BELONG uses a wraparound approach to leverage nutritional supplements from PCI's existing World Food Program school feeding platform implemented in collaboration with the Ministry of Education, UNICEF, Zambia Community Schools Secretariat (ZCSS), and other key stakeholders.

BELONG will strengthen the capacity of households providing care for OVC, especially women and older OVC household heads, to support themselves and their children through economic empowerment initiatives. This component will increase economic empowerment of participating households by adapting the WORTH model in partnership with Pact. The model will be used in mobilizing and forming successful women's groups that generate income based on the principles of self-help and empowerment. Through WORTH, OVC caregivers will be provided with access to literacy training, savings-led micro-finance and the development of micro-enterprises. A range of learning materials that guide the groups in business management, savings-led credit systems and literacy skills have been adapted and translated into the local language, Nyanja, and will be provided to all members. To date, 4,975 women have been enrolled, and seven community-based organizations have been identified as sub-partners to work with PCI to support this program component, with technical assistance from Pact.

BELONG will continue to build the capacity of a network of local NGOs, CBOs, and FBOs to provide quality services to OVC. BELONG will work with Bwafwano as a primary partner 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 identified local organizations that are selected for participation via a mapping process. The resulting capacity-building plans will include a variety of needs-based and cost-effective capacity building approaches. 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 organizations 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 replicate proven approaches.

BELONG will work with select local organizations and increase their capacity to serve as "Centers of Learning" in order to facilitate rapid scale-up of services. This component forms a major part of the BELONG project's strategy for sustainability. The project will work to strengthen Bwafwano and other "Centers of Learning" to serve in this network of learning, improving their abilities to assess and respond to capacity building needs. These Centers of Learning will provide mentoring and coaching in their designated network to improve the quality of OVC care. BELONG will document lessons learned and successful methodologies for serving vulnerable children and their caretakers.

Building on the M&E system currently in use, BELONG will further strengthen its M&E system to track output and outcome indicators and also to ensure that duplication and double counting are eliminated. BELONG will build the M&E capacity of their local partners.

BELONG's sustainability strategy includes, an emphasis on working together with and strengthening the capacity of local NGOs, CBOs, and FBOs through technical and organizational support, joint capacity assessment and planning to address areas of technical and management needs (including strategic planning, financial management, resource mobilization, etc.), and networking (linking less well-developed organizations with each other and with more established organizations for mentoring through the centers of learning and with sources of technical support in government and the NGO community). BELONG's close collaboration with Zambia Community School Secretariat, the Ministry of Education and the Ministry of Community Development and Social Sciences, and its ongoing advocacy efforts to improve government support for quality education targeted at the most vulnerable children at community schools will also help schools sustain their support to OVCs.

Continued Associated Activity Information

Activity ID:	3654
USG Agency:	U.S. Agency for International Development
Prime Partner:	Project Concern International
Mechanism:	BELONG
Funding Source:	GHAI
Planned Funds:	$ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	102,633	☐
Number of providers/caregivers trained in caring for OVC	5,318	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Program managers
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Food

Coverage Areas

Central

Lusaka

Southern

Western

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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8947
Planned Funds:	$ 5,917,923.00

Activity Narrative: This activity also relates to activities in HVCT (#8944), HBPC (#8946), HVAB (#8945) and HTXS (#8948), as well as to Track 1 and other USG OVC projects in Zambia.

The World Vision-led project "Reaching HIV/AIDS Affected People with Integrated Development and Support" (RAPIDS), the flagship USG Zambia Orphans and Vulnerable Children (OVC) project, is a consortium comprised of six organizations: World Vision, Africare, CARE, CRS, The Salvation Army, and the Expanded Church Response, and other FBO and CBO local partners. RAPIDS provides OVC care and support activities in 49 districts, representing 68% coverage of all districts. RAPIDS uses a household approach, creating a basis for supporting youth, OVC, and PLWHA within the context of needs and priorities identified at a household level.

In the first half of FY 2006, RAPIDS reached 149,188 OVC with services and trained 4280 OVC caregivers out of an annual target of 180,000 OVC and 6,000 caregivers. In FY 2007, RAPIDS will scale up care and support to 196,595 OVC and train 6,553 caregivers. RAPIDS uses a network approach at national, provincial, and district levels, linking with other donors, USG partners, and GRZ. New caregivers will receive training in quality OVC care and support; psychosocial support; legal and social protection.

In collaboration with the Zambia Malaria Foundation and the Malaria Control Centre, RAPIDS will provide ITNs to OVC. To support OVC livelihoods and food security, RAPIDS will provide agricultural inputs (seed, livestock, and irrigation equipment for OVC households and caregivers), as well as training in food processing, storage and utilization. The program will promote OVC livelihood options, such as small business development, and micro-finance (in collaboration with Opportunity International), with appropriate training. RAPIDS will continue to provide nutrition training and food supplementation for 16,000 severely food insecure OVC households. Involvement and participation of female headed households, and especially of elderly "granny" caregivers, will help ensure gender equity. RAPIDS will link with Zambia Police Victims Support Units (VSU) and paralegal support centers to deal with gender-based violence (GBV) and child abuse cases, and will promote community sensitization.

RAPIDS will provide the following: non-cash incentives and tools for work, including bicycles, clothes, shoes, and umbrellas for volunteer caregivers; school fees, uniforms, shoes, text-books to help OVC continue their education; and support to train teachers and rehabilitate community schools. RAPIDS will collaborate with CHANGES2 (secondary school OVC scholarship program). RAPIDS will leverage private donations including blankets, clothes, shoes, and support to community schools with educational materials, and small grants for infrastructure rehabilitation. U.S. Peace Corps Volunteers will help build capacity, and help improve the quality of grass-roots service.

RAPIDS will continue support to Family Support Units (FSUs) for Children Living with HIV/AIDS (CLWHA) at hospitals in Ndola, Lusaka, Livingstone and the Northern Province, providing psychosocial support to Children Living with HIV/AIDS (CLWHA), their parents and guardians, specializing in "play therapy" (play activities for HIV+ children to reduce stigma and discrimination). RAPIDS will support non-medical services of the FSUs, linking children to CDC-supported CT and Pediatric ART services (P-ART), and support ART adherence.

Thus far, most Pediatric ART (PART) is clinic based, with little outreach into communities. RAPIDS will encourage parents and guardians to seek CT for children, provide community-based support for PART adherence, and offer psychosocial support for CLWHA and family members. RAPIDS will seek to leverage wrap-around nutritional support for HIV+ OVC, by linking with FFP programs and WFP, and will support P-ART adherence.

In FY 2007, RAPIDS will continue to collaborate with other USG funded ART projects (ZPCT, AIDSRelief and CIDRZ) to increase access to P-ART. RAPIDS will identify and refer HIV positive children of PLWHA to P-ART services where available. Interventions will include increased promotion of early CT, community-based care and support for parents of P-ART clients, and adherence and psychosocial support for infected/affected children. RAPIDS will train HBC providers and caregivers in care and support for CLWHA including counseling. Caregivers will follow children born to mothers in PMTCT programs through home visits, and will refer HIV+ children to health care, CT, ART and adherence support.

RAPIDS consortium members will provide up to 31 small grants to FBOs and CBOs to enhance their capacity and enable them to expand OVC outreach and partnerships, and to help train caregivers, peer educators, and clergy in OVC care and support.

RAPIDS is a key member of the National HIV/AIDS/STI/TB Council (NAC) OVC Technical Working Group (TWG) and the National OVC Steering Committee. Since FY 2005, RAPIDS has supported a policy advisor at the Ministry of Youth, Sport and Child Development, and contributed to the 2005 National Child Policy. In FY 2007, RAPIDS will help operationalize the National Child Policy, the GRZ Mid Term OVC Plan 2005-2007, and help develop the National Plan of Action for Children. RAPIDS will train staff, members of district structures and the media. With SHARe, RAPIDS will work on OVC policy and advocacy issues. RAPIDS will continue to support the annual 'Populations Impacted by HIV/AIDS Media Awards' (prizes to media professionals who provided quality reporting on HIV/AIDS).

RAPIDS will support an OVC Forum Technical Advisor to operationalize the USG/Zambia OVC plan. RAPIDS will provide technical assistance to the Ministry of Community Development and Social Services, and to 30 local organizations. Fifteen CBOs/FBOs in the Northern Province will receive $75,000 to build capacity in OVC programming, organizational development, and to address malnutrition using the Positive Deviance-HEARTH Model.

Towards sustainability, RAPIDS trains volunteer caregivers and community committee members. These volunteers do not receive monetary incentives and do not depend on external support. Livelihood options for the caregivers contribute towards sustained services.

In FY 2007, RAPIDS will conduct a Mid-Term Evaluation and Targeted Evaluation to improve OVC programming; and monitor activities through field visits and data collection. RAPIDS will report in line with final OGAC OVC guidance. RAPIDS will coordinate with other USG OVC activities to avoid double counting of OVC.

Exit strategies for RAPIDS OVC activities include linking with government support, hospitals, and government structures at district level through District AIDS Task Forces (DATFs). For sustainability of local organizations, RAPIDS provides training and small grants to CBOs and FBOs supporting OVC programming to improve their programmatic and management skills and ability to provide quality service and access to other existing HIV/AIDS resources.

Continued Associated Activity Information

Activity ID:	3559
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Vision International
Mechanism:	RAPIDS
Funding Source:	GHAI
Planned Funds:	$ 4,565,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	197,795	☐
Number of providers/caregivers trained in caring for OVC	6,553	☐

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Policy makers
Teachers
Caregivers (of OVC and PLWHAs)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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:	Track 1 OVC: Community FABRIC
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9184
Planned Funds:	$ 409,963.00

Activity Narrative: This activity will relate to other Track 1.0 OVC projects, RAPIDS (XXXX), HCP (XXXX), along with Peace Corps.

Family Health International began implementing a Track 1.0 orphans and vulnerable children (OVC) program, Community Faith-Based Regional Initiative for Orphans and other Vulnerable Children (Community FABRIC), in Zambia in August 2005. The project will reach 22,500 OVC in Zambia over five years, and in FY 2007 will reach 4,000 OVC, including 2,400 new and 1,600 continuing OVC.

FABRICS will continue to work with a major Zambian interfaith FBO sub-partner, Expanded Church Response (ECR), to provide small sub-grants to local FBOs and CBOs. FHI 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 OVC. In addition, FHI and ECR will work with other USG OVC partners through the USG Zambia OVC Forum, including major bi-lateral OVC projects and seven other Track 1.0 OVC projects, to share lessons and prevent overlap and duplication of activities. FHI will work in close collaboration with government facilities and district and provincial offices to ensure communication and support to OVC from Government of Republic of Zambia (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 and linkages with other stakeholders. FABRIC will build and strengthen family and community capacities to provide a sustainable supportive environment for orphans and other children made vulnerable by HIV/AIDS.

Currently, the FABRIC is working in five districts (Kafue, Chingola, Luashya, Mansa and Samfya) in three provinces (Lusaka, Copperbelt and Luapula) and plans to expand to two new districts (Kabwe and Mkushi) in Central Province for FY 2007. The selection of the new districts was based on an in-depth examination of current OVC coverage and the existing gaps in OVC support.

In the first component, capacity building and financial support to ECR, during FY 2006, FABRIC developed an action plan based on a technical capacity assessment of the implementing agency, training of the sub-recipient FBOs in financial and grant management, and monitoring and evaluation training of 91 volunteers. In FY 2007, FABRIC will continue to provide technical assistance to ECR in project management, OVC technical areas, and monitoring and evaluation to ensure that the partners have the appropriate skills and knowledge to support quality OVC activities in their communities. FABRIC will strengthen ECR's grant-making and grant disbursement mechanisms and capacity to provide technical and managerial support to FBOs. FABRICS will also focus on improving ECR's overall knowledge and skills in OVC programming. FABRICS will continue to ensure an effective and reliable data collection system for monitoring and planning is used and that the data collected is in line with USG, GRZ and FABRIC strategies and expectations. Capacity building will include training, supportive supervision and mentoring, and will provide the local partners with skills to set priorities/target services.

The second component is capacity building to local partners to ensure program sustainability. In FY 2005 and FY 2006, FABRIC conducted capacity assessments of FBOs and found that most FBOs had no basic management structures in place. For example, they had no accounts officers/bookkeepers. With support from FABRIC, ECR has trained the designated FBO accounts officers in basic financial management, in line with USAID rules and regulations. FABRIC has trained staff from ECR and FBOs in monitoring and evaluation and with their support, ECR has developed appropriate OVC registers, service delivery forms and referral tools for FBOs. These are now being used and expanded upon. The project, with its activities established, will focus its monitoring activities on quality assurance. Regular supervisory visits will occur to monitor the quality of service provision.

In FY 2007, FABRIC will continue to train caregivers in OVC care and support, monitoring and evaluation, and grants management and will continue providing technical assistance to ECR to strengthen the organization's ability to support local partners implementing OVC activities. OVC technical areas include psychosocial support, basic nutrition counseling,

and educational support. FABRIC will continue making efforts to improve the nutritional content of the local available food, provide food preparation counseling, and linking ECR and their sub-partners to Ministry of Agriculture to ensure more sustainable food security support from other partners or government programs. Educational services will include material support to AIDS affected children such as textbooks, exercise books, pencils, school bags and uniforms that will facilitate their attendance in school. The support programs will also provide recreational, socialization and play opportunities including day, weekend, and/or holiday camps. The program will also work to establish linkages and provide referrals to other services available to OVC and their caregivers to ensure their needs are met.

The third component is the center of this project: service delivery to OVC. In FY 2005, FABRIC worked through 17 FBOs to reach more than 1,600 OVC in five districts with food and nutrition, educational, psychosocial, and health support. The number of OVC reached surpassed the target set for the year. Of the total OVC reached, over 70% received primary direct (3+ core services) support. In FY 2006, FABRIC in collaboration with National Food and Nutrition Commission (NFNC) trained caregivers using NFNC training curriculum.

In FY 2007, ECR and FABRIC will provide funds to 21 local partners (17 existing and four new) to expand and strengthen OVC services. These partners will reach 4,400 new and 1, 600 continuing OVC with psychosocial support, educational assistance, nutritional support, health care, and through referrals, other services such as legal and social services. In FY 2007, local partners will train 200 OVC caregivers trainers and supervisors, who will in turn train the OVC primary caregivers in caring for OVC, including those infected by HIV/AIDS. The selection and training of caregivers will emphasize male involvement. In particular, FABRIC through ECR will make an effort to work with men's Christian fellowship committees within various churches. As men are traditionally the decision-makers and their participation could have greater influence on attitudes and support towards OVC and their care, involving them in OVC care is an important part of this program.

In the final component, FABRIC and its local partners will work closely with government partners and local leaders, including provincial and district authorities and recognized community and religious structures such as Community AIDS Task Forces, to ensure they are supportive of project activities. FABRIC will link the projects to the appropriate government services. The ECR and local FBOs will also be encouraged and assisted to set up linkages with other OVC service providers within the community. Appropriate referral systems will be established to ensure optimal use of available services and maximize the benefits to the OVC.

As noted in the components above, FABRIC places a great emphasis on sustainable programming. Through the capacity building of ECR and its local partners, FABRIC aims to create programs that build the technical expertise and organizational capacity of local partners and strengthen their networks with other implementing partners and the GRZ, ensuring that programs continue after FABRIC comes to an end.

Continued Associated Activity Information

Activity ID:	3729
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	OVC Project
Funding Source:	GHAI
Planned Funds:	$ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	4,400	☐
Number of providers/caregivers trained in caring for OVC	200	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

Copperbelt

Luapula

Lusaka

Southern

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1 OVC: Community-based Care of OVC
Prime Partner: World Concern
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9198
Planned Funds: $ 1,287,650.00

Activity Narrative: This activity relates to other Track 1.0 OVC projects and RAPIDS HKID (#8947).

Christian Reformed World Relief Committee project (CRWRC) is a Track 1.0 orphans and vulnerable children (OVC) project that started in FY 2004 and will continue to expand care to OVC through the Association of Evangelical Relief and Development Agencies (AERDO) HIV/AIDS Alliance in Zambia, including its direct affiliate, Christian Reformed World Relief Committee (CRWRC), and the Nazarene Compassionate Ministries (NCM), Reformed Church in Zambia Eastern Diaconia Services (RCZ), World Hope International (WHI), the Reformed Community Support Organization (RECS) and Operation Blessing International (OBI). CRWRC works to support the Zambia National HIV/AIDS Strategic Framework.

By mid-year FY 2006, CWCRC and its partners provided essential services to 12,053 OVC, trained 2,222 caregivers and 625 church leaders, involved 83 CBOs and 113 churches in OVC activities, and supported 148 OVC care groups.

In FY 2007, CRWRC will provide care and support in seven of the nine provinces for 15,500 OVC, train 1,230 caregivers, and build the capacity of 71 FBOs and 15 CBOs. The four local FBOs will work to support and build the capacity of smaller FBOs and CBOs. The fifth organization, OBI, will specialize in mass media.

CRWRC and its partners will mobilize and strengthen their affiliate FBOs by training FBO coordinators in leadership and OVC support skills and by supporting volunteer members and caregivers in psycho-social counseling, home-based care, and income generating activities (IGAs). Programs will provide OVC with available health care, social, and educational services.

One main activity will focus on IGA for caregivers so they will be better able to care for their OVC through providing better nutrition and educational support. OVC who are diagnosed HIV positive will be referred to appropriate institutions that offer ART and care interventions, for example government clinics and health centers. OVC support will be integrated in the community through the involvement of trained community volunteers, FBOs and CBOs. For example, OVC caregivers will be given agricultural and small-scale entrepreneurship start-up capital and partners will provide technical assistance on how to manage these IGAs. Caregivers will be given 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 the school, medical, food and clothing needs of OVC.

Partners will train church and community volunteers as caregivers in skills training in OVC, palliative care, nutrition, prevention of common community diseases including HIVAIDS. In addition, local partners will be assisted in establishing methods of sustaining OVC programs. CRWRC and their FBO/CBO partners will develop and strengthen livelihood skills of caregivers and volunteers in order to empower them to address problems in their households. Activities under skills training include gardening and livestock rearing, crafts, fish farming, carpentry, and tailoring for older OVC. Other areas in which training will be provided to the targeted communities include community health and personal hygiene, peer education skills on HIV/AIDS awareness and prevention, and OVC care. OVC care includes psycho-social support, awareness-raising on issues of protection of property, OVC rights, and will writing.

CRWRC will also focus on OVC protection issues and community sensitization to spread wider awareness to the plight of OVC and the dangers they encounter. Programs will address certain harmful traditional beliefs that men are the unquestioned and even unaccountable heads of households that can lead to the exploitation of OVC. Specific attention will be devoted toward gender considerations through sensitization workshops which raise awareness and counter discrimination of women and girl OVC in the target area by aiming to reduce both the use of women as cheap labor and of sexual abuse that puts them at risk of HIV/AIDS. Programs will also support existing women's groups, which consist of a large percentage of caregivers, through training, food assistance, and health related activities. In an effort to fully engage the community to take ownership in OVC protection matters, CRWRC will encourage the active participation of both female and male volunteers and beneficiaries.

OBI will implement an additional program component focused on mobilizing and creating a more OVC friendly community. OBI will use formative and summative research to develop key behavior change television messages for a series of radio and television, public service announcements (PSAs) to an audience of 400,000 people (although during peak hours on Zambia National Broadcasting Corporation (ZNBC) TV when the PSAs are aired, the viewership is 2.5 million people). Working through indigenous advertising agencies, OBI will conduct focus group discussions with adults and OVC and administer surveys to gather information on the challenges to transforming public perceptions on OVC and HIV/AIDS. This information will then form the basis of behavior change communication (BCC) message points. The PSAs will be pre-tested in country, in collaboration with projects such as the Health Communications Partnership. The overall goal is to effectively use mass media to raise awareness and support of the Zambian society for OVC, focusing on advocacy for the protection of property and assets of families and ultimately to create a supportive environment for OVC.

Coupled with active participation in the USG Zambia OVC Forum, CRWRC will enhance efficiency and effectiveness of program activities and ensure OVC quality care. Programs will focus on improving special consideration and appropriate referrals and linkages to treatment and other care programs such as Pediatric ART, CT, palliative care, home-based care, and prevention. Particular attention will be given to HIV positive OVC and/or OVC whose caregivers are HIV positive.

CRWRC will further strengthen its M&E to track output and outcome indicators and also to ensure that duplication and double counting are eliminated.

CRWRC will continue to place a major emphasis on program sustainability by developing and strengthening FBOs and CBOs and by building livelihood skills of caregivers and volunteers to enable the sustained care for OVC. CRWRC local partners and communities will create strong networks and referral linkages with government, other FBOs and CBOs, and GRZ services and other USG-funded OVC projects. Trained volunteers, strengthened NGO and government ministry networks, and established IGA activities will make CRWRC's OVC support sustainable well past the life of the program.

Continued Associated Activity Information

Activity ID:	3743
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Concern
Mechanism:	Christian Reformed World Relief Committee
Funding Source:	GHAI
Planned Funds:	$ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	15,500	☐
Number of providers/caregivers trained in caring for OVC	1,230	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Religious leaders

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: State
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9585
Planned Funds: $ 150,000.00
Activity Narrative: The Ambassador's PEPFAR 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 and support for orphans and vulnerable children (OVC) at a grassroots level. The Small Grants scheme will help to build local capacity by encouraging new partners to submit applications for review. Programs will be designed to continue to promote stigma reduction associated with HIV orphanhood, strengthen OVC care and treatment service linkages on the community level, and benefit OVC caregiver families and child-headed households with increased support. Applicants will be encouraged to work closely with current USG partners (e.g. RAPIDS) to establish sound referral systems and to ensure continuity. The Small Grants 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 (PLWHA) from all 9 provinces will be encouraged to apply.

Generally, PEPFAR activities are carried out in all 9 provinces and 72 districts of Zambia. Activities are concentrated in major districts with a high prevalence HIV/AIDS rate, but there remain gaps in the smaller towns and communities. In particular, residents of remote rural areas receive next to no services, other than what is provided by CBOs. Site visits have proven that a village only 15 kilometers away from a town center receives little or no support to develop and implement HIV/AIDS activities for their village and surrounding areas. The Ambassador's PEPFAR Small Grants Fund adheres to the same model as the Ambassador's Special Self Help Fund, serves a unique niche, providing support where there would otherwise be none. The OVC this project will serve are those who are geographically located beyond the reach of PEPFAR prime partner activities.

With FY 2005 PEPFAR support, the Ambassador's PEPFAR Small Grants Fund focused on counseling and testing (CT) and palliative care (PC) activities. Successful FY 2005 projects include training orphan caregivers in sustainable conservation farming techniques. Those farmers are now 100% food-secure; with surplus, they can sell to finance school fees, supplies, and uniforms. Bicycles for HBC caregivers enable them to increase the number of patients they can visit in a week, in an area where the best roads are narrow dirt tracks, impassable by motor vehicle. These small grants have improved the quality of life for PLWHA, and go directly to the beneficiaries, rather than administrative fees or office operating costs. In the palliative care category, FY 2005 Small Grants funds trained 88 persons in caring skills for HBC, and provided care and psychosocial support (PSS) for 352 PLWHA. Small Grants funds also trained 64 community-based psychosocial counselors, directing 3898 people to VCT and receiving test results.

In FY2006, the Ambassador's PEPFAR Small Grants Fund will continue to solicit for new partners in underserved areas to build the capacity to design, implement, and monitor OVC programs.

In FY 2007, 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 non- PEPFAR 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, and providing close program management to selected programs.

Continued Associated Activity Information

Activity ID:	3725
USG Agency:	Department of State / African Affairs
Prime Partner:	US Department of State
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 0.00

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/caregivers trained in caring for OVC	100	☐

Key Legislative Issues

Stigma and discrimination

Gender

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	BELONG for ZDF
Prime Partner:	Project Concern International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9720
Planned Funds:	$ 300,000.00

Activity Narrative: This activity links to ZDF HBHC (#8787), ZDF HVOP (#8786), and ZDF AB (#9170) activities, other Track 1.0 HKID activities, and RAPIDS HKID (#8947).

The implementation of this activity is through a bi-lateral buy-in to the Project Concern International BELONG Track 1.0 orphans and vulnerable children (OVC) Project to provide care and support to AIDS-affected OVC within and associated with the Zambian Defense Force (ZDF). This activity is under the technical guidance and management of USAID with strong DOD collaboration. Due to the high HIV prevalence and AIDS-related illness and deaths in the ZDF, the number of OVC associated with the ZDF is growing. The precarious position of OVC is worsened by the fact that AIDS widows of deceased ZDF personnel often do not receive their husbands' benefits for long periods of time, up to five years. During this waiting period, AIDS widows have a very difficult time meeting the basic needs of their orphaned children. These AIDS widows and their children suffer enormous stigma and frequent exploitation. The financial situation of an AIDS widow and her children might be particularly strained if a proper will was not prepared before her husband's death and family resources like property and investments are grabbed by relatives. Those living outside the barracks are even more vulnerable, as they must pay rent and utilities. Once families and children leave the barracks, they receive no support from the military. This can lead to psycho-social trauma, malnutrition, dropping out of school, and basic neglect for the AIDS-affected OVC.

Prior to PEPFAR, there was no assistance available for the ZDF in OVC support. In FY 2005 and FY 2006, USG has been working with CARE International to assist ZDF with identifying priority issues and assistance needs involving AIDS-affected OVC who are taken care of by military families and OVC of military personnel who have presumably died from AIDS. In FY 2007, BELONG will adapt the Bwafwano model of OVC care and support following OGAC guidance to benefit the wellbeing of AIDS-affected OVC of current and ex-ZDF personnel in the military barracks and surrounding communities.

In FY 2007, BELONG will build capacity of parents, guardians, and school teachers to provide care and support and link to existing psychosocial, educational, medical, and other required support to OVC and their guardians. Building on BELONG strategies, and accounting for the needs identified by the ZDF, AIDS-affected OVC will be identified through one or more of the following channels: a) through PEPFAR supported home-based care programs managed by the ZDF; b) through lists compiled by ZDF personnel of AIDS widows awaiting their benefits, or other families caring for AIDS-affected OVC; or c) through schools catering to ZDF OVC. There are three kinds of schools attended by AIDS-affected OVC: 1). schools situated on the military base; 2). government schools situated just outside the military cantonments; and 3). community schools located in civilian communities surrounding the military bases, which are managed by Parent Community School Committees (PCSCs). BELONG will use its many years of experience providing educational support to OVC.

BELONG will train 200 teachers and caregivers in 20 sites (10 per site) to assess the needs of individual OVC and in the provision of psychosocial support to OVC and their guardians, using training materials developed for use in FY 2005 and FY 2006. These caregivers will in turn sensitize parents/guardians on the importance of psychosocial support, education, medical care, HIV testing, and pediatric ART. 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. 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.

Other types of support which may be provided include support for education (assistance with fees where necessary, teaching and learning supplies, and support to improve the quality of schooling, as below); nutritional support; shelter; and other types of critical material assistance, depending on the needs identified for each child. BELONG will work closely with the ZDF to ensure ZDF-associated AIDS orphans receive their rightful benefits in a timely manner. Recreation will also be used as a strategy to disseminate information and to reach out to children who are out of school. This will maximize the number of OVC to be reached in the communities including those being cared for by military or ex-military guardians, or by widows or widowers of military staff. Untrained teachers in community schools will be trained in teaching methodologies and class management in order for them

to provide quality education to OVC. PCSCs will be trained in community resource mobilization and participation and in school and financial management. Community OVC Committees (COVCCs) and PCSCs will be trained to identify and implement OVC 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.

In addition to psycho-social support, AIDS affected OVC ages 0-18 will be linked to medical care. Guardians will be encouraged to take the children for HIV testing if they have signs of chronic illness or growth faltering. Those found to be HIV positive will be referred to ART centers for further management. The goal of this program is to provide holistic care and support to 2000 OVC in FY 2007.

Many AIDS widows fail to manage their benefits once received, due to a lack of entrepreneurship (business) skills. The project will therefore provide basic business skills from the 20 sites for widows waiting to get their spouse benefits. This will empower the widows with sustainable ways of taking care of their children.

Community mobilization and participation is an ongoing and underlying process of the activity, building on those initiated in FY 2005 and FY 2006. In order to promote sustainability and 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 District OVC Committees (DOVCCs) and COVCCs, including military and ex-military households, in community and resource mobilization. BELONG will document the participation of military or ex-military personnel or AIDS widows in these committees. BELONG will strengthen linkages with existing service providers or potential donors to scale up activities aimed at supporting OVC. These will include activities to ensure COVCCs and PCSCs refer children to counselors, 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 education. ZDF through the office of the OVC program manager will actively be involved in the planning, implementation and monitoring of the OVC program. This will promote ownership of the program by ZDF.

BELONG will use the existing monitoring and evaluation system to track output and outcome indicators and to ensure that duplication and double counting are eliminated.

The activity is designed to put in place sustainable community level support structures for OVCs, including a focus on capacity building of community level structures such as the PCSCs, DOVCCs and COVCCs; improving infrastructure; and promoting involvement and ownership by communities and the ZDF of activities designed to address OVC priorities.

Continued Associated Activity Information

Activity ID:	3730
USG Agency:	Department of Defense
Prime Partner:	Project Concern International
Mechanism:	DoD-PCI
Funding Source:	GHAI
Planned Funds:	$ 600,000.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,000	☐
Number of providers/caregivers 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.

Target Populations:

Community leaders
Community-based organizations
Military personnel
Orphans and vulnerable children
Teachers
Caregivers (of OVC and PLWHAs)

Coverage Areas

Central

Copperbelt

Eastern

Lusaka

Southern

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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12339
Planned Funds:	$ 200,000.00
Activity Narrative:	Play Pumps PPP: This activity links with CHANGES2 HVAB (#8851) and HKID (#8850). CHANGES2 provides scholarships, peer education training and support to AIDS-affected orphans and vulnerable children (OVC) in secondary school. This activity wraps around and leverages resources from the African Education Initiative (AEI) girl's scholarship program in the six target provinces and the CHANGES2 education development project funded by USAID. CHANGES2 also uses PEPFAR funds to assist communities in supporting OVC in primary schools targeted through the CHANGES2 ABY activity. CHANGES2 provides scholarships to needy OVC in secondary school. The PEPFAR-supported CHANGES2 OVC scholarship program is implemented in close collaboration with the Ministry of Education's (MOE) Bursary Scheme and AEI scholarships. CHANGES2 will partner with OGAC, the USAID African Education Initiative, PlayPumps International and the Case Foundation to bring the benefits of clean drinking water to schools where AB activities are being implemented. CHANGES2 will work with the Ministry of Education to identify community and public schools in need of PlayPumps. The Play Pumps PPP will be implemented using an integrated approach through existing activities that include school health, OVC scholarships, AB prevention activities, and school and community partnerships.CHANGES2 will continue implementing school health and nutrition activities with an inclusion of the intervention on water and sanitation. The water tanks will advertise HIV/AIDS messages to raise awareness and prevent the spread of the disease. To reduce dropouts and encourage girls to continue their education after puberty, latrines/toilets and sinks will be built at the schools with PlayPumps. Play pumps sites will also be used as points for HIV/AIDS sensitization to both the children and the local communities.

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Bilateral OVC: Support to OVC Affected by HIV/AIDS
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 12356
Planned Funds: $ 213,000.00

Activity Narrative: This activity relates to activities in CRS Success HBHC (#9180), HTXS (#9182), and HVCT (#9181), other Track 1.0 OVC projects, and RAPIDS HKID (#8947).

In its fourth year of operation, the Track 1.0 Catholic Relief Service Community HIV/AIDS Mitigation Project for Orphans and Vulnerable Children (CHAMP-OVC) 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 PEPFAR and the GRZ. Building local organization capacity and training will make programs more sustainable. In FY 2006, CHAMP-OVC reached 4,880 OVC with essential services in the core program areas and trained 102 caregivers. The project will reach 7,350 OVC in FY 2007 through community mobilization and closer linkages with other sectors and initiatives. Both male and female OVC will have an equal opportunity to benefit from the interventions provided by the program.

In FY 2007, the CHAMP-OVC project will continue to support two diocesan partners of the Catholic Church, Mongu Diocese in Western Zambia and Solwezi Diocese in North-Western Zambia. The project will also scale up to reach a third diocesan partner to provide care and support to orphans and vulnerable children affected by HIV/AIDS. CHAMP-OVC staff is active in the USG OVC forum and the program links closely to RAPIDS and other track 1 OVC programs to avoid duplication and overlap and ensure complementary services where possible. The OVC program has strategically selected its operating areas to coordinate with other USG-funded OVC programs to avoid duplication of services. In addition, CHAMP-OVC integrates with the CRS SUCCESS home-based care project in areas served by both projects, to incorporate care and support to OVC in home-based care settings. The CHAMP-OVC will link to Pediatric ART programs in the areas where it exists by helping to identifying children who may be in need of ART and then providing ART adherence support. Support and care services for OVC will include educational support, psychosocial support, child protection, life skills training, health care, and shelter rehabilitation.

CHAMP-OVC will further strengthen its monitoring and evaluation (M&E) to track output and outcome indicators and also to ensure that duplication and double counting are eliminated. The project will also continue to strengthen the M&E capacity of two dioceses which are implementing the OVC activities.

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 and recreation activities for youth. Linkages with other sectors will include education support for OVC, paralegal counseling for OVC households, and nutritional education and support programs.

In order to ensure the sustainability of these programs and their networks, CHAMP-OVC and partners will conduct training for OVC caregivers and receive support from CRS in quality assurance and other sustainability issues such as local organizational capacity development. Two hundred and ten volunteer caregivers will be trained in psychosocial skills, basic counseling skills, monitoring and evaluation, child protection issues and nutritional education. The Catholic structure in Zambia, and the significant complementary role it plays to the GRZ social services system, will out live external funding trends. CHAMP-OVC will provide diocesan partners with guidance in quality assurance by conducting site visits, providing technical support, and systematic feedback on financial and programmatic reports. In addition, CHAMP-OVC 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 faith based OVC programs in North-Western, Western, and a third province to be identified.

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		☑
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

North-Western

Western

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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 12359
Planned Funds: $ 0.00
Activity Narrative: This has been deleted. The entire activity will be deleted.

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	4,300	☐
Number of providers/caregivers trained in caring for OVC		☑

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	BELONG for ZDF
Prime Partner:	Project Concern International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12532
Planned Funds:	$ 250,000.00

Activity Narrative: This activity relates to other Track 1.0 OVC projects, RAPIDS HKID (#8947), and HCP HKID (#8903). The Project Concern International (PCI) Track 1.0 Better Education and Life Opportunities for Vulnerable Children through Networking and Organizational Growth (BELONG) project began in April 2005. Its goal is to increase the number of orphans and vulnerable children (OVC) accessing quality services through sustainable, community-based programs that effectively reduce their vulnerability. In FY 2006, BELONG reached 63,124 OVC and trained 153 caregivers. In FY 2007, BELONG will reach 102,633 OVC, will train 5,318 caregivers, and will strengthen 417 community schools and community based organizations in providing OVC care and support. An additional 4,400 caregivers will be reached with economic strengthening initiatives, but are not included in the targets above. BELONG is an active member of the USG/Zambia OVC Forum and will seek to collaborate and link with other OVC efforts such as the RAPIDS project, other Track 1.0 OVC projects operating in Zambia, and other donor supported and GRZ efforts. Partners implementing the BELONG project in Zambia include PCI as the prime agency, Pact Inc., Futures Group, Bwafwano, a pioneer of community-based care and OVC support, Zambia Open Community Schools (ZOCS), a local NGO supporting OVC in community schools, and other community-based organizations. In FY 2007, BELONG will increase the availability of critical OVC support services, including quality formal or informal education, literacy and numeracy training, life skills education, medical care, nutritional support, and psychosocial support. Channels for reaching OVC include expanded collaboration with PCI's major local partner, Bwafwano, which will involve increasing Bwafwano's capacity to reach OVC through their home-based care program. Bwafwano will continue to work through the 37 established OVC committees and community leaders where it has an established presence (Chipata, Chansiniama and Tuchafwane in Lusaka Province; Mkushi District in Central Province). BELONG will train 70 volunteer caregivers to strengthen their capacity to provide care and support for OVC in a community setting. BELONG will conduct community sensitization activities to raise awareness on the role of OVC committees and to address issues affecting OVC, including stigma and discrimination. BELONG and its partners will bring essential support services to school children in approximately 113 community schools in Lusaka, Western, and Southern provinces, where it is expected to reach a total of 99,122 OVC, in addition to those reached by Bwafwano. These services will include access to education, nutritional support, HIV/AIDS and life skills education, psycho-social support, and other services in these schools. BELONG will support HIV/AIDS prevention through behavior change communication for children in target community schools, including an innovative approach involving HIV+ and HIV/AID-affected people in OVC program design and implementation. Caregivers at these schools will also be trained in psychosocial support, food and hygiene education, first aid, income generation, and school management. In FY 2007, BELONG will train 5,248 caregivers. BELONG uses a wraparound approach to leverage nutritional supplements from PCI's existing World Food Program school feeding platform implemented in collaboration with the Ministry of Education, UNICEF, Zambia Community Schools Secretariat (ZCSS), and other key stakeholders. BELONG will strengthen the capacity of households providing care for OVC, especially women and older OVC household heads, to support themselves and their children through economic empowerment initiatives. This component will increase economic empowerment of participating households by adapting the WORTH model in partnership with Pact. The model will be used in mobilizing and forming successful women's groups that generate income based on the principles of self-help and empowerment. Through WORTH, OVC caregivers will be provided with access to literacy training, savings-led micro-finance and the development of micro-enterprises. A range of learning materials that guide the groups in business management, savings-led credit systems and literacy skills have been adapted and translated into the local language, Nyanja, and will be provided to all members. To date, 4,975 women have been enrolled, and seven community-based organizations have been identified as sub-partners to work with PCI to support this program component, with technical assistance from Pact. BELONG will continue to build the capacity of a network of local NGOs, CBOs, and FBOs to provide quality services to OVC. BELONG will work with Bwafwano as a primary partner 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 identified local organizations that are selected for participation via a mapping process. The resulting capacity-building plans will include a variety of needs-based and cost-effective capacity building approaches. 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 establish micro-grants that will enable local organizations 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 replicate proven approaches. BELONG will work with local organizations and increase their capacity to serve as "Centers of Learning" in order to facilitate rapid scale-up of services. This component forms a major part of the BELONG project's strategy for sustainability. The project will strengthen Bwafwano and other "Centers of Learning" to serve in this network of learning, improving their abilities to assess and respond to capacity building needs. These Centers of Learning will provide mentoring and coaching in their designated network to improve the quality of OVC care. BELONG will document lessons learned and successful methodologies for serving vulnerable children and their caretakers. Building on the M&E system currently in use, BELONG will further strengthen its M&E system to track output and outcome indicators and also to ensure that duplication and double counting are eliminated. BELONG will build the M&E capacity of their local partners. BELONG's sustainability strategy includes, an emphasis on working together with and strengthening the capacity of local NGOs, CBOs, and FBOs through technical and organizational support, joint capacity assessment and planning to address areas of technical and management needs (including strategic planning, financial management, resource mobilization, etc.), and networking (linking less well-developed organizations with each other and with more established organizations for mentoring through the centers of learning and with sources of technical support in government and the NGO community). BELONG's close collaboration with Zambia Community School Secretariat, the MoE and the Ministry of Community Development and Social Sciences, and its ongoing advocacy efforts to improve government support for quality education targeted at the most vulnerable children at community schools will also help schools sustain their support to OVCs.

With $250,000 in Plus-up funding, BELONG will bring in experts to work with partners to develop, print, and disseminate guidelines, training material, and work tools for responding to the needs of OVCs aged 0- 5. BELONG will train OVC managers and trainers in how to operationalize the guidelines.

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Africa KidSAFE Initiative
Prime Partner:	Project Concern International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12534
Planned Funds:	$ 550,000.00

Activity Narrative: This is a new activity which will focus on highly vulnerable orphans and other vulnerable children on the street or those in danger of going on the street. The activity was initially funded through DCOF for an initial period of three years after which this funding will not be available.

The devastating impact of the HIV/AIDS pandemic on families and communities has resulted in many children remaining without adequate adult care. This has resulted in many children ending on the street. It is estimated that there are 13,000 children who live on the street country-wide. Children initially take to the streets in search of an income through vending, car-guarding, begging or stealing; or they may be raising funds to take home as a contribution to (or even the sole source of) family income. Children use the street as a source of income face a lot of dangers such as substance abuse, sexual abuse, delinquency and crime. All these dangers make it less and less likely that these children will want to go home and if they do they are unlikely to be accepted there if they do go. The majority of children who take to the streets are boys. For girls facing similar neglect and abuse, the streets are even more dangerous, as many end up in prostitution. Even if they avoid the streets, they are vulnerable to sexual abuse, early pregnancy, STIs and HIV/AIDS at home.

Children on the street are less likely to attend school, and are exposed to violence, physical, sexual, and verbal abuse; other threats to their physical health, including substance abuse. The need to support themselves makes street children more likely to engage in high-risk behaviors, leaving them vulnerable to HIV/AIDS. For most of these children, their emotional well-being – their sense of identity and self-worth, of being important to society – also suffers greatly through life on the streets. Without assistance, the future security of these children is seriously jeopardized, a cycle of poverty and vulnerability is perpetuated, and the productivity and viability of future generations and society overall are threatened.

PCI will seek to address the needs of the children on the street, in centers which keep which who are withdrawn from the street and those children who are in danger of ending up on the street due to the conditions at home. Further, PCI will ensure that activities that are implemented in FY07 increase the effectiveness, impact, and sustainability of interventions to street children or children at risk of ending on the street. The first activity that will be implemented is aimed at reducing the number of children ending up on the street. To achieve this, PCI will establish an early warning system at community level to identify families whose children may end up on the street. Community awareness should therefore play a major role in the implementation of this activity. PCI will link up with other organizations such as the government, non-governmental organizations, and the private sector firms in tackling this problem. The prevention campaign will have a strong public awareness component to discourage the public from giving children on the street money, food and other support, thereby making living on the street a less attractive option for at risk children. The public should instead be encouraged to make contributions to centers that take care of street children. PCI should identify local partners with skills to work both at family and community levels, which is missing in the current award. PCI will also ensure that children on the street, in the centers and in households with children who are likely to end on the street are provided with high quality services.

PCI will also increase the capacity of local organizations In order to ensure sustainability of interventions to street children and at risk children. Although PCI is now working with 18 local organizations from the initial nine partners, most of these organizations cannot implement activities without external technical and financial support. Without a follow-on award, the progress so far made with these organizations will not be sustained. To achieve greater sustainability, at least 50 percent of the total project budget will go to local partners in the first year, 60 percent in the second year and 70 percent in the third and final year.

PCI will in addition to increasing the capacity of local implementing partners also strengthen the Ministry Community Development and Social Services (MCDSS), which is responsible for dealing with the problem of street children and other vulnerable children. Once the capacity of MCDSS is strengthened, it will be able to provide leadership to all stakeholders involved in dealing with the problem of street children. In addition MCDSS will be able to coordinate all street children interventions, select local organizations to

implement activities, and monitor and evaluate interventions on street children. PCI will work with MCDSS to develop guidelines and standards of care and support for children on the street and centers and handover the implementation of this activity to the MCDSS. This is necessary because MCDSS has both technical and financial challenges in playing its role, and only by strengthening its capacity can interventions be sustainable in the long-term. Currently, this role is being played by PCI.

In order to ensure program quality and effectiveness PCI will develop a strong monitoring system that is able to track all the children being reached through the program. The current monitoring system cannot track the total number of individual children being reached by the program. It is only able to track the number of services provided to children. Once this system is developed and tested, PCI should install it in the Ministry of Community Development and Social Services and Ministry of Sport, Youth and Child Development at the national level and at the district level in Lusaka, Livingstone, and the Copperbelt and train staff in how to use the system.

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	5,000	☐
Number of providers/caregivers trained in caring for OVC	200	☐

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: $ 20,421,394.00

Program Area Context:

Counseling and Testing (CT) is key to the US Government's (USG) Five-Year Strategy, representing an important link between prevention programs and referral of HIV positive persons and their families for services. Voluntary counseling and testing (VCT) services began in 1999 as a Ministry of Health initiative supported through the National AIDS Council. USG efforts are coordinated through this national body, which oversees all VCT activities in the country, including those conducted by government and non-governmental organizations (NGOs). By working within the Government of the Republic of Zambia (GRZ) program, USG is both building capacity and ensuring future sustainability.

In support of the national CT program, great progress has been made in scaling-up CT services nationwide. Zambia started with 22 sites, and now has approximately 560 CT sites, representing all 72 districts. Furthermore, an estimated 327,000 will be tested in FY 2006, a substantial increase from 268,000 in 2005. In March 2006, GRZ issued national HIV CT guidelines, calling for routine, opt-out HIV testing and use of finger-prick when appropriate in all clinical and community-based health service settings where HIV is prevalent and where anti-retroviral therapy (ART) is available. These guidelines encourage using rapid HIV tests, and emphasize that testing be voluntary and based on informed consent. Health care workers (HCWs), including lay counselors, are trained in CT and initiate testing in a variety of clinical settings, such as tuberculosis (TB), sexually transmitted infection (STI), and ante-natal (ANC) clinics as well as in private mining and agribusiness companies and within communities. At the community level, lay counselors are being trained by local organizations to advise couples to be tested and to disclose their status with their partners, especially among discordant couples. In FY 2006, GRZ conducted the first national VCT Day to increase access to VCT services and encourage testing across the country. Currently, USG supports 62 districts, representing 86% of the population.

Additionally, the German Development Bank and USG are supporting a network of branded private sector clinics, both stand-alone and mobile, to serve persons unable or unwilling to access public sector CT sites. The branded network approach assists in developing national VCT capacity and demand for VCT through coordinated efforts to educate Zambians about the benefits of knowing one's HIV status. Other CT sites include private and public sector workplace programs as well as CT programs in military facilities and among the defense forces.

USG's CT program also targets most-at-risk populations to ensure that these individuals have access to CT services. For example, to serve discordant couples, partners have increased efforts to offer couples CT, including the development of a procedures manual for couples CT and a multi-media demand-creation campaign to increase the number of couples accessing CT. Another illustration is the effort to increase access to CT in the education sector; USG supported the Ministry of Education (MOE) in developing capacity to administer CT services amongst their 61,000 employees, mostly teachers. To serve mobile populations, sex workers, and truckers, USG will provide CT services along borders and high-transit corridors. Finally, to increase pediatric HIV testing, USG is training counselors in best practices for child and family HIV testing, sensitizing communities about pediatric HIV, and providing psychosocial support and follow-up to children living with HIV/AIDS and their care givers.

Despite these many efforts, CT expansion, especially in rural, remote areas, continues to face many challenges as revealed in the 2005 Zambia Sexual Behavior Survey in which only 13% of Zambians know their HIV status. Examples of these obstacles include: weak logistics system to distribute HIV test kits to CT sites, limited availability of CT staff, and gender inequities in access to CT services. Therefore, in FY 2007, USG will support 454 CT sites to provide mobile, static, and community-based CT services; it is estimated that 286,696 persons will receive CT services this year. For hard-to-reach populations, USG is supporting CT outreach services in peri-urban and rural areas, including assistance in provision of home-based CT (door-to-door).

Moreover, USG will expand its efforts in the following areas: training people living with HIV/AIDS (PLWHA) to advocate for CT; developing information, education, and communication (IEC) materials; mobilizing communities to increase demand for CT; training CT facility staff in commodity management; increasing access to CT in workplace programs; strengthening the national military referral laboratory and hospital in Lusaka to offer quality CT services. 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. USG partners will also continue providing referrals for care and treatment following CT, including post-test counseling; partners have established referral networks to link individuals to services in their geographic coverage areas.

In FY 2007, USG will procure HIV test kits, in collaboration with GRZ, Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria (GFATM), and Japanese International Cooperation Agency (JICA). USG's HIV test kit contribution will represent approximately 1,616,952 tests or 50% of all HIV tests conducted in FY 2007 (this includes confirmatory, tie-breaker, and tests performed by the National Blood Transfusion Services). Three types of HIV test kits will be procured through the Partnership for Supply Chain Management Systems (SCMS): screening (Determine), confirmatory (currently Genie II, switching to Unigold), and tie-breaker (currently Bionor, switching to Bioline). The procurement process is closely linked with the development of a rigorous logistics management information system and the use of software to monitor stock levels in order to ensure an uninterrupted supply of HIV test kits. For this reason, JSI/DELIVER will assist GRZ and other key stakeholders in developing forecasting and quantification skills, provide timely consumption data, and strengthen the national HIV test kit supply chain.

With an increased focus on strategic CT interventions, such as increasing the number of CT providers, procuring HIV test kits, expanding mobile CT services for hard-to-reach populations, and strengthening referral networks 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 Five-Year Strategy objectives.

Program Area Target:

Number of service outlets providing counseling and testing according to national and international standards	418
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	294,696
Number of individuals trained in counseling and testing according to national and international standards	3,288

Table 3.3.09: Activities by Funding Mechanism

Mechanism: DoD-PCI
Prime Partner: Project Concern International
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8785
Planned Funds: $ 675,000.00

Activity Narrative: This activity also relates to Project Concern International (PCI) activities in Other Prevention Activities #8786, Abstinence and Be Faithful (PCI) # 9170, Other/Policy Analysis and system strengthening (PCI) #9087, PMTCT (JHPIEGO) #9088, Palliative Care TB/HIV (JHPIEGO) #9090, Palliative Care (PCI) #8787 and HIV/AIDS treatment/ARV services (JHPIEGO) #9089.

Observation of previous Counseling and Testing (CT) activities and results from research supported by (PCI) and PEPFAR (2005) reveal that military personnel may be more resistant to CT than the general public. According to the research, although nearly seven in ten Zambia Defense Force (ZDF) personnel know of the availability of VCT services in their camp/unit, only 10% have ever participated in VCT. This is worrying in light of the relatively high risk behavior among military personnel and despite the fact that over 30% believe they might already be HIV infected. Military personnel are also hard-to-reach with static services because military bases are scattered all over the country and many personnel are highly mobile or are stationed in very secluded locales. The remoteness of ZDF units, relatively poor infrastructure, poor linkages with national supply systems (e.g. of VCT kits), and the organizational isolation of the military, also make providing CT services costly.

PCI will continue its efforts to assist the ZDF through strategic and innovative approaches developed through more than three years experience working with the ZDF in HIV/AIDS prevention, care and support. The overall goal of this activity is to strengthen the capacity of the Defense Force Medical Services (DFMS) to provide accessible, confidential, quality counseling and testing services. In FY 2005, four model medical sites were strengthened to provide comprehensive HIV/AIDS services including counseling and testing, anti-retroviral treatment, palliative care, and PMTCT services (in collaboration also with PCI and JHPIEGO). In FY 2006, four additional model sites were established. The vision is to have one model site in each province. While these eight sites (Maina Soko Military Hospital in Lusaka, ZAF Livingstone, Tag-urgan Barracks in Ndola, ZNS Kitwe, Gondar Barracks in Chipata, Chindwin Barracks in Kabwe, ZNS Mbala and ZNS Kamitonte in Solwezi) maintain the current services, four additional sites will be established in FY2007 to provide the same services, targeting other areas where significant number of military personnel are stationed (L85 in Lusaka, ZNS Luamfumu in Mansa, Luena Barracks in Kaoma and ZAF Mumbwa). Moreover, support for basic levels of CT services will continue to be provided at 42 other ZDF units, who will have the opportunity to visit and learn from the model sites.

Funding will cover procurement of necessary medical supplies and equipment and additional training for the DFMS staff in the new sites, plus procurement of HIV test kits (while efforts continue to be made to effectively integrate the ZDF in the MOH's national supply system, in collaboration with USAID's JSI/Deliver program). 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. HIV counseling training is facilitated jointly by PCI and DFMS counselor trainers and local HIV counselor training organizations, such as Zambia Counseling Council, Kara Counseling, and Chikankata AIDS Management and Training Services. The HIV testing training will be facilitated by personnel from Maina Soko Military Hospital Virology Laboratory in Lusaka, using national guidelines. In addition, 20 senior DFMS staff, mostly counselors and/or supervisors from the new and existing model CT sites, will be targeted for refresher training in counseling and testing and trained to develop their skills in monitoring, managing, and evaluating HIV counseling and testing services; developing linkage/referral networks for follow-up treatment and care in ART, TB, PMTCT and Palliative Care; and ensuring quality standards for services in the comprehensive sites. The trained counselor supervisors will serve to reinforce CT training through ongoing supportive supervision visits and on-the-job training, and the effectiveness of training will continue to be assessed and monitored through pre-and post-training tests.

The second component of this activity is to continue supporting the operation of two mobile CT units established in FY 2006 which are operated by the DFMS with support from PCI. The first mobile unit was launched on 14th August 2006 targeting two sites on the Copperbelt province and three sites in Northwestern province. Response to the service has been excellent; at the first three sites alone, well over 600 individuals were counseled and tested. The community mobilization dramas and written materials are promoting

couple counseling and testing, to address issues such as disclosure and discordance.

The mobile services will gradually increase their coverage to DFMS sites and surrounding communities throughout the country, taking into account geographical coverage by static and mobile services, and focused on remote, underserved regions where ZDF units are typically found. Funding will be used for operation and maintenance of two vehicles, refresher training and logistical support for medical staff (a core DFMS team and supplemental staff from the ZDF units in the areas targeted), community mobilization by the ZDF drama teams, peer educators, and others, and procurement of HIV test kits (to supplement those accessed through Zambia VCT Services) and other medical supplies. Updated and targeted education materials on VCT, ART, sexually transmitted infections (STIs) and stigma reduction will be reproduced and available at the counseling and testing sites. The need and feasibility of including other health services such as STI diagnosis and treatment or reproductive health services will be explored, and may help to overcome the stigma that would otherwise be associated with a mobile service devoted solely to HIV counseling and testing. PCI will continue to collaborate with other USG-funded partners with experience in mobile CT, including SFH/New Start and CHAMP to assist DFMS in refining operational procedures and guidelines to manage and maintain the effectiveness and efficiency of the mobile services and its operations, particularly staffing, operational budgets, monitoring and evaluation, quality assurance, outreach programs and educational materials.

The sustainability of this activity is by strengthening the capacity of the DFMS to plan, implement and manage CT services with technical support. Capacity strengthening is achieved through joint planning, assessments, and monitoring of activities, as well as through formal training of ZDF staff, on-the-job training from experienced CT implementers from PCI and other partners, ensuring access by the ZDF to national guidelines and policy, basic infrastructural support, and linking ZDF services with locally accessible sources of resources and technical support (e.g. Zambia VCT Services). In FY 2006, PCI supported the registration of 20 ZDF VCT centers by Zambia VCT Services. This has allowed the centers to access government HIV test kits and other services. Already, PCI has linked DFMS with the government Medical Stores for provision of test kits for the mobile VCT program. This will also contribute greatly to the sustainability of CT services.

The target of this activity is to have 5,500 people receiving counseling and testing at the 12 model sites and other ZDF medical sites. The two mobile units will target an additional 3,000 people with counseling and testing.

Continued Associated Activity Information

Activity ID:	3732
USG Agency:	Department of Defense
Prime Partner:	Project Concern International
Mechanism:	DoD-PCI
Funding Source:	GHAI
Planned Funds:	$ 775,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	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 and international standards	54	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	8,500	☐
Number of individuals trained in counseling and testing according to national and international standards	40	☐

Target Populations:

Adults
Nurses
Most at risk populations
Military personnel
Men (including men of reproductive age)
Women (including women of reproductive age)
Host country government workers
Public health care workers
Other Health Care Worker

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	ZEHRP
Prime Partner:	Zambia Emory HIV Research Project
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8814
Planned Funds:	$ 750,000.00

Activity Narrative: Most new HIV infections in Africa occur in cohabiting couples. Abstinence is not an appropriate message for such couples, and faithfulness is not effective in the 15-20% of couples who have one HIV positive and one HIV negative partner ('discordant couples'). Joint testing and counseling decreases transmission of HIV in discordant couples, and reduces sexually transmitted infections and unplanned pregnancies in all couples. Testing only one partner in a couple does not result in decreased HIV risk.

The Zambia Emory HIV/AIDS Research Project (ZEHRP) was established in 1994 in Lusaka. ZEHRP counselors have provided couples' voluntary counseling and testing (CVCT) to more than 23,500 Zambian couples. In 2005 alone, ZEHRP's three CVCT centers in Lusaka tested over 4,300 couples. Over 1,300 individuals were referred to district clinics for evaluation for antiretrovirals (ARVs), 805 were treated for syphilis, and 174 women were referred for prevention of mother to child transmission (PMTCT). Fiscal year (FY) 2006 funds were awarded in September 2006.

Translation of research findings into public health practice is a primary goal of ZEHRP. Counselors from ZEHRP, along with their counterparts in Kigali, Rwanda, and partners at Emory University in Atlanta, GA, collaborated with CDC-Atlanta and the Liverpool School of Tropical Medicine to produce a procedure manual for CVCT. CDC has since used this manual in regional training in Southern and Eastern Africa.

ZEHRP Lusaka's three CVCT centers and contributions to the CDC-CVCT procedure manual have been funded by a research grant from the United States National Institutes of Mental Health (NIMH). The goals of this grant were to establish sustainable CVCT in Zambia and Rwanda through: 1) Advocacy with government leaders, funding agency representatives, service providers, and community leaders; 2) Development of standardized procedures for CVCT; and 3) Operations research to identify the best ways to promote and provide CVCT.

These goals have largely been achieved in both target countries. Existing NIMH funding for ZEHRP's three CVCT centers in Lusaka ended in mid-2006. The NIMH grant requires that funding be transitioned from research to the health and development sector. In FY 2006 the USG provided funds to ZEHRP in order to provide for provision of couples counseling and testing as a routine service. Funding for this will be available in September 2006 and is earmarked to continue activities in the current three sites in Lusaka and set up a new site in Mazabuka, Southern Province.

Goals for Zambia for fiscal year 2007 through the President's Emergency Plan for AIDS Relief funds are:
1) Continue CVCT in three existing centers of excellence in Lusaka
2) Provide didactic and practical training in CVCT promotion and Couples counseling procedures through these centers
3) Refer for care and treatment all HIV-positive individuals and all syphilis positive individuals
4) Integrate weekend CVCT into existing voluntary counseling and testing (VCT) programs in Lusaka, primarily in the district clinics. Most couples find it hard to come together during regular hours during the week as one or both are in gainful employment. This activity will include providing training and support to existing VCT counselors so that they can counsel couples using the standard Zambia National VCT Guidelines, providing logistical and financial support to promotion of weekend CVCT at existing VCT centers and providing funds for overtime salary for trained staff at existing VCT centers.
5) Continue expansion of CVCT services outside Lusaka by continuing services in Mazabuka (initiation of this site will take place in FY 2006 when funding is received) and opening a new site in Monze, both within Southern Province.

Funds for FY 2007 will be used for training (30%), laboratory supplies (20%) transport and logistics (25%) of running current sites and setting up new sites outside the capital city. Other costs will go towards production of IEC materials, payment of staff for overtime weekend service, travel re-imbursement for participants and other personnel costs.

With greater emphasis on trainings and the incorporation of CVCT in routine VCT centers, plus additional hours to cater for the working population, it is hoped that the program will become part of the routine operations of the district/VCT sites. This will ensure long-term

sustainability of the program even when funding is reduced or limited.

Continued Associated Activity Information

Activity ID:	3674
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Association of Schools of Public Health
Mechanism:	Zambia Emory HIV/AIDS Research Project (ZEHRP)
Funding Source:	GHAI
Planned Funds:	$ 489,606.00

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 and international standards	14	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	20,000	☐
Number of individuals trained in counseling and testing according to national and international standards	53	☐

Target Populations:

Adults

People living with HIV/AIDS

Men (including men of reproductive age)

Women (including women of reproductive age)

Coverage Areas

Lusaka

Southern

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8848
Planned Funds:	$ 100,000.00

Activity Narrative: This activity is related to EQUIPII HVAB (#9712) and will be implemented in an integrated approach so that AB activities, information and sensitization will be provided to individuals reached for CT regardless of whether they choose to opt for CT.

According to the Ministry of Education (MOE), over 800 teachers died in 2004. Between 2002 and 2004, the number of deaths of teachers increased by 30%. Using current trends, it is estimated that by 2010, 5000 teachers will die annually. To mitigate this crisis, Academy for Educational Development's EQUIP II Project provides technical support to the MOE and leverages World Bank ZANARA Project funding and DFID support to build a sustainable MOE HIV/AIDS Workplace Program. This activity is designed to both develop the capacity of the MOE to administer the HIV/AIDS Workplace program and to provide direct CT services. The Ministry's workforce is critically important in continuing education efforts, and includes over 61,000 employees in more than 8,000 schools across the country, some of which are in remote, rural areas with fewer than five staff.

In FY 2005, EQUIPII expanded its program into the Central and Southern Provinces. A total of 9,232 MOE staff attended HIV/AIDS sensitization workshops with 2,126 undertaking CT (30%). While these numbers are encouraging, EQUIP II faced a number of challenges. It was not able to reach the numbers in the rural areas as they were in the first year of implementation in the urban areas. Geographical coverage for schools is extensive and transportation challenges in the rainy season increased implementation costs. The MOH did not fully mainstream this activity into its workplace program workplan. Due to these constraints, EQUIP II worked with the MOE to revise the strategy for FY 2006 in order to reach more MOE employees with CT and ensure linkages for a comprehensive approach.

With the lessons learned from previous years, EQUIP II, in collaboration with the MOE, has adjusted its strategy in order to meet targets. To achieve sustainable results, the program must be fully integrated into the MOE HIV/AIDS activities. In order to restructure the program to increase CT uptake, EQUIP II staff and the MOE HIV/AIDS Unit launched a new HIV/AIDS Workplace program strategy in July 2006. The new strategy will begin implementation under FY 2006 funds and extend to FY 2007.

This effort includes coordinating activities among multiple partners, including three teachers unions, Society for Family Health, and CHAMP. A full-time staff person working on CT and AB activities, will be hired and placed at the MOE to ensure coordination and proper reporting. This person will be responsible for mentoring and capacity building of MOE HIV/AIDS Workplace program staff.

To achieve targets, the MOE program will implement quarterly "Teachers Health Days" in which community health clinics will offer a broad range of health services (testing for diabetes, blood pressure, nutrition guidelines) to teachers and their families. This broader health approach will help de-link HIV-related stigma by emphasizing general health. CT will be offered in tents and mobile settings outside of the clinics in conjunction with the health days. PEPFAR funds will be used exclusively for the HIV/AIDS related services, with other funds and resources leveraged from ZANARA, MOE, and Ministry of Health used to address a broader health agenda.

EQUIP II partners will set up tents and mobile sites outside the health clinics to increase confidentiality. EQUIP II will continue its partnership with the three unions and MOE to help mobilize teachers in accessing the "Teachers Health Days" and will bring CT mobile services to union events.

The Teachers Health Days will begin in FY 2006 and is specifically proposed as a means for reaching MOE staff in remote and less densely populated districts. Activities will be implemented in the Lusaka, Copperbelt, Southern, Central and Eastern Provinces covering 39 districts.

During FY 2006, Teachers Health Days will be implemented in more than 50% of the districts in the five Provinces addressed by this program. With FY 2007 funds, EQUIP II will maintain the level of Teacher Health days reached, and plans to add three additional districts each quarter, so that by the end of FY 2007, 32 Districts should be implementing Teachers Health Days on a quarterly basis.

While events are proposed on a quarterly basis, it is not anticipated that the same teacher will take advantage of each quarterly event. Rather, it is hoped that of the three to four offerings a year, each teacher will be able to take advantage of one annually. All events will be scheduled during school breaks to accommodate the highest levels of uptake possible.

As the initiative for Teachers Health Days is only beginning during autumn of 2006, levels of turn-out are difficult to predict. However, based on funding provided to the unions for getting teachers to the events, coordinated efforts with mobilization agents/focal point people in each district, and clear messages sent from both the Permanent Secretary and Minister of Education marketing the events and their importance, an average event could pull in approximately 30 individuals. While it is not expected that all district health clinics will manage such events four times a year, it is estimated that 30 different district health clinics will each hold two to three quarterly health days for a total of seventy five clinic health days serving 2,250 individuals in remote locations. It is anticipated that at least half, or 1125, of those attending the clinics will opt for CT services.

CT will be offered to all individuals reached through the Teacher Health Days. In addition, and under the separate AB narrative, prevention activities and education will be supported at these events.

To further increase testing among employees of the MOE, EQUIP II will contract CHAMP, a local NGO, to bring mobile testing to the urban schools, and where possible, union events. The program will also partner with the Society for Family Health (SFH) New Start program to offer VCT vouchers to MOE staff and to utilize New Start Mobile sites in conjunction with the "Teachers Health Day," and union events where feasible. In addition, EQUIPII will continue to support on-going training for focal point persons to ensure strong linkages to the broad continuum of HIV/AIDS services required for a comprehensive approach.

In total, an estimated 3000 individuals will receive CT services and be provided with their test results.

The overall approach of EQUIPII focuses on a philosophy of sustainability. Rather than simply establishing a stand-alone program to meet PEPFAR Targets, this activity will be fully integrated into the MOE HIV/AIDS workplace program. Specifically, staff will be housed within MOE offices and work side-by-side with direct MOE employees already engaged on a workplace program. EQUIP II's staff will train MOE staff to collect, track, and report PEPFAR and national indicators. IEC materials, lesson plans, and strategies will be well documented and housed within MOE's own file systems. While some outside partners will be engaged, the primary partners working on this effort will be teacher unions and the MOE itself, thereby ensuring that the activities are supported by organizations that can continue providing such services long-after funding under PEPFAR has ceased.

Continued Associated Activity Information

Activity ID:	3364
USG Agency:	U.S. Agency for International Development
Prime Partner:	Academy for Educational Development
Mechanism:	EQUIP II
Funding Source:	GHAI
Planned Funds:	$ 350,000.00

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 and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	3,000	☐
Number of individuals trained in counseling and testing according to national and international standards		☑

Indirect Targets

Out of the 3,000 receiving CT, it is expected that 600 will be referred for care and ART services

Target Populations:

Policy makers

Teachers

Key Legislative Issues

Stigma and discrimination

Education

Wrap Arounds

Coverage Areas

Central

Copperbelt

Eastern

Lusaka

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8883
Planned Funds:	$ 2,857,000.00

Activity Narrative: This activity links to Zambia Prevention, Care, and Treatment Partnership (ZPCT) activities in ART (#8885), TB/HIV (#8888), PMTCT (#8886), Palliative Care (#8884), and Laboratory Support (#8887) as well as with the Government of the Republic of Zambia (GRZ), Japan International Cooperative Agency (JICA), and other US Government partners as outlined below. The focus is to improve CT services in the Central, Copperbelt, and the more remote Luapula, Northern, and North-Western provinces to reach 54,000 people with CT services in 99 facilities. The total geographic coverage of ZPCT support to CT services is 69% of the population in the five provinces. In FY 2006, 86 GRZ facilities were supported to provide CT services through training 272 health care workers (CWs) and lay counselors, refurbishing 86 facilities, and providing same day test results; 95% of clients receive their test results on the same day, reaching 68,000 clients in FY 2006's 18 month reporting period. Other FY 2006 achievements are outlined in the component sections below.

The targets have been revised based on an assessment of CT service utilization, facility catchment populations, community mobilization/outreach service activities, and the need to minimize any potential for double-counting of CT in other sectors (e.g., TB and STI clinics). Facilities were strategically chosen to ensure equity of access, including a strong emphasis on reaching rural populations. Five activity components include: 1) provide comprehensive assistance to facility-based CT services; 2) provide technical assistance to Neighborhood Health Committees, non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs) to expand access to CT via mobile outreach programs; 3) expand and strengthen CT referral systems; 4) provide technical assistance to the national CT technical working group; and 5) increase program sustainability with the GRZ.

In the first component, assistance to facility-based CT services, ZPCT will continue to support 86 facilities and add 13 new facilities. These new facilities will include five in Nchelenge District, Luapula Province (facilities are currently transitioning from Medecines Sans Frontieres support to GRZ responsibility with ZPCT assistance) and two facilities in each of the other four districts per the other four provinces. This assistance includes facilitating management of CT commodities (including HIV test kits), conducting moderate refurbishments, training and mentoring, increasing quality assurance mechanisms, building human capacity, and improving systems for tracking patient flow, accessibility, and acceptability of CT services. 'Testing Corners' (minimal laboratories placed within or in close proximity to CT sites to facilitate same day test results) will be expanded to all 99 sites; this will include integrating CT into other clinical services, such as TB and STI care. Staff capacity to forecast and procure HIV test kits and supplies and to improve data entry will also be enhanced. In new service sites, ZPCT will work with the facilities and District Health Management Teams (DHMTs) to obtain CT site accreditation status of these facilities, thereby making them eligible to receive supplies from Medical Stores Ltd. In collaboration with GRZ, Project TBD (#9522) and Partnership for Supply Chain Management Systems (SCMS) (#9523), pharmacy, laboratory, and counseling staff in the supported facilities will be trained in data collection and reporting, ordering, tracking, and forecasting of CT-related commodities.

In the second component, ZPCT will work in the communities surrounding the CT sites to increase demand and acceptance of CT services, including targeting discordant couples. ZPCT will work with facilities and NGOs/FBOs/CBOs to deliver CT services through mobile teams of HCWs and lay counselors. This integrated effort of bringing together NGOs/FBOs/CBOs, Neighborhood Health Committees, community leaders, and facility health workers will greatly increase access to CT services in rural areas and will mobilize overall demand for and acceptance of CT. For example, lay counselors will lead group discussions and offer pre/post test individual counseling within communities and at facilities. HIV-infected individuals will be referred for other services, including PMTCT, ART, and palliative care.

In FY 2006, 100 HCWs received the GRZ counseling training course, 60 HCWs the counseling supervision training, and 112 lay counselors from CBOs and FBOs were trained. In FY 2007, an additional 100 HCWs will receive the GRZ training, 100 will receive refresher training, and 60 will receive counseling supervisor training. An additional 100 CBO/FBO lay counselors, including persons already working in facilities (e.g., TB treatment supporters) will be trained to support CT services in health facilities and to increase

demand for these services within communities. These community representatives will also assist health facility management and staff to make CT services more accessible and acceptable among the population they serve.

In the third component, ZPCT will work with facilities, communities, and partner organizations to establish, strengthen, and widen referral linkages. Inter- and intra-facility referrals between CT and TB, STI, ante-natal care, in-patient, and out-patient services will be expanded, and existing community-based services will be integrated into an active referral system. A ZPCT provincial referral officer works with organizations in each ZPCT-supported district and a contact person in each supported facility to strengthen the district referral networks.

In the fourth component, ZPCT will provide technical assistance to the national CT Technical Working Group on strategies for scaling up CT services and developing, revising, and disseminating training materials, protocols, and policies. Policy issues continue to 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 with CT services and will avoid duplication of services. Through collaborative efforts with Health Communication Partnership (8901), Society for Family Health (SFH) (8926), and Peace Corps (9629), ZPCT will provide targeted IEC materials, developed in local languages for use by community groups. ZPCT will also seek opportunities to leverage resources by partnering with organizations that provide CT services, such as SFH's (8926) New Start and mobile CT network, and strengthening referral networks to ZPCT ART-supported facilities. ZPCT will continue to collaborate with projects supporting home-based care services, such as Catholic Relief Services/SUCCESS (9180) and RAPIDS (8946), to promote and expand CT services for the communities in which they work.

In the final component, increasing program sustainability with the GRZ, ZPCT will work with Provincial Health Offices (PHOs) and DHMTs to build on the quality assurance activities started in FY 2006. With GRZ, ZPCT will identify two districts in each of the five provinces that are now providing consistent quality services and will only need limited technical support from ZPCT in FY 2007. PHOs and DHMTs will assume responsibility for selected districts by providing all supervision and monitoring activities in these districts in order to better sustain the program activities.

By working with GRZ facilities, ZPCT is able to establish a sustainable program through training health care workers, developing standard treatment protocols, strengthening physical and equipment infrastructures, implementing facility-level quality assurance/quality improvement programs, improving laboratory equipment and systems, and developing and strengthening health information systems.

Continued Associated Activity Information

Activity ID:	3525
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	Zambia Prevention, Care and Treatment Partnership
Funding Source:	GHAI
Planned Funds:	$ 2,596,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	99	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	54,000	☐
Number of individuals trained in counseling and testing according to national and international standards	360	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Discordant couples
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Host country government workers
Public health care workers
Laboratory workers
Community members
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-Western

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8898
Planned Funds:	$ 375,909.00

Activity Narrative: This activity relates to BizAIDS HVAB (#9878).

In its fourth year, BizAIDS will continue to implement a series of workshops on HIV/AIDS for individuals involved in micro and small businesses in all nine provinces. These workshop sessions include information about HIV/AIDS prevention, counseling and testing (CT), and antiretroviral treatment (ART), emphasizing AB for prevention and CT. All people that attend the sessions learn about the importance of knowing one's status and a significant proportion opt for on-site CT services. By mid-year FY 2006, the BizAIDS Program had already reached its annual VCT target. A total of 3,038 individuals, including 1,329 males and 1,709 females, underwent counseling and testing. The BizAIDS program focuses on increasing access of individuals involved in micro and small businesses to voluntary counseling and testing services for HIV/AIDS. The program provides HIV/AIDS information and encourages participants to share the same information with their spouses, children, and the community. As a result, couples and family members choose to undertake VCT. During workshop sessions, participants learn about the health effects associated with HIV/AIDS and develop plans to mitigate the impact that HIV/AIDS can have on their business, employees, and family. Through dialogue, participants are taken through a process that is designed to reduce stigma and discrimination in the workplace and at home and emphasizes the importance of CT. BizAIDS funds local organizations certified in counseling and test to attend workshops and provide on-site CT services.

The program will operate in the nine provinces of Zambia using local trainers that are affiliated to membership driven organizations. BizAIDS will have a special focus on groups of women, including widows and those who are taking care of their chronically ill husbands and family members. The program also provides legal information on asset protection through succession planning among the communities that are affected by HIV/AIDS.

In FY 2007, this BizAIDS intervention will provide on-site CT to 7,600 individuals. The program will target membership driven organizations including District Business Associations, women's cooperatives and groups, local development organizations, and other related groups working within the health and social development areas. In addition, the program has identified two private training institutions, Luwaka School of Horticultural and Floristry in Lusaka and Paglory College of Education and Professional Studies in Kabwe that will incorporate the BizAIDS program into their training curriculum based on a recommendation from the Technical Education and Vocational Training Authority (TEVETA). The two institutions will work with trained CT providers, including Mwaroky HIV/AIDS Savers.

The BizAIDS program will continue to provide on-site mobile CT services in the targeted areas through local NGOs certified in HIV Counseling and Testing, such as Mwaroky HIV/AIDS Savers and Latkings Outreach Program. The program will refer participants that test positive to the local medical facilities and other existing local NGOs working in the area for care, treatment, and support services. To increase local capacity, IESC will arrange for volunteers from the U.S. to come to Zambia and mentor local organizations.

The program will contribute to increased capacity of local communities to promote and access prevention and CT services through the training of 30 local persons (who are affiliated with NGOs working with the BizAIDS program) in the BizAIDS model and CT certification. IESC will conduct three training of trainers for 30 participants each from 3 selected districts. This will result in a total of 90 persons trained. The program will work with KARA Counseling and Chainama Health Hospital for the CT certification. The local trainers will be drawn from the Zambia Chamber of Small and Medium Business Associations (ZCSMBA) trainers' database and other key local NGOs. These trained trainers will incorporate the BizAIDS training approach into local workshops and set up on-site counseling and testing in the local communities in which they operate. The certification will serve as an added service for ZCSMBA trainers and other membership organizations and will encourage health promotion activities and information sharing.

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 ensure sustainability. It helps individuals, micro and small Zambian businesses (MSMEs), their owners, families, employees, and communities to access CT, prevention, care, and treatment services,

directly and indirectly. BizAIDS also provides participants with opportunities to access financial support through micro-credit as a means to enhance their incomes to meet the growing challenges of the pandemic at the household level.

BizAIDS promotes sustainability by working through local organizations and trainers to ensure that HIV/AIDS activities become an integral service element for members. This is emphasized during annual training of trainers. The BizAIDS program continues to provide refresher training for local trainers to ensure development of an appropriate level of skills. BizAIDS works through local business associations and places U.S. volunteers as mentors for the purpose of building local human capacity. The program encourages partners to collaborate in their efforts through exchange of trainers and lessons learned from implementing BizAIDS program. In particular, the program works with Zambia Chamber of Small and Medium Business Association members at the District Business Association level. BizAIDS is institutionalizing it model through the Center for Informal Sector Employment (CISEP) and Luwaka School of Horticultural and Floriculture.

In FY 2007, BizAIDS will directly provide CT services to 7,600 individuals and train 90 in CT.

Continued Associated Activity Information

Activity ID:	3560
USG Agency:	U.S. Agency for International Development
Prime Partner:	International Executive Service Corp
Mechanism:	BizAIDS
Funding Source:	GHAI
Planned Funds:	$ 600,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	7,600	☐
Number of individuals trained in counseling and testing according to national and international standards	90	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
HIV/AIDS-affected families
Widows/widowers

Key Legislative Issues

Volunteers

Coverage Areas

Luapula

Northern

North-Western

Eastern

Southern

Western

Central

Copperbelt

Lusaka

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8907
Planned Funds:	$ 675,000.00

Activity Narrative: This continuing activity links to HVAB (#8906), HKID (#8912), HBHC (#8909), HVTB (#8914), HTXS (#8909), HVSI (#8910),OHPS (#8911), HVOP (#8915), MTCT (#8913), and HVCT (#9605) Public Private Partnership.

SHARe will continue to partner in CT with private sector businesses and markets through three local NGO partners (Zambia Health Education and Communications Trust (ZHECT), ZamAction, Afya Mzuri), and support workplace and community counseling and testing (CT) through the four government ministries. SHARe provides support to the Ministry of Agriculture and Cooperatives which includes permanent and migrant workers, the Ministry of Home Affairs which includes police and prisons, the Ministry of Transport and Communications which includes transport companies and truckers, and Ministry of Tourism/Zambia Wildlife Association which includes wildlife scouts and employees of lodges and tourism businesses. SHARe and its partners will provide mobile CT services within communities through the Rapid Response Grantees and chiefdoms.

In FY 2005 and by mid-FY 2006, SHARe and its partners reached 24,034 individuals with direct CT services through mobile and static services.

In FY 2007, SHARe will continue to work through local NGO and public sector partners to expand CT services in private and public workplace programs through strengthening of workplace capabilities including quality assurance, quality improvement and supportive supervision to trained CT providers, provision of on-site and mobile CT services, and linkages to other CT service providers. SHARe will continue to expand CT beyond the workplace through partnerships with others including District AIDS Task Forces (DATFs), Chiefdoms, the Zambia Interfaith Networking Group on HIV/AIDS(ZINGO), and social mobilization activities including Voluntary Counseling and Testing Day (VCT) and World Aids Day through the National HIV/AIDS/STI/TB Council (NAC).

SHARe will also continue to provide a grant to a local NGO (Latkings) to provide mobile CT services linked to urban and rural mobile populations throughout Zambia. SHARe will seek creative ways to engage and connect the communities to CT through community sensitization. SHARe will continue to work with the District Health Management Teams and Medical Stores Ltd to increase the supply of rapid test kits to organizations that provide CT in order to expand nationwide CT services. In this period, 12,875 clients will be tested through on-site and mobile CT services. CT providers will link HIV positive clients to ART and palliative care services in their respective communities to ensure continuity of care.

SHARe will also continue to provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO, to provide technical assistance in CT to eight companies in two Global Development Alliances in the mining and agribusiness sectors. Private sector partners include Konkola Copper, Mopani Copper, Copperbelt Energy, Kansanshi Mines, Bwana Mkubwa Mining, Dunavant Zambia, Zambia Sugar and Mkushi Farmers Association, and reach 30 districts in six provinces and 34,635 employees and 2.1 million outreach community members. It is expected that over $2 million will be leveraged from the private sector for the two GDAs.

SHARe will continue to provide direct grants to the eight GDA companies for mobile workplace and community CT. GDAs will support 27 CT sites (11 onsite and 16 offsite), provide quality assurance, quality improvement and supportive supervision to trained CT counselors, and provide CT services directly to 26,500 persons.

CHAMP assists GDA members to provide on-site, facility-based and mobile CT services, create links for referrals to off-site services where on-site facilities are not available, link to the District Health Management Teams logistic management system and other sources for a consistent supply of CT test kits and reagents, and network with prevention, care and treatment sites. CHAMP also works 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 exams.

SHARe will increase the sustainability of its five local NGO partners working in CT, through strengthening of technical and management capacities and mobilization of financial resources. Activities will include participatory analysis of their current situation, sharing of

sustainability strategies of successful NGOs, and development and implementation of sustainability plans. GDA companies will ensure the sustainability of their HIV/AIDS workplace activities using private sector funds and establishing strong linkages with the District Health Management Team. Public sector ministries and DATFs will ensure the sustainability of their HIV/AIDS workplace activities through public sector and other donor funding.

In FY 2007, SHARe will directly reach 39,375 individuals with on-site and mobile CT through NGOs, public and private sector workplaces, Rapid Response Grantees, social mobilization activities, and GDA members.

Continued Associated Activity Information

Activity ID:	3639
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow Research and Training Institute
Mechanism:	SHARE
Funding Source:	GHAI
Planned Funds:	$ 575,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national and international standards	28	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	39,375	☐
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Business community/private sector
Truck drivers
Prisoners
Migrants/migrant workers
Host country government workers
Police
Miners

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:	Social Marketing
Prime Partner:	Population Services International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8926
Planned Funds:	$ 2,050,000.00

Activity Narrative: This activity is an integral component of a project linked strategically to HTXS, HVAB, and HVOP interventions, including PSI (8925), CDC (9026), Peace Corps (9629), CIDRZ (9000), CRS/AIDSRelief (8827), ZPCT(8885), CHAMP, and CARE (8818).

Since opening the first New Start voluntary counseling and testing (VCT) center in FY 2002, PSI, through its local affiliate Society for Family Health (SFH), has played a key role in promoting and providing VCT in Zambia. Over 500 VCT/ PMTCT centers exist within integrated government health delivery systems across the country, but many behavioral and resource barriers to utilization still exist. PSI/SFH augments government efforts to provide VCT to as many citizens as possible by implementing "The New Start VCT Network." New Start is a socially marketed service delivery mechanism that promotes VCT through mass media and interpersonal communication, while simultaneously supporting a franchised network of branded, high-quality VCT centers. The franchised network approach helps to develop VCT capacities, ensure quality and consistency, and boost demand for and uptake of VCT services. Coupled with increased promotion, this has led to a steady increase in VCT numbers, particularly in mobile units. Mobile units have enabled 33% of all districts to be covered nationwide. Additionally, many non-branded VCT centers reported an increase in VCT numbers potentially as a result of New Start promotion campaigns.

Since FY 2006, five fixed-site New Start Centers (two of which are PEPFAR-funded) and four mobile units (two of which are PEPFAR-funded) have been in operation. The centers in Kitwe and Lusaka are PSI/SFH-managed sites and operate as 'centers of excellence' for the network. All others are managed through key partnerships between PSI/SFH and public and private institutions. PSI/SFH provides human and operational resources, technical assistance, monitoring and evaluation (M&E), and training to public and private VCT centers in the network. All counselors are Zambia Counseling Council certified, and the network provides group and individual supervisions and refresher courses to enhance service delivery. Centers also support mobile VCT units and post-test programs.

National New Start promotion and advertising is implemented by PSI/SFH on behalf of all VCT centers affiliated with the network. In FY 2006, a mass communication campaign entitled "Know for Sure" was developed to regularize and destigmatize VCT among the general population. The campaign will continue in 2007.

PSI/SFH has been able to maintain this unique network through funding by the German Development Bank (KfW) and PEPFAR. In tandem, these two sources of funding have supported five New Start centers that include, in varying degrees: mobile VCT units, training and quality assurance, integrated medical services such as STI treatment and ART (provided by partners), IEC materials, promotional campaigns, and post-test services. KfW funding will end in October 2007.

To further improve access to rural and peri-urban populations, FY07 funds will continue to support the four mobile VCT units launched in FY 06, the fixed site at University Teaching Hospital, and national M&E and promotional activities. Funds will be used to scale up existing services by adding five new mobile units, bringing the total number to nine (geographic location to be determined in late FY 2006). In order to strengthen technical and management capabilities of local governmental and non-governmental partners, these units will be operationalized through sub-contracts to partnering VCT centers.

To support mobile units, community mobilization and follow-up care and support continue to be accomplished through linkages to other organizations such as ZPCT, CARE, CIDRZ, CHAMP, and CRS.

In FY 2006, a comprehensive post-test program was developed as an extension to New Start counseling and testing services. In FY07, "Horizon" post-test club will be expanded through a series of sub-grants to local FBOs and CBOs. Synergies with other NGOs offering VCT services will be utilized to expand the Horizon network to other provinces. The sub-granting model will help to build local capacity to public and private institutions. PSI/SFH will continue to provide technical assistance.

In FY07, PSI/SFH will reach 58,800 Zambians with VCT through New Start. 20% of all clients will be referred for care and treatment services during post-test counseling. At

post-test counseling, clients are also given messages on the ABC approach, and risk reduction planning. Condoms are distributed, where appropriate. Clients are also counseled on disclosure to their partners. By maintaining the sub-grant/partnership model, PSI/SFH will continue to strengthen VCT technical capabilities of Zambian organizations by: (1) improving laboratory capacity to perform HIV testing; (2) increasing human resource capacity through training; (3) developing VCT protocols and procedures; (4) increasing the availability of VCT; and (5) creating linkages to care and treatment services. The partnership model also enables a more straightforward exit strategy for PSI/SFH in the service delivery of VCT and a more sustainable transition to full service delivery by the partnering organizations.

To address the key legislative issue of gender equity, PSI/SFH will continue to run a multimedia demand-creation campaign to increase the number of people seeking VCT services. PSI/SFH will focus on increasing the number of men and couples accessing VCT and will address issues pertinent to discordant couples. Currently, 10% of PSI/SFH's clients are couples (an average of 250 couples per month).

Additionally, the key legislative issue of stigma and discrimination will be addressed. Improved access to VCT services and referral 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 surrounding the disease. In rural and peri-urban areas, as well as in mobile VCT programs, a decrease in stigma has led to an uptake in VCT services. Post-test programs that provide information about positive living—including legal and human rights issues—also help reduce stigma and discrimination.

PSI/SFH plans to leverage other donor funds to offer expanded services along with its stand-alone and mobile VCT units. Integrating other critically needed health services with VCT will diminish potential stigma issues in both urban and rural communities associated with attendance at an HIV-testing facility.

With plus-up funding, SFH will expand the pilot project to two additional sites in peri-urban settings; selection will be determined by their suitability and commitment to the project, as indicated through the use of MC site assessment materials developed by JHPIEGO. These additional sites will provide richer data regarding the feasibility of implementing cost-effective, sustainable MC models in various locales through different modalities. More specifically, three components comprise this MC service delivery package: provision of the male circumcision procedure; counseling and communications on HIV prevention (including AB messages) and HIV testing, STI evaluation and treatment, men's general reproductive health; and linkages to other reproductive health and HIV/AIDS services. Additionally, in conjunction with the national MC task force, these results will be used to further develop appropriate training and service delivery packages to increase access to safe MC services in a variety of settings.

Continued Associated Activity Information

Activity ID:	3369
USG Agency:	U.S. Agency for International Development
Prime Partner:	Population Services International
Mechanism:	Social Marketing
Funding Source:	GHAI
Planned Funds:	$ 1,000,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	13	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	58,800	☐
Number of individuals trained in counseling and testing according to national and international standards	30	☐

Target Populations:

Adults

Community leaders

Discordant couples

Community members

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

Luapula

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Corridors of Hope II
Prime Partner:	Research Triangle Institute
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8939
Planned Funds:	$ 930,000.00

Activity Narrative: This activity relates to HVAB (#8935) and HVOP (#8939).

The Corridors of Hope II (COH II) is a new contract under Research Triangle Institute (RTI) that follows on from the original Corridors of Hope Cross Border Initiative (COH). COH II will both continue the activities of original project and expand the program to ensure a more comprehensive and balanced prevention program. COH II will have three basic objectives focusing on other prevention, AB activities, and CT integrated with sexually transmitted infections (STI) services for a comprehensive approach to prevention.

Based on Zambia-specific HIV/AIDS epidemiological data, findings of the Priorities for Local AIDS Control Efforts (PLACE) study, the Zambia Sexual Behavior Study, other behavioral and biological data, and lessons learned from the original COH, services will refocus on sexual networks, addressing the vulnerability of youth, address gender disparities, build local capacity to provide CT, AB, and Other Prevention services, and facilitate linkages to other program areas such as PMTCT, care, and ART. To accomplish this, COH II will work with communities and with existing governmental structures such as District Health Management Teams (DHMTs) and coordinate and collaborate with USG partners and other donors to eliminate redundancy and ensure services are comprehensive. COH II will also have a strong focus on sustainability through building the capacity of local organizations.

With the advent of PEPFAR, the original COH introduced HIV testing into their services at border and high transit sites for the first time. By FY 2005 and 2006, COH had trained 20 HIV counselors and 20 health care workers to provide CT services to high risk women and men and reached nearly 9,000 men and women, including sex workers and their clients, with CT services. The test results were shocking with prevalence rates from 50-70% among high risk women. These data reinforced the importance of expanding CT services and linkages to care and treatment services in the new COH II project.

Building on these lessons learned, COH II will continue to expand CT services in five static facilities and mobile services in: 1. Livingstone and Kazungula, 2. Chipata and Katete, 3. Kapiri Mposhi, 4. Ndola, and 5. Chirundu. These locations 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. In FY 2007, COH will provide 20,000 individuals with increased access to CT services, and train 40 counselors, health workers and lab technicians in CT.

COH II will promote universal CT 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. COH II will provide static and mobile community-based CT services. CT will be an entry point to prevention, care, and treatment services and strong linkages will be established for referrals. COH II and their local partners will work closely with communities to establish post-test clubs and support activities.

COH II's mandate is to increase the capacity of local partner organizations to provide and sustain a continuum of prevention services. COH II will build local capacity to conduct CT services, integrate CT with AB and other prevention activities, and establish effective and comprehensive referral networks that are easily accessible and acceptable to Most-at-Risk Populations. COH II will strengthen all facets of the local implementing partners by helping to improve their technical approaches, financial management systems, human resource management, strategic planning capabilities, networking capabilities, M&E, quality assurance, and commodity/equipment logistics management. In conjunction with their sub partners, COH II will develop an exist strategy with graduation plan and timeline for the phase-out of technical assistance that will indicate the technical and capacity building needs of each local partner leading up to graduation.

Sustainability and comprehensiveness will be addressed by ensuring that all CT services will be linked to existing health centers, hospitals, and community 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. COH II will collaborate with the District AIDS Task Forces (DATFs) and the District Health Management Teams (DHMTs) in planning sessions to support and eliminate redundancy and build a strong referral system to existing local government and private sector HIV/AIDS services and other USG supported programs.

Continued Associated Activity Information

Activity ID: 3664
USG Agency: U.S. Agency for International Development
Prime Partner: Research Triangle Institute
Mechanism: Corridors of Hope
Funding Source: GHAI
Planned Funds: $ 700,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	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 and international standards	7	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	20,000	☐
Number of individuals trained in counseling and testing according to national and international standards	40	☐

Target Populations:

Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Discordant couples
Street youth
Truck drivers
Non-governmental organizations/private voluntary organizations
Migrants/migrant workers
Partners/clients of CSW
Religious leaders
Community members

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central

Eastern

Southern

Copperbelt

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8944
Planned Funds:	$ 573,485.00

Activity Narrative: This activity links to activities in HKID (#8947), HBHC (#8946), HVAB (#8945) and HTXS (#8948), as well as to Track 1.0 OVC projects, and other PEPFAR funded projects in Zambia.

"Reaching HIV/AIDS Affected People with Integrated Development and Support" project (RAPIDS), undertakes care and support activities in 49 of the 72 districts in Zambia (68% geographic coverage at district level). RAPIDS is a consortium of six organizations: World Vision, Africare, CARE, CRS, The Salvation Army, and the Expanded Church Response, and CBO/FBO small grant recipients. The RAPIDS "household approach" extends care and support, including counseling and testing, to youth, orphans and vulnerable children (OVC), and chronically ill adults and children tailored to the needs and priorities identified at a household level.

RAPIDS integrates CT services into all its care and support activities targeting youth, OVC, and people living with HIV/AIDS (PLWHA), including children living with HIV/AIDS (CLWHA). In FY 2006, RAPIDS integrated CT linkages into home-based care and expects to refer 4,000 individuals for CT by year-end.

In FY 2007, for the first time, RAPIDS will provide direct community-based CT targeted at 11,661 individuals, at an estimated cost of $49 for each client who is counseled, tested and receives their test result. RAPIDS will train and mobilize its HBC and OVC volunteer caregivers and youth networks to promote universal CT in their communities. RAPIDS will fund local organizations certified in CT to provide family-based CT following national protocols for rapid testing. RAPIDS sets its targets using a sound M&E system, which also allows it to collect data and analyze achievement of targets in a timely, accurate fashion, and use data to plan future efforts. Geographic coverage of RAPIDS CT will increase yearly through FY 2008 as the numbers of volunteers trained increases and more community awareness and demand is generated.

In FY 2007, RAPIDS will provide training in counseling and testing to health care providers who are part of the home-based care programs. Where possible, health providers will link to the district level supply chain of VCT kits. In the event of localized stock-outs, RAPIDS will coordinate with District Health Management Teams, the central level Medical Stores Ltd., and other USG partners to access and distribute HIV test kits to trained health care providers. The health care providers will provide CT to clients referred by volunteer caregivers and their supervisors as well as through mobile outreach services in the communities. RAPIDS will also train Family Support Unit (FSU) staff to promote CT for all children and their family members and will collaborate with CDC to expand CT through FSU outreach services for children. The trained health care providers will train caregivers as lay counselors using national and international standards to provide counseling at the household level and refer clients to both mobile and static CT services for professional counseling and testing. Strong linkages will be made with GRZ health centers at district level to ensure post-test follow up and feedback.

RAPIDS will seek creative and practical ways to connect communities to CT through sensitization on the importance of CT, counteracting myths about CT, and linking with GRZ and other USG partners implementing CT. RAPIDS will use its unique community-based approach to provide family-based CT. Through the household or family centered approach, RAPIDS will reach target populations, which include OVC, youth, and HBC clients and their family members. RAPIDS will work with existing partners currently providing CT services in order to scale up on their activities. In addition to direct counseling and testing RAPIDS will continue with its CT referrals and will develop a system to link post-test clients to prevention, care, and ART services. CT promotional materials developed by the GRZ and other USG programs such as HCP will be accessed and distributed. All six RAPIDS partners will implement CT activities to ensure that it reaches its CT targets.

To promote operational linkages and enhance the network model approach, RAPIDS will forge partnerships with other USG-supported initiatives that provide CT such as ZPCT, AIDSRelief, CIDRZ, Corridors of Hope II, and PSI New Start clinics. Each of the RAPIDS consortium partners, and some of its FBO/CBO sub-grantees, will include direct provision or support of CT in OVC, youth, and HBC programming. RAPIDS will follow GRZ National Counseling and Testing Guidelines on CT protocols and parental consent for the testing of

children.

To ensure that males and females have equal access to CT, RAPIDS will plan using a gender-sensitive lens. RAPIDS will focus on reducing barriers to CT that men and women face, address the special concerns of single and married persons, including reducing 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 using strategies that are age-appropriate and respond to family and social context. RAPIDS will work with FBOs and faith leaders to encourage congregants to undergo CT and to reduce stigma and discrimination through supporting mobile testing at churches especially during religious celebrations and other church events.

RAPIDS' main strategy for promoting sustainable CT services is based on its community mobilization and capacity building activities. RAPIDS will continue to focus on training volunteer caregivers who are the main service deliverers to the community. In order to sustain grassroots CT efforts, RAPIDS will build the capacity of CBO/FBO small grant recipients to promote and mobilize CT services and to integrate CT into HBC and OVC programming. RAPIDS will strengthen linkages between community groups and district services and AIDS task forces for the continued provision of management and CT skills training and access to HIV/AIDS resources. RAPIDS will continue to implement a training of trainers program aimed at equipping community-based organizations with skilled program trainers capable of training caregivers and peer educators in their communities.

To ensure sustainable community- and family-based CT services and demand beyond the life of the program, RAPIDS will build the capacity of district and local services to implement CT promotion and mobile services. RAPIDS will also contribute to the sustainability of the HIV/AIDS response by solidifying and reinforcing critical networks and alliances, sharing lessons learned and best practices, leveraging resources, forming partnerships, ensuring that duplication is not occurring, and advocating for the promotion of improved CT support.

Continued Associated Activity Information

Activity ID:	3555
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Vision International
Mechanism:	RAPIDS
Funding Source:	GHAI
Planned Funds:	$ 350,000.00

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 and international standards	49	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	11,661	☐
Number of individuals trained in counseling and testing according to national and international standards	490	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Food

Microfinance/Microcredit

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	DAPP - 1 U2G PS000588
Prime Partner:	Development Aid People to People Zambia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8998
Planned Funds:	$ 350,000.00

Activity Narrative: Development Aid People to People in Zambia has been operating since 1986. 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 improve their quality of life. Through this funding mechanism, DAPP in Zambia in cooperation with Humana People to People plan to continue with their collaborative program called Total Control of the Epidemic (TCE) that began in fiscal year (FY) 2006. This DAPP program is an innovative, grassroots, one-on-one communication, and mobilization strategy for HIV prevention and behavior change. These programs implement voluntary counseling and testing (VCT) on a house-to-house basis in conjunction with personalized counseling for HIV/AIDS prevention and behavior change, and referrals for care and treatment services.

The overall objective of the TCE program seeks to mobilize communities to take control of the epidemic. One large rural area in the Mazabuka district of Southern Province was identified in FY 2006 as the initial target area. Funds for FY 2006 were awarded in September 2006. Building on the work begun in FY 2006, in the second year of the program, 50 local resident people will be trained as field officers to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or be faithful. Twenty-five (25) people will be trained in HIV/AIDS CT and will be responsible for administering VCT services to the community. It is anticipated that 7,500 people will be tested for HIV/AIDS and receive their results. Many people who live in this area are located along riverbanks and islands in the Kafue River flats. Specific methods have been developed to reach these people by boats. Given the need to reach people in a mobile fashion; and that boats will be used to reach some people, the cost per person tested for HIV in this activity may be greater than for other activities.

In addition to providing VCT for households, field officers are trained to talk to people about preventing mother to child transmission (PMTCT) services, basic health care and support services, and antiretroviral therapy (ART) services that are available in the district and they can tailor services based on the person's HIV-related needs. Appropriate referrals will be made to services such as VCT, ART, PMTCT and community networks and initiatives. It is anticipated that 500 people who are enrolled in ART will be identified through the house-to-house program and will receive prevention for positives counseling. DAPP in Zambia hopes these practices will become institutionalized as habits as this will ensure adherence to ART during and after the mobilization campaign. In FY 2007, approximately 1,000 pregnant women are expected to receive HIV CT for PMTCT and receive their results. Another 20,000 individuals are targeted to be reached through community outreach that promotes 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 are made to contact 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 husband and wife couples with couples counseling or entire families with family counseling. Follow-up visits to people who would benefit from extra time with a counselor can also be made. Additionally, people will receive pertinent information about HIV/AIDS services available in their community and how to access them. The United States Government (USG) programs of PMTCT, ART, and basic health care and support will benefit from the referrals that will be made to them. This program will work closely with the Southern Provincial Health Office, SPHO (activity # new) and in future years can be scaled-up to include other areas of the Southern Province

TCE programs are naturally sustainable following the three years of formal implementation by DAPP. The formal program is anticipated to run through FY 2008 and during this time, capacity is built in individuals and communities to take action in the fight against HIV/AIDS. . In the first three years of implementation, over 150 people will be trained in HIV CT and behavior change communication and 100,000 people will be reached with communication programs. These individuals who are trained are from within the community where they are working and they will continue to impart their knowledge and experiences to members of their communities after the formal program is ended. They will be seen as role models and experts in HIV/AIDS in their communities and are often approached by community members for support regarding HIV/AIDS. In other countries

where the formal program of TCE has ended, the experience is that field officers continue visiting people in their homes and provide services even after the formal program has ended. In addition, TCE works to refer people to the existing HIV/AIDS services provided by the Government of the Republic of Zambia and these referrals will be available to people after the formal program of TCE has ended.

Continued Associated Activity Information

Activity ID: 3675
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Development Aid People to People, Namibia
Mechanism: DAPP
Funding Source: GHAI
Planned Funds: $ 250,000.00

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 and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	7,500	☐
Number of individuals trained in counseling and testing according to national and international standards	25	☐

Target Populations:

Adults
Infants
Pregnant women
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)

Coverage Areas

Southern

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	EPHO - 1 U2G PS000641
Prime Partner:	Provincial Health Office - Eastern Province
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9005
Planned Funds:	$ 100,000.00

Activity Narrative: Related activities: This activity is linked to EPHO HVTB (#9006), EPHO HTXS (#9951), CARE HVCT (#9713) and CRS HVCT (#9714).

In Eastern Province, the estimated HIV prevalence rate among adults aged 15-49 years is 13.2%. In 2004, the HIV prevalence rates among adults aged 15-49 years in Chipata, Katete, and Petauke were 26.3%, 18.1% and 9.3% respectively. The provincial tuberculosis (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%.

In fiscal year (FY) 2006, the United States Government (USG) is supporting a number of counseling and testing activities, at the Eastern Provincial Health Office (EPHO), including: rehabilitation and renovation of counseling and testing rooms in the four selected health facilities (Nyimba, Mambwe, Chama, and Chadiza); training 100 community lay counselors and 40 health care workers in adherence counseling; setting up appropriate referrals to health centers. In addition the district recording and reporting system will be used to document counseling activities as well as fulfill the reporting targets under President's Emergency Plan for AIDS Relief. FY 2006 funding is expected to be available in mid-September 2006 and these activities will start immediately when funding is available.

In FY 2007, USG will continue to support the EPHO to expand counseling and testing activities to four additional sites within these districts for a total of eight. The recent national policy of providing routine counseling and testing in health facilities that can provide antiretroviral therapy (ART) services supports the plan to train 80 health care providers in HIV/AIDS counseling and rapid HIV testing. These trainings will also include: appropriate referral of HIV positive clients to PMTCT and ART services and emphasis on prevention of transmission of HIV among those who test positive (positive prevention) as well as issues surrounding disclosure and discordance. This training program will complement the training to be provided under activity EPHO HTXS (new) and EPHO HVTB (#9006) in HIV and ARV's and OI's; TB/HIV and STI/HIV correlation and integration. The training will include TB screening using a screening questionnaire for all persons testing HIV positive and appropriate referrals to the TB service. It is expected that at least 50% of all individuals testing positive for HIV` will receive TB screening. Due to the current human resource crises in Zambia, an additional 100 lay counselors will be trained in counseling to increase HIV awareness, care, and referral of cases that need further counseling and care to health facilities. These counselors will help improve adherence among patients on ART. Training costs increase substantially when conducted in a rural setting where the districts are far apart as compared to standard costs for services provided in urban areas.

Service outlets for CT will also increase from one in each district to a minimum of two. The EPHO and the District Health Management Teams will provide technical supervision to service remote sites monthly. There will be monthly meetings for monitoring and sharing of experiences in each of the four districts. Linkages with other USG-funded programs in the area of prevention care and treatment and the Global Fund activities will be strengthened through quarterly partner meetings to share experiences and avoid overlap.

Logistics such as HIV test kits are being supported by the USG through the Central Medical Stores. The districts currently hold monthly meetings with organizations and community-based groups implementing CT activities to report on findings, share experiences, and to identify weaknesses.

The expected outcome of this activity is to provide HIVtesting services to 400 STI patients and 200 HIV/AIDS patients and approximately 1,322 clients will receive CT services from the CT outlets.

These activities will be coordinated by the EPHO and linked to the activities to be implemented by CARE (new activity HVCT) and will result in a substantial increase in access to CT in the province in all districts. Additional support for CT will be provided in faith based institutions in two districts through Catholic Relief Services HVCT (#9713).

There are established structures in terms of human resource, infrastructure, and resource mobilization through the Government of the Republic of Zambia and other donors support to ensure sustainability of the program. The activities will also be included in future

national health plans, which will secure national funding for the activities. Emphasis on training and incorporation of CT in all service delivery points empowers staff and ensures long-term sustainability. It is hoped that Global Fund money will also be able to support these activities in future years.

Continued Associated Activity Information

Activity ID: 3669
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Provincial Health Office - Eastern Province
Mechanism: Eastern Provincial Health Office
Funding Source: GHAI
Planned Funds: $ 100,000.00

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 and international standards	8	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	4,000	☐
Number of individuals trained in counseling and testing according to national and international standards	180	☐

Target Populations:

Adults
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers

Coverage Areas

Eastern

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	SPHO - U62/CCU025149
Prime Partner:	Provincial Health Office - Southern Province
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9018
Planned Funds:	$ 200,000.00

Activity Narrative: Related activities: This activity is linked to CHAZ HVTB (#8992), SoPHO ART (#9760), SoPHO HLAB (#9797), HVTB JHPIEGO (#9032), HVCT DAPP (#8998), HVCT mobile VCT TBD (#9742), CRS HVCT (#9713)

In Southern Province, the estimated HIV prevalence rate among adults aged 15-49 years is 16.2%. The tuberculosis (TB) incidence rate in 2005 was 415/100,000 of the population while the TB notification was reported at 594/100,000. The syphilis prevalence rate among adults aged 15-59 in 2002 was 4.1%.

Building on initial support provided directly to the Southern Province Health office (SoPHO) in Fiscal Year (FY) 2005, in 2006, the United States Government (USG) provided additional support for the expansion of counseling and testing (CT) services in the 19 TB diagnostic and antiretroviral therapy (ART) centers in Southern Province with special focus on the five highest HIV/TB burden districts. By the end of FY 2006, in addition to training clinicians in HIV/ART and OI management, 20 health workers were trained in psychosocial CT and 200 community members will be trained as lay counselors. All training is based on the National standardized training packages. Funds also supported the Mosi-O-Tunya Family Support Unit (FSU) with logistics for running the FSU and salary support for counselors. Other costs of running the FSU and for the activities for the orphans and vulnerable children are supported by another USG partner, RAPIDS (activity #8947).

In FY 2007, the SoPHO will increase the number of health workers overall who offer CT services to 35% from current proportion of less than 20%. This will be achieved by training more health workers in psychosocial counseling and additional lay counselors. This is expected to result in an increased number of people who test for HIV. The SoPHO will also offer health workers previously trained on ART and opportunistic infections (OI) management training in the following areas: ARV drug adherence counseling, prevention of HIV transmission in those who test positive (positive prevention), issues around disclosure discordance, and updates in current protocols in HIV testing and HIV management. Appropriate referral mechanisms will be established for referrals between voluntary counseling and testing (VCT)/prevention of mother to child transmission (PMTCT), TB/STI, and ART services. In addition, all HIV positive individuals will be screened for TB using a screening questionnaire and referred for appropriate management. All these areas will be covered in any new training in FY 2007.

Additional plans for SoPHO in FY 2007 include increasing access to CT for young people as a continuing strategy in the prevention of HIV infection by providing direct support to District Health Offices in the establishment and strengthening of Youth Friendly Health Services (YHFS). This activity will focus on strengthening HIV/STI prevention services and STI treatment services for youth. The activity will link sexually active youths to existing reproductive heath services currently provided by other donors, such as ____, This will be accomplished through on-site training of health providers to work with young people, training peer HIV counselors as well as creating sufficient space for the YFHS activities. By the end of FY 2007, 70% of health facilities in the province shall offer a complete package of adolescent friendly health services. The program shall target the age group 10-24 years, and reach 15,000 young people with integrated information on reproductive health, TB/HIV/AIDS, and ART services by the end of FY 2007. The YFHS will also improve young people's health seeking behaviors; thus facilitating early diagnosis and management of TB and STIs, including HIV. Linkages to TB/ART services will also be strengthened.

By strengthening the community component of CT by training community resource persons and community adherence supporters will lead to the capturing of another 20% of HIV-infected persons who can then access treatment. In addition to the 200 community HIV counselors trained in FY 2006, 300 more are targeted for training on community HIV and adherence counseling in Southern Province. This is expected to result into over 12,000 people receiving counseling and testing for HIV and receiving their results in the province by the end of FY 2007.

In order to expand the services offered and provide adequate space for counseling, resources will be allocated to renovate three CT sites in each district of the Southern Province. Direct support will continue to be provided to the Mosi-O-Tunya HIV counseling initiative at Livingstone General Hospital. As result, an additional 3,000 clients will be counseled and tested.

Expansion of CT services for HIV remains a key activity that helps achieve the goals of the President's Emergency Plan for AIDS Relief by identifying individuals at high-risk of being infected and linking them to care and support service (SoPH HTXS Activity#9760 and SPHO HLAB Activity#9797). In FY 2007, USG proposes to continue to support the PHO to provide CT in the routine care of patients with TB and sexually transmitted infections (STIs) and strengthen linkages with the ART services in 39 sites within the 11 districts in the Southern Province. To accomplish this, the PHO will provide support for a focal person who will coordinate the CT activities in the province. Regular supportive supervision will be conducted by the focal person in collaboration with the Clinical Care Specialist and the Field Office Manager at the PHO in the districts.

In each of the 39 ART sites, five health care workers will be trained on HIV adherence counseling and rapid testing using standardized guidelines and protocols at the Ministry of Health. It is hoped that this training of health care workers will result in improved adherence by TB patients on ART and improve the cure rate from 77.4 % in 2005 to 90 % in 2007. The training will continue to strengthen the linkages between the CT services and the STI, TB, and ART programs to ensure that HIV positive patients are routinely screened for TB and STIs. It is expected that 50% of all individuals testing HIV positive will receive screening for TB.

This activity, in addition to the work that JHPIEGO (#9035) will support in CT for the mobile population and agribusiness, the program to provide mobile and boat VCT in Namwala and Itezhi-Tezhi, and DAPP (#8998) will result in a significant increase in the availability of counseling services in the province. Additional support for CT in the district of Senanga will be provided through Catholic Relief Services (#9713).

To sustain this program, the districts will include the activities in the Government of the Republic of Zambia annual district health plans. Emphasis on training and incorporation of CT in all service delivery points empowers staff and ensures long term sustainability. It is hoped that Global Fund money will also be able to support these activities in future years.

Continued Associated Activity Information

Activity ID:	3667
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Provincial Health Office - Southern Province
Mechanism:	Southern Provincial Health Office
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

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 and international standards	39	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	15,000	☐
Number of individuals trained in counseling and testing according to national and international standards	495	☐

Target Populations:

Adults
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
Private health care workers
Doctors
Nurses
Other Health Care Workers

Coverage Areas

Southern

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	UTAP - U62/CCU322428 / JHPIEGO
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9035
Planned Funds:	$ 235,000.00

Activity Narrative: This activity links to activities in TBHV and HVCT (particularly JHPIEGO, CARE, EGPAF, CRS, FHI ZPCT and TBCAP, PCI, SHARE and Provincial Health Offices), as well as to HTXS and HBHC clinical activities (EGPAF, CRS, ZPCT, JHPIEGO, and CHAMP.
This activity will increase access to counseling and testing, integrate diagnostic counseling and testing (DCT) into TB and STI services, and strengthen linkage to HIV/AIDS care and treatment services.

Migrant sugarcane workers and members of the military are at particularly high risk of HIV and STIs. These populations are away from their families for extended periods. They often have multiple concurrent sexual partners, placing them at a higher risk. Mobile populations are also at higher risk of TB than the general population, due to their living situation, often in crowded housing such as military barracks or migrant workers' camps. Access to health services among these populations is often limited; one effect of this limitation is that men who do suspect they have an STI or who have symptoms of TB may not receive timely treatment, which increases the chance of passing the infection on to others. While we know that there is a high rate of co-infection of TB and STIs with HIV, TB and STI services have not routinely and effectively offered HIV counseling and testing. At the same time, the Zambia Defense Forces (ZDF) and private sector health services such as those of Zambia Sugar have not benefited from the same level of investment as the public Ministry of Health (MOH) system. JHPIEGO, as a key partner to MOH in a number of HIV/AIDS technical programs, aims to help bridge this gap. In addition, ZDF sites are spread throughout Zambia in all nine provinces and are often located in very remote and hard to reach locations presenting further logistical challenges in service provision.

In fiscal year (FY) 2005, JHPIEGO received United States Government (USG) support to begin work with mobile populations of sugar cane workers in Mazabuka and the ZDF Medical Services in four sites to strengthen the integration of diagnostic HIV counseling and testing (DCT) into TB and STI services and increase access to and utilization of HIV prevention, care, and treatment services. JHPIEGO also worked to strengthen training of healthcare workers in areas where these people work in the management of STIs. Training emphasized the syndromic approach to STI management, risk assessment, and risk reduction counseling. The four ZDF model sites for comprehensive HIV/AIDS care include: Zambia Air force (ZAF) Livingstone, Lusaka's Maina Soko Military hospital, Tug Argan Barracks Ndola and Kitwe, and Zambia National Service (ZNS). In FY 2005 31 health care providers were trained in appropriate counseling and testing skills using the standardized national training and within 4 months 250 individuals were counseled and tested. Based on a subset of available data, 98% of eligible clients coming into TB and STI clinics who were offered DCT accepted HIV testing, and 76% of those clients tested positive for HIV with 92% being effectively referred for HIV care and treatment services.

In addition, 70 community lay counselors were trained. The community counselors are a link between the community and health care services and are involved in providing group education and counseling and testing both at community and facility level. Another aspect of ensuring increased continuous availability of trained counselors at the service delivery sites is the "task-shifting" strategy by making greater use of lay counselors.

In the second year of USG support (FY 2006), JHPIEGO continued to work with the private agribusiness industry and the ZDF, in conjunction with other collaborating partners, to strengthen and improve the integration of TB, STI, and HIV/AIDS services. A total of 40 additional health workers are being trained in appropriate DCT skills, with continued support for Zambia Sugar, PCI and the initial ZDF sites plus expanding to four additional ZDF sites. These expansion sites, selected in consultation with the ZDF Medical Services, are Gonda barrack, Chipata (Eastern province), ZAF Mbala (Northern province), Chindwin Barracks Kabwe (Central province) and ZNS Kamitonte, Solwezi (North-western province). An additional 80 community lay counselors are to be trained in 2006 to increase the capacity of and strengthen the facility-based DCT services. In order to ensure that the Counseling and Testing, STI, and HIV/AIDS services at the designated sites are of the highest quality, JHPIEGO is working with local stakeholders including the designated Provincial Health Offices and District Health Management Teams, Zambia Defense Forces Medical Unit, Zambia Sugar, PCI and relevant other relevant groups. In addition to building their capacity to support and expand these DCT services, increasing emphasis in 2006 is being placed on performance standards that outline the essential elements of quality STI, CT, and HIV/AIDS services. These standards form part of the monitoring plan

for the project, and will also be used by the clinic staff themselves, as well as their supervisors, to monitor and improve their performance.

In FY 2007, JHPIEGO will continue to build local capacity in supporting and expanding DCT services. By ensuring that the existing management and supervisory teams take the lead in both training and supervision activities, with JHPIEGO's support, their ability to sustain and expand these programs will be enhanced. JHPIEGO will work with the existing management and supervisory teams (e.g., from PHO, ZDF, DHMT, etc.) to provide supportive supervision and quality assurance to programs strengthened during FY 2005 and FY 2006. Supportive supervision will include visits to service providers and sites previously trained in DCT to provide on-the-spot training to update staff and address gaps. In addition quality assurance exercises will take place using a variety of methodologies (i.e., client exit interview, mystery client, chart reviews, etc.) In order to expand services, training will be provided to an additional 40 health workers as well as designated adjunct personnel (e.g., lay counselors) from Zambia sugar and from up to eight additional ZDF facilities to be selected in consultation with ZDF. The goal is to update their clinical skills in STI and HIV/AIDS care and to train them in CT services. Post-training follow-up supportive supervision visits will be conducted with ZDF and Zambia Sugar staff to bolster skills learned in training and to address any perceived gaps. JHPIEGO will also collaborate with partners such as PCI, SHARE, GDA, CHAMP, and Kara Counseling 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 counseling and testing, group education on HIV/AIDS, recognition and referral for STI, or HIV care services, treatment support and adherence support. Approximately 1300 individuals are expected to receive counseling and testing as a result of these efforts.Other partners report targets generated from this activity thus will not be included here to avoid duplication.

Capacities will be strengthened in the ZDF and Zambia Sugar structures, and the MOH public health structures (PHO/DHMT) as appropriate, so that structured mentoring site visits and supportive supervision follow-up visits will be conducted by Zambia Sugar/ZDF trainers/ mentors to reinforce knowledge transfer and address any gaps. By strengthening the ZDF/Zambia Sugar training capacity, JHPIEGO will ensure the long term sustainability of the in service training and continuing education among ZDF/Zambia Sugar staff and service providers. The standards developed during FY 2005 and whose implementation started in FY 2006 will continue to be used by the staff and their supervisors to monitor and improve their performance.

Continued Associated Activity Information

Activity ID:	4527
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	JHPIEGO
Mechanism:	Technical Assistance/JHPIEGO
Funding Source:	GHAI
Planned Funds:	$ 235,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	17	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards	120	☐

Target Populations:

Doctors
Nurses
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism: UTAP - CIDRZ - U62/CCU622410
Prime Partner: Tulane University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9038
Planned Funds: $ 750,000.00
Activity Narrative: Related activities: This activity is linked to CIDRZ HTXS

In 2006, an intensive, coordinated community outreach project will start in the Lusaka community of Mtendere. Nicknamed "Save Mtendere!" this community education project aims to dramatically increase the population tested for HIV through intensive community mobilization, including door-to-door counseling and testing (CT) for families. This is a critical adjunct to rapidly expanding HIV care and treatment, as attitudes and perceptions towards HIV begin to change.

In the year prior to "Save Mtendere," just over 1,000 people voluntarily tested for HIV in the Mtendere Health Center. We will survey this center as well as other major VCT centers within the Mtendere community to assess whether the community mobilization increases demand for VCT. As community activities are just starting in Mtendere, the expected increases in demand are unknown.

In 2007, we propose to continue activities within the Mtendere community, and expand the program using lessons learned from Mtendere to two additional communities. One will be an additional community in the Lusaka District, due to the widespread accessibility of antiretroviral therapy (ART). Another intensive community program will start in a provincial capital (a peri-urban area, e.g., Chipata, Mongu, or Livingstone). These settings pose very different challenges for community outreach and require effective community mobilization messages and methods.

Principle activities of the project are community mobilization and participation and development of innovative, community-based modes of communication. Community leaders and support group members have requested bicycles and a vehicle equipped with loudspeakers in order to reach greater numbers of people. We propose to produce "chitengi'" (art on fabric materials), locality-specific billboards and signs, and develop other community messages promoting: (1) hope with the availability of treatment; (2) importance of mutual care and support; (3) availability of testing in the community; and (4) importance of lifelong adherence to treatment.

Plans include training all community mobilization volunteers and clinic-based coordinators, who will monitor their activities and ensure consistency of messages. These coordinators will also provide a central link between community volunteers and members of the community. These clinic-based messages and activities will be coordinated with other United States Government funded organizations conducting community outreach.

Due to the anticipated increased demand in voluntary counseling and testing (VCT), Tulane will also work closely with government facilities for HIV CT. Since 2001, the Center for Infectious Disease Research in Zambia (CIDRZ) has supported the GRZ in providing voluntary testing of hundreds of thousands of clients in antenatal and ART clinics. This support has included training counselors, supporting extra staffing, and supporting back-up supplies of HIV test kits. This component has an indirect benefit on reducing patient volume within the HIV care and treatment sites. Currently, there is a demand for VCT at this access point; as a result, staff spend a significant proportion of time at the ART clinics conducting CT sessions.

Local VCT centers within the district clinics and stand-alone sites will be consulted to measure the impact of these activities. Monitoring the demand for VCT before and after implementation of community outreach will provide a crude measure of effectiveness.

Continued Associated Activity Information

Activity ID:	3659
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Tulane University
Mechanism:	UTAP/Tulane University
Funding Source:	GHAI
Planned Funds:	$ 450,000.00

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 and international standards	30	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	30,000	☐
Number of individuals trained in counseling and testing according to national and international standards	150	☐

Target Populations:

Adults
Community leaders
Community-based organizations
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
Community members

Coverage Areas

Lusaka

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9042
Planned Funds:	$ 150,000.00

Activity Narrative: Related activities: UTH HVCT (#9716), NIH HLAB (#9015) and Social Marketing PSI HVCT.

The University Teaching Hospital has received funding from CDC through two co-operative agreements established directly with the Department of Pediatrics and the Dermato-venereology clinic (Clinic 3). Though both agreements are managed by the central administrative office, the accounts are separate and the location of the two departments is physically separate . To communicate the importance of the breadth of activities and for purposes of coordination, the activities linked to the two departments have been submitted as separate narratives.

The Clinic 3 is a dermato-venereology clinic which falls under the Department of Internal Medicine within the University Teaching Hospital (UTH) in Lusaka. Clinic 3 offers tertiary level services for the Lusaka District as well as primary care services to walk-in patients with sexually transmitted infections (STIs) and skin complaints. STI clients referred to the clinic from other health centers often have complicated infections that do not respond to first-line drugs or a history of repeated STIs. STIs are a major public health problem in Zambia; the incidence has been reported at 16 per 1000 person-years. The presence of an STI can increase the likelihood of acquiring HIV by two to five times and increase the probability of HIV transmission through an increased level of viral particles in the genital secretions. Therefore, providing testing and treatment of STIs can help prevent the spread of HIV.

The presence of an STI can indicate that either the client or his/her partner have engaged in risky sexual behavior and hence are at increased risk of acquiring HIV. The incorporation of HIV counseling and testing (CT) into the routine clinical management of clients with a STI is an opportunity to reinforce behavior change messages and refer the HIV-infected individuals to the antiretroviral treatment (ART) program.

From fiscal year (FY) 2004, the United States Government (USG) has provided support to the UTH STI clinic for a number of activities including: laboratory and infrastructure support, Neisseria Gonorrhea surveillance, CT training, and the implementation of routine counseling and testing for all STIs. These activities have included clients referred from any other clinical setting within the hospital and other walk-in clients. All HIV positive clients are linked to the treatment and care program within the clinic facility. In addition to referral of all STI clients for routine CT, all HIV positive clients in the CT center or in the ART program within Clinic 3 are also screened for STIs. These services were expanded during FY 2006 to include STI screening of clients undergoing HIV testing at a stand-alone CT center that has been established by RAPIDS (#8947) in the neighborhood with support from the USG. In the first six months of the program to screen STI clients for HIV, (Dec 2005 report), 413 clients were seen, of these 34% already knew their status, 66% underwent counseling and 52% of those who were tested were HIV positive. Only ten (10%) of the clients who tested positive were commenced on ART (using largely WHO clinical criteria) as many clients could not access easily the CD4 testing service due to the cost of this test. Due to difficulty in accessing CD4 testing services, the actual number of eligible clients may be under represented. However since August 2005 the Government of the Republic of Zambia made a policy decision to provide free ARVs and with the increased support of the USG for laboratory testing, a larger number of HIV positives will be able to access treatment.

The proposed activities for FY 2007 will focus on continuing to link STI clients to HIV diagnosis, treatment and care, and screening of HIV positive clients for STIs. All STI clients (100%) will be referred for counseling and testing (unless clients already have proof of being tested within the last three months). All HIV positive STI clients who up to now had difficulty with accessing CD4 testing will be linked to the National Institutes of Health CD4 testing services (Activity # 9015) within the hospital so that clients are identified in good time for treatment. Partner tracing and treatment is part of the standard approach to management of STI clients. All STI and HIV-related services will be extended to partners of our initial STI clients including PMTCT and care services.

An additional activity that the Clinic 3 will undertake in FY 2007 is to link-up with the departments in-patient wards and provide CT services to all partners of patients admitted in the hospital. The department has applied for USG funds (Diagnostic Counseling and

Testing (DCT) (#9716) to support the recent Zambian national policy of routine diagnostic counseling and testing in the hospital setting and all in-patient adults admitted to hospital. Upon obtaining permission from the patient tested under this DCT program, partners and relatives will be encourage to attend Clinic 3 for CT .

Due to rapid staff attrition, human capacity in the clinic will need to be improved. Activities to address this need in FY 2007 include the addition of two laboratory and counseling staff positions as well as the development of continuing education opportunities and in-service training for existing staff. One of the main barriers to improving care and treatment for HIV in Zambia has been the lack of human capacity and trained health care providers. This activity will address this need. While the cost per person of CT services is greater than most programs, it is due to the additional support to the STI reference laboratory in terms of equipment, STI diagnostics and support to the staff salaries.

The activities of the Clinic 3 are part of the government-run tertiary referral and teaching hospital. All activities in this proposal are within the confines of the priorities of the UTH which strives to establish a sustainable program, by training of health care workers, developing standard treatment protocols, strengthening physical and equipment infrastructures, implementing a facility-level quality assurance/quality improvement program, improving laboratory equipment and systems and development, and strengthening health information systems. The UTH management has contributed and shared some of the costs for this program with the President's Emergency Plan for AIDS Relief funds by providing: part time staff, some of the supplies (needles, syringes, and test kits) and supportive lab services. The benefit of this shared cost approach is that in the long-term UTH will only require minimal funding once staff is trained and systems are in place.

Continued Associated Activity Information

Activity ID: 3658
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University Teaching Hospital
Mechanism: University Teaching Hospital
Funding Source: GHAI
Planned Funds: $ 50,000.00

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 and international standards	1	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	2,000	☐
Number of individuals trained in counseling and testing according to national and international standards	10	☐

Target Populations:

People living with HIV/AIDS
Private health care workers
Laboratory workers
Other Health Care Workers

Coverage Areas

Lusaka

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9044
Planned Funds:	$ 150,000.00

Activity Narrative: Related activities: Linked to HTXS UTH (#9043), HTXS UTH Centre of Excellence (#9765) and OVC (#8947).

The University Teaching Hospital has received funding from CDC through two co-operative agreements established directly with the Department of Pediatrics and the Dermato-venereology clinic (Clinic 3). Though both agreements are managed by the central administrative office, the accounts are separate and the location of the two departments is physically separate . To communicate the importance of the breadth of activities and for purposes of coordination, the activities linked to the two departments have been submitted as separate narratives.

The Family Support Unit (FSU) provides a number of activities including CT services to inpatient and outpatient children that are seen in other departments of University Teaching Hospital (UTH) and community. HIV testing is carried out onsite and enables the center to provide same-day results to their clients. Child sexual abuse cases are also counseled, tested, and given psychosocial support in the unit (#9043). Children who test HIV positive are referred to a specialized HIV clinic within the Department of Pediatrics. Adults who test positive are supported with initial CD4 (laboratory support through United States Government (USG) funds) testing and referred to appropriate antiretroviral therapy (ART) centers within the hospital (UTH Department of Medicine (NEW activity) or at the nearest district health clinic providing ART services. Once the Pediatric and Family Centre of Excellence (COE) is fully established (HTXS CEO #New), with USG support, within the Department of Pediatrics the FSU will continue to play a key role with provision of CT and ongoing psychosocial support for children and their caregivers.

The FSU also runs an outreach program focused in three sites, one at the UTH and 2 others in urban communities within the district. These outreach activities provide: community sensitization on issues around pediatric HIV testing services to orphans, follow-up on children enrolled in care and treatment services, and provisions for psychosocial support to the children living with HIV/AIDS and their care givers.

Educational and recreational activities for children within the three sites are also offered. This activity is supported by RAPIDS (#8944) Children are encouraged to express themselves in writing, drawings, and games. Play therapy involving HIV+ children is used to build confidence and reduce stigma and discrimination. RAPIDS will support non-medical services of the FSUs, linking children to ART services, and support ART adherence.

A total of 2,302 children have been enrolled in the unit in the last three years. Ongoing educational and recreational activities will be incorporated into the multi-disciplinary approach of the pediatric COE that will be established in the Department of Pediatrics with support from the USG.

The FSU is also a training center in psychosocial counseling following the Zambian National VCT training guidelines and facilitates training courses as requested by the general public. These courses are very popular; however trainees must secure their own funding for training costs. Specialized trainings in child counseling are also conducted by Kara Counseling and Training Trust, a reputable non-governmental counseling training organization. This organization was initially supported by the Norwegian Agency for Development Cooperation and works with other USG partners in VCT training programs (Biz AIDS USAID HVCT – No activity number).

The FSU activities in FY 2005 were supported by PEPFAR funds through FHI and RAPIDS (HKID #8947) and RAPIDS continues to provide support programs that encourage parents and guardians to seek CT for OVCs, provide community based support and address the specific needs of the OVCS. Beginning in FY 2006, specific support for the counseling activities, including salary support for counselors has been provided by CDC, while the OVC support has been provided by RAPIDS. In FY 2006, counseling has been provided with a greater focus on community outreach and pediatric ART adherence issues. In FY 2007 additional direct funding will be used to expand to five additional sites in the Lusaka District that will link children directly with the ART and counseling program in the peripheral clinics currently supported by the USG. The unit will also add two additional activities to increase the number of trainings devoted to child counselors and work closely

with home-based health care programs supported by the USG (RAPIDS, HKID #8947) and other partners to integrate pediatric care and support into their activities.

Continued Associated Activity Information

Activity ID: 3758
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University Teaching Hospital
Mechanism: University Teaching Hospital
Funding Source: GHAI
Planned Funds: $ 50,032.00

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 and international standards	8	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	5,000	☐
Number of individuals trained in counseling and testing according to national and international standards	200	☐

Target Populations:

Community-based organizations
People living with HIV/AIDS
Other Health Care Workers

Coverage Areas

Lusaka

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	WPHO - 1 U2G PS000646
Prime Partner:	Provincial Health Office - Western Province
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9047
Planned Funds:	$ 100,000.00

Activity Narrative: Related activities: This activity is linked to WPHO HTXS (#9769), WPHO HVTB (#9046), HVCT Mobile TBD (#9742)

Western Province has 11 hospitals and 136 rural health centers. The vastness of the province, geographic terrain (rivers, valleys, and flood plains), and low population density create a great challenge to make services accessible to the population.

In Western Province, the estimated HIV prevalence rate among adults aged 15-49 years is 13.1%. The provincial tuberculosis (TB) notification rate in 2004 was 486/100,000 of the population. The prevalence rate for syphilis among adults is estimated to be 23.1/1000, which is higher than the national average of 14.2/1000.

Expansion of counseling and testing (CT) services for HIV is a key activity that will help achieve the goals of the President's Emergency Plan for AIDS Relief by identifying individuals at high-risk of being infected and linking them to care services such as PMTCT and antiretroviral therapy (ART). The districts in Western Province have already received support from the Global Fund to implement some activities in VCT.

In Fiscal Year (FY) 2006, the United States Government (USG) provided direct support to the Western Province Health Office (WPHO) to scale-up on both TB/HIV (#9046) and CT activities. Funding was made available in September 2006 and by the end of the budget period the WPHO will have trained both health workers and non-professional health staff such as Classified Daily employees (CDE), community health workers (CHW) and trained traditional birth attendants (TTBA) in counseling and testing using the national training manuals and in conjunction with Kara Counseling and Trust.

In FY 2007, the USG will support the WPHO to provide CT in the routine care of patients with TB and sexually transmitted infections (STIs), and development of linkages with the ART and PMTCT services (WPHO HTXS #9769, WPHO HLAB #9799) in the seven districts in the Western Province: Mongu, Kalabo, Senanga, Sesheke, Lukulu, Shangombo, and Kaoma. To accomplish this, the WPHO will provide regular supportive supervision to the sites. Each of the districts will identify five health care workers who will be trained in HIV counseling and rapid testing using standardized guidelines and protocols. This training of health care workers will result in the CT of HIV for a total of 6,400 individuals (voluntary counseling and testing as well as diagnostic counseling and testing for chronically ill patients). The training will also strengthen the linkages between the CT services and the STI, TB, and ART program to ensure that HIV positive patients are screened for both TB and STIs. Emphasis during training will also be made on prevention of HIV transmission among those who test positive and issues around disclosure and discordance. It is expected that 60% of all clients testing HIV positive will receive screening for TB.

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 20 community members in two remote districts (Lukulu and Kalabo) will be trained to conduct HIV counseling at the community level and refer clients to health facilities for additional CT needs. This will result in 2000 people receiving HIV CT. A recording and reporting system to document counseling activities at the community level will be established within the district reporting system. Supervision of these counselors will be provided by the District Counseling Coordinators. In order to enhance the ability of the District Coordinators to support and supervise the community counselors, two motorbikes will be provided for Lukulu and Kalabo districts. Logistics such as HIV test kits will be supported by USG through the Central Medical Stores. This activity will link with the proposal to provide mobile and boat VCT through TBD in the districts of Lukulu, Kalabo and Shangombo.

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. The Government of the Republic of Zambia structures at national, provincial, district, and community levels will ensure sustainability of the program. These activities are planned by the various districts in their action plans. Emphasis on training and incorporation of counseling and testing in all service delivery points empowers staff and ensures long term sustainability. It is hoped that Global Fund money will also be able to support these activities in future years.

Continued Associated Activity Information

Activity ID: 3792
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Provincial Health Office - Western Province
Mechanism: Western Provincial Health Office
Funding Source: GHAI
Planned Funds: $ 100,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	8	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	8,400	☐
Number of individuals trained in counseling and testing according to national and international standards	55	☐

Target Populations:

Adults
Doctors
Nurses
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
Other Health Care Workers

Coverage Areas

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	SUCCESS II
Prime Partner:	Catholic Relief Services
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9181
Planned Funds:	$ 1,000,000.00

Activity Narrative: This activity links to HBHC (#9180) and HTXS (#9182) and to other HBC, CT and PMTCT activities.

This CRS project, "Scaling Up Community Care to Enhance Social Safety Nets-II" (SUCCESS-II) is a new award following on the original CRS SUCCESS HBC Project. FY 2007 represents the fourth year of implementation. CRS has established a large platform for HIV service delivery in seven of nine dioceses (provinces) in Zambia. SUCCESS views CT as an integral component of high quality, community-based palliative care (PC).

SUCCESS has achieved its CT targets. In FY 2006, SUCCESS had a CT target of 6,000, and reached 8,732 clients, or 146% of its target. In FY 2007, SUCCESS will target 20,000 PLWHA in 51 of Zambia's 72 districts (geographic coverage of more than 75% of all districts) with CT services and will train 96 health workers in CT, two for each hospice and 10-15 per diocese (province). This target more than doubles the SUCCESS FY 2005 target for CT. The cost per client counseled and tested, currently projected at $49 for 2007, will likely drop as SUCCESS' partners increase the volume of counseling and testing, and become more efficient. However, as SUCCESS works in rural areas, the cost per client will likely remain higher than for CT delivered in densely populated urban and peri-urban areas. The target and cost estimate rely heavily on provision of test kits by the GRZ's District Health Management Team, which the USG is supporting through JSI/Supply Chain Management Services.

SUCCESS will support its partners to provide on-site CT services that meet national and international standards, focusing on those areas where other USG supported CT does not exist. CT, the entry point for HIV/AIDS care and treatment, enables SUCCESS to identify and refer PLWHA early in their infection for palliative care and ART. Early identification of HIV infection allows PLWHA to initiate behavior change and participate in Prevention-for-Positive programming. This reinforces USG Zambia Prevention targets. It also may help in preventing or delaying Orphan-hood for Zambian children born to couples, in which one or both partner is HIV-positive, provided that they take suitable precautions.

SUCCESS has set an indirect target of referring at least 3,150 individuals found to be HIV positive 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, taking CT activities directly into the communities and households. SUCCESS-II will train diocesan nurses and counselors in HIV Rapid Test technology following NAC/GRZ and international CT guidelines. This builds on the established care relationships in the communities and allows for privacy and convenience of CT in the home.

Since rapid testing is not effective in infants under 18 months, they will either: a) have a drop of blood drawn for PCR analysis using Dry Blood Spot (DBS) technology (available in Lusaka only in mid-2006, with plans to extend these services to Livingstone and Ndola by 2007 to provide coverage to most of Zambia); or b) where DBS and PCR are not available, HBC volunteers will visually screen infants for signs of "growth faltering" and other symptoms associated with HIV/AIDS, and referred for presumptive clinical care until confirming diagnosis. This community CT model also provides some relief for the health care human resource crisis in Zambia, by providing additional health care providers to work in SUCCESS rural service delivery sites and allowing 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 to coordinate CT services and link to other NGOs and CT providers who operate Mobile Testing services.

SUCCESS II will continue to provide training at multiple levels, such as Rapid Test Training for registered nurses and counselors, and training on finger prick blood draw with rapid

testing for the many more 'lay' counselors. In this technical area, appropriate GRZ trainers are utilized, so as to perpetuate national protocols and guidelines.

SUCCESS II partners achieve collaboration across in numerous ways. The annual meeting brings all SUCCESS II partners together for cross-fertilization of programming ideas, issues, and lessons learned. Partners are encouraged to make exchange visits to each other's sites, affording closer observation of on-the-ground best practices and skills transfer. SUCCESS II monitoring and evaluation staff and program team continue to deepen the quality of monitoring activities, not only for data accuracy but to use their performance and service delivery data as programming tools for adjusting emphases or inputs.

SUCCESS II builds its partners' management capacity to promote sustainability. The Catholic structure in Zambia, and the significant complementary role it plays to the GRZ health system. One of the comparative advantages of SUCCESS II is the extensive reach of the Catholic structure into rural and often isolated communities. Investment in their management capacity enhances their effectiveness and sustainability. SUCCESS II trains its implementing partners in financial management and accountability, logistics and commodities distribution, organizational development and strategic planning, as well as mentoring where it is requested on staff management and policy development. The projects are strongly encouraged to link with local government structures and institutions. An example of strategic networking for sustainability is that of a Catholic Bishop sitting on the Board of Directors of a provincial government hospital. Key networking also takes place at the integral community level, where local traditional leaders are involved in parish HBC coordinating committees.

Diversification of funding support is also a key factor in sustainability. CRS management capacity building also supports partners in accessing other funds when possible, and partners are in a better position to attract other funds with their project management ability enhanced through SUCCESS II.

Continued Associated Activity Information

Activity ID:	3569
USG Agency:	U.S. Agency for International Development
Prime Partner:	Catholic Relief Services
Mechanism:	SUCCESS
Funding Source:	GHAI
Planned Funds:	$ 800,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement 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 and international standards	20	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	20,000	☐
Number of individuals trained in counseling and testing according to national and international standards	98	☐

Target Populations:

Adults
Faith-based organizations
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

Eastern

Lusaka

North-Western

Southern

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	United Nations High Commissioner for Refugees/PRM
Prime Partner:	United Nations High Commissioner for Refugees
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9470
Planned Funds:	$ 50,000.00

Activity Narrative: This activity is linked to the State Department activities for UNHCR in Other Prevention (#9469) and HVAB (#9851).

This activity is a continued 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/AIDS prevention and education campaigns conducted by host country governments often need to be adapted to refugees, who speak different languages and have different cultural backgrounds. Many refugees have suffered trauma and violence, including sexual violence, during conflict and flight which destroys traditional community support structure and renders them vulnerable. Therefore, comprehensive HIV/AIDS prevention and care programs need to be tailored to this unique, high-risk population.

There are currently approximately 40,000 Congolese refugees residing in Kala and Mwange camps. HIV/AIDS Interagency Task Forces have been established in the camps and are comprised of members from UNHCR, implementing partners, refugee leaders and camp administration. The implementing partners also work with district and national HIV/AIDS programs to ensure they are operating under guidelines established for Zambia.

Through a new partnership established between UNHCR/Geneva and Peace Corps/Zambia in FY 2006, a Peace Corps Volunteer (supported by PEPFAR) will continue to serve as UNHCR's program officer for all PEPFAR programs. In FY 2007, this position will continue to be filled by a Peace Corps Volunteer. The volunteer assists all implementing partners to collect monthly data about their HIV/AIDS activities and monitor their progress towards reaching their targets. Quarterly meetings are held in Lusaka between implementing partners to allow for exchange of experience and new ideas.

PEPFAR funding in FY 2006 is expected to be received in September and activities will start immediately. With this funding, UNCHR will work through its implementing partner, Aktion Afrika Hilfe, (AAH) to establish a confidential testing room within the clinic at Kala camp in Luapula Province, train 30 people in government certified counseling and testing (CT) programs, and test 400 people for HIV. In FY 2007, AAH will continue to expand on these services and reach more people.

In FY 2007, UNHCR will work with another implementing partner, the International Red Cross and Red Crescent Society (IFRC) and the Zambia Red Cross Society (ZRCS) at Mwange camp in Northern Province to coordinate CT activities. Uptake of CT is very low and there is little knowledge among refugees about the services at Mwange camp. In FY 2005, IFRC/ZRCS was slated to become a USG partner for activities in Mwange camp. However, due to coordinating difficulties with the US Leadership Act, IFRC was unable to complete the activities. As a proposed subpartner to UNHCR in FY 2007, IFRC/ZRCS is the only organization providing health services for the over 20,000 refugees in Mwange Camp. All sectors are strictly managed within the humanitarian and project standards of the United Nations High Commissioner for Refugees (UNHCR) who closely monitor the level of service delivery for refugees and IFRC/ZRCS.

This activity builds on a newly established comprehensive HIV/AIDS services at Mwange camp. These new services include: 1) planning, monitoring and promoting VCT through the VCT center; 2) monitoring and supervising information, education, and communications (IEC) program through peer education; 3) promoting condom distribution; 4) promoting Prevention of Mother to Child Transmission (PMTCT) of HIV infection; and, 5) planning and encouraging community participation through the HIV/AIDS task force. CT staff will participate in skill enhancing training. This training will target 15 counselors who have previously successfully completed government certified CT training programs and aims to building on skills already learned. Counselors will learn higher level counseling techniques that will enable them to be better equipped to provide client centered one-on-one HIV test counseling.

If FY 2007, laboratory supplies and equipment essential for CT services will be procured for one site at each camp. The supplies include test kits, needles, syringes and gloves. The camp will offer services to the surrounding Zambian community in addition to serving the refugee population.

Large-scale sensitization programs will be undertaken in the camps to ensure that all refugees are aware of the CT services available and the advantages to knowing one's status for HIV. The demand for CT services is expected to increase rapidly from the current rate following these communication campaigns. The current program aims to provide CT services for 2,300 people in both camps.

Thirty (30) people who were trained with FY 2006 PEPFAR funds as VCT HIV/AIDS counselors in Kala camp will participate in skill enhancing training to maintain and update their skills and knowledge. In addition, 15 new counselors will be trained in Mwange camp in FY 2007, building capacity and sustainability that can be used after return to their country of origin.

In FY 2006, UNHCR established a referral system for HIV care and treatment in both camps for those who require further access to HIV/AIDS care and support outside of the provisions that are available in the camps. This system ensures the refugees and host community beneficiaries are able to access more comprehensive services in nearby towns where services for STI treatment, psycho-social counseling, and nutrition services are available. In FY 2007, the camps will continue to build a broader network among the organizations providing these services in nearby towns and a training session will be held for all camp staff to become aware of the referral services that are available for refugees.

Continued Associated Activity Information

Activity ID:	5396
USG Agency:	Department of State / Population, Refugees, and Migration
Prime Partner:	United Nations High Commissioner for Refugees
Mechanism:	PRM/UNHCR
Funding Source:	GHAI
Planned Funds:	$ 32,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national and international standards	2	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	2,300	☐
Number of individuals trained in counseling and testing according to national and international standards	45	☐

Target Populations:

Mobile populations

Refugees/internally displaced persons

Coverage Areas

Luapula

Northern

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	DELIVER II
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9522
Planned Funds:	$ 1,800,000.00

Activity Narrative: This activity links with the Partnership for Supply Chain Management Systems' (SCMS) activities in HIV Test Kit procurement (#9523) and Policy Analysis/Systems Strengthening (#9525) as well as with the Government of the Republic of Zambia (GRZ), Center for Infectious Disease Research in Zambia (#9000), Catholic Relief Services/AIDS Relief (#8827), Zambia Prevention, Care and Treatment Partnership (#8885), University Teaching Hospital (9042), Churches Health Association of Zambia (#8992), Japanese Development Agency (JICA), the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), and the Clinton Foundation.

The purpose of this activity is to expand assistance for ensuring that the HIV test kits procured by the US Government (USG), GFATM, JICA, GRZ, and other partners are in sufficient supply and provided to Zambians at service delivery sites through an efficient and accountable supply chain system. This activity was preceded by several key initiatives in FY 2005 and 2006 conducted by JSI/DELIVER. Their scope of work was to conduct a national assessment of the HIV test kit logistics supply chain and to coordinate and centralize the management of HIV test kits; examples include: centralizing the management of HIV test kit procurement information and planning, providing technical assistance to GFATM Principal Recipients in development of HIV test kit Procurement and Supply Management Plans, conducting the national HIV test kit supply chain design workshop, and training 800 laboratory technicians, CT counselors, nurses, and district and provincial supervisory personnel in the new standard operating procedures for the recently designed HIV test kit supply chain system.

USAID | DELIVER PROJECT is also installing a specially designed software program to manage the national HIV test kit inventory control and information system. This computer program is placed at the newly formed Ministry of Health (MOH) Logistics Management Unit (LMU) based at the MOH's central warehouse, Medical Stores Ltd. (MSL). This software will assist GRZ in collecting and analyzing national HIV test kit consumption data for the first time since the national HIV testing program began in 2000. In FY 2007, this software will be adapted for laboratory supplies management.
In FY 2007, USAID | DELIVER PROJECT will expand efforts to strengthen the effectiveness, efficiency, and sustainability of the national HIV test kit logistics system. Activities include:

1. Coordinating HIV test kit forecasting and procurement planning capacity at the central level, with special focus on LMU;
2. Quantifying required HIV test kits consistent with resources and policies for rapidly scaling-up CT programs;
3. Standardizing HIV test kit inventory control procedures at central, provincial, district, and service delivery sites;
4. Developing software tools for CT sites to collect and use for ordering HIV test kits;
5. Improving HIV test kit logistics decision-making processes at the central level through the use of aggregated data from CT sites as provided through the national HIV test kit logistics management information system (LMIS);
6. Standardizing, documenting, and disseminating HIV test kit logistics policies and procedures; and
7. Monitoring and evaluating the HIV test kit supply chain and making improvements as needed.

To complete these activities, USAID | DELIVER PROJECT , in collaboration with MOH, MSL, and other partners, will train up to 500 additional key personnel (e.g., doctors, nurses, pharmacists, and laboratory staff from governmental and non-governmental organizations) in the new national HIV test kit logistics management system. Moreover, at the central level, the DELIVER project will coordinate multi-year national HIV test kit forecasts and procurement plans with all key partners, including GRZ and donors. USAID | DELIVER PROJECT will also be an active member on appropriate national technical working groups, such as the National HIV/AIDS/STI/TB Council's VCT and Home-Based Care Technical Working Group. Finally, USAID | DELIVER PROJECT will provide direct support to the GFATM Principal Recipients through participation in the Zambia GFATM Steering Committee and provision of assistance in developing proposals and Procurement and Supplies Management (PSM) Plans for GFATM/Geneva. The FY 2007 plus up funds will support the training of 450 additional Ministry of Health staff in the ever-increasing number of new CT sites.

Through the development of the national HIV test kit logistics system and skills transfer to governmental and non-governmental staff, it is anticipated that these activities will achieve sustainability following intensive PEPFAR support.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Logistics	51 - 100
Policy and Guidelines	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 and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
Pharmacists
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Lab technicians
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Trainers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9523
Planned Funds: $ 4,000,000.00
Activity Narrative: This activity links directly with Project TBD's activities in Counseling and Testing (CT) (#9522), the Partnership for Supply Chain Management Systems' activities in ARV Drug (#9196), Laboratory Strengthening (9524), and Policy Analysis/Systems Strengthening (#9525), Center for Infectious Disease Research in Zambia (CIDRZ) (#9000), Catholic Relief Services/AIDS Relief (#8827), Churches Health Association of Zambia (#8992), University Teaching Hospital (#9042), Zambia Prevention, Care, and Treatment Partnership (ZPCT) (#8885), Society for Family Health (SFH) (#8926), Catholic Relief Services/SUCCESS (#9181), Zambia VCT Services, Global Fund for AIDS, Tuberculosis and Malaria (GFATM), and the Clinton Foundation.

The purpose of this activity is to procure HIV test kits in support of the Government of the Republic of Zambia's (GRZ) CT, prevention of mother to child transmission (PMTCT), and National Blood Transfusion programs. In FY 2006, JSI/DELIVER provided support in strengthening the national HIV test kit forecasting, quantification, and procurement systems. With their support, the U.S. government (USG) purchased $1 million worth of HIV test kits for the national program in accordance with GRZ and USG rules and regulations.

In FY 2007, USG will continue its strong collaboration with GRZ, GFATM, Japan International Cooperative Agency (JICA), and the Clinton Foundation to assist the national HIV testing programs in fulfilling demand for these services. On behalf of the USG, SCMS will purchase three types of test kits for various testing procedures based on the GRZ's 2006 revised HIV testing algorithm: screening (Determine), confirmatory (currently Genie II, switching to Unigold), and tie-breaker (currently Bionor, switching to Bioline). All three tests are rapids and non-cold chain, therefore enhancing the overall accessibility and availability of HIV testing in Zambia. Furthermore, USG-funded HIV test kits will be placed in the GRZ's central warehouse, Medical Stores Ltd. (MSL), where all the public sector and accredited NGO/FBO/CBO HIV testing programs will have access to these critical supplies. USG's HIV test kit contribution will represent approximately 1,616,952 tests or 50 percent of all HIV tests conducted in FY 2007 (this includes confirmatory, tie-breaker, and tests performed by the National Blood Transfusion Services). In collaboration with the aforementioned partners, approximately 286,696 persons will be tested nationally in FY 2007. The FY 2007 plus up funds will result in an additional 1,500,000 tests.

Continued Associated Activity Information

Activity ID: 3750
USG Agency: U.S. Agency for International Development
Prime Partner: Partnership for Supply Chain Management
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,000,000.00

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 and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
HIV/AIDS-affected families
People living with HIV/AIDS
Children and youth (non-OVC)
HIV positive pregnant women
Host country government workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	SHARe Sun Hotel PPP
Prime Partner:	John Snow Research and Training Institute
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9605
Planned Funds:	$ 75,000.00

Activity Narrative: This continuing activity links to HVAB (#8906), HKID (#8912), HBHC (#8908), HTXS (#8909), HVSI (#8910),OHPS (#8911), and HVCT (# 8907).

The USG will continue its Public-Private Partnership with the Sun International Hotel through the SHARe Project. This activity is a unique Public Private Partnership to reduce HIV sexual transmission in Livingstone, Zambia. The Sun Hotel International will partner with OGAC, USAID/Zambia, the Livingstone Tourist Lodge Association, and Zambia Wildlife Authority (ZAWA) with technical support from the PEPFAR funded SHARe Project. The Sun Hotel will organize large HIV prevention events with on-site mobile HIV counseling and testing and behavior change information provided through the USAID SHARe Project. In addition, SHARe will provide training for peer educators and sensitization sessions for the tourist industry in Livingstone. This partnership emerged as a result of a study conducted by Boston University on "The Impact of HIV/AIDS on the Tourism Industry in Zambia."

The Sun International, a South African based chain of hotels, takes the HIV/AIDS pandemic very seriously and has demonstrated Leadership in the fight against HIV and AIDS. The Sun Hotel in Livingstone, Zambia has an extensive HIV/AIDS workplace program aimed at minimizing the effects of HIV/AIDS on its staff and the communities within which it operates. The Sun Hotel's workplace program focuses on prevention, care, treatment, and mitigation. The workplace program comprises of educating staff and the communities on the risks related to HIV/AIDS through the dissemination of information. All new recruits are provided with HIV/AIDS awareness sessions. The Sun Hotel has developed a workplace policy which provides guidelines on employer employee rights and responsibilities in respect to HIV/AIDS. The Policy promotes confidentiality for infected and affected, outlines conditions for healthy and safe work environment, guides managers in dealing with individual cases and discourages discrimination and stigma directed against people who are or might be HIV-infected. They are currently initiating a program for access to free ARVs for their employees.

The JSI Research and Training Institute's SHARe Project, implemented with PEPFAR funding, provides technical leadership in HIV/AIDS public and private workplace programs throughout Zambia. SHARe's results in Counseling and Testing and in reaching individuals with AB messages are very impressive. They are currently involved in providing technical support and monitoring for two Global Development Alliances, comprised of eight of the largest employers in Zambia. SHARe will continue to support on-site CT services at Sun Hotel large events through its three local NGO partner Latkings.

On September 23, 2006, the Sun International Hotel in Livingstone held its 5th Anniversary Gala Concert and invited PEPFAR partners to provide CT and other prevention activities. This was fully funded by the Sun Hotel and served as a pilot for the forthcoming Public-Private Partnership activities. In FY 2006, The Sun International, in partnership with other key tourism organizations in Livingstone, will fully fund and implement two large musical and artistic performance events to call for social and behavior change to reduce HIV sexual transmission. Two large events will be organized at the Sun International property in Livingstone and opened to the general public. The Sun has done numerous concerts that have drawn very large crowds from Livingstone and surrounding areas. Livingstone residents, community members from surrounding villages, community and traditional leaders attend these events. Each event will have a prevention theme and set of messages. In FY 2007, this activity will continue with two additional events organized by the Sun Hotel in Livingstone. SHARe will provide the mobile and on-site CT services to an additional 2000 individuals.

As in FY 2006, performers and artists will be oriented to HIV prevention messages so that they can incorporate those messages into their performances. The events will include concerts, performances, and art exhibitions by Zambian artists who have received PEPFAR-supported training, plus famous celebrities from the Southern African region. The performers will promote counseling and testing and behavior and social change to reduce HIV sexual transmission, following the ABC guidance, and address issues such as alcohol inhibition, cross-generational sex, transactional sex, and multiple partnerships. Zambian performing artists that have been trained through the National Arts Council and US Embassy Public Affairs Office will participate and incorporate HIV/AIDS messages into their music, drama, artwork and other performances.

USAID's partner SHARe will provide information booths, counselors, and mobile Counseling and Testing at each event. In addition, these concert events will be aired on national TV and on radio in partnership with ZNBC and Radio Phoenix. It is expected that these large events and training of the tourism organizations will reach over 4,000 individuals with AB messages and will result in 2000 individuals receiving CT services.

Local, traditional, religious and national leaders will be invited to attend the events. The planning and implementation of the activities will involve the Mayor of Livingstone, the District AIDS Task Force, the District Health Management Team, National HIV/AIDS/STI/TB Council, influential traditional and religious leaders and other representatives of civil society in Livingstone who play a critical role in the fight against HIV/AIDS. This will ensure that the general population hears about and attends the events. In addition, support will be provided to key CBOs/FBOs to mobilize community members to attend the events.

All funds raised from these events will be put into a small grants program managed by Sun International to support reputable local organizations to implement HIV prevention services, provide support for AIDS affected OVC, or implement Home-based care services in the Livingstone area.

In addition, SHARe will provide technical support to ZAWA and the Livingstone Tourism Association to establish and strengthen HIV/AIDS workplace programs. The workplace intervention will reach 500 employees and workers of small and medium tourism organizations, and companies with AB and other prevention sensitization sessions, link to other services in Livingstone, sand provide Counseling and Testing services to 125 individuals in the industry. The Sun Hotel will provide a training venue at no cost for these sessions.

This activity represents the USG matching contribution of $75,000 for the PPP in FY 2007 and is expected to result in 2125 individuals receiving counseling and testing services.

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

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national and international standards	1	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	2,125	☐
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Business community/private sector

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Southern

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	AIDSRelief- Catholic Relief Services
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9713
Planned Funds:	$ 440,000.00

Activity Narrative: Related activities: This activity also relates to activities in HBHC SUCCESS II (#9180), CRS HVTB (#9703), HTXS (#8829) (track 1.0), CRS HTXS (#8827), CRS HKID (#8852) and HLAB. (#8996).

Based on the Zambian national HIV/AIDS strategic plan, there has been a low uptake of voluntary counseling and testing (VCT). In FY 2007, AIDSRelief will aim to improve uptake of VCT by emphasizing the activities that support VCT. This activity will be conducted in different clinical settings including adult and pediatric antiretroviral therapy (ART), prevention of mother to child transmission (PMTCT) and tuberculosis (TB), and sexually transmitted infection (STI) clinics. The suggested form of testing would be as diagnostic routine testing with the option to opt-out. This is in conjunction with the Government of the Republic of Zambia (GRZ) plans of introducing a more comprehensive approach and increasing the number of people receiving VCT services. Most of the rural mission hospital AIDSRelief sites where AIDSRelief is currently working have TB or STI clinics where these activities will be implemented.
This activity will target persons affected by HIV/AIDS, faith-based organizations (FBOs), and community health care providers. There are three main components to this activity: 1) provision of comprehensive CT services within hospital settings and in the surrounding communities; 2) training of staff to provide CT services; and 3) the strengthening and expansion of linkages to ensure continuity of care for persons who test HIV positive.

The first component of this activity, to provide comprehensive CT through integrated VCT services within hospital settings and in the surrounding communities, will involve supporting 16 hospitals to provide CT for diagnostic purposes for persons attending in-patient and out-patient services. Routine CT will be offered to the following principal target populations: pregnant women, patients diagnosed with STIs, and TB patients, as well as family members of persons living with HIV/AIDS (PLWHA) and self-referred members of the general public. To enhance patient uptake, VCT services will be offered at community outreach activities in the surrounding communities, and home testing for families of PLWHA. Funding under this activity will specifically go to support the procurement of test kits and the cost to conduct community-level testing. Through this component of the activity will provide support for 16 service outlets, provide training to 48 individuals in CT, conduct and provide CT services to an estimated 20,000 individuals.

The second component of this activity is the training of staff at the hospitals to provide CT and the training of supervisory staff at the hospital to ensure that minimum quality standard of services are met. Counselors, laboratory staff, and VCT counselors will be trained on how to conduct pre-test and post-test counseling, on the correct use of the HIV rapid test kits, on providing full and accurate information on HIV prevention, and also on how to make the appropriate referrals for patients and their families who test either positive or negative. A training of trainer concept will be used for persons involved in workshops. This component of the activity will work to train 48 individuals in CT. All VCT training activities will use the standard Zambian VCT guidelines and testing protocols.

The final component is strengthening and expanding linkages to ensure continuity of care for all persons accessing CT through AIDSRelief. Strong linkages will be formed with other CRS HIV-related activities including palliative care provided by the SUCCESS and RAPIDS projects, as well as other CRS orphans and vulnerable children projects conducted by the CHAMP and RAPIDS projects (HKID activity #8947). AIDSRelief will also work to establish linkages with other community groups to ensure social, psychological, legal support, and income generation activity is available for all patients who test positive for HIV. Funds for this component will be used to establish and strengthen referral networks between community groups and social service providers, as well as with other related projects conducted by CRS and other USG partners.

With Plus-up funds AIDSRelief plans to build on its current success in ensuring that people living with AIDS have access to ART and high quality medical care. AIDSRelief currently has over 11, 000 persons receiving antiretroviral therapy (ART) in seven provinces across Zambia and plans to scale-up to additional health facilities and provinces during Year 4 of program implementation. One of the main target areas during this year is to increase the proportion of children receiving ART at AIDSRelief facilities to between 10-12%. With the current proportion of children on ART being at only 6.5%, AIDSRelief has put in place a package of measures to increase pediatrics enrollment. It includes: on site pediatrics

training, early clinical diagnosis, linking rural under 5 clinic to ART sites. In addition, AIDSRelief will utilize funds received to strengthen this area of its program implementation by increasing the capacity of selected health facilities to rapidly increase their pediatric numbers, providing funding for DCT for Pediatrics, trainings for staff on DCT and supporting Churches Health Association of Zambia (CHAZ) in their pediatric scale-up effort.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	16	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	30,000	☐
Number of individuals trained in counseling and testing according to national and international standards	48	☐

Target Populations:

Adults
Community leaders
People living with HIV/AIDS
Host country government workers
Public health care workers
Private health care workers
Community members

Coverage Areas

Eastern

Table 3.3.09: Activities by Funding Mechanism

Mechanism: CARE International - U10/CCU424885
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9714
Planned Funds: $ 400,000.00

Activity Narrative: This activity is linked to EPHO HVCT (#9005), EPHO HTXS (#9951), and EPHO HLAB (#9795).

Zambia faces unique challenges in tackling the increasing convergence of tuberculosis (TB) and HIV infection. There are difficulties in achieving equitable coverage of health care services in areas of low population density with limited transport and physical infrastructure to provide services. Poor treatment seeking behavior is compounded by high levels of stigma and discrimination. Severe human resource constraints exist among health care staff, especially across all facilities within rural districts.

In fiscal year (FY) 2007, the United States Government funding through this mechanism will focus on increasing the coverage of and access to counseling and testing (CT) services in Chipata, Katete, Petauke, and Lundazi of Eastern Province. The work will focus on infrastructure rehabilitation in 30 sites and increased community mobilization to encourage uptake of voluntary counseling and testing (VCT) in the catchment area. The work will target the general population as everyone needs to know their HIV status. There will be 30 facility-based service outlets providing counseling and testing and one mobile. It is estimated that 3,000 clients will receive counseling and testing for HIV and receive their results through this funding mechanism. This activity will link closely with the EPHO HVCT (#9005) to ensure wider coverage of districts and avoid duplication. Links with treatment and care services, EPHO HTXS (#9951) and EPHO HLAB (#9795) will be established as well.

CARE's proposed intervention aims to assist the Government of the Republic of Zambia (GRZ) through increasing the expertise of field-based staff and lay volunteers in VCT while building stronger referral networks so that the planned national response can reach beyond its current capacity. Once people have been tested and are receiving antiretrovirals (ARVs), adherence becomes a crucial issue. Promoting adherence to ARVs is critical to successful treatment. CARE will therefore support training of 300 health staff and 600 community volunteers (including treatment supporters) in adherence counseling for clients on TB treatment and antiretroviral therapy. The training will include helping clients understand what adherence is and how to recognize side effects of the drugs and how to cope with those side effects among other things. Mechanisms for follow-up of clients to ensure adherence will also be developed during the training to ensure that they are culturally appropriate and feasible.

To properly support the increased need in human capacity, CARE will encourage the District Health Management Teams (DHMTs) to undertake simple infrastructure rehabilitation and equipment provision for 30 zonal VCT sites in more remote areas across four districts (Chipata, Katete, Petauke, and Lundazi). CARE will work hand-in-hand with the DHMT to carry out a survey of proposed facilities.

Mindful of the challenges for distant populations with limited transport options of accessing health care facilities, CARE will establish and run a mobile VCT service to increase access for people in need of VCT in Lundazi. Chipata, Petauke, and Katete are relatively better served by existing mobile VCT than Lundazi. Costs per client reached in such mobile VCT situations increases dramatically as transportation costs of the mobile service are high.

This piece of work is envisaged as part of a longer-term supportive partnership with GRZ in the selected districts aimed at establishing a functioning comprehensive CT network to which everyone in the general population has access and is linked to equally effective referral systems.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	31	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	10,000	☐
Number of individuals trained in counseling and testing according to national and international standards	900	☐

Target Populations:

Adults
Family planning clients
Infants
Pregnant women
Children and youth (non-OVC)

Coverage Areas

Eastern

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9716
Planned Funds:	$ 200,000.00

Activity Narrative: Related activities: HVCT UTH/ZVCT (#9718), HVCT UTH (#9042), Renal (#9756), Hepatitis B & C (#9752),and FSU (#9044)

The University Teaching Hospital has received funding from CDC through two co-operative agreements established directly with the Department of Pediatrics and the Dermato-venereology clinic (Clinic 3). Though both agreements are managed by the central administrative office, the accounts are separate and the location of the two departments is physically separate . To communicate the importance of the breadth of activities and for purposes of coordination, the activities linked to the two departments have been submitted as separate narratives.

The University Teaching Hospital (UTH) is the only tertiary teaching hospital and the main national referral center for Zambia. The Department of Internal Medicine admits on average 1,000 patients every month. An estimated 60 - 80% of clients in the adult admission wards are HIV-infected.

A small study conducted in 2003 to determine HIV prevalence among all in-patients admitted to the medical wards, concluded that 60% of patients were infected. Approximately 99% (n = 103) of patients agreed to be tested after counseling, however, 50% of these clients never received results due to delays in obtaining the HIV test results. Even with the use of rapid tests, samples sent to the main laboratory in a large hospital lead to unnecessary delays and missed opportunities for diagnosing and identifying clients that need to be placed on antiretroviral (ARV) medications. The medical emergency and inpatient wards are also important settings for identifying HIV-infected individuals who are can be enrolled into treatment and care programs.

Since the beginning of 2006, the Department of Medicine has encouraged the medical residents to offer routine HIV testing to all patients admitted in the medical wards. In March 2006 the Zambia National Guidelines for HIV Counseling and Testing recommend routine "opt-out" testing in all clinical care settings where HIV is prevalent and where ARV treatment is available. These guidelines have helped strengthen the departments' guidelines to routinely test all patients.

Therefore in fiscal year (FY) 2007 the department will embark on an aggressive program to have facilities in place to routinely test all patients admitted in the medical wards and provide same day results. The department has six low cost wards (bed capacity of 240) and one emergency admission ward (bed capacity 42).

In order to achieve this, the department will ensure that all wards have a room dedicated to CT. This room would need minimal rehabilitation which would include obtaining furniture and cupboards to store the test kits. All the wards currently have at least one or two nurses who are trained psychosocial counselors. Due to the attrition rate of medical staff (especially nurses), UTH will train all the nurses and doctors in the department in counseling skills as well as rapid HIV testing. The Zambia VCT (ZVCT) has long experience in training (using National Guidelines) and will be consulted. As the feedback time of all results improves, increased uptake of HIV testing will occur and in turn improve the level of care provided to HIV-infected individuals because they will have been identified at an earlier stage.

Partners (spouses) and other relatives (upon obtaining permission from the client) will be contacted and encouraged to seek voluntary counseling and testing (VCT) services at the dermato-venereology clinic (#9042) , which also falls under the Department of Medicine. VCT services would include risk reduction programs and prevention of transmission among those that test positive (positive prevention). Finally parents will be encouraged to have all their at-risk children tested through the Family Support Unit in the Department of Pediatrics (#9044). Informal links already exist but this activity is currently working on formalizing this link in order to obtain referrals of HIV-infected parents from the center as well.

This activity is also related to two targeted evaluations planned in FY 2007 with the Department of Medicine. One of which is screening all HIV positive individuals for Hepatitis B and C (HTXS UTH #9752) and the other is to evaluate simple dipstick tests for renal impairment in those who are positive (HTXS UTH Renal #9756).

The activities of the Department of Internal Medicine are part of the government-run tertiary referral and teaching hospital and all activities in this proposal are within the confines of the priorities of UTH. This system strives to establish a sustainable program through training health care workers, developing standard treatment protocols, strengthening the physical and equipment infrastructures, implementing facility-level quality assurance/quality improvement program, improving laboratory equipment and systems and development, and strengthening its health information systems. The hospital management will be able to cost share with the President's Emergency Plan for AIDS Relief funds by provision of some aspects of the program these include: staff time, supplies such as needles and syringes, specimen bottles and test kits, and supportive laboratory services. The benefit of this shared cost approach is that in the long-term UTH will only require minimal funding once staff is trained and systems are in place.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national and international standards	1	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	6,000	☐
Number of individuals trained in counseling and testing according to national and international standards	60	☐

Target Populations:

Adults
People living with HIV/AIDS
Children and youth (non-OVC)
Public health care workers

Coverage Areas

Lusaka

Southern

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: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9717
Planned Funds: $ 150,000.00
Activity Narrative: Related activities: This program is linked to the development and operation of a Pediatric and Family Center of Excellence (COE) for HIV/AIDS Care (#8993) at the Department of Pediatrics at UTH in Lusaka, the Family Support Unit (#9044) and child sexual abuse (#9043) programs.

The University Teaching Hospital has received funding from CDC through two co-operative agreements established directly with the Department of Pediatrics and the Dermato-venereology clinic (Clinic 3). Though both agreements are managed by the central administrative office, the accounts are separate and the location of the two departments is physically separate . To communicate the importance of the breadth of activities and for purposes of coordination, the activities linked to the two departments have been submitted as separate narratives.

Routine opt-out HIV testing is gaining increasing support in many parts of the world today. The World Health Organization now recommends routinely offering an HIV test if antiretroviral (ARV) treatment is available, and the United States CDC has released new guidelines aimed at making HIV testing a routine part of American health care.

Botswana was the first African country to successfully introduce routine opt-out HIV testing in 2004. Integrating HIV testing into conventional health services in Botswana increased the testing uptake from 64% in 2004 to 83% in 2005.

The 2006 Zambia National Guidelines for HIV CT recommend routine opt-out testing for all clients seen in the clinical care setting where ARV treatment is available.

The UTH Department of Pediatrics, with direct support for CDC, embarked on a program to offer routine opt-out testing to all children admitted at the UTH and their care-givers in September 2005. Since the inception of this program in fiscal year (FY) 2005, the uptake for routine testing has been over 50%. In FY 2007, the department will strengthen the uptake to at least 80 - 90%, but also extend coverage to the Livingstone General Hospital in Southern Province of Zambia where a second Pediatric and Family Center of Excellence is planned with the President's Emergency Plan for AIDS Relief (PEPFAR) funding.

The funding requested for this activity will be used to train health workers in the provision of opt-out counseling and testing services, identifying and rehabilitating appropriate space for counseling, purchase of back up supplies and reagents, and strengthening referral systems from the referral hospitals to local clinics. Initiating the program in Livingstone will require some initial start-up costs that will increase the cost per person receiving CT services.

The activities of the Department of Pediatrics and Livingstone General Hospital are part of the government-run tertiary referral and teaching hospital. All activities in this proposal are within the confines of the priorities of the two tertiary hospitals that strive to establish a sustainable program by training health care workers, developing standard treatment protocols, strengthening physical and equipment infrastructures, implementation facility-level quality assurance/quality improvement program, improving laboratory equipment and systems and development, and strengthening health information systems. The UTH management will be able to cost share with PEPFAR funds by provision of some aspects of the program, these include: staff time, supplies such as needles and syringes, specimen bottles and test kits and supportive laboratory services. The benefit of this shared cost is that in the long run, sustainability requires minimal funding once staff is trained and systems are in place.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	2	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	7,000	☐
Number of individuals trained in counseling and testing according to national and international standards	120	☐

Target Populations:

Public health care workers
Private health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Lusaka

Southern

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9718
Planned Funds:	$ 200,000.00

Activity Narrative: Related activities: EPHO HVCT (#9005), SoPHO HVCT, (#9018), and WPHO HVCT (#9047).

The University Teaching Hospital has received funding from CDC through two co-operative agreements established directly with the Department of Pediatrics and the Dermato-venereology clinic (Clinic 3). Though both agreements are managed by the central administrative office, the accounts are separate and the location of the two departments is physically separate . To communicate the importance of the breadth of activities and for purposes of coordination, the activities linked to the two departments have been submitted as separate narratives.

The ZVCT program is a Ministry of Health (MOH) initiative started in 1999 with the support from Norwegian Agency for Development (NORAD). It is also supported through the National HIV/AIDS Council (NAC). From an initial 22 sites, the program has expanded to have 550 sites throughout the country. This includes government and non-governmental organization (NGO) run centers. Through support from United States Agency for International Development (USAID), the ZVCT program has developed a voluntary counseling and testing (VCT) and preventing mother to child transmission (PMTCT) information system that is currently being used by all VCT service providers throughout the country. The program has recently attained national status and is integrated with the PMTCT program. In conjunction with NAC and through the VCT technical working group, Zambia VCT services has developed a revised HIV testing algorithm. This is in an effort to make HIV testing standard and accessible throughout the country with the most practical non-cold chain dependent rapid tests. All test kits for the counseling and testing (CT) programs are purchased through John Snow International (JSI) Deliver and other logistics for testing are supported through Japanese International Cooperation Agency (JICA).

In spite of all these achievements, the services have not yet reached many of the rural areas. VCT services are by and large urban concentrated. It is against this back drop, that the MOH and NAC through the ZVCT program would like to take the VCT services to the most rural parts of Zambia.

The ZVCT has the experience and technical knowledge of conducting CT trainings and continues to provide support to trainings conducted in Lusaka and other urban areas (will work closely with UTH Department of medicine in trainings in CT, activity HVCT UTH). However the program lacks capacity to increase coverage to rural areas due to financial constraints including lack of viable and reliable transport. The two operational vehicles purchased in 2000 have outlived their expected use with extensive use for national level coverage in all the 72 districts of Zambia.

As part of this expansion program and in an effort to provide a comprehensive and accessible VCT service to the majority of Zambians, including those in rural areas, the following needs have been identified for support from the President's Emergency Plan for AIDS Relief funds in fiscal year (FY) 2007:
1. Purchase of two vehicles
2. Technical visits to all the District Health Management Teams of the 72 districts of Zambia in order to consult and select practical centers to establish as VCT sites (four rural sites per district)
3. Hold meetings with the local leaders in the districts in order to sensitize, mobilize, and get community buy-in from the outset
4. Conduct trainings and refresher courses to would-be service providers in each district using National standards and protocols in conjunction with the Provincial Health Offices
5. Strengthen HIV testing and quality control in all testing centers, current and new, for VCT and PMTCT programs
6. Monitoring and evaluation activities
7. Procure locally appropriate information, education and communication materials

The Zambia VCT program is part of the government initiative under the MOH and works within the confines of government health facilities. It strives to establish a sustainable program, through training of health care workers, developing standard testing protocols, strengthening physical and equipment infrastructures, implementing facility level quality assurance/quality improvement program, improving laboratory equipment and systems and development, and strengthening health information systems.

Emphasis Areas	% Of Effort
Logistics	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	55	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards	125	☐

Target Populations:

Adults

Public health care workers

Coverage Areas:

National

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: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 12529
Planned Funds: $ 330,000.00
Activity Narrative: This activity is directly linked to Population Services International/Society for Family Health (SFH)), Health Communications Partnership (HCP), JHPIEGO, and Partnership for Supply Chain Systems (SCMS) male circumcision activities (MC) as well as indirectly to Ministry of Health (MOH), National AIDS Council (NAC), and USG implementing partner CT activities.

With additional funds, HCP will assist MOH, NAC, and MC service delivery partners in developing and implementing a national MC awareness campaign that includes messages regarding CT and stigma/discrimination reduction. Materials, as described below, will focus on the importance of knowing one's HIV status, risk-disinhibition, necessity of on-going safer sex practices, seeking MC and CT services from a trained professional, and post-procedural care.
More specifically, components of the overall campaign will include development of a male reproductive health counseling kit with circumcision and other male reproductive health content, including CT information. This approach places MC and CT in the greater context of reproductive health and better ensures that clients receive clear counseling on how MC is and is not protective in acquiring HIV as well as the importance of knowing one's HIV status. This kit will be a practical counseling tool, accompanied by a more technically detailed male reproductive health handbook for service providers to use in pre- and post-counseling for clients seeking MC and CT services. Plus-up funds will enable wider coverage via the printing of an additional 2,500 kits.
Complementing this MC/CT/male reproductive health kit will be a simple take-away brochure for use at CT and other sites that can be given out to those who test HIV negative so they may consider MC as a risk-reduction option with the understanding that it is still not 100% protective and that there is still need to practice safer sex behaviors (i.e., abstinence, delayed sexual debut, partner reduction, and condom use). Plus-up funds will enable wider coverage via the printing of an additional 20,000 copies.

Furthermore, HCP, in partnership with MOH and NAC, will develop and implement a press education/media meeting where experts will be invited to address the press on issues of MC, CT, and service availablility. The media will be given press kits (including a fact sheet) that have complete and correct information about the important role MC can play in HIV prevention and the importance of knowing one's HIV status. There will be presentations and clarifications from experts on all questions from the press as well as follow-up media analysis of press coverage. In partnership with the Zambia National Broadcast (ZNBC), HCP will air the above event on primetime television.
HCP, with the plus-up funds, will also develop three one-minute television and radio spots focusing on disinhibition; the need to use a trained service provider; importance of knowing one's HIV status; and the advisability of MC for men who have tested negative. These spots will be pre-tested for effectiveness and adapted for radio, including translated into seven national languages. The spots will be aired for 16 weeks, twice per day, on ZNBC television and ZNBC Radio 1 and Radio 2, with alternating languages and themes. Local radio stations, that HCP has ongoing relationships with in all nine provinces, will also air radio messages in the appropriate language twice per day over 16 weeks.
Finally, HCP will train 25 staff, in 22 districts in all nine provinces, who are working with nearly 900 communities to raise awareness and to correctly convey information about MC, including the importance of continuing safer sex, being faithful, and knowing one’s HIV status. Safe motherhood action groups will also be encouraged to promote knowing one's HIV status and MC for men who have tested negative and for newborn male children. Traditional leaders will play a key role in all of HCP community-based activities. In provinces that implement MC as a traditional practice, HCP will actively engage traditional initiators in promotion of CT and safe and sterile service delivery, complementing training efforts of JHPIEGO, SFH, and MOH.

Table 3.3.09: Activities by Funding Mechanism

Mechanism: UTAP - U62/CCU322428 / JHPIEGO
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 12530
Planned Funds: $ 255,000.00
Activity Narrative: Zambia is currently one of the leading countries in terms of integrating Male Circumcision (MC) into the compendium of HIV/AIDS prevention activities. JHPIEGO has been supporting the male circumcision program in Zambia for several years, beginning in 2004 when they teamed up with the government to begin work on small scale efforts to strengthen existing male circumcision services to meet existing demand. This early work in Zambia has informed the international efforts of WHO and UNAIDS, and the training package that JHPIEGO developed with the Ministry of Health in Zambia formed much of the basis for the new international WHO/UNAIDS/JHPIEGO training package. Likewise, assessment tools used in Zambia also provided background for the WHO toolkit. The Government of the Republic of Zambia (GRZ) has established an MC Task Force under the Ministry of Health (MOH) and the Prevention Technical Working Group of the National AIDS Council, of which JHPIEGO plays a key role.

JHPIEGO will be expanding MC services at additional sites around Zambia. These model sites will become future training sites for the government's effort to expand MC services and make them available as part of the basic health care package. Target institutions will likely include Ministry of Health and Zambia Defense Forces sites, and possibly Churches Health Association of Zambia sites depending on the finalization of site selection criteria and outcome of the assessment of preparedness outlined in the Policy/Systems support activities.

WHO recommends MC be promoted primarily to HIV negative males in areas of high HIV prevalence. Since knowing one's HIV statues is critical to making informed decisions regarding MC and other sexual health needs, it is critical that counseling and testing be integrated into all aspects MC service provision. JHPIEGO will implement CT at all the five sites it will expand MC service delivery to and VCT will be offered to all men who seek MC services and are above the legal age for CT in Zambia. It is expected that approximately 3,000 men will be reached for MC services.

With these plus-up funds, JHPIEGO intends to: (1) develop a strong counseling and testing component to support the MC services; (2) integrate VCT as integral part of the MC services; and (3) training additional VCT counselors and clinicians.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	6	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	1,500	☐
Number of individuals trained in counseling and testing according to national and international standards		☑

Table 3.3.09: Activities by Funding Mechanism

Mechanism: University of Alabama
Prime Partner: University of Alabama, Birmingham
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 19129
Planned Funds: $ 300,000.00
Activity Narrative: This is a new activity being proposed for the first time in FY 2007.

This award (#9742) was divided between 2 organizations (IntraHealth and UAB). A request is being made to update the Prime Partners, Targets, Coverage areas and Activity Narratives. Funding and Targets have been divided up among the two partners. Also of note - the original target - Number tested and counselled was listed incorrectly. The orognal total amount for the entire activity should = 10,000 receiving CT rather than 18,000.

Voluntary Counseling and Testing (VCT) services have scaled-up in much of the country. There are many partners supporting this activity, however, it is very clear that the rural populations have not been adequately reached. The Zambia Voluntary Counseling and Testing (ZVCT) services coordinate most of the CT services in the country, both non-governmental organizations and government run centers. Of the 550 sites to date, very few cover the disadvantaged rural populations.

This activity will support mobile VCT services one of the most underserved rural and remote districts within the Shangombo District within Western Province. The selection of this district has been done in consultation with the Western Provincial Health Office.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	2	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	4,000	☐
Number of individuals trained in counseling and testing according to national and international standards	10	☐

Coverage Areas

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism: IntraHealth International
Prime Partner: IntraHealth International, Inc
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 19130
Planned Funds: $ 200,000.00
Activity Narrative: This is a new activity being proposed for the first time in FY 2007.

This award (#9742) was divided between 2 organizations (IntraHealth and UAB). A request is being made to update the Prime Partners, Targets and Activity Narratives. Funding and Targets have been divided up among the two partners. Also of note - the original target - Number tested and counselled was listed incorrectly. The orognal total amount for the entire activity should = 10,000 receiving CT rather than 18,000.

Voluntary Counseling and Testing (VCT) services have scaled-up in much of the country. There are many partners supporting this activity, however, it is very clear that the rural populations have not been adequately reached. The Zambia Voluntary Counseling and Testing (ZVCT) services coordinate most of the CT services in the country, both non-governmental organizations and government run centers. Of the 550 sites to date, very few cover the disadvantaged rural populations.

This activity will support mobile VCT services in two of the most underserved rural and remote districts Namwala in Southern Province and Luangwa District in Lusaka Province. These districts have been selected in consultation with the Provincial Health Office in the respective provinces.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	4	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	6,000	☐
Number of individuals trained in counseling and testing according to national and international standards	20	☐

Coverage Areas

Lusaka

Southern

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: $ 27,035,895.00

Program Area Context:

Scaling-up anti-retroviral therapy (ART) is critical to achieving the USG/Zambia Five-Year Strategy objectives, with emphasis on ARV (anti-retroviral) drug procurement and enhancing the capacity of the supply chain management systems. Great progress was made in improving the availability of ARV drugs at the national level during FY 2005 and FY 2006.

With about one million Zambians living with HIV/AIDS and 200,000 of these persons requiring ART, the Government of the Republic of Zambia (GRZ) has prioritized making ART available to all Zambians in need—as evidenced by the August 2005 policy rendering all public sector ART services free of charge. Furthermore, the national ART Implementation Plan was evaluated and updated in FY 2006. Findings from the evaluation revealed a need to continue strengthening the ARV drug procurement practices and related supply chain. As of August 2006, there were approximately 65,000 ART patients, nearly double the number of patients a year ago.

In FY 2005 and 2006, USG and JSI/DELIVER took the lead, in close collaboration with GRZ, to facilitate the development of multi-year ARV drug forecasts and quantifications, now updated on a quarterly basis. This process included the development of the first national, long-term ARV drug procurement plan, encompassing procurements made by USG, GRZ, Global Fund for AIDS, Tuberculosis, and Malaria (GFATM) Principal Recipients [Ministry of Health (MOH) and Churches Health Association of Zambia (CHAZ)], and Clinton Foundation. These drugs are placed in the MOH central warehouse, Medical Stores Ltd. (MSL), for distribution to all accredited ART sites (governmental and non-governmental); there are approximately 126 accredited ART sites in Zambia. Furthermore, USG ART Track 1.0 partners [Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and Catholic Relief Services/AIDS Relief (CRS)] also procure ARVs for the sites they directly support.

In addition to the accomplishments made in ARV procurement, the ARV supply chain was also significantly improved during FY 2006; JSI/DELIVER continued its strong role in coordinating and addressing ARV logistics system issues. Examples include: conducting the first national ARV supply chain design workshop, developing and implementing a national training of trainers program for the new ARV drug logistics system, and initiating the national roll-out of this new ARV drug system. All activities were completed in close collaboration with the MOH.

In FY 2007, USG will continue its strong relations with GRZ, GFATM, and Clinton Foundation to ensure that there is a sufficient, uninterrupted supply of ARV drugs available in all accredited ART sites. On behalf of USG, Partnership for Supply Chain Management Systems (SCMS) and Project TBD (to be awarded by USAID/Washington) will conduct ARV procurements and expand support to strengthen the ARV drug supply chain. SCMS will conduct the ARV drug procurements in the most timely manner possible, taking advantage of their regional supply depot in South Africa. This warehouse allows for timelier, consolidated ARV drug shipments. SCMS' other key role is to improve quality control processes by conducting continuous testing of purchased ARV drugs. To protect these ARV procurement investments, Project TBD will continue its coordination role of all in-country ARV procurements, train key personnel in the new ARV drug logistics system--including persons at the new MOH Logistics Management Unit (LMU), and supervise/monitor ARV logistics activities at district and service delivery levels to ensure adherence to sound logistics practices.

As compared to FY 2006 in which USG procured $16.426M worth of ARV drugs, in FY 2007, USG will significantly increase its commitment to provision of these life-extending medicines. USG is planning to procure a total of $20M worth of the following ARV drugs: Abacavir, Efavirenz, Lamivudine, Lopinavir-Ritonavir, Nelfinavir, Nevirapine, Stavudine, Tenofovir, and Zidovudine (purchases may change as additional ARV drugs are FDA-approved and registered in Zambia, as GFATM and Clinton Foundation ARV drug donations become solidified, and when GRZ changes the national ARV treatment protocols in

mid-2007). These specific ARV drugs, in conjunction with the ARV drugs procured by GFATM and Clinton Foundation, will go directly to MSL where all accredited ART sites (GRZ, faith-based hospitals, NGOs, and work-place/private sector) have access to these critical supplies. In addition, with FY 2007 and Track 1.0 funds, EGPAF and CRS are planning to purchase at least $8.6M and $3M of ARV drugs respectively for the sites that they directly support. It is estimated that the USG ARV procurements, totaling $34.6M, in addition to the GFATM and Clinton Foundation purchases, will enable Zambia to place 130,000 patients on ART by mid-2008.

Through the ARV drug procurements and development of the national ARV drug logistics system, it is anticipated that these activities will assist in achieving a sustainable national ART program following intensive PEPFAR support.

Table 3.3.10: Activities by Funding Mechanism

Mechanism: EGPAF - U62/CCU123541
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 8999
Planned Funds: $ 1,000,000.00
Activity Narrative: This activity is related to #9000.

This activity will support patients enrolled at the joint Zambian Ministry of Health (MOH) and CIDRZ sites with getting a buffer stock of drugs when needed. This activity will give EGPAF the capability to procure first-line and a minimal second-line backup for the 32 existing and 18 new treatment sites supported by CIDRZ in FY 2007. The drugs that will be procured in this activity are Truvada, Lamivudine, Abacavir, Nevirapine, Efavirenz, and Kaletra of which 10% will be pediatric dosages. This backup is intended to help avoid emergency stock-outs as the Government of the Republic of Zambia stock reporting and drug forecasting systems are being strengthened. As of July 2006, approximately 2,412 patients (adult and pediatric) were on second line and/or drug combinations containing second line antiretroviral (ARV) treatment. Training and pharmaceutical staff support on ARV services at each treatment site are provided by this activity as necessary to help ensure appropriate stock management, ordering, and cooperation with national and district stores systems in information monitoring and forecasting.

Continued Associated Activity Information

Activity ID: 3686
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
Mechanism: TA- CIDRZ
Funding Source: GHAI
Planned Funds: $ 1,000,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Target Populations:

People living with HIV/AIDS

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 9196
Planned Funds: $ 20,000,000.00
Activity Narrative: This activity links directly with Project TBD's ARV Drug activity (#9520), the Partnership for Supply Chain Management Systems' (SCMS) activities 9n CT (#9523), Laboratory Strengthening (#9524), and Policy Analysis/Systems Strengthening (#9525), Center for Infectious Diseases Research in Zambia (#9000), Catholic Relief Services/AIDS Relief (#8827), Churches Health Association of Zambia (CHAZ) (#8992), University Teaching Hospital (UTH) (#9042), Zambia Prevention, Care and Treatment Partnership (ZPCT) (#8885), Global Fund for AIDS, Tuberculosis and Malaria (GFATM), and the Clinton Foundation.

The purpose of this activity is to procure ARV drugs in support of the Government of the Republic of Zambia's (GRZ) national ART program. In FY 2006, JSI/DELIVER provided assistance in strengthening the national ARV drug forecasting, quantification, and procurement systems. With their support, the US Government (USG) purchased $14 million worth of ARV drugs for the national program in accordance with GRZ and USG rules and regulations.

In FY 2007, USG will continue its strong collaboration with GRZ, GFATM, and the Clinton Foundation to assist the national ART programs in fulfilling demand for ART services. On behalf of the USG, SCMS will purchase the following drugs: 3TC, AZT syrup, LPV/r syrup, AZT/3TC, ddI 200mg, ddI 25mg, EFV 50mg, EFV 600mg, LPV/r133/33 caps, NVP 200mg, and Tenofovir. Purchases may change as additional ARV drugs become approved by the Food and Drug Administration (FDA) and registered in Zambia, as GFATM and Clinton Foundation ARV drug donations become solidified, and when GRZ changes the national ARV treatment protocols. It is estimated that approximately one percent of the total budget will be used to procure pediatric ARV drugs; this figure is based on the Clinton Foundation's commitment to provide all required pediatric first line formulations during this time period.

Furthermore, USG-funded ARV drugs will be placed in the GRZ's central warehouse, Medical Stores Ltd. (MSL), where all public sector and accredited NGO/FBO/CBO/work-place/private sector ART programs will have access to these critical supplies. It is estimated that USG procurements, in combination with GFATM and Clinton Foundation purchases, will enable Zambia to place 130,000 patients on ART by mid-2008. Cost per patient is estimated at $37/month (based on the new national treatment protocols, to be enacted in mid-2007).

Continued Associated Activity Information

Activity ID: 3751
USG Agency: U.S. Agency for International Development
Prime Partner: Partnership for Supply Chain Management
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 14,000,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Host country government workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	DELIVER II
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	9520
Planned Funds:	$ 3,000,000.00

Activity Narrative: This activity relates with the Partnership for Supply Chain Management Systems' (SCMS) activities ARV Drug procurement (#9196) and Other Policy/Systems Strengthening (#9525), Government of the Republic of Zambia (GRZ), Center for Infectious Disease Research in Zambia (#9000), Catholic Relief Services/AIDS Relief (#8827), Churches Health Association of Zambia (CHAZ) (#8992), University Teaching Hospital (UTH) (#9042), Zambia Prevention, Care and Treatment Partnership (#8885), Global Fund for AIDS, Tuberculosis and Malaria (GFATM), and the Clinton Foundation.

The purpose of this activity is to expand assistance for ensuring that ARV drugs procured by the US Government (USG), GFATM, and other partners are in sufficient supply and provided to Zambians at service delivery sites through an efficient and accountable logistics supply chain system. This activity was preceded by several key initiatives in FY 2005 and 2006 conducted by JSI/DELIVER. Their scope of work was to conduct a national assessment of the ARV drug logistics supply chain and to coordinate and centralize the management of ARV drugs; examples include: centralizing the management of ARV procurement information and planning, providing technical assistance to GFATM Principal Recipients in development of ARV drug Procurement and Supply Management Plans, conducting the national ARV drug supply chain design workshop, and training more than 450 warehouse staff, pharmacists, and other key personnel in the management of ARV drug procurement and logistic systems.

JSI/DELIVER is also installing a specially designed software program to manage the national ARV drug inventory control and information system. This computer program is placed at the newly formed Ministry of Health (MOH) Logistics Management Unit (LMU) based at the MOH's central warehouse, Medical Stores Ltd. (MSL). This software will assist GRZ in collecting and analyzing national ARV drug consumption data for the first time since the national ART program began in 2002. In FY 2007, this software will be adapted for laboratory supplies management.

In FY 2007, Project TBD (to be awarded by USAID/Washington) will expand efforts to strengthen the effectiveness, efficiency, and sustainability of the national ARV drug logistics system. Activities include:

1. Coordinating ARV drug forecasting and procurement planning capacity at the central level, with special focus on LMU;
2. Quantifying required ARV drugs consistent with resources and policies for rapidly scaling-up ART programs;
3. Standardizing ARV drug inventory control procedures at central, provincial, district, and service delivery sites;
4. Developing software tools for ART sites to collect and use for ordering ARV drugs;
5. Improving ART logistics decision-making processes at the central level through use of aggregated data from ART sites as provided through the national ART logistics management information system (LMIS);
6. Standardizing, documenting, and disseminating ART logistics policies and procedures; and
7. Monitoring and evaluating the ART supply chain and making improvements as needed.

To complete these activities, Project TBD, in collaboration with MOH, MSL, and other partners, will train up to 100 additional key personnel (e.g., doctors, nurses, pharmacists, and laboratory staff from governmental and non-governmental organizations) in the new national ART logistics management system. Moreover, at the central level, Project TBD will coordinate multi-year national ARV drug forecasts and procurement plans with all key partners, including GRZ and donors. Project TBD will also be an active member on appropriate national technical working groups, such as VCT and Home-Based Care, Treatment, Care, and Support, and ART Implementation Committee. Finally, Project TBD will provide direct support to the GFATM Principal Recipients through participation in the Zambia GFATM Steering Committee and provision of assistance in developing proposals and Procurement and Supplies Management (PSM) Plans for GFATM/Geneva.

Through the development of the national ARV drug logistics system and skills transfer to governmental and non-governmental staff, it is anticipated that these activities will achieve sustainability following intensive PEPFAR support.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Logistics	51 - 100
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Target Populations:

Country coordinating mechanisms
Doctors
Nurses
Pharmacists
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Lab technicians
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Trainers

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: AIDSRelief- Catholic Relief Services
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 9730
Planned Funds: $ 1,420,000.00
Activity Narrative: Related activities: This activity links to AIDSRelief-Zambia (#8827).

AIDSRelief provides HIV care and services, including ART, primarily to the most marginalized populations through faith based organizations in rural areas. AIDSRelief works through the local partner treatment facility (LPTF) to provide treatment and care and builds the capacity of the treatment facility to provide this care as a means of building a sustainable care system. In the initial phases of the program, the antiretroviral drugs were purchased directly by AIDSRelief, in a system parallel to the Ministry of Health (MOH). However in the spirit of supporting the Three Ones principle and in order to ensure the development of a sustainable system, beginning in fiscal year FY 2006, AIDSRelief agreed with the MOH that new patients initiated on treatment in the AIDSRelief supported site would receive first line and second-line generic drugs through the Central Medical Stores logistics supply system. This would also enable AIDSRelief to continue to scale-up services to additional sites despite no increase in funding levels under Track One. The U.S. Government through JSI Deliver has strengthened the central logistics procurement and supply of ARVs under activity number. However, currently four private, faith-based AIDSRelief sites that are not yet accredited by the MOH to receive free drugs from Central Medical Stores. However, AIDSRelief will continue to procure and distribute ARV drugs to these facilities to meet the demand for second and first-line therapy. This will also ensure that a buffer stock is available for these facilities. The drugs that will be procured are Efavirenz, Kaletra, Stavudine, Zidovudine, Tenofovir, Truvada, Combivir, and Nevirapine, of which 10% of these drugs will be for Pediatric ART services. Churches Health Association of Zambia will continue to store and distribute ARV drugs to these four facilities and will also distribute drugs to the remaining AIDSRelief facilities, in support of the Central Medical Stores logistics supply system.

In FY 2007, AIDSRelief will provide ART for 15,000 patients at 16 faith-based hospitals and clinics, including the maintenance of 10,000 patients from 2006 and the expansion of ART to an additional 5,000 patients in 2005.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Target Populations:

Host country government workers

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	Track 1 ARV
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	Central (GHAI)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	12066
Planned Funds:	$ 1,615,895.00
Activity Narrative:	See activity 8829

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: $ 46,933,284.00

Program Area Context:

The Government of the Republic of Zambia (GRZ) aims to expand anti-retroviral treatment (ART) to 90,000 adults and 10,000 children by the end of 2006. By 2010, the GRZ aims to have at least 160,000 clients on ART throughout Zambia. At the end of second quarter 2006, over 65,000 patients were receiving ART—double the number on ART a year ago. Furthermore, GRZ was able to increase access to ART by issuing a policy determination that made all public sector ART services free-of-charge (this applies to refugees and non-Zambian nationals as well). In line with the US Government (USG) Five-Year Strategy for Zambia and the Emergency Plan 2-7-10 goals, USG is contributing directly to achieving these national goals and will continue to assist in rapid expansion of ART services, including quality treatment for HIV-infected children and their families.

Given the magnitude of the HIV epidemic in Zambia, USG and partners work closely with the many donors and agencies providing assistance to the national ART program. Coordinating partners include: Global Fund for AIDS, Tuberculosis, and Malaria, World Bank, World Health Organization, United Nations, Medecines Sans Frontieres, Swedish International Development Agency, Japan International Cooperation Agency, European Union, Department for International Development, and many other multi-lateral organizations and private institutions.

As of August 15, 2006, Zambia had 126 ART centers, all of which are receiving USG support, either directly in the form of technical assistance/procurements or indirectly through procurements of ARV drugs and overall national system strengthening activities. During FY 2004, the focus was on building systems, human capacity, and infrastructure necessary for widespread delivery of HIV care and treatment. In FY 2005 and FY 2006, USG's emphasis, in partnership with the GRZ, was on expanding the number of sites providing ART, improving quality of care, and increasing ART uptake, including among children and their families. The scale-up plan included public, private, and NGO/CBO/FBO facilities in all nine provinces. This rapid scale-up of HIV/AIDS treatment services was very successful, including good clinical outcomes in urban and peri-urban primary care settings. In addition, tremendous progress was made during the past 12 months in providing access to ART in many rural public sector and faith-based health care facilities. However, remote and sparsely populated areas of the country still pose a major challenge to ART scale-up. To address this challenge, USG has increased its support to developing a national network of ART outreach sites in which doctors, trained in ART case management, travel to remote health centers on selected days of the month, bringing mini-labs, to train facility staff and provide HIV/AIDS clinical services to patients who would not otherwise have access to these quality services.

The Ministry of Health (MOH) and the National AIDS Council (NAC) have embarked on updating the adult ART treatment guidelines and are developing pediatric treatment guidelines with technical, financial, and logistical support from USG and its partners. USG is also assisting in the ART site accreditation system to assess institutional capacity for delivering ART according to national guidelines and standards. USG's partners have assisted in the development of national policies, plans, and guidelines necessary for the scale-up of ART services. Technical assistance will be continually provided to the national ART program and Technical Working Groups for program planning, evaluations, and updating of national training materials, protocols, and dissemination of these materials.

In FY 2006, USG partners further strengthened health systems to support ART services, including drug management and logistics, information systems, and human resource issues. By the end of FY 2006, USG will have procured over $16 million worth of ARV drugs for the national ART program. USG also supported linkages within facilities in order to integrate ART services with other clinical care services and between facilities to support the national ART network model. In FY 2007, USG, GRZ, the World Health Organization, and other key partners will formulate and implement a national ARV drug resistance monitoring strategic plan. Moreover, USG will promote operations research and strengthen evaluation of the impact of ART and quality of services.

According to MOH, approximately 2,900 HIV-infected children received ART in public-sector facilities by the end of second quarter 2006. An important goal in FY 2007 is to increase the number of infants and children receiving comprehensive care and treatment for HIV/AIDS, as pediatric access to ART is still relatively low compared to that of adults. This will be accomplished through expanding the ART outreach model, increasing access to Polymerase Chain Reaction (PCR) testing, and training ART providers in pediatric diagnosis and case management. An example is that USG and partners will assist the University Teaching Hospital (UTH), MOH, and partner institutions to create Centers of Excellence in outpatient pediatric and comprehensive family HIV treatment in Lusaka, Livingstone, and Ndola. Roll-out of infant HIV diagnosis on dried blood spots will also greatly assist in bringing HIV-infected infants and children into treatment at a much younger age. GRZ and USG are fully committed to reaching an overall national target of 15% children among all ART clients by the end of 2007.

An Adult Center of Excellence for ART at the UTH Department of Medicine will also be fully operational by the end of 2006 through USG support. These Centers will form a core network of pediatric and adult expert providers and will build on earlier USG investments in training Zambian providers in pediatric and adult HIV counseling and testing and ART. Furthermore, these Centers will demonstrate best practices and serve as loci for on-site training and referral centers for specialized/difficult cases. The USG further plans to refurbish medical facilities and laboratories for better delivery of care in each of the nine provinces of Zambia. To address the shortage of human resources, USG will also expand renovations to essential structures, including health centers and staff housing, to increase staff retention and quality of service provision.

In all activities nationwide, USG and partners foster local ownership of the ART programs for increased acceptance and uptake of ART services by local communities. To enhance sustainability, MOH, Provincial Health Offices, and District Health Management Teams are supported to lead increased access of ART. This goal is being achieved through coordinating ART services with Neighborhood Health Committees, Community Support Groups, and other local organizations to deliver health communication messages and strengthen community support for pediatric and adult ART. Improved linkages and well-functioning referral systems among tuberculosis, prevention of mother to child transmission, ante-natal care, STI, ART, and home-based care services have been essential to rapidly scaling-up ART services.

Program Area Target:

Number of service outlets providing antiretroviral therapy	319
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	143,278
Number of individuals receiving antiretroviral therapy by the end of the reporting period	110,840
Number of individuals newly initiating antiretroviral therapy during the reporting period	46,920
Total number of health workers trained to deliver ART services, according to national and/or international standards	1,769

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8794
Planned Funds:	$ 2,570,000.00

Activity Narrative: Zambia continues to face an acute shortage of health care personnel which severely constrains the scale-up of the provision of anti-retroviral therapy (ART). The single most limiting factor to the scale-up of ART is the lack of trained providers – physicians, nurses, clinical officers, laboratory personnel, and others. The priorities of the National Human Resources Strategic Plan include recruitment, deployment, and retention of health workers. The Health Services and Systems Program's (HSSP) role in the ART program is to support the Ministry of Health (MOH) to retain critical staff in areas of greatest need, and provide support in the area of performance improvement and quality assurance. In FY 2005, HSSP recruited and placed nine Provincial Clinical Care Specialists to enhance ART coordination and quality assurance; initiated the recruitment of 35 doctors under the rural retention scheme; and developed the minimum criteria for the certification of providers and ART sites.

In FY 2006, HSSP's focus was on continued support to Clinical Care Specialists (CCSs) and placement of medical doctors to serve in remote areas; recruitment of non-physician health care workers for the retention schemes; recruitment of nurse tutors; and the development of minimum criteria for certification of providers and ART sites. Since modalities of recruitment and management of the doctors' retention scheme are just being finalized by HSSP and MOH, and the retention of other cadres and the nurse tutors is just getting started in FY 2006, results on retention will not be available until FY 2007. Agreement on modalities of recruitment and management of doctors' retention scheme has been slow with the dissolution of the Central Board of Health - the managers of the existing retention scheme; further, there was an upward adjustment of the package by the Ministry of Health necessitated by the sudden appreciation of the local currency against the US dollar.

In FY 2007, HSSP will continue to address the human resource crisis and increase access to HIV/AIDS services. HSSP will pay salaries and provide maintenance and fuel expenses for supervision trips to the CCSs in each of the nine Public Health Offices (PHOs). The CCSs will continue to support district hospitals and clinical HIV/AIDS programs and to strengthen referral and continuity of care within health facilities. They will also provide technical backstopping and supervision to junior doctors implementing HIV/AIDS activities in the provinces. They will work with the MOH CCSs to coordinate ART scale-up in hospitals and health centers, serve as provincial ART trainers, and monitor and supervise the private sector ART provision. CCSs will assist other USG programs in the provinces, including Zambia Prevention, Care and Treatment Partnership (ZPCT) (#8885), Health Communication Partnership (#8901), and Centre for Infectious Disease Research in Zambia (#9000).

These nine CCSs will serve as the major conduit for provincial coordination and quality assurance efforts.

The MOH continues to face severe human resource shortages, especially in the country's most remote districts. Currently, the Government of the Republic of Zambia (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 23 additional physicians by covering the $805/month hardship allowance and $3,000 one-off payment per doctor for house renovation. This scheme is designed to maintain quality ART services for 4,000 patients in 23 of the most remote districts. The intention was to support 35 doctors; however, the number has been reduced to 23 due to the appreciation of the local currency and alignment of the monthly hardship allowance to the MOH revised figures. The previous level of the hardship allowance ($250/month) was too low to meaningfully attract and retain the physicians in remote areas. The $805 hardship allowance is a lump-sum. No other allowances, such as education allowance in the previous arrangements, will be provided. The Antiretroviral Therapy Information System (ARTIS) will track the assignment of physicians and monitor increases in the number of patients receiving ART services in their districts.

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 health workers have led the MOH to expand its retention scheme. Therefore, HSSP will provide support for the retention of 63 health workers (22 nurses, 22 clinical officers, nine pharmacists/pharmacy technicians, and 10 lab technicians) required to provide ART

services in 10 of the 38 remote districts. Each health worker retention package, including hardship allowance, will cost $480 per month. The shift from original numbers of health workers in FY 2006 to be supported under this scheme and the monthly hardship allowance of $200/month is due to the alignment with MOH revised figures. This staff will contribute to achieving the national ART target and will be tracked through the ARTIS. It is expected that there will be 15% increase of trained staff in remote (C) and the most remote (D) districts for delivery of HIV/AIDS services. Districts fall in one of four categories ranging from city to rural (A being urban and D the most remote) determined by state of deprivation including state of access roads and other infrastructure and availability of banks and gas stations.

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 provide ongoing support to the MOH's nurse tutor retention initiative designed to ensure availability of tutors in all 21 nurse training institutions for HIV/AIDS service delivery training. A total of 33 nurse tutors (reduced from 105 due to alignment of the monthly hardship allowance to MOH revised figures and the kwacha appreciation) will be retained in disadvantaged training institutions. HSSP will support a retention package of $640/tutor/month including a hardship allowance (increased from $300 in FY 2006). 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. HSSP support will contribute to 80% retention of nurse tutors (currently at 70% per annum). Retained nursing tutors will play a central role in the incorporation of HIV/AIDS training modules into the nursing school's curriculum.

HSSP will continue support to the MOH and Medical Council of Zambia to establish an accreditation system of ART facilities and ART providers in public and private practice. In FY 2006, HSSP developed an ART accreditation plan and supported MOH consensus-building on ART standards. In FY 2007, HSSP will begin to roll out the accreditation system to districts. It is expected that all ART sites will be accredited by end of 2008.

HSSP will continue to work closely with the Centers for Disease Control, ZPCT, and the World Health Organization to support the MOH in improving services for HIV/AIDS patients in health facilities. HSSP and other partners will support the ongoing integration of HIV/AIDS services into MOH Performance Assessment tools and develop minimum quality assurance standards for HIV/AIDS services.

To ensure sustainability, HSSP works within the existing GRZ structures and plans. HSSP facilitates the development and dissemination of appropriate standard guidelines, protocols, plans, and budgets. HSSP also assists GRZ with the implementation of a facility-level quality improvement program. All project activities are integrated into the existing programs and structures to ensure that continuity of services remain after the program concludes.

Continued Associated Activity Information

Activity ID:	3531
USG Agency:	U.S. Agency for International Development
Prime Partner:	ABT Associates
Mechanism:	Health Services and Systems Program
Funding Source:	GHAI
Planned Funds:	$ 2,250,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Indirect Targets

4,000 patients in 23 of the most remote districts health facilities will be provided with quality ART services.

Target Populations:

Doctors
Nurses
Pharmacists
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers

Coverage Areas:

National

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8811
Planned Funds: $ 180,000.00
Activity Narrative: This activity relates to UTH (#9043), SPHO (#8993), and Columbia University (#8993).

In cooperation with HRSA, the Centers for Disease Control and Prevention will manage this activity in Zambia. In 2006, American International Health Association focused on the identification and establishment of a partnership with the two pediatric ART centers of excellence. Efforts included communication with relevant stakeholders, including Columbia University, University Teaching Hospital (UTH) in Lusaka, and CDC. Based on these discussions and fact finding, AIHA posted an open solicitation to determine the bests-suited partner. The solicitation closed on 31 August, and AIHA has shared the selected partner with CDC/Zambia for concurrence. Once CDC approves the partner selected, the initial exchange visit to introduce the partnerships will be made. It is expected that this initial exchange visit, involving the United States partner to visit Zambia to meet with the Zambian partners, will occur in October 2006. At this point, the partners will discuss goals, objectives, and strategies of the partnership, and create the partnership work plan. In keeping with Twinning Center methodology, the partners will come together as equals to develop the partnership work plan, thereby ensuring buy-in from the partners and increasing the likelihood of sustainability once funding ends. Implementation of activities under the work plan is expected to begin before the end of 2006.

In 2007, the partnership will be active in carrying out the work plan goals and strengthening the structure and capacity of the pediatric centers of excellence. AIHA will continue to provide technical assistance, facilitation, and management to the partnership to scale-up ART services in Zambia by increasing the pharmaceutical service capacity at the two newly-established pediatric ART centers of excellence. Through a volunteer-driven partnership, 25 pharmacists will receive direct on-site technical assistance in organizing and managing a pharmacy in addition to acquiring necessary skills to address patient level management, adherence, adverse affects, and medication management trainings. Upon successful training of these pharmacists, AIHA anticipates an indirect beneficiary pool of an additional one-hundred pharmacists.

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.

AIHA and the partnership (which includes UTH) will continue to work closely with CDC, Columbia University, and other relevant stakeholders to ensure that the activities are comprehensive and coordinated in order to promote sustainability. AIHA has been instrumental in increasing and strengthening palliative care in Zambia through its partnership with the Palliative Care Association of Zambia; this partner can be brought in as a resource for the pediatric AIDS treatment centers partnership. Further, AIHA intends on fostering south-south relationships within this partnership, possibly including the African Network for the Care of Children Affected by AIDS (ANECCA), to augment the technical assistance provided through the partnership.

Continued Associated Activity Information

Activity ID: 3795
USG Agency: HHS/Health Resources Services Administration
Prime Partner: American International Health Alliance
Mechanism: Twinning Center

Funding Source: GHAI
Planned Funds: $ 150,000.00

Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	25	☐

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Public health care workers
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Twinning

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8827
Planned Funds:	$ 4,580,000.00

Activity Narrative: This activity relates to Catholic Relief Services (#8829).

AIDSRelief has continued to contribute to the United States Government's HIV and AIDS strategy in Zambia by activating and supporting 12 local partner treatment facilities (LPTFs) and additional satellite facilities to provide antiretroviral therapy, as well as HIV care and services. As of July 2006, AIDSRelief had 7,057 patients actively on antiretroviral therapy (ART) out of which 404 were children and 19,034 patients were receiving basic care and support.

AIDSRelief has been successful in providing technical support to LPTFs by providing training and technical assistance necessary for successful program implementation. A total of 107 persons have received clinical trainings conducted by AIDSRelief, with nine trained on Pediatric ART and 201 in ARV adherence. About 45 persons have been trained in strategic information and 62 on finance and compliance issues. Additional support to partners include the initiation of a bi-monthly newsletter that addresses current clinical issues and provides medical updates, the installation and training of personnel on automated CD4 technology, and the coordination of reagent procurement and instrument maintenance.

AIDSRelief continues to support the Zambian government's HIV strategy and participates in multiple technical working groups and technical committees, including: the Medical Council Site Accreditation and Provider Certification Group; the ART Regimen Choice Meeting; the National Laboratory Instrumentation Working Group; the National Pediatric ART Regimen Choice Committee; the National Pediatric ART/OI Training Curriculum Development Group; and the working group for the harmonization of the Clinical forms for Zambia.

In keeping with its commitment to ensure that care and services continue to be delivered at a high standard, AIDSRelief has implemented a Quality Assurance/Quality Improvement (QA/QI) program at its LPTFs. This included conducting formal chart reviews at facilities that were activated in fiscal year (FY) 2004 and performing viral load measurements on 10% of patients who had been on treatment for greater than nine months. Analysis of the data is still ongoing and will evaluate viral load suppression, adherence, toxicities, switched therapy, loss-to-follow-up and causes of early mortality. It is expected that the results of this activity will inform future guidelines for ART initiation in a manner that minimizes mortality within the first few weeks of therapy. In addition to the QA/QI process, the use of electronic data has led to easier access to patient records and cross-referencing. In addition, by using the pharmacy database, partners have been able to track would-be defaulters easily and implement early interventions such as home visits and counseling. This has contributed to improved adherence. By keeping track of the attrition rates, AIDSRelief and their partners have been able to implement timely intervention at LPTFs, such as community mobilization and revision of adherence strategies.

Building on fiscal year FY 2006, 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 cost of providing care in these areas is usually high due to poor road infrastructures that make it difficult and costly to transport supplies. 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 to promote sustainability. AIDSRelief will provide ART for 15,000 patients at 16 faith-based hospitals and clinics, including the maintenance of 10,000 patients from FY 2006 and the expansion ART to an additional 5,000 patients in FY 2007. AIDSRelief Zambia will provide HIV care to a total of 42,000 individuals throughout FY 2007.

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. 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 point of service will help further expand the reach to patients in remote and rural areas of Zambia. ART services will continue to be enhanced by twinning sites from different geographical areas. This will ensure sharing experiences and lessons learned and will enable further capacity building of LPTFS. Training centers will continue to serve as resource centers for building the capacity of medical staff from other LPTFS as well as other ART providers in country offering more sophisticated services to patients on treatment.

The activities in this proposal will complement activities in track 1 (#8829) and will enhance scale-up and consolidation of ART services in areas served by AIDSRelief. These services are critical to providing quality HIV care and treatment, and have been an integral part of the AIDSRelief program since its inception. This proposal is also contingent upon continued central funding through HRSA at existing levels.

Continued Associated Activity Information

Activity ID:	3698
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	AIDSRelief- Catholic Relief Services
Funding Source:	GHAI
Planned Funds:	$ 5,750,000.00

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	16	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	17,000	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	15,000	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	5,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	120	☐

Target Populations:

People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Traditional birth attendants
Other Health Care Workers
HIV positive children (5 - 14 years)

Coverage Areas

Eastern

North-Western

Western

Copperbelt

Lusaka

Northern

Southern

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Track 1 ARV
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	Central (GHAI)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8829
Planned Funds:	$ 2,582,819.00

Activity Narrative: This activity relates to CRS (#8827).

AIDSRelief has continued to contribute to the United States Government's HIV and AIDS strategy in Zambia by activating and supporting 12 local partner treatment facilities (LPTFs) and additional satellite facilities to provide antiretroviral therapy, as well as HIV care and services to the greatest number of needy patients. As of July 2006, AIDSRelief had 7,057 patients actively ART out of which 404 were children and 19,034 patients are receiving basic care and support.

AIDSRelief has been successful in providing technical support to LPTFs by providing the training and technical assistance necessary for successful program implementation. A total of 107 persons have received clinical trainings conducted by AIDSRelief, with nine trained on Pediatric ART and 201 in ARV adherence. About 45 persons have been trained in SI and 62 on finance and compliance issues. Additional support to partners include the initiation of a bi-monthly newsletter that addresses current clinical issues and provide medical updates, the installation and training of personnel on automated CD4 technology, and the coordination of reagent procurement and instrument maintenance.

AIDSRelief continues to support the Zambian Government's HIV strategy and participates in multiple technical working groups and technical committees, including: the Medical Council Site Accreditation and Provider Certification Group; the ART Regimen Choice Meeting; the National Laboratory Instrumentation Working Group; the National Pediatric ART Regimen Choice Committee; the National Pediatric ART/OI Training Curriculum Development Group; and the working group for the harmonization of the Clinical forms for Zambia.

In keeping with its commitment to ensure that care and services continue to be delivered at a high standard, AIDSRelief has implemented a Quality Assurance/Quality Improvement (QA/QI) program at its LPTFs. This included conducting formal chart reviews at facilities that were activated in Year 1 and performing viral load measurements on 10% of patients who had been on treatment for greater than nine months. Analysis of the data is still ongoing and will evaluate viral load suppression, adherence, toxicities, switched therapy, loss-to-follow-up and causes of early mortality. It is expected that the results of this activity will inform future guidelines for ART initiation in a manner that minimizes mortality within the first few weeks of therapy.

In addition to the QA/QI process, the use of electronic data has led to easier access to patient records and cross-referencing. In addition, by using the pharmacy database, partners have been able to track would-be defaulters easily and implement early interventions such as home visits and counseling. This has contributed to improved adherence. By keeping track of the attrition rates, AIDSRelief and their partners have been able to implement timely intervention at LPTFs, such as community mobilization and revision of adherence strategies.

Building on fiscal year FY 2006, 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 cost of providing care in these areas is usually high due to poor road infrastructures that make it difficult and costly to transport supplies. 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 to promote sustainability. AIDSRelief will provide ART for 15,000 patients at 16 faith-based hospitals and clinics, including the maintenance of 10,000 patients from FY 2006 and the expansion ART to an additional 5,000 patients in FY 2007. AIDSRelief Zambia will provide HIV care to a total of 42,000 individuals throughout FY 2007.

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. 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 point of service will help further expand the reach to patients in remote and rural areas of Zambia. ART services will continue to be enhanced by twinning sites from different geographical areas. This will ensure sharing experiences and lessons learned and will enable further capacity building of LPTFS. Training centers will continue to serve as resource centers for building the capacity of medical staff from other LPTFS as well as other ART providers in country offering more sophisticated services to patients on treatment.

These services are critical to providing quality HIV care and treatment, and have been an integral part of the AIDSRelief program since its inception. The targets for this activity are in CRS entry #8827.

Continued Associated Activity Information

Activity ID:	4548
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	AIDSRelief- Catholic Relief Services
Funding Source:	GHAI
Planned Funds:	$ 0.00

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		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Faith-based organizations
HIV/AIDS-affected families
People living with HIV/AIDS
Program managers
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Religious leaders
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Traditional birth attendants
Other Health Care Workers
M&E Specialist/Staff
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern

North-Western

Western

Copperbelt

Lusaka

Northern

Southern

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8885
Planned Funds:	$ 4,216,000.00

Activity Narrative: This activity links with the Zambia Prevention, Care, and Treatment Partnership (ZPCT) CT (#8883), PMTCT (#8886), TB/HIV (#8888), Palliative Care (#8884), and Laboratory Support (#8887) activities as well as the Government of the Republic of Zambia (GRZ) and other US Government (USG) partners as outlined below. This activity will strengthen and expand ART services in Central, Copperbelt, and the more remote Luapula, Northern, and North-Western provinces. The total geographic coverage of ZPCT support to ART services is 69% of the population in the five provinces. In FY 2006, ZPCT will reach 37,335 (2,800 pediatric) ART clients, exceeding the 18-month target and reaching 36% and 18.6% of expected ART need in the five provinces and in Zambia respectively. All 49 ART sites have been renovated and are fully functioning. Other FY 2006 achievements are outlined in the component descriptions below. In FY 2007, 51,300 ART patients, of whom 15,600 will be new (1,560 pediatric), will be provided with ART. As of September 30, 2008, the number of persons who ever received ART will be 54,300.

The seven components are: 1) provide comprehensive support to strengthen ART facilities and services; 2) expand implementation of the ART outreach model; 3) strengthen referral linkages and increase demand for ART services; 4) participate in and support the national ART Technical Working Group; 5) assist in scaling-up pediatric ART services; 6) expand renovations to GRZ structures to assist with staff retention; and 7) increase program sustainability with the GRZ.

In the first component, provision of comprehensive support to strengthen ART facilities and services, ZPCT will continue its FY 2006 assistance to 49 ART centers and expand to nine new ART facilities, including five in Nchelenge District, Luapula Province (facilities are currently transitioning from Medecines Sans Frontieres support to GRZ responsibility with ZPCT assistance) and one district in each of the other four provinces. In FY 2006, ZPCT is training 50 health care workers (HCWs) in ART/OI management, 50 HCWs in the ART/OI refresher course, and 150 HCWs in management of pediatric ART. In FY 2007, ZPCT will train 100 HCWs in initial and refresher ART management and 50 HCWs in pediatric case management. In collaboration with the Health Services and Systems Program (HSSP) (8794), all 58 ART sites will be assisted in developing quality assurance mechanisms and supportive supervision systems to ensure implementation of standard operating procedures for ART case management, conducting minor refurbishments, providing ART-related supplies, and linking ART patients and their families to ante-natal care, PMTCT, TB, palliative care/home-based care, and other appropriate treatment and support services.

In the second component, ZPCT will expand the ART outreach model to a total of 21 sites (four to be added in FY 2007). Through this model, doctors trained in ART case management travel to non-ART health centers on selected days, bringing with them mini-labs, to train facility staff and to provide HIV/AIDS clinical services to patients who would not otherwise have access to these quality ART services.

In the third component, ZPCT will work with USG partners, such as CRS/SUCCESS (#9182), Health Communication Partnership (HCP) (#8901), RAPIDS (#8948), and Society for Family Health (SFH) (#8926) to strengthen referral linkages and community outreach efforts aimed at creating demand for ART services and supporting treatment adherence among ART patients. During FY 2006, ZPCT is collaborating with GRZ to develop, pilot, and roll out an adherence counseling training curriculum for HCWs and adherence support workers (ASWs). ASWs, many of whom are ART patients, are also being trained to work in facilities and communities with ART clients, particularly those persons initiating therapy. In FY 2006, 50 HCWs are being trained in adherence counseling and 145 ASWs in ART adherence counseling, treatment support, and community outreach. In FY 2007, an additional 25 HCWs and 25 ASWs will be trained in adherence counseling. FY 2007 support will also further reduce stigma and discrimination associated with ART by working with community leaders and key stakeholders regarding the importance of CT and availability of ART.

In the fourth component, in coordination with HSSP (#8794) and JHPIEGO (#9033), technical assistance will continue to 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. For example, during FY 2006, ZPCT, GRZ, and other partners involved in ART programming are collaborating to revise and disseminate

the national standardized patient information tracking system.

The fifth component will provide assistance to the GRZ in scaling-up ART services and treatment for pediatric patients to serve 4,300 (1,560 new) children in FY 2007. Building on the pediatric training program mentioned above, ZPCT will provide technical assistance to GRZ in the five provinces to address limited HIV/AIDS pediatric expertise. Major challenges include building capacity in diagnosing HIV in children less than 18 months and providing adherence counseling for children and their caregivers. To meet these challenges, in FY 2006, ZPCT will procure a Polymerase Chain Reaction (PCR) machine for Arthur Davison Children's Hospital in Copperbelt Province, which will be used as a referral center for pediatric diagnosis. This activity is closely linked to the Centers for Disease Control and Prevention (CDC)/Centers of Excellence (#8993). In collaboration with CDC, ZPCT will integrate innovative approaches to pediatric ART case management, including mentoring, on-site training, and strengthening basic ART/OI pediatric management. ASWs will continue to assist families in addressing ART adherence and other challenges to effective pediatric case management. Fifty-four ART sites will be able to provide pediatric ART services in FY 2007, with the other four ART sites in Ndola District referring pediatric cases to Arthur Davison Children's Hospital.

ZPCT will also work with partners to strengthen referral networks within and between facilities and communities to expand access to pediatric HIV care, including tracking of mothers and their infants for up to 18 months through the under-five clinics. ZPCT will continue to 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.

In the sixth component, ZPCT will work with GRZ, Provincial Health Offices (PHOs), and District Health Management Teams (DHMTs) to identify essential structures (e.g., health centers, staff housing) requiring refurbishments to increase quality of life as a means for enhanced staff retention in the most remote, rural areas of Northern and North-Western provinces. In FY 2007, ZPCT will conduct an in-depth assessment of facilities/houses to improve at least 50 structures.

In the final component, increasing program sustainability with the GRZ, ZPCT will work with DHMTs and PHOs to build on quality assurance activities started in FY 2006. With the GRZ, ZPCT will identify two districts in each of the five provinces that are now providing consistent quality services and only need limited technical support from ZPCT in FY 2007. The DHMTs and PHOs will assume responsibility for the selected districts by providing supervision and monitoring in order to better sustain program activities.

By working with GRZ facilities, ZPCT is able to establish a sustainable program through training health care workers, developing standard treatment protocols, strengthening infrastructures, implementing quality assurance/quality improvement programs, improving laboratory systems, and developing/strengthening health information systems.

Continued Associated Activity Information

Activity ID:	3527
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	Zambia Prevention, Care and Treatment Partnership
Funding Source:	GHAI
Planned Funds:	$ 3,793,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	58	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	54,300	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	51,300	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	15,600	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	150	☐

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
Host country government workers
Public health care workers
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-Western

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8901
Planned Funds:	$ 455,000.00

Activity Narrative: This activity links with the Health Communication Partnership's (HCP) ongoing activities in Abstinence/Be Faithful (#8905), Other Prevention (#8904), Palliative Care (#8902), and Orphans and Vulnerable Children (#8903). It also supports the U.S. Government (USG) partners providing HIV care and treatment services and addresses both Zambian and the President's Emergency Plan for AIDS Relief (PEPFAR) goals of scaling-up antiretroviral therapy (ART) services by providing quality information on treatment, adherence, and positive living.

Community mobilization and behavior change communication, the foundation of HCP's strategy in Zambia, provide a comprehensive approach that promotes better health-seeking behavior through the support for and promotion of antiretroviral (ARV) treatment services throughout the country. HCP draws on the expertise of Johns Hopkins University Center for Communication Programs' (JHU/CCP) worldwide experience including formative research and evaluations of these programs. For example, the 2003 study of Language Competency in Zambia has informed all HCP printed materials. In FY 2007, HCP will continue to take the lead in assessing nationwide gaps in ART literacy materials, with appropriate development of new materials. HCP will also utilize currently available materials to expand its reach to new audiences.

In FY 2005 and FY 2006, HCP produced a three-part Preventing Mother-To-Child Transmission (PMTCT) video issued in five languages entitled "Mwana Wanga" (nearly 1500 copies), as well as the Positive Living Handbook (45,000 copies), and an ART video entitled "The Road to Hope." Demand for the Positive Living Handbook exceeded supply. In FY 2007, excerpted segments of "Mwana Wanga" and the "Road to Hope" will be broadcast on national radio and television to promote messages of knowing one's HIV status, ART adherence, and PMTCT. HCP will also monitor the use of the ART video, "Road to Hope," the anti-stigma video, "Tikambe," and the PMTCT video, "Mwana Wanga," along with other HCP distributed materials to ensure optimum utilization of these tools. In FY 2007, HCP will update the Positive Living handbook to reflect current drug regimens and additional treatment sites. HCP will coordinate with partners to determine the print run of the revised edition.

In FY 2007, HCP will target communication materials for children and adolescents infected with HIV/AIDS (as well as their counselors and caregivers), including information on pediatric ART. Through this approach, children and adolescents will learn about the importance of adhering to their regimens. Of the estimated 260,000 HIV-infected adolescents and children in Zambia, 56,000 are in need of treatment and an additional 28,000 will become eligible in the coming year. It is estimated that 13 percent or less of those in need of treatment are actually accessing it. HCP, in consultation with stakeholders, will conduct a needs assessment for pediatric treatment communication. HCP will use a consultative process to develop the priority materials and interventions needed for the key audiences of providers, parents/ caregivers, young children and adolescents.

Parents and other caregivers face issues of: knowing children's HIV status, getting treatment for their HIV-positive children, ensuring treatment adherence, disclosing of positive status to children in an age-appropriate way, and helping their children to cope with knowledge of a positive status.

Issues older children and adolescents face include coping after their status has been disclosed to them, adhering to and managing their own medications, and growing up with HIV— especially with regards to sex and sexuality. HCP will develop materials that promote sharing of feelings for children's support groups. All HCP-produced materials have input from the intended audience and are pre-tested for effectiveness.

At the service delivery level, providers need support in: counseling parents to get children tested and on treatment, counseling on adherence, preventing opportunistic illnesses and positive living, and counseling for parents on when and how to disclose positive status to their children. Service providers will also be key in assisting children to establish support groups. Materials addressing these issues will be developed in consultation with the Ministry of Health, the National HIV/AIDS/STI/TB Council (NAC), ART service delivery partners, PLWHA networks, the Centers for Disease Control and Prevention (CDC) (#9026), JHPIEGO (#9033), Zambia Prevention, Care, and Treatment Partnership (ZPCT)

(#8885), Centre for Infectious Disease Research in Zambia (CIDRZ) (#9000), Catholic Relief Services (CRS/SUCCESS) (#9182), and other stakeholders to reach consensus on appropriate and correct messages.

In FY 2004, HCP initiated and began to coordinate ART harmonization efforts. These efforts, in collaboration with the Ministry of Health and the NAC, brought together 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. In FY 2007, HCP will conclude this extensive activity by developing a much-needed Zambian National ART Information, Education, and Communication (IEC) strategy as the Government of Zambia's treatment program continues to scale-up. Technical assistance begun in FY 2006 supporting the NAC to establish a resource center will continue in FY 2007.

HCP will collaborate with the U.S. Embassy Public Affairs Office, Ministry of Health, NAC, and the Ministry of Information to organize periodic orientations for journalists and reporters to encourage accurate and responsible reporting on issues of positive living and ART.

All HCP activities begin with formative research and are piloted with target audiences before being launched. HCP's IEC materials also support greater gender equity with a goal of empowering women to negotiate for healthier choices and promote partner communication, mutual decision-making, and male responsibility.

HCP has made strategic choices which underlie a commitment to ensure Zambian capacity, sustainability, and self-reliance and the development of public opinion and norms for ARV services. For example, as a result of the consultative and collaborative processes used in their development, there is significant government 'ownership' of materials produced by the Ministry of Health and NAC. Zambia National Broadcasting Corporation (ZNBC) has aired "Tikambe" on national television free of charge and has significantly contributed to the airing of "Living and Loving," a radio program for PLWHA and their caregivers aired on national and community radio stations since December 2005. As a result, ZNBC has become known for the airing of health programs.

Continued Associated Activity Information

Activity ID:	3534
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	Health Communication Partnership
Funding Source:	GHAI
Planned Funds:	$ 455,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Indirect Targets

Indirect Targets:
Number of people reached through drama performances on ART treatment: 120,000

HCP will reach approximately 5,450 individuals annually in 22 districts.

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8909
Planned Funds: $ 1,150,000.00

Activity Narrative: This continuing activity is linked to HVAB (#8906), HKID (#8912), HBPC (#8908), HVCT (#8907), HVSI (#8901) and OHPS (#8911).

Support to the HIV/AIDS Response in Zambia (SHARe) will continue to provide support to ART in private sector health facilities, public and private sector workplaces, and communities through its three NGO partners (Zambia Health Education and Communications Trust (ZHECT), ZamAction, and Afya Mzuri) and four ministries: the Ministry of Agriculture and Cooperatives which includes permanent and migrant worker, the Ministry of Home Affairs which includes the police and prisons, the Ministry of Transport and Communications which includes transport companies and truckers and the Ministry of Tourism/Zambia Wildlife Authority which includes wildlife scouts and employees of lodges and tourism businesses.

In FY 2005, SHARe's private partners directly provided 791 individuals with ART services. By mid-FY 2006, SHARe's private partners provided direct ART Services to more than double that of the year before at 1,738 individuals served.

In FY 2007, SHARe will expand support to 10 new private sector clinic sites with the training of 10 health workers in ART using national training curricula and standards. SHARE will also continue to work to leverage the provision of free ARVs for the private companies serving the general public and assist these private facilities to be accredited by the Ministry of Health. In addition, SHARe will intensify efforts to enroll eligible workers and community members in treatment programs.

In FY 2007, SHARe will continue to use a social mobilization and mobile CT approaches to increase enrollment in treatment. SHARe will support efforts to raise awareness about ART and will engage its partners including the Zambian Interfaith Networking Group on HIV/AIDS (ZINGO), the chiefdoms, and the network of Zambian People Living with HIV/AIDS (NZP+) to support and promote access of ART services throughout the country. SHARe will provide funding and resources to ZINGO, NZP+, and chiefdoms to conduct ART literacy sessions and ART promotion activities.

SHARe will continue to work with GDA partners and private providers to improve the quality of ART services as per government guidelines and standard protocols. Through support to private sector clinics and hospitals, SHARe will provide direct ART results. Where on-site ART services are not available, SHARe will assist its public and private partners to create strong linkages and referral networks to existing ART service delivery sites. SHARe and its partners in both the public and private sectors will encourage HIV-positive employees and family members, including children, to seek ART.

SHARe will also continue to provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO, to provide technical assistance in ART to eight companies in two Global Development Alliances in the mining and agribusiness sectors. 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 $2 million will be leveraged from the private sector for the two GDAs.

SHARe will continue to provide direct grants to the eight GDA companies to support workplace and community programs for ART service delivery. CHAMP will provide technical assistance to GDA companies to implement ART services, including pediatric ART, at on-site facilities in three of the companies. Where no on-site facilities exist, CHAMP assists GDA companies to create referral linkages to off-site ART centers. CHAMP provides technical assistance to GDA members to implement treatment literacy activities, and link to existing palliative care and PMTCT activities. An emphasis on treatment literacy and adherence reduces the incidence of dropout from ART programs. Additional technical support to GDA members for ART services, equipment, and supplies are provided by other USG partners such as CIDRZ, Catholic Relief Services, and Zambia Partnership for Care and Treatment (ZPCT).

At the end of FY 2007, GDA private companies with clinical facilities providing ART will reach a total of 4,562 individuals who have ever received ART, 3,000 individuals will be

receiving direct ART at the end of the period, while 2,200 of those will be new clients.

SHARe will increase the sustainability of its five local NGO partners working in ART, through strengthening their technical and management capacities and providing them with the skills to mobilize financial resources. Activities will include participatory analysis of their current levels, sharing of sustainability strategies of successful NGOs, development and implementation of sustainability plans. GDA companies will ensure the sustainability of their HIV/AIDS workplace activities using private sector funds and having their clinical facilities become officially affiliated and certified by the MOH to obtain drugs and some supplies. SHARe will work with public sector ministries to ensure that HIV/AIDS policies, work plans, and budgets are developed to sustain their HIV/AIDS workplace, in particular, ART support facilities through government and other donor funding after FY 2008.

Continued Associated Activity Information

Activity ID:	3641
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow Research and Training Institute
Mechanism:	SHARE
Funding Source:	GHAI
Planned Funds:	$ 1,000,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Workplace Programs	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy	28	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,562	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,000	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	2,200	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Adults
Business community/private sector
Truck drivers
People living with HIV/AIDS
Migrants/migrant workers
Host country government workers
Miners

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:	RAPIDS
Prime Partner:	World Vision International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8948
Planned Funds:	$ 1,283,157.00

Activity Narrative: This activity relates to HKID (#8947), HBHC (#8946) HVAB (#8945), HVCT (#8944), and is linked to other PEPFAR funded ART activities.

The World Vision-led project "Reaching HIV/AIDS Affected People with Integrated Development and Support" (RAPIDS) is a consortium of six organizations that provide integrated care and support, AB prevention, and ART adherence support in 49 of the 72 districts of all nine provinces, representing 68% district geographic coverage. Consortium members include World Vision, Africare, CARE, CRS, The Salvation Army Zambia, and the Expanded Church Response, plus local CBO and FBO sub-grantees. RAPIDS uses a household approach to extend care and support to youth, OVC, and PLWHA within the context of needs and priorities identified at a household level.

In FY 2005, RAPIDS was provided with OGAC plus up funding to strengthen ART networking through the creation of linkages between home-based palliative care and USG supported ART facilities, and to integrate ART Adherence into home-based palliative care. Through this networking model, RAPIDS in collaboration with CIDRZ, ZPCT, and AIDSRelief has increased the number of adult and pediatric clients reaching and receiving ART services. Furthermore, RAPIDS community-based volunteers are providing the critically required daily adherence support for ARV clients.

In FY 2007, RAPIDS will be a leading provider of community-based ART referrals and ART adherence. In FY 2006, RAPIDS targeted ART adherence support to 2,300 ART clients, but due to delays in start-up funding, by mid-2006 had reached 522 individuals. RAPIDS will reach 12,000 beneficiaries in FY 2007 with ART access and adherence support services. RAPIDS sets targets using a sound M&E system, which also allows it to collect data and analyze achievement of targets in a timely, accurate fashion, and use data to plan future efforts. Geographic coverage of adherence support will increase yearly through FY 2008 as the number of ART sites increases, and more clients start ART and require RAPIDS' support.

An exciting development is RAPIDS expansion of community-based support to families with HIV positive children and children on ART (P-ART). RAPIDS will continue and strengthen linkages from home-based care to Family Support Units (FSUs) in Lusaka, Livingstone, Ndola and another FSU to be established in Northern Zambia, which also provides support to HIV positive adult family members of P-ART children. RAPIDS will build on proven integrated methods to encourage family oriented CT, promote community support for ART adherence, build psychosocial support for PLWHA and their family members, address stigma and discrimination in the community, and deal with the needs of caregivers of ART clients.

During FY 2007, RAPIDS will continue to collaborate with other USG funded ART projects such as ZPCT, AIDSRelief, and CIDRZ to ensure that home-based care clients benefit fully from the GRZ scale-up of ART and have access to ART services. Interventions will include: increased ART awareness-building, promotion of early CT, community-based care and support for parents managing P-ART, adherence promotion, and psychosocial support for infected children. RAPIDS will continue to create linkages to ART clinic-based services. RAPIDS will upgrade the ART adherence skills and knowledge of home-based care (HBC) caregivers.

To ensure a continuum of care, RAPIDS will provide support for ART adherence for families with children or adults on ART. To ensure an effective link between RAPIDS and ART providers, RAPIDS will continue to train HBC caregivers and medical personnel in ART adherence, prevention of resistance to ART, and monitoring of side effects. Other activities will include: education on the prevention of re-infection especially for PLWHA on ART treatment, training and follow-up on ART adherence, and strengthening linkages with health systems for clinical care and ART and social support networks such as VCT, PMTCT, and nutrition support.

In a new significant component, RAPIDS will increase access to ART by supporting laboratory investigations, to include full blood counts and CD4 at health centers and hospitals that are not supported by other USG funded programs. The program will assist in servicing laboratory equipment at ART centers where linkages with other USG funded programs cannot provide services. As needed, RAPIDS will assist patients with transport

to access ART services.

Building on experiences from FY 2006, RAPIDS will provide targeted nutritional supplements for malnourished PLWHA on ART to sustain the immune system, and to maintain body weight. Severely malnourished ART patients will receive Ready to Use Therapeutic Food in readiness for ART treatment, while those with moderate malnutrition will be provided with High Energy Protein Supplements. All clients will receive nutrition counseling and education.

RAPIDS will intensify community-based ART literacy, and ART adherence support and care for ART clients. Caregivers will conduct regular adherence home visits. Positive Living adherence supporters will provide psychosocial and spiritual support, nutrition counseling, education and monitoring, and support families with children or adults on ART in 47 districts.

RAPIDS will continue to strengthen the linkages and referral between HBC and nearby health facilities. RAPIDS will significantly increase the number of HBC coordinators and caregivers trained in ART literacy and adherence, management of OIs and side effects, and in referral networking. To enhance the quality of ART support and adherence, RAPIDS will work with PLHWA together with their families and local communities to access ART. The program will identify client transport options, link them with CT programs and ART services, and leverage food supplements from WFP and FFP.

RAPIDS will address gender concerns so that male and female beneficiaries are included on the ART program equitably, and will show this by disaggregating results by gender in the semi-annual report. All RAPIDS activities, including ART adherence, are designed to reduce stigma and discrimination through training of caregivers and health providers.

RAPIDS will promote the sustainability of ART linkages and adherence support by mobilizing and strengthening community committees drawn from a spectrum of community stakeholders to ensure representation and a holistic and coordinated response. RAPIDS is achieving momentum in mobilizing communities to take the lead. This is a key to long-term sustainability. To further sustainability, RAPIDS will train CBOs and FBOs in ART literacy and ART adherence support, and in advocacy and paralegal support. RAPIDS has linked communities to other resources and provides training to improve their management skills and ability to access existing HIV/AIDS resources, such as the Global Fund, and other donor funding.

To ensure continuity of care, RAPIDS has designed and is implementing a training of trainers program targeting HIV/AIDS service providers and trainers in FBOs and CBOs. RAPIDS partner, Africare, includes ART literacy in values-based life skills training for youth and partner organizations. RAPIDS ensures that ART adherence is integrated into existing government and NGOs programs to build capacity. Peace Corps volunteers will support the program to contribute towards a deepened quality of service at the grassroots level.

RAPIDS will also contribute to the sustainability by solidifying and reinforcing critical networks and alliances, sharing lessons learned and best practices, leveraging resources; forming partnerships with other donors such as Global Fund and other multilateral donors, minimizing duplication, and advocating for improved policies. RAPIDS will continue to partner with the GRZ at district and national level to integrate ART literacy and adherence into HBC and other community work.

Continued Associated Activity Information

Activity ID:	3566
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Vision International
Mechanism:	RAPIDS
Funding Source:	GHAI
Planned Funds:	$ 1,061,000.00

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
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Indirect Targets

Pediatric ART (P–ART), and Nutritional and Adherence Support for 10,741 beneficiaries will be provided

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Religious leaders
Laboratory workers
Nurses

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Columbia Pediatric Center - U62/CCU222407
Prime Partner:	Columbia University Mailman School of Public Health
USG Agency:	
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8993
Planned Funds:	$ 1,400,000.00

Activity Narrative: This activity relates to: Lab (#9015), UTH FSU (#9044), UTH Pediatrics (#9717)

The primary goal of the program is to provide state-of-the-art care to infants, children, and adolescents with HIV infection. This will be accomplished through 1) enhancing counseling and testing (CT) at pediatric entry points such as inpatient wards and outpatient services, 2) improving neonatal and inpatient pediatric wards by supporting and training counselors and medical staff to provide CT in inpatient settings, 3) enhancing human capacity resources to support a multi-disciplinary team of HIV pediatric and family care providers, 4) supporting preceptoring and clinical mentoring on comprehensive service delivery to pediatric and adolescent HIV-infected patients and 5) supporting efficient and effective comprehensive monitoring and evaluation systems.

The program began implementation of activities at the UTH Department of Pediatrics in September 2005. Some of the achievements to date includes, identifying management and leadership staff to incorporate into the Pediatric and Family Center of Excellence (COE), setting up computer data systems and logistics, information and referral flow between the in-patient wards, out-patient clinics, the Family Support Counseling Unit and the laboratory, training and establishment of the infant diagnostic protocols and guidelines. Between September 2005 and March 2006, the number of children admitted to the pediatric wards who were counseled (guardians give consent), increased from an initial 37% to 67%. More than 80% of those counseled were tested. To date, (August 2006) 1,063 children are accessing antiretroviral therapy and approximately 353 staff have received training and skills building in a range of pediatric areas including neurodevelopmental considerations for the HIV-infected child, pediatric counseling and disclosure.

In fiscal year (FY) 2007, this program will continue to support the development and operation of a COE for HIV/AIDS care at the University Teaching Hospital (UTH) in Lusaka and scale-up by duplicating the development of a similar center at the provincial hospital in Livingstone. In FY 2007 the Arthur Davison Children's Hospital in Ndola will receive initial technical support for the establishment of a similar center in FY 2008. This will be done in close collaboration with the United States Agency for International Development supported partner, Zambia HIV/AIDS prevention, care, and treatment (ZPCT) / Family Health International. The Pediatric Center at Livingstone hospital will be supported to serve as an additional Regional COE of HIV care and treatment through capacity-building, training, and infrastructure improvements. UTH will provide training to multi-disciplinary teams in pediatric and family HIV care and treatment. Using the lessons learned, UTH will provide technical assistance to both Livingstone and Ndola Hospitals as they develop their own COE.

In FY 2007, a priority activity for Columbia will be to explore innovative approaches to identify, engage, and manage adolescents with HIV. Programs for routine infant diagnosis using DNA/RNA polymerase chain reaction dried blood spot technology will be expanded through training of staff at service delivery points, and the development of infant diagnostic testing protocols and systems, in close collaboration with CDC and the University of Nebraska-Lincoln laboratory at UTH (#9015).

Capacity building will be supported by instituting a clinical fellowship program for advanced-level pediatric infectious disease fellows. Fellows will be supported to rotate in Zambia at UTH, Livingstone, and other related sites, where they will engage in supporting clinical care, teaching, and research activities. Each fellowship will bring specific expertise to the COEs through applied study projects and cross-training activities (see prevention of mother to child transmission activity #8784). To promote sustainability, fellows from the US will partner with Master of Medicine in Pediatrics fellows at the UTH to ensure exchange of knowledge and local building capacity.

Boston University (BU) staff will continue to provide short-term technical assistance to the program specifically targeting pediatric clinical and neurodevelopment issues.

Columbia University in collaboration with UTH and BU will also support a key public heath evaluation activity to inform comprehensive pediatric HIV/AIDS programs. A pediatric ART efficacy and resistance evaluation will also inform the pediatric program elements and interventions that should be enhanced to ensure successful uptake and management of

comprehensive pediatric care and treatment services.

Continued Associated Activity Information

Activity ID:	3691
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Columbia University Mailman School of Public Health
Mechanism:	Columbia Pediatric Center
Funding Source:	GHAI
Planned Funds:	$ 950,000.00

Emphasis Areas	**% Of Effort**
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy	3	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	250	☐

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Host country government workers
Public health care workers
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Twinning

Coverage Areas

Copperbelt

Lusaka

Southern

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	EGPAF - U62/CCU123541
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9000
Planned Funds:	$ 6,502,000.00

Activity Narrative: This activity links to: CRS (#8827, #8829), EGPAF (#9003), EPHO HTXS (#9951), SPHO HTXS (#9760), WPHO HTXS (#9769), Columbia HTXS (#8993).

EGPAF and CIDRZ propose expansion of the ART service support to the GRZ sites. EGPAF-CIDRZ-supported GRZ sites have enrolled 59,159 adults and children and started 36,675 on ART as of the end of July 2006. Presently, 44 ART sites in Lusaka, Eastern, Western and Southern Provinces are being supported. EGPAF-CIDRZ has trained 1,171 health care workers in adult & pediatric ART delivery. EGPAF-CIDRZ has presented 14 abstracts, published one paper with three additional papers currently in preparation.

Building on these successes, in fiscal year (FY) 2007, there are five proposed components to this activity: (1) expansion of services to 18 new sites in five new districts; (2) increased focus on pediatric care and treatment; (3) improve quality of care and through focus on continuing quality improvement (CQI); (4) developing a replicable model of HIV care and treatment for street children and OVCs residing in orphanages; and (5) development of a community-based adherence support program at select sites. There are also four public health evaluations (PHE) to this activity.

In FY 2007, CIDRZ will support 18 new sites in the Eastern, Western, Southern, and Lusaka Provinces selected in consultation with the Provincial Health Offices (PHO); enabling an additional 28,000 individuals to start on ART and an additional 44,000 individuals to enroll in the HIV care and treatment program in all 59 sites. The linkage with the PHOs and other ART activities will ensure sustainability of ART service delivery. EGPAF-CIDRZ's approach to improved and expanded pediatric care will include: (1) improving infant diagnosis; (2) training of all providers in EGPAF-CIDRZ supported sites in pediatric care; (3) training of at least two providers at each site in advanced pediatric HIV care; (4) establishing a pediatric clinic day at each facility where children are seen with their family members and support is available from rotating pediatricians; (5) improved linkages and communication between primary care sites and the Pediatric and Family Center of Excellence at the University Teaching Hospital (UTH); and (6) increasing management methods of exposed-uninfected children.

EGPAF-CIDRZ intends to further enhance and formalize systems for clinical care quality monitoring. This will comprise the following major components: (1) continuing the development of the Continuity of Care Patient Tracking System (CC:PTS) software to provide quality reporting (2) training of nurse managers at each site in clinical audit techniques, chart review, and interpreting CC:PTS reports. A major focus of this year's activities will be on shifting accountability for clinical quality to the clinic leadership; and (3) strengthening and expanding of rotating clinical quality teams, which periodically visit each facility to assist in CQI, perform chart audits, and advise on clinic staffing and patient flow issues.

This year EGPAF-CIDRZ seeks to expand nascent ART services to street children and orphans living in institutional settings. This will expand two additional centers serving street children and two private orphanages. The fifth component is to develop scaleable, community models to support adherence to medication and to clinical visit schedules among patients starting ART. This activity will be critical as services continue to expand and the patient load burden on existing clinic staff increases. Key components include: (1) strengthening of clinic support groups to include specific training in adherence issues; and (2) recruitment and training of local community-based organizations to provide home-based adherence support services.

PHE NNRTI Response Study ($672,000): In 2007, support will provide an additional year of a critically important assessment to observe response to NNRTI-containing ART among women with and without exposure to nevirapine (NVP) for PMTCT. This will allow enrollment to continue until the end of 2006 and thus a larger sample size to accrue and also allow identification of more women with "remote exposure," i.e. those who have been exposed to NVP for PMTCT with at least a 1 year interval between NVP prophylaxis and starting ART. By increasing the number of women in this category, the interaction between exposure interval and failure risk will be better understood.

PHE Community Impact of HIV/AIDS Services ($225,000): EGPAF-CIDRZ will continue to evaluate the impact of ART services on the community. The project is evaluating the

city-wide impact of the USG-supported, government ART program in Lusaka by measuring community reductions in mortality and morbidity due to ART as well as changes in levels of community knowledge toward HIV/AIDS services. This PHE is ongoing and previously funded in FY 05 and FY 06.

New Proposed PHE Drug Resistance Surveillance ($500,000): As access to ART continues to expand rapidly through the region, there are legitimate public health concerns regarding the development and transmission of resistant HIV strains among the general population. Many groups, including the World Health Organization (WHO), have advocated viral drug resistance surveillance in settings where the incorporation of resistance testing into clinical care is not feasible. Surveillance of this phenomenon is also a stated priority of the Zambian MOH. EGPAF-CIDRZ will support the MOH's effort 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 voluntary counseling and testing, (2) women recently diagnosed with HIV in antenatal clinics (ANCs), and (3) enrollees into long-term HIV care who have initiated ART. Results from this PHE will help the GRZ and USG determine trends in HIV resistance patterns at a population level, which in turn, will update local policy regarding the most appropriate treatment regimens.

New Proposed PHE Assessment of Early Mortality ($250,000): In Zambia, high rates of early mortality among those starting ART followed by more acceptable rates thereafter (26 deaths per 100 patient-years and 5.0 per 100 pt-years, respectively) have been noted. Similar findings have been reported in surrounding countries. In Lusaka, anemia (defined as hemoglobin <8), lower body mass index, and advanced disease (defined by either WHO staging or CD4 count) are associated with early mortality. It is unclear, however, what underlies these markers, and understanding the various causes of early mortality is an essential first step in developing interventional strategies to combat it. EGPAF-CIDRZ, in collaboration with CDC, will conduct a pilot PHE among 200 ART-naïve adults starting ART at select sites within the Lusaka Urban District or UTH. This intensive investigation at baseline and follow-up is critical to inform policy making around ART provision in Zambia. This targeted PHE represents a critical first step in identifying the most important causes of early mortality that should then be investigated further in interventional studies to reduce mortality in the highest risk group of individuals initiating ART in developing nations. The ultimate goal would be to develop clinical algorithms for high-risk individuals during the high-risk period for death, which appears to be the first 90 days in developing settings.

In FY07, a plus up request ($250,000) and a reprogramming request ($52,000) are requested for this activity; the total amount requested for this activity is $6,502,000. We propose to expand existing clinic infrastructure in at least 5 ART sites in Lusaka. This urgently needed space will allow programs to grow while at the same time maintaining quality of patient care.

Continued Associated Activity Information

Activity ID:	3687
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
Mechanism:	TA- CIDRZ
Funding Source:	GHAI
Planned Funds:	$ 7,500,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	59	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	80,000	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	54,000	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	28,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	180	☐

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Track 1 ARV
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Central (GHAI)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9003
Planned Funds:	$ 15,764,509.00

Activity Narrative: This activity relates to EGPAF/CIDRZ (#9000).

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)-Center for Infectious Disease Reseacrh in Zambia (CIDRZ)-supported government sites have enrolled 59,159 adults and children and started 36,675 on ART as of the end of July 2006. Presently, 44 ART sites in Lusaka, Eastern, Western and Southern Provinces are being supported. EGPAF-CIDRZ has trained 1,171 health care workers in adult & pediatric ART delivery. EGPAF-CIDRZ has presented 14 abstracts, published one paper with three additional papers currently in preparation.

EGPAF/CIDRZ plan to maintain the existing programs at the joint Government of the Republic of Zambia (GRZ) sites. There are four proposed components to this track 1.0-funded activity, including: (1) continued support for existing services at 41 sites in 16 districts, (2) a focus on women's health care, to include expansion of our cervical cancer screening program; (3) a pilot clinic-wide model for complete integration of HIV care and treatment services; and (4) focus on improved delivery of palliative care.

The successes of this program have been elaborated in activity #9000.

EGPAF through its partner CIDRZ will continue to provide support for 46,800 adults and 5,200 children under antiretroviral therapy (ART) care at 41 existing sites in four provinces. CIDRZ is on track to reach 52,000 cumulative on ART in 2007 and will continue to support these individuals through 2008. The goal is for 15 percent of the patients on ART will be children. CIDRZ will more fully integrate pediatric services within the clinics and strengthen pediatric services at all CIDRZ supported sites. To continue to provide quality services in ART clinics, CIDRZ will expand the training of nurses to equip them with the knowledge and skills needed to function in an expanded role, to thoroughly assess, examine, diagnose and treat simple conditions commonly encountered in HIV care and treatment. Long-term mentoring and follow-up will be provided to ensure that nurses continue to develop and enhance their physical assessment and patient management skills.

The CIDRZ team is particularly strong in women's health expertise with five full-time obstetrician-gynecologists in country. Major emphasis will be placed on, strengthening women's health services in the 60 sites that we support, building linkages between those services and HIV/AIDS care and treatment, and the expansion of their successful cervical cancer screening and prevention program in HIV positive women. Services that need strengthening include providing; better information and counseling around reproductive health issues, improved screening and treatment of sexually transmitted infections, HIV-specific family planning services, and referral for long-term HIV care and treatment.

The cervical cancer prevention project currently offers cervical screening and treatment services to HIV positive and AIDS women in four Lusaka Urban District Health Management Team Clinics: Chelstone, Mtendere, Matero Reference, and Kanyama. So far this program has screened 312 women starting ART, over half of whom have qualified for cryotherapy, and eight of whom have been referred to UTH for suspected cancer. In 2007, CIDRZ will expand cervical cancer screening services to five new Lusaka District clinics and three rural clinics for a total of 12 sites. We will also offer screening to all women seeking HIV care at existing sites, including those not qualifying for ART. At University Teaching Hospital and Monze Mission Hospital, CIDRZ will continue training in radical pelvic surgery and will provide ongoing professional education of Zambian healthcare providers around the subject of cervical cancer. New clinics will be provided with the equipment needed for cervical cancer screening services, including cryosurgery machines, digital cameras and attachments, examination tables with stirrups, and compressed carbon dioxide gas. In addition, the Community Services Unit at CIDRZ will provide patient and community education in 12 clinic communities. This will require a formalized community-based education program employing peer educators.

Currently, all EGPAF-CIDRZ supported sites provide ART services in dedicated clinics that care specifically for HIV-infected patients. This is a common model throughout Zambia despite discussion of service "integration." While this model works well at start-up, it can present human resource problems as the program expands. This activity supports a pilot offering HIV care and treatment services in all departments at one or more select clinics in

order to promote sustainability. Services will be organized so that the central component of care will be the ART pharmacy. All dispensations, irrespective of referring service, will occur at the ART pharmacy, as will adherence monitoring. Other departments, such as tuberculosis, maternal child health, and outpatient departments will be responsible for managing the patients, prescribing the medication, and monitoring for opportunistic infections and drug toxicities. This will mean that the majority of HIV-related medical care will be provided in the outpatient departments, rather than at a dedicated ART clinic thereby ensuring sustainability. Patients with complex medical problems will continue to be seen by more experienced clinicians with HIV-specific training, and part of this activity will involve extending basic ART and OI training to a much wider group of clinicians at the pilot facilities.

CIDRZ also aims to improve pain and symptom control at all CIDRZ-supported sites. Despite huge progress made in providing antiretrovirals (ARVs), palliative care remains an area of weakness. This includes both improved pain management and management of other symptoms. CIDRZ will integrate palliation into general ARV training, develop and implement palliative care algorithms and guidelines for all sites, procure adequate analgesics, identify and procure other drugs used for control of symptoms, and CIDRZ will work with Palliative Care Association of Zambia to ensure the more rational restriction of opiate drugs used for pain control.

Targets for this activity are presented in the EGPAF/CIDRZ (#9000) entry in this section.

Continued Associated Activity Information

Activity ID:	4549
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
Mechanism:	TA- CIDRZ
Funding Source:	GHAI
Planned Funds:	$ 0.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
HIV positive pregnant women
Public health care workers
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism: RPSO
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9016
Planned Funds: $ 200,000.00
Activity Narrative: Related activities: This activity is directly related to Activity 3693. As this mechanism requests that funding be transferred directly to Post, Embassy Lusaka will administer this activity, and CDC/Zambia will serve as the technical lead and requisitioner.

The President's Emergency Plan for AIDS Relief (PEPFAR) supported structural enhancements, which began in 2005 under this activity, will be completed in December 2006, for the University Teaching Hospital's (UTH) Pediatric and Family Center of Excellence for HIV/AIDS Care (COE) and CDC co-located offices. The COE activities supported by PEPFAR have been ongoing in different offices throughout the UTH, and pediatric care and treatment activities will be transferred to the renovated facility in 2007. In FY 2006, this activity supported modifications to the project to ensure safe structural enhancements and adjustments to drainage challenges at the facility. In addition, funds also supported procurement of critical office furniture and equipment. To build on these enhancements, CDC will improve work flow and patient access to care by connecting the National Infant Diagnosis Reference Laboratory and the COE. By contracting with the RPSO, CDC will renovate an existing facility to create a "one stop shop" model for pediatric HIV care. Facility renovations to the malnutrition ward will be implemented as it is located in-between the pediatrics center and laboratory. This activity will also provide supplies, equipment, and labor to ensure that the renovations are adequate to improve the comprehensive model for delivery of pediatric and family HIV/AIDS care.

CDC will also work with RPSO on infrastructure enhancements in the Southern Province where there is need for a new laboratory to support antiretroviral services at the Livingstone General Hospital. In addition, support will be provided for new outpatient clinics in Choma, at the Choma District Hospital and in the Eastern Province.

Ongoing and future maintenance and support of the renovated structures will be provided by the UTH and related Provincial Health Offices to ensure sustainability of this activity.

Emphasis Areas: Infrastructure-- 51-100 % effort
Target Groups: USG Staff
Health Care Providers
People Affected by HIV/AIDS
Coverage: Lusaka
Southern Province
Eastern Province

Continued Associated Activity Information

Activity ID: 3692
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Regional Procurement Support Office/Frankfurt
Mechanism: RPSO Pediatric
Funding Source: GHAI
Planned Funds: $ 250,000.00

Emphasis Areas	% Of Effort
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Coverage Areas

Lusaka

Table 3.3.11: Activities by Funding Mechanism

Mechanism: CDC Technical Assistance (GHAI)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9026
Planned Funds: $ 708,000.00
Activity Narrative: This activity links to all ART activities

Implementation of the surveillance for ARV drug resistance and procurement of equipment for the activity is in process and technical assistance for the development of surveillance for HIV-1 antiretroviral drug mutations has been provided by the United States Government (USG).

The USG, through CDC, plans to support technical assistance to the Government of the Republic of Zambia on 1) surveillance of antiretroviral (ARV) drug resistance, 2) supervisory visits to project sites in four provinces to evaluate antiretroviral therapy (ART) service delivery and quality improvement, 3) a systems-theory-based analysis of essential services exercise, 4) collaboration with the World Health Organization (WHO), and 5) critical electronic medical record systems.

With the increased, widespread availability of ARV treatment in the public health sector, it is expected that with time the numbers of drug resistance cases will increase. In fiscal year (FY) 2005, 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 FY 2006, the USG provided support for the procurement of equipment and supplies, as well as training for laboratory staff in testing for ARV drug resistance, in collaboration with Japan International Cooperation Agency and the University of Nebraska-Lincoln. In FY 2007, the USG will continue to provide technical assistance to key sites to ensure ongoing monitoring of resistance, including support to the University Teaching Hospital Department of Pediatrics for the development of a Pediatric and Family HIV/AIDS Care Center. CDC provides technical support to the national ART program and its coordinator to include quality improvement, monitoring and evaluation, and health management information systems. FY 2007 funds will support technical assistance from CDC care and treatment and strategic information (SI) teams to the national program centering around a quality improvement initiative in coordination with SI activities such as the expansion of the Continuity of Care: Patient Tracking System (CC:PTS) and an ART cluster evaluation. CC:PTS was identified as the national electronic medical record system for ART and is to be used in all sites where a computer is used. CDC will use FY 2007 funds to support supervision of these installations, provide essential computer equipment, and enable system enhancements that support data use at the clinical level. CDC staff will conduct a systems-theory-based analysis to assess the linkages of supportive services to select ART sites to establish proposed minimum standards for essential services for care, treatment, and support. Using system dynamics modeling, sites with varying performance and success with ART implementation will be identified. Non-clinical supportive services outlets (e.g. nutrition, psychosocial counseling, PLWHA support groups) around the ART sites will be assessed to establish the volume and linkage of services to the ART site. Various scenarios will be modeled and shared with policy makers and clinical staff to interpret the influence of these services on the effectiveness of ART service delivery. The effectiveness of this kind of evaluation technique will also be assessed (see CDC entry under SI). CDC staff are engaged with WHO on ART quality and guideline development for pediatric and adult ART as well as medical information data standards. Occasional travel and local meetings are required on these tasks. In addition, funds within this activity will also used for staffing costs needed to monitor the scale-up of ARV services and infrastructure rehabilitation related to activities #s 9751, 9769 and 9016.

Continued Associated Activity Information

Activity ID: 3846
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 350,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	25	☐

Target Populations:

National AIDS control program staff
Policy makers
USG in-country staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Private health care workers
M&E Specialist/Staff

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	UTAP - U62/CCU322428 / JHPIEGO
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9033
Planned Funds:	$ 500,000.00

Activity Narrative: This activity relates to all activities in this section and palliative care (HBHC and TB/HIV) and antiretroviral therapy (ART) projects funded by CDC, Department of Defense, and the United States Agency for International Development, and works to address information on quality of care and fill gaps identified through strategic information (SI) initiatives.

In Zambia the scale-up of HIV/AIDS care and treatment has rapidly expanded the numbers of sites and health care workers providing HIV/AIDS treatment services with over 100 facilities and hundreds of health workers providing ART services. HIV care and treatment programs require frequent modifications based on changes in technical knowledge in the field, standards of care and information gathered from the services themselves. As a result, providers who have had basic training need continuing opportunities to update their knowledge and skills, as well as assistance in evaluating programs critically to identify gaps and solutions toward improving their performance. This is critical not only to the provision of quality services, but contributes greatly to job satisfaction, motivation, and retention of health workers. Guidelines and training materials need to stay current and creative best practices must be established for replication in other program areas.

In FY 2006, JHPIEGO assisted the MOH and NAC to update clinical training materials, and trainers, on the recently revised clinical care guidelines. In FY 2007, JHPIEGO will assist the government, particularly the Ministry of Health (MOH) and National AIDS Council, to adapt the revised clinical care guidelines and training materials into more useful electronic formats accessible to providers through a variety of appropriate technologies (e.g., CD Rom, web-based, handheld devices). This will be done in close collaboration with other implementing partners and technical specialists working on ART programs, and 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 also work with MOH and Zambia Defense Forces along with other collaborating partners to develop and test different technologies available to make the clinical guidelines and resources available and accessible for HIV/AIDS care and treatment providers.

JHPIEGO will also continue to provide support and national leadership in the area of performance support for HIV/AIDS care and treatment providers, to address gaps identified in ART service delivery programs. This support is critical to ensure that HIV/AIDS care and treatment services maintain an acceptable level of quality, which will help to ensure not only that new clients are encouraged to enter care but also that existing clients remain under care. To achieve this, JHPIEGO will continue to support the implementation of continuing education opportunities for HIV/AIDS clinical staff at ART centers, reinforcing their basic skills and expanding their knowledge on specific areas. In FY 2005 and FY 2006, JHPIEGO assisted the GRZ to develop and pilot continuing education programs for ART service providers and teams. These programs included a combination of distance education programs for use in low technology settings, as well as internet and e-mail based education programs from the Johns Hopkins University Center for Clinical Global Health Education. Through the end of FY 2006, initial programs will have trained 250 ART providers, including at least some staff from all hospital and large urban-clinic based ART sites. In FY 2007, JHPIEGO will continue to support these programs to reach additional clinical caregivers, while developing additional content to fill identified gaps. One such gap to be addressed will be to strengthen the use of HAART in pregnant woman for their own health (as well as to further reduce mother to child transmission of HIV), a high priority for training in FY 2007 consistent with national PMTCT and ART guidelines in Zambia. In FY 2007, these continuing education programs will be made available to all functioning ART sites in the country and are estimated to reach 150 sites and approximately 450 providers.

JHPIEGO will also work with the MOH, University of Zambia and the University Teaching Hospital partnership and the Medical Council of Zambia to adapt and apply additional tools for performance support which will be integrated into ART service provision programs such as those of Elizabeth Glazer Pediatric AIDS Foundation and Zambia HIV/AIDS Prevention, Care, and Treatment Partnership, as well as JHPIEGO's work with the Zambian Defense Forces. These tools and approaches will help not only to support the quality of HIV/AIDS care and treatment services, but enhance the sustainability of technical support. These efforts will focus on maximizing the use of tools that can be delivered onsite to reduce the

need for ongoing external technical assistance and additional manpower (e.g., trainers and supervisors). One such tool is TheraSimtm's case-base simulation program, a computer-based interactive tool which allows providers to go through a series of HIV care cases and receive feedback on their clinical decision making. This is a tool which can be used both for advanced training as well as for monitoring performance.

To ensure sustainability of the program, JHPIEGO works in close collaboration with the MOH, NAC, Medical and Nursing Councils, and University of Zambia Medical School / UTH, to build the capacity of those institutions to design, develop, and implement programs to support quality ART services. Materials developed in these programs are 'owned' by the national program and these institutions, and are designed to be implemented through existing channels (e.g., by involving the Provincial Clinical Care Specialists to monitor and follow-up the distance education programs). By using appropriate technology, implementation and support costs are reduced over other, more traditional approaches. For example, one focus is to develop tools that can be delivered on site, requiring less movement by clinical staff, reducing costs of travel and lodging while also ensuring less disruption of services and improving the 'immediacy' of applying training to service delivery on-site. Likewise, electronic versions of guidelines and continuing education materials can be updated, reproduced, and disseminated at much less cost than print-based materials. These approaches will assist the national program and local partner institutions to continue to support these programs with limited levels of investment (as compared to the cost of traditional group-based in-service training, for example).

Continued Associated Activity Information

Activity ID:	3689
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	JHPIEGO
Mechanism:	Technical Assistance/JHPIEGO
Funding Source:	GHAI
Planned Funds:	$ 250,000.00

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	450	☐

Target Populations:

Doctors
Nurses
Host country government workers
Public health care workers

Coverage Areas:

National

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9043
Planned Funds: $ 250,000.00
Activity Narrative: This activity relates to Columbia University (#8993) and #9016.

Since fiscal year (FY) 2005, the United States Government (USG) has provided limited support to the Department of Pediatrics at the UTH to strengthen activities developed for the management and monitoring of cases of child sexual abuse. These activities included training of health care workers in the recognition and care of child sexual abuse, the provision of post exposure prophylaxis and antiretroviral therapy, 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 the first year of operation, the integrated CSA program at University Teaching Hospital (UTH) in the capital Lusaka has attended to 1,009 cases of child sexual abuse (this includes defiled children below the age of 15 and rape cases of those above 15). Of these, 123 were started on post-exposure prophylaxis (PEP) for HIV. All children testing positive for pregnancy are referred appropriately for PMTCT intervention and those that test HIV positive at first contact are referred to the pediatric ARV program.

Child sexual abuse (CSA) has received increasing media attention since September 2003 in Zambia, when a young 11 year old girl died in the UTH in Lusaka as a result of complications of multiple sexually transmitted diseases contracted after she was raped by her step-brother. Cases of child sexual abuse are on the rise, though many cases remain unrecognized or underreported. The perpetrators are often relatives of the victim, neighbors or close friends, and often only those that develop complications like physical trauma or STI's reach the health service. One case of child sexual abuse is reported every day in Zambia and it is estimated that for every reported case there are at least ten others not reported (press release Sept 2003). One in five sexual abuse cases involve young children. Increasingly girls less than 15 years of age are testing positive for HIV which contributes to the higher prevalence of HIV among women.

Factors that contribute to the practice of CSA in the population include: misconceptions that sex with virgins will cure AIDS, or that young girls are HIV negative; traditional sexual cleansing practice with young girls; poor law enforcement strategies; lack of awareness and knowledge in the communities about victims' rights and appropriate action to take.

Funding for FY 2006 supports a continuation of current activities as well as expansion of similar services to Livingstone Hospital in Southern Province.

In FY 2007, funds are being requested to continue current activities, strengthen and integrate networks with the law-enforcement agents and other non-governmental organizations working in the area of CSA. The other proposed activities are an extension of services to a third site at Kitwe Central Hospital in the Copperbelt Province and to intensify community sensitizations to ensure early referral of cases to the hospital as well as to strengthen post exposure prophylaxis and follow-up of abused children.

All the CSA sites are being established within the government health care setting. This will ensure long-term sustainability through staff training, systems development for quality assurance, monitoring, and referrals.

Continued Associated Activity Information

Activity ID: 3693
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University Teaching Hospital
Mechanism: University Teaching Hospital
Funding Source: GHAI
Planned Funds: $ 250,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	3	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period	800	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	25	☐

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Lusaka

Southern

Table 3.3.11: Activities by Funding Mechanism

Mechanism: DoD-JHPIEGO
Prime Partner: JHPIEGO
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9089
Planned Funds: $ 225,000.00

Activity Narrative: This work is closely linked to JHPIEGO's other work with the Zambia Defense Force (ZDF), strengthening integrated HIV prevention, care, and treatment services and systems (#9087, #9088, #9090, #9091), and with the work of Project Concern International (PCI) supporting Counseling and Testing (CT) (#8785) and palliative care (#8787), as well as JHPIEGO's work on integrating diagnostic CT into TB and STI services for mobile populations (#9035). It also relates to the pre-service training component of the Health Systems and Services Program/USAID (#8794), as well as various partners supporting the MOH in the area of HIV care and treatment.

JHPIEGO is supporting the ZDF to improve overall clinical prevention, care, and treatment services throughout the three branches of military service, Zambia Army, Zambia Air Force and Zambia National Service around the country. The overall aim of the activity is to ensure that the ZDF is equipped and enabled to provide quality HIV/AIDS services to all its personnel, as well as to the civilian personnel who access their health system. This includes strengthening the management and planning systems to support PMTCT and HIV/AIDS care and treatment services, with the appropriate integration, linkages, referrals, and safeguards to minimize medical transmission of HIV. JHPIEGO, as an important partner to the Ministry of Health (MOH) HIV/AIDS PMTCT, ART, palliative care, HIV-TB and injection safety programs, supports the ZDF in gaining access to materials, systems, and commodities funded by the USG, other donors, and numerous technical partners who work with the MOH, and to harmonize services and maximize efficiencies between ZDF and MOH facilities and programs.

The Defense Force Medical Services (DFMS) supports health facilities at 54 of the 68 ZDF sites with the remaining sites relying on medical assistants and outreach support. These health services are spread out, many in hard-to-reach areas, around the country, and serve both ZDF and local civilian populations. In addition, given the mobile nature of the ZDF, it is often the first responder to medical emergencies and disasters throughout the country. Unfortunately, the ZDF has not benefited from many initiatives that have been on-going in the public sector. While these links are improving, there are continued opportunities to improve harmonization and maximize the efficiency between the MOH and ZDF health services.

While the number of patients receiving ART has expanded dramatically within the ZDF, the majority of services are provided through a few outlets, and the standardization of systems and services needs continued strengthening. Continued expansion requires development and support for increasingly remote sites, where services are needed but, by their location and nature, the cost effectiveness of delivering these services is reduced, a fact which is compounded by the complexity of working with the ZDF and each of the three individual ZDF branches, each with their own authority and chain of command.

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.). JHPIEGO 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. Work in strengthening HIV/AIDS prevention, care and treatment too often is conducted vertically failing to produce and encourage the linkages between service 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.

While focusing on comprehensive strengthening of quality HIV prevention, care and treatment services at selected model sites, JHPIEGO's support will impact these services throughout the ZDF. In FY 2005 JHPIEGO trained and retrained 120 service providers in ART and opportunistic infections management drawing providers from many service outlets including the four model sites. Through JHPIEGO's support to the ZDF in FY 2006 the ZDFMS training capacity was strengthened with the training of 12 ART and TB staff as trainers. These trainers worked with JHPIEGO staff to co-train at least 80 service providers in the provision of ART. In addition, the model sites from FY 2005 and FY 2006 received support in the procurement of essential commodities and/or the minor renovation

of service outlets to enable the provision of more comprehensive, quality services. By the end of FY 2006 JHPIEGO will be working with eight model sites in seven of the nine provinces of Zambia and the two remaining provinces will have model sites by the end of FY 2007.

In FY 2007, JHPIEGO will be supporting 12 model sites, including the eight developed in FY 2005 and FY 2006 plus four new sites which will be added in FY 2007:
1. Zambia Army, L85 Barracks in Lusaka, Lusaka Province;
2. Zambia National Service, Luamfumu Barracks in Mansa, Luapula Province;
3. Zambia Army, Luena Barracks in Kaoma, Western Province; and
4. Zambia Air Force, Mumbwa, Central Province.

Local ZDF capacity to support these sites and expand to other ZDF facilities will be further developed by training 12 ART staff as trainers and mentors and co-teach ART and OI management workshops with the DFMS trainers to shore up training skills and address any gaps. 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 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 Ministry of Health by harmonizing ZDF and MOH/NAC guidelines, materials and tools 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 12 sites, supportive supervision visits will be continue to the initial eight facilities supported in FY 2005 and FY 2006, as well as the four expansion sites. JHPIEGO will also support the DFMS to conduct workshops using the 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.

To ensure sustainability, JHPIEGO works within the existing ZDF structures and plans. JHPIEGO facilitates the development and dissemination of appropriate standard guidelines, protocols, and plans. JHPIEGO also assists the ZDF with the implementation of a facility-level quality improvement program. The project's goal is to leave behind quality systems to ensure continuity of services after the program concludes.

Continued Associated Activity Information

Activity ID:	3672
USG Agency:	Department of Defense
Prime Partner:	JHPIEGO
Mechanism:	DoD-JHPIEGO
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	12	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,200	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,500	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,800	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	80	☐

Target Populations:

Community leaders
Doctors
Nurses
Pharmacists
Most at risk populations
Military personnel
Program managers
Religious leaders
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	SUCCESS II
Prime Partner:	Catholic Relief Services
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9182
Planned Funds:	$ 760,000.00

Activity Narrative: This activity is linked to HBHC (#9180) and HVCT (#9181) as well as to other ART adherence and EP-funded palliative care projects.

The CRS SUCCESS II Project is a new follow-on award that builds on and expands successful efforts between CRS and health structures in seven Catholic dioceses. In FY 2006, its first year of Adherence Support, SUCCESS targeted 2,500 PLWHA, located in the vicinity of ART sites, for a combination of Adherence Support and Nutritional Supplementation. As of mid-year FY 2006, SUCCESS had added an Adherence Support component, wherein program coordinators, volunteer caregivers, and hospice staff were trained in ART and Adherence Support, relevant to their provider level. In addition, SUCCESS formalized referral linkages between its diocesan partners and AIDSRelief, CIDRZ, and ZPCT ART sites in eight Provinces so far; 1,400 HBC clients receive ART through CIDRZ in Western province alone, as well as many other ZPCT-supported GRZ clinical sites. These back and forth referrals – from HBC to ART and back to HBC for Adherence support – weave a strong continuum of care.

In FY 2007, SUCCESS II will continue to promote and support the rapid scale up of ART for Zambian people living with HIV/AIDS (PLWHA) through its major diocesan partners. SUCCESS II will refine and expand its HBC Client Referral to ART mechanism, and expand its ART Literacy and Adherence Support programming within HBHC. SUCCESS II will refer as many of its HBC clients and post-test HIV positive people to USG-supported ART sites as possible, and educate community members about ART facts. SUCCESS II has set a target of providing Adherence Support for 4,550 PLWHA who will receive ART from the network model.

SUCCESS II will provide support to community based ART, transporting ART clients who live far from ART sites to the clinic for care or for ARV re-supply, as a means to boost adherence, and to minimize the difficulty of reaching ART sites for PLWHA who live in remote areas.

SUCCESS II will refer palliative care clients to the nearest ART sites and will provide ART literacy and adherence support as part of HBC. SUCCESS will refer clients as follows: in Solwezi Diocese (Northwest province), to Mukinge Mission Hospital (supported by AIDSRelief); in Kasempa District, and Solwezi General, Kabompo District, Zambezi District, and Mwinilunga District Hospitals (supported by ZPCT). In Mongu Diocese (Western Province), SUCCESS will refer HBC clients to Lewanika General Hospital (CIDRZ) (1,400 HBC clients are already linked to ART). In Mansa Diocese (Northern Province), clients are linked to Mansa General and Kawambwa District Hospitals, (ZPCT). In Mpika Diocese (Northern Province), clients are referred to Chilonga Mission Hospital (AIDSRelief) and to Mpika and Chinsali District Hospitals and Nakonde Rural HC (ZPCT). In Chipata Diocese (Eastern Province) clients will be referred to St. Francis Mission Hospital (AIDSRelief) in Petauke; in Kasama to Kasama General Hospital and Mbala District Hospital (ZPCT). Monze Diocese (Southern Province) will refer to Macha and Mutendere Mission Hospitals (AIDSRelief). AIDSRelief is developing a further site in Monze, which will link with SUCCESS II palliative care support.

Adherence support, initially made possibly by GHAI Rapid Expansion funding, will continue with the widespread training of caregivers on ART, ART literacy education, and Adherence support methodology, and the ensuing application among the patients on ARVs in the diocesan HBC programs. The partners are including PLWHA in the adherence trainings to further empower those who are closest to the need, and are also balancing the number of male and female adherence supporters. SUCCESS II will continue to provide severely malnourished ART patients with nutritional supplements either with limited direct PEPFAR funding, or through wraparound arrangements with FFP, the WFP, Global Fund or other donors.

'Adherence vehicles,' managed by the dioceses, also supported with GHAI Rapid Expansion funding, will provide needed transport for non-ambulatory patients to often-distant ART sites, transport of test samples to labs, and transport of adherence supporters to visit distant clients in need of regular follow up. This vital support will continue and will provide a continuum of care from testing, through palliative care, through treatment, and adherence to treatment.

SUCCESS II will support ART through many, well-established referral linkages for other services outside its care and support package. SUCCESS II already has an established and effective network of trained community volunteer caregivers who carry out ART literacy education and ART adherence support; for which personal relationships and trust are cornerstones.

SUCCESS II will continue to provide training at multiple levels, for HBC volunteers and staff across all Dioceses. To build local capacity, Trainings of Trainers are held and then training is cascaded to subsequent levels of local personnel until all are trained in the programming area relevant to their role in the project. Due to the sparse population in rural Zambia, the SUCCESS II project is required to train larger numbers of caregivers than other projects, to cover the long distances between PLWHA homes and provide regular care and support.

SUCCESS II will also train by leveraging and linking partners, such as carrying out ART Literacy and Adherence Support trainings with AIDSRelief co-trainers in areas where SUCCESS II and AIDSRelief are co-located. Joint training strengthens the linking to ART, and follow on Adherence Support for compliance to treatment. Using standardized adherence support training materials will build sustainability when many practitioners provide the same level of service. A further dimension of sustainability will be achieved when HBC / ART clients return to active family and community life, as well as when PLWHA know how to manage their now-chronic illness. Many positive-living PLWHA become role models in their communities and further break down stigma as a barrier to accessing treatment for HIV.

Collaboration across SUCCESS II partners is achieved in numerous ways. Annual meetings will bring SUCCESS II partners together for cross fertilization of programming ideas, issues, and lessons learned. Partners will be encouraged to make exchange visits to each other's operational sites, affording closer observation of on-the-ground best practices and skills transfer. SUCCESS II monitoring and evaluation staff and program team will continue to deepen the quality of monitoring activities.

The second component of SUCCESS II sustainability is building management capacity. Catholic Church structures in Zambia, and leveraging the significant complementary role of the Church health structures, which will outlive external funding trends. One comparative advantage of SUCCESS II is the extensive reach of Catholic structures into rural communities. To build capacity, SUCCESS will train implementing partners in financial management and accountability, logistics and commodities distribution, organizational development and strategic planning, as well as staff management and policy development. The projects are strongly encouraged to link with local government structures and institutions. An example of strategic networking for sustainability is that of a Bishop sitting on the Board of Directors of a provincial hospital. Key networking also takes place at the integral community level, where local traditional leaders are involved in parish HBC coordinating committees.

SUCCESS II will also promote diversification of funding support as a key factor in sustainability. Management capacity building will support partners in accessing other funds. Partners will be in a better position to attract other funds with their project management ability enhanced through SUCCESS II.

Continued Associated Activity Information

Activity ID:	3734
USG Agency:	U.S. Agency for International Development
Prime Partner:	Catholic Relief Services
Mechanism:	SUCCESS
Funding Source:	GHAI
Planned Funds:	$ 425,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Eastern

Luapula

Northern

North-Western

Southern

Western

Copperbelt

Lusaka

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	UTAP - U62/CCU322428 / JHPIEGO
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9745
Planned Funds:	$ 300,000.00

Activity Narrative: Related activities: This activity links to all ART activities in Zambia.

The national antiretroviral therapy (ART) implementation evaluation published in April 2006 revealed numerous areas of need to improve the implementation of services in Zambia. For example, eighty-four percent (84%) of institutions visited, reported not having seen the national ART implementation plan with many sites having never received key policy documents and guidelines. One can proximally assume then that quality improvement and monitoring activities were few. Moreover, this evaluation did not include in-depth investigation of care quality as part of its mandate. It is clear that as ART continues to be rolled-out at a rapid pace in Zambia, quality must be assured to promote the sustainability of these services in to the future. In cooperation with JHPIEGO, CDC-Zambia began support for a cluster evaluation of ART technical and financial support in Zambia in 2006 that revealed key areas for quality improvement interventions. This evaluation activity is now an ongoing process of data collection and feedback. It is therefore critical for funding in 2007 and 2008 to implement address sustainable activities that will aim to close performance gaps identified in the ongoing evaluation process.

CDC-Zambia will enter in to a collaborative partnership with an appropriate organization working locally to implement the Zambia A-QIP (Antiretroviral - Quality Improvement Project). A-QIP will consist of four inter-related components designed to facilitate quality improvement among the Government of the Republic of Zambia (GRZ) and cooperating partners (CPs) in Zambia.

1. Collective and Routine Monitoring of Quality

Cluster evaluation with participation across ART service providers in Zambia to include GRZ, major private sector companies, and CPs to include EGPAF/CIDRZ, ZPCT, AIDSRelief/CRS, University Teaching Hospital Pediatrics/Columbia University, John Snow Incorporated/DELIVER, and JHPIEGO. The cluster evaluation aims to convene GRZ and CPs to identify critical and common questions and a shared evaluation strategy related to care quality, cost, service delivery and coverage, and continuity of care. The process will require regular meetings of project directors, M&E staff, and clinical experts to identify indicators, collect and share information, and inform policy and service delivery processes in Zambia. In addition to tracking a common set of quality indicators, several special studies will be supported in areas identified by the group.

2. Data Use for Improved Care

The Continuity of Care: Patient Tracking System (CC:PTS) has been deployed in more than 35 sites between 2005 and 2006. It is anticipated that the system will continue to be deployed where feasible in GRZ locations throughout the country in 2007. CC:PTS provides critical individual level data on health services as well as numerous opportunities to query facility-based and eventually district and provincial data. Data use from this system, in cooperation with other facility-based aggregation systems (e.g. ARTIS) and what will be a redesigned health management information system for Ministry of Health (MOH), must be maximized to inform quality improvement activities. This is a key feature and task of the A-QIP project.

3. Coordinated Quality Improvement Technical Assistance

Based on findings from the cluster evaluation, key interventions for quality improvement will be elaborated and delivered. A central organization will map and help to coordinate technical support activities being delivered through GRZ and CPs. Additionally, the central organization will have capacity to actively provide quality assurance and facilitation services to improve individual and facility-level performance by providing on-the-job training (OJT) for quality improvement.

4. Creating International Networks for Learning

Distance learning will reinforce a response to findings from the cluster evaluation and the OJT, opportunities for distance learning in cooperation with MOH facilities will be organized with a specific set of course work and informal sharing focused on adult and pediatric ART. Lectures from within Zambia and abroad will be taped and used in these sessions. A central organization will be required to moderate and facilitate ongoing learning through session design and execution.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	50	☐

Target Populations:

Doctors
Nurses
Pharmacists
Host country government workers
Public health care workers
Laboratory workers

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	UTAP - Boston University-ZEBS - U62/CCU622410
Prime Partner:	Tulane University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9749
Planned Funds:	$ 340,000.00

Activity Narrative: Related activities: This activity links to AIDS Quality Improvement Project (#9745).

Equity and efficiency are two important characteristics of successful and sustainable public health interventions. The Center for International Health and Development at Boston University (CIHD) and the Zambia Exclusive Breastfeeding Study (ZEBS) propose to conduct three public health evaluations (PHEs) to address each of these facets of the AIDS treatment rollout in Zambia.

Evaluation 1: Cost-Effectiveness of Models of Delivering Antiretroviral Therapy (ART) ($!50,000)

To achieve the President's Emergency Plan for AIDS Relief (PEPFAR) goals for treatment of HIV/AIDS, ART must be delivered in a wide range of settings and at multiple levels of the healthcare system. The cost per patient enrolled and cost per successful patient outcome are likely to differ widely by location (urban, periurban, rural), patient characteristics (e.g. starting CD4 count, duration on treatment), scale and scope, facility type (hospital, clinic, GP's office), provider (public sector, private sector, NGO), human resource use, and adherence support strategy. For national treatment programs to be financially sustainable, accurate information is needed about the costs of reaching different patient populations using different types of delivery models.

In South Africa, the CIHD is analyzing the cost-effectiveness of different models of delivering ART to adult patients. CIHD now proposes to conduct a similar targeted evaluation in Zambia. The evaluation will generate accurate, current information about the costs of treatment in diverse settings, identify the key cost drivers at each site, and evaluate the tradeoff between facility costs and patient costs. CIHD will aim to answer the following questions for each participating site:

1. What is the average cost to the provider over the first 12 months of ART initiation to produce a successful clinical, immunological and virological responses?
2. What is the breakdown of cost per patient, by major cost component?
3. Is there a relationship between treatment cost and recorded patient characteristics (e.g. age, sex, starting CD4 count) in the first 12 months of ART?
4. What are the costs to patients of obtaining ART at each site?

The audience for this PHE includes the Office of the Global AIDS Coordinator, other funding agencies, Zambian policy makers and program planners, NGO and private providers, and any others responsible for expanding access to treatment to as large a population as possible within a given budget, estimating resource needs, or increasing efficiency among existing providers.

Evaluation 2: Rationing of ART for HIV/AIDS: Current Practices and Potential Outcomes ($150,000)

Despite Zambia's rapid scale-up of ART for AIDS, access to treatment is still a challenge to many medically eligible patients. Access to treatment is influenced by an individual's demographic, geographic, social, and economic status, as well as medical condition. While the Government of the Republic of Zambia determines the aggregate allocation of treatment resources, there are no clear and enforceable national or sub-national guidelines for prioritizing patients. Many rationing decisions, whether implicit or explicit, are therefore being made at the level of individual clinics and clinicians.

How rationing practices develop—whether they are equitable or inequitable, efficient or inefficient, "fair" or "unfair,"—will be an important determinant of long-term national and international political support for the national treatment program, and thus of its sustainability. In two papers published in 2005, CIHD researchers described and evaluated various approaches to rationing ART in Africa. The paper has provoked much debate and recently led the organizers of the Third Seminar on Health and Development in the Portuguese Speaking Nations, sponsored by the Instituto de Higiene e Medicina Tropical of the Universidad Nova de Lisboa, to choose the rationing of ART as the theme of the conference, which was attended by Ministers of Health and other health policy makers from all the Portuguese speaking countries. CIHD now proposes to conduct a PHE to assess provider-level rationing criteria in Zambia, analyze the extent to which treatment

is being rationed on the basis of non-standard criteria, evaluate the criteria that are in use, and analyze the future implications for the treatment program of these criteria.

The audience for this PHE is similar to that for Evaluation 1 but includes community and civil society representatives as well as national and international policy makers and planners. As it will be one of the first attempts to examine the issue of rationing empirically, CIHD anticipates that it will also be of interest to health system planners throughout the region.

Evaluation 3: Qualitative Study to Identify Potential Barriers to Adherence within the ZEBS Cohort ($40,000)

The ZEBS will conduct a qualitative study to examine a local perspective on adherence to ART. Qualitative methods are used because they are designed to identify new and hitherto unknown factors, whereas quantitative methods are better suited to testing the local importance of factors already identified. This study will generate hypotheses on what encourages and hinders adherence to ARVs from the perspective of local population. A qualitative study is a critical strategy at this stage in order to identify potentially modifiable factors associated with adherence with a well-characterized population (ZEBS). A group of women from the ZEBS mother support group are already trained in qualitative interviewing and will participate in conducting this study. This initial qualitative study would generate hypotheses inform plans for future quantitative studies of need, impact, and feasible program implementation.

Data on factors perceived by local people to affect their ability to commence and adhere to HIV therapy will be generated. Based on these data, a report and recommendations will be made for assessment tools and/or programs designed to improve adherence and that would be suitable for implementation and testing. The target audience for this study is program planners and clinicians.

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Program managers
Public health care workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	EPHO - 1 U2G PS000641
Prime Partner:	Provincial Health Office - Eastern Province
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9751
Planned Funds:	$ 200,000.00

Activity Narrative: Related activities: This activity links to EGPAF (#9000, #9003) and CRS (#8827, 8829).

The Eastern Provincial Health Office (EPHO) intends to scale-up and consolidate provision of the antiretroviral therapy (ART) services in close linkage with Catholic Relief Services (CRS) and Center for Infectious Disease Research in Zambia (CIDRZ). The Eastern Province, with a population of 1.6 million people, has an HIV seroprevalence of 13.2% among the general population between 15 – 49 years (DHS 2002). The province has eight districts and is primarily a rural province. Currently there are nine sites offering ART in the province, based primarily at the district hospitals, with the exception of the Chadiza district which does not have a district hospital and services are provided at the health centre. The capital of the province, Chipata, has two sites offering ART. A total of 6,257 clients in the Eastern Province were receiving ART in the government program as of June 30, 2006.

Due to the large distances and poor road networks and transportation system in the province the cost of providing care is high and access to ART is limited to those with means of transportation. In order to increase access to ART for a larger section of the population, the PHO would like to expand the number of service delivery points in five of the districts by additional two sites per district. The EPHO plans to expand ART services to the hard to reach areas of the province and will develop mobile ART clinics to provide care to some of these areas. The EPHO will liaise with CIDRZ and CRS in the selection of sites to avoid duplication and to increase geographical coverage of the province with ART services. The EPHO has the advantage of having a presence and basic infrastructures in almost all corners of the province through which ART services will be provided, although additional and rehabilitation of the existing infrastructures may be required in some parts of the province.

In ongoing efforts to support national efforts, United States Government (USG), through Health and Human Services (HHS)/CDC aims to provide direct support to EPHO for supportive supervision by provincial teams of ART service delivery in districts and to enable improved linkages with the national ART program in fiscal year (FY) 2007. Activities include monitoring visits, training, policy and guideline dissemination, participation in national quality improvement efforts, and integration and scale-up of the national ART information system and the Continuity of Care: Patient Tracking System (CC:PTS).

The activities to be supported through the proposed funding include training of 50 additional staff using the national ART training modules. Five staff will be trained per site, to provide a multidisciplinary team. This will increase the number of staff trained in ART in the province to 179. Like most provinces in Zambia, there is a shortage of physicians in the Eastern Province, the bulk of the people trained will be clinical officers (CO) and nurses who have proved to be a reliable and effective group of workers in provision of ART in a resource limited set up. The few ART trained physicians at the Provincial and District Hospitals in the province will provide supervision to the COs and nurses. Training will include adherence counseling. The additional treatment sites will result in an additional 2000 persons receiving ART. Funds will also be used for infrastructure renovations and enhancements, such as remodeling, painting and procurement of basic furniture for the existing ART sites in order to provide confidential service for the ART patients.

In FY 2007, Elizabeth Glaser Pediatric AIDS Foundation - CIDRZ will scale-up support in Chipata and other sites in Eastern Province. This support will enable key technical staff from EPHO to plan and integrate services with CIDRZ and expand and link ART services in target and harder to reach districts throughout the province.

Direct funding for ART service delivery and technical assistance will complement other support to the province such as in TB/HIV and counseling and testing and will ensure sustainability of ART services within the province. Funds will also be used for infrastructure renovations and enhancements, such as remodeling, painting and procurement of basic furniture for the existing ART sites in order to provide confidential service for the ART patients.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	10	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,000	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	50	☐

Target Populations:

Doctors
Nurses
Pharmacists
Traditional birth attendants
People living with HIV/AIDS
Program managers
Volunteers
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Religious leaders
Public health care workers
Laboratory workers
Other Health Care Worker
M&E Specialist/Staff
HIV positive children (5 - 14 years)

Coverage Areas

Eastern

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9752
Planned Funds:	$ 0.00

Activity Narrative: Related activities: This is activity is linked to UTH CT (#9042), EGPAF HTXS (#9000), JHPIEGO HTXS (#9033), Columbia HTXS (#8993), and new UTH - DCT (#9716), ZVCT (#9718), and Renal (#9756).

The University Teaching Hospital (UTH) has received funding from CDC through two co-operative agreements established directly with the Department of Pediatrics and the Dermato-venereology clinic (Clinic 3). Though both agreements are managed by the central administrative office, the accounts are separate and the location of the two departments is physically separate. To communicate the importance of the breadth of activities and for purposes of coordination, the activities linked to the two departments have been submitted as separate narratives.

The UTH antiretroviral therapy (ART) program, which started as a pilot in 2002 with only 90 patients has grown into a well organized, multidisciplinary project with over 4,500 patients on ART. Through vigorous training programs, over 300 nurses, 160 doctors, and 30 clinical officers have been trained and are now instrumental in the training programs nationally. The hospital has established close links with the activities of other stakeholders such as CIDRZ, CRS, and JHPIEGO. A referral system has been developed with other hospitals nationally and the Lusaka urban health centers where stable patients on ART are referred to receive care at the community level. As the program matures, the number of complications and treatment failures have also increased creating a strong need to have a state of the art facility to deal with these challenges. A new Center of Excellence with the specific purposes of enhancing the gains we have had so far while conducting research is being built under the Department of Medicine. This center will improve the collaborations with other institutions as well as improving the understanding of care of HIV patients and ensuring sustainability of the program. The UTH is best suited for the proposed public health evaluation (PHE) for it has a well trained multidisciplinary team and support services such as radiology, pathology, and virology. The results of the PHE will ultimately lead to improved patient care and treatment outcomes.

This activity funding will be used to determine the prevalence of hepatitis B and hepatitis C virus infections in HIV-infected patients on antiretroviral (ARV) treatment in Lusaka, Zambia. Approximately 64, 000 individuals out of a total targeted population of 200,000 in Zambia are on ART. Liver dysfunction is a common side-effect of ART and severe hepatotoxicity is more common in patients with co-infection with viral hepatitis (Becker 2004). Hence, it is mandatory that patients with pre-existing liver disease receive these drugs only under strict monitoring (Sulkowski 2002, 2004).

Despite the rapid roll-out of ARVs in Zambia the prevalence of hepatitis B and C in high-risk individuals (especially HIV positive individuals) has not been documented. According to the Zambian National Blood Transfusion Services (ZNBTS) the hepatitis B and C prevalence is approximately 7% in low risk individuals. Consequently, potentially vulnerable individuals who could develop hepatotoxicity or do poorly on ARVs have not been identified. Knowing the prevalence of hepatitis B and C infections could influence the choice of ARVs which could ultimately, affect policies regarding procurement of ARVs.

This activity will involve performance of hepatitis B and C antibody and antigen testing as well as baseline and periodic monitoring for liver and kidney function tests. The objectives of this activity are to: 1) to establish the prevalence of co-morbidity of HIV and hepatitis B and/or C virus in Lusaka, Zambia; 2) to determine risk factors for hepatitis B and C co-infections in a Zambian cohort of HIV positive patients on ARVs; and 3) to ascertain the risk of drug-induced hepatitis in patients taking ARVs with co-morbid hepatitis B and C virus infections in Lusaka, Zambia. Participants are those patients who are currently enrolled on the Government of the Republic of Zambia ARV program at the UTH. Currently 4,000 adults are enrolled with an average of 100 new individuals evaluated every month. Therefore an estimated 5,000 adults will be enrolled by the time the project is underway in the 1st quarter of 2007. The timeline will be one year to allow adequate follow-up of the cohort by UTH.

Before coming in for review, all patients will have a supplementary sample of blood taken (in addition to the usual safety and monitoring labs) to test for hepatitis B & C. Arrangements will be made with ZNBTS to do the tests at UTH Zambia National Blood Bank which already has facilities to screen donated blood and is supported directly by the

President's Emergency Plan for AIDS Relief (PEPFAR) (#9049).

In addition, a questionnaire after consenting will be administered to determine risk factors for acquiring the infection as well as co-morbid conditions for developing hepatitis and chronic liver disease. There won't be an extra cost to the participant as they would already be coming in for their clinical reviews.

The activities of the Department of Internal Medicine are part of the government-run tertiary referral and teaching hospital and all activities in this proposal are within the confines of the priorities of UTH. This system strives to establish a sustainable program through training of health care workers, developing of standard treatment protocols, strengthening of the physical and equipment infrastructures, implementing facility-level quality assurance/quality improvement program, improving laboratory equipment and systems and development, and strengthening of its' health information systems. The hospital management will be able to cost share with the PEPFAR funds by provision of some aspects of the program; these include: staff time, supplies such as needles and syringes, specimen bottles and test kits, and supportive laboratory services. The benefit of this shared cost approach is that in the long-term UTH will only require minimal funding once staff is trained and systems are in place.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Human Resources	10 - 50
Logistics	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

People living with HIV/AIDS

Coverage Areas

Lusaka

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	UTAP - U62/CCU322428 / JHPIEGO
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9753
Planned Funds:	$ 150,000.00

Activity Narrative: This activity is linked to SOPH HTXS (#9760). As other monies under this mechanism will be sent to the JHPIEGO Zambia country office, monies for this activity will remain at Johns Hopkins University.

Few studies have assessed the care of HIV-infected children and adolescents in rural sub-Saharan Africa, particularly outside established HIV-1 research sites. The care of HIV-infected children and adolescents, and particularly the provision of antiretroviral therapy (ART), in a rural community in sub-Saharan Africa may have higher rates of treatment failure than in urban settings because of several impediments, including limitations in accessing appropriate care, reduced adherence with prescribed treatment regimens, and frequent co-infections. The aims of this activity are to: 1) measure immunologic and virologic treatment responses and survival in a cohort of HIV-infected children and adolescents receiving ART in rural Zambia; 2) identify risk factors for ART failure and death in children residing in rural Zambia, including antiretroviral drug resistance, barriers to care and status of the child's primary caregiver; and 3) assess the rate of disease progression in HIV-infected children and adolescents who are not eligible for ART in order to evaluate treatment guidelines on when to initiate ART in children and adolescents in Zambia. Findings will be used to develop strategies to improve the care of HIV-infected children and adolescents at Macha Hospital in Southern Province, with the long-term goal of developing strategies applicable to rural communities throughout sub-Saharan Africa.

In March 2005, Macha Mission Hospital began a government program to provide ART by trained health care workers under the supervision of Dr. Janneke H. van Dijk and others. As of May 2006, 31 children and adolescents were receiving ART at Macha Hospital, 12 of whom are less than five years of age, nine between the ages of five and 12 years, and 10 between 13 and 20 years. An additional 63 HIV-infected children and adolescents are cared for at Macha Mission Hospital but are not yet eligible to receive ART, 35 of whom are less than five years of age. Thus, the cohort will consist of approximately 100 HIV-infected children, with additional children eligible for enrollment as they present for care.

JHU will conduct a prospective cohort study of HIV-1-infected children cared for at Macha Hospital. The first study aim will be to assess treatment responses and survival in HIV-infected persons initiating ART. JHU will measure CD4+ T-lymphocyte cells counts and plasma HIV-1 viral loads, and a study team will actively trace defaulters to assess survival. The main outcome measures for Aim one are treatment failure and survival rates after initiation of ART. Accurate assessment of immunologic and virologic treatment failure rates will allow for the identification of risk factors for treatment failure, barriers to care, and the development of strategies to improve the effectiveness of ART for children and adolescents in rural sub-Saharan Africa. Determinants of treatment success or failure comprise a complex set of factors operating at multiple levels, and include drug availability, access to health care, prescribing practices, level of patient education, adherence, social support and stigmatization, drug resistance, frequency and type of co-infections, and the nature and severity of drug toxicities. To identify risk factors for ART failure in rural Zambia, we will focus on barriers to adherence at the level of the individual family, including the status of the child's caregiver, and the emergence of HIV-1 drug resistant mutations. Drug resistance testing will be performed in the laboratory of Dr. Deborah Persaud, whose laboratory recently developed methods for performing antiretroviral drug resistance testing on a 560 base pair region of reverse transcriptase from samples stored as dried blood spots. The cost of drug resistance testing will be paid for by a separate grant from the Elizabeth Glaser Pediatric AIDS Foundation and will not be covered under this proposal.

Not all HIV-infected children and adolescents seeking ART are eligible for therapy. However, little is known of the characteristics of this patient population. What is their median CD4+ T-lymphocyte cell count at the time of the initial clinic visit? How rapid is their disease progression and over what time period do they meet treatment criteria? What proportion die before starting ART, particularly in rural settings? Understanding the answers to these questions will assist in evaluating the criteria to initiate ART in children and adolescents in rural Zambia and in anticipating resource needs. To address these questions, JHU will establish a second cohort of children and adolescents seeking ART at Macha Hospital but who do not meet ART treatment criteria. This cohort will be followed

every three months to assess their baseline immunologic and virologic status and to monitor disease progression and survival. The major outcome measure for Aim three is the time from the initial evaluation until the child meets ART treatment criteria. The hypothesis to be tested is that a subset of HIV-infected children and adolescents in rural sub-Saharan Africa is at risk of rapid disease progression and may benefit from earlier initiation of ART.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Program managers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Southern

Table 3.3.11: Activities by Funding Mechanism

Mechanism: MOH - U62/CCU023412
Prime Partner: Ministry of Health, Zambia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9754
Planned Funds: $ 300,000.00
Activity Narrative: Activities related to this include monitoring visits, training, policy and guideline dissemination, participation national quality improvement efforts, and integration and scale-up of the national ART information system, the Continuity of Care: Patient Tracking System (CC:PTS), EGPAF support to Ministry of Health drug resistance monitoring.

In 2006, the Zambia Ministry of Health (MOH) implemented a policy which stipulates that antiretroviral therapy (ART) and related services are to be provided free of charge to all eligible Zambians. An evaluation of the national ART program was conducted and determined that additional support for quality improvement, policy and guideline dissemination and training was desperately needed.

In ongoing efforts to support national efforts, the United States Government (USG), through HHS/CDC aims to provide direct support to the MOH for supervision and coordination by national teams on ART service delivery and to enable improved linkages with the provincial and district ART programs in fiscal year (FY) 2007. These funds will provide a new position within MOH, a Quality Assurance Advisor for HIV/AIDS services.

Direct support to MOH in FY 2007 will enable key technical staff to plan and integrate services with partners and carry out the 2006-2008 HIV/AIDS Treatment, Care and Support Plan. This plan embraces the ideal of universal access and sets targets for program performance and ensures sustainability of the ART services.

Direct funding for ART service delivery and technical assistance will complement other support to MOH such as in tuberculosis (TB)/HIV, and strategic information.

A second critical activity in FY 2007 for the MOH is to launch a formal system of ARV drug resistance monitoring, in collaboration with CDC and other USG-supported partners. The FY 2007 funding will enable the MOH to establish a system to monitor HIV drug resistance (HIVDR) emerging during treatment. Such a system will include the initiation and coordination of an MOH HIVDR working group to develop a national strategy for HIVDR resistance monitoring, design and implementation of an appropriate prospective cohort in which to monitor HIVDR emerging during treatment and to collect information on behavioral and other risk factors associated with increased risk of HIVDR development, technical assistance with building laboratory capacity to perform genotypic HIV drug resistance testing, support of management and analysis of data on the magnitude of HIVDR in the selected study population, and coordination of report dissemination to the Government of the Republic of Zambia, health professionals, the public, and the scientific literature.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	150	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	50	☐

Target Populations:

Doctors
Nurses
Pharmacists
Traditional birth attendants
People living with HIV/AIDS
Program managers
Volunteers
Religious leaders
Public health care workers
Laboratory workers
Other Health Care Worker
M&E Specialist/Staff

Coverage Areas:

National

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9756
Planned Funds:	$ 40,000.00

Activity Narrative: This activity is linked to UTH CT (#9042), EGPAF HTXS (#9000), JHPIEGO HTXS (#9033), Columbia HTXS (#8993), UTH DCT, UTH ZVCT, UTH Hepatitis B and C.

The University Teaching Hospital (UTH) has received funding from CDC through two co-operative agreements established directly with the Department of Pediatrics and the Dermato-venereology clinic (Clinic 3). Though both agreements are managed by the central administrative office, the accounts are separate and the location of the two departments is physically separate. To communicate the importance of the breadth of activities and for purposes of coordination, the activities linked to the two departments have been submitted as separate narratives.

This activity will consist of a cross-sectional hospital-based assessment to determine the prevalence of Chronic Kidney Disease (CKD) in a cohort of HIV positive individuals on antiretrovirals (ARVs) being followed-up by the UTH Clinic 5. The current cohort numbers are about 4,000 adults with an equal sex distribution and an average of 100 new patients enroll each month. Therefore, approximately 4,000 clients will be evaluated over a time period of one year (this is to cater for the stable patients who are on biannual reviews).

The UTH ART program, which started as a pilot in 2002 with only 90 patients has since grown into a well-organized, multidisciplinary project with over 4,500 patients on ART. Through a vigorous training program, over 300 nurses, 160, and 30 clinical officers have been trained and are now instrumental in the training programs nationally. The hospital has established close links with the activities of other stakeholders such as CIDRZ, CRS and JHPIEGO. A referral system has been developed with other hospitals nationally and the Lusaka urban health centers where stable patients on ART have been referred to receive care at community level. As the program matures, the number of complications and treatment failures has also increased and there is therefore a strong need to have a state-of-the-art facility to deal with these challenges. A new Center of Excellence with the specific purposes of enhancing the gains achieved so far while conducting research has been built under the Department of Medicine with support from the USG. This center will improve the collaborations with other institutions as well as improving the understanding of care of HIV patients and ensuring sustainability of the program. The UTH is best suited for the proposed Public Health Evaluation for it has a well-trained, multidisciplinary team and support services such as radiology, pathology and virology.

A variety of renal disorders have been described in patients with HIV-infection. These abnormalities may be associated with HIV-infection itself, opportunistic infections, antiviral medications, or unrelated primary disorders. Proteinuria may serve as an early indicator of HIV-associated nephropathy (HIVAN). Autopsy data in adults with HIV-infection or AIDS have demonstrated a prevalence of HIVAN of between one and 15%. Other cases of CKD could be due to the use of herbal medications and imprudent use over the counter (OTC) drugs.

Presence of proteinuria may indicate renal disease even with a normal serum creatinine. Renal insufficiency is the asymptomatic stage of reduced renal function with serum creatinine elevated above normal. Patients with these abnormalities have a potentially serious renal disease that might progress to renal failure. Early detection and referral may prolong life of patients with dual burden of CKD and HIV.

Detecting proteinuria could help establish a diagnosis and predict the outcome of most renal diseases. Urinalysis specifically albustix could prove to be an important simple test for detecting early renal dysfunction in patients with HIV-infection on Highly Active Antiretroviral Therapy (HAART). Microalbuminuria could also be useful as an early sero-marker of systemic infection.

The frequency of CKD, its causes, and its natural history in Zambian HIV-infected adults has not been studied, particularly in the era of ARV medications. The primary aim of this study is to determine how common HIV-infected individuals have evidence of persistent proteinuria and CKD.

The objectives of this activity are 1) to describe the prevalence of renal pathologies in patients on HAART; 2) to examine the relationship between abnormal urinalysis and renal dysfunction; and 3) to determine possible predictors for abnormal renal function in HIV

positive patients on ARVs.

Participants will be screened with a first-morning macroscopic urinalysis for the detection of proteinuria. The effectiveness of albustix as a simple low cost tool for detecting early renal dysfunction in Zambian HIV positive adults will be evaluated. Equal number of patients with evidence of renal dysfunction (glomerular filtration rate (GFR)<60ml/min) and normal renal function will be compared. Further quarterly follow-up of patients with normal GFR but abnormal urinalysis (albustix) will be followed to determine if they develop overt renal dysfunction. These results if positive could then be recommended to the national ARV program.

The activities of the Department of Internal Medicine are part of the government run tertiary referral and teaching hospital and all activities in this proposal are within the confines of the priorities of University Teaching Hospital (UTH). This system strives to establish a sustainable program through training of health care workers, developing of standard treatment protocols, strengthening of the physical and equipment infrastructures, implementing facility level quality assurance/quality improvement program, improving laboratory equipment and systems and development, and strengthening of its' health information systems. The hospital management will be able to cost share with the President's Emergency Plan for AIDS Relief funds by provision of some aspects of the program these include: staff time, supplies like needles and syringes, specimen bottles and test kits, and supportive laboratory services. The benefit of this shared cost approach is that in the long-term UTH will only require minimal funding once staff is trained and systems are in place.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Human Resources	10 - 50
Logistics	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

People living with HIV/AIDS

Coverage Areas

Lusaka

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	SPHO - U62/CCU025149
Prime Partner:	Provincial Health Office - Southern Province
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9760
Planned Funds:	$ 250,000.00

Activity Narrative: This activity is linked to EGPAF (#9000, #9003) and CRS (#8827, #8829).

The Southern Province Health Office (SPHO) proposes to expand ART services in the province in FY 2007 and will work closely with partners such as the Center for Infectious Disease Research in Zambia (CIDRZ) and Catholic Relief Services in expanding and consolidating the services. There will be close communication, exchange of ideas, and experiences between the providers in the province through clinical symposia in order to continue providing improved and quality ART services.

The prevalence of HIV in Southern Province was estimated at 16.2 % at the end of 2004. With the increasing burden of HIV-positive diagnosed individuals and the government provision of free antiretroviral therapy (ART), the demand for ART services continues to increase.

In fiscal year (FY) 2006, the Provincial Health Office (PHO) ART subcommittee in Southern Province was strengthened and continued its further gradual expansion to make ART accessible to the population, while at the same time maintaining quality standards and considering aspects of sustainability. The first priority was to complete phase three of the implementation program to provide ART services at district hospital level. At this time, Southern Province had two hospitals remaining for the introduction of ART: Kafue Gorge Hospital (Mazabuka District) and MARS Clinic (Livingstone District). A second priority was to focus on a number of health centers in underserved areas, such as Sinazongwe Health Clinic (Sinazongwe District) and Mukuni Health Clinic (Kazungula District).

In 2006, the target for Southern Province was set at a minimum of 25 ART centers and 15,000 patients on treatment. In FY 2007, the United States Government (USG) will support the PHO to increase the number of ART sites to 39 from the current 25 by opening up 14 new sites in selected health centers. Since CIDRZ proposes to open additional sites in the province, the selection of sites will be done in close consultation SPHO to avoid overlap, duplication and to increase geographical coverage within the province.

The Southern Province is a large province with several remote centers making the cost of providing ART very high. However, as mentioned for other provinces, the SOPH has the advantage of having a presence and basic infrastructures in almost all the corners of the province in which ART services will be introduced and integrated with additional funding.

There is still an enormous need of trained personnel to offer ART/OI/STI services. More training will need to be done to address the shortfall and increase the number of trained staff from 288 in FY 2006, to at least 400 in FY 2007. However, considering that HIV/AIDS management concepts are rapidly evolving, and that the clinical problems encountered with ART treated individuals continue to evolve with increasing duration on therapy, a lot more attention will be paid to the up-dating of knowledge and skills for these health workers. This will be done through increased Technical Supportive Supervision (TSS) and Technical Assistance (TA) by specialists and the holding of Clinical Symposia.

Further, with increased counseling and testing capacity, more TSS will be required to strengthen linkages between community counseling and other services to tuberculosis (TB) and ART services.

In FY 2007, further expansion will be decentralized to the district level to ensure that ART delivery becomes an integrated service in the basic health care package thereby ensuring sustainability of provision of ART service. In this case, the provincial ART sub-committee will focus on monitoring and evaluation. Aspects such as the identification of potential ART centers, the structured assessments of the identified sites and the supervision of the service will continue to be implemented by the District Health Management Teams. The health center staff will be supported to work with neighborhood health committees, Trained Birth Attendants, treatment supporters, community health workers and community leaders in increasing awareness on the availability and benefits of ART services. This is expected to result in 17,000 HIV patients enrolled on ART at the end of 2007.

In 2007, the provincial ART sub-committee will continue to coordinate the ART program.

The PHO will support the District Health Offices to conduct site assessment for the targeted 14 new ART sites, using the existing assessment format. In each of the 14 new sites, six health workers will be trained on ART / OI management totaling 84. Further training gaps will be identified from the old centres especially the hospitals in the five high HIV burden districts of Livingstone, Monze, Choma, Mazabuka, and Siavonga (9 hospitals) and at least three health workers will be trained per hospital. The provincial database of ART training needs for all districts (names and cadres) will be revised and updated on a regular basis to include changes in staffing levels.

Emphasis Areas	**% Of Effort**
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy	14	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,000	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	139	☐

Target Populations:

People living with HIV/AIDS

Public health care workers

Coverage Areas

Southern

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9765
Planned Funds:	$ 750,000.00

Activity Narrative: This activity relates to Columbia University COE (#8993), Micronutrient supplementation, FSU (#9044), CSA (#9043), VCT (#9717), and Lab (#9798).

The University Teaching Hospital (UTH) has received funding from CDC through two co-operative agreements established directly with the Department of Pediatrics and the Dermato-venereology clinic (Clinic 3). Though both agreements are managed by the central administrative office, the accounts are separate and the location of the two departments is physically separate. To communicate the importance of the breadth of activities and for purposes of coordination, the activities linked to the two departments have been submitted as separate narratives.

This program was first funded in fiscal year (FY) 2005 through Columbia University, is supporting the development and operation of a Pediatric and Family Center of Excellence (COE) for HIV/AIDS care at the Department of Pediatrics at UTH in Lusaka.

In close collaboration with Columbia University and CDC, the primary goals of the center are to: 1) increase the number of children engaged in care and receiving antiretroviral therapy (ART); 2) develop a regional training center for multidisciplinary teams (MDT) in pediatric HIV/AIDS care and treatment and 3) be the prime referral site for children with advanced and complicated HIV/AIDS disease. The COE will provide state-of-the-art care and demonstrate best practices for infected and exposed children, which will be disseminated through off-and on-site training activities. In addition to providing on-site training to teams of providers, the COE will also support mobile training teams to train, supervise and support MDT initiating pediatric HIV care in neighboring provinces and districts. In-patient routine opt-out testing at the Department of Pediatrics will continue to be strengthened in order to identify HIV infected and exposed children who subsequently will be enrolled into care and treatment at the COE.

Emphasis in FY 2007 will focus on trainings to increase human capacity for infant diagnosis and the care and management of opportunistic infections. UTH is one of the first sites to initiate infant diagnostic testing as part of a national level scale-up using dried blood spots. An additional activity that UTH will carry out is improved management of children who are malnourished by developing and implementing a program that will provide micronutrient supplementation. Monitoring and evaluation systems for counseling, testing, infant diagnosis and care and treatment will be developed, piloted and implemented at UTH.

In FY 2007 an additional regional COE will be launched at Livingstone General Hospital and UTH will provide technical support to this center through trainings, capacity building, and system development, in close collaboration with Columbia University.

The activities of the Department of Pediatrics and Livingstone General Hospital are part of the government run tertiary referral and teaching hospitals and all activities in this proposal are within the confines of the priorities of the two tertiary hospitals that strive to establish a sustainable program, through training of health care workers, development of standard treatment protocols, strengthening of the physical and equipment infrastructures, implementation of a facility level quality assurance/quality improvement program, improved laboratory equipment and systems and development, and strengthening of the health information systems. The two referral hospitals will be able to cost share with the President's Emergency Plan for AIDS Relief funds by provision of some aspects of the program, these include: staff time, supplies such as needles and syringes, specimen bottles and test kits, and supportive laboratory services. The benefit of this shared cost is that in the long-run, sustainability requires minimal funding once staff is trained and systems are in place.

Funding through this activity will also support the linking up and establishment of a referral system with the Lusaka District Health Centres of complicated cases to the specialist UTH PCOE and the down referral of stable children to the respective nearby centres providing pediatric ART services. Another activity will be to work closely at the community level and follow up on patients and address adherence issues through community links.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	2	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,900	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,600	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,800	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	150	☐

Target Populations:

Public health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Twinning

Volunteers

Coverage Areas

Lusaka

Southern

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	WPHO - 1 U2G PS000646
Prime Partner:	Provincial Health Office - Western Province
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9769
Planned Funds:	$ 250,000.00

Activity Narrative: The Western Province of Zambia has an HIV sero-prevalence of 13.1% in the general population of between 15-49 years (DHS 2002). The province consists of savannah woodlands in sandy plateau and plains, traversed by the Zambezi River. Deep sandy terrain and flood plains make communication and food production extremely difficult. Most areas of the province can only be reached by 4x4 vehicles all year round and some only by canoes and speed boats in the rainy season making the logistics of service delivery challenging and the cost much higher than most provinces in Zambia. The province has 11 hospitals and 134 rural health centers. The vastness of the province and low population density makes it difficult to make services easily accessible to the population, which is compounded by low staffing levels and insufficient infrastructure. Lukulu and Kalabo districts are especially limited in their efforts to scale-up HIV and tuberculosis (TB) related services due to staff shortages.

Based on the 13.1% prevalence and with a population of 871,030 the province has an estimated 114,389 HIV/AIDS cases in 2005. By the end of 2005 only 3,213 people living with HIV/AIDS were receiving antiretroviral therapy (ART). At present, the province has 10 ART sites. All districts have at least one site where ART services are offered. To make ART services more accessible to the population as well as to improve the quality of the services by decongesting some of the present ART sites, there is need to increase the number of ART sites in some of the districts.

The Western Provincial Health Office (WPHO) in fiscal year 2007 proposes to expand and consolidate the ART services working closely with Center for Infectious Disease Research in Zambia, Catholic Relief Services, and other partners providing care in the province. The WPHO will target this expansion in areas where the partners do not have a presence.

In order to expand and strengthen the availability of ART services in the province, the Provincial Health Office (PHO) will introduce ART sites in Shangombo, Senanga, Mongu, and Kaoma districts. This will entail training of health centers staff, using the government model of developing treatment teams in the health centers. The centers will be supervised by ART trained physicians from the provincial and district hospitals who will visit the center at least once a month. A referral system will be developed so that patients with complicated conditions or complications arising from ART that cannot be dealt with by the local staff are referred to centers with higher ART expertise. A mobile ART clinic will be established to provide antiretroviral services at a difficult to access rural health centre in the Lukulu district that is inaccessible for six months due to flooding in the plains. The health center is situated on the western side of the Zambezi River and the mobile ART clinic is expected to serve a population of over 20,000. The staff in the health centre will be trained in counseling, testing and care, including prevention of mother to child transmission, TB/HIV services, as well as ART.

A team from the hospital consisting of a physician, a nurse, one counselor, and one lab/pharmacy (alternating) and will start visiting Mitete an out post in Lukulu District four times a quarter – monthly and for one month fortnightly – only during the month of the fortnightly visit, will new patients start ART as they need to be reviewed after two weeks. During the floods they will use a boat provided by the District Health Office to visit the post. Extra staff will be recruited for Mitete to ensure adequate capacity at the health center to deal with the increased workload.

In order to improve the quality of service for ART and enhance adherence, the WPHO will train staff in ART/opportunistic infections management, adherence counseling, and ART data management. In addition, community members will be trained in home based care.

The involvement of the WPHO in expansion of ART services to the hard to reach areas will contribute towards coordination, standardization, sustainability, and equitable access to ART in the Western Province of Zambia. In addition, funds will also be used for infrastructure renovations and enhancements, such as remodeling, painting and procurement of basic furniture for the existing ART sites in order to provide confidential service for the ART patients.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Logistics	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	5	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period	600	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	75	☐

Target Populations:

People living with HIV/AIDS

Public health care workers

Coverage Areas

Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Track 1 ARV
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 12065
Planned Funds: $ 156,799.00
Activity Narrative: See activity 8829

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	FANTA
Prime Partner:	Academy for Educational Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	12535
Planned Funds:	$ 140,000.00

Activity Narrative: This is a new activity using Plus-up funds to provide "food by prescription" for severely malnourished ART clients and home-based care clients awaiting ART.

This new activity is funded with FY 2007 plus-up funding. This activity links to ART service delivery providers (CIDRZ#9000, AIDS-Relief#8827, and ZPCT#8885) and to Palliative Care services (for RAPIDS#8946, SUCCESS#9180, PCI/ZDF #9720, ZPCT#8884 and #8888, and others).

The goal of this activity is to improve ART patient outcomes by introducing nutritional assessment, nutritional counseling, and therapeutic feeding for severely malnourished ART clients. Severely malnourished palliative care clients who have not yet initiated ART will also be eligible for therapeutic foods. This approach is in line with OGAC Guidance issues in September 2006. This activity will address clinical malnutrition, a medical condition common in individuals with HIV/AIDS, and will not be used to address food security –a broader, non-clinical problem.

This activity will be modeled on the successful USAID Kenya "Food by Prescription" program, and will carefully target nutrition interventions to improve clinical outcomes in malnourished PLWHA. The program will screen and target clinically malnourished adults and children with HIV, following Zambian guidelines on treatment of malnutrition and will have strict client "entry and exit" criteria as recommended by OGAC. The "Food by Prescription" initiative will follow WHO recommendations and will be evidence-based.

The proposed partner for this Activity is an AID centrally-funded project specialized in nutrition and food, known as Food and Nutrition Technical Assistance (FANTA). FANTA will work with a sub-partner called VALID International, which specializes in community based therapeutic feeding. Both organizations have previous experience in Zambia. FANTA helped the National Food and Nutrition Commission (NFNC) to design and gain approval of National Guidelines for Nutrition for PLWHA, as well as to design nutrition counseling materials for PLWHA, and carry out training of trainers in early 2007.

FANTA will work with USG partners to develop guidelines to integrate nutrition and therapeutic feeding into ART and palliative care services. An initial regimen of therapeutic feeding, with a timely transition to supplementary food and then to a regular diet, corresponds to the need for clients who have experienced the "wasting" effect associated with the onset of ARC, to: rebuild lost body mass; enabling them to resume a normal, active life as they respond to ART, rebuild their immune systems; and go back to work.

FANTA will build capacity to provide nutritional assessment, nutritional counseling, and nutritional support (therapeutic and then supplementary foods) for 7,500 or more severely malnourished PLWHA who are either ART clients, or eligible HBC clients waiting for ART. FANTA will provide training and technical assistance to clinical staff and community-based health workers and volunteer home based caregivers at a number of selected sites. FANTA will also provide funding to support the cost of producing, distributing, monitoring and reporting on therapeutic and supplementary foods.

VALID has experience working with the Lusaka District Health Medical Team (DHMT) to provide community therapeutic feeding for malnourished children at outlying clinics in Lusaka District. VALID and the DHMT diagnosed and treated malnutrition earlier and closer to the home, and thereby reduced late admissions for severe malnutrition to the University Teaching Hospital (UTH), which historically experience 40% mortality among these late admissions. The VALID activity has been very successful, with extremely low mortality at clinic level.

VALID has already established production capability for its "Ready-to-Use-Therapeutic-Food" (RUTF) in Lusaka. In addition, other partners/projects, such as CRS SUCCESS and RAPIDS, as well as WFP, have successfully produced and distributed supplementary foods such as High Energy Protein Supplements (HEPS) to both ART clients (with CIDRZ) or to HBC clients.
One important difference in the approach to be used under this Activity, compared to earlier nutritional supplementation efforts in Zambia, is that the "Food by Prescription" method targets the HIV-positive, severely malnourished ART or Palliative Care client only, not the family. This approach "medicalizes" therapeutic food (RUTF) or supplementary

food (HEPS) by packaging them in small, daily "doses" which are "dispensed" in clinic settings or through pharmacies. (In family-oriented supplementary ration schemes, clients receive monthly rations in standard bulk commodity bags, which may be indistinguishable from other food supplies in the family setting)
Therefore, the Food by Prescription model is much more carefully targeted, and economical, than family-oriented food supplements. In Kenya, for example, Food by Prescription packets cost only about 25 cents per day. However, family members of severely malnourished PLWHA are likely to be food insecure as well, since one or more family "breadwinners" may be unable to earn money for food, or to farm and produce food themselves. As directed by OGAC, this Activity will also seek to link families of client PLWHA with Income Generating Activities (IGAs), "wrap-arounds" or other food-nutrition leveraging opportunities to address broader family food insecurity issues, While this Activity will link client PLWHA and their families to other sources of food and nutrition, the Activity will use PEPFAR funding requested here strictly according to OGAC Food and Nutrition Guidelines, in order to address clinical malnutrition.

The main purpose of this Activity will be to provide the training and technical assistance in treating malnutrition to clinic and community based health workers, as well as to support the production, distribution, and monitoring of RUTF and HEPS to severely malnourished PLWHA.
FANTA and its partner VALID will address sustainability concerns by working with local food processing plants to produce the RUTF and HEPS products, as well as by using a training of trainers model. By using existing local food processing which have the requisite quality control, the USG does not have to pay for plant or equipment. Furthermore, local food processors have demonstrated that they can produce a consistent, quality product while adhering to strict cost control as well. This may allow the processors to market therapeutic and supplementary foods of high quality through the private sector, positioning them for sale in pharmacies and doctors' practices. In cases where clients cannot afford to buy them at retail prices, the USG could use "social marketing" price schemes to reduce the cost, or could provide them at no cost to truly destitute clients.

FANTA will use the TOT model of training to allow USG partners as well as the GRZ to train trainers who will be available to train others on an ongoing basis, as well as to supervise and guide other health workers to develop and maintain nutrition assessment and counseling skills. FANTA will produce assessment and counseling materials locally, and local printers and suppliers will make them available on an ongoing basis for re-production or re-printing as local organizations need them.

FANTA will build local capacity and strengthen local institutions. There are also possibilities for Public-Private Partnerships, leveraging and wrap-arounds. For example, Land O'Lakes has PPP funding to work with a local food processor to produce three fortified food products for malnourished PLWHA. FANTA can link with LOL to explore economies of scale or joint marketing efforts. Also, there may be multiple leveraging opportunities with RAPIDS project to use its ability to mobilize corporate donations that might reduce the cost of production, or provide some free constituents for food products.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Training	10 - 50

Target Populations:

People living with HIV/AIDS

Coverage Areas

Eastern

Luapula

Northern

Southern

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	NASTAD - U62/CCU324596
Prime Partner:	National Association of State and Territorial AIDS Directors
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	19278
Planned Funds:	$ 40,000.00
Activity Narrative:	NASTAD will provide support to USG and CDC-Zambia's portfolio of PHE, policy analysis and quality improvement activities by providing logistical support to international and local consultants. NASTAD will work with CDC-Zambia to identify and procure services of short-term consultants with specialized skills that are often outside of the normal technical assistance available through large partners. One example will be the retention of a systems modeling consultant to support CDC-Zambia's PHE on antiretroviral therapy and supportive services. Funds will be used for a consultant to develop a prototype service delivery evaluation model by the end of 2007. Other examples may include experts in quality improvement and policy analysis to complement activities in support of the National HIV/AIDS/STI/TB Council and the Ministry of Health.

Table 3.3.11: Activities by Funding Mechanism

Mechanism: NASTAD - U62/CCU324596
Prime Partner: National Association of State and Territorial AIDS Directors
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 19279
Planned Funds: $ 40,000.00
Activity Narrative: NASTAD will provide support to USG and CDC-Zambia's portfolio of PHE, policy analysis and quality improvement activities by providing logistical support to international and local consultants. NASTAD will work with CDC-Zambia to identify and procure services of short-term consultants with specialized skills that are often outside of the normal technical assistance available through large partners. One example will be the retention of a systems modeling consultant to support CDC-Zambia's PHE on antiretroviral therapy and supportive services. Funds will be used for a consultant to develop a prototype service delivery evaluation model by the end of 2007. Other examples may include experts in quality improvement and policy analysis to complement activities in support of the National HIV/AIDS/STI/TB Council and the Ministry of Health.

Table 3.3.11: Activities by Funding Mechanism

Mechanism: NASTAD - U62/CCU324596
Prime Partner: National Association of State and Territorial AIDS Directors
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 19280
Planned Funds: $ 40,000.00
Activity Narrative: NASTAD will provide support to USG and CDC-Zambia's portfolio of PHE, policy analysis and quality improvement activities by providing logistical support to international and local consultants. NASTAD will work with CDC-Zambia to identify and procure services of short-term consultants with specialized skills that are often outside of the normal technical assistance available through large partners. One example will be the retention of a systems modeling consultant to support CDC-Zambia's PHE on antiretroviral therapy and supportive services. Funds will be used for a consultant to develop a prototype service delivery evaluation model by the end of 2007. Other examples may include experts in quality improvement and policy analysis to complement activities in support of the National HIV/AIDS/STI/TB Council and the Ministry of Health.

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area: $ 14,830,000.00

Program Area Context:

Laboratory services play a crucial role in rapidly expanding HIV/AIDS care and treatment services in Zambia. The US Government (USG) began supporting the Government of the Republic of Zambia's (GRZ) laboratory infrastructure reconstruction process in 2002; however, support was limited due to lack of resources. Upon initiation of the PEPFAR program, significant support has been provided to GRZ for strengthening and expanding access to quality HIV/AIDS laboratory services. For example, in FY 2004, CD4 count machines and viral load capability was mainly limited to University Teaching Hospital (UTH) in Lusaka; this situation greatly hindered scale-up of the national HIV testing and ART programs. Other limiting factors were cost of laboratory tests and patient wait time to receive test results -- often weeks or months after initial tests were taken. Therefore, in order to rapidly expand quality HIV care and treatment services, it was critical to update this limited laboratory system, including hematology and biochemistry tests to monitor ART response.

To achieve this objective, USG is working closely with GRZ, Ministry of Health (MOH), Japan International Development Agency (JICA), Global Fund for AIDS, Tuberculosis, and Malaria (GFATM), Clinton Foundation, and World Bank to ensure that an efficient and sustainable laboratory infrastructure is developed nationwide. Zambia has nine provincial hospitals, each with basic laboratory infrastructure supporting district-level hospitals and community health centers. In FY 2004, although CD4 count capacity using the DynaBead technology was sporadically available, it was extremely labor intensive, could only process a limited number of specimens, and often did not have reagents available to run the machines. These provincial laboratories are supported by the following reference laboratories: Chest Diseases Laboratory (CDL) and University Teaching Hospital Virology Laboratory (UTH) in Lusaka Province and Tropical Diseases Research Center (TDRC) in Copperbelt Province. Moreover, most clinics can perform microscopy, but are not equipped to perform tuberculosis (TB) cultures.

To better ensure sustainable laboratory infrastructures throughout Zambia, USG's approach is to assist GRZ in scaling-up the number of trained laboratory personnel, refurbishing laboratory work spaces to increase efficiencies, improving data collection, analysis, and communications within and between laboratory facilities, developing and implementing quality assurance protocols, and procuring HIV/AIDS laboratory equipment, reagents, and consumables. As a result, HIV/AIDS laboratory services have greatly improved; all nine provincial hospitals and several district hospitals are now performing CD4 count tests. Additionally, Polymerase Chain Reaction (PCR) testing for early infant diagnosis is available at two sites in Lusaka Province and two other provinces (Southern and Copperbelt) will have this capacity by the end of 2006.

Other accomplishments include: laboratory personnel trained in bio-safety, reducing contamination, use of the fluorescent microscope, and hematology and biochemistry procedures; communication, through purchasing computers and internet services, within and between laboratories strengthened; specimen referral transport systems expanded to promote same-day testing, especially in rural areas; increased procurements to support availability of testing, such as reagents, iso-temp incubators, Revco fridges, ultra flow fridges, fluorescent microscopes, BACTEC MGIT TB culture systems, and electric generators. Individual USG partners, such as Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)/Center for Infectious Disease Research in Zambia (CIDRZ), and Zambia Prevention, Care, and Treatment Partnership (ZPCT), have also procured critical laboratory equipment and reagents as a stop-gap measure to ensure continuity of quality HIV/AIDS care.

In FY 2006, USG, MOH, Clinton Foundation, and many other partners conducted a national laboratory stakeholders workshop to develop the first national HIV/AIDS laboratory strategic framework and work plan. This watershed gathering enabled MOH to identify key programmatic areas that will increase access to quality HIV/AIDS laboratory services. These areas included: program management, procurement and logistics, instrumentation and infrastructure, human resources and training, and quality assurance and data management. Moreover, in FY 2006, JSI/DELIVER and Partnership for Supply Chain Management Systems

(SCMS) provided support to GFATM Principal Recipients in developing their HIV/AIDS laboratory procurement and logistics plans for Round Four, Phase Two and Round Six proposals. Finally, SCMS is currently assisting MOH in developing the first national medium-term HIV/AIDS laboratory equipment/reagents/consumables forecast and quantification.

Building on these achievements, in FY 2007, USG will continue its strong support to GRZ in strengthening critical HIV/AIDS laboratory services, with emphasis on expanding services to peri-urban and rural facilities as appropriate. Through SCMS, USG will provide the following supplies for the national HIV/AIDS laboratory program: CD4 reagents (Beckman Coulter Epics XL, Becton Dickinson FACSCalibur, Becton Dickinson FACSCount, Guava Easy CD4 System (PCA)); hematology reagents (BX Pentra 60C+, ABX Micros 60, Sysmex pocH-100i); chemistry reagents (Cobas Integra 400, Ortho Vitros DT60, Olympus AU400, Human Humalyzer 2000, Nova Biomedical Stat Profile pHOx Plus); and various consumables (e.g., EDTA vacutainer tubes 5ml, needles 21G, disposable gloves, pipette tips). SCMS will also provide technical assistance to MOH and GFATM Principal Recipients in strengthening the supply chain system for these items, including development and implementation of a standardized HIV/AIDS laboratory information system.

Also in FY 2007, MOH staff will continue to be trained in improving detection of TB cases using liquid culture technology as well as quality assurance activities, such as AFB smear microscopy. In addition to improving testing services, technical assistance will be provided to improve access to same-day test results, determine efficacious use of drugs, monitor ART treatment response, and conduct epidemiological surveillance and research activities to ensure programmatic decisions are based on sound evidence. USG will also support district-level training to expand access to quality bacterial culture procedures for early detection as well as drug susceptibility testing for agents of life-threatening conditions (e.g., septicemia and meningitis). Finally, USG and partners will strengthen the national TB microscopy quality assurance program by developing a referral system for TB culture and drug susceptibility testing services through equipping a regional state-of-the-art reference laboratory in Copperbelt Province to serve the northern section of the country.

With an increased focus on strategic HIV/AIDS laboratory infrastructure interventions, such as increasing the number of trained laboratory technicians, procuring critical supplies, and expanding access to these services, USG is well positioned to contribute to the PEPFAR's global 2-7-10 goals and to achieve the USG Five-Year Strategy objectives.

Program Area Target:

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	855,504
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	296
Number of individuals trained in the provision of laboratory-related activities	1,417

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:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	8887
Planned Funds:	$ 2,100,000.00

Activity Narrative: This activity links with the Zambia Prevention, Care, and Treatment Partnership (ZPCT) CT (#8883), PMTCT (#8886), ART (#8885), TB/HIV (#8888), and Palliative Care (#8884) activities as well as with the Government of the Republic of Zambia (GRZ) and other US Government (USG) partners as outlined below.

This activity will 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, Northern, and North-Western provinces. During FY 2006, ZPCT is improving laboratory services by training 75 laboratory technicians, renovating six laboratories (57 laboratories were renovated in FY 2005), procuring essential laboratory equipment and reagents, expanding quality assurance activities, developing and computerizing a Laboratory Management Information System to track HIV-related laboratory tests, and providing technical assistance and mentoring. In FY 2006, ZPCT also initiated a laboratory specimen referral system with 62 laboratories to transport specimens from health facilities without laboratory facilities to the central labs. This new system is greatly improving the ability of more rural facilities to provide quality HIV/AIDS services, and has led to same-day test results and an increase in new ART patients. In FY 2006 it is estimated that the number of tests performed at ZPCT-supported laboratories will be 417,679 over the 18 month target time frame.

In FY 2007, ZPCT will continue providing assistance to 63 GRZ laboratories providing CT, PMTCT, ART, and/or clinical palliative care services. ZPCT will also support five new hospital laboratories in newly selected districts for a total of 68 laboratories. Forty-one of the 68 supported facilities will have the capacity to conduct more advanced HIV laboratory tests, such as CD4 and lymphocyte tests. More specifically, laboratory support activities include: 1) strengthening laboratory infrastructure; 2) improving laboratory quality assurance mechanisms, information systems, and personnel capacity; and 3) increasing program sustainability with the GRZ. Total geographic coverage of ZPCT support to laboratory services serves 81 percent of the population in the five ZPCT-supported provinces.

In the first component, strengthening laboratory infrastructure, all sites providing ART will have access to the full complement of basic equipment for hematology and biochemistry (including total lymphocyte count and liver and renal function testing for ART patient monitoring). Equipment purchased, such as hematology and chemistry analyzers, will be in accordance with GRZ guidelines/policies. Other equipment, including autoclaves, centrifuges, microscopes, and refrigerators, will be provided as needed. ZPCT will continue to link new ART sites currently without access to CD4 testing to nearby ART facilities that have Facscount machines, and will 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. In addition, the laboratory team will provide technical support for the utilization of the Polymerase Chain Reaction (PCR) machine located at Arthur Davison Children's Hospital in Copperbelt Province to support the process of early diagnosis of HIV-infected infants. These activities will be closely coordinated with the Centers for Disease Control and Prevention (CDC) programs/Centers of Excellence (8993). In FY 2007, the number of tests performed at ZPCT-supported laboratories will be 372,254 over a 12 month time period.

In FY 2005 and FY 2006, ZPCT provided minor refurbishment, essential furniture, and fixtures for selected laboratories to enable all facilities to provide the appropriate level of laboratory services. In FY 2007, ZPCT will expand to Nchelenge District in Luapula Province (facilities are currently transitioning from Medecines Sans Frontieres support to GRZ responsibility with ZPCT assistance) and four additional new district laboratories, one in each of the other four provinces.

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 FY 2006, 75 laboratory technologists/technicians are being trained in lab-related activities and in FY 2007, another 60 persons will be trained. To improve quality assurance practices, approximately ten percent of HIV test samples will be checked by trained laboratory staff from designated National Quality Assurance Centers; samples from facilities without

laboratories will be transported to the nearest laboratory site in order to facilitate testing availability. ZPCT will also disseminate laboratory standard operating procedures to all sites to ensure that all facilities implement proper laboratory practices. Finally, laboratory staff will continue to be trained in commodity management; this particular assistance will be coordinated with Project TBD (#9520), Partnership for Supply Chain Management Systems (SCMS) (#9524), CDC, and GRZ to avoid duplication of efforts and to ensure that facility-level forecasting and procurements provide constant supplies of required laboratory commodities.

In the final component, increasing program sustainability with the GRZ, ZPCT will support the MOH laboratory quality assurance (QA) assistance plan in collaboration with CDC. ZPCT will work with GRZ to strengthen QA activities in the three Central Hospital laboratories and six General Hospital laboratories in the five ZPCT supported provinces. To maintain consistent and high quality laboratory services and improved supervisory support to the District Hospital laboratories, ZPCT will provide support to strengthen the capacity of the General Hospital laboratories. The MOH, through the Provincial Health Offices, will then assume responsibility for the monitoring of the General and District Hospital laboratories' QA program.

By working with GRZ facilities, ZPCT is able to establish a sustainable program by training health care workers, developing standard treatment protocols, strengthening physical and equipment infrastructures, implementing facility-level quality assurance/quality improvement programs, improving laboratory equipment and systems, and developing and strengthening health information systems. ZPCT's goal is to leave behind sustained systems to ensure continuity of quality laboratory support after the program concludes.

Continued Associated Activity Information

Activity ID: 3541
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: Zambia Prevention, Care and Treatment Partnership
Funding Source: GHAI
Planned Funds: $ 2,059,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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	372,254	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	41	☐
Number of individuals trained in the provision of laboratory-related activities	60	☐

Target Populations:

Doctors
Nurses
Pharmacists
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-Western

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	CDL - U62/CCU023190
Prime Partner:	Chest Diseases Laboratory
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	8991
Planned Funds:	$ 200,000.00

Activity Narrative: This activities is linked to all TB/HIV activities nationally and TDRC (#9027).

The Chest Diseases Laboratory (CDL), Zambia's national tuberculosis (TB) reference laboratory, has been supported by the Centers for Disease Control and Prevention (CDC) since 2000. This facility is responsible for quality control and quality assurance of TB microscopy and culture and drug susceptibility testing for all sites in Zambia.

In fiscal year (FY) 2006, this activity supported training for district laboratory staff in four provinces complementing similar training provided to districts in the remaining five provinces by Tropical Diseases Research Centre's (TDRC).

Through this activity a National Quality Assurance system is being implemented to improve the quality of diagnosis of TB in HIV-positive individuals. Frequent supervisory visits, blind-slide rechecking of AFB smears selected randomly, and testing a standard panel testing of smears are now taking place. By the end of FY 2006 fifteen laboratory staff will have been trained on bio-safety, techniques for reducing contamination, and twenty staff will have been trained in the use of the fluorescent microscope.

Other services currently provided include Internet support and transport for the reference laboratory to enhance transport of specimens, lab supplies, generator, iso-temp incubators, Revco fridges, ultra flow fridges, fluorescent microscope, and bio-safety cabinets.

In April 2006, the recently renovated administrative office for the CDC and CDL staff opened. This renovation has provided for more laboratory work space in addition to extra room to accommodate management and supervising staff. The renovation has allowed the CDC's technical laboratory experts to provide frequent on-site training and mentoring support to the national laboratory staff. In addition, having the CDC technical lab experts housed in the same compound allows for frequent supervision and monitoring of equipment.

CDL is also supported through the national TB program funded by the Global TB Fund and has a long working relationship with the Zambart Project supported by the Bill and Melinda Gates Foundation. Currently, the laboratory has two rapid TB culture systems provided through this project. The Zambart Project also provides technical support and human resource capacity to the national TB laboratory staff. As a result of this support CDL is well equipped to provide technical assistance to provincial and district laboratories. The USG and contributions of Zambart, and the Gates Foundation complement each other.

In FY 2007, the USG will continue to support the laboratory human resource capacity building for external quality assurance of smear microscopy. The CDC is also supporting the feasibility study for offering liquid culture and rapid first line drug susceptibility testing to support TB control and drug resistance monitoring. Other support will include the following activities; 1) improvement of human resource capacity by the placement of extra staff in the laboratory to properly perform national quality assurance activities and give timely feedback to laboratories within the laboratory network; 2) 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 Ministry of Health and other Provincial and District centers within the country; 3) training of 260 laboratory staff participating in culture and external quality assurance program to support HIV care and treatment; and 4) and courier transport for specimens from chest clinics within four provinces to the reference laboratory for the drug resistance testing and surveillance monitoring.

USG is working closely with the Ministry of Health and provincial health offices to ensure the training and equipment being provided supports the national system and is sustainable.

Continued Associated Activity Information

Activity ID: 3703
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Chest Diseases Laboratory

Mechanism: CDL
Funding Source: GHAI
Planned Funds: $ 200,000.00

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 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	☐
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 laboratory-related activities	260	☐

Target Populations:

People living with HIV/AIDS
Laboratory workers
Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Comforce
Prime Partner: Comforce
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8996
Planned Funds: $ 550,000.00
Activity Narrative: This activity allows laboratory experts from Atlanta to come and spend varying periods of time in Zambia working side by side with the Zambia nationals to transfer laboratory technical skills instead of sending laboratory technicians to the US for training. By having experts here, they are able to interact with a larger number of local lab technicians hence transferring skills to more people compared to if we send one or two Zambians to the US for training. Also, by having experts come to Zambia, they are able to see, work in, and transfer skills relevant to the environment the lab technicians work in. They are able to work with the Zambia to identify and implement practical solutions and not just transferring western lab techniques to Zambia.

In fiscal year 2006 this activity allowed two international laboratory experts to come and spend about four months each in Zambia. Two laboratory technical experts worked in country with the USG Chief of Laboratory Infrastructure and Zambian public health laboratory technologists to strengthen national sustainability for good laboratory practices, planning and quality assurance on a daily basis for care and treatment support. The first expert focused on TB laboratory procedures with special attention to the quality assurance, fluorescent microscopy, and culture techniques. On-the-job training was provided to staff working in the Chest Disease Laboratory and Maina Soko Military Hospital. The second expert focused on haematology and biochemistry procedures, providing on-the-job training to laboratory staff.
Since these experts focus on skill transfer to build the national laboratory system, while in country, they work with Ministry of Health, Department of Defense, and private facilities.

In FY 2007 this activity will support laboratory experts to work side by side with the CDC Zambian public health laboratory staff recently hired in 2006 to strengthening their skills and expand the national quality assurance program for automated and non-automated laboratory testing procedures. Technical assistance will provided training on molecular technology procedures for, dried blood spot (DBS) analysis, infant HIV PCR and HIV resistance testing as well as hematology, CD4 and chemistry quality assurance for monitoring care and treatment support to persons on ARV and TB therapy. Support will also be provided to implement the national laboratory information system to improve accuracy of patient laboratory test data collection for care and treatment, reagent procurement and other laboratory management support. In addition, in FY 2007 this activity will extend technical assistance to all Department of Defense laboratory sites. This activity provides support for lodging, consultant fees, travel, training costs, needed supplies and other costs related to work with the national HIV/TB program in Zambia. Trainings and target data collection for this activity will be done in consultation with CDC-Zambia or other organizations. This kind of technical support brings international expertise to provide solutions for local issues with local staff and personnel, while building capacity the long-term skill of the local staff to take leadership in addressing those issues in the future.
A third technical expert will provide support to the national TB laboratory program for rapid detection and identification of multiple and extreme drug resistant Mycobacterium tuberculosis using automated liquid culture systems for first and second line TB drug resistance testing and molecular techniques. This senior level expert will work with a supranational laboratory and assist the national laboratory program in achieving international accreditation.

Continued Associated Activity Information

Activity ID: 3704
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Comforce
Mechanism: ORISE Lab
Funding Source: GHAI
Planned Funds: $ 164,322.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of laboratory-related activities		☑

Target Populations:

People living with HIV/AIDS
Laboratory workers
Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: NIH
Prime Partner: University of Nebraska
USG Agency: HHS/National Institutes of Health
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9015
Planned Funds: $ 280,000.00
Activity Narrative: This activities is linked to #8887, #8993, ART in Lusaka and the New COAG.

Reliable laboratory support is critical for treatment and care of HIV/AIDS patients. This activity has provided the University Teaching Hospital (UTH) Department of Pediatrics, and the Kalingalinga-Lusaka Health District with training of laboratory personnel and the equipment needed to perform Polymerase Chain Reaction (PCR) diagnosis of HIV-exposed infants, and HIV genotyping for the monitoring of drug resistance. To date six lab technicians have been trained from the two facilities and are now performing PCR and genotyping and about 3,500 tests have been performed including HIV testing, tuberculosis diagnosis, syphilis testing and HIV disease monitoring. Through US Government (USG) funding UTH now has machines and performs PCR and drug monitoring.

In particular, the PCR technique on whole blood or dried blood spots is important for scaling up pediatric treatment in Zambia because it has made it possible to diagnose HIV infection in infants during the first few months of life, as opposed to waiting for 18 months to perform a serological diagnosis. Early infant diagnosis is now enabling early intervention so the infected infants receive specific treatments with antiretroviral therapy and/or other preventive measures such as cotrimoxazole prophylaxis. The Centers for Disease Control and Prevention has placed one full time laboratory technologist with expertise in molecular biology as well as diagnostic laboratory testing assigned to support the activity at the UTH Department of Pediatrics in addition to five technologists in the center. Children on therapy are now monitored for CD4 analysis, full blood count, kidney and liver function testing.. An additional benefit of this activity is the ability to monitor the impact of PMTCT in reducing transmission of infection.

In FY 2007, funds will be used to continue PCR and genotype testing at UTH and Kalingalinga. Technical expertise from this center will support infrastructure development of a second site in the Arthur Davison's Children's Hospital in Ndola. Lessons learned from this activity in FY 2006 will be applied to expand the PCR and genotyping activities to the Arthur Davison's Children's Hospital in Ndola. Additional six staff will be trained in Ndola to perform PCR and HIV genotyping for ARV drug resistance monitoring and about 7000 tests will be performed. Working with the Ministry of Health and provincial health offices and other stakeholders - the University of Nebraska-Lincoln, Health Services and Systems Program, and World Health Organization, UTH will formulate a strategy for conducting baseline for ARV drug resistance monitoring in Zambia.

Initiating and scaling up PCR and ARV drug resistance monitoring at the government hospitals in collaboration with the Ministry of Health is allowing these government institutions to build national capacity through acquiring skills and equipment necessary to scale up and maintain high standard of pediatric ART care. PCR training has been provided to Zambian nationals so that the skills are retained in the country. Under this activity Zambians trained in FY 2006 will work with facilities in other provincial hospitals to transfer their knowledge and skills on PCR and resistance monitoring activities so more children can access treatment as well as build a sustainable pediatric treatment at the provincial levels.

Continued Associated Activity Information

Activity ID: 3701
USG Agency: HHS/National Institutes of Health
Prime Partner: University of Nebraska

Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 280,000.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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	7,000	☐
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 laboratory-related activities	12	☐

Target Populations:

People living with HIV/AIDS
Laboratory workers

Coverage Areas

Lusaka

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	CDC Technical Assistance (GHAI)
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	9022
Planned Funds:	$ 890,001.00

Activity Narrative: This activity is linked to all TB/HIV activities and #9015, CRDZ, JHPIEGO in ARV services.

A combination of material support and human capacity building is critical for putting in place sustainable laboratory capacity for HIV/AIDS. The Laboratory Infrastructure and Support Branch of CDC Zambia has made significant progress by placing automated laboratory testing systems in provincial laboratories and other strategic locations throughout the country to care and treat PLWHA. In fiscal year (FY) 2005/6, this activity supported placement of five automated chemistry analyzers in laboratory sites in three provincial hospitals; namely Livingstone, Lewanika and Chipata General, as well as Monze Mission hospital (district level) and Maina Soko Military Hospital. Automated full blood count analyzers and high-throughput CD4 analyzers were placed at both provincial and district sites in Eastern, Western, Southern and Lusaka Provinces. In addition, laboratory testing reagents and consumable supplies were provided to the national supply for the Medical Stores Facility. The year 2006 marked the first year that reagents were in continuous supply for care and treatment support to several laboratory sites.

This activity also currently supports; 1) expansion of laboratory technical expertise through training and quality assurance (QA) to the Ministry of Health (MOH) laboratories and the University Teaching Hospital (UTH); 2) renovation and support of laboratory care such as CD4 staging, liver and kidney function testing, and lithium assay analysis, and treatment services of training center at Chainama College in Lusaka; 3) implementation of a laboratory information system for data managemen to improve the documentation of patient test results, tracking of reagent procurements, and quality assurance (QA) efforts; 4) strengthen the palliative care system by improving detection and treatment of opportunistic infections commonly associated with HIV/AIDS; 5) provide technical support for infant HIV diagnosis with dried blood spot analysis in children at the Arthur Davison Children's Hospital in Ndola and other regions in Zambia; 6) support much needed renovations and improvements of laboratory infrastructure at key district-level health facilities in Eastern, Lusaka, Southern, and Western Provinces; and 7) provide travel support of Zambia CDC laboratory staff for training and supervisory visits to testing sites throughout the country to ensure proper equipment operations, provide feedback, and reinforce system strengthening.

In an effort to assess the quality of VCT and PMTCT, the World Health Organization (WHO) and CDC recently adopted the national algorithm for rapid HIV testing and an internal and external quality assurance plan formulated by UTH for documentation and monitoring programs throughout the country. A national rapid HIV quality assurance training program will be customized for Zambia, utilizing these guidelines. The training will be provided to both technical and non-technical laboratory persons in VCT and PMTCT programs. Additional technical support and training on infant diagnosis utilizing PCR dried blood spot techniques for sample collection will also be provided in FY 2007.

Transferring skills to Zambian nationals currently in the field is critical but so is building capacity of clinical personnel during training to ensure graduates going to the field are equipped with the necessary lab knowledge and skills. In this regard, the UGS is providing support to Chinama College to develop curricular for pre-service training for graduating clinical officers and ART curricular for advanced diplomas for clinical officers. Once graduated, in most case, clinical officers are the ones who provide direct care at districts and rural clinics. This will ensure that all graduating clinical officers going to the field have adequate knowledge of HIV care.

Chainama College is one of the only two colleges that through USG support is now able to offer pre-service training in laboratory, HIV care, and counseling to clinical officers and nurses. Further, the Chainama College facility is the only psychiatric hospital in Zambia offering mental health treatment services for its patients diagnosed with HIV. In FY 2006, in addition to curriculum development, funding was provided for the development of a training center at Chainama College to improve access to training. This activity will be completed by the end of FY 2006. Renovation of the training laboratory facility will expand testing capacity at the facility in addition to proving students with modern testing skills. This initiative is closely linked with HIV care and treatment training activities supported by CIDRZ and JHPIEGO.

Developing a training center at Chainama College will increase training opportunities for

centers in Lusaka that currently do not have access to laboratory training facilities and 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. This is vital in addressing opportunistic infections which are a major threat to PLWHA. Major efforts toward detection of tuberculosis are currently being put in place. Training and support will be provided to clinicians and laboratory technologists on cost effective diagnostic testing and implementation strategies, guidance on antibiotic utilization to prevent avoidable resistance levels, and standardization of infection control practices in both medical and laboratory settings.

Information management is also crucial to laboratory procurement and monitoring the success of the ARV treatment programs. Currently, laboratory technologists and administrators depend on hand-written log entries and registries for monitoring information on laboratory tests for developing reports. Laboratory activities must be reported and accurately communicated across geographical regions, where travel is slow and limited, to increase the efficiency of the network of laboratories. The infrastructure modifications also rely on other information technology systems, enhanced maintenance services, modern equipment, and internet connectivity. Subsequently, the laboratory management tools will strengthen the capacity of the GRZ, USG 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 data collection and provide meaningful managerial data in a timely manner. CDC has supported more than ten MOH laboratory and medical staff to attend the six-week training course held in Atlanta and more than 60 Zambians have been trained through the follow-up activities in-country. In FY 2006 training was provided to 24 Zambians to form multidisciplinary teams to strengthen management of the laboratory supply chain.

In FY 2007, CDC will continue to provide support to all the activities listed above. Lessons learned in FY 2006 will provide guidance for developing and expanding lab capacity in districts hospitals and rural clinics for better care. In order to ensure sustainability of SMDP-based program in Zambia, efforts will be made to explore the possibility of institutionalizing the training program within the Ndola Biomedical School. Two CDC Zambian staff will travel to Atlanta for further training so they can increase their knowledge and skills as train-the-trainers in both general laboratory and PCR techniques. In FY 2007, funding will also be used to provide technical assistance to department of defense laboratory facilities in all the nine provinces. Through transferring skills, knowledge, and renovating and equipping facilities within the national health, sustainable laboratory services are being built that we hope will be sufficient to function post PEPFAR.

Continued Associated Activity Information

Activity ID:	3706
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	Technical Assistance
Funding Source:	GHAI
Planned Funds:	$ 1,162,676.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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	436,000	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	20	☐
Number of individuals trained in the provision of laboratory-related activities	60	☐

Target Populations:

People living with HIV/AIDS
Laboratory workers
Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: TDRC - U62/CCU023151
Prime Partner: Tropical Diseases Research Centre
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9027
Planned Funds: $ 190,000.00
Activity Narrative: This activities is linked to #8993, #8991.

Since 2004, the Tropical Diseases Research Centre's (TDRC) tuberculosis (TB) Regional Reference Laboratory has provided acid fast bacilli (AFB) smear microscopy services for the Ndola area. However, in 2004/5 the United States Government provided funding to upgrade the lab to a "state-of-the-art" facility to support the scale-up of HIV/TB activities. The renovation is complete and the center opened in May 2005, now provides TB fluorescent microscopy and expanded TB culture services for People Living with HIV/AIDS (PLWHA) in the northern region of the country. TDRC supports cultures from five provinces encompassing forty two districts. In addition to renovation, this activity has provided training to personnel for lab support, procure basic laboratory equipment, reagents and supplies for TB culture, and drug susceptibility testing capacity. Training was provided to ten staff on bio-safety and preparation of reagents culture media. Equipment provided includes a BACTEC MGIT TB culture system, in addition to a water tank, and generator for electricity backup.

The diagnosis of TB in HIV-positive cases is often difficult in rural settings without specialized equipment. Therefore, it was necessary to establish a courier system for specimen transport from twelve chest clinics within five provinces which include the Copperbelt, Northern, Northwestern, Luapula, and Central. The laboratory work in collaboration with the National TB Reference Laboratory to improve rapid culture and drugs susceptibility diagnostic testing services. The laboratory also provides support to the Arthur Davison's Children's Hospital, which is the national Pediatric Hospital located a few kilometers from the TDRC. The TDRC is working very closely with the TB Country Assistance Program (TBCAP) working in three of the five Northern provinces including the Copperbelt, Northern, and Luapula Provinces.

In fiscal year 2007 the TDRC laboratory staff will be dedicated to improving detection of TB cases using liquid culture technology as well as supporting 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. Training will be provided to two technologists from each of the five provinces to expand capacity for supervision and monitoring of TB/HIV support in the district hospitals. The ten technologists are currently government staff who will receive further training to expand their laboratory technical role. Those trained at the provincial level will be expected to share skills with district staff during their supervisory visits to ensure laboratory silks are expanded and sustained at all levels of government health infrastructure. Funding will support expansion of TB culture supplies and drugs for TB drug susceptibility testing, DNA probe identification systems, validation of biosafety cabinets and other equipment as well as two air conditioners to support the operation of automatic blood culture systems in the UTH microbiology laboratory.

Continued Associated Activity Information

Activity ID: 3702
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Tropical Diseases Research Centre
Mechanism: TDRC
Funding Source: GHAI
Planned Funds: $ 187,324.00

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 tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	30,500	☐
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 laboratory-related activities	10	☐

Target Populations:

People living with HIV/AIDS
Laboratory workers
Laboratory workers

Coverage Areas

Central

Copperbelt

Luapula

North-Western

Northern

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	DoD/LabInfrastructure
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	9096
Planned Funds:	$ 850,000.00

Activity Narrative: This activity links with Project Concern International's (PCI) activities #9170, #8786, #8787, #8785, #8788, #9171 and JHPIEGO's activities #9088, #9091, #9090, #9089, #9087, in rendering assistance to the Zambia Defense Force (ZDF) comprehensive HIV/AIDS care and treatment programs.

This program will improve infrastructure through the construction and renovation of HIV/AIDS Voluntary Counseling and Testing (VCT) centers, palliative care and ARV delivery sites, training institutions, and HIV/AIDS laboratories. Together these improvements will increase the Zambia Defense Force (ZDF)'s capacity to provide comprehensive HIV care and treatment. The proposed activities involve primarily renovation of existing spaces to be utilized more effectively for HIV/AIDS care and treatment including VCT, examination rooms, laboratory testing facility, and anti-retroviral (ARV) dispensaries.

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 ZDF, their families and vulnerable civilian population living in these areas. In fact, at many sites, the patients are predominantly civilians (non ZDF dependents) who rely on access to Defense Force Medical Service (DFMS) clinical services for all routine care. Years of under funding have left the DFMS with substantial infrastructure deficits, which are compounded by the remote location of many of the 54 DFMS clinics, by the total lack of other donor support for DFMS, and by the lack of Ministry of Health (MOH) funds for DFMS activities.

In FY 2005, the Zambia Defense Force (ZDF) identified four regional sites to focus on strengthening their HIV/AIDS treatment and care services, two in the Copperbelt, one in Southern and one in Lusaka. These four sites received basic laboratory equipment as well as training by the implementing partners. In FY 2006, four additional provincial sites were provided with laboratory equipment, comprehensive staff training, and infrastructure improvement. These are Eastern, Central, Western and Northwestern. These sites are located in remote, isolated areas and complete renovation of infrastructure is needed in order for the clinics to sustain their comprehensive services.

Extensive renovation of these facilities is needed to allow them be qualified for the national HIV program where free test kits, ARV and other HIV related drugs are available. These sites will serve as model sites and will be used as rotation centers for training ZDF medical staff in the regions. Training packages will include prevention for mother-to-child transmission (PMTCT), HIV/TB care, ART and palliative care and will be conducted by PCI and JHPIEGO.

The DoD continuously supported these eight regional sites in FY 2005 and 2006 with laboratory reagents and equipment. New in FY 2007, DoD will work with CDC also to provide technical assistance and procurement of equipment and lab reagents, DoD will expand infrastructure activities into two additional military medical sites: one in Luapula province and one in Lusaka province.

Mansa military clinic will be supported by a major construction activity. Due to the remoteness and isolation of Luapula province, DFMS has been unable to provide adequate HIV care services at this site. This site has not been able to scale up HIV/AIDS care and treatment services due to in adequate infrastructure.

The other site in FY 2007 will be located in Lusaka Province. Although Lusaka already has one model site supported in FY 2005, the ZDF has identified the need for an additional site since Lusaka district is a high density area with a large demand for services and the Maina Soko hospital alone cannot accommodate the large patient burden. L85 unit (Zambia Army) will receive support in major infrastructure support. Other sites that may be supported are ZAF Mumbwa, ZAF Lusaka, ZNS Chongwe, ZA Mikango, ZA Arakaan laboratory, ZA Kabwe laboratory, and ZNS Nyimba which will receive medical and minor renovation support if required. HIV/AIDS unit coordinators as well as medical officers from these units have already been provided adequate training for HIV/AIDS prevention, care, and treatment and therefore these equipment supports will immediately expand capacity to provide these new services. Finally, limited renovation and rehabilitation services will be made available to Maina Soko Military hospital in order to support the development of the Family Support Unit, additional support will be to the Zambian Defense Forces Nursing

College to improve their ability to train nurses (linking to activity #9172).

By working with the DFMS and in the ZDF facilities, DoD will strengthen the physical and equipment infrastructure, implement a facility level quality assurance/quality improvement program and improve laboratory equipment and systems. The DoD will be able to establish a sustainable program. DoD's goal, over the last two years, is to leave behind quality systems to ensure continuity of laboratory support after the program concludes.

Continued Associated Activity Information

Activity ID:	3754
USG Agency:	Department of Defense
Prime Partner:	US Department of Defense
Mechanism:	DoD/LabInfrastructure
Funding Source:	GHAI
Planned Funds:	$ 1,000,000.00

Emphasis Areas	**% Of Effort**
Infrastructure	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	9	☐
Number of individuals trained in the provision of laboratory-related activities		☑

Target Populations:

Most at risk populations
Military personnel
Public health care workers
Laboratory workers

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	Supply Chain Management System
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	9524
Planned Funds:	$ 8,000,000.00

Activity Narrative: This activity links with the Partnership for Supply Chain Management Systems' (SCMS) activities in ARV Drug procurement (9196), Counseling and Testing (CT) (9523), and Policy Analysis/Systems Strengthening (9525); USAID / DELIVER activities in ARV Drugs (9520) and CT (9522); Centers for Disease Control and Prevention; Center for Infectious Diseases Research in Zambia (9000); Catholic Relief Services/AIDS Relief (8827); Churches Health Association of Zambia (8992), Zambia Prevention, Care, and Treatment Partnership (8885), Government of the Republic of Zambia (GRZ), the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM), and the Clinton Foundation.

The purpose of this activity is to procure essential HIV/AIDS laboratory commodities in support of the national ART program and to ensure that US Government (USG), GFATM, GRZ, and other partners' HIV/AIDS laboratory commodity procurements are in sufficient supply and available at service delivery sites through an efficient and accountable HIV/AIDS laboratory logistics supply chain system.

In FY 2006, the USG and the World Bank provided funding for the procurement of laboratory reagents to support the rapid scale-up of treatment and care for persons living with HIV/AIDS in Zambia. Also in FY 2006, the Ministry of Health (MOH), with support from USG, Clinton Foundation, and JSI/DELIVER, developed the first national HIV/AIDS laboratory strategic plan and provided technical assistance to GFATM Principal Recipients in developing proposals to include laboratory commodity procurements. Key issues identified during these exercises were weaknesses in the overall laboratory procurement and logistics supply chain management systems. To address these challenges, USG was able to leverage SCMS project core funds to conduct the first national HIV/AIDS laboratory commodity forecast and quantification exercise. Based on this information, it is anticipated that the FY 2007 USG laboratory commodity procurement will include the following: CD4 reagents [Beckman Coulter Epics XL, Becton Dickinson FACSCalibur, Becton Dickinson FACSCount, Guava Easy CD4 System (PCA)]; hematology reagents (BX Pentra 60C+, ABX Micros 60, Sysmex pocH-100i); chemistry reagents (Cobas Integra 400, Ortho Vitros DT60, Olympus AU400, Human Humalyzer 2000, Nova Biomedical Stat Profile pHOx Plus); and various consumables (e.g., EDTA vacutainer tubes 5ml, needles 21G, disposable gloves, pipette tips). The FY 2007 Plus-up funds will support the procurement of addtional laboratory commodities to provide an estimated 400,000 more tests as well as funding for limited maintenance/service agreements for the testing equipment.

To better ensure that these valuable commodities will be available in the correct condition, quantity, location, and time, SCMS is working to improve the national HIV/AIDS laboratory logistics system. For example, in FY 2006, using project core funds, SCMS is providing assistance in the following areas: assessing the status of the national HIV/AIDS laboratory logistics system, coordinating national procurements of laboratory commodities, conducting the first national HIV/AIDS laboratory supply chain design workshop, and initiating the first national training of trainers to begin implementation of the newly designed HIV/AIDS laboratory logistics system.
In FY 2007, SCMS will continue its efforts to strengthen and to expand the national HIV/AIDS laboratory logistics system in at least 112 laboratories through the following activities:1) Quantifying and procuring USG-funded HIV/AIDS laboratory commodities consistent with resources and policies for rapidly scaling-up HIV/AIDS clinical services;2) Coordinating and developing HIV/AIDS laboratory commodity forecasting and procurement planning capacity at central, provincial, district, and service delivery levels;3) Standardizing HIV/AIDS laboratory commodity inventory control procedures at central, provincial, district, and service delivery levels;4) Developing and implementing an HIV/AIDS laboratory logistics management information system (LMIS) for all levels of the health care system, including adapting a logistics software program currently in use by JSI/DELIVER and the Ministry of Health (MOH);5) Standardizing, documenting, and disseminating HIV/AIDS laboratory commodity logistics policies and procedures; and 6) Monitoring and evaluating the HIV/AIDS laboratory supply chain and making improvements as needed.To complete these activities, SCMS, in collaboration with GRZ, GFATM Principal Recipients, and other partners, will train up to 500 key personnel in the new national HIV/AIDS laboratory logistics management system. Moreover, at the central level, SCMS will coordinate multi-year national HIV/AIDS laboratory commodity forecasts and procurement plans with all key partners, including GRZ and donors. SCMS will also be a key member of national technical working groups, such as the Ministry of Health's Procurement Technical Working Group and the HIV/AIDS Laboratory Committee.Finally, in

order to create a more sustainable HIV/AIDS laboratory commodity logistics system, SCMS will continue to improve national capacity through training and skills transfer programming that is consistent with the GRZ's vision of a fully-functioning national HIV/AIDS laboratory system.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	112	☐
Number of individuals trained in the provision of laboratory-related activities	500	☐

Target Populations:

Country coordinating mechanisms
Pharmacists
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Lab technicians
Public health care workers
Laboratory workers
Trainers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: ASM - U62/CCU325119
Prime Partner: The American Society for Microbiology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9794
Planned Funds: $ 129,999.00
Activity Narrative: This activity related to #9022.

Opportunistic infections are common in HIV populations and are a major threat to People Living with HIV/AIDS (PLWHA) both prior to diagnosis as well as during care and treatment programs. Global efforts toward detection of tuberculosis are currently in place. However, basic microbiology laboratory services for blood stream and other infections, which have high morbidity in the HIV infected patients, are limited and lack quality.

In fiscal year (FY) 2006, this activity supported an International Experience in Training Assistance (IETA) from CDC Atlanta to spend three months in Zambia assisting and assessing the quality of laboratory care and treatment support for diagnosis of opportunistic infections with particular emphasis on blood stream infection diagnosis. The need for quality controlled blood culture media and training for basic bacteriology laboratory tests such as Gram's stain, culture media preparation and training were key findings. Commercial blood culture bottles are currently being placed at the provincial laboratories and six automated culture systems for detection of blood stream infections were placed within four provincial sites. Currently, CDC Zambia laboratory staff are working to improve the technical capacity and skills of technicians to improve diagnosis of life threatening opportunistic infections such as septicemia and meningitis, which are common among populations with high prevalence of HIV AIDS.

Through this activity 34 staff were trained on blood culture collections and standard procedures for handling and reporting blood cultures and quality control including Gram's stain.

In FY 2007, the American Society for Microbiology (ASM) will continue to provide in-country support for microbiology and opportunistic infections, laboratory systems and strategic planning, standardization of protocols for cost effective testing, antibiotic utilization, infection control and good laboratory and clinical practice as well as assistance with Infant HIV PCR procedures. Activities conducted will include training on the most common bacterial infections and cost-effective diagnostic techniques, improvements in rapid TB culture, and drug susceptibility testing at the national and regional TB reference laboratories. Other activities will include on-site training and consultation for development and standardization of laboratory procedures, improving specimen management, correlation of laboratory results with patient outcomes in other laboratory areas such as chemistry, hematology and CD4 testing. Rapid cost effective diagnostics to improve quality and human resource capacity in the laboratory will be implemented, and good clinical practice as well as assistance with Infant HIV PCR procedures.

Technical experts will provide support to CDC-Zambia laboratory staff and local laboratories for strengthening microbiology services and treatment of opportunistic infections working in collaboration with interdisciplinary health care teams and other partners such as JIPHEGO. Particular support will be provided to the Maina Soko Military, the University Teaching Hospital and provincial laboratories performing basic bacteriology procedures. The technologists provide in-country technical assistance for periods between three to four weeks and return for multiple consultations. This activity provides support for their travel and other costs related to their consultancy to the national laboratory quality assurance program in Zambia. Trainings will be done in consultation with CDC-Zambia or other organizations.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of laboratory-related activities		☑

Target Populations:

People living with HIV/AIDS
Laboratory workers
Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: EPHO - 1 U2G PS000641
Prime Partner: Provincial Health Office - Eastern Province
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9795
Planned Funds: $ 300,000.00
Activity Narrative: This activity is linked to UTH activity.

This activity will provide local support to Eastern Province for implementation of the UTH national PMTCT and VCT quality assurance program within the districts of this province. Some major limiting factors for implementation, support and sustainability of laboratory programs outside of the capital city are due to; 1) travel distances; 2) lack of transport for onsite supervision and feedback; and 3) lack of funds at the provincial and district levels. Eastern Province is seven hours by road from Lusaka where the UTH, CDC and MOH laboratory experts are located. Supervisory travel visits to Eastern and other provinces must be divided by the time and number of technical experts. The goal of this activity id to build capacity and sustainability at the local level by training and providing support for activities to be conducted by local staff within the province for PMTCT and VCT as well as care and treatment support. During this first year (2007), the goal will be to reach ten laboratories within Eastern Province.

Eastern Province is a predominately-rural province with an HIV prevalence of 13.1%. Access to health care facilities and services are limited, with an estimated 40% of the population living on a walking distance of more than 12 kilometers from the nearest health facility. Availability of laboratory services in most of the districts is limited due to several factors, which include technical human resources, lack of suitable infrastructure and services such as a source of power, geography, and increasing numbers of persons participating in PMTCT and VCT programs at local levels. Antiretroviral laboratory care and treatment services are limited. Sample preparation and transport support can alleviate the lack of services due to laboratory infrastructure and technical limitations. In FY 2007, onsite training and technical support for existing personnel in basic laboratory testing and transport will be assessed and provided. Laboratory quality assurance programs for rapid HIV testing currently performed in the VCT and PMTCT will be supervised and supported by the national HIV reference laboratory (UTH). An integrated program to include, laboratory data management, onsite quality assurance within will assist in improving and equalizing ARV laboratory services to PLWHA in these areas. Support will be provided for basic infrastructure improvements and the provision of alternate sources of power such as solar panels at all laboratories currently lucking this infrastructure.

This activity will allow the EHPO to build its capacity to take the leadership supporting its laboratory functions within the districts. Support will be provided for basic infrastructure improvements in laboratories in rural areas and districts to improve HIV/TB and opportunistic infection diagnosis. Other needs include trasnsportation mechanisms and automatic backup generators to support equipment operation for laboratory testing. It will also allow the district to draw and train the necessary laboratory personnel to provide supportive supervision within the districts.

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

Targets

Target	Target Value	Not Applicable
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	4,000	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	10	☐
Number of individuals trained in the provision of laboratory-related activities	20	☐

Target Populations:

People living with HIV/AIDS
Public health care workers
Private health care workers

Coverage Areas

Eastern

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Lusaka Provincial Health Office (New Cooperative Agreement)
Prime Partner: Lusaka Provincial Health Office
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9796
Planned Funds: $ 370,000.00
Activity Narrative: This activity is linked to TB/HIV activity in LPHO, activities #8996 and #8991.

This activity will provide local support to Lusaka for implementation of the UTH national PMTCT and VCT quality assurance program within the districts of this province. Some major limiting factors for implementation, support and sustainability laboratory programs outside of the capital city are due to; 1) travel distances; 2) lack of transport for onsite supervision and feedback; and 3) lack of funds at the provincial and district levels. Although supervisory travel visits to Lusaka districts outside of the city can be done on a day trip, time and number of technical experts available are divided by the need to visit other sites throughout the country. The goal of this activity is to build capacity and sustainability at the local level by training and providing support for activities to be conducted by local staff within the province for PMTCT and VCT as well as care and treatment support. The goal will be to reach the six laboratories within rural Lusaka districts.

Lusaka is the largest province in Zambia. As such, access to services can be difficult due to distance and transport challenges. Availability of laboratory services in districts out side of Lusaka is limited due to several factors, which include technical human resources, lack of suitable infrastructure and services such as a source of power, geography, and increasing numbers of persons participating in prevention of mother to child transmission (PMTCT) and voluntary counseling and testing programs at local levels. Antiretroviral laboratory care and treatment services are limited. Sample preparation and transport support can alleviate the lack of services due to laboratory infrastructure and technical limitations. In FY 2007, onsite training and technical support for existing personnel in basic laboratory testing and transport will be assessed and provided. Laboratory quality assurance programs for rapid HIV testing currently performed in the VCT and PMTCT will be supervised and supported by the national HIV reference laboratory (UTH). An integrated program laboratory data management, and onsite quality assurance will assist in improving and equalizing antiretroviral therapy laboratory services to People Living with HIV and AIDS (PLWHA) in these areas. Support will be provided for basic infrastructure improvements and the provision of alternate sources of power such as solar panels at all laboratories currently lacking this infrastructure. This activity will support and complement the UTH National quality assurance program for PMTCT and VCT as well as other care and treatment support within the rural districts of this province.

Chongwe is the main source for HIV care anfd treatment in the district but the laboratory infrastructure does not support this capacity. Support has been provided through courier from Lusaka due to lack of infrastructure but the population demand is higher than can be provided by courier. Provisions for a new laboratory has been provided by a donor and CDC TA and equipment support for setting up the new lab is required. The Chainama laboratory is very small and the training laboratory is also in need of renovation to accommodate the patient care needs for the clinic and mental health institution. The facility provides training for Clinical Officers and provides rural health services for Zambia and a good training facility and clinical laboratory renovation is needed to strengthen training and direct service to the community.

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

Targets

Target	Target Value	Not Applicable
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	4,000	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	6	☐
Number of individuals trained in the provision of laboratory-related activities		☑

Target Populations:

People living with HIV/AIDS
Public health care workers
Private health care workers

Coverage Areas

Lusaka

Table 3.3.12: Activities by Funding Mechanism

Mechanism: SPHO - U62/CCU025149
Prime Partner: Provincial Health Office - Southern Province
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9797
Planned Funds: $ 400,000.00
Activity Narrative: This activity is linked to TH/HIV in SPHO, activities #8996 and #8991.

This activity will provide local support to Southern Province for implementation of the University Teaching Hospital (UTH) national prevention of mother to child transmission (PMTCT) and voluntary counseling and testing (VCT) quality assurance program within the districts of this province. Although, Southern Province is five hours by road from Lusaka where the UTH, CDC and MOH laboratory experts are located. Supervisory travel visits to Southern and other provinces must be divided by the time and number of technical experts and resources available. The goal of this activity id to build capacity and sustainability at the local level by training and providing support for activities to be conducted by local staff within the province for PMTCT and VCT as well as care and treatment support. During this first year (2007) the goal will be to reach ten laboratories within Southern Province.

Southern Province has an HIV prevalence of 16.2% and a reported TB incidence rate of 415/100,000 at the end of 2005. 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 (30.8%) and TB notification rates for the province was at 5,941/100,000 in 2005). The smear positive rate is reported at 24% with a cure rate of 77.2%

Availability of laboratory services in most of the more rural districts is limited due to several factors including human resources, lack of suitable infrastructure and services such as a source of power, geography, and increasing numbers of persons participating in prevention of mother to child and voluntary counseling and testing (VCT) programs at local levels. Antiretroviral laboratory care and treatment services are limited. Sample preparation and transport support can alleviate the lack of services due to laboratory infrastructure and technical limitations. In FY 2007, onsite training and technical support for existing personnel in basic laboratory testing and transport will be assessed and provided. Laboratory quality assurance programs for rapid HIV testing currently performed in the VCT and PMTCT will be supervised and supported by the national HIV reference laboratory (UTH). An integrated program to include, laboratory data management, onsite quality assurance within will assist in improving and equalizing antiretroviral therapy laboratory services to People Living with HIV and AIDS (PLWHA) in these areas. Support will be provided for basic infrastructure improvements and the provision of alternate sources of power such as solar panels at all laboratories currently lacking this infrastructure. Supplemental funding is being provided for basic infrastructure improvement; transportation, alternative power support such as solar panel and automatic back up generators; patient sample transportation mechanisms (vehicle and motor cycle for 2 districts Kanzangula and Gwembe). This activity will support the UTH National quality assurance program within the districts of this province.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	14	☐
Number of individuals trained in the provision of laboratory-related activities		☑

Target Populations:

People living with HIV/AIDS
Public health care workers
Private health care workers

Coverage Areas

Southern

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	University Teaching Hospital
Prime Partner:	University Teaching Hospital
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	9798
Planned Funds:	$ 320,000.00

Activity Narrative: Rapid HIV laboratory testing provides evidenced-based information in prevention of mother to child (PMTCT) and voluntary counseling and testing (VCT) programs for both preventive care and treatment decisions. Recently the national algorithm for rapid HIV testing was adopted and an internal and external quality assurance plan was formulated by UTH for documentation and monitoring the quality in PMTCT and VCT programs throughout the country. Rapid HIV training will be customized for Zambia's national algorithm based on the recently published World Health Organization/CDC quality system guidelines. The UTH serves as the national reference laboratory for HIV testing. The quality assurance program will involve training on the newly changed rapid HIV algorithm for both technical and non-technical laboratory persons in PMTCT and VCT programs throughout Zambia. This activity will be supported by four new provincial health office activities listed in the PHO narratives to conduct quality assurance at the district level within Southern, Eastern, Lusaka and Western provinces. Because UTH serves as the national reference laboratory for HIV testing, guidance to the other five provinces with the support of other laboratory partners working at the provincial and districts will also be provided as resources are available.

Technical support to UTH, equipment, transport and supplies for both internal and external quality assurance will be provided to implement and assess the quality of rapid and confirmatory HIV testing services in PMTCT and VCT programs. This activity will be performed by taking 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 PMTCT and VCT 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.

Funding within this activity also supports the national TB program with External Quality Assurance TB Smear Microscopy which was previously supported by JICA. Responsibilities include: providing onsite supervisory support, training, panel testing of staff and random sample rechecking of smears for the laboratories performing AFB smear micrscopy in Lusaka Province. These will include both public and private labs /clinics.

Narrative Changes: In FY07, a plus up request ($250,000) and a reprogramming request ($52,000) are requested for this activity; the total amount requested for this activity is $6,502,000. Lusaka, as the capital and the largest city in Zambia has 1.5 million people and an HIV prevalence of 22%. In Lusaka alone approximately 260,000 people are HIV infected with 56,000 requiring immediate ART access and 28,000 new patients become eligible for ART each year. As a result of this large concentration of patients the growth in HIV care programs in Lusaka has been rapid and massive. As of March 2007, in Lusaka alone, there were 100,000 patients enrolled in HIV care and 33,000 patients on antiretroviral therapy. We anticipate the need for HIV care will continue to expand for the next several years.
In the early stages of antiretroviral therapy roll-out in Lusaka, CIDRZ collaborated with the MOH to improve district clinic infrastructure to provide, pharmacy, chart storage facilities, counseling and clinical rooms. However as a result of the rapid increase in numbers the existing facilities in many clinics are now overwhelmed and lacking space to provide privacy, clinical care, and support needs (pharmacy, lab, and data) required to provide quality HIV care. CIDRZ continues to expand floor space in a number of clinics; for example renovations are ongoing at Matero Ref (6800 patients enrolled), Kanyama (9076 patients enrolled) and Kalingalinga (4892 patients enrolled) but there is also the need in many other clinics for expansion. We propose to expand existing clinic infrastructure in at least 5 ART sites in Lusaka including Kanyama West, Chainama, Chazanga, Matero Ref and Chelstone. This urgently needed space will allow programs to grow while at the same time maintaining quality of patient care. Additional funding is being provided to support TB laboratory infrastructure in providing air conditionors for the microbiology lab to maintain cool temperature in the laboratory and equipment operation. The funds will also be used to provide maintenance of Biosafety cabinets and reagents for TB culture, identification and drug susceptibility testing.

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

Targets

Target	Target Value	Not Applicable
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	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	46	☐
Number of individuals trained in the provision of laboratory-related activities	101	☐

Target Populations:

People living with HIV/AIDS
Public health care workers
Private health care workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: WPHO - 1 U2G PS000646
Prime Partner: Provincial Health Office - Western Province
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9799
Planned Funds: $ 250,000.00
Activity Narrative: This activity is linked to WPHO ART, PMTCT, #9046, and #9047.

This activity will provide support to Western Province to implement the UTH national PMTCT and VCT quality assurance program within the districts of this province. Major limiting factors for implementation, support and sustainability of laboratory programs outside of the capital city are due to; 1) travel distances; 2) lack of transport for onsite supervision and feedback; and 3) lack of funds at the provincial and district levels. Western Province is seven to eight hours by road from Lusaka where the UTH, CDC, and MOH laboratory experts are located. Supervisory travel visits to Eastern and other provinces must be divided by the time and number of technical experts. The goal of this activity is to build capacity and sustainability at the local level by training and providing support so laboratory activities can be conducted by local staff within the province for PMTCT and VCT as well as care and treatment support. During this first year (2007), the goal will be to reach and build capacity for ten laboratories within Western Province.

Western Province is a predominately rural province with an HIV prevalence of 13.1%. The deep sandy terrain of this area, the poor road network, and the lack of public transport systems leave only one option for the majority of the people who walk to the nearest health facility. Access to health care facilities and services are limited, with an estimated 40% of the population living more than 12 kilometers from the nearest health facility.

Availability of laboratory services in most of the districts is limited due to several factors which include technical human resources, lack of suitable infrastructure and services such as a electricity, geography, and increasing numbers of persons participating in prevention of mother to child (PMTCT) and voluntary counseling and testing (VCT) programs at local levels. Antiretroviral laboratory care and treatment services are limited. Sample preparation and transport support can alleviate the lack of services due to laboratory infrastructure and technical limitations. In FY 2007 onsite training and technical support for existing personnel in basic laboratory testing and transport will be assessed and provided. Laboratory quality assurance programs for rapid HIV testing currently performed in the VCT and PMTCT will be supervised and supported by the national HIV reference laboratory. An integrated program to include laboratory data management and onsite quality assurance will assist in improving and equalizing antiretroviral laboratory services to people living with AIDS in these areas. Support will be provided for basic infrastructure improvements and the provision of alternate sources of power such as solar panels at all laboratories currently lacking this infrastructure. This activity will support the UTH national quality assurance program within the districts of this province to sustain quality services and build staff capacity.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	10	☐
Number of individuals trained in the provision of laboratory-related activities		☑

Target Populations:

People living with HIV/AIDS
Public health care workers
Private health care workers

Coverage Areas

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: $ 8,770,000.00

Program Area Context:

In support of Zambia's national response and Zambia's 5-year PEPFAR Strategy, USG supports the Ministry of Health (MOH), Central Statistical Office (CSO), the University of Zambia (UNZA), national laboratories, and the National HIV/AIDS/STI/TB Council (NAC) by improving their information systems infrastructure and management, upgrading quality assurance procedures, providing essential staff training and support, and providing technical assistance in developing sustainable systems and workforce in monitoring and evaluation (M&E), epidemiology and surveillance, scientific research methods, and information and communication technology (ICT). In addition, the USG has been a key partner in the implementation of HIV/AIDS-related surveillance, including the ANC Sentinel Surveillance, the Zambia Sexual Behavior Survey (ZSBS), the Demographic and Health Survey (DHS+), the Health Facilities Survey, and the PLACE Study. As a result, Zambia is a nation rich in data for decision-making.

Zambia has faced significant challenges in service level and activity-based information systems, and in institutionalizing effective corrective processes resulting from M&E. During FY 2006, the MOH was occupied with the challenge of reorganization, yielding new directorates and FY 2007 action plans with which USG will work. In the previous Zambia National HIV/AIDS Strategic Framework (ZASF), M&E was under-valued. In the new ZASF for 2006-2010, the USG worked closely with NAC and the M&E Technical Working Group to elevate M&E to a primary strategy area. As a result, NAC advocates a new organizational structure which demands greater human and structural capacity at the central, provincial and district levels.

PEPFAR's focus on accountability and reporting has translated into greater demand for M&E support and information systems. Multiple USG partners provide M&E technical assistance directly to the NAC through the NAC M&E technical working group. Since PEPFAR began, USG has supported deployment of a national M&E system reflecting Zambia's commitment to the "Three Ones." NAC now has a national activities database which produces data that is then entered into the Country Response Information System (CRIS). In FY 2006, USG and its partners worked with NAC, CSO, HIV/AIDS task forces, and health management teams and were instrumental in the development and introduction of an integrated capacity-building initiative, which includes one national M&E training manual and supporting training materials. In addition, USG supported the University of Zambia to institutionalize an M&E training course for professionals. USG partners have assisted the Zambian Defense Forces (ZDF) in strengthening its M&E systems and improving linkages to the national system.

Working together with other partners, the USG provides financial and technical support to national surveillance activities to the MOH, Tropical Diseases Research Centre, CSO, UNZA University Teaching Hospital, and the Zambia National Cancer Registry (ZNCR). USG support in FY 2006 contributed significantly to a number of key achievements, including: the completion of planning, multiple donor financing, and pre-testing of the 2006 DHS+ to be conducted in October 2006; the 2006 Antenatal Clinic Sentinel Surveillance of HIV and Syphilis (including sentinel sites in UNHCR refugee camps); the Sample Vital Registration with Verbal Autopsy (SAVVY) to pilot vital registration system in Zambia; the completion and dissemination of the ZSBS and two PLACE studies; and the completion of the Health Facilities Census to be disseminated in October 2006.

USG strongly supports the development of an electronic clinical information system, the Continuity of Care and Patient Tracking System (CCPTS), which the MOH has determined will supersede paper record systems in larger clinics nationwide. In FY 2006, major strides were made to improve information communications infrastructure, and transfer technical expertise to key Zambian staff. In April of 2006, the MOH identified the CCPTS as the national electronic clinical information system for any clinic capable of sustaining computer equipment, compelled by the superior reporting and quality care support. MOH also identified the ARTIS system for sites which require paper-based data management. In August 2006, MOH convened all partners to assess who could assist with what part of the national deployment of CCPTS, starting with

ART clinics in the provincial and district level. In October 2006 the MOH convened 64 lead implementation partners from all provinces to launch a 'training of trainers' deployment cascade, using existing personnel to assure sustainability. The CCPTS is credited with improving the quality of care, which translates into reduced expenditures for costly second line drugs. The EMR currently serves over 60,000 patients.

Overall, in FY 2007, the primary goals for strategic information activities are to implement sustainable systems, triangulate and strengthen the use of data for programmatic decision-making and improved quality of HIV/AIDS services and activities, to build infrastructure, and to train Zambian professionals for the sustainability of activities in the strategic information program area.

In FY 2007, support to UNZA will be expanded to offer additional M&E courses for professionals and MPH students. Activities to support NAC's national M&E system will continue in 2007 with special emphasis on M&E and data use capacity-building at the provincial and district levels. Upgrades to communications infrastructure will be expanded in 2007 to support information capture and use including direct support to Provincial Health Offices to procure satellite internet connectivity in remote regions.

In FY 2007, the USG will ensure field data collection, analysis, reporting, and country-wide dissemination of the DHS+ and Sentinel Surveillance to diverse audiences in Zambia and the reporting of results in the scientific literature, prepare for the 2007 Sexual Behavior Survey, establish a system to monitor HIV drug resistance emerging during treatment, and build capacity in innovative geographic information and other techniques, data management, statistical analysis, and scientific writing. The USG will also enable studies of recent HIV infections to estimate HIV incidence in Zambia from 1994 through 2004, strengthen surveillance of AIDS-related malignancies, and partner with the private sector to learn more about risk behaviors that predispose to HIV infection in high risk populations such as men who have sex with men and migrant farm workers. The USG will provide technical assistance to build government capacity to use Geographic Information Systems (GIS) for planning and monitoring interventions; GIS and mapping will augment the value of the CCPTS data stream, and use of Global Positioning Systems will improve accuracy and efficiency of health surveys.

In FY 2007, the USG will continue to assist the MOH and all treatment partners with CCPTS deployment. The CCPTS will be extended to key areas of care such as pediatric ART, TB/HIV and outpatient OI services in the coming year. USG partners will provide assistance for software upgrades with in-country troubleshooting and installation support provided by technical specialists. Support will be provided to targeted mission hospitals to adopt CCPTS and convert data records to this new format. USG will explore utilizing the CCPTS technology in blood donation as donor tracing and retention software.

Finally, to support enhanced PEPFAR reporting and data use, USG will finalize major upgrades to the Zambia Partner Reporting System (ZPRS) adding new functions such as direct web-enabled data entry by partners and new report and display options that show progress toward targets. The ZPRS will be shared with NAC for possible adoption to enhance district level results reporting.

Program Area Target:

Number of local organizations provided with technical assistance for strategic information activities	476
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1,353

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	DoD-PCI
Prime Partner:	Project Concern International
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8788
Planned Funds:	$ 180,000.00

Activity Narrative: This activity also relates to Project Concern International (PCI) activities in Other/policy development and system strengthening (PCI) #9171, System Strengthening (JHPIEGO) #9087, PMTCT (JHPIEGO) #9088, Palliative Care TB/HIV (JHPIEGO) #9090, Palliative Care Basic Health Care and Support of Project Concern International (PCI) #8787, Counseling and Testing (PCI) #8785, Other Prevention (PCI) #8786, Abstinence/be faithful (PCI) #9170, HIV/AIDS treatment/ARV services (JHPIEGO) #9089.

This activity is aimed primarily at further supporting and strengthening Zambian Defense Force (ZDF) capacity in monitoring and evaluation (M&E) and systems support. 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 build on ongoing efforts to strengthen and systematize linkages between Defense Force Medical Services (DFMS) facilities and the Ministry of Health District Health Management Teams (DHMTs). These linkages are essential as they are proving helpful in allowing the DFMS to benefit from technical and systems support, from drug supplies and medical supplies, and from DHMT assistance in community mobilization of the civilian population. This is critical to the strategy for promoting the longer-term sustainability in health care services managed by the DFMS.

To further strengthen DFMS capacity, 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 (L85 in Lusaka, ZNS Luamfumu in Mansa, Luena Barracks in Kaoma and ZAF Mumbwa).

The M&E Manager at DFMS will be supported to undergo a short course in M&E offered by the University of Zambia. This training will build his skills in Health Management Information Systems (HMIS) including M&E data collection, management and reporting. It is expected that following this training, the M&E manager will have improved capacity to strengthen these areas in ZDF health facilities, and thus this approach is also a means of building sustainable institutional capacity in this area.

To complement this effort, and building on two previous workshops which served successfully to build capacity as well as commitment to monitoring and reporting, 54 ZDF HIV/AIDS unit coordinators plus six central HIV/AIDS unit staff will undergo a 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. The FY2007 refresher workshop will run for four days and will cover in detail components such as M&E systems, M&E planning and developing M&E frameworks. The workshop will be facilitated by PCI staff together with an M&E specialist from the National AIDS Council (NAC) to maintain national standards. 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 identify and jointly address constraints related to data collection and dissemination, and will further 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 initial facility surveys for the four model FY2007 sites, in coordination with DFMS and JHPIEGO, in order to plan effectively for establishing of these sites as model sites. Supportive supervision tours of ZDF units, with leadership from the DFMS HIV/AIDS office (and including the Director General Medical Services, who joined these monitoring tours for the first time with DOD/PEPFAR support in 2006), will continue to be supported. Finally, follow-on to the 2004/2005 knowledge, attitudes and practices and intervention impact study will be conducted to help measure the impact of various prevention, care and treatment interventions of the past two years and to identify areas needing additional support.

The emphasis in this program area is on sustainability of the efforts, through a focus on training and systems support to build capacity within the ZDF, and in particular in those responsible at central and unit levels for the design, implementation, monitoring and evaluation of HIV/AIDS related activities.

Continued Associated Activity Information

Activity ID: 3739
USG Agency: Department of Defense
Prime Partner: Project Concern International
Mechanism: DoD-PCI
Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Facility survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	60	☐

Target Populations:

Military personnel

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8795
Planned Funds: $ 320,000.00
Activity Narrative: In the area of strategic information, Health Services and Systems Program (HSSP) will develop and strengthen an ART (anti-retroviral therapy) data collection and reporting system to facilitate overall program management. This activity also links to HSSP's human resource development component under the Other/Policy Analysis and System Strengthening program area (#8793). HSSP will continue to link to other partners who are working in service provision and strategic information. The project will work under the direction of the Ministry of Health (MOH) and coordinate with the Zambia Prevention, Care and Treatment (ZPCT) Partnership (#8885), 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/AIDSRelief (#8828), Center for Infectious Disease Research Zambia (CIDRZ) (#9001), and ZPCT (#8885) to train and disseminate these standards and tools to facility staff.

During FY 2004, technical assistance was provided to develop the national ART Information System (ARTIS) in provincial and tertiary level hospitals. In FY 2005, HSSP provided technical assistance focused on: rolling out the paper-based ARTIS to all public health facilities providing ART; integrating ART data into the Health Management Information System (HMIS); developing an inventory of existing prevention of mother to child transmission (PMTCT) and counseling, testing, and care (CTC) indicators; and producing a Health Statistical Bulletin that includes ART Information. 72 district and nine provincial data managers were trained in the paper-based ARTIS thus achieving 100 percent coverage.

During FY 2006, HSSP's role was to assist the Ministry of Health (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 PMTCT, CTC, and tuberculosis (TB) 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 CTC, PMTCT, and TB services.

In FY 2007, HSSP will support all 72 districts' efforts in utilization of information to plan for HIV/AIDS services, develop quarterly and annual reports based on action plans, and provide support to routine information management system to enhance data quality. A total of 182 staff (72 District Health Information Officers, 72 Managers of Planning and Development, nine provincial data managers, 18 Clinical Care Specialists, and 11 Hospital Information Officers) will be trained in information utilization to achieve national coverage. It is expected that there will be improvement in the quality of action plans, implementation, and services in general.

It has been observed from the district action plan review that planning is not based on evidence or sound epidemiological data, hence the need to focus on data utilization at service delivery level.

As part of the sustainability plan, HSSP works closely with the Ministry of Health, Provincial Data Management Specialists, and other partners (ZPCT, CDC, CIDRZ, and the World Health Organization) to develop, disseminate, and maintain the HIV/AIDS reporting systems which are integrated into the overall Government HMIS. HSSP's mandate is to ensure integration of ART, PMTCT, CTC, and TB into the mainstream HMIS and build capacity of the health workers and Data Managers in the use and maintenance of the developed information systems. Seventy-two district and nine provincial data managers have since been trained in the paper-based ARTIS and an additional 182 staff will be trained in information utilization.

Continued Associated Activity Information

Activity ID: 3532
USG Agency: U.S. Agency for International Development
Prime Partner: ABT Associates
Mechanism: Health Services and Systems Program
Funding Source: GHAI
Planned Funds: $ 320,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	93	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	182	☐

Target Populations:

Doctors
Nurses
Public health care workers
Other Health Care Worker

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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8828
Planned Funds:	$ 450,000.00

Activity Narrative: This activity relates to: EGPAF SI (#9001), JHPIEGO SI (#9034), Ministry of Health (MOH) (#9008), Technical Assistance – Centers for Disease Control and Prevention (CDC) (#9023), and CCPTS COMFORCE (#9691)

Futures Group leads monitoring and evaluation (M&E) for Catholic Relief Services (CRS) 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 United States Government (USG) agencies, National Ministry of Health (NMOH) in conjunction with the Ministry of Health (MOH), and AIDSRelief specific project indicators. This collective information supports the provision of high quality HIV/AIDS care and treatment, ensures drug durability, tracks patient and program progress, and provides accuracy in reporting to both the USG and NMOH (former Central Board of Health). While reporting on indicators to donors and governments is an essential secondary objective, the primary aim of collecting strategic information (SI) is to assist clinicians and clinic managers in providing high quality HIV/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 one and worked with programmers to modify the domestic version to meet the needs of an international environment and the specific needs of AIDSRelief Zambia.

However, Zambia found itself with multiple incompatible systems. With the MOH establishing the Continuity of Care and Patient Tracking System (CCPTSv3) electronic medical record (EMR) application as the national standard in April of 2006, essential activities of the end of the Country Operational Plan (COP) 2006 and early fiscal year (FY) 2007 must include conversion of data and forms to the new standard. The Centers for Disease Control and Prevention (CDC) is providing technical assistance and other assistance to help with this effort. By FY 2007, all clinics will have been converted and will be in compliance with the national system, and data and reports can be merged nationwide with all other care and treatment providers. The CCPTS software also produces the required national, PEPFAR, and Health Management Information System (HMIS) reports.

A software programmer will be engaged to help with technical issues in the transitioning period (end of COP 2006). This programmer will join with the source team of programmers at CDC, Center for Infectious Disease Research in Zambia (CIDRZ), MOH to ensure all necessary feedback is inputted into the system and the field is updated on new changes by start of COP 2007 activity period. Temp hires will be engaged to input all backlogs of CareWare paper forms as quickly as possible, so that the maximal amount of patient data will be in electronic medical record (EMR) at the time of transitioning, unless this approach appears to be less efficient or unduly delays the transition. Temp hires will be used to enter data into the new CCPTS in case there will be data that will not be convertible from CAREWare that must be human processed.

In FY 2007 the SI team will focus their efforts on maintaining the standardized national M&E systems that will be used across all AIDSRelief sites. This will include the mentoring of already trained as well as training of new facilities in using the forms and software adopted at national level.

Futures Group provides training and on-site technical assistance to local partner treatment facilities (LPTFs) in order to build in-country capacity and enhance paper-based and automated HMIS. Focusing efforts on capacity building activities will ensure that LPTFs are skilled in comprehensive data management, including data collection, validation, analysis, and reporting. LPTFs 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 LPTFs because it is an essential component of monitoring patient progress and ensuring accuracy in reporting.

AIDSRelief Zambia in compliance with government guidelines has decided to shift the patient management system from CAREWare to the CCPTS EMR. In collaboration with

AIDSRelief partners, the AIDSRelief SI Advisor, working closely with the members of the Country Technical Coordinating Team (CTCT), and LPTFs, including clinicians, medical records staff, administrators, and M&E officers will ensure that the CCPTS is in all clinics and is being properly used to collect the required data.

Continued Associated Activity Information

Activity ID: 3711
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: AIDSRelief- Catholic Relief Services
Funding Source: GHAI
Planned Funds: $ 150,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
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 local organizations provided with technical assistance for strategic information activities	17	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	40	☐

Target Populations:

Doctors
Nurses
Pharmacists
Other 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:	SHARE
Prime Partner:	John Snow Research and Training Institute
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8910
Planned Funds:	$ 230,000.00

Activity Narrative: This continuing activity links to HVAB (#8906), HVCT (#8907), HBPC (#8908), HTXS (#8909), and OHPS (#8911).

In collaboration with CDC and the National HIV/AIDS/STI/TB Council (NAC) Technical Working Group (TWG) on monitoring and evaluation (M&E), Support to the HIV/AIDS Response in Zambia (SHARe) will continue to strengthen the national HIV/AIDS information system at national and provincial/district levels in order to improve monitoring, tracking and reporting on all HIV/AIDS projects and activities in all program areas. SHARe will assist NAC in its planned M&E activities in coordination with other partners and in line with the national HIV/AIDS M&E Strategic Plan.

In FY 2005 and FY 2006, SHARe has worked closely with NAC, the M&E TWG, CDC, CSO, and NASTAD to assist the GRZ in achieving "The 3 Ones", including one HIV/AIDS M&E System. SHARe assisted the NAC to pilot its first HIV/AIDS decentralized database through District AIDS Task Forces throughout the country. SHARe has also been part of the development of the HIV/AIDS M&E Framework development. In FY 2006, both SHARe and NASTAD are providing training to DATF staff using the M&E training curriculum CDC assisted NAC to develop. SHARe was also very involved in the Joint Annual Review conducted by NAC and has become a key partner to the GRZ in decentralizing and operationalizing the one HIV/AIDS M&E system.

In FY 2007, SHARe will also continue to provide support to strengthen SI including monitoring and evaluation and reporting in private sector health facilities, public and private sector workplaces and communities through its four NGO partners ((Zambia Health Education and Communications Trust (ZHECT), ZamAction, Afya Mzuri and Latkings) and four ministries (Ministry of Agriculture and Cooperatives, Ministry of Home Affairs, Ministry of Transport and Communications, and Ministry of Tourism/Zambia Wildlife Authority). Through its partners, SHARe will continue efforts to implement quality information systems from the primary data collection level of volunteers and health workers, to consolidation by partner organizations, through to reporting of achievements.

SHARe will also continue to provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO, to provide technical assistance in SI to eight companies in two Global Development Alliances (GDA) in the mining and agribusiness sectors. 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 $2 million will be leveraged from the private sector for the two GDAs. SHARe will continue to provide direct grants to the eight GDA companies to support workplace and community SI activities, including primary data collection by trained volunteers and health workers, consolidation of data, and reporting to both the GRZ and USG.

SHARe will ensure the sustainability of SI activities within NAC and its decentralized structure by leaving behind a well function national HIV/AIDS reporting system that collects data from the community through the district to the national level. SHARe will increase the sustainability of its five local NGO partners, Afya Mzuri, ZamAction, ZHECT, Latkings, and CHAMP, through continued strengthening of technical and management capacities and mobilization of financial resources. Activities will include participatory analysis of current levels, sharing of sustainability strategies with successful NGOs, development and implementation of sustainability plans. GDA companies will ensure the sustainability of their HIV/AIDS workplace activities using private sector funds, while public sector ministries will ensure the sustainability of their HIV/AIDS workplace and community activities through public sector and other donor funding.

Including NAC, a total of 48 organizations including NGOs, Provincial AIDS Task Forces (PATFs), District AIDS Task Forces (DATFs), private sector companies, GDA companies and ministries will be reached with support in SI to improve data collection, analysis and use of data for decision-making.

Continued Associated Activity Information

Activity ID: 3642
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow Research and Training Institute
Mechanism: SHARE
Funding Source: GHAI
Planned Funds: $ 230,000.00

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 local organizations provided with technical assistance for strategic information activities	48	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	96	☐

Target Populations:

Business community/private sector
Community-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Program managers
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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8916
Planned Funds:	$ 200,000.00

Activity Narrative: This activity is a continuation of the HIV Prevalence Survey as part of the 2007 Zambia DHS (ZDHS). This activity will contribute to increased use of strategic information for surveillance of HIV/AIDS. In FY 2007, Measure DHS will complete all analysis, publication and dissemination of the HIV Prevalence Survey portion of the 2007 ZDHS. The prevalence survey collected and analyzed blood samples and basic demographic information of a nationally representative DHS sample from men and women of reproductive age. The pretest took place in mid-2006, and the actual data collection took place in late 2006 after the presidential elections. Macro will work in close collaboration with the Central Statistics Office (CSO), the
Ministry of Health (MOH), the National HIV/AIDS/STI/TB Council (NAC) and other government counterparts to finalize data analysis, write up findings, and publish and disseminate results.

The 2007 ZDHS survey will provide a wealth of demographic and health information that is linked to HIV prevalence data. The 2007 ZDHS data in conjunction with the 2005 Zambia Service Provision Assessment (ZSPA) findings, and other country-specific
data can be used to guide national and provincial level evidence-based planning, monitoring and evaluation, and advocacy efforts. To increase access to and use of these data, Measure DHS in collaboration with CSO and the Ministry of Health (MOH)
propose to carry out a range of dissemination and capacity building activities. This will include (1). the publication of the Preliminary and Final Reports on the ZDHS HIV/AIDS portion of the survey; and 2) a national seminar to disseminate the HIV/AIDS findings of the Final Report in Lusaka.

In addition, Macro will support CSO activities that ensure the 2007 ZDHS HIV/AIDS findings reach the major policymakers, program planners, and evaluation specialists who need them most. Macro will fund the printing of dissemination material, capacity building/data users' workshops, and further analysis. This will include brochures, a series of maps, graphs, and charts used to display data on HIV/AIDS disaggregated according to provincial and urban/rural categories.

Macro will publish The Key Findings Report which will highlight the major findings with easy-to-read text, graphics, and photographs. This report is designed for less technical readers and is ideal for policy makers, government ministers, and other professionals who do not have time to read through the entire Final Report. In addition, Macro will collaborate with the CSO, MOH, cooperating agencies, NGOs, and other major stakeholders in Zambia to prepare a list of key recommendations based on the survey. Macro will work with the CSO, MOH, and local groups to prepare a press packet including a press release, background materials, and a list of key findings for the conclusions of the survey. The findings will be described in non-technical language
appropriate for sharing with a wide range of audiences including policy makers, health care providers, family planning and health project managers, journalists, and NGOs. The Press briefing and packet is designed to increase the quality and quantity of press coverage of the national survey's HIV/AIDS findings in the electronic and print media. Macro proposes to hold a press briefing with CSO and Ministry of Health for up to 40 print and electronic media journalists on the day before the national seminar. The
briefing will include the major findings and conclusions from the survey. There is considerable opportunity for additional analysis of these data as well as other Zambian datasets. To ensure sustainability and enhance human capacity in data analysis in Zambia, Macro proposes to conduct one or more workshops with local researchers and CSO staff to enhance their skills in data analysis, using the ZDHS dataset. The workshop will focus on how to manipulate the recoded dataset, using STATA or SPSS, merge files, produce new tables, and perform bivariate analyses. Depending on local needs and interests, the training can be expanded by several days to include more complex statistical methods for multivariate analysis including multiple regression and correlation. In addition, Macro provide technical assistance to help local researchers, CSO, NAC and MoH identify research topics, develop their analysis plans, carry out basic tabulation and statistical testing plans, and finalize research papers. This training will combine lectures and hands-on computer sessions. In addition, each participant will be given a CD with the recoded 2007 ZDHS dataset so s/he can continue working with the data. Macro recommends the group select 5 research topics, of which at least two should focus on HIV-related issues. A Macro senior researcher, will provide mentoring for participants beyond the workshop to ensure that the research topics will be completed.

In addition, Macro, in conjunction with CSO, MOH, and NAC, will work together in the planning and implementation of the 2008 ZSBS/AIS survey. Preparatory activities will include contract signing; planning meetings with stakeholders; revision, translation and finalizing of questionnaires and training manuals; submission of protocols to the ethical review board; pre-testing of field protocols; and training of field staff. Four nationally represented surveys have been implemented to date, on a bi-annual schedule. The 2008 ZSBS/AIS survey will be the fifth in the series. The 2008 survey will use a nationally representative sample of about 2,500 men and 2,500 women in Zambia. Sample design will allow for separate estimates for men and women, as well as separate urban and rural estimates for key indicators.

A second component of the ZSBS/AIS is a continuation of capacity building activities that MEASURE Evaluation initiated in earlier years. These activities are aimed at institutional strengthening of CSO, MOH, and NAC, and training of up to 40 technical staff and other government officials. The goal of these activities is to enable the Central Statistics Office to permanently reduce its reliance on technical assistance from outside Zambia, and specifically, to assume full responsibility for future ZSBS/AIS surveys. To enhance sustainability, MEASURE DHS will work with CSO to integrate capacity building activities into its existing organizational structure and staffing as earlier indicated.

Geographic Information Systems (GIS) provide a different and very useful way of presenting Emergency Plan data. Among the most important applications of GIS for HIV programs is showing how well HIV prevention and care interventions are distributed nationwide and whether certain areas are over-served or underserved, especially areas with high prevalence. Macro proposes to work with local counterparts in CSO, MOH, NAC, NGOS, and other CAs to perform exploratory analyses using the geo-referenced ZDHS and ZSPA data. By the end of a 5-day training, participants will be able to produce simple maps, using the ZDHS, ZSPA and other datasets. Macro recommends that the maps produced in the workshop be presented in the 2007 Zambia Atlas of HIV/AIDS Indicators. The atlas is a collection of maps that summarize the most important indicators related to HIV/AIDS. The maps along with available data from HIV/AIDS interventions provides visual information that should be of use to policymakers and program administrators who need up-to-date data for implementing and evaluating their activities, and planning future interventions.

To ensure sustainability of survey planning, implementation, data analysis, effective dissemination, and data use for decision-making, Macro will mentor and train 100 CSO, NAC, and MOH monitoring and evaluation (M&E) staff throughout this entire process. This will build national capacity to take over many of the tasks that Measure has traditionally done in the implementation and dissemination of national surveys.

Continued Associated Activity Information

Activity ID:	3662
USG Agency:	U.S. Agency for International Development
Prime Partner:	Macro International
Mechanism:	Measure DHS
Funding Source:	GHAI
Planned Funds:	$ 600,000.00

Emphasis Areas	**% Of Effort**
AIS, DHS, BSS or other population survey	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	3	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	☐

Target Populations:

Country coordinating mechanisms
National AIDS control program staff
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
M&E Specialist/Staff

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Zambia Partners Reporting System
Prime Partner: Social and Scientific Systems
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8935
Planned Funds: $ 200,000.00
Activity Narrative: This new activity is funded with FY 2007 plus-up funding. This activity links to ART service delivery providers (CIDRZ, AIDS-Relief, and ZPCT) and to Palliative Care services (RAPIDS, SUCCESS, PCI/ZDF, ZPCT, and others).

The goal of this activity is to provide technical support and update the Zambia Partners Reporting System (ZPRS) developed by Social & Scientific Systems (S-3) for the USG in Zambia. The Zambia Partners Reporting System (ZPRS) was developed in FY 2004 and used for the first time in March 2005 for the semi-annual report. ZPRS is a computerized PEPFAR 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 databases that loads into a web-based system and ultimately into COPRS.

In FY 2005, S-3 developed the ZPRS and provided on-site technical support in training of staff and partners, in cleaning and entering data into the system, identifying and correcting bugs in the system, and adding a district level mapping component to the system. In FY 2006, S-3 has assisted the USG/Zambia in updating its ZPRS to conform to the most recent OGAC reporting guidelines and will provide technical assistance and training to the USG mission in Zambia and to its 60 implementing partners. The ZPRS has ensured a higher quality of data, standardized indicators and results, facility level indicator data and mapping, partner level accomplishments and funding to sub-partners, and is now used by all USG agencies effectively.

In FY 2007, S-3 will provide ZPRS technical support for all USG agencies and partners and will update the ZPRS to make it more user friendly for partners. Major upgrades to the system will also be implemented, including new end-user account types, and new functionality that will allow prime partners to directly access the web-based system and upload and edit program results data, including facility template Excel files. Users will be shown information on targets from the previous two fiscal years, from the respective Zambia COPs. ZPRS will also be updated to comply with all OGAC requirements, including revisions to the XML mechanism used for two-way communication with COPRS. In coordination with OGAC, ZPRS will also implement appropriate redaction capabilities to ensure the security of procurement sensitive data.

Additional reports and other enhancements will be implemented when new requirements are identified. Likely sources for these new requirements include the increased use of ZPRS by CDC staff, and new reporting requirements for the Office of the Director of Foreign Assistance.

In FY 2007, once the system is upgraded, the USG/Zambia SI Sub-committee will provide a ZPRS demonstration to the National HIV/AIDS/STI/TB Council (NAC) to see if they may find it useful for field-based data collection as part of their One M&E System. If they find the ZPRS to have potential for use at the district level and below, then we will invite S-3 to Zambia to adapt the system for use by the NAC.

Continued Associated Activity Information

Activity ID: 3731
USG Agency: U.S. Agency for International Development
Prime Partner: Social and Scientific Systems
Mechanism: Zambia Partners Reporting System

Funding Source: GHAI
Planned Funds: $ 50,000.00

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	10 - 50
USG database and reporting system	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	60	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8943
Planned Funds: $ 0.00
Activity Narrative: Deleted

Continued Associated Activity Information

Activity ID: 3570
USG Agency: U.S. Agency for International Development
Prime Partner: University of North Carolina, Carolina Population Center
Mechanism: Measure Evaluation
Funding Source: GHAI
Planned Funds: $ 200,000.00

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8997
Planned Funds: $ 400,000.00
Activity Narrative: This activity relates to: Ministry of Health (MOH) (#9008), and Centers for Disease Control and Prevention (CDC) (#9023).

The fiscal year (FY) 2007 plan aims to build-up and sustain the Central Statistics Office (CSO) office and expertise for vital registration in Zambia. An important FY 2007 activity is the continuation and expansion of the Sample Vital Registration with Verbal Autopsy (SAVVY) System in selected regions in Zambia. This FY 2007 activity builds upon the Feasibility Study conducted in FY 2006 by the CSO in collaboration with the Centers for Disease Control and Prevention (CDC) Global AIDS Program (GAP) Zambia, the US Census Bureau, and Measure Evaluation. In FY 2007 the CSO, in collaboration with the Ministry of Health (MOH), will expand its surveillance of vital events in Zambia by adding coverage areas beyond the two FY 2006 pilot sites. This vital registration system builds upon current CSO expertise in demographic surveillance to estimate the number and causes of death. In addition to establishing the infrastructure to obtain mortality data alongside census data in a target sample, this effort will train 80 CSO staff, interviewers, census enumerators, community workers, and supervisors in SI. Beyond training of individuals in SAVVY methods, this activity will yield information on the number of deaths ascertained by the community informants, number and quality of verbal autopsy forms completed by interviewers, the number and quality of verbal autopsy forms coded with cause of death. The estimate of duration of time from death to notification and completion of verbal autopsy and time to cause of death coding are also captured. An estimate of mortality rate observed in the SAVVY areas and communities will also be calculated.

Continued Associated Activity Information

Activity ID: 3717
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Central Statistics Office
Mechanism: CSO SI
Funding Source: GHAI
Planned Funds: $ 150,000.00

Emphasis Areas	% Of Effort
HIV Surveillance Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	80	☐

Target Populations:

Host country government workers
M&E Specialist/Staff
Community members

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	EGPAF - U62/CCU123541
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9001
Planned Funds:	$ 1,150,000.00

Activity Narrative: This activity relates to: JHPIEGO SI (#9034), AIDSRelief – Catholic Relief Services (CRS) (#8828), Ministry of Health (MOH) (#9008), Technical Assistance – Centers for Disease Control and Prevention (CDC) (#9023), and CCPTS COMFORCE (#9691).

The Continuity of Care Program tools consist of heath data standards, health services standards, equipment (a touch screen monitor, clinical computer, un-interruptible power supply, smart card reader and cards), documentation, and software. These tools are being developed and scaled-up, and combined with large numbers of trained users, to provide a national Electronic Medical Record (EMR) based system to better assure high quality HIV/AIDS care. The software is presently called the Continuity of Care and Patient Tracking System (CCPTS). This clinical application is designed to provide a complete view of a patient's health, at each point of service that may be accessed by an HIV positive person. The program targets the linking and integration of all potentially HIV/AIDS related out-patient services via an informational medium (a smart card) that is portable across service providers and points of care. This is intended and expected to improve the quality of care and reduce the cost of services.

Whereas in fiscal year (FY) 2005 and early FY 2006 the CCPTS software development effort reflected primarily an effort to merge, into the Continuity of Care framework, two earlier efforts (the Centers for Disease Control and Prevention (CDC) Continuity of Care EMR Program and the Center for Infectious Disease Research in Zambia (CIDRZ) Patient Tracking System (PTS) software), increasingly the Zambia Ministry of Health (MOH) is taking leadership in engaging collaborators, providing authority for deployment, and contributing field support from within the Ministry. In mid FY 2006, the MOH corralled the efforts of all major care and treatment implementers, asking each for commitments of infrastructure for deployment of the system nationwide.

The MOH has also developed, planned and promoted its own very aggressive deployment process for the CCPTS, using an almost 'viral' dissemination plan: a) train provincial level trainers of trainers at central trainings, b) send provincial technical leadership back to province to replicate training with district leadership, who then c) take the skills back to their districts for local training and implementation. So even before the FY 2007 activity period begins, the efforts of the initial three CCPTS collaborators (CDC, CIDRZ and MOH) have been joined by efforts of all other HIV/AIDS care and treatment partners in Zambia, including AIDSRelief - Catholic Relief Services (CRS) and the Zambia Prevention, Care, and Treatment (ZPCT), Health Systems Strengthening Project (HSSP), JHPIEGO, in addition to the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF).

On April 5, 2006, the MOH established this system as the Zambian national standard for electronic clinical systems, thus displaying a remarkable achievement of consensus as well as technology assimilation, in a short period of time. The immediate targets of this effort remain the quality of health care in Zambia and 'local ownership' by the MOH. However, when the software is internationalized, which is an extension of functionality that will occur during 2007, we expect it may fill a niche in some other President's Emergency Plan for AIDS Relief (PEPFAR) countries, thus, leveraging the investment made in Zambia. The application is open source, and other countries continue to express interest in using the application.

The services which have been integrated to date are HIV care, antiretroviral therapy (ART), tuberculosis (TB) care in the context of ART, antenatal clinic services (ANC), prevention of mother to child transmission (PMTCT) protocols with opt-out counseling and testing (CT), and voluntary counseling and testing (VCT). Pediatric ART services are to a large extent complete in design, as the forms have been approved, and the software requires only small modifications to capture these data. However establishing the policies associated with 'shared' maternal-child records may take longer for the country to sort out than will the engineering of the technology, and we hope to provide careful technical assistance with this process. This developing country EMR provides now services more than 60,000 patients, and with the additional partners starting deployment before the end October 2006, the rate of growth of services may increase non-linearly as the number of electronic clinics increase, provided there are no drug supply limitations.

The EGPAF activity in FY 2007 is a continuation and extension of the work in FY 2006, which included 1) support for some of the equipment required for the national scale up

and 2) contributing software development resources, via subcontractors, to the collaborative software development guided by CDC and the MOH. In FY 2007 EGPAF will continue to provide software resources through contractors, but transitioning to contractors with a strong in-country presence. Additionally EGPAF will provide increasing logistics support for the scale-up, to complement their contribution in acquiring equipment for the system.

Zambia's Health Management Information System (HMIS), a specific key MOH facility based aggregate data collection tool, will experience improved data timeliness, quality, completeness as a consequence of the CCPTS replacing the manual tally system in the clinics. All facility based HMIS indicators will be produced as a side-effect report of routine recording of patient care data. This information will feed directly into the HMIS software before the end of 2006, saving yet another HMIS task.

By October 2006, updated national HIV/AIDS care standards will have been incorporated reflecting the latest advice of the MOH and the growing experiences of a broad user community. These standards are reflected in the CCPTS forms that all providers must now use. In FY 2007, the following ongoing interdependent activities will be supported: (1) completing the full outpatient service functionality of the CCPTS to more effectively and to fully support care and treatment for people who may have HIV/AIDS and related illnesses; (2) improving the human capacity of the MOH both centrally, and in clinics, to operationally own and manage this national EMR application; and (3) supporting continued deployment of the CCPTS application nationwide at MOH sites, and MOH sites supported by different United States Government-funded partners, including CIDRZ, CRS, and ZPCT partnership, and others. This system will be central to generating some of the data use activities mentioned in the MOH activity.

Continued Associated Activity Information

Activity ID:	3709
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
Mechanism:	TA- CIDRZ
Funding Source:	GHAI
Planned Funds:	$ 1,600,000.00

Emphasis Areas	**% Of Effort**
Information Technology (IT) and Communications Infrastructure	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	80	☐

Target Populations:

Adults
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Laboratory workers
Other Health Care Worker
M&E Specialist/Staff
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	MOH - U62/CCU023412
Prime Partner:	Ministry of Health, Zambia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9008
Planned Funds:	$ 750,000.00

Activity Narrative: This activity relates to EGPAF SI (#9001), JHPIEGO SI (#9034), AIDSRelief – Catholic Relief Services (CRS) (#8828), Technical Assistance/Centers for Disease Control and Prevention (CDC) (#9023), Zambia National Blood Transfusion Service (ZNBTS) (#9698), and CCPTS COMFORCE (#9691).

This cooperative agreement (CoAg) with the Ministry of Health (MOH) supports SI objectives of strengthening local health management information systems (HMIS) and improving human resource capacity for monitoring and evaluation (M&E).

Building on last years successes, in fiscal year (FY) 2007, this activity will continue to support improved use of routine health information through national patient level information systems, aggregate systems, survey efforts, and monitoring and evaluation activities. This activity also includes the procurement of equipment required for further deployment of the nationally adopted Continuity of Care and Patient Tracking System (CCPTS) which may include touch screens for data entry, electronic medical record (EMR) Care Cards (smart cards) for data transport, card readers, printers, computers, and computer and printer consumables.

Highly competent and skilled information technology (IT) and information systems (IS) personnel are essential to support and 'locally own' a national EMR system. Support will be provided for capacity building activities within the MOH at Central, Provincial, District, and Facility levels by assisting the Ministry to hire appropriate technical leadership staff holding internationally recognized standard certifications, and other objective measures of skill and experience. In light of the new MOH structure, and the change opportunities associated, this is a key time to support transition to higher level skills and authority in information systems and management.

Funding for the facilitation of roll-out and scale-up planning meetings as the system capacity expands will be provided as well as technical assistance to provincial and district levels in handling system upgrades. While the United States Government (USG) is very supportive of this project, for sustainability it is imperative to have the MOH authorize and lead all aspects of the deployment of the new national EMR system.

This funding will provide support for continued improvement of linkages between national clinical information systems such as CCPTS, and the national HMIS. Training for the national CCPTS at the central levels will continue to expand in FY 2007 in the following areas: (1) software development training to build MOH's capacity to maintain and develop enhancements to the system; (2) user training for staff facilitators having expertise with the system; and (3) system maintenance training.

As a result of these trainings, 10 people will be trained in software development, 120 people will be trained as users of the system, and 70 people will be trained in the maintenance of the system. JHPIEGO is providing on-the-job training to 250 clinical staff at facility-level through a mobile team of IT professionals who train, install, and assist with troubleshooting and data entry.

Support will also be provided for MOH to include an M&E Data Use Specialist in the central M&E Directorate to maximize information systems and train provincial and district counterparts on localized use and feedback processes. This specialist will work with USG staff to assist in the CCPTS roll out, create data use curricula and tools, and support national HMIS restructuring and file exchange.

The FY 2007 funding will also enable the Zambia MOH to support and expand its surveillance of HIV and other causes of HIV-related morbidity and mortality through the following activities: 1) begin the analysis, reporting, and dissemination of data from the Zambia 2006 Antenatal Clinic Sentinel Surveillance Survey and the Zambia 2006 Demographic and Health Survey on estimates of HIV and syphilis prevalence (and recent infections) in relation to important socio-demographic factors; 2) strengthen the Zambia National Cancer Registry for surveillance and reporting of AIDS-related malignancies to enable the Government of the Republic of Zambia in its monitoring of the impact of antiretroviral therapy scale-up on the risk of these important AIDS-related complications (note: Cancer Registry data suggest that the leading cancers for both men and women in Zambia are viral related. Monitoring cancer rates is a way to triangulate on the course of

the epidemic and the impact of the PEPFAR interventions in the capital, where the earliest and largest of the ART services exist and from which the Cancer Registry draws most of its cases. This type of approach is helpful in the absence of good mortality data.); 3) support MOH staff training in bioethics and human subject research protection to increase awareness and proficiency in patient privacy and confidentiality, issues that are critical and fundamental to all HIV/AIDS M&E and surveillance data collection and data use, including CCPTS; 4) assist the MOH to archive historic and current national level surveillance and M&E data to better support trend and impact analyses, and encourage the use and reporting of health information collected to inform MOH planning and to evaluate the impact of MOH programs; and 5) build capacity in health research methodology including study design, data management, statistical analysis, scientific writing, preparation of manuscripts for publication in the scientific literature, methods and resources for accessing international electronic health information and literature, and communication of health information and research results to health professionals, policy makers, and the general public. These activities aim to increase the proficiency of MOH staff in the systematic collection and use of HIV/AIDS M&E and surveillance data, effective communication of results for MOH planning of HIV/AIDS services and program evaluation, and capacity building within MOH so that M&E and surveillance activities can be sustained by Zambian health professionals beyond FY 2007.

Continued Associated Activity Information

Activity ID:	3713
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Central Board of Health
Mechanism:	MOH/CBoH- SI
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

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 local organizations provided with technical assistance for strategic information activities	15	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	150	☐

Target Populations:

Host country government workers
Public health care workers
M&E Specialist/Staff

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: NAC - U62/CCU023413
Prime Partner: National AIDS Council, Zambia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9011
Planned Funds: $ 400,000.00
Activity Narrative: This activity relates to NASTAD (#9013), SHARe (#8910), University of Zambia (#9030), and Centers for Disease Control and Prevention (#9023).

The United States Government (USG) supports the National HIV/AIDS/STI/TB Council (NAC) in assuring strong monitoring and evaluation (M&E) centrally and to promote it across sectors in Zambia. NAC is charged with establishing and maintaining Zambia's HIV/AIDS information as reported by provincial and district levels. At the policy level, research and evaluation capability has become its own strategic theme in the 2006-2010 HIV/AIDS Strategic Plan. This elevates the importance of strong information and M&E capability to a higher level of priority. 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.

Specifically, this activity will continue to support key staff positions within the NAC's M&E Unit, which may include positions such as an M&E Director, M&E Specialist, Information Technology Specialists, and others based on NAC's needs. The continued support of activities in relation to directives of the National Monitoring and Evaluation Technical Working Group convened by NAC are provided by this funding.

A primary focus of activities in fiscal year (FY) 2007 is to continue to develop new and strengthen existing systems for continued training and performance support at district, provincial, and national levels in the deployment of the national M&E system and Information Systems/Information Technology strategy. In FY 2005 and FY 2006, USG facilitated a process which resulted in a joint capacity building plan to harmonize M&E capacity building efforts across USG agencies and cooperating partners such as SHARe and National Association of State and Territorial AIDS Directors (NASTAD). A single M&E training manual and training package was developed with technical assistance from CDC-Atlanta. By the end of FY 2006, all Provincial AIDS Coordinating Advisors (PACAs) and district level HIV/AIDS focal points will have been trained with the material. In FY 2007 USG will support in-depth M&E training focused on localized data use for planning and reporting. A new element in FY 2007 is an enhanced focus on building proficiency with data use and retrieval from anchor national information systems such as the Health Management Information Systems (HMIS), and the Continuity of Care: Patient Tracking System (CCPTS).

Additionally, USG provides ongoing technical assistance to NAC on information and communications infrastructure planning, development, and the deployment of the national monitoring and evaluation system. NAC's goal is to reach over 70 people in trainings 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 its Resource Center by facilitating linkages with key research tools and services.

Continued Associated Activity Information

Activity ID: 3716
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National AIDS Council, Zambia
Mechanism: NAC SI
Funding Source: GHAI
Planned Funds: $ 139,969.00

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	81	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	70	☐

Target Populations:

Community-based organizations
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Implementing organizations (not listed above)
M&E Specialist/Staff

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: NASTAD - U62/CCU324596
Prime Partner: National Association of State and Territorial AIDS Directors
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9013
Planned Funds: $ 30,000.00
Activity Narrative: This activity relates to SI (#9023 and #8910) and OHPS (#9024 and #9014).

The National Association of State and Territorial AIDS Directors (NASTAD), in collaboration with the Government of the Republic of Zambia's (GRZ) HIV-related monitoring and evaluation (M&E) capacity building focal points National AIDS Council (NAC), SHARe, and the Central Statistics Office (CSO) will continue to provide technical assistance to NAC and other institutional staff charged with improving M&E tools and processes as 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 continue to mentor for long-term individual and institutional capacity building. Funds will also be used to bring recognized M&E experts to Zambia for targeted trainings. In 2007, NASTAD will also conduct an assessment and develop a feasibility plan for expanding work in Eastern and Lusaka Provinces.

Continued Associated Activity Information

Activity ID:	3715
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Association of State and Territorial AIDS Directors
Mechanism:	TA- NASTAD
Funding Source:	GHAI
Planned Funds:	$ 30,000.00

Emphasis Areas	**% Of Effort**
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for strategic information activities	20	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	☐

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	CDC Technical Assistance (GHAI)
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9023
Planned Funds:	$ 2,240,000.00

Activity Narrative: This activity relates to EGPAF SI (#9001), JHPIEGO SI (#9034), AIDSRelief – Catholic Relief Services (CRS) (#8828), Ministry of Health (MOH) (#9008), National AIDS Council (NAC) (#9011), SI Central Statistical Office (CSO) (#8997), Tropical Disease Research Center (TDRC) (#9028), Eastern Provincial Health Office (EPHO) (#9693), Western Provincial Health Office (WPHO) (#9696), Zambia National Blood Transfusion Service (ZNBTS) (#9698), and CCPTS COMFORCE (#9691).

Continuing work from fiscal year (FY) 2006, CDC's SI activities provide critical support to information systems, building sustainable monitoring and evaluation (M&E) capacity, and ensuring that essential information from sentinel surveillance and targeted evaluations is obtained and used to improve quality of care. Core systems must be institutionalized to sustain improved quality of care, decision-making about resources, and improved service delivery mechanisms. CDC provides technical and financial support to the Ministry of Health (MOH) and the National HIV/AIDS/STI/TB Council (NAC) at central, provincial, district levels. Built around an anchor information system project, the Continuity of Care and Patient Tracking System (CCPTS), which has recently been adopted by the MOH as a national standard, CDC Zambia is helping institute durable systems for quality health services, disease surveillance, and M&E.

Approximately $830,000 supports official CDC office locations and collocated partners in Zambia which require one-time and on-going improvements to their information systems infrastructure. These office locations are at the U.S. Embassy, University Teaching Hospital (UTH), Chest Diseases Laboratory (CDL), Intercontinental Hotel in Lusaka, and a field office based at the Provincial Health Office in Livingstone. This activity will fund the following: (1) procurement of IT equipment for the new Pediatric and Family Center of Excellence at UTH to include computers for the offices and points of service, setting up communications systems, equipment for training and conference facilities, integrate power supply systems for server and core equipment; (2) maintenance contracts for printers & computers, continued network operability for remote sites, VSAT and terrestrial communication links, and network routing hardware; (3) training for CDC and partner IT staff in networking and server administration; (4) assistance to NAC for implementation of strategic information activities by hiring a short-term advisor (one year contract $150,000); (5) initial consultations and design support to the Zambia National Blood Transfusion Service (ZNBTS) on linking CCPTS to the national donor retention database.

Approximately $360,000 will support M&E activities to: (1) continue technical support to the national M&E capacity and workforce building initiative in cooperation with NAC, MOH, SHARE, Peace Corps, the University of Zambia, and National Alliance of State & Territorial AIDS Directors to deliver performance-based ongoing training, mentoring, and scholarships to partners, Provincial AIDS Coordinators, District Planners, and District and Provincial AIDS Task Forces. United States Government support includes technical assistance and support to national meetings and dissemination of the "One" M&E Manual and Training kit develop with technical assistance from CDC Atlanta; (2) finalize the joint Government of the Republic of Zambia (GRZ) and USG ART cluster evaluation initiated in 2006 and take it from an information-gathering stage to intervention stage through the launch of the AIDS Quality Improvement Project. For additional ART evaluation support, CDC will conduct a systems theory-based evaluation of the linkages between ART treatment success and quality of ancillary services. This activity will map various ART service delivery sites and the existence of supportive services (e.g. food, psychosocial support) to gauge the effect of such services on treatment success. The result will be an estimation of the essential package of services required in a geographical area; (3) develop a companion training manual and toolbox for the CCPTS to build capacity at national, provincial and district levels to maximize data use for quality improvement by clinical staff and district, provincial, and national teams; and (4) continue to support Zambian M&E professionals and students to publish as well as present at regional and international conferences on operational and evaluation research.

For HIV/AIDS surveillance approximately $930,000 in FY 2007 will: (1) continue technical and material support to GRZ in its surveillance and reporting of HIV and syphilis prevalence through 24 antenatal clinic sentinel sites and three refugee camps. This activity is conducted in collaboration with the MOH, the Central Statistical Office (CSO), UTH, NAC, Tropical Diseases Research Centre (TDRC), and United Nations High Commission for Refugees (UNHCR); (2) support the GRZ in its surveillance of HIV

incidence over time by testing blood specimens from the antenatal clinic sentinel surveillance (1994-2006) and the Zambia Demographic and Health Survey using the BED-CEIA assay developed at the CDC to allow the estimation of recent HIV infections (incidence); (3) partner with the private sector in Zambia to strengthen surveillance and reporting of HIV prevalence and incidence among workers in the agricultural and other industries; continue our partnership with a major sugar estate to examine risk factors for HIV acquisition among migrant and non-migrant workers. FY 2007 funding will allow us to utilize the findings and to develop the methods and tools to strengthen the continuity of HIV care for migrant workers during the work season and to help establish linkage to care upon their return to home regions; (4) continue to strengthen and work towards sustaining the National Cancer Registry of Zambia in its surveillance and reporting of AIDS-related malignancies through technical and material assistance. Surveillance of AIDS-related cancers is important both for GRZ planning of cancer treatment needs and preventive interventions in the population, and for monitoring the impact of ART scale-up on the risk of AIDS complications and survival; (5) expand the Sample Vital Registration with Verbal Autopsy (SAVVY) System in selected regions in Zambia. This activity builds upon the Feasibility Study conducted in FY 2006 by the Central Statistics Office (CSO) in its surveillance and reporting of vital events in Zambia and will add coverage areas beyond the two FY 2006 pilot sites. The FY 2007 plan aims to strengthen and sustain the CSO office and expertise for vital registration in Zambia; (6) collaborate with the World Health Organization to provide assistance to the MOH in establishing a system to monitor HIV drug resistance (HIVDR) emerging during treatment. Such a system will include the initiation and coordination of a MOH HIVDR Working Group to develop a national strategy for HIVDR resistance monitoring, design and implementation of an appropriate prospective cohort in which to monitor HIVDR emerging during treatment and to collect information on behavioral and other risk factors associated with increased risk of HIVDR development, technical support to build laboratory capacity to perform genotypic HIV drug resistance testing, management and analysis of data on the magnitude of HIVDR in the selected study population, and the coordination of report dissemination to the GRZ, health professionals, the public, and the scientific literature; and (7) ensure the sustainability of HIV surveillance activities by providing expertise and coordinating training courses to increase long-term Zambian human resource capacity in data management, statistical analysis, data use and interpretation, scientific writing, and preparation of manuscripts for publications in scientific literature.

Continued Associated Activity Information

Activity ID:	3714
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	Technical Assistance
Funding Source:	GHAI
Planned Funds:	$ 860,768.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	40	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	200	☐

Target Populations:

Country coordinating mechanisms
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Private health care workers
M&E Specialist/Staff

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: TDRC - U62/CCU023151
Prime Partner: Tropical Diseases Research Centre
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9028
Planned Funds: $ 450,000.00
Activity Narrative: This activity relates to Ministry of Health (MOH) (#9008), and Centers for Disease Control and Prevention (CDC) (#9023).

This cooperative agreement with the Tropical Diseases Research Centre (TDRC) was established with the following objectives: (1) to expand the use of quality program data for policy development and program management; (2) to support and increase TDRC expertise in the surveillance of HIV/AIDS/STI/TB; (3) to improve information and communication technology (ICT) infrastructure; (4) to improve human resource capacity for monitoring and evaluation (M&E); and (5) to strengthen capacity in scientific research methods, data management and statistical analysis, and reporting. Centers for Disease Control and Prevention (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, laboratory and strategic information quality control and assurance, and strategic information. In fiscal year (FY) 07 CDC-Zambia will place special emphasis on training in ICT and data management/statistical analysis in order to strengthen TDRC expertise in these areas for sustainability of all above activities.

Funding to the TDRC will also cover travel and transportation needs for national surveillance activities, procurement of consumables in the immunology and data processing units, procurement of -70 freezers for storage of samples from national surveys, and expenses to cover the coordination, implementation, and dissemination of survey results. This activity will continue to maintain support of a local area network (LAN) established during fiscal year (FY) 2004. FY 2007 funding will allow increased bandwidth and the expansion of LAN coverage to the new tuberculosis (TB) laboratory supported by CDC-Zambia. FY 2007 funding will also help to procure ICT equipment, enable TDRC to continue the employment of personnel skilled in ICT to maintain the infrastructure, to provide in-house ICT expertise and training capability, and to train TDRC staff in data management.

An important component is that TDRC will support the Government of the Republic of Zambia (GRZ) HIV/AIDS, Sexually Transmitted Infections, and TB surveillance activities, including the Zambia Antenatal Clinic Sentinel Surveillance (SS) survey and the Zambia Demographic and Health Survey (ZDHS). TDRC also serves as the regional reference laboratory for HIV and syphilis testing for these and other national surveys. TDRC laboratory and data processing personnel have participated in multiple CDC-Zambia-sponsored training in SI and laboratory methods, and work closely with CDC-Zambia staff in data management, analysis, and reporting. TDRC laboratory staff was trained to perform the BED-CEIA assay and testing is currently ongoing for recent HIV infections to estimate HIV incidence. Laboratory staff will also perform HIV incidence testing, confirm syphilis testing, and perform HSV2 testing on specimens collected for the Nakambala Migrant Workers Health Project.

M&E activities for 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 District Health Center staff trained in SI; (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) additional laboratory testing required for surveillance activities and focused studies such as the Nakambala Migrant Workers Health Study; (6) the appropriate analysis and reporting of HIV prevalence and incidence data in relation to socio-demographic data; and (7) the dissemination of surveillance information for GRZ planning, making of policy decisions, and design of community-level interventions.

Continued Associated Activity Information

Activity ID: 3718
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Tropical Diseases Research Centre
Mechanism: TDRC
Funding Source: GHAI
Planned Funds: $ 150,000.00

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 local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	☐

Target Populations:

Host country government workers
Laboratory workers
Other Health Care Worker
M&E Specialist/Staff

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	UTAP - U62/CCU322428 / JHPIEGO
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9034
Planned Funds:	$ 450,000.00

Activity Narrative: This activity relates to EGPAF SI (#9001), AIDSRelief – Catholic Relief Services (CRS) (#8828), Ministry of Health (MOH) (#9008), Technical Assistance/Centers for Disease Control and Prevention (CDC) (#9023), and CCPTS COMFORCE (#9691).

Building upon fiscal year (FY) 2006 activities, JHPIEGO will continue to support the scale-up and deployment of electronic patient monitoring and data management tools to enhance continuity of care. This will be provided by a) training and b) supporting the deployment and use of the growing number of modules in the Continuity of Care and Patient Tracking System (CCPTS) software. In collaboration with new district health management team (DHMT) leaders, the Ministry of Health (MOH), Centers for Disease Control and Prevention (CDC)-Zambia, and JHPIEGO, together with other collaborators including the Center for Infectious Disease Research in Zambia (CIDRZ), AIDSRelief, and Zambia Prevention Care and Treatment program (ZPCT), will support the scale-up of data entry, IT systems, and CCPTS project through training. This will include the direct hiring of technical deployment support staff.

JHPIEGO in FY 2005 and FY 2006 supported the development of the CCPTS and its pilot and scale-up in Kafue District. JHPIEGO has supported the training of 25 service providers and the orientation of nine DHMT staff to the system. In addition, JHPIEGO has identified and placed two Software Data Management Officers (SDMOs) in Kafue district to assist the DHMT in the roll out to all service outlets in the district. The SDMOs work in the district and support the District Health Information Officers (DHIOs) in the training of the service providers and provide technical support on hardware and software trouble shooting. As Kafue district is completely deployed, they will be redeployed to train other deployment specialists in a close partnership with, and under the direction of the MOH deployment plan.

In particular, JHPIEGO will support the scale-up of the CCPTS project through training, the direct hiring of four additional Software and Data Management Officers (SDMO), provision of logistical support for the deployment, and a small amount of site readiness preparation. The SDMOs will themselves be deployed strategically and dynamically in the provinces targeted for the scale up of the CCPTS system according to the MOH plan, to provide strong support for the technical side of the training. They will be expert in the use and maintenance of the CCPTS system and will ensure that quality in training and management of the CCPTS system is maintained as the number of deployed sites grows.

The SDMOs will also support the training of 250 service providers in the provinces and districts targeted during the scale up. They will co-train with the provincial and district trainers and work in conjunction with all the partners supporting the scale up of the system such as MOH, CIDRZ, ZPCT, CRS, and CDC Zambia. They will make sure that the quality of training is maintained from the Provincial Health Office (PHO) to the districts.

Increasingly, the MOH is taking the lead in CCPTS collaboration, deployment authority, and field support, and has solicited commitments for infrastructure from all major implementers. The MOH has also developed, planned and promoted its own very aggressive deployment process for the CCPTS, using an almost 'viral' dissemination plan: a) train provincial level Trainers of Trainers at central trainings, b) send provincial technical leadership back to province to replicate training with district leadership, who then c) take the skills back to their districts for implementation. So even before the FY 2007 activity period, the efforts of these initial three CCPTS collaborators will be joined by efforts of all other HIV/AIDS care and treatment partners in Zambia, including AIDSRelief (Catholic Relief Services - CRS) and the Zambia Prevention, Care, and Treatment (ZPCT), HSSP, JHPIEGO, as well as EGPAF.

In building this collaboration around the CCPTS solution, it is clear that the Ministry is comfortable taking the initiative on this effort. The place for JHPIEGO will be to leverage its long term good relationship with MOH and established 'trainer' role, by acquiring approximately four more strong technical staff to support the rapid national deployments and most of the rest of this activity will be in support of the training. While this developing country EMR now provides services to more than 60,000 patients, with the additional partners starting deployment before the end October, the rate of growth may increase non-linearly as the number of electronic clinics increase, provided there are no supply limitations.

In an effort to build upon FY 2006 work involving the expansion of the CCPTS system into Mazabuka, Monze, and Choma Districts, JHPIEGO will conduct on-the-job training of 250 service providers from the remainder of the districts in Southern Province, or as otherwise directed in collaboration with the MOH deployment plan. JHPIEGO will also conduct follow-up supportive supervision visits to those service outlets previously trained to ensure quality services and to identify any gaps in data entry or service provision. Data entry staff will conduct the trainings as well as the follow-up supportive supervision visits. JHPIEGO will continue to support the development and updating of training materials and user manuals.

Continued Associated Activity Information

Activity ID:	3710
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	JHPIEGO
Mechanism:	Technical Assistance/JHPIEGO
Funding Source:	GHAI
Planned Funds:	$ 370,000.00

Emphasis Areas	**% Of Effort**
Information Technology (IT) and Communications Infrastructure	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	375	☐

Target Populations:

Doctors
Nurses
Pharmacists
Host country government workers
Public health care workers
Other Health Care Worker
M&E Specialist/Staff

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Comforce
Prime Partner: Comforce
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9692
Planned Funds: $ 300,000.00
Activity Narrative: This activity relates to EGPAF SI (#9001), JHPIEGO SI (#9034), AIDSRelief – Catholic Relief Services (CRS) (#8828), Ministry of Health (MOH) (#9008), and Technical Assistance/Centers for Disease Control and Prevention (CDC) (#9023) and Zambia National Blood Transfusion Service (ZNBTS) (5251).

To support the transition of software upgrades and development in 2007 to in-country talent, United States Government (USG) will hire a 'lead' professional programmer/developer to work closely with the integrated Continuity of Care and Patient Tracking System (CCPTS) team on-location in Zambia to finish bringing skill levels of the Zambian team up to the level required to maintain and adapt the software in the future. In addition to this lead staff (probably an American), the Centers for Disease Control and Prevention (CDC) strategic information (SI) section will identify a national hire as an understudy. The purpose of having these two SI staff in-house is for closer monitoring and evaluation of their capability and contribution, and to make it easier to provide close guidance for the next phase of the project as the Ministry of Health (MOH) transitions into leadership in a new technical area.

(Please see the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) SI narrative for more details about the Continuity of Care project, which involves a wide collaboration for national deployment of the system presently called CCPTS – Continuity of Care and Patient Tracking System.)

The intent for the 'national hire' developer is to provide an option for a longer term and lower cost technical bridge between the US-based technical expertise that jump-started the project, and the locally sustainable ownership of the technology. This provides CDC an alternative method of placing essential software talent at the disposal of the ministry; this is particularly crucial due to the year long difficult period of Ministry reorganization as the Central Board of Health is absorbed by the MOH.

The high end technical professional will possess experience in developing clinical software applications, including electronic medical records (EMR), and will be employed no more than two years. Experience with deployment and capacity building for such systems will also be requisite for this person. This lead professional will work daily with Zambian colleagues to ensure transparent and shared engineering of the system.

This activity provides a critical 1-2 year bridging capacity, while the US based developers who gave the project its initial jump start, are tapered down to small contributions and backup roles for what is becoming the Zambian EMR. August 31, 2006, the Ministry held a high level meeting to announce to all the Cooperating Partners the plan to deploy this partially complete EMR nationwide. They were able to announce that the latest consensus revision of the ART software 'forms' were entirely developed in Zambia. However there remain some challenging technical areas yet to be mastered by the in-country team, despite the tremendous success of the project concept at a political level and deployment level.

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Target Populations:

USG in-country staff
Host country government workers
Public health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: EPHO - 1 U2G PS000641
Prime Partner: Provincial Health Office - Eastern Province
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9693
Planned Funds: $ 50,000.00
Activity Narrative: This activity relates to Ministry of Health (MOH) (#9008), and Technical Assistance/Centers for Disease Control and Prevention (CDC) (#9023).

Eastern Province, with eight districts, is a predominately rural province with an overall HIV prevalence of 13.2% and a reported 2004 tuberculosis (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.

Proposed funding would support VSAT internet connection for the province through the Provincial Health Office (PHO) in Chipata to improve strategic information activities. Improving internet service and email communication will reduce the isolation through increased access to information. Communication flow between central level and the province will be enhanced with this service and help link the PHO and the District Health Offices. It is assumed that the availability of good internet access will also be an important motivator to retain staff as it offers them an opportunity to participate in distant learning programs and conduct research projects. Such investment in technology is a sustainable contribution to essential communications infrastructure for many years ahead. The Government of the Republic of Zambia's National Develop Plan places improved information services as a top priority, lending non-United States Government efforts for sustainable use of technology of this kind in to the future.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	4	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Target Populations:

Host country government workers
Public health care workers
M&E Specialist/Staff

Coverage Areas

Eastern

Table 3.3.13: Activities by Funding Mechanism

Mechanism: WPHO - 1 U2G PS000646
Prime Partner: Provincial Health Office - Western Province
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9696
Planned Funds: $ 50,000.00
Activity Narrative: This activity relates to Ministry of Health (MOH) (#9008), and Technical Assistance/Centers for Disease Control and Prevention (CDC) (#9023).

Western Province is a remote and scarcely populated province (population density: roughly seven people per sq kilometer; surface: 126,386 sq kilometers). The province consists of savannah woodlands on sandy plateau and plains, traversed by the Zambezi River, which divides the Province into East and West. Deep sandy terrain and flood plains makes communication and transport extremely difficult. Especially Kalabo, Lukulu, and Shangombo district are affected by the terrain and are very isolated.

Proposed funding would support VSAT internet connection for the province through the Provincial Health Office in Mongu to improve strategic information activities. Improving internet service and email communication will reduce the isolation through increased access to information. Communication flow between central level and the province will be enhanced with this service and help link the PHO and the District Health Offices It is assumed that the availability of good internet access will also be an important motivator to retain staff as it offers them an opportunity to participate in distant learning programs and conduct research projects. Such investment in technology is a sustainable contribution to essential communications infrastructure for many years ahead. The Government of the Republic of Zambia's National Develop Plan places improved information services as a top priority, lending non-United States Government efforts for sustainable use of technology of this kind in to the future.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	4	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Target Populations:

Host country government workers
Public health care workers

Coverage Areas

Western

Table 3.3.13: Activities by Funding Mechanism

Mechanism: ZNBTS - U62/CCU023687
Prime Partner: Zambia National Blood Transfusion Service
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9698
Planned Funds: $ 20,000.00
Activity Narrative: This activity relates to Blood Safety (#9049), EGPAF SI (#9001), and Technical Assistance/Centers for Disease Control and Prevention (CDC) (#9023).

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 President's Emergency Plan for AIDS Relief (PEPFAR) with a five-year grant that ends in March 2010.

The overarching goal of the program is to establish a sustainable, efficient and effective nationwide system for safe blood transfusion in Zambia and to prevent transfusion-related transmission of HIV, hepatitis, syphilis, and other blood borne infections. As a continuation from fiscal year (FY) 2006, 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 is to significantly improve blood donor retention, through increasing reliance on voluntary non-remunerated donors to 100% and increase the proportion of repeat donors to 85%, and by doing so, reduce HIV prevalence in donated blood from 3% to 1%. Among other activities such as maintaining appropriate project staff to supplement the shortages in permanent staff, enhancing donor counseling services to help convert first time donors into repeat donors, and procuring all the necessary inputs in an efficient and effective manner, an appropriate database and locator system to ensure that effective contact with donors is maintained must be established.

The Continuity of Care and Patient Tracking (CCPTS) is an ideal platform upon which to build a sustainable donor retention data system. In FY 2007, the United States Government will begin initial design consultations with ZNBTS to consider implementing the CCPTS to hold blood and blood donor related information. The vision is that each donor will be provided with a Care Card which can be used at other sites for health services as these cards will be issued nation-wide. Perhaps more critically, this will allow for more people to begin an electronic medical record file in the national system, decreasing the data entry time for clinical visits of these individuals and increasing available of information on blood type and even HIV incidence. Moreover, issuing Care Cards through the blood donor program will help ensure non-stigmatization of card recipients as issued in a non-discriminatory population. In FY 2007, issues such as confidentiality and the fit of the system to the blood collection approach will be reviewed.

Please see the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) SI narrative for more details about the Continuity of Care project, which involves a wide collaboration for national deployment of the system presently called CCPTS – Continuity of Care and Patient Tracking System.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	5	☐

Target Populations:

Host country government workers
Public health care workers
Other Health Care Worker
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 Evaluation
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 19277
Planned Funds: $ 900,000.00
Activity Narrative: This project will continue and expand institutional capacity building at CSO, in conjunction with collaboration and technical assistance on survey design, as well as preparation and implementation of fieldwork. In addition, new capacity building activities will address CSO and a broader group of stakeholders, e.g., NAC, MOH, NGOs and USAID CAs. These activities focus on increasing the local accessibility of ZSBS/AIS data, and promoting the use of this rich data source for purposes of policy analysis, program M&E, advocacy, and education of the public.

The 2007 ZDHS survey will provide a wealth of demographic and health information that is linked to HIV prevalence data. The 2007 ZDHS data, in conjunction with the 2005 Zambia Service Provision Assessment (ZSPA) findings and other country-specific data, can be used to guide national and provincial level evidence-based planning, monitoring and evaluation, and advocacy efforts. To increase access to and use of these data, MEASURE DHS in collaboration with CSO will carry out a range of activities designed to ensure the quality of the ZDHS results and their widespread dissemination. Major activities will include: 1) completion of survey data collection; (2) laboratory processing of HIV specimens including test kit purchase; 3) completion of data processing, tabulation and preparation of recode file; 4) preparation and publication of the Preliminary and Final Reports on the ZDHS survey; 5) Final Report national seminar in Lusaka; 6) a data user's workshop, and 7) further dissemination activities including production of 2 factsheets and a workshop focusing on a host country priority (e.g., provincial results or GIS).

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: $ 6,777,849.00

Program Area Context:

The US Government (USG) continues to support and strengthen the Government of Zambia (GRZ) and its citizens in the fight against HIV/AIDS. This includes accelerating the engagement of leadership at all levels, creating conducive policy and regulatory environments, developing human capacity, systems strengthening, building local government and non-governmental institutions, and enhancing coordination and collaborative efforts with the GRZ, bilateral and multi-lateral cooperating partners, faith-based organizations, the private sector, and civil society.

Since 2004, significant progress has been achieved as a result of the USG and GRZ partnership. In FY 2005 and FY 2006, the USG supported the development and adoption of HIV/AIDS related legislation including the Sexual Offence and Gender Violence Bill (SOGV Bill) and the amended Employment Act. Responding to an increase in child sexual defilement due to a belief that sex with virgins will "cure AIDS", the SOGV Bill provides a mandatory 15 year sentence for child sex offenders. The amended Employment Act criminalizes HIV/AIDS stigma and discrimination in the workplace. In addition, the placement of a senior advisor in the Ministry of Sports, Youth, and Child Development led to the approval of the National Child Policy in 2005, a key document in support of orphans and vulnerable children (OVC).

The USG has been working closely with the National HIV/AIDS/STI/TB Council (NAC), UNAIDS, and other partners to support "The 3 Ones". The USG and its partners were fully engaged in developing high level policy documents: the National HIV/AIDS Policy approved in 2005, the Zambia HIV and AIDS Strategic Framework 2006-2010, the National Health Strategy 2006-2010, and the HIV/AIDS and health chapters of the next Fifth National Development Plan. USG partners have been successful in engaging traditional, religious, corporate, and political leadership in promoting social change and in participating in large, high profile HIV/AIDS events. The USG has been instrumental in incorporating HIV/AIDS services, including counseling and testing (CT), into large social mobilization events such as World AIDS Day. In June 2006, during the launch of VCT Day, the Minister of Health and Chieftainess Nkonesha, along with over 2000 individuals, received CT in Chongwe District. In September 2006, USG supported the development and launch of the Judiciary HIV/AIDS workplace policy, which was based on a Boston University study.

In FY 2005 and 2006, the USG supported the establishment of an HIV/AIDS office in the Defense Force Medical Services (DFMS), comprised of an HIV/AIDS coordinator, VCT manager, Home Based Care (HBC) manager, and an information, education and communication (IEC) manager. Currently, all 54 Zambia Defense Force (ZDF) health units have HIV/AIDS coordinators. Through USG and UNAIDS collaborative support, the ZDF HIV/AIDS workplace policy was finalized. Twinning between the Navy Medical Center San Diego and the Maina Soko Military Hospital in Lusaka resulted in the institutionalization of palliative care guidelines for the DFMS.

In early FY 2006, the USG participated in the GRZ-led Joint Assistance Strategy for Zambia in collaboration with other bi-lateral and multi-lateral donors. The USG was selected as the co-chair, along with DFID, for the UNAIDS HIV/AIDS sector cooperating partner group. The USG continues to work in close collaboration with other donors including the UN, DFID, the Netherlands, JICA, WHO, and the World Bank to enhance HIV/AIDS service delivery systems, policies, and coordinating structures in support of the GRZ's national prevention, care, and treatment scale–up plan.

Key in FY 2007 will be the USG efforts in sustainability. This will include creating enabling environments and sustainable systems, local organizations, human capacity, and infrastructure. The HIV/AIDS policy to provide free ART and other health services in all public health facilities has placed further strain on the health system. In response to this, USG will work with MOH to disseminate HIV/AIDS planning and projection guidelines and plan for human resource requirements to deliver a minimum package of HIV/AIDS services. Support will be provided to GRZ, policy makers, and NAC to implement the HIV/AIDS Commodity Security Strategy to strengthen logistics and ensure availability of commodities.

Human and institutional capabilities in health and social sectors remain weak. While there are a growing number of capable local organizations, the vast majority do not have capacity to absorb and account for additional funding or to rapidly scale-up HIV/AIDS services. USG will build sustainable financial and management capacity of local government, NGOs, FBOs, CBOs, the private sector, and workplaces engaged in HIV/AIDS activities and services. With NAC and other key ministries, USG will support the implementation of existing HIV/AIDS laws, policies, and strategies. Technical assistance will be provided to facilitate the drafting, approval, and dissemination of new policies and draft legislation to address issues such as enabling trained lay workers to do rapid HIV testing and increasing access to pain management drugs. USG will expand private partnerships with the corporate sector to engage in HIV/AIDS service provision. Efforts will be intensified to mobilize leadership including political, traditional, and religious leaders in the fight against HIV/AIDS.

USG will initiate a new activity to strengthen the capacity of the Ministry of Finance and National Planning (MoFNP) in economic and budgetary analysis to ensure that appropriate levels of funding are allocated for HIV/AIDS.

USG will continue to support the expansion of laboratory informatics and cater to the equipment needs in targeted provincial health offices. Continued support will be given to the infrastructure enhancement for the Chest Disease Laboratory and the Tropical Disease Research Center TB laboratory. USG will continue to support improved data management, dissemination, and use for decision –making.

USG support will further strengthen ZDF health services, training auxiliary health personnel, and ensuring reliable availability of essential commodities. The program will address capacity of uniformed personnel in HIV/AIDS programming, with particular focus on UN peacekeepers. Building resource mobilizations skills, strengthening policy development and implementation, and increased capacity to effectively plan and manage HIV/AIDS activities will support sustainability of ZDF's HIV/AIDS activities.

In FY 2006, USG supported NAC's Joint Capacity Building Plan for planning, monitoring, and evaluation which emphasizes improved planning and data use at all levels. In FY 2007, support will be provided to fully operationalize the national system. USG will assist districts to improve planning, data use, and resource tracking. USG will continue its collaboration with the University of Zambia's Department of Social Development and the School of Community Medicine to build institutional and individual planning, research, monitoring, evaluation, and information technology capacity for HIV/AIDS. In the Department of Social Development, a short course on planning, monitoring, and evaluation for working and new professionals will be supported. USG will strengthen research capacity in public health at the School of Community Medicine and the curriculum in biomedical research. As a result, more Zambian clinical investigators will have tools to conceive of and manage research endeavors.

USG will support MOH to integrate HIV/AIDS and related teaching modules, training material and teaching guides into pre- and in-service training to enhance strategic information and ARV service provision.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	110
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	358
Number of individuals trained in HIV-related policy development	295
Number of individuals trained in HIV-related institutional capacity building	2,058
Number of individuals trained in HIV-related stigma and discrimination reduction	1,345
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,650

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:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	8793
Planned Funds:	$ 1,194,000.00

Activity Narrative: The Health Systems and Services Program (HSSP) will build on FY 2005 and FY 2006 activities to continue working with the Ministry of Health (MOH) at the national level to strengthen policy and systems that support HIV/AIDS services in the following areas: 1) planning; 2) human resource planning and management (HRPM); 3) pre- and in-service training; and 4) HIV/AIDS coordination among partners. HSSP will work with other USG partners and cooperating partners including United Nations (UN) agencies supporting HIV/AIDS service delivery to strengthen policy and systems and similar coordinating activities.

In the area of planning, HSSP will continue to provide routine support to the MOH to: develop annual technical updates for annual health sector planning based on priorities and objectives of the National Health Strategic Plan; compile a summary of national health priorities integrating information on HIV/AIDS; conduct a desk review of 72 district action plans; and help ensure that HIV/AIDS activities, resources, and priorities are appropriately reflected in overall health sector plans during the annual planning process. By linking with HSSP's Strategic Information activity (#8795), district level managers and planners will improve their skills in using data for planning especially as it relates to HIV/AIDS information. Skills will be honed in costing and budgeting of HIV/AIDS-related services to ensure efficient use of scarce resources.

In the area of HRPM, HSSP will provide ongoing assistance to the MOH in pre- and in-service training to ensure that all training is coordinated among partners and that skills enhancement is linked to strategic information as well as anti-retroviral (ARV) service provision.

In FY 2007 HSSP will work with the MOH to disseminate HIV/AIDS human resource (HR) planning and projection guidelines and to plan for HR requirements to deliver a minimum package of HIV/AIDS services. HSSP will support Provincial Health Offices (PHOs) to assess needs and develop 72 district HR staffing plans. It is expected that plans and standards will be operational in 72 districts in FY 2008. Under the five-year HR plan, HSSP's role will be to support selected strategies which include strengthening of the HR planning, management, and development systems at all levels.

In the area of pre-service training HSSP will continue to support MOH to integrate HIV/AIDS and related teaching modules into pre- and in-service programs, develop training materials and teaching guides, and train 160 teachers from Chainama College (Clinical Officers) and nursing schools on the revised curricula. The curriculum for the Clinical Officer General has already been developed. The next step is to revise the Nurses' and Physician's curricula. Twenty-one organizations (the MOH and all the 20 training schools for clinical officers, doctors, and nurses) will receive technical assistance for HIV-related institutional capacity building, thus achieving 100% coverage. It is expected that HIV/AIDS and related modules will be fully integrated into pre- and in-service training in FY 2008.

HSSP assisted the MOH to develop and launch a five-year, in-service training coordination plan, national training guidelines, and establish Human Resource Development Committees (HRDCs) in FY 2006. The focus for FY 2007 is to support PHOs and districts to plan for in-service training for HIV/AIDS services. It is expected that 35 district HRDCs will plan and coordinate anti-retroviral therapy (ART) and other HIV/AIDS-related training using the national training guidelines.

Finally, HSSP will continue to assist the MOH and partners (USG and cooperating partners including UN agencies) supporting HIV/AIDS service delivery to coordinate activities among themselves and with the private sector. Activities will include: providing technical assistance to the Sector Wide Approach program (SWAp) to ensure integration of HIV/AIDS services; and developing MOH proposals to global HIV/AIDS initiatives targeted at ART scale-up. Specifically, HSSP will continue to support the MOH to: mobilize resources through the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria; develop an annual report of Global Fund resource inflows and utilization; maintain a partners' database for HIV/AIDS service delivery; undertake a Mid-Term Review of the National Health Strategic Plan (NHSP) and HIV/AIDS Strategic Plan; and assist MOH to disseminate and ensure use of the Basic Health Care Package at different levels of the health care delivery system.

To ensure sustainability, HSSP works within the existing government structures and plans to develop and disseminate appropriate standard guidelines, protocols, strategic plans, and budgets. HSSP also assists the government to build the capacity of training schools through curricula development and dissemination. To avoid duplication of efforts, HSSP implements project activities in collaboration with other USG partners and the World Health Organization.

Continued Associated Activity Information

Activity ID:	3529
USG Agency:	U.S. Agency for International Development
Prime Partner:	ABT Associates
Mechanism:	Health Services and Systems Program
Funding Source:	GHAI
Planned Funds:	$ 1,194,000.00

Emphasis Areas	**% Of Effort**
Health Care Financing	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
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		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	21	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	160	☐
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
Nurses
Pharmacists
Public health care workers
Laboratory workers
Other Health Care Worker

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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8810
Planned Funds: $ 75,000.00
Activity Narrative: This activity links with Project Concern International (PCI) and JHPIEGO's assistance to the Zambia Defense Force (ZDF) comprehensive HIV/AIDS care and treatment programs. Linked activities are OHPS (#9171), OHPS (#9087), OHPS (#9172), HLAB (# 9096), HVAB (#9170), HVOP (#8786), HVCT (#8785), HBPC (#8787), HTXS (#9089), HVSI (#8788), and MTCT (#9088).

Following a successful partnership and exchange program in FY 2005 and FY 2006, American International Health Alliance (AIHA) will continue to strengthen Defense Force Medical Services (DFMS) in FY 2007. The Learning Resource Center (LRC) opened in FY 2005 at the Maina Soko Military Hospital will continue to receive support in terms of maintaining the facility and keeping resources up to date and conducting library in-service training through twinning with civilian partners. This training will be conducted in conjunction with information resource specialists from University Teaching Hospital (UTH) and other Zambian institutions. This model and design of the LRC will be replicated and established at the Zambia Defense Force (ZDF) Nursing College; this will assist in capacity building of the institute and will support their teaching curricula which has integrated HIV/AIDS into routine nurses' education. Zambia Nursing Council curriculum will be used to maintain standards and strengthen collaboration with government systems. Newly trained ZDF nurses will go to serve in their 54 health units which are critically short of staff, thereby ensuring long term sustainability of palliative care and community health services.

Additionally, as ZDF health workers are routinely seconded to civilian facilities including UTH to supplement and augment the clinical services they provide, and provide critical services to the GRZ in times of natural disaster or disease outbreaks, improving the quality of ZDF nursing education will result in intersectoral improvements to the Zambian health system. By linking the ZDF Nursing School Learning Resource Center with pre-existing services established at Maina Soko, costs will be minimized and economies of scale introduced. Finally, funds under this activity will be used by AIHA to coordinate this activity with the overall twinning relationship established by DOD with the DFMS, as planned in activity #9172.

Continued Associated Activity Information

Activity ID: 3741
USG Agency: HHS/Health Resources Services Administration
Prime Partner: American International Health Alliance
Mechanism: Twinning Center
Funding Source: GHAI
Planned Funds: $ 150,000.00

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	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	1	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	30	☐
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:

Nurses
Most at risk populations
Military personnel
Public health care workers
Other Health Care Worker

Key Legislative Issues

Twinning

Coverage Areas

Lusaka

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:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	8911
Planned Funds:	$ 1,650,000.00

Activity Narrative: This activity links to HVAB (#8906), HVCT (#8907), HBPC (#8908), HTXS (#8909), HVSI (#8910) and HKID (#8912).

With its partner Initiatives, Inc., Support to the HIV/AIDS Response in Zambia (SHARe) will continue to strengthen the capacity of 50 organizations to mitigate the impact of HIV/AIDS. This will include the strengthening of civil society organizations, private formal and informal sector companies and markets, and public sector bodies in HIV/AIDS policy advocacy, social mobilization, and systems strengthening.

Support to civil society includes institutional strengthening of NGOs receiving small Rapid Response Funds (RRF) grants for the implementation of innovative prevention, care, and treatment activities, support to key NGO partners (Afyz Mzuri, ZamAction, ZHECT, Latkings) receiving medium sized grants for work with the private and public sector, and institutional strengthening TA to key coordinating bodies, including the Network of Zambian People Living with HIV/AIDS (NZP+), the Zambian Interfaith Networking Group on HIV/AIDS (ZINGO), and chiefdoms. Support to the private sector includes strengthening of private sector companies and markets to respond to the impact of HIV/AIDS through technical support from local NGOs. Support to the public sector includes institutional strengthening of four ministries in HIV/AIDS workplace programming: Ministry of Home Affairs, Ministry of Agriculture, Ministry of Transport, and the Ministry of Tourism/Zambia Wildlife Authority. SHARe provides technical support to the National HIV/AIDS/STI/TB Council (NAC) and its decentralized structures: Provincial AIDS Task Forces (PATFs) District AIDS Task Forces (DATFs), Provincial AIDS Coordinating Advisors (PACA), and District AIDS Coordinating Advisors (DACA formally United Nations Volunteers). In collaboration with NASTAD, SHARe supports NAC in HIV/AIDS planning, monitoring, and evaluation and contribute further to capacity building.

In FY 2007, with its partner Abt Associates, SHARe will continue to work with legal and regulatory bodies and NAC to improve and enforce laws and policies related to HIV/AIDS and create enabling environments. SHARe will work with a total of 40 organizations in HIV-related policy in FY 2007. Organizations will include the NAC, the Ministry of Justice, Ministry of Labor, and organizations in the workplace program including four ministries, NGOs (Afyz Mzuri, ZamAction, ZHECT, Latkings), private sector companies and markets. SHARe will work in the drafting, refinement, approval, and dissemination of codified laws and regulations critical to HIV/AIDS such the Employment Act and Morphine Policy.

SHARe will also continue to assist NAC and its coordinating structures to mobilize Zambia and its leadership during nationwide campaigns and social mobilization events, and through routine district and partner activities. This will include assistance during VCT Day, World AIDS Day and other events. SHARe will also work with key national and local leaders (e.g. political leaders, traditional, and religious leaders) to encourage them to take a public stand in relation to HIV/AIDS including prevention and CT.

SHARe will also continue to provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO, to provide technical assistance to eight companies in two Global Development Alliances (GDA) in the mining and agribusiness sectors. 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 $2 million will be leveraged from the private sector for the two GDAs.

CHAMP provides support to the eight GDA companies in workplace policy development or review and institutional capacity building. CHAMP builds the capacity of GDA members to increase employee use of prevention, care and treatment services in workplaces and communities. CHAMP also provides TA to GDA companies to accelerate workplace programs by leveraging other USG technical support for mining and agribusiness, and assists GDA members to maintain service networks in prevention, care, and ART on-site or through referral. CHAMP also assists GDA members to develop strong relationships with District Health Management Teams and the MOH to access free ARVs, HIV test kits, and coordinate activities and services for community programs.

CHAMP and its GDA partners also provide technical assistance to trained educators and

providers in the GDA companies in stigma and discrimination and community mobilization. SHARe and CHAMP report all contributions from 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.

Laws and policies developed by NAC with assistance from SHARe will become part of the national legal and policy systems, and will therefore be fully sustainable through public sector and other donor funding. The institutional capacity building provided through SHARe to NAC, its decentralized structures, other coordinating bodies such as ZINGO and NZP+, NGO partners and GDA companies will result in improved capacities which are also fully sustainable by those organizations using their own resources. SHARe will increase the sustainability of its local NGO partners, Afya Mzuri, ZamAction, ZHECT, CHAMP, Latkings, ZINGO and NZP+, through continued strengthening of technical and management capacities and mobilization of financial resources. Activities will include participatory analysis of current levels, sharing of sustainability strategies of successful NGOs, development and implementation of sustainability plans.

In total, SHARe and its partners will provide 106 organizations with technical assistance in HIV-related policy development or institutional capacity building. Of these, 48 organizations will be provided with technical assistance in HIV-related policy development, and 58 will be provided with technical assistance in HIV-related institutional development.

Continued Associated Activity Information

Activity ID:	3643
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow Research and Training Institute
Mechanism:	SHARE
Funding Source:	GHAI
Planned Funds:	$ 1,950,000.00

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	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	48	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	58	☐
Number of individuals trained in HIV-related policy development	240	☐
Number of individuals trained in HIV-related institutional capacity building	290	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	195	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	450	☐

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:	NASTAD - U62/CCU324596
Prime Partner:	National Association of State and Territorial AIDS Directors
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9014
Planned Funds:	$ 200,000.00

Activity Narrative: This activity is related to OHPS (#8911 and #9030) and SI (#8910, #9013, #9011, and #9023).

In 2006, Unites States Government (USG) supported NASTAD to coordinate and provide technical assistance to Zambia's National HIV/AIDS/STI/TB Council (NAC) national M&E system in partnership with SHARe, University of Zambia (UNZA), and Joint United Nations Program on AIDS (UNAIDS). The continued goals have been 1) to catalyze the flow of information from the district and provincial levels to the central level for improved system-wide planning, and 2) to enable better decision making among district and provincial bodies.

NAC continues to strengthen multi-sectoral planning and data use efforts with NASTAD working in tandem with NAC to support Provincial AIDS Coordinating Advisors (PACAs), District AIDS Coordinating Advisors (DACAs), Provincial AIDS Task Forces (PATFs), and District AIDS Task Forces (DATFs) intensively in refining, prioritizing, resource finding, implementing, and monitoring these activities. In 2006, Southern and Western provinces served successfully as pilot sites for NASTAD's collaborative activities to support planning, and data use in cooperation with partners. NASTAD has carried forward the national M&E manual and curriculum developed by the partners and with technical assistance from CDC. NASTAD and SHARe have worked 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 the districts in need over a sustained period of time. In 2007, NASTAD will continue to provide on-the-ground and distance-based technical support to the PATF in Southern and Western Provinces and in-depth support to two DATFs in Southern Province, Choma and Livingstone. In addition, depending on NAC's needs, NASTAD will include two more districts in Southern and Western provinces and two new districts in Lusaka and Eastern provinces. In-depth technical assistance (TA) will include establishing systems for multi-partner resource tracking, activity-based resource gap analysis, and improving activity-based data collection tools consistent with national requirements. In total, four PACAs will be directly supported with TA while the remaining seven will be directly supported through national activities. At least 15 individuals in each district at each site (12) totaling 180 individuals. As PATFs and DATFs are often made up of various local organizations (on average at least four), NASTAD will aim to assist 64 organizations (note that these targets are in addition to those focused on monitoring and evaluation under the strategic information section activity #9013).

USG will support the University of Zambia (UNZA) (#9030) to become an in-country training and resource center for capacity building in planning, monitoring, and evaluation. To ensure sustainability, NASTAD will work closely with UNZA to develop a business plan for 2007-2011. The business plan will outline an organizational structure, services areas, potential markets, and fee structure to provide planning, monitoring, and evaluation consultation to HIV/AIDS related organizations in Zambia. The plan will also outline potential sources of grants and regional partnerships. USG will work with NASTAD to identify a state or city HIV/AIDS department, a university, or foundation, to establish a long-term relationship of financial and technical support

NASTAD has developed a highly skilled team of state AIDS directors and/or their program staff who currently work within United States State Health Departments managing HIV/AIDS program planning, funding, and implementation activities. The TA team has built peer-to-peer relationships with the PATF and DATFs where the technical expertise has been jointly developed and delivered.

USG has been instrumental in developing a joint capacity building plan with NAC and the national M&E Technical Working Group. An Evaluation Capacity-Building Sub-Committee includes staff from NAC, SHARe, UNAIDS, United Nations Development Program, Global Fund, Ministry of Health, United States Agency for International Development, and CDC. CDC ensures that NASTAD's efforts are focused among the activities of this group. The sub-committee has developed a very specific plan to ensure an integrated and coordinated implementation plan.

Continued Associated Activity Information

Activity ID: 3719
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National Association of State and Territorial AIDS Directors
Mechanism: TA- NASTAD
Funding Source: GHAI
Planned Funds: $ 200,000.00

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	64	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	184	☐
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)

Coverage Areas

Southern

Eastern

Lusaka

Western

Table 3.3.14: Activities by Funding Mechanism

Mechanism: CDC Technical Assistance (GHAI)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9024
Planned Funds: $ 500,000.00
Activity Narrative: CDC supports improved data management, dissemination, and data for decision-making in the delivery and management of health services in national and local institutions in Zambia. Systems beyond the realm of traditional strategic information activities require support to ensure efficient treatment and care capabilities in all facilities. Using FY 2005 and FY 2006 funds, CDC procured 662 desktop computers and 34 laptops for various institutions and affiliated United States Government projects focused on HIV/AIDS. In FY 2007, CDC will provide expanded support to laboratory informatics and also will remain responsive to equipment needs in local health offices in targeted provinces. For example, specific 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 will be funded by this activity. These enhancements will come in the form of servers, routers, hubs, broadband connections, wireless capabilities, and appropriate measures for network security. 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.

Continued Associated Activity Information

Activity ID: 3721
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 300,000.00

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

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: UNZA (New Cooperative Agreement)
Prime Partner: University of Zambia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9030
Planned Funds: $ 100,000.00
Activity Narrative: This activity is related to OHPS (#8911 and #9014) and SI (#8910, #9013, #9011, and #9023). The USG will build on the new formal partnership with the University of Zambia's Department of Social Development and the Department of Community Medicine developed in FY 2006.

In March 2006, the Department of Social Development piloted the first Planning Monitoring and Evaluation short course. The initial course was attended by 45 training participants who consisted mostly of working professionals and a number of final year students selected by the department. Experienced Unites States Government (USG) monitoring and evaluation (M&E) staff provided technical support for this course including overall curriculum design, lectures, and workshop materials. In addition to USG staff, trainers included staff from cooperating partners, including SHARe, UNAIDS, and University of Zambia (UNZA) professors and lecturers. Because of the positive response and success of this initial course, USG Zambia, through CDC, supported this course in FY 2006 to train another 60 professionals and build their skills in critical areas specific to Zambia. The two short-courses will run during the two University of Zambia's mid-semester breaks in December 2006 and July 2007. USG Zambia staff will continue to assist in improving the curriculum and plan to provide lecturers from USG Zambia and CDC-Atlanta for the program. The program will aim to improve competencies related to the continuum of data use, strategic planning, program planning, leading related processes as well as technical aspects of evaluation, and information technology. To encourage sustainability of the effort, the course will be continued after successful implementation in FY 2007 so that the training will be mainstreamed into regular graduate and undergraduate programs from FY 2007 onwards. Students entering this program are often already employed by government ministries, NGOs, or health establishments and bring new skills back to those organizations. For those without existing employment, the program will seek to place a number of students on attachments to organizations expressing need.

The long-term vision is to enable UNZA to become an established sustainable in-country training center to support the HIV/AIDS M&E workforce in to the future. Other international organizations, such as the International Development Research Center (IDRC) have expressed an interest in partnership. Additionally, NASTAD will provide technical assistance to UNZA in developing a business plan for 2007 – 2011. Additionally, UNZA has formed a working partnership with a Rotary-sponsored information technology (IT) program targeting young people entering the workforce. Participants from the IT program can access the M&E program and vice versa, expanding the number of potential employment contacts. In 2006, UNZA conducted a labor market assessment of M&E and IT jobs required to fight HIV/AIDS over the next ten years. In this process, places of possible employment were identified.

Financial assistance in FY 2007 will be allocated to support participants' tuition fees (on a competitive basis), field project stipends, and acquisition of teaching materials, including online data resources to support 80 more students, and thereby support at least 40 different local programs and service outlets with capacity building.

Continued Associated Activity Information

Activity ID: 3720
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National Department of Social Development

Mechanism: UNZA M&E
Funding Source: GHAI
Planned Funds: $ 55,000.00

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	41	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	85	☐
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
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	DoD-JHPIEGO
Prime Partner:	JHPIEGO
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9087
Planned Funds:	$ 810,000.00

Activity Narrative: This work is closely linked to JHPIEGO's other work with the Zambia Defense Force (ZDF), strengthening integrated HIV prevention, care, and treatment services (#9088, #9089, #9090) and on prevention of medical transmission/injection safety (#(9091), and with the work of Project Concern International (PCI) activities with the ZDF in strengthening integrated HIV prevention, care, and treatment services for the Zambian military. It also relates to the pre-service training component of the HSSSP (HSSP)/USAID (#8793). The aim of the activity is to ensure that the ZDF is equipped and enabled to provide quality HIV/AIDS services to all its personnel, as well as to the civilian personnel who access their health system. This includes strengthening the management and planning systems to support PMTCT and HIV/AIDS care and treatment services, with the appropriate integration, linkages, referrals, and safeguards to minimize medical transmission of HIV. The ZDF has a network of 54 health facilities supported by the Defense Force Medical Services (DFMS), located on bases around the country, that provide health services to personnel in the three branches as well as to civilian populations in the 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.

During FY 2007, JHPIEGO will continue to 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. Medical Assistants form a very important part of the ZDF health services as they are often called on, due to the lack of adequate professional health staff. They are drawn from all of the defense force branches to participate in three to six month training, conducted by health personnel within the ZDF. Medical Assistant training has not been conducted in a uniform and standardized way, resulting in inconsistency in training content as they progress from one level to the next, and there has been very limited preparation of this cadre in the area of HIV/AIDS prevention, care, and treatment. To address deficiencies in Medical Assistant training highlighted by the ZDF, JHPIEGO worked with the ZDF and other collaborating partners, such as PCI, in FY 2006 to develop a system to incorporate HIV/AIDS material into training for Medical Assistants. This system was developed to address those already deployed (in-service training) as well as strengthening the basic Medical Assistants training program (pre-service training). This complemented, and was coordinated with, ongoing support for strengthening other health worker pre-service training programs (see HSSP activity #8793). A set of core competencies in HIV/AIDS prevention, care and treatment has been developed and integrated into relevant training materials for ZDF Medical Assistants. JHPIEGO supported 20 faculty/trainers, who received updates based on the revised curriculum, to train 100 deployed Medical Assistants in the core competencies. For FY 2007 JHPIEGO will support the ZDF faculty/trainers to update 100 deployed Medical Assistants at different levels. In addition, Medical Assistants trained in FY 2006 will be followed up to ensure that they have retained knowledge from the training and to address any gaps on-the-spot. With the core competencies in place and a methodology for updating them as well as trained faculty/trainers, the ZDF will be able to sustain the program of training and updating Medical Assistants in the long term. 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 catchments populations). In addition, JHPIEGO will continue to 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. John Snow, Inc (JSI/USAID) is also providing similar technical assistance to the MOH, and as such is well positioned to identify areas and means to strengthen linkages between the ZDF and MOH procurement and logistics systems. As part of the support for capacity building and strengthening of DFMS, JHPIEGO sub-contracted with JSI to assess the supply chain management systems used by the three branches of the ZDF and to collaborate with the DFMS to develop improved SCM systems. The funding under this sub-contract would allow the contractor to reach the stage of facilitating the development of an improved inventory control and logistics management information systems for ARVs

and HIV Tests through a participatory process for the medical services. As a follow-up to this process, it is imperative that the next stage be the actual implementation of a new system. In the same way in which the contractor has been supporting the MOH, the implementation would involve the following steps: Development of the standard operating procedures (SOPs) for both the ARV and the HIV Tests logistics system and then the printing of those SOPs; Development of training materials and the subsequent training of DFMS personnel in the Antiretroviral Logistics System based on the SOPs. This targets 130 service providers. The assumption is that the contractor would be able to call upon already trained MOH and partner trainers to conduct these trainings; Training of DFMS personnel in the HIV Test Kits Logistics System based on the SOPs. The ZDF, in addition to providing health care services to defense personnel and their dependants, provide services to the civilian populations living in close proximity to ZDF sites. With the transition to a new MOH supply chain system for ARVs and HIV test kits the ZDF ART sites will need to be accredited in order for them to access ARVs through local DHMTs. JHPIEGO will work with the MOH, Medical Council of Zambia and DFMS to facilitate the accreditation of all ZDF service outlets providing ART, which could reach as high as 54 sites. Following the MCZ guidelines for site accreditation team will visit the sites, which are spread throughout the country, often in hard to reach places.

These plus up funds will be used to spearhead the development of national policy of MC (in process), strategic planning and implementation of scale-up efforts. JHPIEGO is a key member of the MC Task Force and the Prevention Technical Working Group, and thus will be able to ensure that the policy being developed is well informed and complements the whole prevention process and the overall national HIV strategies in Zambia. JHPIEGO's work in policy and systems strengthening with these plus up funds will focus on: (1) providing technical assistance to finalize the existing draft policy recommendations on comprehensive male circumcision services (from neonatal to adult), translate the policy recommendations into a policy proposal and support the process to get the policy adopted; (2) work with the Zambian team to adapt and adopt this package, and to develop associated service delivery guidelines; and (3) develop and pilot test performance standards for male circumcision, to standardize and enhance performance and quality improvement and supervision of MC services.

Continued Associated Activity Information

Activity ID:	3668
USG Agency:	Department of Defense
Prime Partner:	JHPIEGO
Mechanism:	DoD-JHPIEGO
Funding Source:	GHAI
Planned Funds:	$ 500,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

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	54	☐
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	230	☐

Target Populations:

Pharmacists
Most at risk populations
Military personnel
Program managers
Public health care workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	DoD-PCI
Prime Partner:	Project Concern International
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9171
Planned Funds:	$ 200,000.00

Activity Narrative: This activity also relates to activities in Strategic Information by Project Concern International (PCI) #8788, System Strengthening (JHPIEGO) #9087, PMTCT (JHPIEGO) #9088, Palliative Care TB/HIV (JHPIEGO) #9090, Palliative Care Basic Health Care and Support (PCI) #8787, Counseling and Testing (PCI) #8785, Other Prevention (PCI) #8786, Abstinence/be faithful (PCI) #9170, HIV/AIDS treatment/ARV services (JHPIEGO) #9089.

The goal of this activity is to build on the involvement of the Joint United Nations Program on HIV/AIDS (UNAIDS) globally and in Zambia in strengthening the capacity of uniformed services personnel in HIV/AIDS programming, through policy development and other technical assistance, with a particular focus on UN peace keepers. The Zambia Defense Force (ZDF) has been actively involved in peace keeping missions in the African Region. ZDF completed drafting the Defense Force HIV/AIDS policy in 2006 with technical assistance from UNAIDS and the U.S. Government. During this workshop, the need to develop a policy on pre- and post-deployment testing and effective prevention programs for personnel being deployed for peace keeping missions was identified. Currently the ZDF relies on host government or UN protocols for deployment procedures including HIV/AIDS pre-testing, post-testing and prevention activities during deployment. There is also no restriction on the deployment period, which further contributes to the vulnerability of military personnel and their families to HIV/AIDS infection.

PCI will work together with UNAIDS in strengthening the capacity of the ZDF in planning, developing, implementing, monitoring and evaluating its HIV/AIDS program and toward its sustainability. UNAIDS will work with the ZDF to develop action plans and strategic planning tools based on the new policy. In addition to the Ministry of Defense (MOD), UNAIDS will also work with other government institutions which are involved in the peacekeeping operations such as Ministry of Home Affairs.

To further strengthen ZDF capacity in addressing HIV/AIDS in its peace-keeping operations, PCI and UNAIDS will work to strengthen peer education as a key component of behavior change communication and in reducing stigma and discrimination. Given the absence of peer educators trained from among the senior ranks of the ZDF, and the importance of the active participation of ZDF leadership in the response to HIV/AIDS in the military, including its peacekeeping operations, 60 senior officers including platoon commanders from 10 major ZDF units will be trained as peer educators. The training will help to build their capacity in communicating HIV prevention messages with their troops during peacekeeping operations. In addition, PCI will collaborate with the 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.

Gender will be mainstreamed consistently throughout all programs, taking into account the special environment in ZDF, and thus addressing masculinity perceptions, attitudes and risk behaviors amongst male and female staff. Female peacekeepers will be targeted specifically, addressing their particular situation as women and a minority. Further and importantly, the families of the peacekeepers, most often the wives will be targeted as part of a multi pronged approach.

In order to strengthen the capacity of the ZDF to sustain its HIV/AIDS program, UNAIDS will also assist the Defense Force Medical Service (DFMS) with resource mobilization including identification of other potential indigenous partners for the ZDF HIV/AIDS programs, coordination of activities and trainings, and coordination of partners such as other bi-lateral donors, the MOH, National AIDS Council, other UN organizations. Building resource mobilization skills, strengthening policy development and implementation, and increasing capacity to effectively plan and manage HIV/AIDS activities will support the sustainability of the ZDF's HIV/AIDS activities which currently rely heavily on USG funding. The UNAIDS will also advise the ZDF in conducting sensitization training, soliciting and dissemination of existing information, education and communication (IEC) materials. Through all these activities, UNAIDS will ensure that the ZDF HIV/AIDS program reflects the effective mainstreaming of AIDS and gender.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	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	5	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	150	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

International counterpart organizations

Military personnel

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	DoD - Defense Attache Office Lusaka
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9172
Planned Funds:	$ 223,849.00

Activity Narrative: This additional funding will go to scaling up the prevention for positives program. The purpose of this training program is to provide counselors with an integrated program for training HIV-positive people in both maintaining their health and helping to prevent new infections.

This activity links with Project Concern International (PCI) and JHPIEGO's assistance to the Zambia Defense Force (ZDF) comprehensive HIV/AIDS care and treatment programs. Linked activities are OHPS (#9171), OHPS (#9087), OHPS (#8810), HLAB (# 9096), HVAB (#9170), HVOP (#8786), HVCT (#8785), HBPC (#8787), HTXS (#9089), HVSI (#8788), and MTCT (#9088). The DoD PEPFAR office in Lusaka will administer this program.

Since the establishment of the office, the DoD PEPFAR program has been actively engaged in supporting the Zambia Defense Force (ZDF)'s HIV/AIDS activities by strengthening the partnership with the office of Defense Force Medical Services (DFMS). Both the manager and coordinator have regular meetings with the Director General at DFMS as well as the ZDF medical staff. Based on this strong relationship and previous support, in FY 2007, the DoD PEFPAR office will focus on sustainability of the ZDF HIV/AIDS program by engaging further in sensitizing leadership with support from the Defense Attaché Office (DAO) and US Mission and assisting the HIV/AIDS coordinator's office strengthen program development and financing while emphasizing the ZDF's ownership of their HIV/AIDS program. This has also involved partnering with other international institutions. The principal international partner for the ZDF will is the Naval Medical Center—San Diego (NMCSD). In FY 2005 and FY 2006, ZDF physicians participated in the NMCSD "mini-residency" in ARV services. Follow-on reciprocal twinning visits resulted in improved clinical services at the main military hospital, Maina Soko, as well as the development of plans for a family support unit (FSU) modeled on the University Teaching Hospital (UTH), and development of a Prevention for Positives and Stay Healthy positive living program.

Activities for FY 2007 include the following:
1. Family Support Unit: The Zambian Defense Force has received PEPFAR funding and has requested assistance from NMCSD/ San Diego civilian agencies in the creation of a multidisciplinary clinic; opportunistic infection management/prevention, palliative care, and post exposure prophylaxis programs. Using funds from this activity, pediatricians and infectious disease/HIV clinicians from NMCSD will offer technical assistance, train providers, and mentor/twin with ZDF counterparts at Maina Soko, to develop a joint ARV services/FSU multidisciplinary clinic for Maina Soko HIV-positive patients and their families. ZDF practitioners will also visit NMCSD to engage with their counterparts learn best practices and improve their professional knowledge. This activity will materially strengthen ARV services, palliative care services, and OVC services. The ultimate intent would be to make Maina Soko the premier military academic medical site in Zambia.

2. Stay Healthy Program (Positive living/Prevention for Positives workshops): In FY 2005, workshop guidelines and materials were designed and these were aimed at strengthening capacity of people living with HIV/AIDS (PLWHA). PLWHA in the military camps and surrounding areas would be responsible for their support groups and mobilizing members. Stay healthy messages include prevention, adherence, and messages of encouragement. Positive living and Prevention for Positives workshops were developed with the assistance of NMCSD replicating similar systems used. In FY 2006, the same tools were used in training and ZDF have seen an increase in PLWHA support groups. This activity will continue to retain existing members of the support groups and train new members.

3. Zambian Defense Force Nursing College: Recruiting ZDF Nurses will address the critical lack of nursing resources in the ZDF as well as augment civilian care in Zambia. ZDF medical services are routinely utilized at civilian sites to address civilian worker shortages and in case of disaster management. NMCSD palliative care nurses will work to mentor nursing students at the college and train them in basics of palliative care and community health for PLWHA.

4. Infectious Diseases Institute (IDI): the DoD has negotiated an opportunity to send nurses and clinical officers for two-week training at IDI, Makerere University in Uganda. This training provides instruction on care and treatment of HIV/AIDS patients, including ARV services, and has proven highly cost-effective in increasing the number of clinical

providers within the ZDF. The ZDF medical staff have not benefited from the trainings conducted for the government health workers. Both in FY 2005 and FY 2006, the DoD PEPFAR office has supported the DFMS in sending clinical officers and nurses identified from the model sites for specialist care training. This has helped in building capacity of medical personnel at the model sites and will enable the provision of comprehensive HIV/AIDS care and treatment services. In FY 2007, clinical officers and nurses from the final model sites will be sent for the course. These clinical officers and nurses trained at all the modal sites will act as trainers of trainers and will be training others in the surrounding regions.

5. Mobile VCT unit: PCI (Activity #8788) supports mobile VCT services for the ZDF. NMCSD will assist to strengthen services offered by the mobile unit with the possible upgrade into a health promotions unit. NMCSD will provide technical assistance to expand the range and improve the quality of testing and counseling services offered.

Other activities will involve maintaining a direct partnership with Navy Medical Center, San Diego. The United States Navy has worked in conjunction with the University of California San Diego (UCSD) in training foreign military physicians about antiretrovirals, opportunistic infections, statistics, computers, and management of HIV infected DoD personnel. Zambia has participated in this training and has visited the NMCSD multidisciplinary HIV clinic and a mobile VCT unit. Physicians from NMCSD have visited the main military hospital in Zambia and have identified areas where NMCSD can provide assistance. NMCSD will coordinate and see to the dissemination and implementation of the palliative care guidelines. This also involves training of the Positive Living Group during the Stay Healthy program to continue supporting PLWHA and their support groups in the Zambia Defense Force. Strengthening the ZDF nursing school by providing technical assistance will be one of the activities in FY2007. This is important because the ZDF medical personnel are used as a backstop when Zambia's medical personnel are either on strike or overwhelmed by a disaster. Building the capacity of the ZDF medical staff is beneficial to the entire nation. The DoD PEPFAR office would also continue to send ZDF medical officers to the Infectious Disease Institute, Kampala, Uganda for training in HIV/AIDS management. This is a training facility recommended as a center of excellence for HIV/AIDS training courses. The goal of the program is to build capacity of DFMS and its staff and ensure sustainability in their HIV/AIDS programs.

This additional funding will goes to scaling up the prevention for positives program. The purpose of this training program is to provide counselors with an integrated program for training HIV-positive people in both maintaining their health and helping to prevent new infections.

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	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	1	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	80	☐
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:

Military personnel

Program managers

Other Health Care Worker

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Supply Chain Management System
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9525
Planned Funds:	$ 150,000.00

Activity Narrative: This activity links with Project TBD's activities in Counseling and Testing (CT) (#9522) and ARV Drugs (#9520), the Partnership for Supply Chain Management Systems' (SCMS) activities in CT (#9523), ARV Drug (#9196), and Laboratory Strengthening (#9524), Centre for Infectious Disease Research in Zambia (CIDRZ) (#9000), Catholic Relief Services/AIDS Relief (#8827), Churches Health Association of Zambia (CHAZ) (#8992), University Teaching Hospital (UTH) (#9042), Zambia Prevention, Care and Treatment Partnership (ZPCT) (#8885), Government of the Republic of Zambia (GRZ), Global Fund of AIDS, Tuberculosis and Malaria (GFATM), and the Clinton Foundation.

The purpose of this activity is to provide support to GRZ policy makers, National HIV/AIDS/STI/TB Council (NAC), Ministry of Health (MOH), Ministry of Finance and Planning (MOFP), and other relevant stakeholders to implement the HIV/AIDS Commodity Security Strategy which is currently being developed with assistance from SCMS and JSI/DELIVER in FY 2006.

The development and implementation of a national HIV/AIDS Commodity Security Strategy will provide GRZ policy makers, NAC, donors, and other partners with a strategic plan outlining priority interventions to better ensure a sustained, appropriate supply of essential HIV/AIDS commodities required for the continuation of the national HIV/AIDS program following intensive PEPFAR support.

More specifically, in FY 2006, the US Government (USG) leveraged SCMS project core funds to facilitate the development of a national HIV/AIDS Commodity Security Strategic Plan. This strategy is being developed in close collaboration with GRZ, NAC, Ministry of Health (MOH), and other key stakeholders, such as CHAZ and the Clinton Foundation. Additionally, SCMS is currently conducting an analysis of existing policies, procedures, guidelines, and programs to identify commodity security issues that must be addressed in order to better ensure the availability of key HIV/AIDS commodities (e.g., HIV test kits, ARV drugs, laboratory reagents). An assessment of the HIV test kit and ARV drug logistics system was completed in FY 2005 by JSI/DELIVER; this information is being used to inform the strategic plan as well. Once the analysis is complete, SCMS, in collaboration with GRZ, will host a launch event to raise awareness of and build policy-level support of the need for HIV/AIDS commodity security.

In FY 2007, an implementation plan for the HIV/AIDS Commodity Security Strategic Plan will be developed to foster local ownership and to provide monitoring and evaluation of progress towards commodity security. Furthermore, the newly formed national HIV/AIDS Commodity Security Working Group, representing 20 organizations, will ensure that activities are institutionalized and in accordance with the GRZ policies and procedures. Training will be provided to GRZ national, provincial, and district level staff, working group members, and implementing partners to increase their skills in advocacy for resources and management of essential commodities at the policy level.

Specific HIV/AIDS Commodity Security activities in FY 2007 include: 1) development of an operational plan for the HIV/AIDS Commodity Security Strategy, including specific indicators, measurable targets, and responsible parties for achieving desired outcomes; 2) continuous review, monitoring, and updating of the implementation of the HIV/AIDS Commodity Security Strategy; 3) advocacy for HIV/AIDS Commodity Security at all levels of the health care system: national, provincial, district, and community; 4) facilitate GRZ and donor coordination to harmonize various inputs into the national HIV/AIDS procurement systems; and 5) enhance GRZ's commitment to provision of these essential commodities through increased budgetary support.

The USG, GRZ, GFATM, Clinton Foundation, and other partners are committed to creating an environment that will allow for the sustained availability of these critical supplies; the implementation of the HIV/AIDS Commodity Security Strategic Plan will greatly assist in achieving this admirable goal.

Emphasis Areas	% Of Effort
Logistics	10 - 50
Policy and Guidelines	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	20	☐
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:

Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Local Partner Capacity Building
Prime Partner:	Academy for Educational Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9639
Planned Funds:	$ 1,125,000.00

Activity Narrative: "Development must transform human capacity. …Sustainability has to be the operative word. …These nations...must increasingly become equipped to do these things for themselves" [Excerpt: Ambassador Tobias' speech to InterAction, April 2006]. The day after his designation as Director of Foreign Assistance, Ambassador Tobias voiced that the typical developing country's fight against HIV/AIDS is hampered by weakness in all nine areas of capacity development: strategic planning; NGO registration; financial management; human resources management; networks; monitoring and evaluation/quality assurance; commodities, equipment, and logistics management; facilities; and fund–raising. To overcome these limitations, the President's Five-Year Emergency Plan has committed itself to "…build local capacity so as to provide long-term, wide-spread, essential services…."

In support of the Five-Year PEPFAR sustainability strategy for Zambia, the USG/Zambia plans to compete a new activity for FY 2007, the Local Partners Capacity Development (LPCD) Project. The LPCD will build financial, leadership, and managerial capacities of local HIV/AIDS partner organizations and will complement existing partner technical and medical skill strengthening efforts. The LPCD will focus on institution strengthening and human capacity development for Zambian governmental organizations, NGOs, faith-based organizations, and professional associations currently implementing promising and successful HIV/AIDS prevention, care, and treatment services in preparation for taking on additional responsibilities and resources as international/US partners implement exit and graduation plans. The LPCD institution-building activity will respond to the need for indigenous institutions to embrace financial and reporting systems that ensure accountability, transparency, and efficiency including a set of checks and balances which conform to local laws and donor requirements.

The strengthening of financial, leadership, and management capacities of local PEPFAR partners requires a technical assistance package that incorporates skill transfer, mentoring, and systems building implemented by experts in organizational development, management restructuring, and financial accountability, if donors are to leave behind stronger institutions able to carry on HIV/AIDS service delivery at the close of PEPFAR. This goes beyond the scope of work of current HIV/AIDS partners.

There is a genuine concern that two years is insufficient time for LPCB to strengthen institutions. However, if we take the next two years to strengthen local partners, there will be a greater prospect for the continuation of HIV/AIDS services and activities rather than leaving a gap when international partners return home. In fact, we have witnessed rapid change among local partners once they become aware of their institutional weaknesses and are provided with guidance, including reshuffled membership on powerful boards, improved leadership and management, and stronger financial and reporting systems.

The LPCB project shall be designed to formulate and test a variety of "business models" believed to increase the size of the portfolios under local partner management. As such, LPCB's objective is to strengthen Zambian HIV/AIDS institutions in: executive leadership, skills management, and financial systems. On behalf of the U.S. Mission/Zambia PEPFAR interagency team, USAID will draft a statement of work to build up the financial, institutional, and programmatic capacities of selected Zambian organizations that demonstrate the potential to scale-up successful HIV/AIDS prevention, care, and treatment activities.

The USG will determine the assistance instrument. It could be an IQC work order, an "umbrella" grant, or possibly a formal "twinning" partnership agreement whereby an American university-affiliated or financial institution management advisory team would partner with a Zambian counterpart such as the University of Zambia's National Institute of Public Administration. The twinning approach is most appealing as this will lead to the institutionalization of organization strengthening for those involved in HIV/AIDS within Zambia.

At project startup, the LPCB will survey the Institution Building expertise, systems, and skills of PEPFAR partners/sub-partners to identify: existing initial and post-intervention management assessments; training courses for Board members, managers, accounting staff, and other key staff; systems and tools for financial and service tracking; and

development of business plans, fund-raising strategies, and mentoring. An initial rapid assessment will be conducted for all local partners to identify the most promising.

The USAID Controller's Office will conduct pre-award surveys for the more promising local partners. Their findings would inform the curriculum of a remedial technical assistance and training program. The resulting courses or seminars will include: 1) financial management and budgeting for results, 2) organizational development, effective governance and boards, establishing appropriate organizational charts and staffing structure, and 3) program strengthening, planning, implementation, monitoring, reporting and evaluation. To ensure, local organizations are providing the most up to date HIV/AIDS activities, technical updates and best practices will be shared on prevention, care and treatment, in policy and legal issues, reduction of stigma and discrimination, and in community mobilization.

Some thirty local organizations with prospects to receive direct donor support will be provided with comprehensive technical assistance, mentoring, and training. Another 200 local sub-partners would be provided with training. This would include the training of ten persons per organization (executive board members, managers, accountants, monitoring & evaluation staff, and other key personnel) for a total of 2,000 individuals over a two-year period. Thanks to their upgraded design and management skills, it is expected that at least ten Zambian NGOs will be able to pass pre-award surveys during the second year of LPCB and that participating sub-partners will be able to manage larger amounts of HIV/AIDS resources and thereby help more beneficiaries. In FY 2007, it is anticipated that a total of 90 organizations and 1,000 individuals will benefit from this program.

In FY 2007, it is estimated that $475,000 per year would cover long-term and short-term expert services, mentoring and training. Another $200,000 would be awarded to local organizations on the prime partner track and $250,000 awarded to sub-partners through a competitive process. These funds would be used to update management, accounting, financial, reporting, and program systems and equipment. To kick start business plans, a total of $50,000 will be awarded to the organizations with the most promising ideas for business plans to maintain HIV/AIDS services and activities. It is anticipated that $2 million would fund LPCB over the last two PEPFAR years reaching 200 local organizations and 2000 individuals.

Sustainability may come in many forms. Various indicators would underscore success of an institution building activity: diversification of program income sources, an increase in host country budget outlays, capacity development in terms of checks and balances introduced, training and retention of staff to address managerial or technical deficiencies, more grantee and contractor work plans incorporating sustainability targets, and the transfer of decision-making authorities to local NGOs heretofore only subs. Revised fiscal codes to allow income tax deductions for charitable gifts would be a significant nationwide institutional reform. A related measurement – financial independence in terms of assets held or cash flows from consulting fees and local fundraising – would indicate self-sufficiency.

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

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	30	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	100	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	1,000	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	1,000	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,000	☐

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Program managers

Implementing organizations (not listed above)

Key Legislative Issues

Twinning

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Capacity Building in Economic Modeling
Prime Partner:	The Services Group, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9641
Planned Funds:	$ 300,000.00

Activity Narrative: This activity will build local capacity at the Ministry of Finance and National Planning (MoFNP) in the form of stronger economic and budgetary analysis for the HIV/AIDS sector and for HIV/AIDS as a cross-cutting issue for all sectors. Currently, MoFNP policy makers have no empirical means to predict the impact of governmental spending on HIV/AIDS prevention, care, or treatment services. Nor can they predict the impact of HIV/AIDS budgeting decisions on national development priorities, such as economic growth and trade, poverty alleviation, agriculture, and education. For instance, MoFNP cannot state in any definitive, objective manner the economic benefit to society of putting secondary school teachers on ART. Such lack of knowledge about fundamental financial decisions could result in chronic deficits in the health-, HIV/AIDS-, and education- related line items of the government's annual budget.

This activity will utilize state-of-the-art economic and budget tools to create an input/output modeling system that will allow the MoFNP (in particular its Investment & Debt Management section) to conduct in-depth cost/benefit analyses for a broad array of social spending categories, in particular those related to mitigating the societal and economic costs of HIV/AIDS. It will allow the MoFNP to allocate public expenditures in the social sectors in a more rational manner so as to recommend budgeting policy-makers the optimal positive impact of investments in HIV/AIDS services on Zambia's economic and social development.

A second key partner is the Parliament, a major decision-maker in the budget process. In FY 2007, the contractor will develop the tools and populate the tools with the most up-to-date budgetary projections and impact data from different ministries. The tools will then be tested and refined. The contractor will then train MoFNP staff and cabinet members in how to use the tools to create scenarios using different budgetary assumptions to assist them in making informed decisions.

On behalf of the United States Government (USG) in Zambia, USAID will develop a scope of work to begin the activity in Zambia. The activity will include design and testing of the modeling tool, installation of the software system at the MoFNP, and training of key MoFNP in its use. The expected timeframe from award to completion of the project is 18 months. Technical assistance in design and implementation of the system will be primarily directed at the MoFNP. Additionally, assistance and capacity building activities will be directed to specific line ministries impacted by the tool, including the ministries of Health, Education, Trade Commerce & Industry, Transport, Home Affairs, Agriculture and Cooperatives, Tourism, Justice, Mining, and the National HIV/AIDS/STI/TB Council (NAC).

The activity will leverage further funding from other USAID sectors and other donor activities focused on fiscal reform and other USG programs. The funding requested from PEPFAR will cover only the HIV/AIDS component of the tool and the costs to input HIV/AIDS budget data.

In FY 2006, USAID/Zambia is seeking technical assistance from USAID/Southern Africa to conduct a short-term technical assessment of the current modeling system capabilities within the MoFNP through its indefinite quantity contract (IQC) with The Services Group. The European Union did establish a Computable General Equilibrium Modeling System in the mid-1990s, but that system was not utilized effectively at the time. The Secretary to the Treasury states that the ministry is not using any model presently, but is attempting to provide budgetary guidance to senior policy makers. Evaluating the gaps between the current system and the state of the art modeling tool envisaged in this project is the goal of the short-term technical assessment. Based on the results of this assessment, USAID/Zambia will either continue working through USAID/SA or compete the full activity for FY 2007.

Emphasis Areas	% Of Effort
Health Care Financing	51 - 100
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	10	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	10	☐
Number of individuals trained in HIV-related policy development	50	☐
Number of individuals trained in HIV-related institutional capacity building	24	☐
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

Key Legislative Issues

Wrap Arounds

Other

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: VU-UAB AITRP
Prime Partner: Vanderbilt University
USG Agency: HHS/National Institutes of Health
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9787
Planned Funds: $ 50,000.00
Activity Narrative: The Vanderbilt University-University of Alabama at Birmingham AIDS International Training and Research Program (VU-UAB AITRP), led by Dr. Sten Vermund, has played an important role in the development of research capacity in Zambia. The program has been instrumental in strengthening the ability of Zambian investigators to take part in large-scale research projects, take on leadership positions in these initiatives, and apply for additional research and public health service funding. VU-UAB-AITRP in-country trainees will continue to sustain the current research and training efforts, even once the AITRP training funds are exhausted, because considerable attention has been given to sustainability. Since the program's implementation, there has been a high demand for additional primary training as well as continuing education for those who are already trained and to continue building institutional capacity in Zambia. Since the beginning of its collaboration with University of Zambia and the University Teaching Hospital, the VU-UAB AITRP has continued to work closely with these institutions and the University of Alabama at Birmingham Sparkman Center for Global Health to build medical informatics capacity, to provide biostatistics training at the University of Zambia, and to improve the overall climate for research with donated journals, guest seminars, and research consultation in Zambia.

The goal of this fiscal year (FY) 2007 activity is to build institutional and individual research capacity and sustainability in biomedical and behavioral research focused on HIV-related research and programs in both prevention and care. This activity aims to develop and train Zambian clinical investigators to be leaders in independent investigation. The specific aims are 1) to train a new generation of HIV/AIDS research leaders in Zambia through bi-annual week-long workshops in Zambia that will focus on research skills, scientific writing for publication and proposal development; these workshops will be aimed at persons in academia, GRZ, and/or non-governmental organizations who are best placed for future leadership in research and public health; 2) to promote the initiation of new prevention research that complements and facilitates existing international research endeavors between US and foreign investigators and builds long-term collaborative relationships among international scientists; and 3) to track and document the long-term impact of training on Zambian trainee careers, research capacity of home institutions, and impact of conducted research at institutional, regional, national, and global levels.

The FY 2007 funding will support two short courses to be conducted in research skills and scientific writing to support HIV/AIDS related research efforts in Zambia. The basic conceptual design of these training programs will be both didactic and practical. Basic didactic coursework will be conducted in the morning. The afternoons will be devoted to hands-on applications of the materials to reinforce research skills; hands-on applications through data set manipulation, data analysis, case studies, or small group projects that are critical to skill building. The impact of the training program on the trainees will be assessed with the help of a pre- and post-test evaluation as well as a follow-up assessment after one year post-training. Immediate post-test evaluation will be based on the participants' understanding of concepts as evidenced by homework, participation and group dynamics, as well as project assignments. One-year evaluations will be based on perceived relevance and evidence of implementation of their acquired research skills in their work setting. Trainees will be awarded certificates of completion at the end of the workshops.

Emphasis Areas	% Of Effort
Information, Education and Communication	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		☑

Target Populations:

Doctors
USG in-country staff
Host country government workers
Public health care workers
Other Health Care Worker

Key Legislative Issues

Twinning

Education

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	NAC-USG Zambia Partnership
Prime Partner:	National AIDS Council, Zambia
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	10169
Planned Funds:	$ 100,000.00

Activity Narrative: This activity links to and complements CDC HVSI (#9011), NASTAD OHPS (#9013) and SHARe OHPS (#8910).

In line with the UNAIDS 3 Ones framework and the Paris Declaration, the USG, represented by the Department of State (DoS), proposes a new activity geared to increase country-level ownership and strengthen the national response to HIV/AIDS through a direct partnership with the National HIV/AIDS/STI/TB Council (NAC). In order to respond to the epidemic, the Government of Zambia (GRZ) created NAC in 2002. Zambia's Parliament established NAC as a corporate body to coordinate and support the development of the multisectoral national response, with a secretariat to implement decisions of the NAC.

In FY 2007, the USG will partner with the NAC to support its mandate as the "one HIV/AIDS coordinating body." At present there are five bi-lateral cooperating partners that provide direct support to the NAC: the Netherlands, Ireland, UK (DFID), Sweden, and Norway. Other non-USG cooperating partners that support specific activities of the NAC include The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), the UN agencies, and the Japan International Cooperating Agency. Given the significant PEPFAR resources flowing into Zambia, there is a tremendous need to ensure strong cohesion among the cooperating partners toward a coordinated HIV response. Direct support to the NAC through the DoS will place the USG in a more visible and critical role to influence the strategic direction of the national AIDS response, to embrace best practices, and to adhere to principles of sound management. Other key cooperating partners are very keen for the USG to be more directly involved in the NAC partnership.

In response to the Paris Declaration, Zambia is undergoing policy environment transformation with the Wider Harmonization in Practice (WHIP) agenda. The GRZ wishes to harmonize, simplify, and reduce transaction costs of Cooperating Partners (CPs) support. As part of this process, Zambia established Sector Advisory Groups and developed a Joint Assistance Strategy for Zambia (JASZ) process to facilitate dialogue between GRZ and cooperating partners. Although institutionally, HIV/AIDS falls under the Ministry of Health, it has become increasingly clear that HIV/AIDS transcends all sectors hence the need for multisectoral approaches and interventions. It is against this background that the GRZ agreed to a separate HIV/AIDS sector in its National Development Plan to better address the cross-cutting nature of the epidemic.

In FY 2006, the GRZ and cooperating partners made significant progress in the JASZ process in terms of harmonizing and coordinating donor responses, reducing duplicative efforts and budgets, and identifying gaps and priorities for support to the national effort. The USG has been an active participant in the process. As a result, USG has been selected by GRZ to lead donors in the HIV response in Zambia together with the UK Department for International Development (DFID) and UNAIDS. However, since the USG is not providing direct management and limited implementation support to NAC, the USG is often left out of joint planning discussions and consequently, USG funding contributions to the national HIV/AIDS response is often not reflected in the national HIV/AIDS budgeting exercise. This new direct partnership with NAC will further strengthen USG's leadership role within the sector and ensure a place at the budgeting and decision-making table.

This partnership activity will include enhanced support to NAC, along with its decentralized structures, for managing, planning, implementing, monitoring, and evaluating HIV/AIDS activities at national, provincial, and district levels. Through this partnership, USG will continue to work to ensure the effective functioning of NAC's technical working groups, which guide the policy and implementation of the national response for prevention, care, and treatment.

More specifically, in FY 2007, the NAC partnership will support improved management of HIV/AIDS decentralised structures, including the 9 Provincial AIDS Task Forces and the 72 District AIDS Task Forces of the country. The partnership will contribute to making NAC an efficient and effective coordinating body. This will include increased support for improved management, strategic planning, development of action plans and annual work plans, budgeting projection and planning exercises, donor and stakeholder coordination, monitoring and evaluation, and repositioning/strengthening of technical working groups. The USG-NAC partnership will enhance the USG contribution to the implementation of the

nationwide Joint Annual Strategy Review, World AIDS Day, and VCT Day planning, and for the implementation of the Zambia HIV/AIDS Strategic Framework.

The USG-NAC partnership will be guided by a Memorandum of Understanding (MOU) to be signed by NAC and the USG along with other cooperating partners; the MOU will set out clear roles and responsibilities of partners and the NAC. Funding disbursement will be contingent upon the achievement of agreed targets, both related to an annually agreed activity plan, quarterly reporting, and financial audits that are in line with the reporting requirements of all involved cooperating partners. One donor is elected to lead the partnership; this is DFID at present. Formal meetings are held three times a year - in March, September and December - with other meetings called as required. Requiring achievement of specified and agreed triggers will ensure appropriate accountability of funds by donors, but also build the capacity of the NAC in planning, transparency, performance, and the achievement of results.

USG involvement in this partnership with NAC will be a critical step for enhancing the effectiveness and efficiencies of HIV/AIDS resource flows to Zambia, ensuring better coordination and the prevention of duplication, and a more effective and sustainable national HIV/AIDS coordinating body.

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	51 - 100
Policy and Guidelines	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	82	☐
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:

National AIDS control program staff

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Zambia School of Medicine
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 12536
Planned Funds: $ 100,000.00
Activity Narrative: The Master of Public Health (MPH) degree in Zambia is offered only by the University of Zambia School of Medicine. The MPH program graduates an average of 30 students per year who become leaders in public health delivery including policy making in Zambia and contribute to improving health service delivery for HIV/AIDS and related services. The MPH program in the School of Medicine is a major contributor to the human resource development in public health in line with human resource development and health priorities of the Government of the Republic of Zambia. The Community Medicine Department in the School of Medicine has basic infrastructures and curriculum that need further strengthening with additional resources that will be provided under this program. The funding in this program will strengthen the capacity of a local institution in developing its curriculum and necessary human resources that will be involved in HIV/AIDS work thereby ensuring long term sustainability in human resource development for the countrywide work in TB/HIV/AIDS/STI.

To ensure the sustainability of human capacity building for public health evaluation methods and public health delivery in TB/HIV/AIDS/STI in Zambia, FY 2007 funds will enable the UNZA Master of Public Health program to develop concentrations in epidemiology and biostatistics by supporting student scholarships and faculty in curriculum development, teaching, and resources to build these programs. Developing these concentrations will enable the Master of Public Health program to support and train additional HIV/AIDS health research professionals with expertise in public health evaluation methodology, including study design, data management, statistical analysis, scientific writing, preparation of manuscripts for publication in the scientific literature, methods and resources for accessing international electronic health information and literature, and communication of health information and research results to health professionals, policy makers, and the general public.

Support to sustainable institutional mechanisms is critical to effectively support Zambian educational institutions and build partnerships with organizations and individuals in need of training and support to develop critical human resources for public health care delivery.

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: $ 10,384,677.00

Program Area Context:

Continued dialogue with all partners involved in HIV/AIDS in Zambia is one of the U.S. Government (USG)'s highest priorities to ensure the program's overall success and ultimate sustainability. Therefore, adequate staffing at the U.S. Mission is necessary to actively coordinate and collaborate with the Government of the Republic of Zambia (GRZ), cooperating partners, and stakeholders. Achievement of PEPFAR goals in FY 2007 is highly dependent on adequate staffing not only within the host government structures and USG partners, but also within the five USG agencies at Post that administer, manage, and implement PEPFAR programs. As the PEPFAR program matures in Zambia, the USG will continue to support technical and administrative staff across agencies in order to manage the increased programming successfully and efficiently in order to meet PEPFAR's 2-7-10 goals and to assist the GRZ in achieving its national goals.

The staff skills necessary to ensure efficiency, reasonable costs, and long-term sustainability of PEPFAR achievements in Zambia is a balance of high-level technical leadership and experienced program managers.

As of September 2006, the USG Team has a total of 90 positions working a minimum of 50% effort on HIV/AIDS; of this number, 80 work full-time on PEPFAR activities and programs. There are 38 Peace Corps volunteers working 100% on PEPFAR; an estimated 30 additional Peace Corps Volunteers will be added in FY 2007, and another tranche of 30 volunteers is expected to begin in FY 2008 to support Zambia's response to HIV/AIDS.

Under the leadership of the Ambassador, the U.S. Embassy will continue to serve as the locus of PEPFAR coordination. The PEPFAR Office is led by the PEPFAR Coordinator who reports directly to the Deputy Chief of Mission. In FY 2007, the PEPFAR Coordinator and three full time positions will manage the State PEPFAR programs and coordinate the overall USG effort.

Full PEPFAR supported, CDC/Zambia focuses primarily on technical and financial assistance in the capacity building efforts of the local organizations and Zambian Government entities (including ministries, provincial health offices, and parastatal organizations). The total staffing of CDC/Zambia will brought to 48 in FY 2007 to carry out and scale-up activities in the area of pediatric and adult ARV services, strategic information, laboratory infrastructure, and program support. CDC will continue to provide national support for the development of laboratory capacity to monitor and manage the treatment of HIV and opportunistic infections. CDC's core capabilities also lie in the technical implementation of activities that have been established with the Ministry of Health (MOH), the University Teaching Hospital, the National HIV/AIDS/STI/TB Council, the Tropical Disease Research Center, HIV/TB/STI national laboratories in Zambia, and a growing number of non-governmental organizations, faith-based organizations, and university partners.

The U.S. Department of Defense (DOD) directs its efforts on building the capacity of the Zambia Defense Force (ZDF) and strengthening the HIV/AIDS response in the military population. DOD's expertise with construction and renovation helps to guide other USG agencies on the best approaches to planning. The DOD PEPFAR Coordinator works closely with other USG agencies, such as CDC, on renovation activities and helps support the monitoring of the projects. Three DOD staff persons will be fully PEPFAR supported in FY 2007. In FY 2007, USAID will broaden their OVC activities to reach the military youth.

Peace Corps' unique strength is its ability to reach the rural populations through volunteer placement. In FY 2007, the Peace Corps will work closely with other USG agencies to strategically place the new HIV/AIDS volunteers to expand the reach of existing PEPFAR programs. PEPFAR will support seven Peace Corps staff in FY 2007.

The U.S. Agency for International Development (USAID) has a total of 30 staff that work at least 50% on PEPFAR activities, with 12 staff that dedicate 100% of their time to PEPFAR activities. USAID is the lead

agency in behavior change communication, community-based palliative care, human rights advocacy, policy analysis, national systems strengthening, workplace programs, and overall strengthening of national, district, and community HIV/AIDS coordinating structures.

The total planned spending on management and staffing for FY 2007 does not exceed 7% of the total planned budget for the year.

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: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8897
Planned Funds: $ 200,000.00
Activity Narrative: USAID has two expatriate professionals funded through the CASU mechanism: the Team Leader for the HIV/AIDS Office (SO9) and the PEPFAR Planning, Monitoring and Reporting Advisor in HIV/AIDS Office (SO9). 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 7-8 professionals who manage projects related to palliative care, OVCs, cross-border/Corridors of Hope, SI, policy analysis, HIV/AIDS workplace programs, gender and HIV/AIDS, and strengthening of national, district and community HIV/AIDS coordinating structures. The PEPFAR Planning, Monitoring and Reporting Advisor is responsible for coordinating, facilitating, completing, and entering annual PEPFAR Country Operational Plans and PEPFAR semi-annual and annual reports for the USAID Mission in collaboration with all Teams/offices. The PMR Advisor assists the SO9 Team Leader in responding to enquiries by OGAC and the Embassy PEPFAR Coordinator and helps organize PEPFAR related visits. During the COP, SAR, and AR planning and preparation process, the PMR Advisor assists the mission and the USG/Zambia PEPFAR Coordinator, in following an organized process, in understanding the OGAC guidance, in establishing tasks with timelines/deadlines and individual assignments, updating and editing partner submissions, maintaining budget spreadsheets per Program Area, SO, partner and one for management and staffing. She/he monitors budgets against earmarks and obligations. The PMR works with CTOs and partners to critically review and edit COP activity narratives and ensure appropriate targets, cost effectiveness and technical soundness against OGAC review criteria, and to ensure accurate reporting. 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 for the two positions (housing, etc.) is paid directly by the Mission and is reflected under USAID/Zambia Mission Management and Staffing. In addition, logistics (housing, etc.) costs paid directly by the Mission are pro-rated here for the CASU and GHFP positions: the SO9 Team Leader and the SO9 PMR Advisor.

Continued Associated Activity Information

Activity ID: 3761
USG Agency: U.S. Agency for International Development
Prime Partner: IAP Worldwide Services, Inc.
Mechanism: CASU
Funding Source: GHAI
Planned Funds: $ 360,625.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: CDC (Base)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 9009
Planned Funds: $ 2,790,000.00
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 tuberculosis (TB) programs. At the end of FY 2006, the CDC-Zambia staffing pattern included 40 positions. Current staffing levels include 38 individuals. Two positions are in the process of being filled, including one USDH position. The current staff includes 11 support staff and 27 technical staff, which are comprised of four United States Direct Hires (USDH), four contract positions, and 19 Foreign Service Nationals (FSNs). Under the leadership of the US Ambassador, the CDC Director provides the overall guidance and direction for the PEPFAR activities managed by CDC-Zambia. The leadership team consists of the Deputy Director for Management and Operations, the Associate Director for Science, and three Branch Chiefs (Epidemiology and Strategic Information; Care, Treatment and Prevention; and Laboratory and Infrastructure Support). The technical staff has expertise in the areas of antiretroviral treatment (ART), HIV prevention, prevention of mother to child transmission (PMTCT), TB/HIV, sexually transmitted infections (STI)/HIV, strategic information, epidemiology, and laboratory infrastructure.

CDC-Zambia has focused primarily on technical and financial assistance to build the capacity of Zambian organizations. To facilitate the achievement of the PEPFAR goals in FY 2007, CDC-Zambia plans to hire additional staff that includes one new USDH and seven additional FSNs. The new hires will provide additional support toward 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 non-government organizations and faith-based organizations 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 FY 2007, 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 48 in FY 2007. All CDC-Zambia staff will spend at least 90% of their time on PEPFAR activities. Additional staff will be hired to carry out and scale-up activities in the area of pediatric and adult ARV services, strategic information, laboratory infrastructure, TB/HIV, and program support. CDC will continue to provide national support for the development of laboratory capacity to monitor and manage the treatment of HIV and opportunistic infections. Management and staffing will support logistical and administrative requirements in Zambia as program implementation requires coordination across geographically diverse locations.

Continued Associated Activity Information

Activity ID: 3617
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GAP
Planned Funds: $ 2,790,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: DoD - Defense Attache Office Lusaka
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 9095
Planned Funds: $ 520,000.00
Activity Narrative: In FY 2005, the Department of Defense (DoD) created two positions to manage all DoD funded activities at the U.S. Mission to Zambia having to do with the President's Emergency Plan for AIDS Relief (PEPFAR) in Zambia. The DoD PEPFAR program manager oversees all DoD managed PEPFAR-funded activities in the country. The current HIV/AIDS program covers activities in almost all program areas. The major duties include serving as the Defense Attaché Office's (DAO) principal advisor on HIV/AIDS in Zambia, providing support for the 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 U.S. Government 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 contributions to assessment, planning and monitoring of the DoD programs. The coordinator acts as a primary contact for the DoD-funded infrastructure and construction programs planned in the activity #9096. This involves coordination and communicating with the contracting officers from the Regional Procurement Specialist Office (RPSO) and Buildings Department at the Ministry of Works and Supplies (MoWS). The coordinator is also responsible for the procurement of medical equipment and other supplies.

In FY 2006, due to an increase in activities, it became extremely necessary to hire a third staff member to provide monitoring and evaluation support. The M&E advisor is responsible for financial management, monitoring, assessment, planning, monitoring and evaluation of the DoD HIV/AIDS program. M&E support will also access tools that partners are using in collecting data. The M&E advisor will collaborate with other USG agencies to ensure standardized reporting and will also visit the more isolated clinics of the ZDF Medical Services network. The M&E advisor will be supervised by the DoD PEPFAR program manager.

The management budget will cover salaries, administrative costs, communication, printing and other material reproduction costs, vehicle maintenance, office equipment maintenance, travel costs (training, meetings, and conferences), M&E and supervisory visits. The ICASS charge will be included, starting in FY 2006. Contractual services have been budgeted for TDY and contracting officers' visits. The funds cover per-diem and other logistical support for the MoWS staff and the coordinator in a process of assessment, reviewing, M&E, and quality assurance of the construction sites, contracting with MoWS permits a substantial cost savings in comparison with using private contractors.

Continued Associated Activity Information

Activity ID: 3746
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 550,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: USAID Mission Management and Staffing
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 9191
Planned Funds: $ 4,536,373.00
Activity Narrative: The requested funding covers 11 full-time and 16 pro-rated time staff dedicating more than 50% FTE that supports the Emergency Plan. This includes US Direct Hire (Program-Funded FSL), US Personal Services Contractor (US PSC), and Foreign Service National (FSN) staff. It also includes pro-rated USAID ICASS and logistics costs for the PHN/SO7 (75% funded by the Emergency Plan), SO9 (100% funded by the Emergency Plan), and Mission support offices, pro-rated Mission IRM tax, and pro-rated housing, utilities, and education allowances, for CASU and GHFP centrally hired staff shown in other Management & Staffing entries who sit at USAID. Positions dedicated full-time to work on the Emergency Plan include: Senior USPSC HIV/AIDS Technical Advisor (SO7), 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), the FSN Field Monitor (SO9), the FSN Financial Analyst who works on the Emergency Plan, and a USPSC Health Communications Officer who collects and writes Emergency Plan success stories and liaise with the media, OGAC and AID/W on HIV/AIDS issues. This also includes a Direct Hire Contracts Officer. 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: a USPSC HIV/AIDS-PHN Program Specialist (SO7); 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). Under the Education Office/SO6, where there is a significant HIV and AIDS/Education wraparound program, PEPFAR supports 30% FTE for the USDH FSL Education Advisor, 10% for the Senior Education Specialist and Education Specialist, and 5% FTE for a Financial Analyst. Support office positions pro-rated to Emergency Plan funding are: the FSN Acquisition & Assistance Specialist (managing all program/project procurement), FSN Procurement Supervisor, FSN Financial Analysts and Accountants (providing additional support in this area), FSN Budget Analyst, FSN Computer Application Assistant, FSN Drivers, and FSN maintenance staff. In addition, logistics (housing, etc.) costs paid directly by the Mission are pro-rated here for the CASU and GHFP positions: the SO9 Team Leader and the SO9 PMR Advisor.

Continued Associated Activity Information

Activity ID: 3787
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: USAID/Zambia Mission Management and Staffing
Funding Source: GHAI
Planned Funds: $ 2,627,829.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	State
Prime Partner:	US Department of State
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	9584
Planned Funds:	$ 330,000.00

Activity Narrative: Under the leadership of the Ambassador, the U.S. Embassy will continue to serve as the coordinating body of PEPFAR. The PEPFAR Office is comprised of four staff: the PEPFAR Coordinator (contract position administered by CDC) who oversees two technical staff, the State PEPFAR Projects Manager (EFM), the Ambassador's Small Grants Coordinator (EFM), and one administrative staff person (FSN).

The PEPFAR Coordinator (who is supported through a contract administered by CDC) reports directly to the Front Office. In FY2007, the PEPFAR Coordinator and three full time positions will manage the State PEPFAR programs and coordinate the overall USG effort. The PEPFAR Coordinator is the Ambassador's and Deputy Chief of Mission's principal advisor on PEPFAR, and works closely with all USG agency directors, senior technical staff, and the Government of the Republic of Zambia (GRZ) to develop and implement the PEPFAR program in Zambia. Based in the U.S. Embassy and reporting directly to the Deputy Chief of Mission, this position oversees the development and implementation of the $190M+ HIV/AIDS program by coordinating the five different USG agencies' planning, overall management, budgeting, and reporting processes.

The Coordinator ensures that all country program decisions abide by OGAC policy and requirements and with congressionally mandated budgetary earmarks. The Coordinator serves as the Mission's point of contact with the Office of the U.S. Global AIDS Coordinator (OGAC), USG agencies (CDC, DOD, Peace Corps, State, and USAID), the GRZ (including the Zambia Defense Force), and the donor community. This position takes the lead for the Mission in ensuring formal collaborations around HIV/AIDS with the UK, Dutch, and other major bilateral HIV/AIDS donors. The Coordinator is a member of the Mission's Country Team. The incumbent in this position also serves a key role in liaising with the donor community to ensure that PEPFAR programs complement and support other donors' work with appropriate GRZ governmental and nongovernmental entities. In addition, the Coordinator works closely with the National AIDS Council in ensuring that PEPFAR continues to support the national strategy and objectives for HIV and AIDS. This position was funded 100% in FY 2004, FY 2005, and FY 2006 through PEPFAR funds; the support for this position is included in the CDC budget in FY 2007 for contract administration purposes.

The PEPFAR State Project Manager was hired in FY 2006 to manage all PEPFAR programs administered by State, which amounts to approximately $1.5M annually. This position also serves as the monitoring and evaluation (M&E) officer for State programs and provides M&E support and training to USG PEPFAR partners and USG staff. The PEPFAR State Project Manager makes strategic recommendations to the Embassy PEPFAR Coordinator regarding State budget allocations and ensures that the State program continues to support the U.S. Office of the Global AIDS Coordinator (OGAC) PEPFAR Five-Year global and country-level strategies.

The PEPFAR Executive Assistant serves as the office manager, protocol assistant, meeting organizer, and senior logistician for official visits. This position liaises with the GRZ, donor community, partners, and provides overall administrative support to the USG PEPFAR team and the Front Office.

Post plans to continue funding the PEPFAR Coordinator, State PEPFAR Project Manager, and PEPFAR Executive Assistant positions 100% through the Emergency Plan. Management funds include salary, contract costs, travel (training, meetings, and conferences), and local travel (USG strategic planning meetings, partners meetings, workshops, and site visits).

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. Also included in the Management costs are security and related office administration expenses and ICASS costs.

Continued Associated Activity Information

Activity ID: 3359
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State

Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 496,255.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Peace Corps
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 9631
Planned Funds: $ 300,000.00
Activity Narrative: Peace Corps/Zambia (PC/Z) serves as both a USG PEPFAR partner and an implementing partner, with programs in AB Prevention and Other Prevention Activities. PC/Z's Management and Staffing pillar includes the salary, benefits, anticipated travel and training costs for three full-time contract staff that support Volunteers working in these two program areas. The Management and Staffing structure is broken down as follows:

PEPFAR Director (current position) –The Director manages the technical, programmatic, and administrative aspects of the PC/Z PEPFAR program. This includes developing and overseeing activities approved in the Country Operating Plan (COP); managing PC/Z staff responsible for Volunteer training, placement and support; ensuring quality data collection and reporting; monitoring the budget; and participating fully as PC/Z's technical representative to the USG Zambia PEPFAR team.

Administrative Assistant (current position) – The Administrative Assistant works with PC/Z's Administrative Officer on all PEPFAR-related administrative tasks, particularly budget and finance functions.

Medical Officer (current position) – The Medical Officer is responsible for providing health care to the Volunteers funded by PEPFAR.

Continued Associated Activity Information

Activity ID: 3724
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 120,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: CDC Technical Assistance (GHAI)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 9729
Planned Funds: $ 0.00
Activity Narrative: The funding for this activity was moved to Activities #10980 and #10981 to capture ICASS and CSCS costs.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Global Health Fellows Program
Prime Partner: Public Health Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 9844
Planned Funds: $ 120,000.00
Activity Narrative: USAID has one expatriate professional funded through the Global Health Fellows Program (GHFP) mechanism working in the Population, Health & Nutrition (PHN) Office (SO7). This position was previously funded through the Johns Hopkins University Child Survival and Health Fellows Program and the Population Leadership Program. These agreements have ended and the existing staff is being transferred to the new GHFP agreement. 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 for this position (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: CDC Technical Assistance (GHAI)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10980
Planned Funds: $ 0.00
Activity Narrative: This activity was moved to its own mechanism.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: CDC Technical Assistance (GHAI)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10981
Planned Funds: $ 0.00
Activity Narrative: This activity was moved to its own mechanism

Table 3.3.15: Activities by Funding Mechanism

Mechanism: USAID/Zambia ICASS
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10983
Planned Funds: $ 180,000.00
Activity Narrative: In FY 2007, ICASS will support 62 PEPFAR-related USAID/Zambia employees and grant- and contract-funded personnel that partake of ICASS services in varying degrees. The USAID/Zambia provides and shares the cost of common administrative support through the International Cooperative Administrative Support Services (ICASS). Funds for PEPFAR ICASS support are included in the USAID/Zambia management and staffing budgets in the PEPFAR COP. USAID/Zambia provides payment for ICASS to the Embassy.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: USAID/Zambia IRM Tax
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10984
Planned Funds: $ 48,304.00
Activity Narrative: In FY 2007, USAID/Zambia will pay an estimated $47,304 in IRM taxes. IRM imposes a pro-rata "tax" or charge for the operation, maintenance, and repair of information technology equipment and services such as web services, voice operations, and financial system integration, e.g. MACS to Phoenix. The IT Tax funding mechanism is centrally procured and country funded using Field Support. USAID/Zambia transfers the IT tax funds to USAID/Washington IRM Office under the IT Cost Recovery, Project # 969-10.CR Agreement. Program-funded US Direct Hires and US PSC contracts in USAID/Zambia are charged to cover the Information Resources Management (IRM) "tax" as per their time allocated to PEPFAR.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: CDC/ICASS
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10987
Planned Funds: $ 630,931.00
Activity Narrative: Since 2001 CDC has operated in Zambia under the Global AIDS Program (GAP), primarily providing technical and logistical support to the Ministry of Health (MOH) and other national institutions for HIV/AIDS and tuberculosis programs. With the rapid scale up of PEPFAR activities over the last three years, the staff and infrastructure of CDC-Zambia have continued to grow to support these activities. As a result the amount paid to share quality administrative services under International Cooperative Administrative Support Services (ICASS) has steadily risen. At the end of FY 2006 CDC-Zambia consisted of 38 individuals, including 11 support staff and 27 technical staff comprised of four United States Direct Hires, four contract positions, and 19 Foreign Service Nationals (FSNs). The total staff on the ground is significantly higher (+17) than when the FY 2006 ICASS counts were actually made. The total staffing of CDC-Zambia will be brought to 48 in FY 2007. In addition to staffing increases, CDC's ICASS charges associated with Financial Management and Procurement have continued to increased, with the highest number of "strip code" charges in Financial Management at post.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: CDC/CSCS
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10988
Planned Funds: $ 379,069.00
Activity Narrative: Since 2001 CDC has operated in Zambia under the Global AIDS Program (GAP), primarily providing technical and logistical support to the Ministry of Health (MOH) and other national institutions for HIV/AIDS and tuberculosis programs. With the rapid scale up of PEPFAR activities over the last three years, the staff and infrastructure of CDC-Zambia have continued to grow to support these activities. As a result the amount paid to share the cost of US diplomatic facilities at the American Embassy in Zambia under Capital Security Cost Sharing (CSCS) has steadily risen. At the end of FY 2006 CDC-Zambia consisted of 38 individuals, including 11 support staff and 27 technical staff comprised of four United States Direct Hires, four contract positions, and 19 Foreign Service Nationals (FSNs). The total staffing of CDC-Zambia will be brought to 48 in FY 2007.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: ICASS Zambia
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10989
Planned Funds: $ 30,000.00
Activity Narrative: In FY 2007, the Department of State is requesting $30,000 to subscribe to ICASS services. ICASS costs will support the operations of the PEPFAR Coordination Office based at the American Embassy. It is estimated that $30,000 will support four full-time staff, including the PEPFAR Coordinator. Examples of services include use of motorpool, security, computer and systems support, administrative and procurement services, customs/shipping assistance, and financial management services.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: ICASS Defense Attache Office Lusaka
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10994
Planned Funds: $ 30,000.00
Activity Narrative: DOD has included ICASS costs for FY 2007 to support three staff members in the DOD/PEPFAR office. These ICASS charges go to shared services such as General Services: Non-expendable property (warehouse), expendable supplies, leasing, motor pool, residential and non-residential maintenance, customs & shipping, reproduction, mail, pouch. Administrative Procurement, Financial Management: Cashiering, FSN payroll. Human Resources and Information Technology: Local networks, email systems, desktop hardware & peripherals, video conferencing, telephone, office automation servers, admin software, non-propriety software & hardware.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: CDC Technical Assistance (GHAI)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 12349
Planned Funds: $ 290,000.00
Activity Narrative: Under the leadership of the Ambassador, the U.S. Embassy will continue to serve as the coordinating body of PEPFAR. The PEPFAR Office is comprised of four staff (one supported by CDC, and three supported by State): the PEPFAR Coordinator (CDC contract position) who oversees two technical staff, the State PEPFAR Projects Manager (EFM), the Ambassador's Small Grants Coordinator (EFM), and one administrative staff person (FSN). The PEPFAR Coordinator (supported through a CTS Global contract administered by CDC) reports directly to the Front Office. In FY2007, the PEPFAR Coordinator and three full time positions will manage the State PEPFAR programs and coordinate the overall USG effort. The PEPFAR Coordinator is the Ambassador's and Deputy Chief of Mission's principal advisor on PEPFAR, and works closely with all USG agency directors, senior technical staff, and the Government of the Republic of Zambia (GRZ) to develop and implement the PEPFAR program in Zambia. Based in the U.S. Embassy and reporting directly to the Deputy Chief of Mission, this position oversees the development and implementation of the $190M+ HIV/AIDS program by coordinating the five different USG agencies' planning, overall management, budgeting, and reporting processes.

The Coordinator ensures that all country program decisions abide by OGAC policy and requirements and with congressionally mandated budgetary earmarks. The Coordinator serves as the Mission's point of contact with the Office of the U.S. Global AIDS Coordinator (OGAC), USG agencies (CDC, DOD, Peace Corps, State, and USAID), the GRZ (including the Zambia Defense Force), and the donor community. This position takes the lead for the Mission in ensuring formal collaborations around HIV/AIDS with the UK, Dutch, and other major bilateral HIV/AIDS donors. The Coordinator is a member of the Mission's Country Team. The incumbent in this position also serves a key role in liaising with the donor community to ensure that PEPFAR programs complement and support other donors' work with appropriate GRZ governmental and nongovernmental entities. In addition, the Coordinator works closely with the National AIDS Council in ensuring that PEPFAR continues to support the national strategy and objectives for HIV and AIDS. This position was funded 100% in FY 2004, FY 2005, and FY 2006 through PEPFAR funds; the support for this position is included in the CDC budget in FY 2007 for contract administration purposes.

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2007?	☑ Yes	☐ No
If yes, Will HIV testing be included?	☐ Yes	☑ No
When will preliminary data be available?	8/1/2008	
Is an Demographic and Health Survey(DHS) planned for fiscal year 2007?	☑ Yes	☐ No
If yes, Will HIV testing be included?	☑ Yes	☐ No
When will preliminary data be available?	8/1/2007	
Is a Health Facility Survey planned for fiscal year 2007?	☐ Yes	☑ No
When will preliminary data be available?		
Is an Anc Surveillance Study planned for fiscal year 2007?	☑ Yes	☐ No
if yes, approximately how many service delivery sites will it cover?	22	
When will preliminary data be available?	4/1/2008	
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 2007?	☐ Yes	☑ No